



2008 Minnesota Adolescent Sexual Health Report

MOAPPP's mission is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents. 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 MOAPPP's website at www.moappp.org or call 651-644-1447 or toll free in Minnesota at 800-657-3697.



Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting



Pregnancy & Birth¹

Since 1990, overall adolescent pregnancy and birth rates have decreased significantly in Minnesota. However, the most recent data (released in 2008) indicates that both pregnancy and birth rates increased from 2005 to 2006.

Pregnancies: In 2006, 7,014 females aged 15–19 and 113 females under the age of 15 became pregnant. Each day in 2006, approximately 19 adolescents became pregnant.

Births: In 2006, there were 5,087 births to females aged 15–19 and 58 births to females under the age of 15. Each day in 2006, approximately 14 adolescents gave birth.

Racial and ethnic disparities in adolescent pregnancy, births and sexually transmitted infections remain significant, and are detailed on the following pages.

Figure 1. Minnesota Adolescent Pregnancy Statistics, 1990–2006

Number of pregnancies	1990	1995	2000	2005	2006	Change since 1990	Change since 2005
Under 15 years	159	154	150	108	113	-28.9%	+4.6%
15–17 years	2803	2782	2411	1957	2214	-21.0%	+13.1%
18–19 years	5833	4659	5164	4665	4800	-17.7%	+2.9%
15–19 years	8636	7441	7575	6622	7014	-18.8%	+5.9%
Pregnancy rates per 1,000	1990	1995	2000	2005	2006	Change since 1990	Change since 2005
15–17 years	33.8	31.2	21.9	17.9	20.0	-40.8%	+11.7%
18–19 years	92.2	68.5	70.9	62.9	66.9	-27.4%	+6.4%
15–19 years	59.0	47.3	41.4	36.1	38.4	-34.9%	+6.4%

Figure 2. Minnesota Adolescent Birth Statistics, 1990–2006

Number of births	1990	1995	2000	2005	2006	Change since 1990	Change since 2005
Under 15 years	94	84	87	59	58	-38.3%	-1.7%
15–17 years	1648	1939	1710	1365	1533	-7.0%	+12.3%
18–19 years	3688	3273	3686	3415	3554	-3.6%	+4.1%
15–19 years	5336	5212	5396	4780	5087	-4.7%	+6.4%
Birth rates per 1,000	1990	1995	2000	2005	2006	Change since 1990	Change since 2005
15–17 years	19.9	21.7	15.5	12.5	13.8	-30.7%	+10.4%
18–19 years	58.3	48.1	50.6	46.1	49.5	-15.1%	+7.4%
15–19 years	36.5	33.1	29.5	26.1	27.9	-23.6%	+6.9%

National Comparison: Since 1992, the U.S. adolescent birth rate has declined by approximately 31%. Between 2005 and 2006, the birth rate for adolescents aged 15–19 rose 3%, the first increase in 14 years.² In 2005, Minnesota had the country's seventh-lowest adolescent birth rate. States with adolescent birth rates lower than Minnesota were Connecticut, Maine, Massachusetts, New Hampshire, New Jersey and Vermont.³

Subsequent Births (Additional births to adolescent mothers):

- Nationally, **19.7%** of births to adolescents are subsequent births.
- In Minnesota, **17.5%** of births to adolescents are subsequent births.

The percent of births to adolescents that are subsequent births vary by race/ethnicity. These disparities are reported on the following page.

Adolescent Fathers:

Adolescent parent data included in this report reflects the experiences of young mothers as there are currently no comparable data available on adolescent fathers in Minnesota.



Disparities in Adolescent Birth by Race & Ethnicity⁴

Birth rates are disproportionately high for populations of color in Minnesota.

The birth rate for white females in MN (17.9) was lower than the national average for white females (26.6). However, all other racial and

ethnic groups in Minnesota had higher rates than the national figures. Although adolescent pregnancy and birth rates are high among

Minnesota populations of color, the greatest *number* of adolescent births is to white females.

Figure 3. Minnesota Adolescent Birth Rates, 2005–2006 (age 15–19 per 1,000 population)

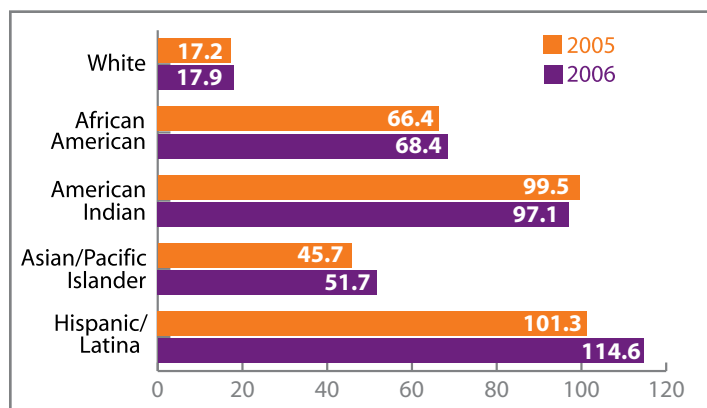


Figure 4. Adolescent Birth Rates, United States vs. Minnesota, 2006⁵ (age 15–19 per 1,000 population)

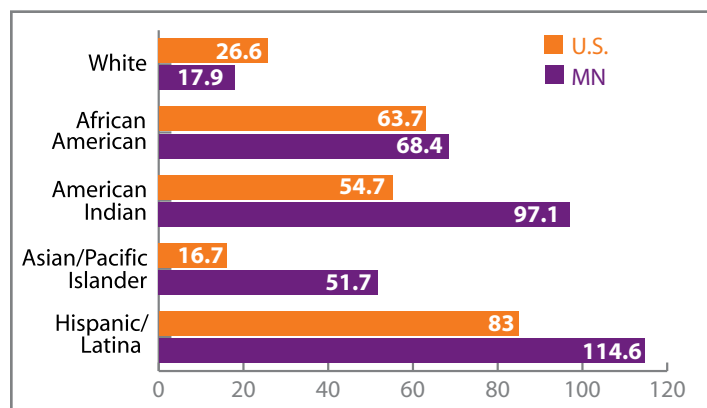


Figure 5. Minnesota Adolescent Birth Rates, 1992–2006 (age 15–19 per 1,000 population)

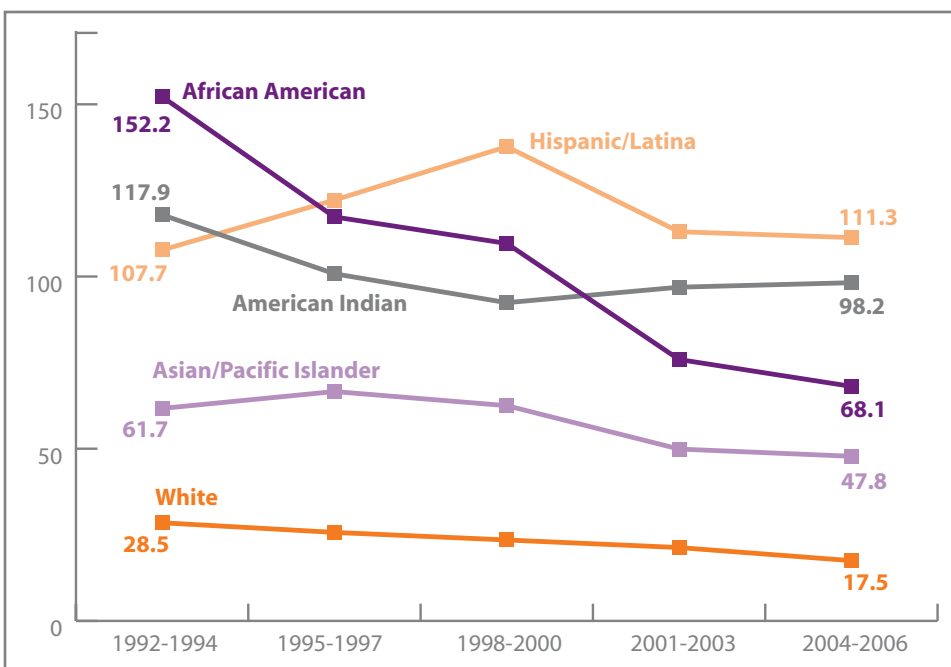
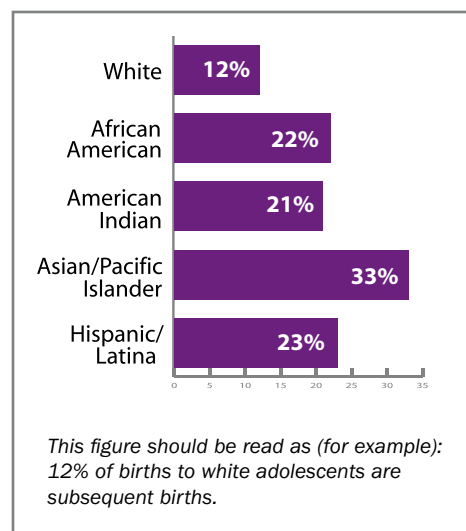


Figure 6. Subsequent Births to Adolescents in Minnesota, 2005⁶



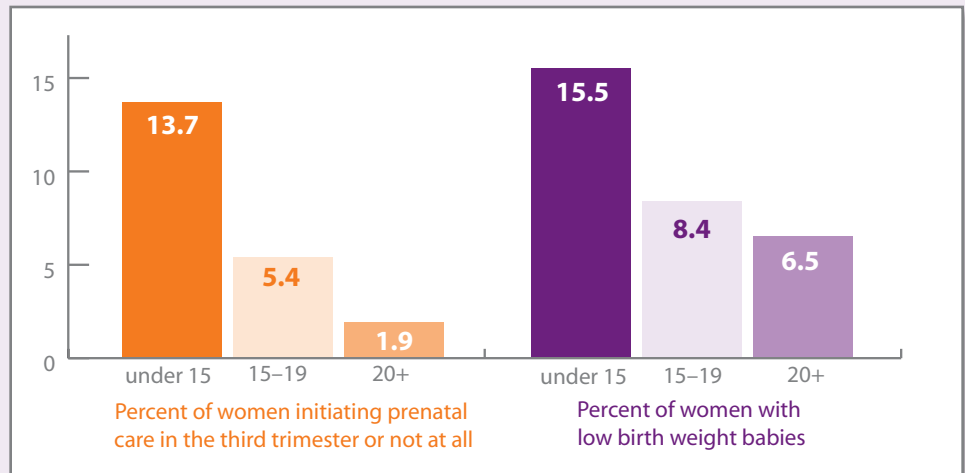
Prenatal Care & Low Birth Weight

Minnesota adolescents are more likely to receive late or no prenatal care compared to adult women.



- Mothers who have not received prenatal care are three times more likely to have low birth weight babies (low birth weight is defined as less than 2500 grams).⁷
- Low birth weight status can have serious long-term medical consequences.
- Along with age of mother, there are many factors that can contribute to low birth weight including poverty, smoking, access to health care and multiple births.⁸
- Pregnant adolescents under the age of 15 are at highest risk of receiving late or no prenatal care.

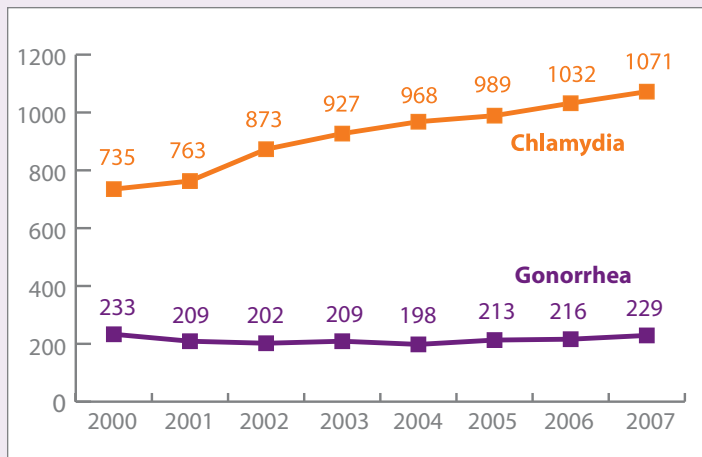
Figure 7. Prenatal Care and Low Birth Weight, Minnesota, 2006



SEXUALLY TRANSMITTED INFECTIONS STIs & HIV/AIDS⁹

Even though they account for only 7% of the population in Minnesota¹⁰, adolescents aged 15-19 accounted for 30% of chlamydia and 25% of gonorrhea cases reported in the state in 2007.¹¹

Figure 8. Chlamydia and Gonorrhea Rates in Minnesota, 2000-2007¹² (age 15-19 per 1,000 population)



- Nationally, adolescents aged 15-19 accounted for 34% of chlamydia and 27% of gonorrhea cases reported in 2006.¹³ A recent CDC study found that 1 in 4 adolescent girls had a STI, the most common being HPV (18%).¹⁴ HPV is not a reportable condition, so data are not collected on the state or national level.
- There were 17 new cases of HIV among adolescents aged 13-19 in Minnesota in 2007.

STI rates are disproportionately high for populations of color in Minnesota.

- Even though they account for only 4% of the population, African Americans aged 15-19 accounted for 41% of chlamydia and 66% of gonorrhea cases reported in the state in 2007.
- Compared to white adolescents aged 15-19, the chlamydia and gonorrhea rates were:
 - 25 times higher for African Americans
 - 7 times higher for American Indians
 - 4 times higher for Hispanics
 - 2 times higher for Asian/Pacific Islanders



Sexual Activity¹⁵

The percent of sexually active adolescents has steadily decreased between 1992 and 2007, although this trend lost strength between 2001 and 2007.

The percent of sexually active adolescents is similar among males and females.

- Among 9th graders – 21% of males and 16% of females have had sex
- Among 12th graders – 49% of males and 49% of females have had sex

Figure 9. Percent of MN Students Who Have Ever Had Sex, 1992–2007

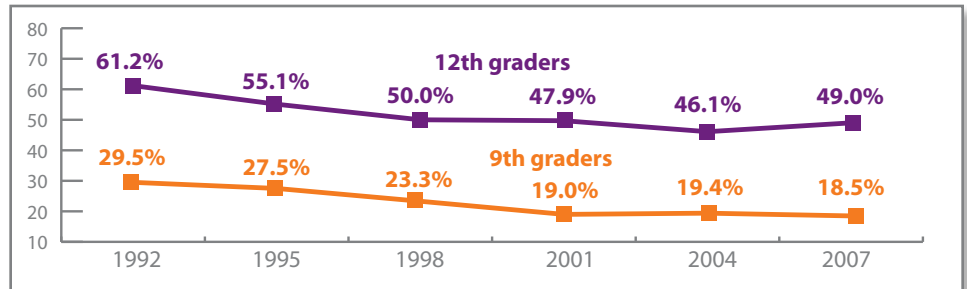


Figure 10. Contraceptive Use Trends Among Minnesota Students, 2004–2007

	9th graders, 2007	Change since 2004	12th graders, 2007	Change since 2004
Always use birth control	38%	- 8%	62%	- 4%
Never use birth control	35%	+ 19%	15%	+ 26%
Used condom at last intercourse	71%	+ 3%	63%	+ 2%

Figure 11. Reasons Minnesota Students Give for NOT Having Sex

	9th grade males	9th grade females	12th grade males	12th grade females
Parent(s) would object	53%	69%	37%	56%
Fear of STI	51%	67%	37%	53%
Fear of pregnancy	37%	70%	38%	63%

Risk & Protective Factors¹⁶

Risk factors increase the likelihood of pregnancy or STI; protective factors decrease the likelihood. Research has identified numerous risk and protective factors that influence sexual behavior, a sample of which are listed below.



Risk Factor: Sexual Violence

Students who report sexual violence:

Within a relationship

- 4% of 9th grade males and 8% of 9th grade females
- 5% of 12th grade males and 12% of 12th grade females

By a non-family member

- 3% of 9th grade males and 9% of 9th grade females
- 3% of 12th grade males and 8% of 12th grade females

By a family member

- 2% of 9th and 12th grade males
- 4% of 9th and 12th grade females

Risk Factor: Alcohol Use

Students who report binge drinking (5+ drinks in a row) in the last two weeks:

- 13% of 9th grade males and females
- 35% of 12th grade males and 25% of 12th grade females

Protective Factor: Parent & Teacher Connectedness

- 91% of 9th and 12th grade students say "Parents care about me 'quite a bit' or 'very much'"
- 42% of 9th and 12th grade students say "Teachers care about me 'quite a bit' or 'very much'"

Protective Factor: Partner Communication about STIs

- Among 9th graders – 42% of males and 47% of females spoke with every partner about STIs
- Among 12th graders – 45% of males and 55% of females spoke with every partner about STIs

References

- ¹ Minnesota Department of Health, MN Center for Health Statistics, 2008.
- ² Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2006. National vital statistics reports; vol 56 no 7. Hyattsville, MD: National Center for Health Statistics. 2007.
- ³ Ranks calculated by the National Campaign to Prevent Teen and Unplanned Pregnancy, December 2007. Source for rates: Martin JA, Hamilton BE, Sutton PD, Ventura SJ, Menacker F, Kirmeyer S & Munson ML (2007). Births: Final data for 2005. *National Vital Statistics Reports*, 56 (1).
- ⁴ Race and ethnicity terms used in this report correspond with those that are used by U.S. Census Bureau and the MN Department of Health.
- ⁵ Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2006. National vital statistics reports; vol 56 no 7. Hyattsville, MD: National Center for Health Statistics. 2007.
- ⁶ The National Campaign to Prevent Teen and Unplanned Pregnancy. 2005 50-state comparison data.
- ⁷ Maternal and Child Health Bureau. A Healthy Start: Begin Before Baby's Born, U.S. Department of Health and Human Services, 2005.
- ⁸ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Child Health USA 2005*. Rockville, Maryland: U.S. Department of Health and Human Services, 2005.
- ⁹ Minnesota Department of Health, STD and HIV Section, 2008.
- ¹⁰ U.S. Census Bureau, 2006 American Community Survey, www.census.gov
- ¹¹ Minnesota Department of Health, Annual Summary: 2007 Minnesota Sexually Transmitted Disease Statistics, <http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/stdstats2007.html>
- ¹² Minnesota Department of Health, STD Surveillance Statistics, Data Archive. <http://www.health.state.mn.us/divs/idepc/dtopics/stds/stats/stdsurvrpts.html#archive>
- ¹³ Centers for Disease Control & Prevention, Sexually Transmitted Disease Surveillance statistics, 2007, <http://www.cdc.gov/std>
- ¹⁴ Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease, <http://www.cdc.gov/stdconference/2008/media/release-11march2008.pdf>
- ¹⁵ The data on sexual activity and risk & protective factors among adolescents is taken from the 2007 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 may be underestimated, as some of the highest risk populations of adolescents are not captured by this data.
- ¹⁶ Ibid.



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