2020 MINNESOTA ADOLESCENT SEXUAL HEALTH REPORT

This report details the sexual health of Minnesota's youth. Teen pregnancy and birth rates are at historic lows. From 1990 to 2018, the teen pregnancy rate among 15 to 19-year-olds decreased nearly 76%. The teen birth rate decreased 72% in that same period. Young people should be commended for making wise and healthy choices about their sexual health. However, despite the improvements, many challenges remain. Sexually transmitted infections continue to increase and are at an all-time high. Disparities by geography and race/ethnicity persist. In response to the data outlined in this report, the following are recommendations from University of Minnesota Healthy Youth Development – Prevention Research Center (PRC).

RECOMMENDATIONS

- Adolescent sexual health comprises much more than the absence of pregnancy, early childbearing, or infection. To fully support young people's health, we need to address their physical, social, emotional, and cognitive development, and give them skills and supports to navigate their teen years.
- Sexual health disparities persist among youth who are LGBTQ, gender diverse, adolescent parents, from rural areas, homeless/runaway, in foster care, in juvenile justice settings, and/or from populations of color. The systems that serve these youth have a unique opportunity to address their sexual and reproductive health care needs, and everyone has a role to play to ensure these youth have a successful transition to adulthood.
- Fostering young people's health, including their sexual health, requires addressing social determinants of health including education, employment, income, housing, community safety and vitality, discrimination, family and social supports, and access to quality health care services.
- Young people are increasingly expansive in their gender identities and sexual orientations. Schools, community-based programs, clinics, and faith communities must be better prepared to provide accurate, nonjudgmental and assumption-free information to all young people, regardless of sexual orientation and/or gender identity.
- Families need to be supported in their role as sexuality educators. Honest, accurate and developmentally appropriate information from parents, grandparents, and other adult caregivers is the first step toward raising children who make safe and healthy decisions about sex, sexuality, and relationships.
- STI rates are at an all-time high. Current resources for STI prevention and treatment are inadequate to address this critical public health issue. Increased federal and state funding is needed to build public health education campaigns and make testing and treatment more accessible.
- Clinicians and educators must stress the importance of barrier methods, including with youth who use IUDs and implants. Widespread adoption of innovations in STI screening — such as universal testing in schools, street outreach, and home-based screening — together with expanded access to treatment, including expedited partner therapy, are needed to address rising rates of STIs.

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PREGNANCY & BIRTH

Every day in 2018, approximately 7 adolescents became pregnant and 5 gave birth in Minnesota.[1]

Trends in Pregnancy and Birth

Overall, the pregnancy rate among adolescents age 15-19 decreased 13% from 2017 to 2018. The birth rate decreased by 15%. Pregnancy and birth rates declined among all racial/ethnic categories from 2017 to 2018, with the exception of a very slight increase among Asian/Pacific Islanders. Both pregnancy and birth rates are at historic lows. The number of pregnancies among adolescents younger than 15 increased 32% and the number of births increased 66.7% from 2017 to 2018. This change is magnified because there are so few adolescents in this age group who become pregnant and/or give birth. Even with the increase in 2018, the number of pregnancies and births among adolescents younger than 15 has decreased dramatically since 1990 (Figures 1 and 2).

FIGURE 1. MINNESOTA ADOLESCENT PREGNANCY STATISTICS, 1990–2018

NUMBER OF PREGNANCIES	1990	2000	2010	2016	2017	2018	CHANGE SINCE 1990	CHANGE SINCE 2017
Under 15	159	150	89	41	25	**33**	-79.2%	32.0%
15–17 years	2803	2411	1479	755	700	**586**	-79.1%	-16.3%
18–19 years	5833	5164	3872	2249	2177	**1910**	-67.3%	-12.3%
15–19 years	8636	7575	5351	3004	2877	**2496**	-71.1%	-13.2%
PREGNANCY RATES PER 1,000	**1990**	**2000**	**2010**	**2016**	**2017**	**2018**	**CHANGE SINCE 1990**	**CHANGE SINCE 2017**
15–17 years	33.8	21.9	13.8	7.2	6.6	**5.6**	-83.6%	-15.9%
18–19 years	92.2	70.9	53.9	32.5	31.3	**27.4**	-70.2%	-12.3%
15–19 years	59	41.4	29.9	17.2	16.4	**14.3**	-75.8%	-13.1%

FIGURE 2. MINNESOTA ADOLESCENT BIRTH STATISTICS, 1990–2018

NUMBER OF BIRTHS	1990	2000	2010	2016	2017	2018	CHANGE SINCE 1990	CHANGE SINCE 2017
Under 15	94	87	47	15	12	**20**	-78.7%	66.7%
15–17 years	1648	1710	1072	512	475	**402**	-75.6%	-15.4%
18–19 years	3688	3686	2951	1689	1638	**1392**	-62.3%	-15%
15–19 years	5336	5396	4023	2201	2113	**1794**	-66.4%	-15.1%
BIRTH RATES PER 1,000	**1990**	**2000**	**2010**	**2016**	**2017**	**2018**	**CHANGE SINCE 1990**	**CHANGE SINCE 2017**
15–17 years	19.9	15.5	10	4.9	4.5	**3.8**	-80.9%	-15.4%
18–19 years	58.3	50.6	41.1	24.4	23.5	**20.0**	-65.7%	-14.9%
15–19 years	36.5	29.5	22.4	12.6	12.1	**10.2**	-71.9%	-15.4%

National Comparison

From 1991 to 2018, the birth rate among adolescents aged 15-19 in the United States dropped 72%, reaching a record low of 17.4 births per 1,000.[2] The decline in adolescent pregnancy over the past two decades is likely due to a combination of improved contraceptive use and delayed initiation of sexual activity.[3] More recent declines have mainly been driven by increased use of highly effective contraceptive methods (IUDs and implants) and dual methods.[4,5]

Despite reaching historic lows in 2018, the United States continues to have among the highest adolescent pregnancy and birth rate among developed nations.[6]

Subsequent Births

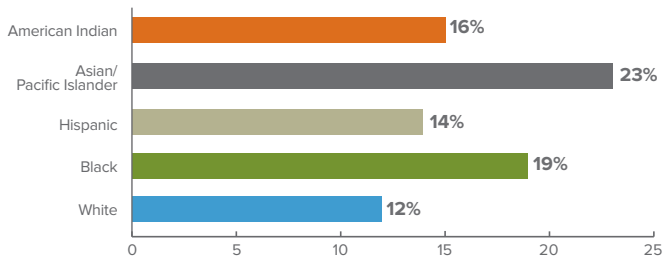
(Births to adolescents who've previously given birth)[2]:

- Nationally, 16% of births to adolescents are subsequent births.
- In Minnesota, 14% of births to adolescents are subsequent births, *which is a 12.5% decrease from 2017.*

Pregnancy prevention among adolescent parents is a complex issue. Adolescents who experience a subsequent birth are more likely to be younger at first sex and first birth, have lower educational expectations and attainment, have intended their first birth, be living with a partner, and have not been employed or in school after their first birth.[7]

In Minnesota, teens with the highest percent of subsequent births are from communities of color (Figure 3).[2]

FIGURE 3. SUBSEQUENT ADOLESCENT BIRTHS BY RACE/ETHNICITY IN MINNESOTA, 2018



GEOGRAPHIC DISPARITIES[8,9]

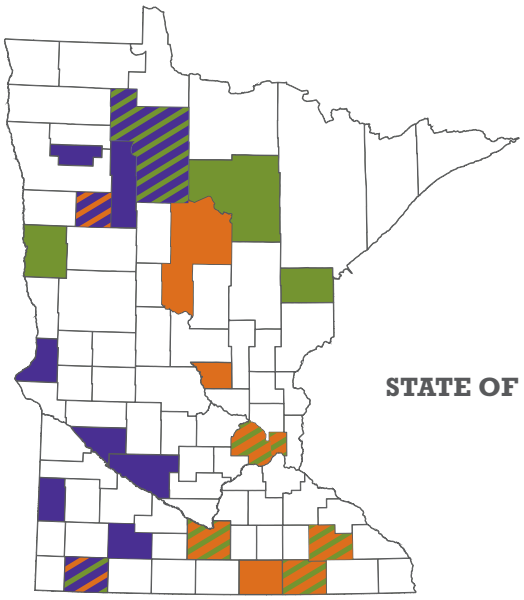
Pregnancy and birth disproportionately impact greater Minnesota while STIs affect youth regardless of geography.

Although the number of pregnancies and births are larger in the Twin Cities metro, the rates of pregnancies and births are highest in greater Minnesota. Chlamydia is widespread through the state, while gonorrhea is clustered in counties with urban centers and metropolitan areas.

In rural areas, access to confidential, affordable, youth-friendly health care may be limited. There are large geographic disparities in sexual health clinic hours of availability and distance to service. For example, there are 28 sexual health clinics in Hennepin and Ramsey Counties with services available five days per week.[10] In contrast, 51% of rural counties in Minnesota have no sexual health clinic location in the county itself.[10]

**Rural sexual health clinic access statistics are based on the Minnesota Department of Health directory of Family Planning Special Projects and Title X family planning services. Statistics may not include hospitals and clinics that also provide sexual health services.*

FIGURE 4. MINNESOTA COUNTIES WITH HIGHEST BIRTH, CHLAMYDIA AND GONORRHEA RATES AMONG YOUTH AGED 15–19



	BIRTH	CHLAMYDIA*	GONORRHEA*
	Nobles: 41.7	Mahnomen: 2,989	Ramsey: 695
	Red Lake: 39.7	Hennepin: 2,588	Hennepin: 676
	Mahnomen: 39.3	Ramsey: 2,557	Beltrami: 375
	Renville: 37.9	Nobles: 2,414	Nobles: 335
	Traverse: 32.6	Blue Earth: 2,180	Olmsted: 306
	Beltrami : 31.8	Freeborn: 1,937	Itasca: 305
	Chippewa: 31.2	Olmsted: 1,881	Blue Earth: 304
	Clearwater: 28.9	Benton: 1,859	Carlton: 302
	Lincoln: 28.4	Mower: 1,837	Mower: 300
	Cottonwood: 27.7	Cass: 1,741	Clay: 294
STATE OF MN:	**10.2 per 1,000**	**1,696 per 100,000**	**324 per 100,000**

Did you know? The 10 counties with the highest teen birth rates are all in greater Minnesota.

*Chlamydia and gonorrhea rates not calculated for counties with fewer than five cases. To view county-specific adolescent sexual health reports, please visit www.prc.umn.edu.

SEXUALLY TRANSMITTED INFECTIONS

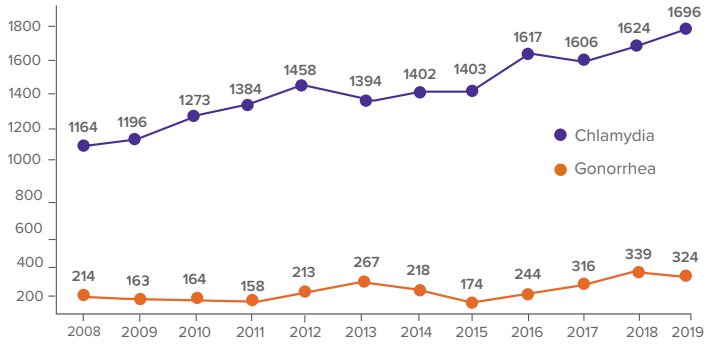
Although they account for only 6.5% of the population in Minnesota, adolescents age 15-19 accounted for 24.4% of the chlamydia and 14.8% of the gonorrhea cases in Minnesota in 2019. [9,11]

Adolescents experience a disproportionately high rate of sexually transmitted infections. This is likely to due to a combination of biological, behavioral, and cultural factors, barriers to accessing health services such as transportation, cost, concerns about confidentiality, and peer and media influences.[12]

Chlamydia is at an all-time high among Minnesota youth, while the gonorrhea rate declined slightly from 2018 to 2019 (Figure 5).

There were 8 new cases of HIV among 15-19 year olds in Minnesota in 2019. There are currently 45 adolescents (aged 15-19) living with HIV in Minnesota.[9]

FIGURE 5. CHLAMYDIA AND GONORRHEA RATES IN MINNESOTA, 2008–2019 (AGED 15–19 PER 100,000 POPULATION)



RACIAL/ETHNIC DISPARITIES[2,8,9]

Compared to the birth rate for white adolescents: (Figure 6)

7x The birth rate for American Indian youth is nearly **seven times greater**

3x The birth rate for Black youth is **three times higher**

4x The birth rates for Hispanic youth is **four times higher**

↑ Birth rates for American Indian and Asian/Pacific Islander youth in Minnesota were **much higher** than national figures

From 2017 to 2018, birth rates decreased among white, Black, American Indian, and Hispanic youth. Birth rates increased slightly among Asian/Pacific Islander adolescents. The birth rate fell most markedly among white adolescents, with a decline of 27%, followed by Black youth, with a decline of 23%.

FIGURE 6. ADOLESCENT BIRTH RATES BY RACE/ETHNICITY, MINNESOTA VS UNITED STATES, 2018
(AGED 15–19 PER 1,000 POPULATION)

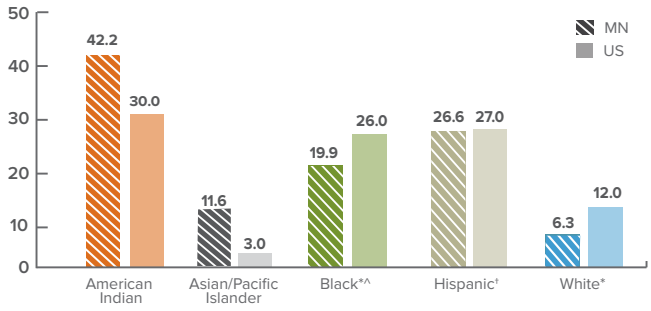
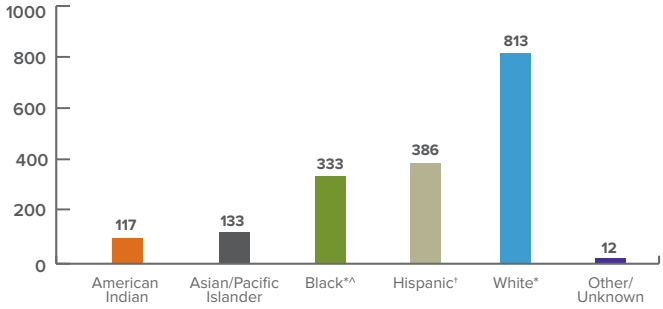


FIGURE 7. NUMBER OF BIRTHS TO YOUTH AGED 15–19 IN MINNESOTA BY RACE/ETHNICITY, 2018

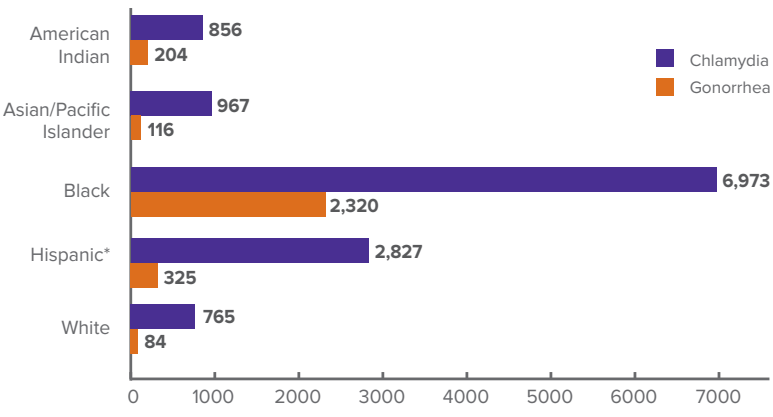


* Racial categories are disaggregated as non-Hispanic white and non-Hispanic black
^ The term "Black" is used rather than "African American" to be consistent with state and national racial categories and because data includes foreign-born and U.S. born populations
† This category represents Hispanic ethnicity, accounting for persons who identity as Hispanic of any race

Sexually Transmitted Infections

STI rates are disproportionately high in communities of color in Minnesota.[9] The rates of chlamydia and gonorrhea are highest among Black and Hispanic youth. The gonorrhea rate is 28 times higher and the chlamydia rate is 9 times higher among Black youth compared to white youth, who have the lowest STI rates of all racial/ethnic groups.

FIGURE 8. MINNESOTA CHLAMYDIA AND GONORRHEA RATES BY RACE/ETHNICITY, 2019 (AGED 15-19 PER 100,000 POPULATION)



*Persons of Hispanic ethnicity may also be counted in other racial categories.

Improving adolescent sexual health outcomes starts where we live, learn, work and play

Pregnancy, birth and STI rates among Minnesota's adolescents continue to vary across racial and ethnic groups, socioeconomic status and geography. While many programs and services focus on changing individual behaviors that lead to pregnancy, increasing attention is being paid to the social determinants that contribute to poor health outcomes through systematic lack of access to resources, power and opportunity.[13] Higher rates of adolescent pregnancy have been linked with concentrated poverty, residential segregation, unemployment, and lack of access to health care and education.[14-18] Strategies to eliminate these persistent disparities must address the social determinants of health which disproportionately affect young people in communities of color.[19]

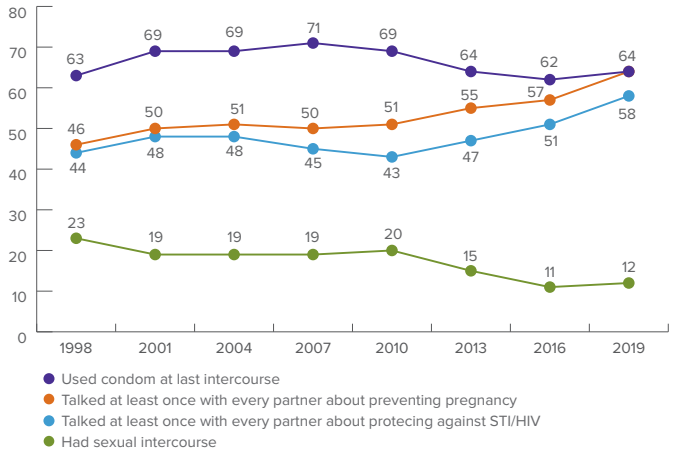
MINNESOTA STUDENT SURVEY[20]

From 2016 to 2019, there was a slight increase (from 11% to 12%) in sexually active 9th graders in Minnesota.

2019 Minnesota Student Survey (MSS)

The 2019 Minnesota Student Survey was administered to public school students in grades 5, 8, 9 and 11. Sexual health questions are only asked in grades 9 and 11. Approximately 66% of 9th graders and 54% of 11th graders participated in the 2019 MSS.

FIGURE 9. MINNESOTA STUDENT SURVEY TRENDS, 9TH GRADERS, 1998-2019

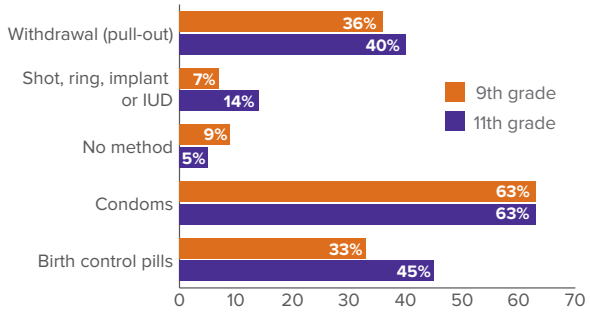


Sexual Activity

Sexual activity among Minnesota teens is lower than national figures, with 12% of 9th graders and 34% of 11th graders reporting ever having sex in 2019, compared to 20% of 9th graders and 47% of 11th graders in the United States in 2017.[21] Encouragingly, trends show more youth are talking with their partners about preventing pregnancy (64% of 9th graders; 74% of 11th graders) and protecting against STI/HIV (58% of 9th graders; 66% of 12th graders).

The majority of students report no sexual partners within the last year. Of the students who report having had sexual intercourse within the last 12 months, most students report only one partner.

FIGURE 10. CONTRACEPTIVE USE AMONG MINNESOTA STUDENTS, 2019



Condom Use

After several years of a downward trend in condom use, 2019 saw an increase. From 2016 to 2019, condom use increased 3% among both 9th and 11th graders. Despite this increase, there has been a nearly 10% decline since a record high of 71% among 9th graders in 2007.

Contraceptive Use

Condoms continue to be the most common contraceptive method used by both 9th and 11th graders (Figure 10). Notably, use of very effective methods like IUDs and implants increased 40% among 9th graders and 55% among 11th graders since 2016.

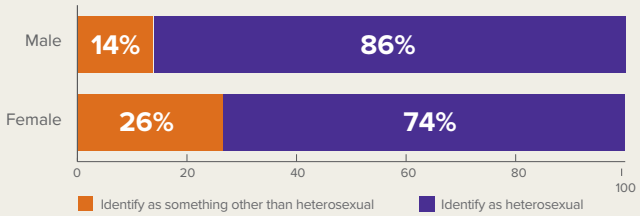
Substance Use

The vast majority of 9th and 11th graders — 86% of sexually active students — reported no alcohol or drug use before last sexual intercourse.

Sexual Orientation

From 2016 to 2019, the number of students who identified as something other than heterosexual (straight) increased dramatically. In 2019, 14% of male high school students and 26% of female high school students identified as something other than heterosexual. This category includes the following identities: bisexual, gay or lesbian, questioning or not sure, pansexual, queer, or none of the above.

FIGURE 11. SEXUAL ORIENTATION AMONG MINNESOTA YOUTH, 2019



Gender Identity

The 2019 MSS asked students about their gender identity. 1.4% of both 9th and 11th grade students identified as transgender, genderqueer, or genderfluid (those whose experience of their gender doesn't match their birth-assigned sex). Additionally, 1.6% of 9th graders and 1.2% of 11th graders were not sure about their gender identity.

Importantly, transgender, genderqueer and genderfluid students are represented throughout Minnesota, in urban and rural areas alike.

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PRC
Healthy Youth Development
Prevention Research Center

For over 30 years, the Centers for Disease Control and Prevention have worked to eliminate health disparities and create healthy communities by funding Prevention Research Centers (PRCs) throughout the United States.

The Healthy Youth Development • Prevention Research Center (HYD•PRC), housed at the University of Minnesota, Department of Pediatrics, is one in a network of 25 academic centers whose main objective — as a PRC — is to link science to practice and advance the fields of health promotion and prevention.

The HYD•PRC collaborates with state and local organizations and communities to conduct research, provide training, and disseminate actionable knowledge and best practices that promote healthy development and health equity for all youth.

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MDH Minnesota Department *of* Health

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