2015 MINNESOTA ADOLESCENT SEXUAL HEALTH REPORT

This report details the sexual health of Minnesota’s young people. Overall, there is much to celebrate. Teen pregnancy and birth rates are at historic lows, with the teen pregnancy rate among 15-19 year olds having declined 63% from 1990 to 2013 and the teen birth rate having declined 54% in that same time period. In 2014, the adolescent gonorrhea rate declined and the chlamydia rate leveled off. Young people are to be commended for making wise and healthy choices about their sexual health. However, many challenges remain. The following Recommendations are Teenwise Minnesota’s response to the significant disparities and challenges outlined in this report.

Recommendations

- Adolescent sexual health comprises much more than the absence of pregnancy or disease. To fully support young people’s health, we need to address their physical, social/emotional, cognitive and spiritual development. Progress also depends on addressing social factors such as education, income, housing and livable communities.

- The systems that educate young people are not providing the supports needed to ensure overall health, including sexual health. Schools, out-of-school time programs, clinics and faith communities must be better prepared to have open and nonjudgmental conversations with youth.

- Honest, accurate and developmentally appropriate information from parents is the first step toward raising healthy children who make responsible decisions about sex, sexuality and relationships. Parents/guardians need to be supported in their role as educators.

- Disparities in pregnancy, birth and STIs persist. We need to assure that services and programming meet the unique needs of youth from underserved populations, including those who are homeless, LGBTQ, gender non-conforming, in foster care, in juvenile justice settings, and/or from populations of color.

- Minnesota programs and policies inadequately address the unique needs of adolescent parents and their children. Young parents need access to confidential sexual health services, home visiting services and parenting support.

- The normalization of sexual violence is pervasive in our culture. It is time to work across sectors to change negative social norms and educate young people about healthy relationships.

- Urban, suburban and rural communities are all affected by issues of adolescent sexual health. While numbers may be higher in the metro area, young people throughout Minnesota experience high rates of pregnancy, birth and STIs.
Every day in 2013, approximately 11 adolescents became pregnant and 8 gave birth in Minnesota.¹

Trends in Pregnancy and Birth

Overall, the birth rate among adolescents aged 15-19 in Minnesota decreased 9.8% from 2012 to 2013. Pregnancy rates decreased by 10.7%. Pregnancy data indicate a decline in number of pregnancies since 2007, marking an overall decrease of 55% from 1990 to 2013. This decline in pregnancy and birth rates is likely due to decreases in rates among Minnesota’s adolescent populations of color.

The number of pregnancies for adolescents younger than 15 decreased 26% and the number of births for this age group decreased by 27.9% from 2012 to 2013. This change is magnified because 9.7 percent of subsequent births are from communities of color.

National Comparison

From 2007 to 2013, the birth rate for youth aged 15–19 in the US dropped nearly 36%, reaching a record low of 26.5 per 1,000 in 2013.² The overall decline in the adolescent birth rate over the past two decades has been attributed to delayed initiation of sexual activity and increased use of the most effective contraceptive methods (i.e. IUDs and implants).³,⁴

Despite reaching historic lows in 2013, the United States continues to have the highest adolescent pregnancy and birth rates in the developed world. The United States’ teenage birth rate is six times greater than Japan and Denmark, and 10 times higher than Germany.⁵

Subsequent Births (additional births to adolescent mothers)

- Nationally, 17% of births to adolescents are subsequent births.
- In Minnesota, 14% of births to adolescents are subsequent births.⁶

Pregnancy prevention among adolescent mothers is a complex issue. Subsequent births to adolescents are associated with many factors, such as maternal age at first birth, contraceptive use, educational attainment and living with an intimate partner rather than living with a parent.⁷ When adolescents become parents, they are less likely to achieve educational goals, which may have longer lasting effects on their children’s development than maternal age at first birth.⁸ In Minnesota, teens with the highest percent of subsequent births are from communities of color. Twenty-two percent of births to Asian/Pacific Islander youth are subsequent births; 19% of births to Black and Hispanic/Latina youth were subsequent births, compared to 10% of births to White adolescents.⁹

FIGURE 1. MINNESOTA ADOLESCENT PREGNANCY STATISTICS, 1990-2013

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<tbody>
<tr>
<td>Under 15 years</td>
<td>159</td>
<td>154</td>
<td>150</td>
<td>77</td>
<td>57</td>
<td>-64.2%</td>
<td>-26%</td>
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<tr>
<td>15–17 years</td>
<td>2803</td>
<td>2782</td>
<td>2411</td>
<td>1220</td>
<td>1004</td>
<td>-64.2%</td>
<td>-17.7%</td>
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<tr>
<td>18–19 years</td>
<td>5833</td>
<td>4664</td>
<td>5164</td>
<td>3172</td>
<td>2874</td>
<td>-50.7%</td>
<td>-9.4%</td>
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<tr>
<td>15–19 years</td>
<td>8636</td>
<td>7446</td>
<td>7575</td>
<td>4392</td>
<td>3878</td>
<td>-55.1%</td>
<td>-11.7%</td>
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FIGURE 2. MINNESOTA ADOLESCENT BIRTH STATISTICS, 1990-2013

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<tbody>
<tr>
<td>Under 15 years</td>
<td>94</td>
<td>84</td>
<td>87</td>
<td>43</td>
<td>31</td>
<td>-67%</td>
<td>-27.9%</td>
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<tr>
<td>15–17 years</td>
<td>1648</td>
<td>1939</td>
<td>1710</td>
<td>882</td>
<td>758</td>
<td>-54%</td>
<td>-14.1%</td>
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<tr>
<td>18–19 years</td>
<td>3688</td>
<td>3273</td>
<td>3686</td>
<td>2415</td>
<td>2192</td>
<td>-40.6%</td>
<td>-9.2%</td>
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<tr>
<td>15–19 years</td>
<td>5336</td>
<td>5212</td>
<td>5396</td>
<td>3297</td>
<td>2950</td>
<td>-44.7%</td>
<td>-10.5%</td>
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BIRTH RATES PER 1,000

| 15–17 years | 19.9   | 21.7   | 15.5   | 8.4   | 7.3   | -63.3%           | -13.1%            |
| 18–19 years | 58.3   | 48.1   | 50.6   | 33    | 30.5  | -47.7%           | -7.6%             |
| 15–19 years | 36.5   | 33.1   | 29.5   | 18.6  | 16.8  | -54%             | -9.8%             |
COUNTY LEVEL INDICATORS

Greater Minnesota disproportionately experiences adolescent pregnancy, births and STIs when compared with the Twin Cities metro area.

Although the numbers of pregnancies, births and STIs are larger in the metropolitan area, the rates are much greater in rural Minnesota. In these areas, adolescent sexual health services are often offered in conjunction with family planning services. Since these services may appear geared toward those who can get pregnant, not all adolescents may seek the care they need. Improving adolescent sexual health in Minnesota requires a heightened focus on rural areas and on serving young men.

SEXUALLY TRANSMITTED INFECTIONS: STIs & HIV/AIDS

Even though they account for only 7% of the population in Minnesota, adolescents aged 15-19 accounted for 26% of chlamydia and 20% of gonorrhea cases in 2014.

Adolescents and young adults experience a high incidence of sexually transmitted infections compared to other age groups. This increased risk for STIs is likely related to a lack of access to STI prevention services, socioeconomic status, discomfort with facilities designed for adults and concerns about confidentiality.

The gonorrhea rate among 15-19 year olds in Minnesota gradually declined from 2007 to 2011 but increased in 2012 and 2013. 2014 marked a 18% decline in gonorrhea rates among teens (Figure 3). Seventy percent of reported cases of gonorrhea were in Hennepin and Ramsey counties. High rates of gonorrhea tend to be reported in communities experiencing high rates of poverty and school dropout and in communities with low-quality and/or inaccessible health care services.

There were 17 new cases of HIV among adolescents aged 15-19 in Minnesota in 2014, which is an increase of 70% from 2013 when 10 new cases were diagnosed among this age group. Even though HIV indiscriminately affects individuals in the greater population, HIV cases among Minnesota youth predominantly affect men who have sex with men (MSM).

The chlamydia rate for adolescents aged 15-19 increased very slightly, by 0.6%, from 2013 to 2014. Despite the recent leveling off of chlamydia rates, Minnesota has experienced a 51% increase in chlamydia infection among youth since 2003.
SEXUAL HEALTH DISPARITIES

The birth rates for American Indian, Black and Hispanic/Latina youth in Minnesota are more than three times greater than that of White youth.

From 2012 to 2013, birth rates decreased among adolescents in every racial group. The birth rate among American Indian and Asian/Pacific Islander youth decreased 20% and 11% respectively. Birth rates among Black youth continued to fall, decreasing 5% from 2012 to 2013.21

Although adolescent pregnancy and birth rates are highest among Minnesota populations of color, the largest number of adolescent births is consistently among White females (Figure 5).22

Pregnancy, birth and STI rates among youth continue to vary across racial and ethnic groups in Minnesota.23 Strategies to eliminate these persistent disparities must address social determinants of health (i.e., poverty, racism and unequal access to health care and education), which disproportionately affect the health of young people in communities of color.24

Sexually Transmitted Infections

STI rates are disproportionately high for populations of color in Minnesota. The rates for both chlamydia and gonorrhea were highest among Black youth, followed by American Indian youth.25

FIGURE 6. RACIAL COMPOSITION OF MINNESOTA YOUTH AGED 15-19, 2014

FIGURE 7. CHLAMYDIA CASES AMONG YOUTH AGED 15-19 IN MINNESOTA, 2014

Note: Consistent with state and national standards, persons who identify their origin as Hispanic/Latino may be of any race. These individuals are included within the racial categories represented in Figures 6-8. Due to rounding, totals for Figures 7 and 8 may not equal 100.

The gonorrhea rate is 33 times higher for Black youth and 11 times higher for American Indian youth when compared to the rate for White youth (Figure 9).26

FIGURE 8. GONORRHEA CASES AMONG YOUTH AGED 15-19 IN MINNESOTA, 2014

FIGURE 9. MINNESOTA CHLAMYDIA AND GONORRHEA RATES BY RACE AND HISPANIC ORIGIN, 2014 (AGED 15-19 PER 100,000 POPULATION)
Minnesota lesbian, gay, bisexual and questioning youth represent a population that has significant sexual health care needs.

Recognizing Sexual Orientation
The 2013 Minnesota Student Survey was one of the first statewide attempts to include information about sexual orientation in data collection. The sexual orientation questions were asked of 9th and 11th graders, yielding 77,758 respondents.

Sexual Activity
Minnesota LGBQ adolescents reported higher levels of sexual activity when compared with straight youth. 50.9% of lesbian females and 48.7% of gay males have ever had sex compared with 23.5% of straight females and 25.9% of straight males (Figure 11).27

Pregnancy
Pregnancy affects all young people, regardless of their sexual orientation. Bisexual females were five times more likely to have been pregnant than straight females. Questioning and gay males were four times more likely than straight males to report getting someone pregnant (Figure 12).28

Alcohol or Drug Use during Last Sex
LGBQ youth report higher levels of substance abuse before last sex. Questioning and gay males had the highest rates of alcohol or drug use at last sex, while straight males and females had the lowest (Figure 13).29 This may be a contributing factor to higher rates of pregnancy among LGBQ youth.

Special thanks to John Salisbury from Rainbow Health Initiative for his assistance with these data.
Gay/Lesbian
Bisexual
Straight
Heterosexual (Straight)

rates of pregnancy among LGBQ youth. This may be a contributing factor to higher rates of alcohol and pregnancy. Questioning and gay males had the highest rates of alcohol use, while bisexual females were five times more likely to have been pregnant (Figure 12).28

Minnesota LGBQ adolescents report higher levels of substance abuse before last sexual intercourse.1 Minnesota Department of Health (MDH), Center for Health Statistics, Minnesota Health Statistics Annual Summary, 2013.

REFERENCES

1 Minnesota Department of Health (MDH), Center for Health Statistics, Minnesota Health Statistics Annual Summary, 2013.
6 The National Campaign to Prevent Teen and Unplanned Pregnancy. 50-State and National Comparisons thenationalcampaign.org/data/state/minnesota.
9 The National Campaign to Prevent Teen and Unplanned Pregnancy. 50-State and National Comparisons thenationalcampaign.org/data/state/minnesota.
10 MDH, Center for Health Statistics, 2013 Birth Data.
17 Ibid.
22 MDH, Center for Health Statistics, 2013 Birth Data.
26 Ibid
27 MDH, Center for Health Statistics, 2013 MN Student Survey.
28 Ibid
29 Ibid


Teenwise Minnesota is the statewide leader in promoting adolescent sexual health and development. We achieve this by strengthening the capacity to implement evidence-based practices, programs and policies. This report is a summary of the sexual health of Minnesota’s adolescents and uses data from the most recent year available. For county-specific statistics, visit Teenwise Minnesota’s website at teenwisemn.org/county-specific-adolescent-sexual-health-report-and-data/.