This report details the sexual health of Minnesota’s youth. Teen pregnancy and birth rates are at historic lows, with the pregnancy rate among 15-19 year olds having declined 69% from 1990 to 2015 and the birth rate having declined 63% in that same period. Rates have decreased most among youth from populations of color. Young people are to be commended for making wise and healthy choices about their sexual health. However, many challenges remain. Sexually transmitted infections continue to increase, and disparities – by geography, sexual orientation, race/ethnicity, gender identity – persist. The following recommendations are the University of Minnesota Healthy Youth Development • Prevention Research Center’s (PRC) response to issues outlined in this report.

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 healthy relationships.
- Fostering young people’s health, including their sexual health, requires that we address social determinants of health like education, employment, income, housing, community safety and vitality, discrimination, family and social supports, and access to quality health care services.
- The systems that serve 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.
- 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.
- Sexual health disparities persist. We need to assure that programs and services meet the unique needs of youth from underserved populations, including those who are LGBTQ, gender non-conforming, from rural areas, homeless, in foster care, in juvenile justice settings, and/or from populations of color.
- Current Minnesota programs and policies inadequately address the distinct needs of adolescent parents and their children. Young parents need access to confidential sexual health services, high quality education, home visiting services, and parenting support.
- STI rates continue to increase, even while birth rates decline. Clinicians must stress the importance of barrier methods, including with youth who use long-acting reversible contraceptives. Both innovations in screening – such as universal testing in schools, street outreach, and home-based screening – and expedited partner therapy can address rising rates of STIs.
PREGNANCY & BIRTH

Every day in 2015, approximately 9 adolescents became pregnant and 7 gave birth in Minnesota.¹

Trends in Pregnancy and Birth

Overall, the birth rate among adolescents aged 15-19 in Minnesota decreased 11.8% from 2014 to 2015. The pregnancy rate decreased by 11.3%. Both pregnancy and birth rates are at historic lows, having declined by 69% for pregnancy and 63% for births since the early 1990s. Mirroring national trends, the declines are driven by dramatic decreases in rates among Minnesota’s adolescent populations of color.²

The number of pregnancies for adolescents under 15 years decreased by 28% and the number of births for this age group decreased by 4% from 2014 to 2015. This change is magnified because there are so few adolescents in this age group that become pregnant and/or give birth each year.

FIGURE 1. MINNESOTA ADOLESCENT PREGNANCY STATISTICS, 1990-2015

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<td>159</td>
<td>154</td>
<td>150</td>
<td>57</td>
<td>53</td>
<td>38</td>
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<td>15–17 years</td>
<td>2803</td>
<td>2782</td>
<td>2411</td>
<td>1004</td>
<td>951</td>
<td>809</td>
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<td>18–19 years</td>
<td>5833</td>
<td>4664</td>
<td>5164</td>
<td>2874</td>
<td>2610</td>
<td>2352</td>
<td>-59.7%</td>
<td>-9.9%</td>
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<tr>
<td>15–19 years</td>
<td>8636</td>
<td>7446</td>
<td>7575</td>
<td>3878</td>
<td>3561</td>
<td>3161</td>
<td>-63.4%</td>
<td>-11.2%</td>
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<tr>
<td>15–17 years</td>
<td>33.8</td>
<td>31.2</td>
<td>21.9</td>
<td>9.7</td>
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<td>68.5</td>
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<td>59</td>
<td>47.3</td>
<td>41.4</td>
<td>22.2</td>
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<td>18.1</td>
<td>-69.3%</td>
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FIGURE 2. MINNESOTA ADOLESCENT BIRTH STATISTICS, 1990-2015

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<td>84</td>
<td>87</td>
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<td>758</td>
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<td>18–19 years</td>
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<td>3273</td>
<td>3686</td>
<td>2192</td>
<td>2002</td>
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<td>15–19 years</td>
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<td>5396</td>
<td>2950</td>
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<td>-12.0%</td>
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<tr>
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<td>19.9</td>
<td>21.7</td>
<td>15.5</td>
<td>7.3</td>
<td>6.8</td>
<td>5.7</td>
<td>-71.4%</td>
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<td>18–19 years</td>
<td>58.3</td>
<td>48.1</td>
<td>50.6</td>
<td>30.5</td>
<td>28.4</td>
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<td>16.9</td>
<td>15.5</td>
<td>13.7</td>
<td>-62.5%</td>
<td>-11.8%</td>
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National Comparison

From 1991 to 2015, the birth rate for youth aged 15–19 in the US dropped nearly 64%, reaching a record low of 22 per 1,000 in 2015.³ The overall decline in the adolescent birth rate over the past two decades has been attributed to increased use of the most effective contraceptive methods (IUDs and implants) as well as delayed initiation of sexual activity.⁴⁶

Subsequent Births (Additional births to adolescent mothers)⁷:
- Nationally, 17% of births to adolescents are subsequent births.
- In Minnesota, 13% of births to adolescents are subsequent births.

Pregnancy prevention among adolescent mothers is a complex issue. Subsequent births to adolescents may be 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.⁸ 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.⁹ In Minnesota, teens with the highest percent of subsequent births are from communities of color. Over 22% of births to American Indian and Asian/Pacific Islander youth are subsequent births compared to 10% of births to white adolescents.¹⁰

Despite reaching historic lows in 2015, the United States continues to have among the highest adolescent pregnancy and birth rates amongst developed nations. The U.S. teen birth rate is five times higher than Denmark, Japan and the Netherlands, seven times higher than Switzerland and eleven times higher than South Korea.⁴

Note: The term “black” is used rather than “African American” to be consistent with state and local terminology.
GEOGRAPHIC DISPARITIES

Pregnancy and birth disproportionately impact greater Minnesota counties, while STIs are widespread throughout the state.

Although the numbers of pregnancies, births and STIs are larger in the metropolitan area, these issues also affect greater Minnesota (Figures 3, 4 and 5). In rural areas, access to confidential, affordable, youth-friendly services may be limited. Improving adolescent sexual health in Minnesota requires a heightened focus on rural areas.

FIGURE 3. MINNESOTA COUNTIES WITH HIGHEST BIRTH, CHLAMYDIA AND GONORRHEA RATES AMONG YOUTH AGED 15-19

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

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

FIGURE 4. CHLAMYDIA CASES AMONG YOUTH AGED 15-19, BY GEOGRAPHIC LOCATION, 2016

TOTAL CASES = 5,947

Suburban counties: Anoka, Carver, Dakota, Scott, and Washington. All other MN counties are rural.

FIGURE 5. GONORRHEA CASES AMONG YOUTH AGED 15-19, BY GEOGRAPHIC LOCATION, 2016

TOTAL CASES = 897

RACIAL/ETHNIC 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 (Figure 6).

From 2014 to 2015, birth rates decreased among adolescents in every racial group except American Indians. The birth rate fell most markedly among black and Hispanic/Latina youth, which saw declines of 20% and 17%, respectively. The birth rate among American Indians increased very slightly, by just less than 1%.19

Although adolescent pregnancy and birth rates are highest among Minnesota populations of color, the largest number of adolescent births is among white youth.
Pregnancy, birth and STI rates among youth continue to vary across racial and ethnic groups in Minnesota. 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.

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 Hispanic/Latino youth. The gonorrhea rate is 29 times higher for black youth and the chlamydia rate is 9 times higher for black youth when compared to the rate for white youth (Figure 7).

Even though they account for only 7% of the population in Minnesota, adolescents ages 15-19 accounted for 26% of chlamydia and 18% of gonorrhea cases in 2016.

After several years of declines or slight increases, the chlamydia rate jumped by 15% in 2016. Gonorrhea rates among 15-19 year olds have varied over time, but last year marked a 40% increase in gonorrhea rates among teens (Figure 11).

There were 15 new cases of HIV among adolescents ages 15-19 in Minnesota in 2016, which is an increase of 25% from 2015 when 12 new cases diagnosed among this age group. There are currently 57 adolescents (age 15-19) living with HIV in Minnesota.
MINNESOTA STUDENT SURVEY\textsuperscript{22}

From 2013 to 2016, there was a 27% decrease in 9th graders in Minnesota reporting ever having had sex.

2016 MSS
The 2016 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 71% of 9th graders and 61% of 11th graders participated in the 2016 MSS.

Sexual Activity
Sexual activity among Minnesota adolescents remains lower than national figures, with 11% of 9th graders and 35% of 11th graders reporting ever having sex, compared to 24% of 9th graders and 50% of 11th graders in the United States.\textsuperscript{23} Encouragingly, trends show more youth are talking with their partners about preventing pregnancy (57% of 9th graders) and protecting against STI/HIV (51% of 9th graders) (Figure 12).

Condom Use
Condom use at last intercourse continued to decline among Minnesota teens. From 2013 to 2016, condom use declined 3% among 9th graders and 6% among 11th graders. Overall, there has been a nearly 13% decrease since a record high of 71% in 2007.

Contraceptive Use
Condoms continue to be the most common contraceptive method used by both 9th and 11th graders (Figure 13). Notably, use of LARCs (Long Acting Reversible Contraceptives) like IUDs and implants increased – 66% among 9th graders and 50% among 11th graders.

A FOCUS ON TRANSGENDER AND GENDER NON-CONFORMING YOUTH\textsuperscript{24}

Transgender and Gender Non-Conforming (TGNC) youth experience substantial health disparities compared to cisgender adolescents.

The 2016 MSS included a new question about gender identity. Response options included TGNC (those whose experience of their gender doesn’t match their birth-assigned sex) as well as cisgender (those matching in their birth-assigned sex and gender identity). 2.7% of youth identified as TGNC. Involvement in all types of risk behaviors and experiences was significantly higher among TGNC than cisgender youth (Figure 14).

Importantly, TGNC youth experience protective factors (e.g. family connectedness) in their lives. Although average levels of support were lower than for cisgender students, findings indicate that, even among TGNC youth, most report comfort talking with parents and feeling supported by teachers.

Special thanks to Marla Eisenberg, Sc.D., M.P.H. and her colleagues for sharing their forthcoming paper, “Risk and Protective Factors in the Lives of Transgender/Gender Non-Conforming Adolescents”, which informed this content.
From 2013 to 2016, there was a 27% decrease in 9th graders in Minnesota and implants increased – 66% among 9th graders and 50%.

Condoms continue to be the most common contraceptive method, with a nearly 13% decrease since a record high of 71% in 2007.

Sexual activity among Minnesota adolescents remains lower than national figures, with 11% of 9th graders and 35% of 11th graders reporting ever having sex, compared to 24% of 9th graders and 46% of 11th graders in the United States in 2016.

Sexual Health Questions

Family connectedness is one in a network of 26 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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10. The National Campaign to Prevent Teen and Unplanned Pregnancy. 50-State and National Comparisons thenationalcampaign.org/data/state/minnesota.
11. MDH, Center for Health Statistics, 2015 Birth Data.