



2009

Minnesota Adolescent Sexual Health Report

MOAPPP is the statewide leader in promoting adolescent sexual health, preventing adolescent pregnancy, and gaining support for 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. See the final page of this report for MOAPPP's recommendations. For county-specific statistics, visit MOAPPP's website at www.moapp.org or call 651-644-1447 or toll free in Minnesota at 800-657-3697.



MINNESOTA ORGANIZATION ON ADOLESCENT PREGNANCY, PREVENTION AND PARENTING

www.moapp.org



Pregnancy & Birth¹

Since 1990, adolescent pregnancy and birth rates have decreased significantly in Minnesota. In 2006, Minnesota adolescent pregnancy and birth rates increased for the first time in 14 years. The most recent data (released in 2009) indicate that both pregnancy and birth rates increased again from 2006 to 2007.

Pregnancies: In 2007, 7,109 females aged 15–19 and 120 females under the age of 15 became pregnant. Each day in 2007, approximately 20 adolescents became pregnant.

Births: In 2007, there were 5,182 births to females aged 15–19 and 67 births to females under the age of 15. Each day in 2007, approximately 14 adolescents gave birth.

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

Figure 1. Minnesota Adolescent Pregnancy Statistics, 1990–2007

Number of pregnancies	1990	1995	2000	2006	2007	Change since 1990	Change since 2006
Under 15 years	159	154	150	113	120	-24.5%	+6.2%
15–17 years	2803	2782	2411	2214	2156	-23.1%	-2.6%
18–19 years	5833	4664	5164	4800	4953	-15.1%	+3.2%
15–19 years	8636	7446	7575	7014	7109	-17.7%	+1.4%
Pregnancy rates per 1,000	1990	1995	2000	2006	2007	Change since 1990	Change since 2006
15–17 years	33.8	31.2	21.9	20.0	19.7	-41.8%	-1.5%
18–19 years	92.2	68.5	70.9	66.9	68.5	-25.7%	+2.4%
15–19 years	59.0	47.3	41.4	38.4	39.1	-33.7%	+1.8%

Figure 2. Minnesota Adolescent Birth Statistics, 1990–2007

Number of births	1990	1995	2000	2006	2007	Change since 1990	Change since 2006
Under 15 years	94	84	87	58	67	-28.7%	+15.5%
15–17 years	1648	1939	1710	1533	1519	-7.8%	-0.9%
18–19 years	3688	3273	3686	3554	3663	-0.7%	+3.1%
15–19 years	5336	5212	5396	5087	5182	-2.9%	+1.9%
Birth rates per 1,000	1990	1995	2000	2006	2007	Change since 1990	Change since 2006
15–17 years	19.9	21.7	15.5	13.8	13.9	-30.2%	+0.7%
18–19 years	58.3	48.1	50.6	49.5	50.6	-13.2%	+2.2%
15–19 years	36.5	33.1	29.5	27.9	28.5	-21.9%	+2.2%

National Comparison: From 1991 to 2007, the United States adolescent birth rate declined by approximately 31%. Between 2006 and 2007, the birth rate for adolescents aged 15–19 increased 1.4%; however, the increase from 2005 to 2007 was 5%.² In 2006, Minnesota had the country's tenth lowest adolescent birth rate, which was a change from the seventh lowest adolescent birth rate in 2005.³

Subsequent Births (Additional births to adolescent mothers):

- Nationally, **19.6%** of births to adolescents are subsequent births.
- In Minnesota, **17.3%** of births to adolescents are subsequent births.⁴

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 reflect the experiences of young mothers as there are currently no comparable data available on adolescent fathers in Minnesota.

Under 15 Years: Of particular note is the increase, from 2006 to 2007, in the number of pregnancies and births for females under age 15. While this has serious implications for the young women affected, the actual *number* of females represented in this age category is small.



Disparities in Adolescent Birth by Race & Ethnicity⁵

Although adolescent pregnancy and birth rates are high among Minnesota populations of color, the greatest number of adolescent births is still to white females.

The birth rate for white females in Minnesota (18.0) was lower than the national average for white females (27.2). However, all other racial and ethnic groups in Minnesota continue to have higher rates than the national figures. As shown in Figure 3, from 2006 to 2007 in Minnesota, African American birth rates increased by 15% and American Indian birth rates increased by 11%. Asian/Pacific Islander birth rates decreased by 4% and Hispanic/Latina birth rates decreased by 6% from 2006 to 2007.

Figure 3. Minnesota Adolescent Birth Rates, 2006 vs. 2007 (age 15–19 per 1,000 population)

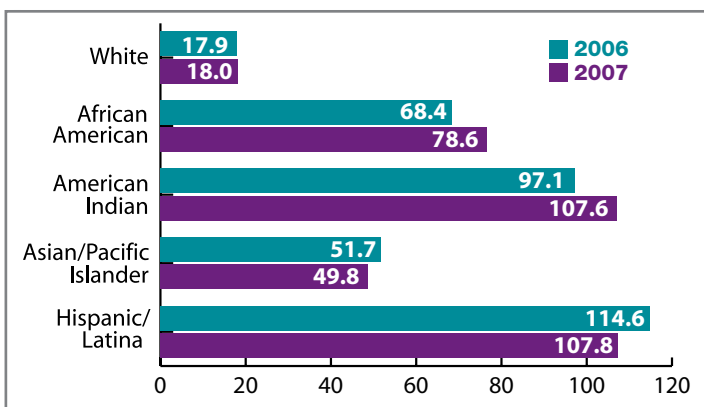


Figure 4. Adolescent Birth Rates, United States vs. Minnesota, 2007⁶ (age 15–19 per 1,000 population)

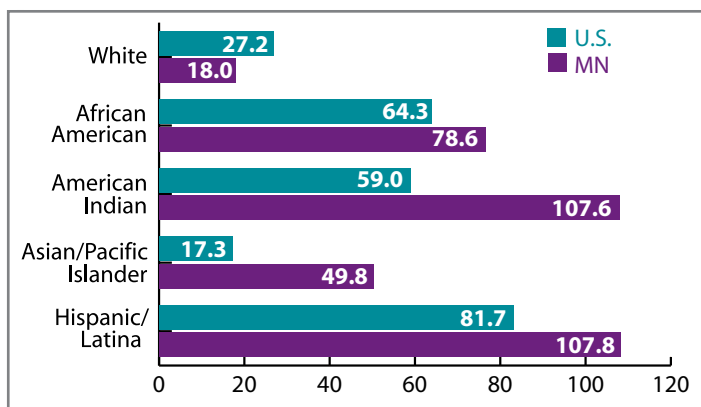


Figure 5. Minnesota Adolescent Birth Rates, 3-year averages, 1990–2007 (age 15–19 per 1,000 population)

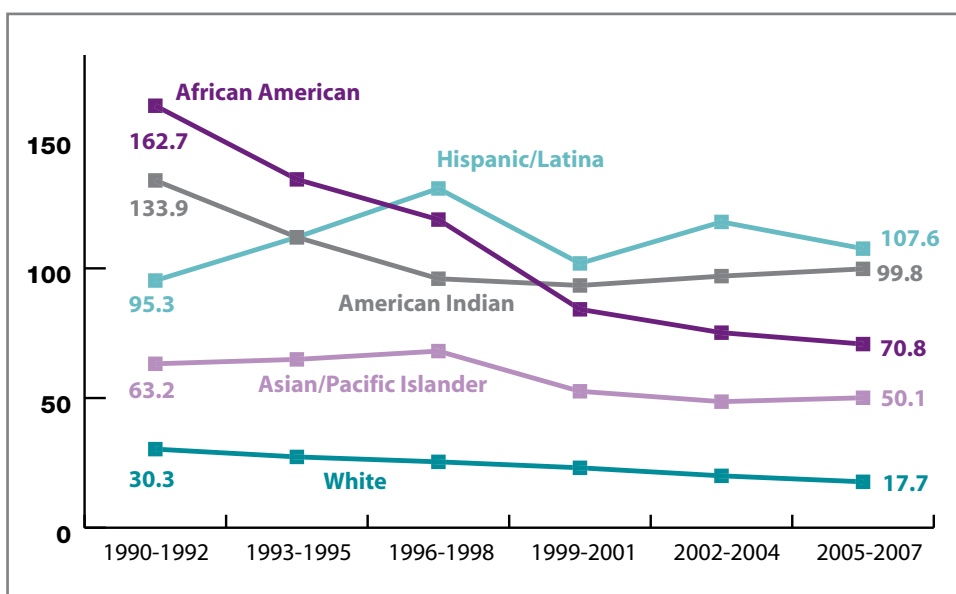
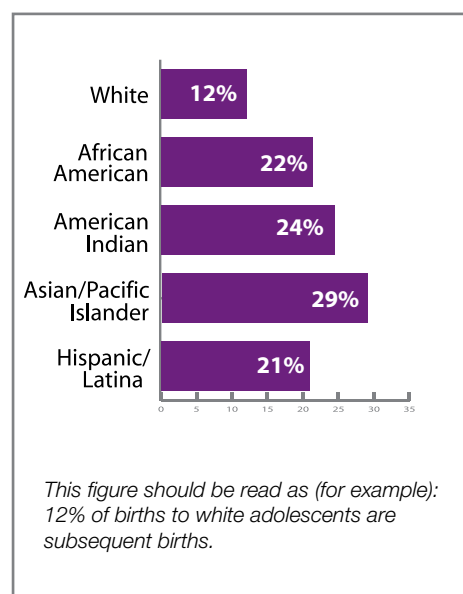


Figure 6. Subsequent Births to Adolescents in Minnesota, 2006⁷



Subsequent Births: The percent of subsequent births to white and African American adolescents did not change from 2005 to 2006. The percent of subsequent births to adolescents increased for American Indians (from 21% to 24%), decreased for Asian/Pacific Islanders (from 33% to 29%) and decreased for Hispanic/Latinas (from 23% to 21%) from 2005 to 2006.

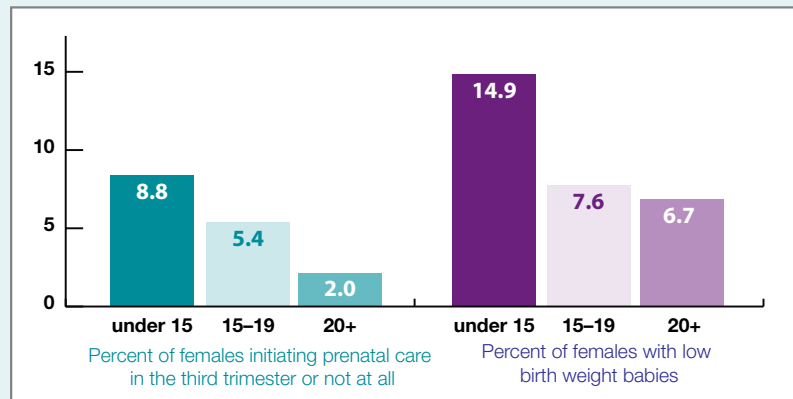
Prenatal Care & Low Birth Weight

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



- Females who have not received prenatal care are three times more likely to have low birth weight babies (less than 2500 grams/5 lbs. 8 oz.).⁸
- 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.⁹

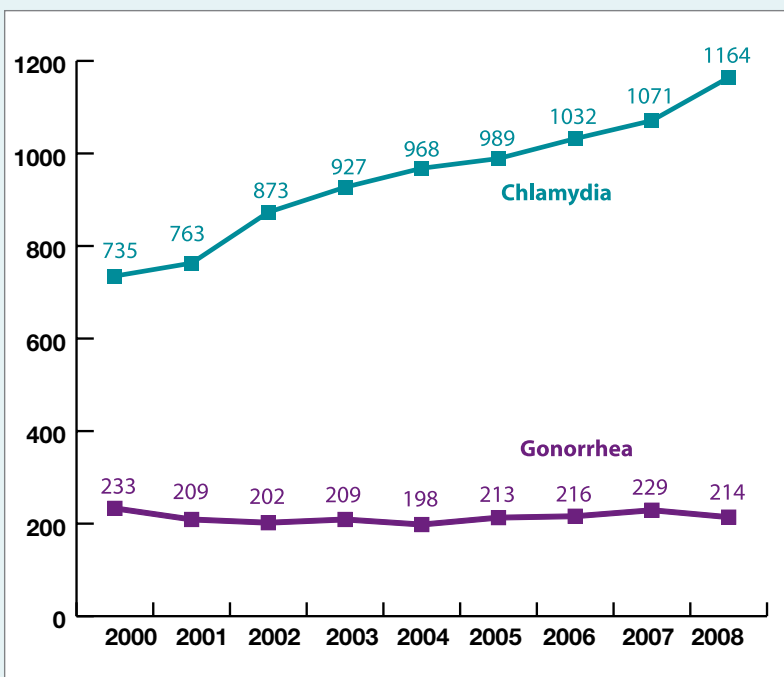
Figure 7. Prenatal Care and Low Birth Weight in Minnesota, 2007



SEXUALLY TRANSMITTED INFECTIONS STIs & HIV/AIDS¹⁰

Even though they account for only 7% of the population in Minnesota,¹¹ adolescents aged 15-19 accounted for 30% of chlamydia and 26% of gonorrhea cases in 2008.¹²

Figure 8. Chlamydia and Gonorrhea Rates in Minnesota, 2000-2008 (age 15-19 per 100,000 population)



- Nationally, adolescents aged 15-19 accounted for 34% of chlamydia and 28% of gonorrhea cases reported in 2007. Chlamydia and gonorrhea rates continue to increase for 15-19 year olds. Between 2006 and 2007, the chlamydia rate increased by 7.7% and the gonorrhea rate increased by 2.1%.¹³
- There were 12 new cases of HIV among adolescents aged 13-19 in Minnesota in 2008.

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

- Compared to white adolescents aged 15-19, the chlamydia rate was:
 - 23 times higher for African Americans
 - 6 times higher for American Indians
 - 4 times higher for Hispanic/Latinos
 - 2 times higher for Asian/Pacific Islanders
- Of particular note is that African Americans aged 15-19 accounted for 38% of chlamydia cases and 54% of gonorrhea cases reported among adolescents in the state in 2008, even though they account for only 4% of the population of 15-19 year olds.



Sexual Activity¹⁴

The percent of sexually active adolescents in Minnesota decreased between 1992 and 2007, from 61.2% to 48.4% among 12th graders and from 29.7% to 18.9% among 9th graders.

Figure 9. Percent of Students Who Have Ever Had Sex, United States vs. Minnesota, 2007¹⁵

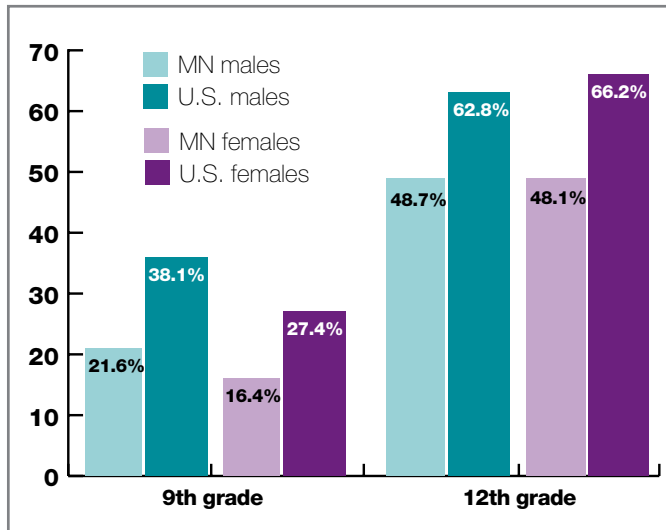
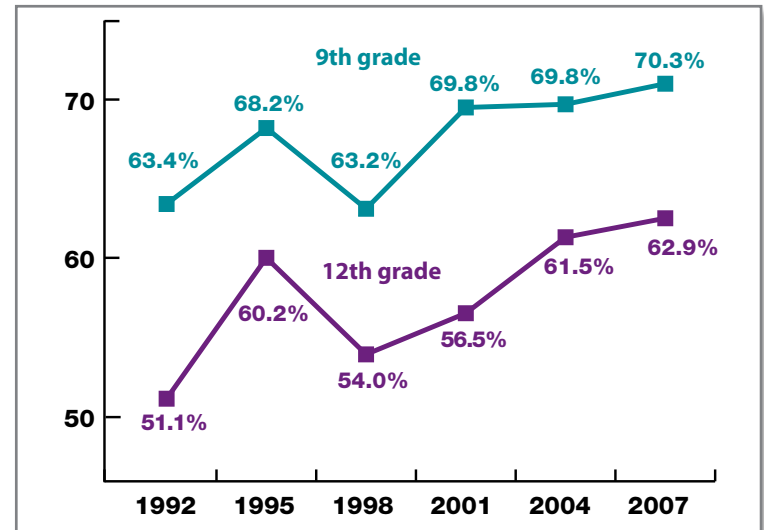


Figure 10. Percent of Minnesota Students Who Used a Condom at Last Intercourse, 1992–2007



Risk & Protective Factors

Risk factors encourage behaviors that might lead to pregnancy or STIs or discourage behaviors that might prevent those outcomes. Protective factors do just the opposite — they discourage behaviors that might lead to pregnancy or STIs or encourage behaviors that might prevent those outcomes.



Research has identified numerous risk and protective factors that are related to sexual behavior. Figures 11 and 12 present risk and protective factors that reflect the greatest difference between 9th graders who reported having sex and those who did not.

Figure 11. Protective Factors, 9th grade

Have you ever had sex?	no	yes
All or most of their teachers show respect for students	78%	56%
Always wears a seat belt when they ride in a car	63%	39%
Likes going to school very much or quite a bit	50%	31%
Lives with two parents	74%	55%
Participates in religious activities 1 or 2 times a week or more often	47%	28%

Figure 12. Risk Factors, 9th grade

Have you ever had sex?	no	yes
Drank alcohol in last 30 days	16%	58%
Hit or beat up another person in last 12 months	19%	50%
Skipped one or more days of school in the last 30 days	15%	43%
Smoked cigarettes in last 30 days	6%	38%
Used marijuana during last 30 days	4%	33%

Taking a Step Back: The Big Picture in Minnesota

- Even in the face of rising rates of adolescent pregnancy and births, the debate continues to rage over what and how much information about sexual health youth should receive.
- Minnesota youth from populations of color have much higher rates of pregnancy, birth, and STIs, but generally limited resources to address these disparities.
- A lack of awareness exists about the interconnectedness of sexual health to overall healthy youth development.
- The unique needs of adolescent parents and their children are inadequately addressed in Minnesota programs and policies.
- Adult discomfort continues to thwart the discussion, education and planning that can ensure the supports youth need to grow into productive adults.

MOAPPP Recommendations

- Too-early sexual activity and pregnancies effect and are affected by a myriad of other issues. Helping young people learn when and why to wait requires a multi-faceted approach.
- Invest in proven effective, science-based approaches to adolescent pregnancy, STI and HIV prevention.
- Educate decision-makers at all levels — in the legislature, counties, cities, schools — and parents, about the importance of responsible sex education.
- Find ways to ensure and encourage adolescent access to sexual health services.
- Support parents in providing honest, accurate information about healthy sexual development.
- Create awareness of common ground among diverse communities to foster the trusting relationships required to address the inequities faced by youth from populations of color.
- Show Minnesota youth that there is hope for their future.

References

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2. Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2007. National vital statistics reports; vol 57 no 12. Hyattsville, MD: National Center for Health Statistics, 2009.
3. The National Campaign to Prevent Teen and Unplanned Pregnancy. 2006 50 state comparison data.
4. Ibid.
5. Race and ethnicity terms used in this report correspond with those used by the U.S. Census Bureau and the MN Department of Health.
6. Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2007. National vital statistics reports; vol 57 no 12. Hyattsville, MD: National Center for Health Statistics, 2009.
7. The National Campaign to Prevent Teen and Unplanned Pregnancy. 2006 50 state comparison data.
8. Maternal and Child Health Bureau. A Healthy Start: Begin before the Baby's Born, U.S. Department of Health and Human Services, 2005.
9. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2005. Rockville, Maryland: US Department of Health and Human Services, 2005.
10. Minnesota Department of Health, STD and HIV Section, 2009.
11. U.S. Census Bureau, 2005-2007 American Community Survey 3 Year Estimates, www.census.gov.
12. Minnesota Department of Health, STD and HIV Section, 2009.
13. Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance statistics, 2007, <http://www.cdc.gov/std>.
14. 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 school). 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 in this data.
15. Youth Risk Behavior Survey, 2007, <http://www.cdc.gov/HealthyYouth/yrbs> & Minnesota Student Survey Trends 1992-2007, http://www.education.state.mn.us/mde/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/index.html.



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