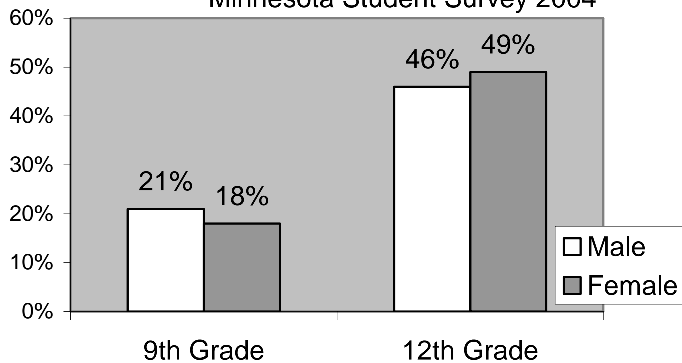
MOAPPP Minnesota's resource for teen pregnancy prevention

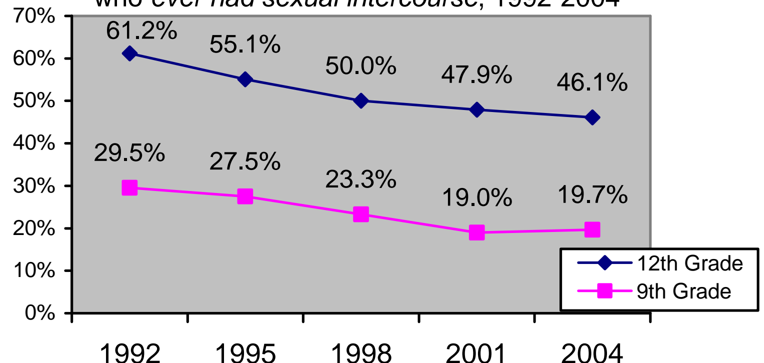
Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting
1619 Dayton Avenue, Suite 111, St. Paul, MN 55104
(651) 644-1447 (800) 657-3697 moappp@moappp.org
www.moappp.org

2005 Minnesota State Adolescent Sexual Health Report

Sexual Activity

According to the 2004 Minnesota Student Survey[1], the percentage of sexually active teens in public schools in Minnesota fell steadily between 1992 to 2001(Figure 1b). However, this encouraging downward trend lost strength between 2001 and 2004. For 9th grade males, the percentage that report having engaged in sexual intercourse feel from 35% in 1992 to 22% in 2001 and then remained the same between 2001 and 2004. Among 9th grade females, the percentage engaging in sexual intercourse also decreased steadily from 24% in 1992 to 16% in 2001, but then increased slightly to 18% in 2004. Reported sexual activity among 12th grade males and females declined substantially and steadily between 1992 and 2001, followed by a small decrease for males and no decrease for females between 2001 and 2004 (Figure 1a).[2] Nationally, in 2003, 12th grade students (62%) were significantly more likely than 9th grade students (33%) to have had sexual intercourse.[3]





In Minnesota in 2004, 43% of sexually active 9th grade females and 39% of sexually active 9th grade males reported always using contraception. Additionally, 69% of sexually active 12th grade females and 60% of sexually active 12th grade males reported always using contraception. Also, 68% of 9th grade females, 70% of 9th grade males, 57% of 12th grade females and 66% of 12th grade males who were sexually active reported using a condom at last intercourse[4].

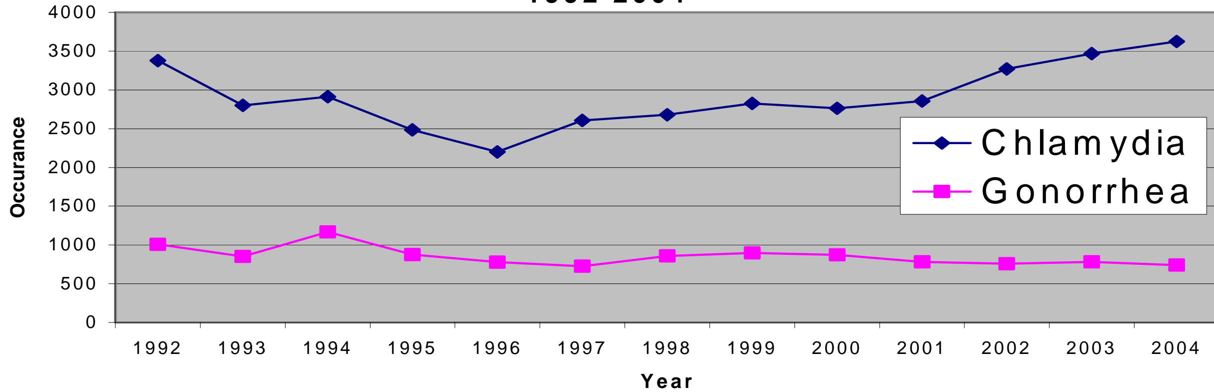
It should be noted that not all adolescent sexual activity is wanted or consensual. In Minnesota in 2004, 5% of 9th grade students reported that they had been a victim of violence on a date, with 3% experiencing "date rape." Similarly, 5% of 12th grade males and 7% of 12th grade females had experienced violence on a date, with 4% of both male and female 12th graders with a history of "date rape." 9th and 12th graders also reported a history of sexual abuse (non-family and/or family).[5]

Nationally, 7 of every 10 women who had sex before age 14 and six of every 10 women who had sex before age 15 report having had sex involuntarily.[6] Additionally, among women who had sex before reaching age 13, 71% report that it was unwanted and 23% report that it was involuntary. In general, the younger teens are when they first have sex, the more likely they are to report first sex as unwanted or involuntary.[7] According to a national survey, girls who had been physically or sexually abused reported that the abuse occurred typically at home, it took place more than once, and the abuser was a family member or family friend. In addition, one in four high school girls said they had been either sexually abused, physically abused, and/or abused by a date or boyfriend.[8]

Among students in Minnesota's schools who are not sexually active, the most frequently reported influences on the choice to abstain given by 9th grade males were "I don't want to get an STD" and "One or both of my parents would object." Among 9th grade female students, "I don't want to get pregnant" and "I don't think its right for a person my age to have sex" were the two top reasons for abstaining from sex[4]. Nationally, reasons teens give for abstaining from sex differ by gender, including: to avoid getting (someone) pregnant or getting a STD (males 35%, females 26%); it is against their religion or morals (males 31%, females 38%); and they haven't found the right person yet (males 21%, females 17%).[9]

Sexually Transmitted Infections (STI) and HIV/AIDS

In Minnesota there were a total of 11,601 cases of chlamydia, 2,957 cases of gonorrhea, and 27 cases of primary/secondary syphilis in 2004. During the same year, persons aged 15-19 accounted for 31% (3623 cases) of all cases of chlamydia, 25% (740 cases) of all cases of gonorrhea (Figure 2), and 4% of all cases of syphilis reported in Minnesota.[10] The rate of gonorrhea among 15-19 year olds decreased from 209 in 2003 to 198 in 2004. Nationally, every year, three million teens, or 1 in 4 sexually experienced teens, acquire an STI.[11]

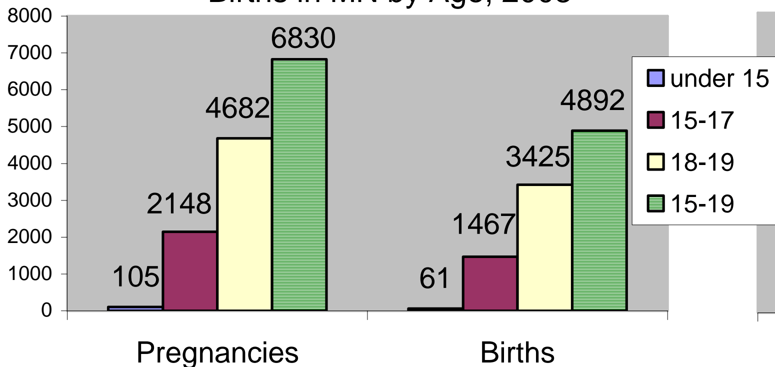


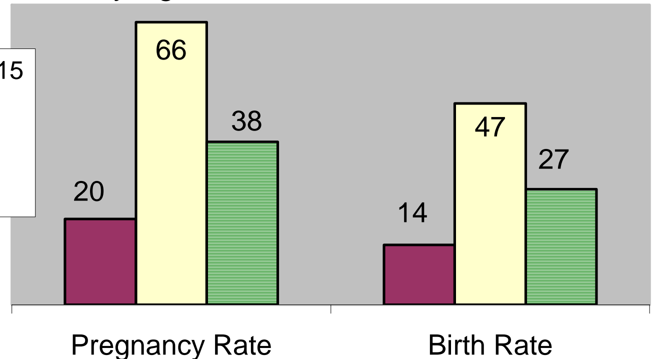
In 2004 approximately half of all sexually active students in Minnesota (49% of 9th graders and 60% of 12th graders) report talking with their sexual partner about protection from STDs/HIV/AIDS[4]. In Minnesota in the year 2004, six new cases of HIV infection (which includes both HIV and AIDS), were reported among 13-19 year-olds and 42 cases among 20-24 year-olds. Many people are infected with HIV for years before they actually seek testing and become aware of their HIV status. This is especially true for teenagers. As a result, the reported number of HIV infections among youth (13-24 year olds) is likely to underestimate the true number of new infections occurring in teenagers during their teen years.

Pregnancy and Birth [12]

Pregnancies: In 2003, 105 Minnesota teens under 15 years old became pregnant, and 6,830 teens aged 15-19 years old became pregnant (Figure 3). The combined years 2001-2003 pregnancy rate for 15-17 year olds was 19.9 per 1,000 females, for 18-19 year olds was 65.5 per 1,000, and for 15-19 year olds was 38.2 per 1,000 (Figure 4).[13&14]

Each day in Minnesota in 2003, an average of 19 teens became pregnant. Between 1990 and 2003, the pregnancy *rate* among 15-19 year olds decreased by 37%, from 59 to 37 per 1,000 females. In Minnesota, the number of abortions among 15-19 year olds also decreased, 13% between 2000 and 2003. [15]





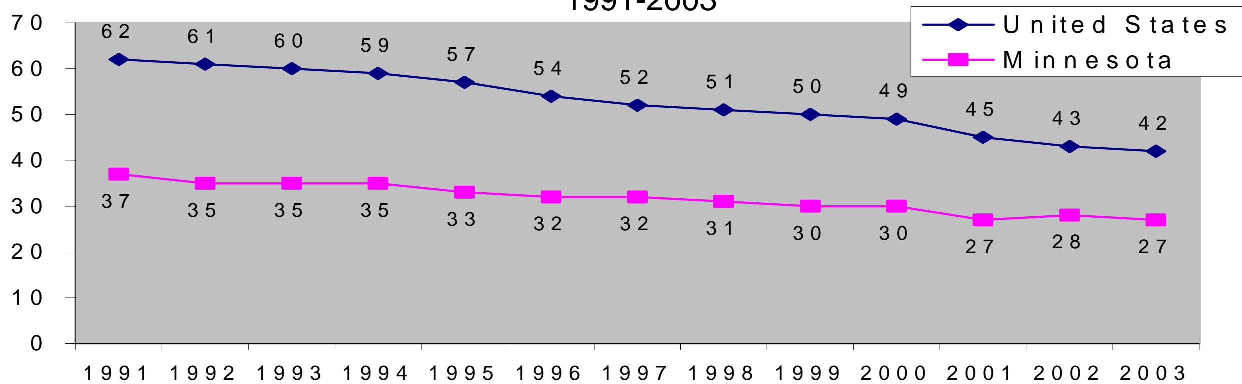
Births: In 2003, there were 61 births to females under 15 years of age. There were 4,892 births to 15-19 year olds. The combined 2001-2003 birth rate for 15-17 year olds was 13.8 per 1,000 girls, for 18-19 year olds was 47.1 per 1,000 girls, and for 15-19 year olds was 27.1 per 1,000 girls.[16]

Each day in Minnesota in 2003, an average of 14 teens gave birth. Although the teen birth *rate* in Minnesota is low compared to other states, the *absolute number* of births to teens under age 15 increased 36% between 1980 and 2003, from 45 births to 61 births.

The birth rate among teens 15-17 years old decreased 33% between 1990 and 2003 from 19.9 to 13.4 births per 1,000 girls. The birth rate for 15-19 year olds decreased by 27% during the same period, from 36.5 to 26.6 births per 1,000 girls.

Between 1991 and 2003, the teen birth rate decreased 33% among 15-19 year olds in the United States, from 62 to 42 births per 1,000 women. In Minnesota, the 2003 birth rate among teens ages 15-19 was 27 per 1,000, substantially lower than the national rate of 42 per 1,000 (Figure 5)[17].

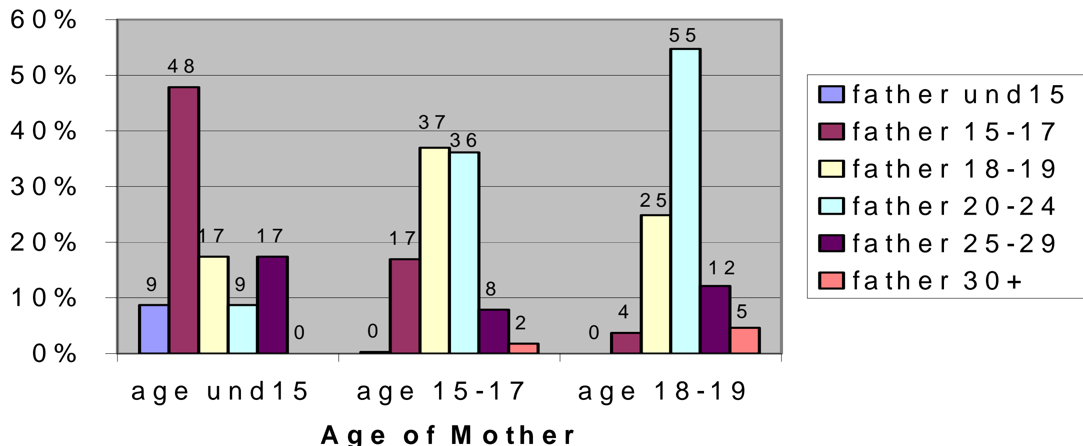
Figure 5: U.S. and Minnesota Birth Rates, ages 15-19 1991-2003



In 2002, 18% of births to 15-19 year olds in Minnesota were subsequent births (second, third, etc.). There was a 20% decrease in subsequent births among 15-19 year olds between 1991 and 2002 (1,145 in 1991 compared to 922 in 2002).

Of reporting teen mothers, 93% in Minnesota in 2000 reported the father of their child to be at least one year older than them (Figure 6). 2003 data on age difference between teen mother and father was not available for this revision.

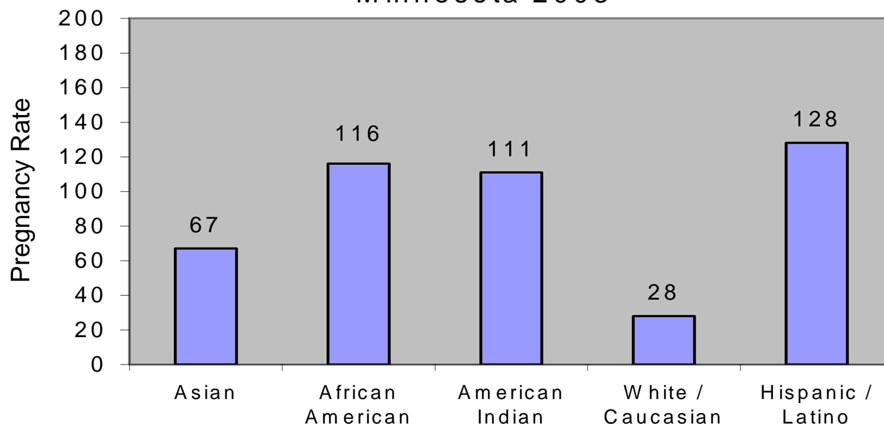
Figure 6: Age Difference Between Mother and Father in MN, 2000



Final data for 2002 show that the national birth rate among 15-19 year olds has declined slowly, but steadily, for over thirty years in the United States. Since 1970, the U.S. teen birth rate has declined by approximately 35%, from 66 per 1,000 in 1970 to 43 per 1,000 in 2002.[9] 2002, Minnesota had the country's eighth lowest teen birth rate with 28 births per 1,000 females aged 15-19 years old. States with teen birth rates lower than Minnesota include Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, North Dakota and Vermont.[9]

Disparities in Pregnancy and Birth Rates

While teen pregnancy rates have declined overall, they are disproportionately high for some teens. Both pregnancy and births rates vary greatly among Minnesota's racial and ethnic groups (Figure 7). One reason for this may be the risk factors associated with teen pregnancy tend to be higher among communities of color: including poverty, increased emotional stress, inadequate housing and health care, and limited educational opportunities.[18] In order to address disparities in teen pregnancy and birth, programs must address these social and economic inequalities as well as provide culturally sensitive and appropriate services and resources.



Prenatal Care/Low Birth Weight

Adequate use of prenatal care services is good insurance for a healthy pregnancy, birth and baby.[19] Teens in the United States are less likely to get adequate prenatal care than adult women.[20 12] In Minnesota in 2003, it was reported that 35% of pregnant 14 year olds and younger received no prenatal care or care only in their third trimester, 5% of 15-19 year olds received no care or care only in the third trimester (versus 2% of women ages 20 to 45). Additionally, 9% of births to 15 to 19 years olds in 2003 resulted in infants who were reported as low birth weight (versus 6% of births to women aged 20 to 45).[21] It should be noted that the association between maternal biological age and low birth weight can sometimes be very strong, but the association does not appear to be causal. Low birth weight is strongly associated with poverty; women who are childbearing as teens are more likely to be poor than women who wait until their 20's or 30's to have children.[22]

Impacts of Early Parenting

Research demonstrates that early parenting can be difficult both for the young mothers and for their children. Teen parents are less likely than older parents to complete high school and support their families. Children born to teens are more likely to have increased health, academic and social problems including experiencing a teen pregnancy themselves.[23 25]

Families that began with a teen giving birth are more likely to be on public assistance than those with a first birth at later ages. In December 2001, 20,794 of the 39,023 Minnesota Family Investment Program (MFIP) cases in MN were to families that had begun with a teen birth. That means approximately 53% of all families receiving MFIP in Minnesota began with a birth to a teen – a 26% increase since December 1998.[24] Data for 2003 was not available for this revision.

Of the nearly $24.2 million spent on MFIP in MN in December 2001, $13.3 million was spent on families that began with a teen giving birth. This amount accounts for 55% of the total public assistance (MFIP) provided to all Minnesota families – a 22% increase over December 1998 figures. NOTE: This data includes parents who had their first child as a teenager but who may be older when they qualify for MFIP.[24]

Nationally, the federal government spends an estimated $39 billion each year on families begun by teenagers. An estimated 55% of the cash benefits, food stamps and Medicaid are attributable to households begun by teens and 25% of adolescent mothers receive public assistance by their early twenties.[25] One national study estimates that teen childbearing alone costs U.S. taxpayers nearly $7 billion annually for social services and lost tax revenues. Experts estimate that taxpayers potentially could save as much as $15 billion annually if they were successful in both preventing young teen childbearing and addressing many of the other problems that contribute to the poor outcomes observed for teen parents.[26]

The Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting works to strengthen policies and programs related to adolescent pregnancy, prevention and parenting. MOAPPP works to advance science-based strategies to prevent adolescent pregnancy and support young parents in the state of Minnesota. For county-specific statistics, contact the MOAPPP at (651) 644-1447 or toll free in Minnesota at (800) 657-3697. These statistics are also available on our website, www.moappp.org.

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Created by Jill Peterson, Project Intern, MOAPPP, April 2002
Revised by Lisa Turnham, Training Coordinator, MOAPPP April 2003, 2004, 2005

References

[1] Minnesota Department of Education, Health, Human Services, Public Safety and Corrections. Preliminary Minnesota Student Survey 1992-2004 Trends. www.mnschoolhealth.com
[2] Sexually active is defined as having had sexual intercourse one or more times in the past.
[3] Centers for Disease Control and Prevention, *2003 Youth Risk Behavior Survey.* For more information, see CDC, Youth Risk Behavior Surveillance -- United States 2003. http://www.cdc.gov/HealthyYouth/yrbs/index.htm
[4] Minnesota Department of Education, Health, Human Services, Public Safety and Corrections. 2004 Minnesota Student Survey Statewide Tables, Fall 2004. www.mnschoolhealth.com
[5] Sexual abuse is defined in the 2004 Minnesota Student Survey as any adult or older person, inside or outside of the family, touching a teen against his or her wishes, or forcing the teen to touch them against his or her wishes.
[6] The Alan Guttmacher Institute. (1998). *Facts in Brief: Teen Sex and Pregnancy.*
[7] Moore, et.al. (1998). *A Statistical Portrait of Adolescent Sex, Contraception, and Childbearing*.
[8] The Commonwealth Fund. (1997). *Survey of the Health of Adolescent Girls.* New York. (212) 535-0400.
[9] Child Trends (2005). *Facts At a Glance*, March 2005. Publication #2005-02
[10] Minnesota Department of Health, STD Services Section. http://www.health.state.mn.us/divs/idepc/dtopics/stds/index.html
[11] *Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior (2001).* www.surgeongeneral.gov/library/sexualhealth
[12] Minnesota Department of Health, Minnesota Center for Health Statistics, www.health.state.mn.us (651) 297-1232.
[13] Multiple year averaging of rates is important because it increases the number of "events" (pregnancies and births) being counted. In this way, the more variable one-year rates become less noticeable and the three-year average provides a better reflection of the "true" rate of pregnancies than will three consecutive annual rates.
[14] *Pregnancy rate* refers to the number of live births plus the number of fetal deaths plus the number of induced abortions per 1,000 females in the population of the specified age.
[15] Minnesota Department of Health, Minnesota Center for Health Statistics, Report to the Legislature: Induced Abortions in Minnesota. http://www.health.state.mn.us/divs/chs/abrpt/abrpt.htm
[16] *Birth Rate* refers to the number of live births per 1,000 females in the population of the specified age.
[17] National Campaign to Prevent Teen Pregnancy. http://www.teenpregnancy.org
[18] *Work in Progress: Building a Minnesota Plan for Teen Pregnancy Prevention and Parenting. 2002.*
[19] Adequate use of prenatal care services is defined by Minnesota Department of Health, as achieving the recommended number of medical visits during a particular pregnancy.
[20] The Alan Guttmacher Institute. (1994). *Sex and America's Teenagers*. New York.
[21] Low birth weight is defined as less than 2500 grams.
[22] Chomitz, V.R., Cheung, L.W., Lieberman, E. (1995). "The Role of Lifestyle in Preventing Low Birth Weight." *The Future of Children,* vol.5 (1): 121-138.
[23] Children's Defense Fund. (2005). *Minnesota Kids: Focus on Health, 2005 Databook.* http://www.cdf-mn.org/kidscount.htm
[24] Minnesota Department of Human Services, Division of Reports and Forecasts; 2001 data prepared by Paul Farseth.
[25] Advocates for Youth. (1998). *Teenage Pregnancy: The Case for Prevention.* Washington, DC.
[26] Maynard, R. (ed.). (1997). *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy*. Washington, DC: The Urban Institute Press.