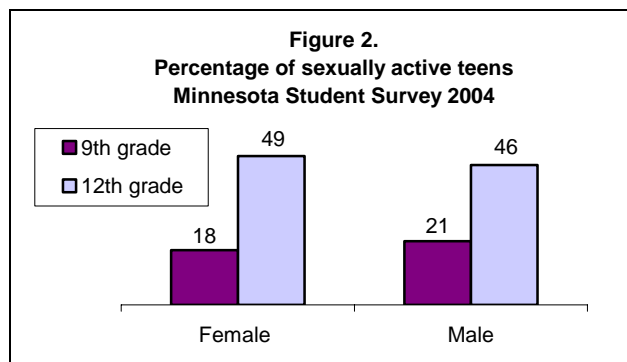
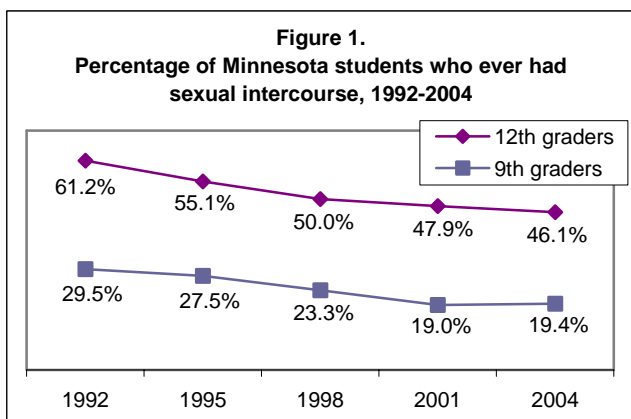


2006 Minnesota State Adolescent Sexual Health Report

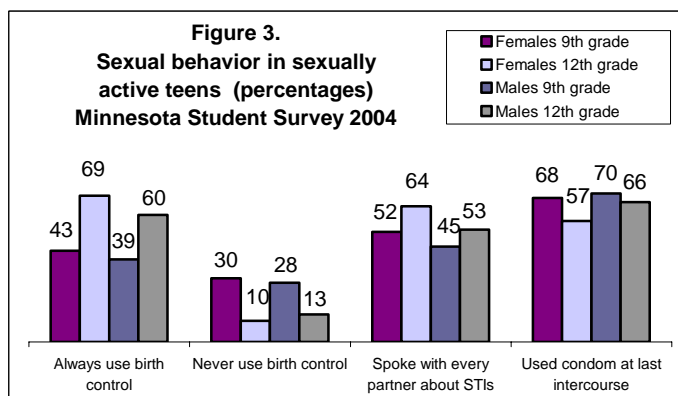
Sexual Activity

The percentage of sexually active teens fell steadily between 1992 to 2001 (Figure 1).^{*1,2} However, according to the 2004 Minnesota Student Survey, this encouraging downward trend lost strength between 2001 and 2004. The percentages of sexually active 9th and 12th grade males and females are reported in Figure 2. Consistent with 2004 national data, Minnesota 12th grade males and females were significantly more likely than 9th grade males and females to have had sexual intercourse (Figure 2).³



In Minnesota, the top reasons teens give about why they are not sexually active include:

- 9th graders
 - Fear of pregnancy (males 41%, females 72%)
 - Fear of getting an STI (males 53%, females 68%)
 - Parental objection (males 51%, females 62%)
 - Do not want to have sex (males 22%, females 61%)
 - Do not think it is right for people their age (males 45%, females 70%)
- 12th graders
 - Fear of pregnancy (males 48%, females 68%)
 - Fear of getting an STI (males 46%, females 55%)



Sexual Abuse

Not all adolescent sexual activity is wanted or consensual. In Minnesota in 2004, the following percentages of students reported being a victim of date rape:^{4,5}

- 3% of 9th grade males and females
- 4% of 12th grade males and females

Students also reported sexual abuse by an older person:⁴

- Non-family
 - 9% of 9th grade females
 - 8% of 12th grade females
 - 3% of 9th and 12th grade males
- Family
 - 4% of 9th and 12th grade females
 - 2% of 9th and 12th grade males

* The above data are from the 2004 Minnesota Student Survey of public school students. This data set includes responses from students who were in attendance on the day the survey was administered. It does not include responses from teenagers not enrolled in school or students in other school settings (e.g. alternative, charter, or private schools).

Pregnancy and Birth⁶

Since 1990 in Minnesota, the overall pregnancy and birth rates have decreased significantly (Table 1). If the teen birth rate had not decreased as it did, it is estimated that teens would have given birth to an additional 16,000 children between 1991 and 2002.⁷ Although the overall rates have decreased, these numbers mask the disparities that occur between populations. Disparities in teen pregnancy and birth are significant and are addressed on the following page.

Table 1.
Minnesota Teen Pregnancy/Teen Birth Statistics, 1990-2004⁶

Pregnancies						
# of Pregnancies	1990	1995	2000	2004	% Change since 1990	
15-17 years	2803	2782	2411	2114	- 25%	
18-19 years	5833	4659	5164	4706	- 19%	
15-19 years	8636	7441	7575	6820	- 21%	
						Combined years rates ^{8,9} 2002-2004
Pregnancy Rates per 1,000 ⁸	1990	1995	2000	2004	% Change since 1990	
15-17 years	33.8	31.2	21.9	19.5	- 42%	19.8
18-19 years	92.2	68.5	70.9	62.4	- 32%	63.7
15-19 years	59.0	47.3	41.4	37.0	- 37%	37.6
Births						
# of Births	1990	1995	2000	2004	% Change since 1990	
15-17 years	1648	1939	1710	1478	- 10%	
18-19 years	3688	3273	3686	3441	- 7%	
15-19 years	5336	5212	5396	4919	- 8%	
						Combined years rates ^{8,10} 2002-2004
Birth Rates per 1,000 ¹⁰	1990	1995	2000	2004	% Change since 1990	
15-17 years	19.9	21.7	15.5	13.6	- 32%	13.8
18-19 years	58.3	48.1	50.6	45.6	- 22%	46.4
15-19 years	36.5	33.1	29.5	26.7	- 27%	27.0

Pregnancies: In 2004, 6,820 Minnesota females aged 15-19 and 120 females under the age of 15 became pregnant. This means that each day, an average of 19 teenage girls became pregnant.

Births: In 2004, there were 4,919 births to Minnesota females aged 15-19 and 70 births to females under the age of 15. Each day in 2004, an average of 14 teenage girls gave birth.

In 2002 in Minnesota, it is estimated that 182 per 1,000 births to girls aged 15-19 were subsequent (2nd and 3rd) births. There was a 19% decrease in the number of subsequent births between 1991 and 2002 (1,145 to 930).⁶

72% of reported pregnancies among MN females aged 15-19 resulted in a live birth; 27% of these pregnancies were aborted. The number of abortions among 15-19 years olds decreased by 13% between 2000 and 2004.⁶

In 2000, 93% of teen mothers who reported the age of the father of their child indicated he was at least one year older (Figure 4). 2004 data on age differences between teen mothers and fathers was not available for this revision.

National Perspective: Recent national data (2003) show that the national birth rate among teens aged 15-19 has declined slowly but steadily for more than thirty years in the United States. Since 1970, the U.S. teen birth rate has declined by approximately 38%, from 68 per 1,000 in 1970 to 42 per 1,000 in 2003.¹² In 2002, Minnesota had the country's eighth-lowest teen birth rate with 28 births per 1,000 females aged 15-19. States with teen birth rates lower than Minnesota are Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, North Dakota and Vermont.¹²

Table 2.
Father and Teen Mother Age Comparison⁶

Father's Age	Mother's Age		
	Under 15	15-17 years	18-19 years
Under 15	9%	0%	0%
15-17 years	48%	17%	4%
18-19 years	17%	37%	25%
20-24 years	9%	36%	55%
25-29 years	17%	8%	12%
30+	0%	2%	5%

Disparities in Teen Pregnancy and Birth by Race and Ethnicity^{6,13}

The 2004 birth rate for teens aged 15-19 in Minnesota (26.7) was among the lowest in the United States, and well below the U.S. average (41.2). While the overall teen pregnancy and birth rates have declined in MN and nationally, they are disproportionately high for some teen populations. Both pregnancy and births rates vary greatly among racial/ethnic communities. In 2004, the teen birth rate for white females in the U.S. was 26.8 per 1,000 compared to 17.3 in MN. However, for all other racial/ethnic groups, the MN teen birth rate was higher than the corresponding U.S. rate. It should be noted that although the teen pregnancy and birth rates are high among MN populations of color, the greatest number of teen births are to white females.

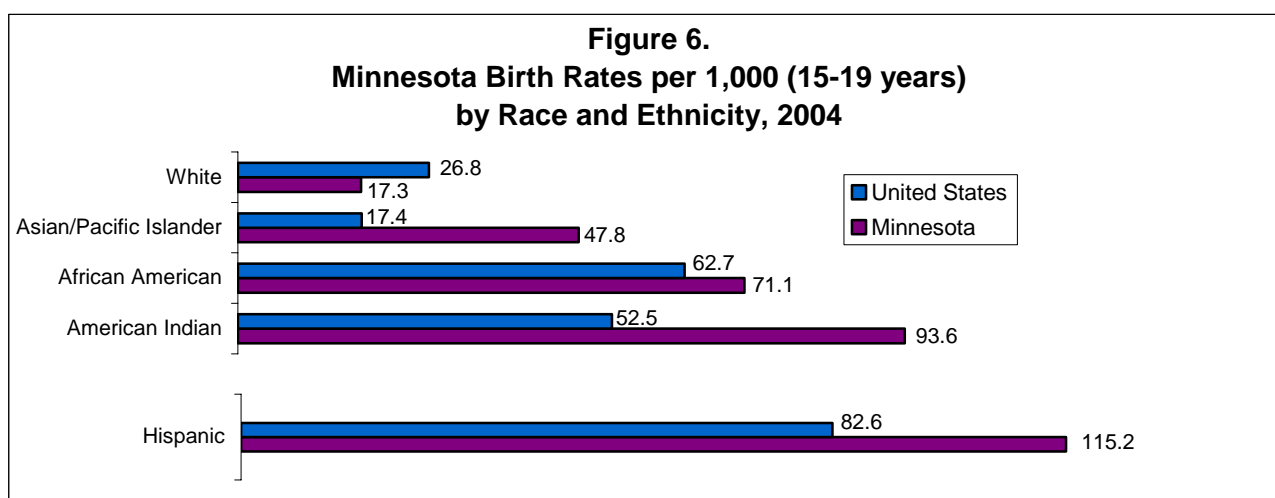
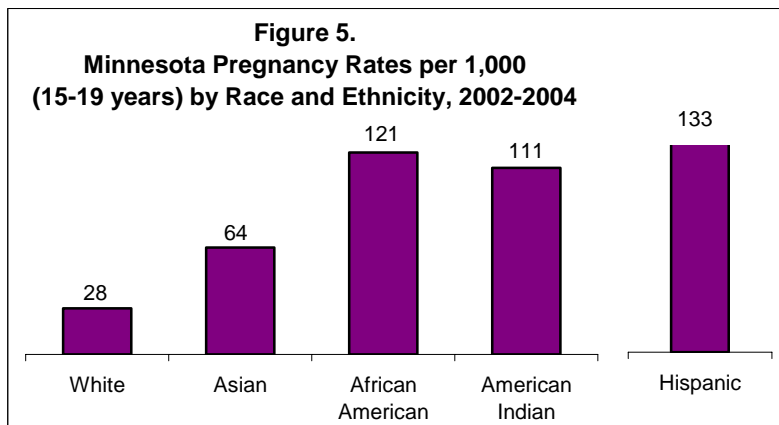


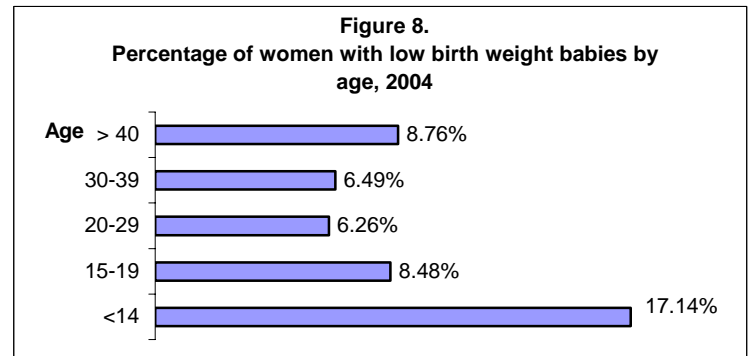
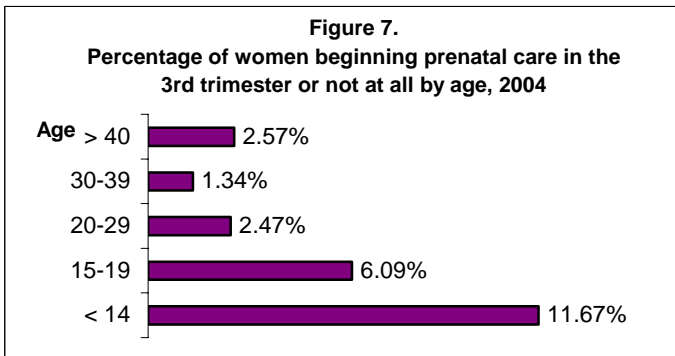
Table 3.
Minnesota Birth Rates per 1,000 (15-19 years) by Race and Ethnicity, Combined Year Data⁶

	1990-1992	1999-2001	2002-2004	% Change since 1990
Total MN	36.9	28.9	27.0	-26.8%
African American	162.7	84.2	75.2	-53.8%
American Indian	133.9	93.4	97.0	-27.6%
Asian	63.2	52.6	48.6	-23.1%
White	30.3	23.1	20.0	-34.0%
Hispanic	95.3	101.9	117.9	+23.7%

Prenatal Care and Low Birth Weight

Prenatal care is important because a baby's health starts long before birth, and proper prenatal care can reduce a baby's likelihood of future health problems.¹⁴ Teens in the United States are less likely to get adequate prenatal care than adult women (Figure 7).^{8,15} Mothers who have not received prenatal care are three times more likely to have low birth weight babies.¹⁴ 9% of births to teens aged 15 to 19 in 2004 were classified as low birth weight compared to 7% of births to women aged 20 to 45 (Figure 8).¹⁶ Low birth weight status has serious long-term medical consequences for these children.¹⁷ Low birth weight is strongly associated with poverty. More low birth weight babies are born to women living in poverty. Because many teen mothers live in poverty, they are at higher risk for

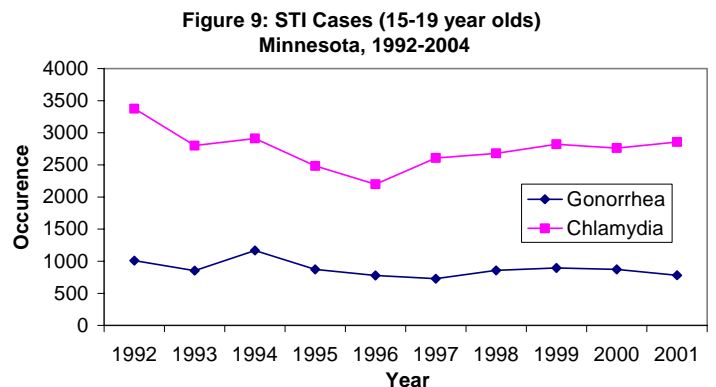
having low birth weight babies. It should be noted that while the association between maternal biological age and low birth weight can be very strong, the association does not appear to be causal.



Sexually Transmitted Infections (STIs) and HIV/AIDS

In 2004, there were a total of 11,601 cases of chlamydia, 2,957 cases of gonorrhea, and 27 cases of primary/secondary syphilis in Minnesota. During the same year, teens aged 15-19 accounted for 31% (3623 cases) of all cases of chlamydia, 25% (740 cases) of all cases of gonorrhea (Figure 9), and 4% of all cases of syphilis.¹⁸ In 2005, the total number of cases increased to 12,187 cases of chlamydia and 3,481 cases of gonorrhea. The greatest increase in chlamydia rates occurred in suburban (9%) and Greater Minnesota (6%). 2005 data are not yet available by age group. Nationally, every year, three million teens, or 1 in 4 sexually experienced teens, acquire an STI.¹⁹

In 2004 approximately half of all sexually active students in Minnesota (49% of 9th graders and 60% of 12th graders) reported talking with their sexual partner about protection from STIs/HIV/AIDS.⁴ 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 (aged 13-24) is likely to underestimate the true number of new infections occurring during the teen years.



The mission of MOAPPP is to develop and strengthen policies and programs that promote adolescent sexual health, prevent adolescent pregnancy and support adolescent parents. 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 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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- Sexual abuse is defined in the 2004 Minnesota Student Survey as any adult or older person, inside or outside the family, touching a teen against his or her wishes, or forcing the teen to touch them against his or her wishes.
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- Pregnancy rate refers to the number of live births plus the number of fetal deaths and induced abortions per 1,000 females in the population of the specified age.
- Multiple year averaging of rates is important because it increases the number of “events” (pregnancies and births) being counted. In this way, the three-year average provides a better reflection of the “true” rate of pregnancies than will three consecutive, variable annual rates.
- Birth rate refers to the number of live births per 1,000 females in the population of the specified age.
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