



2022 MINNESOTA ADOLESCENT SEXUAL HEALTH REPORT

This report details the sexual health of Minnesota’s youth. From 1990 to 2020, the teen pregnancy rate among 15 to 19-year-olds decreased by 77%. The teen birth rate decreased by 75% in that same period. An overwhelming majority of Minnesota parents surveyed believe that young people deserve broad, developmentally appropriate, and medically accurate sexuality education in school. However, sexually transmitted infections remain a public health crisis, and disparities by geography, race and ethnicity persist. In response to the data outlined in this report, the following are recommendations from the University of Minnesota Healthy Youth Development – Prevention Research Center (PRC).

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 knowledge and skills to navigate their teen years.
- Sexual health disparities persist among youth who are LGBTQ, gender diverse, BIPOC (Black, Indigenous, People of Color), adolescent parents, from rural areas, homeless/runaway, in foster care, and/or in juvenile justice settings. Sexuality education and clinical services must adopt an intersectional lens, recognizing that inequality and oppression overlap and depend on one another.
- Fostering young people’s health, including their sexual health, requires addressing social determinants of health including education, employment, income, housing, community safety and vitality, discrimination, family and social supports, and access to quality health care services.
- Over 90% of Minnesota parents want public school teachers to teach abstinence AND science-based, comprehensive sexuality education. An overwhelming majority of parents surveyed—across religions, political beliefs, and geography—believe that young people deserve broad, developmentally appropriate, and medically accurate sexuality education in school.
- 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.
- Adolescents continue to bear a disproportionate burden of STIs. Current resources for STI prevention and treatment are inadequate to address this critical public health issue, and efforts to control the spread of STIs must be prioritized. This includes on-the-ground support for prevention and surveillance programs at the state and local levels, as well as innovations in STI screening and expanded access to treatment.



PREGNANCY & BIRTH

Every day in 2020, approximately 7 adolescents became pregnant and 4 gave birth in Minnesota.¹

Trends in Pregnancy and Birth

The pregnancy rate among adolescents aged 15-19 decreased by 6% from 2019 to 2020, while the birth rate decreased by nearly 10%. In 2020, both the pregnancy rate and birth rate reached historic lows, and birth rates decreased across every racial and ethnic group in Minnesota. From 2019 to 2020, the number of pregnancies among adolescents younger than 15 increased by over 30%, while the number of births increased by 67%. These changes are magnified because there are so few adolescents in this age group who become pregnant and/or give birth. Still, this represents a 70% decrease in pregnancies and a 79% decrease in births to adolescents younger than 15 since 1990 (Figures 1 and 2).

FIGURE 1. MINNESOTA ADOLESCENT PREGNANCY STATISTICS, 1990-2020

NUMBER OF PREGNANCIES	1990	2000	2010	2017	2018	2019	2020	CHANGE SINCE 1990	CHANGE SINCE 2019
Under 15	159	150	89	25	33	36	47	-70.4%	30.6%
15-17 years	2803	2411	1479	700	586	612	595	-78.8%	-2.8%
18-19 years	5833	5164	3872	2177	1910	1932	1800	-69.1%	-6.8%
15-19 years	8636	7575	5351	2877	2496	2544	2395	-72.3%	-5.9%
PREGNANCY RATES PER 1,000	1990	2000	2010	2017	2018	2019	2020	CHANGE SINCE 1990	CHANGE SINCE 2019
15-17 years	33.8	21.9	13.8	6.6	5.6	5.7	5.5	-83.7%	-3.5%
18-19 years	92.2	70.9	53.9	31.3	27.4	27.7	26.2	-71.6%	-5.4%
15-19 years	59	41.4	29.9	16.4	14.3	14.4	13.5	-77.1%	-6.25%

FIGURE 2. MINNESOTA ADOLESCENT BIRTH STATISTICS, 1990-2020

NUMBER OF BIRTHS	1990	2000	2010	2017	2018	2019	2020	CHANGE SINCE 1990	CHANGE SINCE 2019
Under 15	94	87	47	12	20	112	20	-78.7%	66.7%
15-17 years	1648	1710	1072	475	402	400	380	-76.9%	-5.0%
18-19 years	3688	3686	2951	1638	1392	1390	1230	-66.6%	-11.5%
15-19 years	5336	5396	4023	2113	1794	1790	1610	-69.8%	-10.1%
BIRTH RATES PER 1,000	1990	2000	2010	2017	2018	2019	2020	CHANGE SINCE 1990	CHANGE SINCE 2019
15-17 years	19.9	15.5	10	4.5	3.8	3.7	3.5	-82.4%	-5.4%
18-19 years	58.3	50.6	41.1	23.5	20.0	19.9	17.9	-69.3%	-10.1%
15-19 years	36.5	29.5	22.4	12.1	10.2	10.1	9.1	-75.1%	-9.9%

National Comparison

From 1991 to 2020, the birth rate among adolescents aged 15-19 in the United States dropped 75%, reaching a record low of 15.4 births per 1,000.^{1,2} The decline in adolescent pregnancy over the past two decades is due to a combination of improved contraceptive use and delayed initiation of sexual activity.³ More recent declines have mainly been driven by increased use of highly effective contraceptive methods (IUDs and implants) and dual methods.^{4,5}

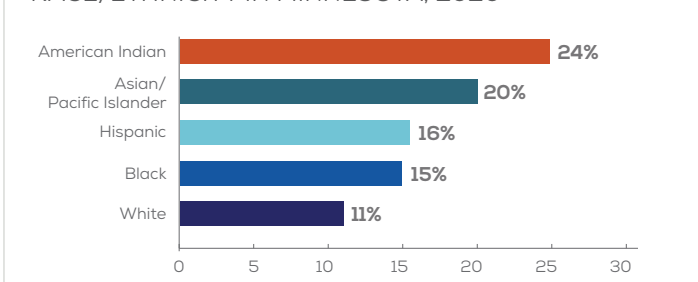
Despite reaching historic lows in 2020, the United States continues to have one of the highest adolescent pregnancy and birth rates among high-income nations.⁶

Subsequent Births

(Births to adolescents who have previously given birth)²
In 2020, 15% of births to adolescents – in the U.S. and in Minnesota – were subsequent births. In Minnesota, BIPOC youth have the highest percentage of subsequent births (Figure 3).⁸

Pregnancy prevention among teen parents is a complex issue. Adolescents who experience a subsequent birth are more likely to be younger at first sex and first birth; have lower educational expectations and attainment; have intended their first birth; be living with a partner; and have not been employed or in school after their first birth.⁷

FIGURE 3. SUBSEQUENT ADOLESCENT BIRTHS BY RACE/ETHNICITY IN MINNESOTA, 2020



GEOGRAPHIC DISPARITIES^{9,10}

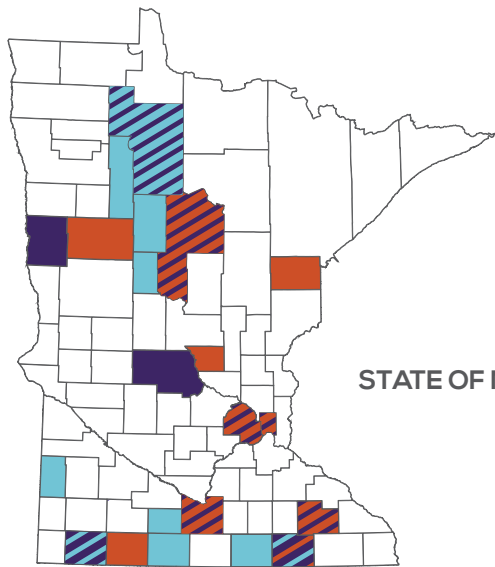
Pregnancy and birth disproportionately impact greater Minnesota while STIs affect youth regardless of geography.

Although the number of pregnancies and births are larger in the Twin Cities metro area, the rates of pregnancies and births are highest in greater Minnesota.

In rural areas, access to confidential, affordable, youth-friendly health care may be limited. There are large geographic disparities in sexual health clinic hours of availability and distance to service. For example, there are 29 sexual health clinics in Hennepin and Ramsey Counties with services available five days per week.¹¹ In contrast, 47% of rural counties in Minnesota have no sexual health clinic location in the county itself.¹¹

**Rural sexual health clinic access statistics are based on the Minnesota Department of Health directory of Family Planning Special Projects and Title X family planning services. Statistics may not include hospitals and clinics that also provide sexual health services.*

FIGURE 4. MINNESOTA COUNTIES WITH HIGHEST BIRTH, CHLAMYDIA AND GONORRHEA RATES AMONG YOUTH AGED 15-19



	BIRTH	CHLAMYDIA*	GONORRHEA*
	Nobles	Cass	Hennepin
	Clearwater	Hennepin	Cass
	Lincoln	Mower	Ramsey
	Martin	Ramsey	Mower
	Wadena	Benton	Beltrami
	Beltrami	Blue Earth	Clay
	Hubbard	Becker	Stearns
	Watonwan	Olmsted	Olmsted
	Mower	Jackson	Nobles
	Freeborn	Carlton	Blue Earth
STATE OF MN:	9.1 per 1,000	1,494 per 100,000	361 per 100,000

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

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

SEXUALLY TRANSMITTED INFECTIONS

Although they account for only 6.5% of the population in Minnesota, adolescents age 15-19 accounted for 24% of the chlamydia and 14% of the gonorrhea cases in Minnesota in 2021.^{10,12}

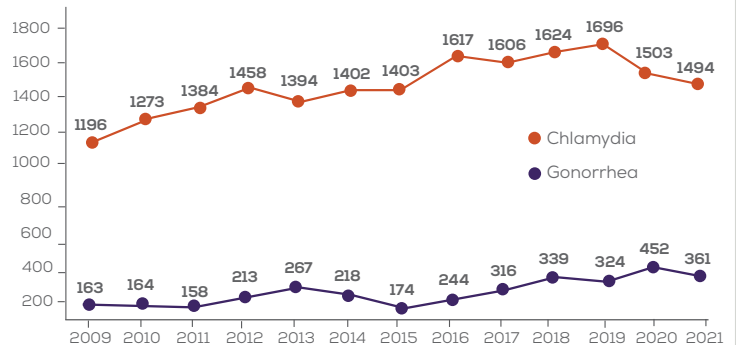
Adolescents experience a disproportionately high rate of sexually transmitted infections. This is likely due to a combination of biological, behavioral, and cultural factors, barriers to accessing health services such as transportation, cost, and concerns about confidentiality, and peer and media influences.¹³

From 2020 to 2021, gonorrhea and chlamydia rates decreased among Minnesota youth

(Figure 5).

There were 11 new cases of HIV among 15-19 year olds in Minnesota in 2021. There are currently 53 adolescents (aged 15-19) living with HIV in Minnesota.¹⁰

FIGURE 5. CHLAMYDIA AND GONORRHEA RATES IN MINNESOTA, 2009-2021 (AGED 15-19 PER 100,000 POPULATION)



RACIAL/ETHNIC DISPARITIES^{2,9,10}

Compared to the birth rate for White youth: (Figure 6)

7x The birth rate for American Indian youth is **almost 7 times higher**

3.5x The birth rate for Black youth is **3.5 times higher**

5x The birth rate for Hispanic youth is **almost 5 times higher**

↑ Birth rates for American Indian and Asian/Pacific Islander youth in Minnesota were **much higher** than national figures

From 2019 to 2020, birth rates decreased among all racial and ethnic groups.

FIGURE 6. ADOLESCENT BIRTH RATES BY RACE/ETHNICITY*, MINNESOTA VS UNITED STATES, 2020 (AGED 15-19 PER 1,000 POPULATION)

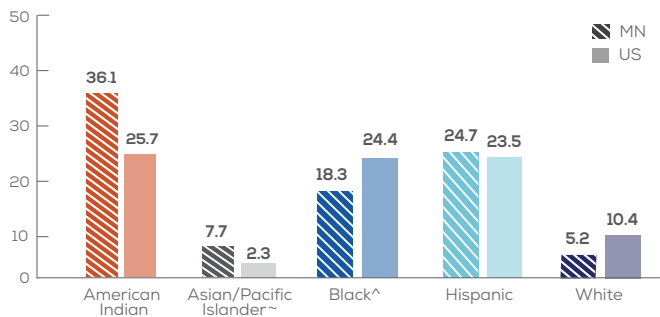
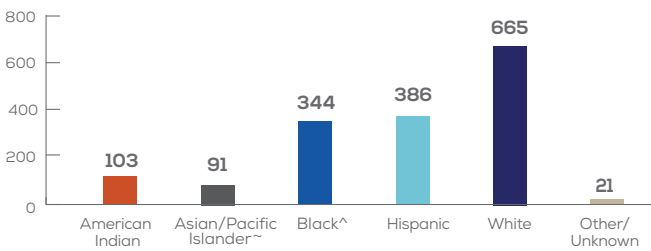


FIGURE 7. NUMBER OF BIRTHS TO YOUTH AGED 15-19 IN MINNESOTA BY RACE/ETHNICITY*, 2020

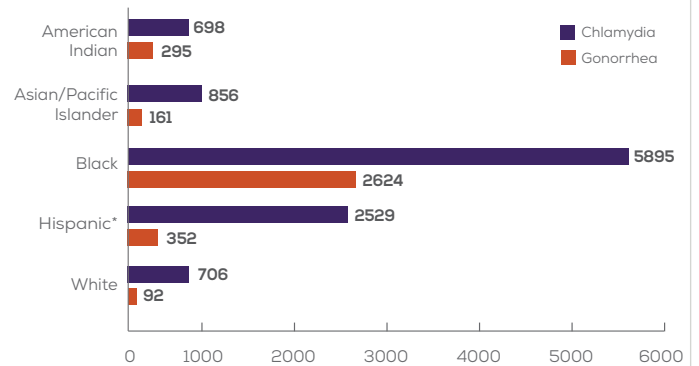


* Racial categories are disaggregated Hispanic and non-Hispanic. Persons of any race who identify as Hispanic are classified as Hispanic.
[^] Black is used to be consistent with state and national racial categories, and because data includes foreign-born and U.S. born populations
[~] Asian/Pacific Islander is used to be consistent with state racial categories; national racial categories have separate designations for Asian and for Native Hawaiian and Pacific Islander

Sexually Transmitted Infections

STI rates are disproportionately high among BIPOC youth in Minnesota.¹⁰ The rates of chlamydia and gonorrhea are highest among Black and Hispanic youth. The gonorrhea rate among Black youth is nearly 29 times higher than that of White youth (who had the lowest rate in 2021), and the chlamydia rate among Black youth is more than 8 times higher than that of American Indian youth (who had the lowest rate in 2021).

FIGURE 8. MINNESOTA CHLAMYDIA AND GONORRHEA RATES BY RACE/ETHNICITY, 2021 (AGED 15-19 PER 100,000 POPULATION)



* Persons of Hispanic ethnicity may also be counted in other racial categories.

Improving adolescent sexual health outcomes start where we live, learn, work, and play

Pregnancy, birth and STI rates among Minnesota's adolescents continue to vary across racial and ethnic groups, socioeconomic status and geography. While many programs and services focus on changing individual behaviors that lead to pregnancy, increasing attention is being paid to the social determinants that contribute to poor health outcomes through systematic lack of access to resources, power and opportunity.¹⁴ Higher rates of adolescent pregnancy have been linked with concentrated poverty, residential segregation, unemployment, and lack of access to health care and education.¹⁵⁻¹⁸ Strategies to eliminate these persistent disparities must address the social determinants of health which disproportionately affect young people in communities of color.¹⁹

PARENTAL SUPPORT FOR COMPREHENSIVE SEXUALITY EDUCATION²⁰

We asked Minnesota parents what they want their kids to learn about sexual health.

In 2021, the University of Minnesota’s Healthy Youth Development – Prevention Research Center surveyed over 700 Minnesota parents from various communities, income and education levels, ethnicities, and religious beliefs.

We learned that 90% of Minnesota parents want public school teachers to teach abstinence AND science-based, comprehensive sexuality education.

An overwhelming majority of parents surveyed—across religions, political beliefs, and geography—believe that young people deserve broad, developmentally appropriate, and medically accurate sexuality education in school. They want their children to get answers to their questions about sexual development and health no later than middle-school.

FIGURE 9. MINNESOTA PARENTS WANT THEIR KIDS TO GET THE FACTS. “What should young people be taught?”

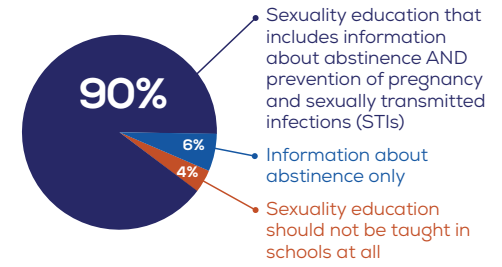
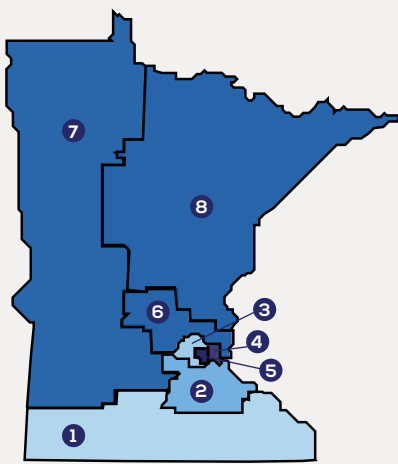


FIGURE 10. PARENTAL SUPPORT FOR COMPREHENSIVE SEXUALITY EDUCATION BY MINNESOTA CONGRESSIONAL DISTRICTS, 2021



Rural and urban Minnesota parents agree.

Minnesota parents in all eight Congressional districts disagree on plenty of things, but sexuality education isn’t one of them.

Large majorities of Minnesota parents in every Congressional district want young people to receive medically-accurate sexuality education in school that includes information about abstinence AND prevention of pregnancy and STIs.

79% of Minnesota parents want the Legislature to join the majority of states that have adopted basic standards for sexuality education.

Currently, the quality of the sexual health education a young person in Minnesota receives varies widely from district to district and school to school.

Our public policies and district practices do NOT deliver what Minnesota parents want.

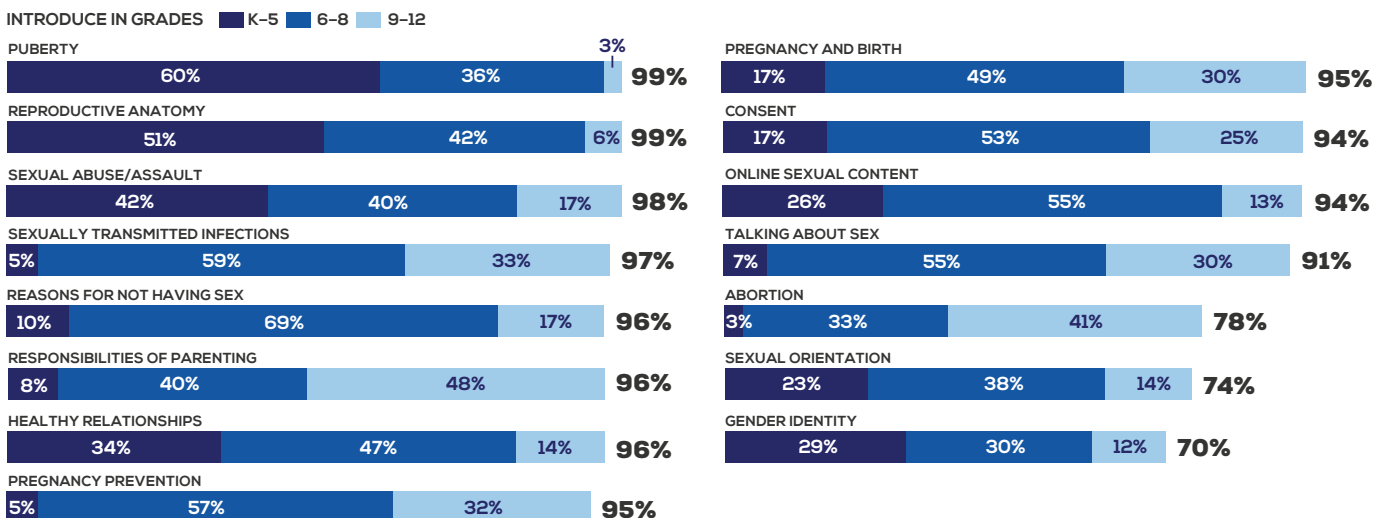
- No statewide graduation health course requirement
- No statewide health instruction standards
- No state-required health teacher training
- No dedicated state funding source for health classes

District 1... 85% • District 2... 93% • District 3... 87% • District 4... 94% • District 5... 97% • District 6... 88% • District 7... 88% • District 8... 88%

FIGURE 11. PARENTAL SUPPORT FOR SEXUALITY EDUCATION TOPICS BY GRADE BAND, 2021

Minnesota parents want schools to cover the details.


Minnesota parents have a wide range of opinions on when schools should introduce certain topics, but many agree that their children should start learning the basics in elementary school. The sexual health topics parents most want their grade school-aged children to learn about are reproductive anatomy, sexual abuse prevention, and puberty.




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For over 30 years, the Centers for Disease Control and Prevention have worked to eliminate health disparities and create healthy communities by funding Prevention Research Centers (PRCs) throughout the United States.

The Healthy Youth Development • Prevention Research Center, housed at the University of Minnesota, Department of Pediatrics, is one in a network of 26 academic centers whose main objective - as a PRC - is to link science to practice through collaborations with public health agencies and community-based organizations.

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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