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2018 Adolescent Sexual Health Report

All data in this report is specific to Clay County unless noted otherwise.

Pregnancy and Birth¹

State Comparison: Since 1990, teen pregnancy and birth rates have decreased significantly in Minnesota. Although rates increased in 2006 and 2007, data from 2008-2016 indicate a return to declining pregnancy and birth rates among teens.

In 2016, 3,004 teens aged 15-19 and 41 teens under the age of 15 became pregnant and 2,201 teens aged 15-19 and 15 teens under the age of 15 gave birth. Every day in 2016, approximately 8 adolescents became pregnant and 6 gave birth in Minnesota.

Pregnancy and Birth Rates, 2016			
Pregnancy Rates per 1,000		Birth Rates per 1,000	
15-17 years	6.4	15-17 years	6.4
18-19 years	8.2	18-19 years	8.2
15-19 years	7.4	15-19 years	7.4

Number of Pregnancies and Births, 2016	
Number of Pregnancies 19 years and under	20
Number of Births 19 years and under	20

*Numbers not reported for counties with <20 births or pregnancies

National Comparison: From 1991 to 2016, the birth rate for youth aged 15-19 in the US dropped 67%, reaching a record low of 20.3 per 1,000 in 2016.²

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.^{3,4}

Despite reaching historic lows in 2016, adolescent pregnancy and birth rates in the U.S. continue to be the highest among developed nations.⁵

Sexually Transmitted Infections (STIs)⁶

State Comparison: In 2017, the chlamydia rate among 15-19 year olds in Minnesota was 1,606 per 100,000. This is a slight decrease of 0.6% from 1,617 per 100,000 in 2016.

In 2017, the gonorrhea rate among 15-19 year olds was 316 per 100,000. This is an increase of 29.5% from 244 per 100,000 in 2016. Even though they account for only 7% of the Minnesota population,⁷ adolescents aged 15-19 accounted for 25% of chlamydia and 18% of gonorrhea cases in 2017.⁸

Adolescents and young adults experience a high incidence of STIs compared to other age groups. This disparity is likely related to a lack of access to STI prevention services, socioeconomic status, discomfort with facilities designed for adults and concerns about confidentiality.

STI rates, 2017	
(aged 15-19 per 100,000 population)	
Chlamydia rate	936.6
Gonorrhea rate	128.6

*Number of cases was too low to calculate a rate

Adolescents Who Talked with Partner(s) About Protecting Themselves from STIs/HIV, 2016		
	Males	Females
Never		
9th grade	50%	23%
11th grade	28%	23%
At least once per partner		
9th grade	37%	65%
11th grade	63%	61%

Prenatal Care and Low Birthweight⁹

Access to prenatal care and support from family members may be the most important factors for improving the birth outcomes of adolescent mothers.¹⁰

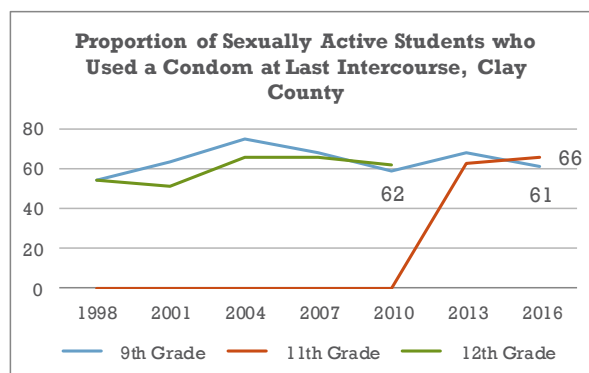
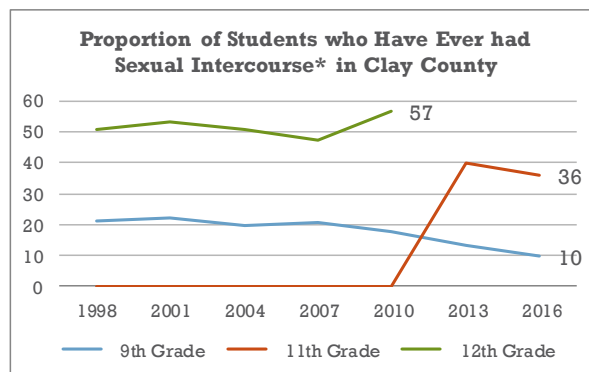
	% No Prenatal Care or Care only in 3rd Trimester	% Low Birth Weight
Under 15 years	-	-
15-19 years	-	10.0%
20-29 years	25.0%	5.2%
30-39 years	40.0%	8.4%
40+ years	-	11.1%

Infants born at low birth weight are more likely than infants born at normal weight to die within the first year of life. There are many factors associated with giving birth to a low birth weight infant, such as maternal age, health, nutrition, access to prenatal care, education level and contact with alcohol, cigarette smoke and lead.¹¹

Sexual Behavior¹²

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.

*Variations in wording for this question may affect year-to-year comparisons.



Relationship Violence

% of Students Reporting Relationship Violence, 2016						
	8th Grade		9th Grade		11th grade	
	M	F	M	F	M	F
Psychological Aggression	4%	5%	4%	9%	10%	19%
Physical Violence	1%	2%	2%	1%	6%	6%
Sexual Violence	-	-	3%	7%	4%	17%

The Healthy Youth Development • Prevention Research Center 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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