



University of Minnesota
 Healthy Youth Development • Prevention Research Center
 717 Delaware Street SE, Minneapolis, MN 55414
 www.prc.umn.edu
 Fax: 612-626-2134

2017 ADOLESCENT SEXUAL HEALTH REPORT

All data in this report is specific to Kandiyohi 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 2008-2015 indicate a return to declining pregnancy and birth rates among teens.

In 2015, 3,161 teens aged 15-19 and 38 teens under the age of 15 became pregnant and 2,384 teens aged 15-19 and 22 teens under the age of 15 gave birth. Every day in 2015, approximately 9 adolescents became pregnant and 7 gave birth in Minnesota.

Pregnancy and Birth Rates, 2015			
Pregnancy Rates per 1,000		Birth Rates per 1,000	
15-17 years	11.9	15-17 years	6.6
18-19 years	71.8	18-19 years	69.3
15-19 years	32.8	15-19 years	28.5

Number of Pregnancies and Births, 2015	
Number of Pregnancies 19 years and under	39
Number of Births 19 years and under	34

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

National Comparison: From 1991 to 2015, the birth rate for youth aged 15-19 in the US dropped nearly 64%, reaching a record low of 22 per 1,000 in 2015.²

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 2015, 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 2016, the chlamydia rate among 15-19 year olds in Minnesota was 1,617 per 100,000. This is an increase of 15% from 1,403 per 100,000 in 2015.

In 2016, the gonorrhea rate among 15-19 year olds was 244 per 100,000. This is an increase of 40% from 174 per 100,000 in 2015. Even though they account for only 7% of the Minnesota population,⁷ adolescents aged 15-19 accounted for 26% of chlamydia and 18% of gonorrhea cases in 2016.⁸

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, 2016	
(aged 15-19 per 100,000 population)	
Chlamydia rate	1530.1
Gonorrhea rate	*

*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	56%	29%
11th grade	40%	44%
At least once per partner		
9th grade	26%	59%
11th grade	43%	44%

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, 2015	
Under 15 years	0%
15-19 years	6.1%
20-29 years	4.1%
30 + years	2.3%
40+ years	0%

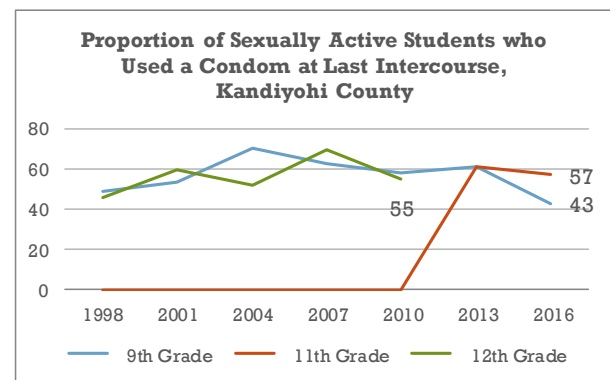
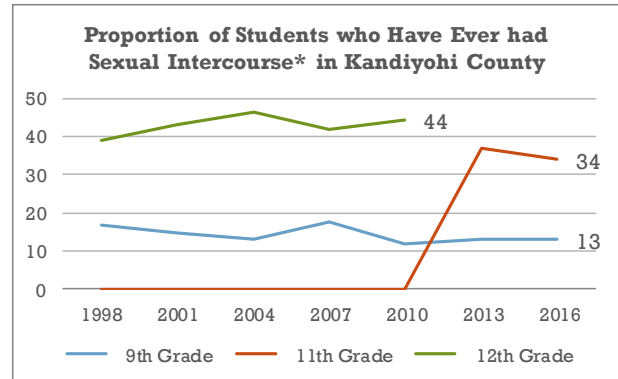
Infants born at low birth weight are more likely than infants born at normal weight to die within the first year of life. There are many factors associated with giving birth to a low birth weight infant, such as maternal age, health, nutrition, access to prenatal care, education level and contact with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

Low Birth Weight, 2015	
Under 15 years	0%
15-19 years	9.1%
20-29 years	4.9%
30-39 years	5.4%
40+ years	0%

Sexual Activity¹²

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



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.

REFERENCES

- 1 MDH, Center for Health Statistics, 2015 Birth Data.
- 2 Martin JA, Hamilton BE, Osterman MJK, et al. Births: Final data for 2015. National vital statistics report; vol 66, no 1. Hyattsville, MD: National Center for Health Statistics. 2017.
- 3 Boonstra HD, What is Behind the Declines in Teen Pregnancy Rates? *Guttmacher Policy Review* 2014;17(3). <http://www.guttmacher.org/pubs/gpr/17/3/gpr170315.html>
- 4 Centers for Disease Control and Prevention (CDC). Vital Signs: Trends in Use of Long-Acting Reversible Contraception Among Teens Aged 15-19 Years Seeking Contraceptive Services- United States, 2005-2013. *MMWR* 2015;64(13):363 – 369.
- 5 The World Bank Group, *World development indicators: Reproductive health.*, 2014. <http://wdi.worldbank.org/table/2.17>
- 6 Minnesota Department of Health, STD and HIV Section, 2016.
- 7 U.S. Census Bureau, American Community Survey 3 Year Estimates: 2009-2011. factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table.

- 8 MDH, STD and HIV/AIDS Surveillance Systems, Surveillance Statistics 2016.
- 9 MDH, Center for Health Statistics, 2015
- 10 U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2015.
- 11 Harville EW, Spriggs Madkour A, Yiqiong X. Predictors of Birth Weight and Gestational Age Among Adolescents. *American Journal of Epidemiology* 2012;176(Suppl):S150-S163.
- 12 MDH, Center for Health Statistics, 2016 MN Student Survey. Available at: www.health.state.mn.us/divs/chs/mss. Accessed on May 9, 2017.