2024 MINNESOTA ADOLESCENT SEXUAL HEALTH REPORT

This report details the sexual health of Minnesota's youth. The teen birth rate decreased by nearly 7% from 2021 to 2022, while the teen pregnancy rate decreased by nearly 22% in that same time period. The teen pregnancy rate and the teen birth rate have both declined by 77.5% since their peak in 1990. Sexually transmitted infections (STIs) were essentially unchanged from 2022, with a slight (1.76%) increase in chlamydia and an even smaller (-1.25%) decrease in gonorrhea. 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 or sexually transmitted infections. To fully support young people's health, we need to address their physical, social, emotional, and cognitive development and give them tools to navigate their teen years. When young people have access to education and services, they make informed decisions about their sexual health.
- Sexual health disparities persist among youth who are LGBTQ+, gender diverse, adolescent parents, from rural areas, homeless/runaway, in foster care, in juvenile justice settings, and/or from populations of color. Advocates must work to dismantle systems of power and privilege that perpetuate health inequities and injustices.
- Families and caregivers need to be empowered in their role as sexuality educators. Honest, accurate, and shame-free information from parents, guardians, and other caring adults is critical to raising children who make informed decisions about sex, sexuality, and relationships.
- Young people deserve high-quality sexual health information that is delivered through an intersectional lens. Intersectionality implores us to expand sexuality education beyond a white-centered, cisgender, and heteronormative perspective. We must also address key social determinants of health, including education, employment, income, housing, community safety and vitality, discrimination, family and social supports, and access to quality healthcare services.
- Youth who are sexually exploited are in our classrooms and communities, and caring adults can help these youth build relationships and thrive in the midst of adversity. Sexual exploitation is a public health issue that harms individuals, communities, and populations across the state. Advocates can connect sexually exploited youth to Minnesota's Safe Harbor network of services and resources, including specialized housing, outreach, and investigations through partnerships with public health, human services, and public safety.

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PREGNANCY & BIRTH

Every day in 2022, approximately 7 adolescents became pregnant and 4 gave birth in Minnesota.[1]

Trends in Pregnancy and Birth

Overall, the pregnancy rate among adolescents aged 15-19 decreased nearly 22% from 2021 to 2022. The birth rate decreased by nearly 7%. Minnesota's teen pregnancy and birth rates have reached historic lows. From 2021 to 2022, the number of pregnancies among adolescents younger than 15 decreased by 37%, with the number of births decreasing by 23%. 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 76% 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, 1990-2022

NUMBER OF PREGNANCIES	1990	2000	2010	2019	2020	2021	2022	CHANGE SINCE 1990	CHANGE SINCE 2021
Under 15	159	150	89	36	47	62	**39**	-75.5%	-37.1%
15–17 years	2803	2411	1479	612	595	731	**603**	-78.5%	-17.5%
18–19 years	5833	5164	3872	1932	1800	2293	**1825**	-68.7%	-20.4%
15–19 years	8636	7575	5351	2544	2395	3024	**2428**	-71.9%	-19.7%
PREGNANCY RATES PER 1,000	**1990**	**2000**	**2010**	**2019**	**2020**	**2021**	**2022**	**CHANGE SINCE 1990**	**CHANGE SINCE 2021**
15–17 years	33.8	21.9	13.8	5.7	5.5	6.7	**5.3**	-84.3%	-20.9%
18–19 years	92.2	70.9	53.9	27.7	26.2	33.4	**26.1**	-71.7%	-21.9%
15–19 years	59	41.4	29.9	14.4	13.5	17.0	**13.3**	-77.5%	-21.8%

FIGURE 2. MINNESOTA ADOLESCENT BIRTH STATISTICS, 1990-2022

NUMBER OF BIRTHS	1990	2000	2010	2019	2020	2021	2022	CHANGE SINCE 1990	CHANGE SINCE 2021
Under 15	94	87	47	12	20	26	**20**	-78.7%	-23.1%
15–17 years	1648	1710	1072	400	380	419	**364**	-77.9%	-13.1%
18–19 years	3688	3686	2951	1390	1230	1143	**1132**	-69.3%	-0.96%
15–19 years	5336	5396	4023	1790	1610	1562	**1496**	-72%	-4.2%
BIRTH RATES PER 1,000	**1990**	**2000**	**2010**	**2019**	**2020**	**2021**	**2022**	**CHANGE SINCE 1990**	**CHANGE SINCE 2021**
15–17 years	19.9	15.5	10	3.7	3.5	3.8	**3.2**	-83.9%	-15.8%
18–19 years	58.3	50.6	41.1	19.9	17.9	16.6	**16.2**	-72.2%	-2.4%
15–19 years	36.5	29.5	22.4	10.1	9.1	8.8	**8.2**	-77.5%	-6.8%

National Comparison

From 1991 to 2022, the birth rate among adolescents aged 15-19 in the United States declined by 78%, reaching a record low of 13.6 births per 1,000 in 2022.[2] The decline in adolescent pregnancy over the past two decades is likely 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]

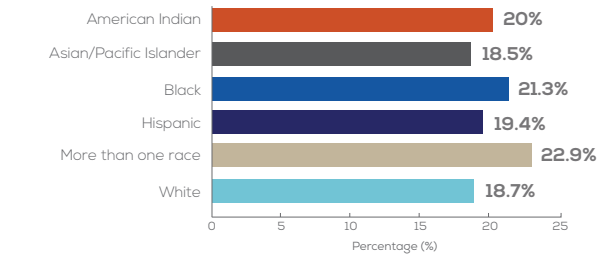
Despite reaching historic lows, the United States continues to have one of the highest adolescent pregnancy and birth rates among high-income nations.[6]

Subsequent Births (Births to adolescents who have previously given birth):[7]

Nationally, 21.1% of births to adolescents are subsequent births. In Minnesota, 20.9% of births to adolescents are subsequent births, which is an 8.4% increase from 2021.

Pregnancy prevention among adolescent parents is a complex issue. Compared to adolescents who only experience one birth, 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, AGED 15-19, 2022[7]



In Minnesota, BIPOC (Black, Indigenous, People of Color) youth experience higher percentages of subsequent births. (Figure 3).[7]

GEOGRAPHIC DISPARITIES[8, 9, 10]

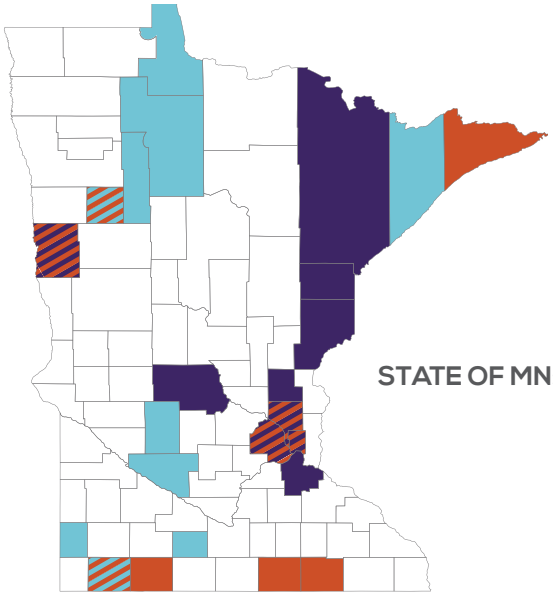
Pregnancy and birth disproportionately impact greater Minnesota, while STIs affect youth regardless of geography.

Although the number of pregnancies and births is higher in the Twin Cities metro area, the rates 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 availability. For example, there are 44* sexual health clinics in Hennepin and Ramsey Counties with services available five days per week.[10] In contrast, more than half (51%)* of rural counties in Minnesota have no sexual health clinic location in the county itself.[10]

**Statistics are based on the Minnesota Department of Health directory of Sexual and Reproductive Health Services grantees 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*
	Mahnomen	Ramsey	Ramsey
	Nobles	Hennepin	Hennepin
	Lake of the Woods	Cook	Anoka
	Renville	Nobles	Pine
	Clearwater	Mahnomen	St. Louis
	Pipestone	Mower	Stearns
	Watonwan	Freeborn	Carlton
	Lake	Anoka	Clay
	Beltrami	Jackson	Dakota
	Kandiyohi	Clay	Isanti
STATE OF MN:	8.2 per 1,000	1,446 per 100,000	316 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 (STIs)

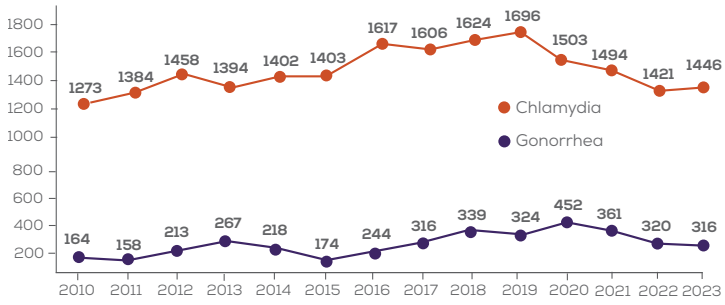
Although they account for only 6.5% of the population in Minnesota, adolescents aged 15-19 accounted for 25% of the chlamydia and 15% of the gonorrhea cases in Minnesota in 2023.[11,12]

Adolescents experience a disproportionately high rate of STIs, and females have a significantly higher rate of gonorrhea and chlamydia compared to males.

The chlamydia rate (per 100,000) for 15-19 year old females was 2,211, compared to 713 for males.

Similarly, the gonorrhea rate (per 100,000) for 15-19 year old females was 396, compared to 240 for males. There were 11 new cases of HIV among 15-19 year olds in Minnesota in 2023, a 45% decrease from 2022, when there were 20 new cases diagnosed. There are currently 71 adolescents (aged 15-19) living with HIV in Minnesota.[11] Higher STI rates among young people are 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]

FIGURE 5. CHLAMYDIA AND GONORRHEA RATES IN MINNESOTA, 2010-2023 (AGED 15-19 PER 100,000 POPULATION)



Gonorrhea rates decreased slightly among Minnesota youth from 2022 to 2023, while chlamydia rates increased slightly. (Figure 5).

RACIAL/ETHNIC DISPARITIES[2,10,11]

Compared to the birth rate for white adolescents: (Figure 6)

6x The birth rate for American Indian adolescents is **almost 6 times higher**

3x The birth rate for Black adolescents is **almost 3 times higher**

5x The birth rate for Hispanic adolescents is **about 5 times higher**

↑ Birth rates for American Indian, Asian/Pacific Islander, and Hispanic adolescents in Minnesota are **significantly higher** than national figures

From 2021 to 2022, birth rates decreased among white (-0.55%), American Indian (-5.2%), Black (-5.11%), and Hispanic (-1.82%) youth; they increased slightly among Asian/Pacific Islander youth (0.94%).

FIGURE 6. ADOLESCENT BIRTH RATES BY RACE/ETHNICITY, MINNESOTA VS. UNITED STATES, 2022
(AGED 15–19 PER 1,000 POPULATION)[7,14]

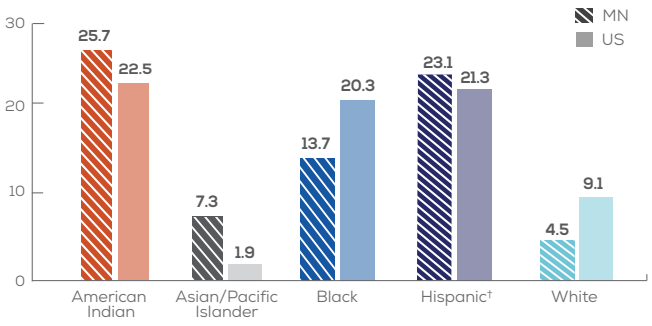
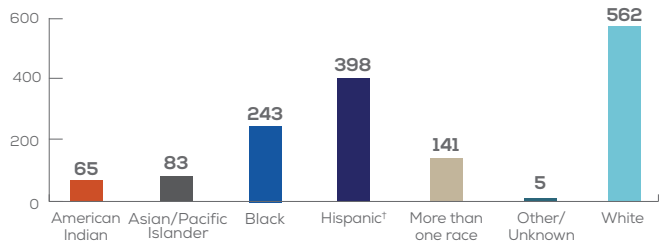


FIGURE 7. NUMBER OF BIRTHS TO YOUTH AGED 15–19 IN MINNESOTA BY RACE/ETHNICITY, 2022

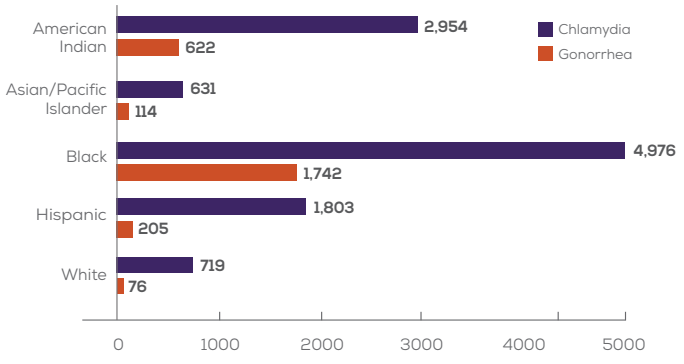


† This category represents Hispanic ethnicity, accounting for persons who identify as Hispanic of any race

Sexually Transmitted Infections

STI rates are disproportionately high among BIPOC youth in Minnesota.[11] The gonorrhea rate is nearly 23 times higher among Black youth and 8 times higher among American Indian youth compared to white youth, who have the lowest gonorrhea rate of all racial/ethnic groups. The chlamydia rate is 8 times higher among Black youth and 5 times higher among American Indian youth compared to Asian/Pacific Islander youth, who have the lowest chlamydia rates of all racial/ethnic groups.

FIGURE 8. MINNESOTA CHLAMYDIA AND GONORRHEA RATES BY RACE/ETHNICITY, 2023
(AGED 15-19 PER 100,000 POPULATION)



Adolescent Health Outcomes Impacted by Social Determinants of Health and Demographic Differences

Healthy People 2030

The Healthy People Initiative, now in its 5th iteration, has specific goals for adolescents for Healthy People 2030.[15] Social determinants of health (SDOH), like socioeconomic status, access to education, access to health care, neighborhood, environment, and quality of services, all have significant effects on young people.[16] SDOH are thought to account for over 50% of our health outcomes, while clinical care only accounts for about 20%.[17] The behaviors present during adolescence carry into adulthood and can affect one's health and well-being later in life. The risk of preventable health problems is disproportionate for certain races/ethnicities and household income. Experiencing adverse events and dealing with structural racism can increase the likelihood of risky behaviors and poorer health outcomes. By using a Positive Youth Development framework to empower adolescents and promote healthy behaviors, practitioners and educators can greatly impact health outcomes for the young people they serve.

TRADING SEX AND SEXUAL EXPLOITATION AMONG HIGH SCHOOL STUDENTS[20, 21]

The 2022 Minnesota Student Survey (MSS) was administered to public school students in grades 5, 8, 9, and 11.[18] In 2022, 70% of Minnesota school districts and 135,000 students participated in the survey. Sexual health questions are only asked in grades 9 and 11. For only the second time in the survey's history, young people were asked to report if they have ever traded sex for something of value.

1.3% of Minnesota high school students answered "yes" to the question, "Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?"

This equates to at least 4,600 students across the state, which may be an underestimate given the MSS is administered to young people enrolled in school and may not include those who may not have been in school on the day of the survey or those who do not attend school.

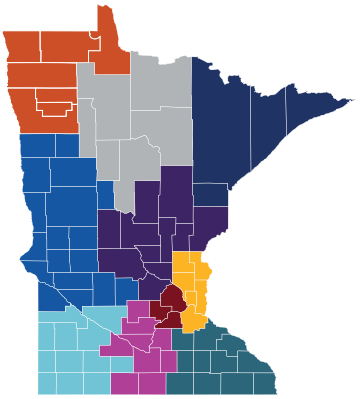
Who is Impacted by Trading Sex and Sexual Exploitation?

Sexual exploitation is a public health issue that harms individuals, communities, and populations across Minnesota. Persisting inequities and social contexts place certain populations at greater risk of exploitation.

Geographic Region

The Minnesota Safe Harbor law aims to provide assistance to young people who are sexually exploited to ensure they are treated as victims and survivors, not criminals.[19] The Minnesota Department of Health's Safe Harbor Program offers comprehensive support services to those in need across ten regional navigator areas. Figure 9 shows the percentage of students who answered "yes" to the survey question by Safe Harbor Regions.

FIGURE 9. PERCENTAGE OF STUDENTS WHO ANSWERED "YES" TO TRADING SEX ACROSS SAFE HARBOR REGIONS, 2022[20]



SAFE HARBOR REGION	ANSWERED "YES"
NORTHWEST	1.8%
NORTH CENTRAL	2.2%
NORTHEAST	1.5%
WEST CENTRAL	1.1%
EAST CENTRAL	1.5%
WEST METRO	1.2%
EAST METRO	1.1%
SOUTHWEST	1.2%
SOUTH CENTRAL	1.4%
SOUTHEAST	1.3%

Gender Identity and Sex

While students of all gender identities and orientations reported trading sex, students who are transgender/gender diverse or questioning/unsure about their gender identity had higher reporting rates at 3.3% and 3.6%, respectively. This is approximately 3 times higher than the 1% of cisgender boys and 1.1% of cisgender girls who reported trading sex.

FIGURE 10. PERCENTAGE OF STUDENTS WHO ANSWERED "YES" TO TRADING SEX ACROSS SAFE HARBOR REGIONS, BY RACE/ETHNICITY, 2022[20]

American Indian*	4.3%
Asian, South Asian, or Asian American	0.5%
Black (includes African born and African American)	1.2%
Hispanic	1.2%
Middle Eastern or North African	2.5%
White	1.1%
More than one race	1.8%

*This category includes all students identifying as American Indian or Alaskan Native (AIAN) only or AIAN plus additional races/ethnicities or Native Hawaiian or Other Pacific Islander (NHPI) or NHPI plus another race/ethnicity.

American Indian youth reported trading sex at far higher rates than other youth, with 4.3% of this group answering "yes" to trading sex on the MSS. American Indian LGBTQ+ youth are especially vulnerable, with 8.9% of this group indicating they have traded sex.

Relevant Experiences and Social Contexts

Young people with certain experiences and circumstances are more likely to be impacted by trading sex and sexual exploitation. For instance, nearly 1 in 5 youth (18.9%) who indicated they have received help for an alcohol or drug problem have reported trading sex.

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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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