



# 2026 MINNESOTA ADOLESCENT SEXUAL HEALTH REPORT

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**This report details the sexual health of Minnesota's youth.** From 2023 to 2024, the teen birth rate decreased by 6% and the teen pregnancy rate decreased by 15%. Since their peak in 1990, the teen pregnancy and birth rates have declined by 80%. Sexually transmitted infections declined between 2023 and 2024 with a 1.85% decrease in chlamydia rates and noticeably large 25% decrease in gonorrhea rates. In response to the data outlined in this report, the following are recommendations from the University of Minnesota Center for Healthy Youth Development (CHYD).

## RECOMMENDATIONS

- Adolescent sexual health goes beyond the absence of pregnancy or sexually transmitted infections. To fully support young people's health, we must attend to their physical, social, emotional, and cognitive development by equipping them with the tools to navigate adolescence. Safeguarding access to education and resources is essential to empowering young people to make informed decisions about their sexual health.
- Sexual health disparities persist among youth who are LGBTQ+, gender diverse, adolescent parents, from rural areas, homeless or runaway, in foster care, in juvenile detention settings, and/or from communities of color. Advocates must continue working to dismantle systems of power and privilege that perpetuate inequities and limit access to care and information.
- Families and caregivers play a critical role as sexuality educators, and must be supported in that role. Honest, accurate, and shame-free communication from parents, guardians, and other trusted adults helps young people build the knowledge and confidence needed to make informed decisions about relationships and sexual health.
- Young people deserve high-quality sexual health education that is inclusive and grounded in an intersectional framework. Effective sexuality education reflects the diverse identities, experiences, and communities of young people while also addressing broader social determinants of health, including education, employment, income, housing, community safety, discrimination, family and social supports, and access to quality healthcare.
- Recent Minnesota Student Survey trends highlight both strengths and emerging needs. While many youth are delaying sexual activity and communicating with partners about prevention, declines in condom use and shifts in contraceptive patterns point to gaps in access to education and youth-friendly healthcare. The survey also reflects the diversity of young people's sexual orientations and gender identities, underscoring the need for inclusive, affirming sexual health education and services for all Minnesota youth.

# PREGNANCY & BIRTH

Every day in 2024, approximately six adolescents became pregnant and four gave birth in Minnesota.

## Trends in Pregnancy and Birth

Pregnancy and birth rates among Minnesota adolescents ages 15–19 declined from 2023 to 2024, with pregnancy rates decreasing by 15% and birth rates by 6%. Among adolescents younger than 15, pregnancies decreased by 42% while births increased by 5%, though small numbers in this age group can magnify year-to-year changes. Since 1990, pregnancies and births among adolescents younger than 15 have declined by more than 80% (Figures 1 and 2).

FIGURE 1. MINNESOTA ADOLESCENT PREGNANCY STATISTICS, 1990–2024

| NUMBER OF PREGNANCIES     | 1990 | 2000 | 2010 | 2020 | 2022 | 2023 | 2024 | CHANGE SINCE 1990 | CHANGE SINCE 2023 |
|---------------------------|------|------|------|------|------|------|------|-------------------|-------------------|
| Under 15                  | 159  | 150  | 89   | 47   | 39   | 50   | 29   | -81.8%            | -42%              |
| 15–17 years               | 2803 | 2411 | 1479 | 595  | 603  | 621  | 526  | -81.2%            | -15.3%            |
| 18–19 years               | 5833 | 5164 | 3872 | 1800 | 1825 | 1807 | 1564 | -73.2%            | -13.4%            |
| 15–19 years               | 8636 | 7575 | 5351 | 2395 | 2428 | 2428 | 2090 | -75.8%            | -13.9%            |
| PREGNANCY RATES PER 1,000 | 1990 | 2000 | 2010 | 2020 | 2022 | 2023 | 2024 | CHANGE SINCE 1990 | CHANGE SINCE 2023 |
| 15–17 years               | 33.8 | 21.9 | 13.8 | 5.5  | 5.3  | 5.3  | 4.5  | -86.7%            | -15.1%            |
| 18–19 years               | 92.2 | 70.9 | 53.9 | 26.2 | 26.1 | 25.0 | 21.4 | -76.8%            | -14.5%            |
| 15–19 years               | 59   | 41.4 | 29.9 | 13.5 | 13.3 | 12.9 | 11.0 | -81.4%            | -14.7%            |

FIGURE 2. MINNESOTA ADOLESCENT BIRTH STATISTICS, 1990–2024

| NUMBER OF BIRTHS      | 1990 | 2000 | 2010 | 2020 | 2022 | 2023 | 2024 | CHANGE SINCE 1990 | CHANGE SINCE 2023 |
|-----------------------|------|------|------|------|------|------|------|-------------------|-------------------|
| Under 15              | 94   | 87   | 47   | 20   | 20   | 20   | 21   | -77.7%            | 5%                |
| 15–17 years           | 1648 | 1710 | 1072 | 380  | 364  | 356  | 358  | -78.3%            | 0.6%              |
| 18–19 years           | 3688 | 3686 | 2951 | 1230 | 1132 | 1108 | 1038 | -71.9%            | -6.3%             |
| 15–19 years           | 5336 | 5396 | 4023 | 1610 | 1496 | 1464 | 1396 | -73.8%            | -4.6%             |
| BIRTH RATES PER 1,000 | 1990 | 2000 | 2010 | 2020 | 2022 | 2023 | 2024 | CHANGE SINCE 1990 | CHANGE SINCE 2023 |
| 15–17 years           | 19.9 | 15.5 | 10   | 3.5  | 3.2  | 3.1  | 3.1  | -84.6%            | -1.1%             |
| 18–19 years           | 58.3 | 50.6 | 41.1 | 17.9 | 16.2 | 15.3 | 14.2 | -75.7%            | -7.2%             |
| 15–19 years           | 36.5 | 29.5 | 22.4 | 9.1  | 8.2  | 7.8  | 7.3  | -79.9%            | -5.8%             |

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

## National Comparison

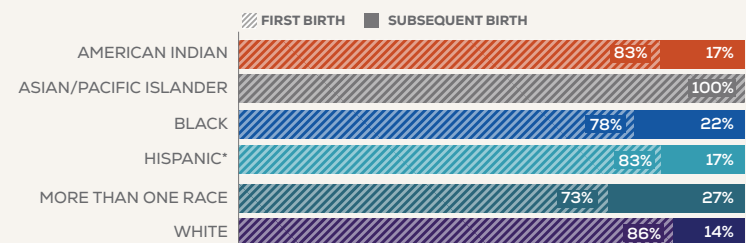
Since 1991, the birth rate among U.S. adolescents aged 15–19 declined by 79%, reaching a record low of 12.7 births per 1,000 in 2024.<sup>2</sup> Declines in teen pregnancy over the past two decades are linked to improved contraceptive use and delayed sexual initiation.<sup>3</sup> More recent declines have been driven largely by increased use of highly effective contraceptive methods (IUDs and implants) and dual methods.<sup>4,5</sup>

**Subsequent Births** (Births to adolescents who have previously given birth):<sup>7</sup>

**Nationally, 20.4% of births to adolescents are subsequent births. In Minnesota, 17.6% of births to adolescents are subsequent births.**

Pregnancy prevention among adolescent parents is complex. 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.<sup>7</sup> In Minnesota, youth of color experience higher percentages of subsequent births. (Figure 3).<sup>7</sup> A small proportion of adolescent births are planned and/or occur within marriage. Although uncommon, these births are included in overall statistics and may slightly influence trends in adolescent pregnancy and birth rates.

FIGURE 3. SUBSEQUENT ADOLESCENT BIRTHS BY RACE/ETHNICITY IN MINNESOTA, AGED 15–19, 2024<sup>3</sup>



\*This category represents Hispanic ethnicity, accounting for persons who identify as Hispanic of any race. All other categories are non-Hispanic ethnicity.

# GEOGRAPHIC DISPARITIES<sup>9,10,12</sup>

## Pregnancy and birth disproportionately impact greater Minnesota, while STIs affect youth statewide, with the highest burden concentrated in urban areas.

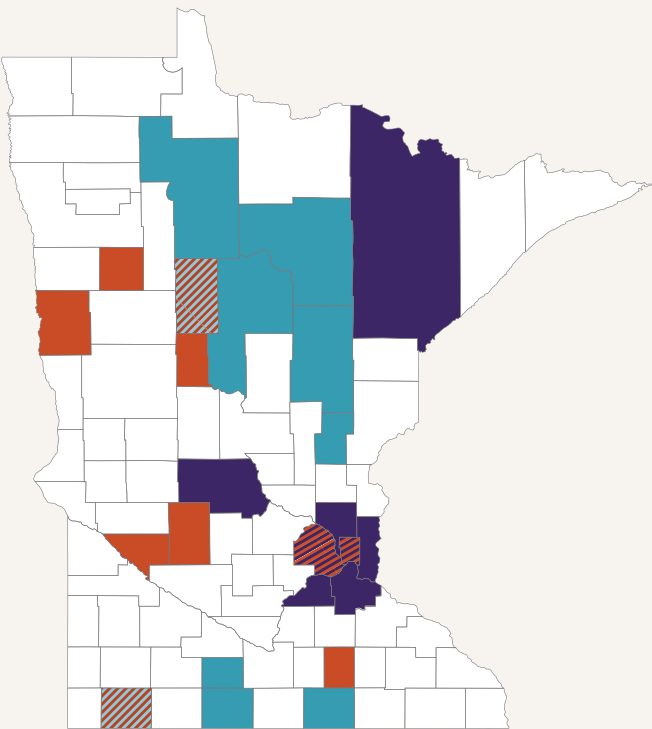
Although the overall number of pregnancies and births is higher in the Twin Cities metro area, the birth rate remains higher in greater Minnesota, reflecting differences in population size and access to resources.

Geography plays a critical role in young people's ability to access confidential, affordable, and youth-friendly sexual health care. In rural areas, limited clinic availability, fewer service hours, and greater travel distances create significant barriers to care. These access challenges may contribute

to disparities in sexual health outcomes, including higher birth rates in greater Minnesota.

Statewide data highlight these inequities. While Hennepin and Ramsey Counties have 52 sexual health clinics with services available five days per week, just over half (54.7%) of rural counties in Minnesota have a sexual health clinic located within the county.<sup>12</sup> These gaps underscore the need for expanded access to comprehensive, youth-centered sexual health services—particularly in rural communities.

**FIGURE 4. MINNESOTA COUNTIES WITH HIGHEST BIRTH, CHLAMYDIA, AND GONORRHEA RATES AMONG YOUTH AGED 15-19<sup>11</sup>**



| BIRTH     | CHLAMYDIA* | GONORRHEA* |
|-----------|------------|------------|
| Watonswan | Mahnomen   | Ramsey     |
| Nobles    | Hennepin   | Hennepin   |
| Kanabec   | Ramsey     | Dakota     |
| Aitkin    | Nobles     | Anoka      |
| Beltrami  | Chippewa   | Scott      |
| Freeborn  | Wadena     | Stearns    |
| Martin    | Kandiyohi  | St. Louis  |
| Hubbard   | Clay       | Washington |
| Itasca    | Hubbard    |            |
| Cass      | Steele     |            |

| STATE OF MN BIRTH | STATE OF MN CHLAMYDIA* | STATE OF MN GONORRHEA* |
|-------------------|------------------------|------------------------|
| 7.3 per 1,000     | 1,291 per 100,000      | 248 per 100,000        |

*\*Chlamydia and gonorrhea rates are not calculated for counties with fewer than five cases. To view county-specific reports, please visit [chyd.umn.edu](http://chyd.umn.edu).*

**➔ DID YOU KNOW?** The 10 counties with the highest teen birth rates are all in greater Minnesota.

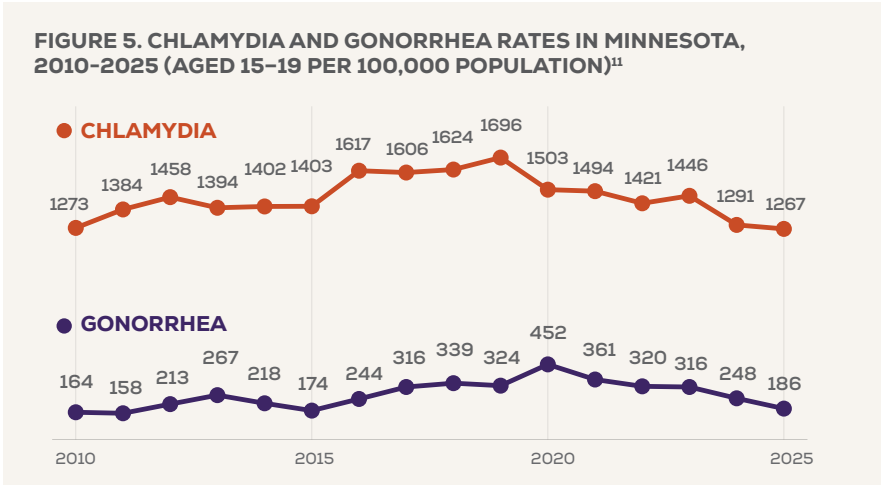
# SEXUALLY TRANSMITTED INFECTIONS (STIs)

Although they account for less than 7% of the population in Minnesota, adolescents aged 15-19 accounted for 26% of the chlamydia and 12% of the gonorrhea cases in Minnesota in 2025.<sup>11,13</sup>

Adolescents experience a disproportionately high burden of STIs, with notable differences by sex. Among 15-19-year-olds, chlamydia rates per 100,000 were 1,906 among females compared to 655 among males. Gonorrhea rates showed a similar pattern, at 222 per 100,000 for females compared to 151 for males. There were seven new HIV diagnoses in Minnesota among 15-19 year olds in 2025, a 42% decrease from the previous year.

Currently, 64 adolescents aged 15-19 are living with HIV in Minnesota.<sup>11</sup> Elevated STI rates among young people reflect a combination of biological, behavioral, and structural factors, including barriers to health care access such as transportation, cost, confidentiality concerns, and peer and media influences.<sup>14</sup>

**Gonorrhea and Chlamydia rates decreased in MN adolescents aged 15-19 since 2024 (Figure 5).**



## RACIAL/ETHNIC DISPARITIES<sup>2,10,11</sup>

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

**5x**

The birth rate for **Hispanic youth** is more than 5 times higher

**10x**

The birth rate for **American Indian youth** is nearly 10 times higher

**2.5x**

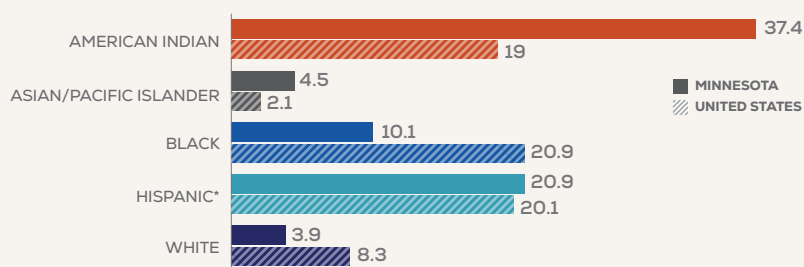
The birth rate for **Black youth** is 2.5 times higher



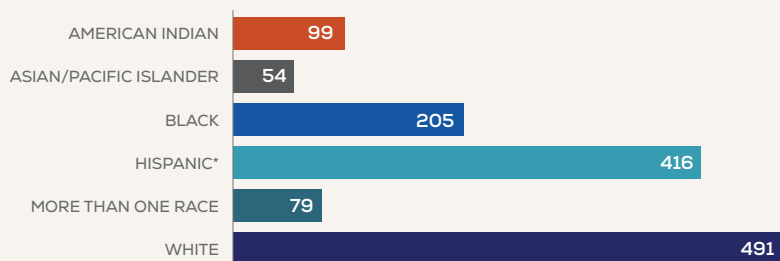
Birth rates for **American Indian, Asian/Pacific Islander**, and **Hispanic adolescents** in Minnesota are significantly higher than national figures.

From 2023 to 2024, birth rates decreased among Asian and Pacific Islander (~35%), Black (~19%), and Hispanic (~17%) youth, while rates among white youth remained unchanged. Birth rates among American Indian youth increased by nearly 63%; however, these findings should be interpreted cautiously, as small population numbers can make year-to-year rates more unstable.

**FIGURE 6. ADOLESCENT BIRTH RATES BY RACE/ETHNICITY, MINNESOTA VS. UNITED STATES, 2024 (AGED 15-19 PER 1,000 POPULATION)<sup>7,8</sup>**



**FIGURE 7. NUMBER OF BIRTHS TO YOUTH AGED 15-19 IN MINNESOTA BY RACE/ETHNICITY, 2024**

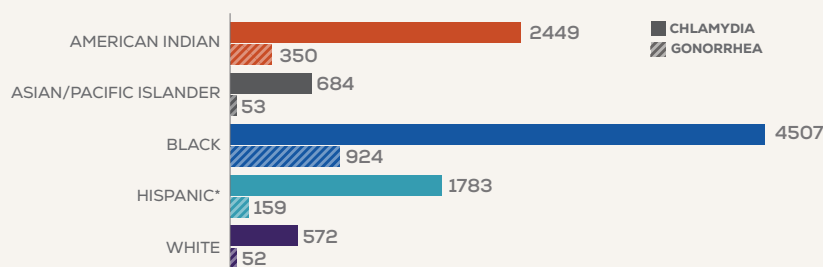


\*This category represents Hispanic ethnicity, accounting for persons who identify as Hispanic of any race. All other categories are non-Hispanic ethnicity.

### Sexually Transmitted Infections

STI rates are disproportionately high among youth of color in Minnesota.<sup>11</sup> White and Asian/Pacific Islander youth have the lowest gonorrhea and chlamydia rates among all racial/ethnic groups. Compared to white youth, the gonorrhea rate is 18 times higher among Black youth and nearly seven times higher among American Indian youth. The chlamydia rate is nearly eight times higher among Black youth and four times higher among American Indian youth compared to white youth. Though gonorrhea remains disproportionately high among youth of color, the rate decreased among all racial/ethnic groups in 2024, most markedly among Asian/Pacific Islander youth (-45%) and American Indian youth (-38%). Chlamydia trends varied by racial/ethnic group, with increases among American Indian (34%), Asian Pacific Islander (3%), and Hispanic youth (5%), but decreases for Black (-9%) and white (-5%) youth.

**FIGURE 8. MINNESOTA CHLAMYDIA AND GONORRHEA RATES BY RACE/ETHNICITY, 2025 (AGED 15-19 PER 100,000 POPULATION)**



\*This category represents Hispanic ethnicity, accounting for persons who identify as Hispanic of any race. All other categories are non-Hispanic ethnicity.

## 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.<sup>15</sup> 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.<sup>16</sup> SDOH are thought to account for over 50% of our health outcomes, while clinical care only accounts for about 20%.<sup>17</sup> 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 disproportionately impacts racial/ethnic minority adolescents. Experiencing adverse events and contending with structural racism can increase the likelihood of engaging in risky behaviors, leading to 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.

# 2025 MINNESOTA STUDENT SURVEY

## Sexual Activity

Sexual activity among Minnesota teens remains lower than national rates. In 2025, 7% of Minnesota 9th graders and 26% of 11th graders reported ever having sex, compared to 16.5% and 38%, respectively, among U.S. students in 2023.<sup>18</sup>

Encouragingly, more youth report talking with partners about pregnancy prevention (64% of 9th graders; 77% of 11th graders) and STI/HIV prevention (60% of 9th graders; 72% of 11th graders).<sup>18</sup> Most students (87%) report no sexual partners in the past year, and among those who were sexually active, most report only one partner.

## Condom Use

Condom use reached a nearly 30-year low in 2022 after gradually declining over the previous 15 years. The sharp drop between 2019 and 2022 suggests the COVID-19 pandemic may have affected access and use. In 2025, condom use increased slightly from 52% to 56%. Although still below historical levels, this may indicate early improvement and should continue to be monitored.

## Contraceptive Use

In 2025, the most notable shift was an increase in youth reporting no contraceptive method used (Figure 10). Withdrawal use also declined substantially among 9th and 11th graders, suggesting shifts in

FIGURE 9. SEXUAL HEALTH TRENDS AMONG MINNESOTA 9TH GRADERS, 1992-2025

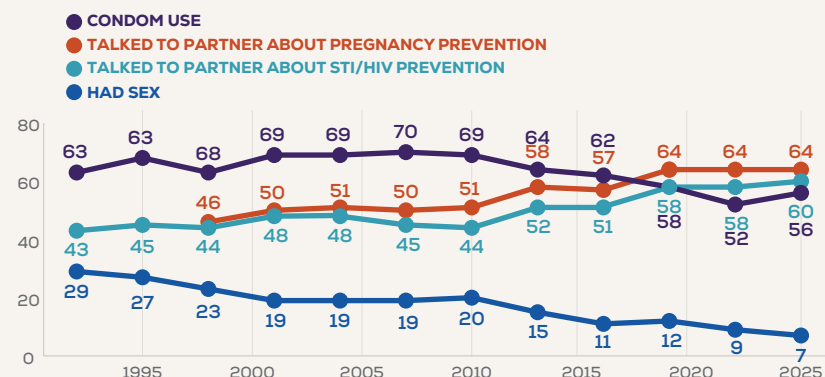
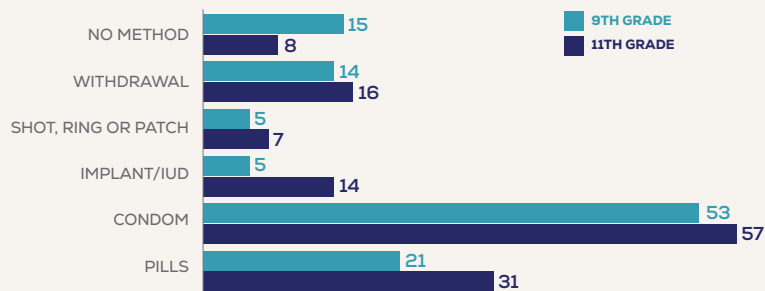


FIGURE 10. CONTRACEPTIVE METHODS USED AT LAST SEX AMONG MINNESOTA YOUTH, 2025



reported or actual use. Condom use declined among 9th graders in 2022 but has since returned to pre-pandemic trends, indicating stabilization following COVID-era disruption. Overall, these trends underscore the need for continued monitoring of contraceptive behaviors and access among adolescents.

## Substance Use

The vast majority of 9th and 11th graders – 88% of sexually active students– reported no alcohol or drug use before last sexual intercourse. Cannabis use among Minnesota youth

continues to decline overall, a trend ongoing since 2013. In 2025, more students also viewed weekly cannabis use as moderately to highly harmful, reversing the prior 2013–2022 trend of declining perceived risk.

## Sexual Orientation

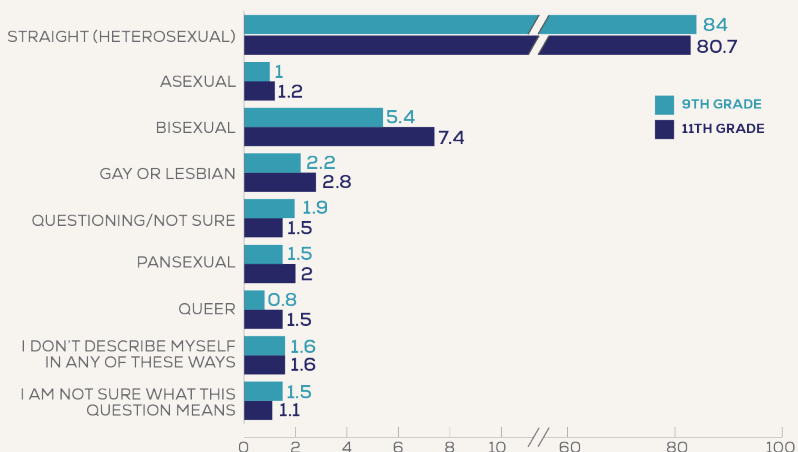
From 2022 to 2025, the number of students who identified as heterosexual (straight) increased substantially, from 76% in 2022 to 83% in 2025. These figures were similar among 9th and 11th grade students (Figure 11).

*The 2025 Minnesota Student Survey was administered to public school students in grades 5, 8, 9 and 11.<sup>18</sup> Sexual health questions are only asked in grades 9 and 11. Participation in the MSS continues to decline, with 61% of Minnesota school districts and around 120,000 students participating in the survey.*

## Gender Identity

The 2025 MSS asked students about gender identity, with about 9% of 9th and 11th graders identifying as a gender minority (including agender, transgender, two-spirit, genderfluid, gender non-conforming, genderqueer, non-binary, or questioning/unsure). These identities are represented across urban, suburban, and rural areas in Minnesota. As discussions about gender identity and access to affirming care continue, research consistently shows that inclusive sexual health education and supportive environments are associated with better mental health, stronger school connectedness, and reduced risk among LGBTQ+ youth.

FIGURE 11. SEXUAL ORIENTATION AMONG MINNESOTA YOUTH, 2025



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