

Sexual and Reproductive Health: Comparisons of Minnesota Youth in Public Schools and Juvenile Correctional Facilities

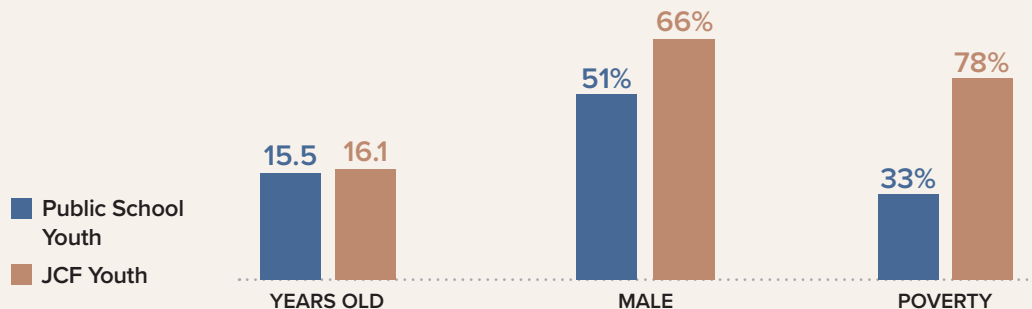
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Across all measures of sexual health, youth in juvenile correctional facilities report fewer protective behaviors and more risk behaviors.

Every three years, youth in Minnesota schools take the Minnesota Student Survey (MSS), a state-wide survey which asks students about a broad array of health-related topics, including sexual behaviors. This report summarizes the sexual and reproductive health of all Minnesota youth in 9th and 11th grades who took the 2016 MSS compared to the sample of 217 youth residing in juvenile correctional facilities (JCFs).

DEMOGRAPHIC CHARACTERISTICS

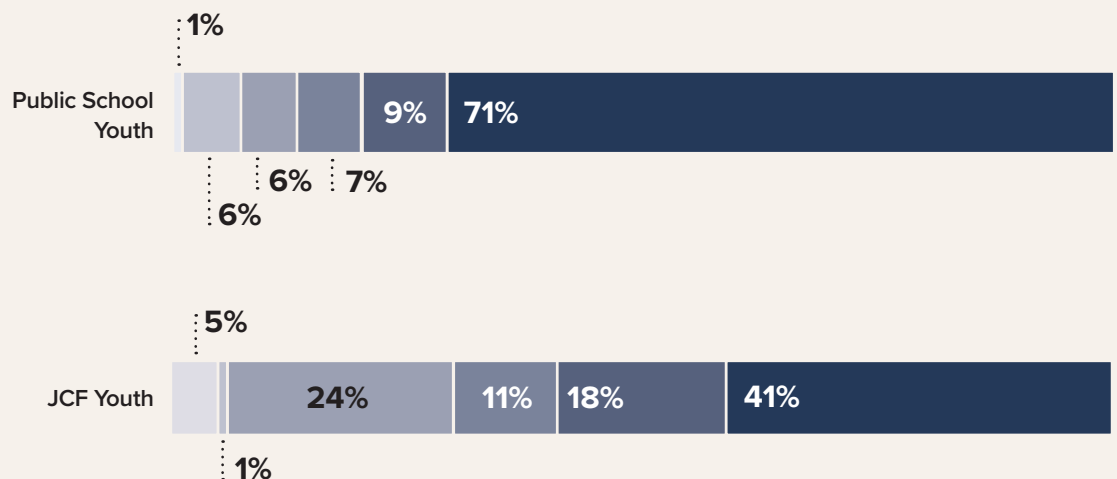
Compared to youth in public schools, youth in JCFs are slightly older, more likely to be male, and more likely to be experiencing poverty.



Race

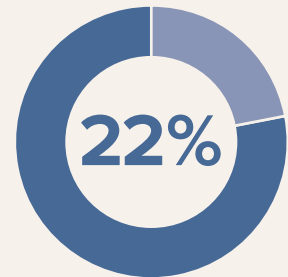
Youth from racial and ethnic minority groups are disproportionately represented in Minnesota JCFs.

- American Indian
- Asian / Pacific Islander
- Black
- Hispanic
- Multiple Races
- Non-Hispanic White

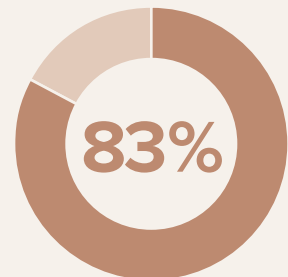


SEXUAL RISK BEHAVIORS

Youth in JCFs were much more likely to report that they have had sexual intercourse compared to youth in public schools



22% PUBLIC SCHOOL YOUTH HAVE HAD SEX



83% JCF YOUTH HAVE HAD SEX



Lifetime Sexual Partners

For those youth who have ever had sex, youth in JCFs reported almost twice as many lifetime sexual partners than youth in public schools.



1.9 LIFETIME SEXUAL PARTNERS
PUBLIC SCHOOL YOUTH

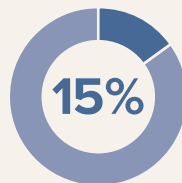


3.7 LIFETIME SEXUAL PARTNERS
JCF YOUTH

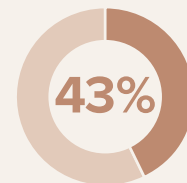


Drugs or Alcohol Before Last Sex

Youth in JCFs were more than twice as likely to report using drugs or alcohol before last sexual activity compared to youth in public schools.



PUBLIC SCHOOL YOUTH USED DRUGS OR ALCOHOL BEFORE LAST SEX

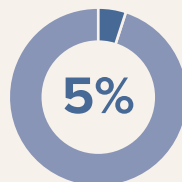


JCF YOUTH USED DRUGS OR ALCOHOL BEFORE LAST SEX

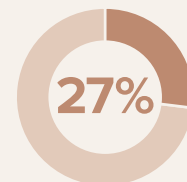


Pregnancy

Youth in JCFs were more than five times as likely to report ever having been pregnant or gotten someone pregnant compared to youth in public schools.



PUBLIC SCHOOL YOUTH HAVE EVER BEEN PREGNANT, OR GOTTEN SOMEONE PREGNANT



JCF YOUTH HAVE EVER BEEN PREGNANT, OR GOTTEN SOMEONE PREGNANT

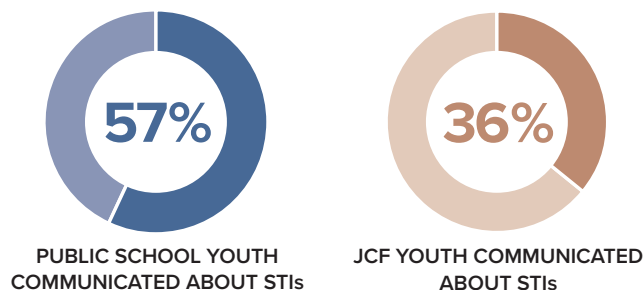
For all of the findings in this report, only youth who report they have ever had sex are included

SEXUAL HEALTH PROTECTIVE BEHAVIORS

Communication

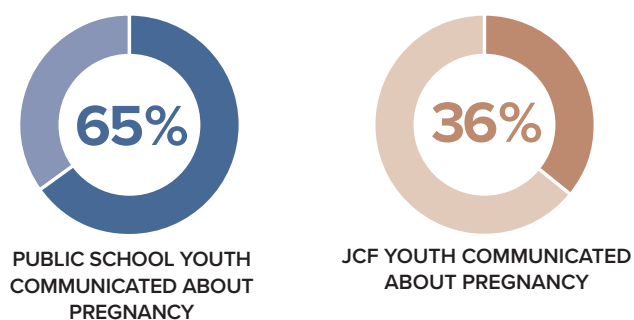
STIs and HIV

Compared to youth in public schools, youth in JCFs were much less likely to have talked about sexually transmitted infections (STI) or HIV at least once with each partner.



Pregnancy

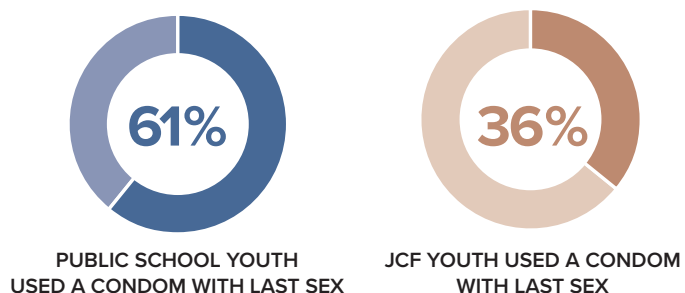
Compared to youth in public schools, youth in JCFs were much less likely to have talked about pregnancy at least once with each partner.



Protection

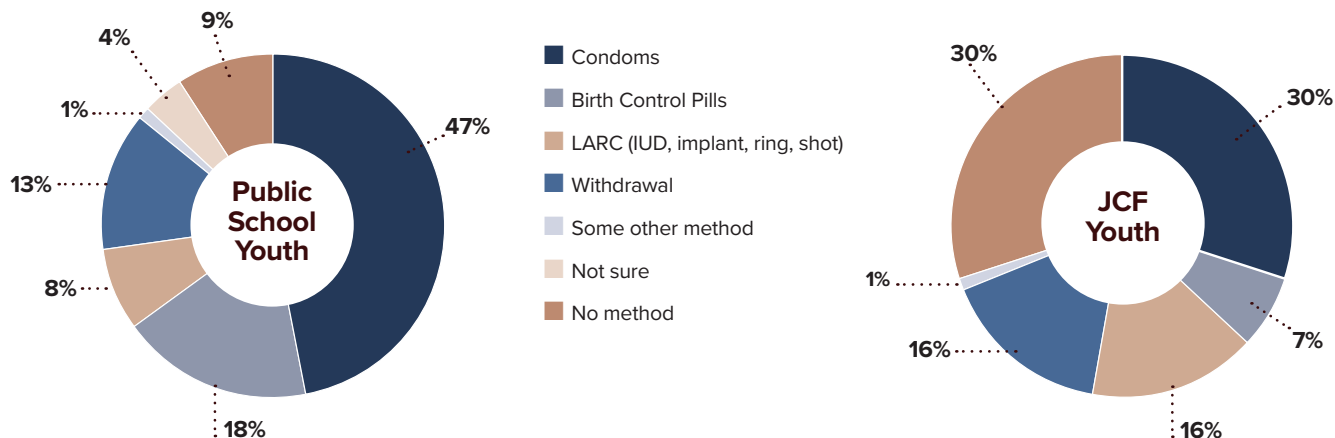
Condom Use

Youth in JCFs were much less likely to have used a condom at last sex compared to youth in public schools.



Birth Control

When asked “the last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy,” youth in JCFs were much less likely to use a reliable method of birth control compared to youth in public schools. Condoms, pills, IUDs, implants, rings and shots were considered reliable methods.



IMPLICATIONS

Across a variety of sexual health behaviors, youth in JCFs fare worse than their peers in public schools. When detention is necessary, a unique opportunity exists to address the sexual and reproductive health care needs of youth in JCFs.

Sexual and reproductive health is critical to the well-being of all youth. However, across a variety of sexual health behaviors, youth in JCFs fare worse than their peers in public schools. Addressing these disparities requires acknowledging the cumulative impact of the environmental and psychosocial risk factors that many youth residing in JCFs experience, while also tapping into their assets and strengths. All young people deserve high-quality sexual and reproductive healthcare, and education that is evidence-based and comprehensive. Our recommendations include:

- **High-quality sexual and reproductive health care for youth residing in JCFs must be provided in all facilities.** Further, it's imperative that release planning provides an opportunity for youth to continue care as they transition back to the community. High-quality care includes:
 - All sexually active youth should be offered contraceptive counseling and comprehensive STI testing with treatment available for those who need it.
 - An option to start an effective birth control method while residing in a JCF, with a plan for continuing this method as youth re-enter the community.
- **Sexual health education while youth are in JCFs should be evidence-based and context-specific:**
 - One evidence-based program, Sexual Health and Adolescent Risk Prevention (SHARP), is specifically designed to reduce sexual risk behaviors among youth in JCFs. The intervention aims to increase condom use and reduce alcohol-related sexual behaviors.
- **Health care providers in JCFs should continue to screen and provide treatment for youth's substance use disorders, in addition to providing education about drug and alcohol use before sex.**

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