

HUMAN SEXUALITY EDUCATION

ORS 336.455

336.455 Human sexuality education courses; criteria. (1) Each school district shall provide age-appropriate human sexuality education courses in all public elementary and secondary schools as an integral part of the health education curriculum.

(2) Course material and instruction for all human sexuality education courses shall enhance students' understanding of sexuality as a normal and healthy aspect of human development.

Course instruction shall:

(a) Be medically accurate.

(b) Be comprehensive.

(c) Include information about responsible sexual behaviors and hygienic practices that eliminate or reduce the risks of pregnancy and the risks of exposure to human immunodeficiency virus, hepatitis B, hepatitis C and other infectious or sexually transmitted diseases. Information about those risks shall be presented in a manner designed to allay fears concerning risks that are scientifically groundless.

(d) Promote abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the most effective way to prevent pregnancy and the transmission of sexually transmitted diseases. However, abstinence may not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures. Human sexuality education courses shall acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual intercourse.

(e) Include a discussion about the characteristics of the emotional, physical and psychological aspects of a healthy relationship and a discussion about the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. Students shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives, including the success and failure rates for prevention of pregnancy.

(f) Stress that sexually transmitted diseases are serious possible outcomes of sexual contact. Students shall be provided with statistics based on the latest medical information regarding the efficacy of all methods of sexual protection in preventing human immunodeficiency virus infection and other sexually transmitted diseases.

(g) Provide students with information about Oregon laws that address young people's rights and responsibilities related to childbearing and parenting.

(h) Advise students of the circumstances in which it is unlawful under ORS 163.435 and 163.445 for persons 18 years of age or older to have sexual relations with persons younger than 18 years of age to whom they are not married.

(i) Teach students that no form of sexual expression is acceptable when the expression physically or emotionally harms oneself or others and teach students not to make unwanted physical and verbal sexual advances, how to decline unwanted sexual advances or accept the refusal of unwanted sexual advances. Students shall be taught that it is wrong to take advantage of or to exploit another person. Materials and information shall be presented in a manner sensitive to the fact that there are students who have experienced sexual abuse.

(j) Validate through course material and instruction the importance of honesty with oneself and others, respect for each person's dignity and well-being, and responsibility for one's actions.

(k) Assist students in the development and practice of effective communication skills, the development of self-esteem and the ability to resist peer pressure.

(L) Encourage family communication and involvement to help students learn to make responsible decisions.

(3) Any course in any public elementary and secondary school, the main purpose of which is to address human sexuality education or human immunodeficiency virus education, or both, shall emphasize that abstinence from sexual contact is the only method that is 100 percent effective against unintended pregnancy, sexually transmitted diseases and human immunodeficiency virus when transmitted sexually. Abstinence is to be stressed, but not to the exclusion of other material and instruction on contraceptive and disease reduction measures. Such courses are to acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual intercourse.

(4) Nothing in this section prohibits instruction in sanitation, hygiene or traditional courses in biology. [1993 c.775 §1; 2009 c.213 §1]

Human Sexuality Education

(1) The following definitions apply to Oregon Administrative Rule 581-022-1440:

(a) “Age-appropriate” means curricula designed to teach concepts, information, and skills based on the social, cognitive, emotional, and experience level of students;

(b) “Balanced” means instruction that provides information with the understanding of the preponderance of evidence;

(c) “Best practice” means something has the appearance of success, but has as yet not proved its effectiveness;

(d) “Comprehensive plan of instruction” (as defined by Oregon education statutes) means k–12 programs that emphasize abstinence, but not to the exclusion of condom and contraceptive education. The human sexuality information provided is complete, balanced, and medically accurate. Opportunities are provided for young people to develop and understand their values, attitudes, and beliefs about sexuality as a means of helping young people exercise responsibility regarding sexual relationships as further defined by (2) and (3);

(e) “Culturally sensitive” means materials and instruction that respond to culturally diverse individuals, families, and communities in an inclusive, respectful, and effective manner;

(f) “Gender role” means the socially determined sets of behaviors assigned to people based on their biological sex;

(g) “Gender sensitive” means materials and instruction that are sensitive to individual’s similarities and differences regarding gender role and/or sexual orientation;

(h) “Medically accurate” means information that is established through the use of the ‘scientific method.’ Results can be measured, quantified, and replicated to confirm accuracy, and are reported or recognized in peer-reviewed journals or other authoritative publications.

(i) “Research-based” means intervention is based on theoretical approaches that have been shown to be effective in achieving the intended outcomes. Evaluation based on studies using scientifically based designs; results published in recognized, peer-reviewed journals;

(j) “Sexual intercourse” means a type of sexual contact involving one of the following:

(A) Vaginal sexual intercourse;

(B) Oral sexual intercourse; or

(C) Anal sexual intercourse;

(k) “Sexual orientation” means an individual’s actual or perceived heterosexuality, homosexuality, bisexuality or gender identity, regardless of whether the individual’s gender identity, appearance, expression or behavior differs from that traditionally associated with the individual’s sex at birth.

(l) “Shame or fear based” means terminology, activities, scenarios, context, language, and/or visual illustrations that are used to devalue, ignore, and/or disgrace students who have had or are having sexual relationships. Not all curricula or activities that describe risks of sexual activities can be considered “fear-based;”

(m) “Skills-based” means instructional strategy that has students practice the desired skill;

(2) Each school district shall teach an age-appropriate, comprehensive plan of instruction focusing on human sexuality education, HIV/AIDS and sexually transmitted disease prevention in elementary and secondary schools as an integral part of health education and other subjects. Course material and instruction for all human sexuality education courses that discuss human sexuality in public elementary and secondary schools shall enhance students’ understanding of sexuality as a normal and healthy aspect of human development. In addition, the HIV/AIDS and sexually transmitted disease prevention education and the human sexuality education comprehensive plan shall provide instruction at least annually, for all students grades 6-8 and at least twice during grades 9–12.

(3) Parents, teachers, school administrators, local health department staff, other community representatives, and persons from the medical community who are knowledgeable of the latest scientific information and effective education strategies shall develop the plan of instruction required by this rule cooperatively.

(4) Local school boards shall approve the plan of instruction and require that it be reviewed and updated biennially in accordance with new scientific information and effective education strategies.

(5) Any parent may request that his/her child be excused from that portion of the instructional program required by this rule under the procedures set forth in ORS 336.035(2).

(6) The comprehensive plan of instruction shall include information that:

(a) Promotes abstinence for school-age youth and mutually monogamous relationships with an uninfected partner for adults as the safest and mostly responsible sexual behavior to reduce the risk of unintended pregnancy and exposure to HIV, Hepatitis B/C and other sexually transmitted infectious diseases;

(b) Allays those fears concerning HIV that are scientifically groundless;

(c) Is balanced and medically accurate;

(d) Provides balanced and accurate information on the risks and benefits of contraceptive and other disease reduction measures which reduce the risk of unintended pregnancy, exposure to HIV, hepatitis B/C and other sexually transmitted infectious diseases;

(e) Discusses responsible sexual behaviors and hygienic practices which may reduce or eliminate unintended pregnancy, exposure to HIV, hepatitis B/C and other sexually transmitted diseases;

(f) Stresses the high risks of contracting HIV, hepatitis B and C and other infectious diseases through sharing of needles or syringes for injecting drugs including steroids, for tattooing, and body-piercing;

(g) Discusses the characteristics of the emotional, physical and psychological aspects of a healthy relationship and a discussion about the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children. Students shall be provided with statistics based on the latest medical information regarding both the health benefits and the possible side effects of all forms of contraceptives, including the success and failure rates for prevention of pregnancy;

(h) Stresses that HIV/STDs and hepatitis B/C can be serious possible hazards of sexual contact;

(i) Provides students with information about Oregon laws that address young people's rights and responsibilities relating to childbearing and parenting;

(j) Advises pupils of the circumstances in which it is unlawful under ORS 163.435 and 163.445 for persons 18 years of age or older to have sexual relations with persons younger than 18 years of age to whom they are not married;

(k) Encourages family communication and involvement and helps students learn to make responsible decisions;

(l) Teaches that no form of sexual expression is acceptable when it physically or emotionally harms oneself or others and not to make unwanted physical and verbal sexual advances;

(m) Teaches that it is wrong to take advantage of or exploit another person;

(n) Validates through course material and instruction the importance of honesty with oneself and others, respect for each person's dignity and well-being, and responsibility for one's actions; and

(o) Uses culturally and gender sensitive materials, language, and strategies that recognizes different sexual orientations and gender roles.

(7) The comprehensive plan of instruction shall include skills-based instruction that:

(a) Assists students to develop and practice effective communication skills, the development of self-esteem and the ability to resist peer pressure;

(b) Provides students with the opportunity to learn about and personalize peer, media and community influences that both positively and negatively impact their decisions to abstain from sexual intercourse;

(c) Enhances students' ability to access valid health information and resources related to their sexual health;

(d) Teaches how to decline unwanted sexual advances, or accept the refusal of unwanted sexual advances, through the use of refusal and negotiation skills;

(e) Is research-based and/or best practice; and

(f) Aligns with the Oregon Health Education Content Standards and Benchmarks.

(8) All human sexuality education programs shall emphasize that abstinence from sexual intercourse, when practiced consistently and correctly, is the only method that is 100 percent effective against unintended pregnancy, HIV infection (when transmitted sexually), hepatitis B/C infection, and other sexually transmitted diseases. Abstinence is to be stressed, but not to the exclusion of other methods for preventing unintended pregnancy, HIV infection, sexually transmitted diseases, and hepatitis B/C. Such courses are to acknowledge the value of abstinence while not devaluing or ignoring those students who have had or are having sexual relationships. Further, sexuality education materials, instructional strategies, and activities must not, in any way, use shame or fear based tactics.

(9) Materials and information shall be presented in a manner sensitive to the fact that there are students who have experienced sexual abuse.