

Human Sexuality Education

- (1) The follow 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 identity” and “gender orientation” mean 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;
 - (g) “gender role” means the socially determined sets of behaviors assigned to people based on their biological sex;
 - (h) “gender sensitive” means materials and instruction that are sensitive to individual’s similarities and differences regarding gender role and/or gender identity;
 - (i) “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.
 - (j) “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;
 - (k) “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;

(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 possible emotional, physical and psychological consequences of preadolescent and adolescent sexual intercourse and the emotional, physical and psychological consequences of unintended pregnancy. Pupils shall be provided with statistics based on the latest medical information regarding both the possible side effects and health benefits of all forms of contraceptives, including the success and failure rates for prevention of pregnancy and sexually transmitted diseases;

- (h) stresses that HIV/STDs and hepatitis B/C can be serious possible hazards of sexual contact;
 - (i) advises students of the laws pertaining to their financial responsibility for their children;
 - (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 gender identities/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, 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.

Stat. Auth.: ORS 326.051

Stats. Implemented: ORS 336.455

Hist.: EB 18-1996, f. & cert. ef. 11-1-96; EB 2-1997, f. & cert. ef. 3-27-97; ODE 25-2002, f. & cert. ef. 11-15-02

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