



Oregon

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Health and Sexuality Education Standards in Oregon

The Human Sexuality Education Law (2009); the Healthy Teen Relationship Act (2013); and the Child Sexual Abuse Prevention Law (2015) collectively contribute to the Oregon Department of Education's Comprehensive Sexuality Education policy framework. Approved by the State Board of Education in 2016, the Health Education Standards provide consistency in what is taught to students across Oregon to ensure equity in achievement and health.

Comprehensive Sexuality Education

The 2016 Health and Sexuality Education Standards expand on the required knowledge and skills related to *comprehensive sexuality education*. They expand the notion of what sexual health is, treating sexuality as "a multidimensional process, intimately linked to the basic human needs of being liked and accepted, displaying and receiving affection, feeling valued and attractive, and sharing thoughts and feelings."¹ Thus, the standards cover broad areas, including body image, media literacy, gender roles, relationships, and communication.

Building on the most current research and the National Health Education Standards², and National Sex Education Standards³, Comprehensive Sexuality Education empowers students to recognize, communicate, and advocate for their health and boundaries rather than promote sexuality or impose a set of values.

Many research studies have shown that this *comprehensive* approach works to delay sexual initiation, prevent unintended pregnancies, promote health, and reduce sexual violence and harassment⁴. Comprehensive Sexuality Education has been found to lower homophobia and homophobic-related bullying, increase understanding of gender and gender norms, improve knowledge and skills that support healthy relationships, and can help prevent child sexual abuse and intimate partner violence⁵.

Although comprehensive sexuality education instruction is a challenge, it is required to replace the outdated model of abstinence-only education, which places young people at increased likelihood of pregnancy and STIs once they do become sexually active⁶.

For additional resources, visit:

<https://www.oregon.gov/ode/students-and-family/healthsafety/Pages/Sexuality-Education-Resources.aspx>

Age-appropriate means curricula designed to teach concepts, information, and skills based on the social, cognitive, emotional, experience and developmental level of students.

Culturally inclusive means using materials and instruction strategies that respond to culturally diverse individuals, families, and communities in a respectful and effective manner.

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.

Curriculum can't be shame or fear based. *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.

Positive family communication and involvement helps students learn to make responsible, respectful and healthy decisions.

Affirmative consent is an essential component of healthy sexual behavior. Course material shall promote positive attitudes and behaviors related to healthy relationships and encourage active student bystander behavior.

Inclusive materials means using language, and strategies that recognize different sexual orientations, gender identities and gender expression.

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¹ Blum RW. "Sexual health contraceptive needs of adolescents with chronic conditions." Arch Pediatr Adolescent Med. 151: 290-297

² National Health Education Standards, <https://www.cdc.gov/healthyschools/sher/standards/index.htm>

³ National Sex Education Standards, <https://advocatesforyouth.org/wp-content/uploads/2020/03/NSES-2020-web.pdf>

⁴ Kohler et al. "Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity" Journal of Adolescent Health, 42(4): 344-351.

⁵ Goldfarb, Eva; 2021 "Three Decades of Research: The Case for Comprehensive Sex Education"

⁶ Santelli, JS; 2017 "Abstinence Only Until Marriage: an updated review of US policies and programs"

Sexuality Education

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