

The SIECUS State Profiles



OREGON

OREGON'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates in Oregon have championed significant advancements for the state's sex education requirements, cumulating in mandating all schools to provide comprehensive sex education through the implementation of the [Human Sexuality Education Law](#) of 2009, the [Healthy Teen Relationship Act](#) of 2013, the [Child Sexual Abuse Prevention Law](#) of 2015, and the revision of the [Oregon Health Education Standards](#) in 2016. Despite these legislative successes, there continue to be challenges in ensuring these requirements are implemented statewide. While the Oregon Department of Human Services, the Oregon Department of Education, and the Oregon Health Authority work tirelessly to support schools in implementing comprehensive sex education, it is reported that additional efforts are needed to ensure all youth receive comprehensive sex education. Advocates continue to have internal discussions regarding challenges in sex education implementation and what programmatic and policy changes could better support the implementation of current sex education requirements.

In effort to reform Oregon's approach to implementing comprehensive sex education, advocates suggest requiring statewide participation in the Student Health Survey, developing accessible materials and guidelines for curriculum implementation, expanding agency capacity for supporting school districts in implementing comprehensive sex education, and providing training and professional development to teachers and administrators. Additional areas of improvement include establishing regulatory mechanisms for monitoring and enforcing district compliance and leveraging federal funding streams to advance sex education policy and implementation.

Advocates report that the quality of sex education students receive varies greatly depending on their school district, demonstrating the ongoing need for reform. While many districts such as Portland Public Schools provide comprehensive sex education in accordance with Oregon statute in grades K-12, it is reported that some districts provide abstinence-only instruction and others do not teach sex education at all. Districts that oppose implementing comprehensive sex education curriculum have demonstrated their resistance in a variety of ways, such as districts in east Oregon that have held "Sex Ed Sit Out" rallies. Despite this opposition, there are continuing coalition efforts to advance district sex education policies and revise the current Comprehensive Sexuality Education Implementation Plan.

When school districts lack resources to provide comprehensive sex education instruction, they may turn to community partners to bridge the gap. While local health departments may provide satisfactory sex education curriculum, advocates report that an increasing number of individuals from crisis pregnancy centers are providing sex education instruction in Oregon schools, and this instruction overwhelmingly fails to meet Oregon's comprehensive sex education standards. Crisis Pregnancy Centers (CPCs), also referred to as fake clinics, attract individuals trying to access reputable reproductive health care and provide false,

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manipulative information about abortion care. Unfortunately, crisis pregnancy centers have increasingly received federal funding to deliver abstinence-only instruction [nationwide](#).

Right now, advocates can take action to ensure young people in their community have access to quality sex education. Advocates can identify what sex education requirements are currently in place in their district and advocate for the inclusion of specific elements of comprehensive sex education, such as requiring curriculum to be culturally responsive to the needs of Native American young people, young of color, and LGBTQ youth, or inclusive of a variety of contraceptive methods. Further, advocates can contact their representatives to discuss the critical need to address barriers that prevent adequate implementation. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education.

SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Oregon schools are required to teach sex education.
 - Curriculum must be comprehensive.
 - Curriculum must promote abstinence.
- Curriculum must recognize different sexual orientations, gender identities and gender expression.
- Curriculum must include instruction on consent.
- Parents or guardians may remove their children from sex education instruction. [This is referred to as an “opt-out” policy.](#)
- Oregon law requires sex education to be medically accurate.

STATE HOUSE HIGHLIGHTS

This section highlights sex education bills that were introduced during the 2019 state legislative session as well as bills that have been introduced thus far in 2020. These proposed bills provide a brief overview of both recent and current legislative action taken to advance or restrict sex education. For a more comprehensive look at relevant legislation concerning sex education and related topics such as reproductive health care, LGBTQ rights, and HIV/AIDS, continue reading on to the “State Legislative Activity” section of Oregon’s profile.

2020 Legislative Session

[House Bill 4112](#), (pending):

- If successful, would provide educator training on child sexual abuse prevention, sex education, teen dating violence and domestic violence.

MORE ON SEX ED IN OREGON

STATE LAW

[Oregon Revised Statutes §§ 336.035, 336.455, and 336.465](#), as well as [Oregon Administrative Rules §§ 581-022-2030 and 581-022-2050](#), mandate human sexuality education and instruction in infectious diseases, including human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and sexually transmitted infection prevention, throughout elementary and secondary school. Students in grades 6-8 must receive instruction at least once annually, while students in grades 9-12 must receive instruction twice annually. Oregon does not suggest or recommend a curriculum. However, [336.455](#) states that:

- 2) Course Instruction shall:
 - a) Be medically accurate ...
 - c) Include information about responsible sexual behaviors and hygienic practices that eliminate or reduce the risks of pregnancy and the risks of exposure to HIV, hepatitis B, hepatitis C, and other infectious or STIs. 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 STDs; however, abstinence may not be taught to the exclusion of other material and instruction on contraceptive and disease reduction measures;

Furthermore, the comprehensive plan of instruction must include information that:

- d. Provides balanced, accurate information and skills-based learning on the risks and benefits of contraceptive and disease reduction measures that reduce the risk of unintended pregnancy, exposure to HIV, hepatitis B/C, and other sexually transmitted infections (STIs) and diseases; ...
- h. Discusses 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, STIs, and diseases; ...
- l. Encourages positive family communication and involvement and helps students learn to make responsible, respectful, and healthy decisions; ...
- p. 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
- q. Uses inclusive materials, language, and strategies that recognize different sexual orientations, gender identities, and gender expression.

Sex education courses must also include information on teen dating violence and “must be presented in a manner sensitive to the fact that there are students who have experienced sexual abuse” and must not devalue or ignore students who have engaged in sexual intercourse.

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Teachers may not “be subject to discipline or removal for teaching or refusing to teach courses concerning” STDs. Parents or guardians may remove their children from sex education and/or STD/HIV education classes. [This is referred to as an “opt-out” policy.](#)

Furthermore, an administrative rule provides specific guidelines that communities must follow when creating their own plan. The plans must be developed locally by community members who are “knowledgeable of the latest scientific information and effective education strategies” approved by local school boards and reviewed biennially in accordance with new scientific information.

STATE STANDARDS

Oregon’s [Health Education Standards and Performance Indicators](#) provide a foundation for curricula development. The promotion of sexual health constitutes its own “strand” of learning. Concepts covered include “recogniz[ing] diversity among people, including age, disability, national origin, race, ethnicity, color, marital status, biological sex, sexual orientation, gender identity, and expression...set[ting] a personal goal to not have sex until you’re ready,” as well as, “use protection when sexually active” and “demonstrat[ing] ways to communicate decisions about whether or when to engage in sexual behaviors and to practice safer sex.”

STATE LEGISLATIVE ACTIVITY

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. Attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ) individuals, and efforts to limit access to abortion care and other reproductive health care services prevent students from receiving comprehensive sex education and accessing sexual and reproductive health care services. Below are highlights of current legislative activity related to these topics.

2020 SESSION: CONVENED FEBRUARY 3RD, 2020

TITLE	DESCRIPTION	STATUS
HOUSE BILL 4048	PROHIBITS ABORTION AFTER 20 WEEKS UNLESS IN THE CASE OF A MEDICAL EMERGENCY.	REFERRED TO THE HOUSE COMMITTEE ON HEALTH CARE
HOUSE BILL 4112	PROVIDES EDUCATOR TRAINING ON CHILD SEXUAL ABUSE PREVENTION, SEX EDUCATION, TEEN DATING VIOLENCE AND DOMESTIC VIOLENCE.	REFERRED TO THE HOUSE COMMITTEE ON HUMAN SERVICES AND HOUSING WITH SUBSEQUENT REFERRAL TO WAYS AND MEANS

2019 SESSION: ADJOURNED JUNE 30, 2019

TITLE	DESCRIPTION	STATUS
HOUSE BILL 2986	REQUIRES THE OREGON HEALTH AUTHORITY TO PARTNER WITH REGIONAL HEALTH EQUITY COALITIONS TO ADDRESS THE NEEDS OF COMMUNITIES OF COLOR, INDIAN TRIBES, IMMIGRANTS, REFUGEES, MIGRANT AND SEASONAL FARMWORKERS, LOW-INCOME POPULATIONS, PERSONS WITH DISABILITIES AND LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING COMMUNITIES.	DIED IN THE HOUSE COMMITTEE ON WAYS AND MEANS

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HOUSE BILL 3048	PROHIBITS ABORTION BASED ON THE SEX OF THE FETUS.	DIED IN THE HOUSE COMMITTEE ON HEALTH CARE
HOUSE BILL 3053	PROHIBITS ABORTION AFTER 20 WEEKS POST-FERTILIZATION.	DIED IN THE HOUSE COMMITTEE ON HEALTH CARE
SENATE BILL 329	PROHIBITS ABORTION BASED ON THE SEX OF THE FETUS.	DIED IN THE SENATE COMMITTEE ON JUDICIARY
SENATE BILL 648	PROHIBITS ABORTION AFTER 20 WEEKS POST-FERTILIZATION.	DIED IN THE SENATE COMMITTEE ON JUDICIARY

LEGISLATIVE KEY

SEX EDUCATION REPRODUCTIVE HEALTH CARE SEXUAL ORIENTATION AND GENDER IDENTITY HIV/AIDS (THAT IMPACTS YOUTH)
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YOUTH SEXUAL HEALTH DATA

Young people are more than their health behaviors and outcomes. While data can be a powerful tool to demonstrate the sex education and sexual health care needs of young people, it is important to be mindful that these behaviors and outcomes are impacted by systemic inequities present in our society that affect an individual's sexual health and well-being. To learn more about Oregon's Youth Risk Behavior Survey (YRBS) results, [click here](#).

OREGON SCHOOL HEALTH PROFILES DATA

In 2019, the Centers for Disease Control and Prevention (CDC) released the School Health Profiles, which measure school health policies and practices and highlight which health topics were taught in schools across the country. Since the data were collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is bias toward the reporting of more positive policies and practices. In the School Health Profiles, the [CDC identifies 20 sexual health education topics](#) as critical for ensuring a young person's sexual health. Below are key instruction highlights for secondary schools in Oregon as [reported](#) for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 23.3% of Oregon secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 63.3% of Oregon secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

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Reported teaching about the benefits of being sexually abstinent

- 81.5% of Oregon secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 98.0% of Oregon secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy

- 76.4% of Oregon secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8.
- 96.9% of Oregon secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to create and sustain healthy and respectful relationships

- 85.3% of Oregon secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 6, 7, or 8.
- 99.0% of Oregon secondary schools taught students how to create and sustain healthy and respectful relationships in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about preventive care that is necessary to maintain reproductive and sexual health

- 68.3% of Oregon secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 6, 7, or 8.
- 95.1% of Oregon secondary schools taught students about preventive care that is necessary to maintain reproductive and sexual health in a required course in any of grades 9, 10, 11, or 12.

Reported teaching how to correctly use a condom

- 46.5% of Oregon secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 84.8% of Oregon secondary schools taught students how to correctly use a condom in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about methods of contraception other than condoms

- 70.6% of Oregon secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 97.2% of Oregon secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about sexual orientation

- 42.7% of Oregon secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 76.2% of Oregon secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

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Reported teaching about gender roles, gender identity, or gender expression

- 43.9% of Oregon secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 79.6% of Oregon secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 9, 10, 11, or 12.

Reported providing curricula or supplementary materials relevant to lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth

- 63.6% of Oregon secondary schools provided students with curricula or supplementary materials that included HIV, STD, or pregnancy prevention information relevant to LGBTQ youth.

Visit the CDC's [School Health Profiles](#) report for additional information on school health policies and practices.

The quality of sex education taught often reflects funding available for sex education programs.

To learn more about federal funding streams, [click here](#).