

**Human Sexuality, AIDS/HIV, Sexually Transmitted Diseases, Health Education \*\***

The district shall teach an age appropriate, comprehensive plan of instruction focusing on human sexuality, 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 shall enhance a student's 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 in grade 6-8 and at least twice during grades 9-12.

Parents, teachers, school administrators, local health departments 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.

The Board shall approve the plan of instruction and require that it be reviewed and updated biennially in accordance with new scientific information and effective educational strategies.

Parents of minor students shall be notified in advance of any human sexuality, AIDS/HIV district instruction. Any parent may request that his/her child be excused from that portion of the instructional program under the procedures set forth in ORS 336.035 (2).

The comprehensive plan of instruction shall include the following information that:

1. Promotes abstinence for school age youth and mutually monogamous relationships with an uninfected partner for adults;
2. Allays those fears concerning HIV that are scientifically groundless;
3. Is balanced and medically accurate;
4. Provides balanced and accurate information on risks and benefits of contraception and other disease reduction measures;
5. Discusses responsible sexual behaviors and hygienic practices;
6. Stresses high-risk behaviors such as the sharing of needles in tattooing and body piercing and syringes for injecting drugs and/or steroids;

7. Discusses the characteristics of the emotional, physical and psychological aspects of a healthy relationship and the benefits of delaying pregnancy beyond the adolescent years as a means to better ensure a healthy future for parents and their children;
8. Stresses that HIV/STDs and Hepatitis B/C can be serious possible hazards of sexual contact;
9. Provides students with information about Oregon laws that address young people's rights and responsibilities relating to childbearing and parenting;
10. Advises students of consequences of having sexual relations with persons younger than 18 years of age to whom they are not married;
11. Encourages family communication;
12. Teaches that no form of sexual expression is acceptable when it physically or emotional harms oneself or others and not to make unwanted physical and verbal sexual advances;
13. Teaches it is wrong to take advantage of or exploit another person;
14. Validates the importance of ones honesty, respect, and responsibility for ones' actions;
15. Uses culturally and gender sensitive materials, language, and strategies that recognize different sexual orientations and gender roles;
16. Includes information about relevant community resources, how to access these resources, and the laws that protect the rights of minors to anonymously access these resources.

The comprehensive plan of instruction shall include skill-based instruction that:

1. Assists students to develop and practice effective communication skills, development of self esteem and ability to resist peer pressure;
2. 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;
3. Enhances students' ability to access valid health information and resources related to their sexual health;
4. Teaches how to decline unwanted sexual advances, or accept the refusal of unwanted sexual advances, through the use of refusal and negotiation skills;
5. Is research based or best practices; and
6. Aligns with the Oregon Health Education Content Standards and Benchmarks.

All sexuality education programs emphasize that abstinence from sexual intercourse, when practiced consistently and correctly, is the only 100 percent effective method against unintended pregnancy, sexually transmitted HIV and 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, hepatitis B/C infection and other sexually transmitted diseases. 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, including instructional strategies, and activities must not, in any way use shame or fear based tactics.

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

END OF POLICY

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**Legal Reference(s):**

[ORS 336.035](#)

[ORS 339.370](#)

[OAR 581-022-1440](#)

[ORS 336.107](#)

[OAR 581-022-1910](#)

[ORS 336.455 to -336.475](#)

[OAR 581-022-0705](#)

**Cross Reference(s):**

IGBHD - Program Exemptions