



## OREGON

*Oregon received \$1,881,523 in federal funding for abstinence-only-until-marriage programs in Fiscal Year 2004.<sup>1</sup>*

### **Oregon Sexuality Education Law**

Oregon does not mandate sexuality education. However, Oregon statutes state that when sexuality education courses are taught they must:

- Be age-appropriate;
- Enhance students' understanding of sexuality as a normal and healthy aspect of human development;
- Include information about how responsible sexual behavior reduces the risk for STDs (Sexually Transmitted Diseases), HIV, and pregnancy;
- Teach about abstinence, but not to the exclusion of other material and instruction on contraception and disease reduction measures;
- Acknowledge the value of abstinence while not devaluing or ignoring those young people who have had or are having sexual intercourse;
- Provide the latest medical information regarding the success and failure rates of all forms of contraception;
- 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; and
- Encourage family communication.

See Oregon Revised Statute 336.455.

In 2002, the Oregon State Board of Education unanimously voted to revise the Oregon Administrative Rule focusing on HIV/AIDS and Hepatitis B and C. The rule is now more focused on educational efforts and states:

- Each school district shall teach an age-appropriate plan of instruction focusing on infectious diseases, including HIV/AIDS and Hepatitis B and C as an integral part of health education and other subjects;
- Instruction must occur through elementary, middle, and senior grade levels.
- Instruction must occur on at least an annual basis and include the latest scientific information;
- Curricula must include information about abstinence, contraception, and other disease reduction measures; and
- Instruction must be culturally and gender sensitive.

For more information, see Oregon State Board of Education. Oregon Administrative Rule 581-22-1440, Revised October 17<sup>th</sup>, 2002: *Infectious Diseases Including Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), and Hepatitis B and C.*

### **Recent Legislation**

SIECUS is not aware of any recent legislation related to sexuality education in Oregon.

### **Events of Note**

*Family Diversity Photo Exhibit Goes On, Despite Criticism  
August 2004; Beaverton, OR*

A group of parents, led by a local minister, fought against a photo exhibit on family diversity that was organized by the Beaverton School District. The exhibit, entitled “In Our Family: Portraits of All Kinds of Families,” displayed 20 photos of different types of families and includes essays by the family members. Although the school district originally contemplated creating their own exhibit, ultimately they decided to use one created by the nonprofit group Family Diversity Projects of Amherst, Massachusetts. The parents who protested were outraged by the three photos of gay and lesbian families included in the exhibit.

The school district decided to bring the exhibit to the district in an attempt to address a controversy the previous year when posters for a local support group for gay teenagers were removed from a classroom.

Nonetheless, over 20 parents attended a school board meeting in December 2003 to demand that the exhibit be cancelled. One parent said, “I’m here to voice my outrage and sadness at this ridiculous idea of forcing this agenda on our children...I believe homosexuality is morally wrong. You will not teach this to my kids. I will opt out...It just boils my blood, to be honest.”<sup>2</sup>

Many parents at the meeting, however, supported the exhibit. One parent, who is also a school psychologist, said that he felt there was a painful silence on the issue at the school, “when we start picking on one group, every group is vulnerable. This is not a gay issue, it’s a people issue.”<sup>3</sup>

Despite the opposition, the school district went ahead with the exhibit, which was shown to area students and was open to the public. The chairman of the board said, “I don’t think it’s right to focus on any one piece of the overall project. It doesn’t bother me at all. It is truly a very broad quilt of what makes a family.”<sup>4</sup>

Many students, after seeing the exhibit, could not understand why the photos of the gay and lesbian families had caused so much controversy. One high school student said, “it’s just another one of the different types of families. They’re normal.”<sup>5</sup> A photography teacher at a local magnet school decided to have students create their own version of the exhibit with photos of Beaverton families. The show was displayed at the Beaverton School District’s central office in August through October 2004. The exhibit displayed photos of different types of families in the area, including gay parents, parents in wheelchairs, and interracial couples.

*High School Teacher Ordered to Remove LGBTQ Support Sign,  
February 2003; Beaverton, OR*

A high school teacher in Beaverton, Oregon was ordered by school administrators to remove a sign advertising a county-run support group for gay teens after some parents complained. The

teacher, who is openly gay himself and serves as the advisor to the school's GSA, refused to remove the sign.

School administrators said they based their decision to remove the signs on a new school regulation which requires displays to be directly related to the material taught in the classroom. According to the new regulations, teachers are also forbidden to display posters that do not relate to school-sponsored clubs.

The Beaverton Teacher's Union, however, said that the school administrators' decision showed a bias against gay teachers. The Union pointed out that the administrators allowed 30 other teachers, mostly heterosexual, to keep the same sign in their classrooms.

The school's assistant superintendent defended the new rules, saying that they are not directed at any group of students or employees, but rather an attempt to more closely monitor the teachings of "controversial" subject matter. He argued that the school administrators did not want school classrooms to become public forums where teachers push personal beliefs on students. Later in the week, however, the administrators reversed their decision and allowed the teacher to display the sign once again.<sup>6</sup>

### *Action Agenda Devised 2002*

In 2002, the Oregon Department of Education and the Oregon Department of Human Services in cooperation with parents, schools, students, and community groups devised the "Oregon Teen Pregnancy Action Agenda (the Action Agenda)." The Action Agenda underscores Oregon's support for comprehensive sexuality education.

The agenda has six parts that include abstinence programs, youth development, community values, and ensuring access to contraception for minors. The program also has 12 indicators for measuring success, including: "the percentage of 6<sup>th</sup> through 12<sup>th</sup> grade schools that report using research-based, effective sexuality education curricula" and "the number of 6<sup>th</sup> through 12<sup>th</sup> grade teachers who receive training in effective, research-based sexuality education."

In 2000, Oregon's Statewide HIV Prevention Planning Group began to develop the *Oregon HIV Prevention Comprehensive Plan*, which was instituted in 2002. This plan targets at-risk groups, such as men who have sex with men, partners of HIV-positive individuals, and youth. Two of the seven objectives of this plan focus on school-based strategies for youth: *Positive Speakers in The Schools*, a program in which people living with HIV/AIDS make presentations and disseminate information in schools, and *A Positive Life: Women Living with HIV*, a photographic display detailing the lives of the women living with HIV in Oregon. *A Positive Life: Women Living with HIV* has only been shown once and, due to state budget cuts, *Positive Speakers in The Schools* is not currently being run with state or federal funding.

### *Oregonians Support Comprehensive Sexuality Education<sup>7</sup> 1999*

- 97.7% of Oregonians think that students should receive education about HIV/AIDS in school.
- 73.5% of Oregonians believe this education should begin in elementary school.
- 90.5% of Oregonians would encourage a sexually active teenager to use a condom.

## Oregon's Youth: Statistical Information of Note

- In 2000, Oregon's abortion rate was 25 per 1,000 women ages 15-19 compared to a teen abortion rate of 24 per 1,000 nationwide.<sup>8</sup>
- In 2003, women ages 15-19 accounted for 17% of the 12,622 total abortions performed in Oregon.<sup>9</sup>
- In 2002, Oregon's birth rate was 37 per 1,000 women ages 15-19 compared to a teen birth rate of 43 per 1,000 nationwide.<sup>10</sup>
- In 2002, young people ages 19 or younger accounted for 6% of the 125 new HIV cases reported in Oregon.<sup>11</sup>
- Chlamydia is Oregon's most frequently reported sexually transmitted disease (STD). In Oregon, the highest rate of reported Chlamydia infections occurs in young people ages 15-19. Chlamydia is the only STD for which reported infection rates have increased recently in Oregon. However, according to staff from the Oregon Department of Human Services, "the majority of increased infections seen in 2001 are related to more people being tested and the increased use of amplified technology by laboratories."<sup>12</sup>
- Since instituting a comprehensive approach to sexuality education, the teen pregnancy rate in Oregon has fallen from 19 pregnancies per 1,000 young women ages 10-17 in 1995 to 14 pregnancies per 1,000 girls ages 10-17 in 2000. This is a 27% decrease.<sup>13</sup>
  - This comprehensive approach has also led to a decrease in the number of sexually active youth in Oregon. Between 1995 and 2001, the number of students in grades nine through twelve in Oregon who reported never having sexual intercourse increased by 8%.<sup>14</sup>
  - Furthermore, the percentage of students in grades 9 through 12 who are currently sexually active and used contraception the last time they had intercourse increased by 12% between 1997 and 2001.<sup>15</sup>

### *Eleventh Grade Students*<sup>16</sup>

- In 2004, 43% of female eleventh grade students and 40% of male eleventh grade students in Oregon reported ever having had sexual intercourse.
- In 2004, 2% of female eleventh grade students and 4% of male eleventh grade students in Oregon reported having had sexual intercourse before age 13.
- In 2004, 9% of female eleventh grade students and 10% of male eleventh grade students in Oregon reported having had four or more lifetime sexual partners.

- In 2004, 32% of female eleventh grade students and 26% of male eleventh grade students in Oregon reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey).
- In 2004, among those eleventh grade students in Oregon who reported being currently sexually active, 25% reported having used alcohol or drugs the last time they had sexual intercourse.
- In 2004, among those eleventh grade students in Oregon who reported being currently sexually active, 64% reported having used condoms the last time they had sexual intercourse.
- In 2004, 71% of eleventh grade students in Oregon reported having been taught about HIV/AIDS in school.

#### *Eighth Grade Students*<sup>17</sup>

- In 2004, 12% of female eighth grade students and 19% of male eighth grade students in Oregon reported ever having had sexual intercourse.
- In 2004, 5% of female eighth grade students and 9% of male eighth grade students in Oregon reported having had sexual intercourse before age 13.
- In 2004, 2% of female eighth grade students and 4% of male eighth grade students in Oregon reported having had four or more sexual partners in the three months prior to the survey.
- In 2004, 8% of female eighth grade students and 13% of male eighth grade students in Oregon reported being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey).
- In 2004, among those eighth grade students in Oregon who reported being currently sexually active, 25% reported having used alcohol or drugs the last time they had sexual intercourse.
- In 2004, among those eighth grade students in Oregon who reported being currently sexually active, 71% reported having used condoms the last time they had sexual intercourse.
- In 2004, 82% of eighth grade students in Oregon reported having been taught about HIV/AIDS in school.

#### **Title V Abstinence-Only-Until-Marriage Funding**

Oregon received \$498,124 in federal Title V funding in Fiscal Year 2004. The Title V abstinence-only-until-marriage grant requires states to provide three state-raised dollars or the equivalent in services for every four federal dollars received. The state match can be provided in

part or in full by local groups. Oregon provides matching funds in the amount of \$379,991. This money is used by the Oregon Department of Human Services as part of their larger sexuality education program.

The Title V funding supports three programs: STARS (Students Today Aren't Ready for Sex), Northwest Family Services, and Lane Pregnancy Support Center. STARS, administered by the Oregon Department of Human Services, focuses on sixth graders and uses *Postponing Sexual Involvement (PSI)*. Northwest Family Services uses the *FACTS* curricula and the Spanish-language version, *DATOS*, and holds assemblies entitled *Promises*.

SIECUS reviewed the *FACTS* curricula and found that in order to convince students to remain abstinent until marriage, they provide incomplete and inaccurate medical information; present opinions and beliefs as universal truths; and portray a biased view of gender, marriage, family structure, sexual orientation, and pregnancy options. For example, *FACTS* includes as the negative consequences of premarital sex: “pregnancy, financial aspect of fatherhood, abortion, HIV/AIDS, STDs, guilt, rejection, loss of reputation, inability to bond in the future, challenge to not compare future sexual partners, alienation from friends and family, poverty and the inability to complete school.”<sup>18</sup> *FACTS* also includes the following as an emotional consequence of sex: “you know people talk about you behind your back because you’ve had sex with so many people. It so empty too (sic). Finally you get sick of it all and attempt suicide.”<sup>19</sup>

The Oregon Department of Human Services emphasizes that the abstinence programs funded by Title V grants are only part of what is needed to prevent teen pregnancy. A memorandum from Sue Abrams of the Adult and Family Services Division of the Oregon Department of Human Services to school districts, county health departments, and local teen pregnancy prevention groups discusses how the abstinence programs may be helpful as part of a larger comprehensive program. Abrams states:

While we believe abstinence education is an important strategy, recent studies have shown that it is most effective as part of a comprehensive sex education program. This is certainly one of the principles strongly expressed by the Coordinating Team in the Oregon Adolescent Pregnancy Prevention Action Agenda 2000. Oregon’s four abstinence programs do not provide information on contraception or reproductive health issues, therefore they are only part of a comprehensive strategy.

### *Title V Evaluation*

Oregon evaluated its Title V abstinence-only-until-marriage programs in Spring 2000. The evaluations targeted seventh and eighth graders using the *STARS* curriculum. Oregon’s review involved pre- and post-test surveys, but did not include a comparison group. The results suggested that “the *STARS* program had no influence on behavioral intentions.”<sup>20</sup> It concluded that there was “no evidence of a program effect on students’ intention to be sexually involved in the future.”<sup>21</sup>

A later evaluation found similar results. An evaluation contracted by the Oregon Department of Human Services found that “participation in the *STARS* program had the intended short term impact on student knowledge and attitudes about sexual abstinence.”<sup>22</sup> However, as in Oregon’s previous evaluation, the authors state that “no measurable change in behavioral improvement occurred as a result of exposure to the *STARS* curriculum for the treatment group.”<sup>23</sup>

Oregon evaluations have been reviewed by Advocates for Youth (AFY) in its 2004 report *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact*.<sup>24</sup> AFY found

that the abstinence-only-until-marriage programs encouraged little statistically significant change in youth attitudes toward abstinence.

**Special Projects of Regional and National Significance–Community Based Abstinence Education (SPRANS–CBAE)<sup>25</sup> and Adolescent Family Life Act (AFLA) Grantees**

There are two SPRANS–CBAE grantees in Oregon: the Eugene Pregnancy Support Center and Northwest Family Services. There is one AFLA grantee in Oregon: Northwest Family Services.

Northwest Family Services developed and uses the *FACTS* (Family Accountability Communicating Teen Sexuality) curricula. SIECUS’ review of these curricula has found that they provide medically inaccurate information, rely on messages of fear and shame, discourage contraceptive use (including questioning the effectiveness of condoms to prevent HIV infection), present gender stereotypes as true, and may alienate gay and lesbian youth by describing same-sex relationships as being entirely about “attraction of a sexual-genital nature to a person of one’s own sex.”

**Federal and State Funding for Abstinence-Only-Until-Marriage Programs in FY 2004**

Abstinence-Only-Until-Marriage Grantee  Length of Grant	Amount of Grant	Type of Grant (includes SPRANS–CBAE, Title V, and AFLA)
Oregon Department of Human Services Office of Child and Family Health Adolescent Health Section  <a href="http://www.dhs.state.or.us/publichealth/ah/index.cfm">www.dhs.state.or.us/publichealth/ah/index.cfm</a>	\$498,124 federal \$263,041 state	Title V
Lane Pregnancy Support Center	\$90,009	Title V sub-grantee
Northwest Family Services	\$101,500	Title V sub-grantee
TRIPLE GRANTEE  2003 – 2006	\$789,839	SPRANS–CBAE (Implementation Grant)
TRIPLE GRANTEE  2004-2005	\$225,000	AFLA

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<b>Abstinence-Only-Until-Marriage Grantee</b>	<b>Amount of Grant</b>	<b>Type of Grant (includes SPRANS-CBAE, Title V, and AFLA)</b>
<b>Length of Grant</b>		
Students Today Aren't Ready for Sex (STARS)	\$397,463	Title V sub-grantee
Eugene Pregnancy Support Center  2004-2007	\$368,560	SPRANS-CBAE (Implementation Grant)

**Title V Abstinence-Only-Until-Marriage Coordinator**

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**Oregon Organizations that Support Comprehensive Sexuality Education**

Basic Rights Oregon  
 PO Box 40625  
 Portland, OR 97240  
 Phone: (503) 222-6151  
[www.basicrights.org](http://www.basicrights.org)

Cascade AIDS Project  
 620 SW Fifth Ave., Suite 300  
 Portland, OR 97204  
 Phone: (503) 223-5907  
[www.cascadeaids.org](http://www.cascadeaids.org)

Planned Parenthood of the Columbia Willamette  
 3531 NE 15<sup>th</sup> Ave., Suite B  
 Portland, OR 97212  
 Phone: (503) 288-8826  
[www.ppcw.org](http://www.ppcw.org)

Planned Parenthood Health Services of Southwestern Oregon  
 360 E. 10<sup>th</sup> St., #104  
 Eugene, OR 97401  
 Phone: (541) 342-6042  
[www.pphsso.org](http://www.pphsso.org)

**Oregon Organizations that Oppose Comprehensive Sexuality Education**

OR Christian Coalition  
 PO Box 492  
 Oregon City, OR 97045  
 Phone: (503) 557-0668  
[www.coalition.org](http://www.coalition.org)

OR Right to Life  
 4335 River Rd. N  
 Salem, OR 97303  
 Phone: (503) 463-8563  
[www.ortl.org](http://www.ortl.org)

Stronger Families for Oregon (formerly  
Oregon Center For Family Policy)  
PO Box 948  
Salem, OR 97308  
Phone: (503) 585-9383  
[www.strongerfamilies.com](http://www.strongerfamilies.com)

**Newspapers in Oregon**

*The Bulletin*  
Rebecca Merritt  
Medical/Health Reporter  
1777 SW Chandler Ave.  
Bend, OR 97702  
Phone: (541) 383-0348

*The Mail Tribune*  
JoNel Allecia  
Reporter  
111 N. Fir St.  
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*The Oregonian*  
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Health & Medicine Reporter  
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*Statesman Journal*  
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- <sup>1</sup> This refers to the fiscal year for the Federal Government which begins on October 1 and ends on September 30. The fiscal year is designated by the calendar year in which it ends; for example, Fiscal Year 2004 begins on October 1, 2003 and ends on September 30, 2004.
- <sup>2</sup> D. Anderson, “Minister Decries School Exhibit,” *The Oregonian*, 10 December 2003.
- <sup>3</sup> Ibid.
- <sup>4</sup> Ibid.
- <sup>5</sup> David R. Anderson, “Students Don’t See Fuss of Photo Exhibit,” *The Oregonian*, 3 February 2004.
- <sup>6</sup> P. Parker, “Poster Aimed at Gay Teens Stirs Storm,” *OregonLive.com*, 14 February 2003.
- <sup>7</sup> *Behavioral Risk Factor Surveillance System: Prevalence Data Washington, 1999* (Atlanta, GA: Centers for Disease Control and Prevention, 1999), accessed 27 May 2004, <http://apps.nccd.cdc.gov/brfss/display.asp?cat=HV&yr=1999&qkey=435&state=WA>.
- <sup>8</sup> *U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race and Ethnicity and State-by-State Information* (New York: Alan Guttmacher Institute, February, 2004), accessed 28 January 2005, <[www.guttmacher.org](http://www.guttmacher.org)>.
- <sup>9</sup> *Oregon Vital Statistics Annual Report 2003, Volume 1* (Portland, OR: Oregon Department of Human Services, Center for Health Statistics, 2004), Table 3-3, accessed 4 February 2005, <<http://www.dhs.state.or.us/dhs/ph/chs/data/arpt/03v1/3-03.pdf>>.
- <sup>10</sup> *National Vital Statistics Reports 52.10* (Hyattsville, MD: National Center for Health Statistics, 2003), 48, accessed 4 February 2005, <<http://www.cdc.gov/nchs/births.htm#stat%20tables>>.
- <sup>11</sup> Mark Loveless, et. al., *Oregon HIV/AIDS Epidemiologic Profile 2002* (Portland: Oregon Department of Human Services, Data and Analysis Section, 2002), 10, accessed 4 February 2005, <<http://www.dhs.state.or.us/publichealth/hiv/2002.pdf>>.
- <sup>12</sup> *Sexually Transmitted Disease: Chlamydia*, Oregon Department of Human Services (2002), accessed 12 May 2004, <[www.dhs.state.or.us/publichealth/std/chlamydia.cfm](http://www.dhs.state.or.us/publichealth/std/chlamydia.cfm)>.
- <sup>13</sup> *Oregon Teen Pregnancy Prevention Action Agenda 2002 Revision*, Oregon Department of Human Services, (March 2002), accessed 1 June 2004, <[http://www.dhs.state.or.us/children/teens/tpp/action\\_agenda/2002/actionagenda2002.pdf](http://www.dhs.state.or.us/children/teens/tpp/action_agenda/2002/actionagenda2002.pdf)>.
- <sup>14</sup> Ibid.
- <sup>15</sup> Ibid.
- <sup>16</sup> Unless otherwise cited, all statistical information comes from: *Oregon Healthy Teen – 11<sup>th</sup> Grade State Wide Survey Results* (Portland, OR: Oregon Department of Human Services, Center for Health Statistics, 2004), 37-45, accessed 4 February 2005, <<http://www.dhs.state.or.us/publichealth/chs/ohteens/2004/11/statewide.pdf>>.
- <sup>17</sup> Unless otherwise cited, all statistical information comes from: *Oregon Healthy Teen – 8<sup>th</sup> Grade State Wide Survey Results* (Portland, OR: Oregon Department of Human Services, Center for Health Statistics, 2004), 85-91, accessed 4 February 2005, <<http://www.dhs.state.or.us/dhs/ph/chs/youthsurvey/ohteens/2004/8/statewide.pdf>>.
- <sup>18</sup> Rose Fuller et al., *FACTS-Middle School Teacher’s Edition* (Portland, OR: Northwest Family Services, 2000), 10.
- <sup>19</sup> Rose Fuller *FACTS-Middle School Teacher’s Edition Appendix* (Portland, OR: Northwest Family Services, 2000), 98.
- <sup>20</sup> D. Dowler, *Short-Term Impact of STARS (Students Today Aren’t Ready for Sex)*, (Portland, OR: Oregon Health Division, Program Design and Evaluation Services, 2000): 10.
- <sup>21</sup> Ibid.
- <sup>22</sup> Dennis Deck and Christopher Heaps, *Evaluation of the Students Today Aren’t Ready for Sex (STARS) Program* (Portland, OR: RMC Research Corporation, 2004), ix.
- <sup>23</sup> Ibid., 13.
- <sup>24</sup> Debra Hauser, *Five Years of Abstinence-Only-Until-Marriage Education: Assessing the Impact* (Washington, D.C: Advocates for Youth, 2004) 15.
- <sup>25</sup> In FY 2004 SPRANS–CBAE was administered within the U.S. Department of Health and Human Services (HHS) by the Maternal and Child Health Bureau. In FY 2005 this funding stream was moved to HHS’ Administration for Children and Families and is now referred to simply as Community Based Abstinence Education (CBAE).