

The SIECUS State Profiles



OHIO

OHIO'S SEX ED SNAPSHOT

THE STATE OF SEX EDUCATION

Advocates have faced a continuously uphill battle toward advancing sex education in Ohio, most recently cumulating in the introduction of several anti-abortion and restrictive sex education bills. In 2019, Representative Niraj Antani introduced [House Bill 90](#) in a regressive attempt to require the State Board of Education to develop an instructional program regarding the “humanity of the unborn child.” While this effort was ultimately unsuccessful, it is part of a larger pattern of legislative attempts to undermine access to abortion care in the state. Another anti-abortion bill, [Senate Bill 23](#), which prohibits abortion once a fetal heartbeat is detected, successfully passed the legislature. However, U.S. District Judge Michael Barrett issued a preliminary injunction in July of 2019 to temporarily block the measure. It currently awaits further ruling after a series of motions. Additionally, [Senate Bill 121](#) was introduced by Senators Vernon Sykes and Stephanie Kunze in an unsuccessful attempt to allow each school district to develop their own standards and curriculum for “venereal disease education,” that would require curriculum to emphasize abstinence. Further, Senate Bill 121 would also require the State Board of Education to develop health education standards. If implemented correctly, transparent health education standards could advance sex education curriculum statewide.

Sex education is mandated in Ohio and schools are required to provide instruction on abstinence, “venereal disease education,” laws related to sexual activity with minors, healthy relationships, dating violence prevention, and personal safety and assault prevention. However, curriculum is not required to be comprehensive, medically accurate, or include instruction on topics such as consent, sexual orientation or gender identity, or contraceptive options. This leaves local school districts to decide what additional sex education curriculum they provide.

Mandating local control over sex education presents unique challenges that have resulted in a glaring disparity regarding the quality of sex education that students receive. Such discretion allows for the implementation of policies and curriculum that stigmatize marginalized youth, such as students of color and LGBTQ youth, and presents further challenges in ensuring that low income districts have access to the resources needed to implement comprehensive sex education. While districts like [Dublin City Schools](#) provide more comprehensive instruction that includes topics such as sexual harassment, dating safety, and contraception, other schools [report](#) not teaching sex education at all despite the state mandate. Some students [report](#) that schools in Cuyahoga County provide abstinence-only or “sexual risk avoidance” instruction that is shame based, misleading, and un-affirming of LGBTQ young people.

In an effort to increase access to more comprehensive sex education, organizations such as Planned Parenthood of Greater Ohio provide a Peer Education Program and medically accurate, evidence-based sex education programs to schools, parents, youth groups, and community programs.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. After contacting their local school board, advocates can determine what topics are missing from sex education instruction, such as instruction on consent, sexual orientation and gender identity, and contraceptives. Advocates can also focus on ensuring that curriculum is medically accurate or culturally responsive to the needs of young people of color. They can then vocalize the important need for advancing sex education requirements in their community. Further, advocates can contact their representatives to discuss the critical need for advancing comprehensive sex education requirements statewide. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education.

STATE SEX EDUCATION POLICIES AND REQUIREMENTS AT A GLANCE

- Ohio schools are required to teach sex education.
 - Curriculum is not required to be comprehensive.
 - Curriculum must emphasize abstinence.
- Curriculum is not required to include instruction on sexual orientation or gender identity.
- Curriculum is not required to include instruction on consent.
- Upon written request of a parent or guardian, a student may be excused from receiving any or all sex education instruction. [This is referred to as an “opt-out” policy.](#)
- Ohio has no standard regarding medically accurate sex education.

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 Ohio’s profile.

2019 Legislative Session

House Bill 90, (failed):

- Sought to require the State Board of Education to develop an instructional program regarding the “humanity of the unborn child.” Such instruction would then be optional to implement.

Senate Bill 121 (failed):

- Sought to allow each school district to develop its own standards and curriculum for “venereal disease education” that maintain an emphasis on abstinence. Sought to require the State Board of Education to develop health education standards for students in grades kindergarten through twelve.

MORE ON SEX ED IN OHIO

STATE LAW

[Ohio Revised Code Sections 3313.60](#) and [3313.6011](#) require both sex education and human immunodeficiency (HIV)/sexually transmitted infection (STI) instruction, stating that the board of education of each school district must establish a health education curriculum for “all schools under their control.” The health education curriculum must include “[v]eneral disease education,” which must emphasize that “abstinence from sexual activity is the only protection that is [100 percent] effective against unwanted pregnancy, sexually transmitted disease [STD], and the sexual transmission of a virus that causes acquired immunodeficiency syndrome [AIDS].” Additionally, it must:

- 1) Stress that students should abstain from sexual activity until after marriage;
- 2) Teach the potential physical, psychological, emotional, and social side effects of participating in sexual activity outside of marriage;
- 3) Teach that conceiving children out of wedlock is likely to have harmful consequences for the child, the child’s parents, and society;
- 4) Stress that STDs are serious possible hazards of sexual activity;
- 5) Advise students of the laws pertaining to financial responsibility of parents to children born in- and out-of-wedlock; and
- 6) Advise students of the circumstances under which it is criminal to have sexual contact with a person under the age of 16, pursuant to section 2907.04 of the Revised Code.
- 7) Emphasize adoption as an option for unintended pregnancies.

Upon written request of a parent or guardian, a student may be excused from receiving any or all of this instruction. [This is referred to as an “opt-out” policy.](#)

STATE STANDARDS

[Ohio law](#) does not permit the State Board of Education to adopt the Health Education Standards in Ohio. However, the Ohio Department of Education does provide guidance on the [overall health education curriculum requirements](#), [K-6 health education requirements](#), [7-8 health education requirements](#), and [9-12 health education requirements](#). Under these requirements, students receive additional instruction on healthy relationships, dating violence prevention, and personal safety and assault prevention.

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. Ohio’s 2020 session convened January 15, 2020.

2019 SESSION: ADJOURNED DECEMBER 31, 2019

TITLE	DESCRIPTION	STATUS
HOUSE BILL 68	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	DIED IN THE HOUSE COMMITTEE ON HEALTH

HOUSE BILL 90	REQUIRES THE STATE BOARD OF EDUCATION TO DEVELOP AN INSTRUCTIONAL PROGRAM REGARDING THE “HUMANITY OF THE UNBORN CHILD”. SUCH INSTRUCTION WOULD THEN BE OPTIONAL TO IMPLEMENT.	DIED IN THE HOUSE COMMITTEE ON HEALTH
HOUSE BILL 413	PROHIBITS ABORTION; CLASSIFYING THE PROCEDURE AS MURDER.	DIED IN THE HOUSE COMMITTEE ON CRIMINAL JUSTICE
SENATE BILL 23	PROHIBITS ABORTION AFTER A FETAL HEARTBEAT IS DETECTED.	ENACTED
SENATE BILL 121	PERMITS EACH SCHOOL DISTRICT TO DEVELOP ITS OWN STANDARDS AND CURRICULUM FOR “VENEREAL DISEASE EDUCATION” THAT MAINTAINS AN EMPHASIS ON ABSTINENCE. SOUGHT TO REQUIRE THE STATE BOARD OF EDUCATION TO DEVELOP HEALTH EDUCATION STANDARDS FOR STUDENTS IN GRADES KINDERGARTEN THROUGH TWELVE.	DIED IN THE SENATE COMMITTEE ON EDUCATION
SENATE BILL 130	PROHIBITS HEALTH CARE PROFESSIONALS FROM ENGAGING IN CONVERSION THERAPY WITH MINORS.	DIED IN THE SENATE COMMITTEE ON HEALTH, HUMAN SERVICES AND MEDICAID
SENATE BILL 155	REQUIRES PHYSICIANS TO INFORM PATIENTS UNDERGOING AN ABORTION THAT IT MAY BE POSSIBLE TO REVERSE THE EFFECTS OF A MEDICATION ABORTION AND THAT INFORMATION ON AND ASSISTANCE WITH REVERSING THE EFFECTS OF THE MEDICATION ABORTION ARE AVAILABLE ON THE DEPARTMENT OF HEALTH’S WEBSITE.	DIED IN THE SENATE COMMITTEE ON HEALTH, HUMAN SERVICES AND MEDICAID

LEGISLATIVE KEY

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

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 Ohio’s Youth Risk Behavior Survey (YRBS) results, [click here](#).

STATE 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 Ohio as reported for the 2017–2018 school year.

Reported teaching all 20 critical sexual health education topics

- 7.2% of Ohio secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 33.0% of Ohio secondary schools taught students all 20 critical sexual health education topics in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about the benefits of being sexually abstinent

- 65.9% of Ohio secondary schools taught students about the benefits of being sexually abstinent in a required course in any of grades 6, 7, or 8.
- 92.0% of Ohio 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

- 54.3% of Ohio 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.
- 92.0% of Ohio 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

- 69.4% of Ohio 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.
- 92.5% of Ohio 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

- 51.6% of Ohio 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.
- 89.1% of Ohio 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

- 15.4% of Ohio secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 51.4% of Ohio 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

- 28.8% of Ohio secondary schools taught students about methods of contraception other than condoms in a required course in any of grades 6, 7, or 8.
- 77.9% of Ohio 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

- 25.8% of Ohio secondary schools taught students about sexual orientation in a required course in any of grades 6, 7, or 8.
- 60.7% of Ohio secondary schools taught students about sexual orientation in a required course in any of grades 9, 10, 11, or 12.

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

- 26.1% of Ohio secondary schools taught students about gender roles, gender identity, or gender expression in a required course in any of grades 6, 7, or 8.
- 55.4% of Ohio 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

- 42.4% of Ohio 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](#).