

State Profiles

Ohio State Profile



Ohio's State of Sex Ed

Ohio schools **are** required to provide sexual health instruction on HIV/STIs through “venereal disease education”.

[Download Scorecard](#)



Sex Ed Requirements



Sex Ed Content



**State
Profile
Sections**

Current Requirement

Recent Legislation

More on Sex Ed

Bill Tracker

Current Requirements

- 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. Further, if any education beyond the mandated topics is provided, prior parental consent must be obtained. This is referred to as an “opt-in” policy.
- Ohio has no regulation regarding medically accurate sex education.

RECENT LEGISLATION SHAPING THE STATE LANDSCAPE

Advocates have faced a continuously uphill battle toward advancing sex education in Ohio, most recently culminating in the introduction of several restrictive sex education bills. In 2022, [House Bill 616](#) was introduced in an attempt to prohibit discussion on sexual orientation and gender identity in the classroom from grades K-3, which not only targets LGBTQAI+ students but would impact age-appropriate sex education.

Sex education is required through the archaically named “venereal disease education” in Ohio and schools are required to provide instruction on abstinence, 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 sex education curriculum they provide.

Local control over sex education presents unique challenges that have resulted in glaring disparities 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 sex education.

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. Advocates are encouraged to take action on pending legislation that seeks to advance or restrict the principles of sex education. For a current overview of pending legislation, see table below. Further, advocates can contact their representatives to discuss the critical need for advancing sex education requirements statewide. Advocates are encouraged to use the SIECUS [Community Action Toolkit](#) to guide local efforts to advance sex education and to reach out to [EducateUS](#) to get connected to local advocacy groups.

[More on sex ed in Ohio...](#)

State Law: A Closer Look

[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 Legislation

State legislative activity related to sex education does not take place in isolation from the broader embroiled political and policy climate. In 2022, a national wave of attacks on the rights of lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQAI+) individuals, attempts to restrict or prohibit instruction

on “divisive concepts” such as “Critical Race Theory” (which is not taught in public schools), and efforts to limit access to abortion care and other reproductive healthcare services swept the country in an effort to prevent students from receiving sex education and accessing sexual and reproductive healthcare services. Below are highlights of current legislative activity related to these topics. **Ohio’s 2023 full-time legislative session convenes January 2, 2023.**

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](#). At the time of publication, 2021 YRBS data has not been made available yet.

Ohio School Health Profiles Data

In 2022, the Centers for Disease Control and Prevention (CDC) released the 2020 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 22 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 2019–2020 school year.

Reported teaching all 22 critical sexual health education topics

- 11.2% of Ohio secondary schools taught students all 22 critical sexual health education topics in a required course in any of grades 6, 7, or 8.
- 39.9% of Ohio secondary schools taught students all 22 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

- 67.1% 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.
- 95.3% 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

- 62.2% 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.
- 90.7% 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

- 67.5% 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.
- 95.5% 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.
- 89.5% 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

- 18.3% of Ohio secondary schools taught students how to correctly use a condom in a required course in any of grades 6, 7, or 8.
- 55% 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

- 38.3% 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.
- 82.5% 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 and gender identity

- 30.8% of Ohio secondary schools taught students about sexual orientation and gender identity in a required course in any of grades 6, 7, or 8.
- 63.1% of Ohio secondary schools taught students about sexual orientation and gender identity in a required course in any of grades 9, 10, 11, or 12.

Reported teaching about how gender roles and stereotypes affect goals, decision making, and relationships

- 42.8% of Ohio secondary schools taught students about gender roles and stereotypes in a required course in any of grades 6, 7, or 8.
- 72.3% of Ohio secondary schools taught students about gender roles and stereotypes 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

- 39.8% 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](#).

