



## Oklahoma State of Sex Ed

Sex education is not required, but AIDS instruction is and should be "medically accurate" and approved of by the Department of Health - however stigmatizing information about LGBTQIA+ individuals is also required to be taught. Due to a 2019 law, consent education is required to be taught. All sex ed curriculum must be approved by district and state superintendent and the main focus should be abstinence.



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### Current Requirement

- Curriculum must primarily instruct on abstinence.
  - Health education curriculum must include instruction on the ability to obtain, process, and understand basic health information and the services needed to make appropriate health decisions, establishing and maintaining positive relationships, and responsible decision making.
  - Curriculum must include instruction on consent.
- Curriculum is not required to include instruction on sexual orientation or gender identity but must highlight stigmatizing information such as "engaging in homosexual activity, promiscuous sexual activity, intravenous drug use, or contact with contaminated blood products is now known to be primarily responsible for contact with the AIDS virus."
- Parents or guardians can submit written notification if they do not want their children to participate in any sexuality and HIV/AIDS courses. [This is referred to as an "opt-out" policy.](#)

- Oklahoma has no regulation regarding medically accurate sex education curriculum, but does require HIV/AIDS prevention curriculum to be “medically accurate”.

## **RECENT LEGISLATION SHAPING THE STATE LANDSCAPE**

Outside of two incremental victories for sex education in Oklahoma, lawmakers and advocates have had to focus more on stopping regressive legislation than progressing comprehensive reforms. Starting with the passage of [Senate Bill 926](#) in 2019, which required curriculum related to human sexuality to include instruction on consent. Followed by the 2021 passage of [Senate Bill 89](#), which required instruction about how to obtain, process, and understand basic health information and services needed to make appropriate health decisions, establish and maintain positive relationships, and responsible decision making. While the legislative text does not name sexuality education specifically, sexual health information and healthy relationships instruction are both understood to be critical components of health education, and health educators may use this opportunity to provide advanced sex education. However, the 2022 passage of [Senate Bill 615](#), which added school counselors to the list of staff who must disclose and make available to parents any materials they may use when counseling students on topics concerning sexual orientation and gender identity, reaffirmed that lawmakers were uninterested in students having a safe and confidential place to learn about these topics and instead want to censor information and limit student's rights to non-judgemental and supportive mental health care. With the passage of the “Save Women's Sports Act” ([SB 2](#)) during the same session, which restricts trans students in sports, it is clear that the goals of these pieces of legislation are designed to marginalize and harm LGBTQIA+ youth.

Sex education continues to be a topic of debate among Oklahoma legislators, with legislation introduced over the past several years seeking to restrict the quality of instruction young people receive. For example, [Senate Bill 1442](#) was introduced in 2022 to prohibit public schools from using certain funds to promote concepts of social-emotional learning. Social and emotional learning (SEL) is deeply tied to sex education because it equips young people with the self-awareness, empathy, communication, and decision-making skills necessary to navigate relationships, set boundaries, understand consent, and make informed, respectful choices about their bodies and well-being.

Additionally, [SB 1174](#) was introduced in 2022 to prohibit teachers of certain courses, such as history, civics, and social studies, from being compelled to discuss current events or controversial issues. Then, stating “if teachers choose to discuss these topics, they must do so from diverse and contending perspectives.” While unsuccessful, Senate Bill 1442 is an example of the many attempts to censor classroom discussion. Further, a “Student Bill of Rights” was introduced in [2023, 2024 \(in both chambers\)](#), and [2025](#) and implied that students had a right to an unbiased education yet only explicitly barred endorsement of “socialism, communism, or Marxism, along with “anti-American bias.” This type of legislation was introduced around the country and assert students must be protected from K–12 staff teaching “divisive concepts” (for example, any lessons that may portray the U.S. as fundamentally racist, or promoting a specific political ideology). In practice, this can suppress meaningful education and classroom discussion on systemic racism, civil rights history, and the lived experiences of marginalized communities, all of which are essential for fostering informed, critically engaged students and help to reinforce inclusive and respectful learning spaces. While framed as efforts to protect students, these regressive proposals often foster a chilling effect that pressures educators to avoid meaningful conversations altogether. When teachers are discouraged from presenting multiple perspectives or discussing the realities of young people’s lives, students lose critical opportunities to engage with complex issues, build media literacy, and develop the critical thinking skills they need to navigate the world responsibly and empathetically.

In addition to efforts to limit classroom content, year after year, Oklahoma legislators have introduced bills aiming to make sex education opt-in rather than [opt-out](#)- a shift that would significantly reduce access to instruction for many students. In 2023, [SB 131](#) proposed this change; in 2024, multiple bills followed suit, including [HB 1812](#), [SB 1563](#) (which also called for 'parental concern meetings'), [HB 3120](#) (extending opt-in to HIV/AIDS instruction), and [SB 1981](#) (which also sought to make sex ed abstinence only and ban external public health organizations from providing sex education). In 2025, the trend continued with [SB 759](#) and [HB 1964](#), the latter going even further by requiring opt-in consent not only for sex education but also for lessons involving social-emotional learning or the use of different pronouns. Additionally, there were two failed attempts to eliminate sex education in 2024. [HB 1780](#) attempted to create a total ban on sex education instruction, programs, and

surveys, while [SB 1879](#) stated “only physical fitness, nutrition, substance use and prevention, and injury prevention, and personal health can be taught in Health Education.” This continued in 2025 with the introduction of [SB 702](#) which sought to emphasize “physical” health education and would remove all topics aligning with sex education. While these attempts to erase sex education concepts from health education have been relatively unsuccessful, they are concerning given the introduction of two “Meet Baby Olivia” type pieces of legislation in 2025. While neither [SB 587](#) nor [HB 1603](#) mention the anti-abortion misinformation group Live Action, their bill text mirrors national attempts to “expand” human growth and development education by requiring it be taught 1st - 6th grade then mandating a “3 minute long computer-generated rendering or animation showing the process of fertilization and every stage of fetal development” 7th - 12th grade. Fortunately, neither of these bills were successful.

Right now, advocates can take action to ensure young people in their community have access to quality sex education. Particularly, advocates can invest in local school board races to elect strong advocates who support sex education. Advocates can also contact their local school board to determine what topics are missing from sex education instruction, such as maintaining an “opt-out” policy, inclusion of sexual orientation and gender identity, and instruction on contraceptives. They can then vocalize the important need for advancing instruction requirements in their community. Advocates are encouraged to take action on pending legislation that seeks to advance or restrict the principles of sex education. **Oklahoma’s 2025 legislative session convened February 3rd, 2025, and adjourns May 30th, 2026, but is currently in recess until February 2026.**

Further, advocates can contact their representatives to discuss the critical need for a statewide sex education mandate. Advocates are encouraged to use the [SIECUS Community Action Toolkit](#) to guide local efforts to advance sex education. For more information on getting involved in local and state advocacy for sex education, reach out to our State Policy Action Manager, Miranda Estes ([mestes@siecus.org](mailto:mestes@siecus.org))

## **More on sex ed in Oklahoma...**

### **State Law: A Closer Look**

Oklahoma does not require schools to teach sex education. However, according to Oklahoma Statutes [70-11-103.3](#) and [70-11-105.1](#), schools are required to provide human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) prevention education. This education must be limited to the “discussion of the disease AIDS and its spread and prevention” and include instruction on consent. The class must be taught once during either grade 5 or 6, once during grades 7–9, and once during grades 10–12. All curricula and materials must be checked for medical accuracy by the Oklahoma Department of Health and must only include “factual medical information for AIDS prevention.” However, the Department explicitly includes information that is factually incorrect. Specifically: A) AIDS prevention education shall specifically teach students that:

1. Engaging in homosexual activity, promiscuous sexual activity, intravenous drug use, or contact with contaminated blood products is now known to be primarily responsible for contact with the AIDS virus;
2. Avoiding the activities specified [above] is the only method of preventing the spread of the virus;
3. Sexual intercourse, with or without condoms, with any person testing positive for HIV antibodies, or any other person infected with HIV, places that individual in a high-risk category for developing AIDS.

B) The program of AIDS prevention education shall teach that abstinence from sexual activity is the only certain means for the prevention of the spread or contraction of the AIDS virus through sexual contact. It shall also teach that artificial means of birth control are not a certain means of preventing the spread of the AIDS virus, and reliance on such methods puts a person at risk for exposure to the disease.

In addition to HIV/AIDS education, schools are required to provide health and physical education. Curriculum must include instruction on consent as well as the ability to obtain, process, and understand basic health information and the services needed to make appropriate health decisions, establishing and maintaining positive relationships, and responsible decision making. If a school district chooses to teach sex education beyond the mandated HIV/AIDS and health education, all curricula and materials must be approved for medical accuracy by the state and by the district superintendent. All materials must also be available to parents for review. In addition, all sex education classes must have “the teaching of or informing students about the practice of abstinence” as one of their primary purposes.

A school district must provide written notification of all sex and HIV/AIDS prevention classes. Parents or guardians can submit written notification if they do not want their children to participate in such classes. [This is referred to as an “opt-out” policy.](#)

## **State Standards**

Oklahoma’s [Academic Standards for Health Education](#) provides a standard for the development of health curricula. Sex education is not mentioned.

It is worth mentioning that since taking office in 2023, Oklahoma State Superintendent Ryan Walters has leveraged the broad authority of his position to enact a series of policies that have drawn national scrutiny. As the state’s top education official, Walters oversees the Oklahoma State Department of Education (OSDE) and plays a central role in developing curriculum standards, setting accreditation policy, and guiding local school boards’ implementation of state education laws. Through this authority, Walters has championed changes that advocates argue undermine comprehensive sex education and general classroom inclusion. These include mandating the use of a [specific and controversial version of the Bible](#) in public school instruction, [revising academic standards to include discredited conspiracy theories](#), restricting how schools handle gender identity, and pressuring districts to [remove certain books under threat of accreditation penalties](#). He has also moved to [eliminate diversity, equity, and inclusion \(DEI\) initiatives](#) and appointed [outspoken anti-LGBTQIA+ figures](#) with national platforms to state advisory roles. While some of these actions have [faced legal challenges](#) or drawn objections from educators and civil liberties organizations, they reflect the expansive influence the Superintendent can wield over public education content, tone, and climate in Oklahoma.

## **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. In recent years, there has been an increase in legislative attacks on the implementation of CDC’s Youth Risk Behavior Survey (YRBS) which [tracks six categories of health risk](#)

[behaviors](#) including sexual health behaviors. **To learn more about Oklahoma's 2023 YRBS results, [click here](#).**

## **Oklahoma School Health Profiles Data**

In 2024, the Centers for Disease Control and Prevention (CDC) released the 2022 [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. **To view Oklahoma's results from the 2022 School Health Profiles Survey, visit CDC's [School Health Profiles Explorer tool](#).**

Visit the CDC's [School Health Profiles](#) 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](#).**