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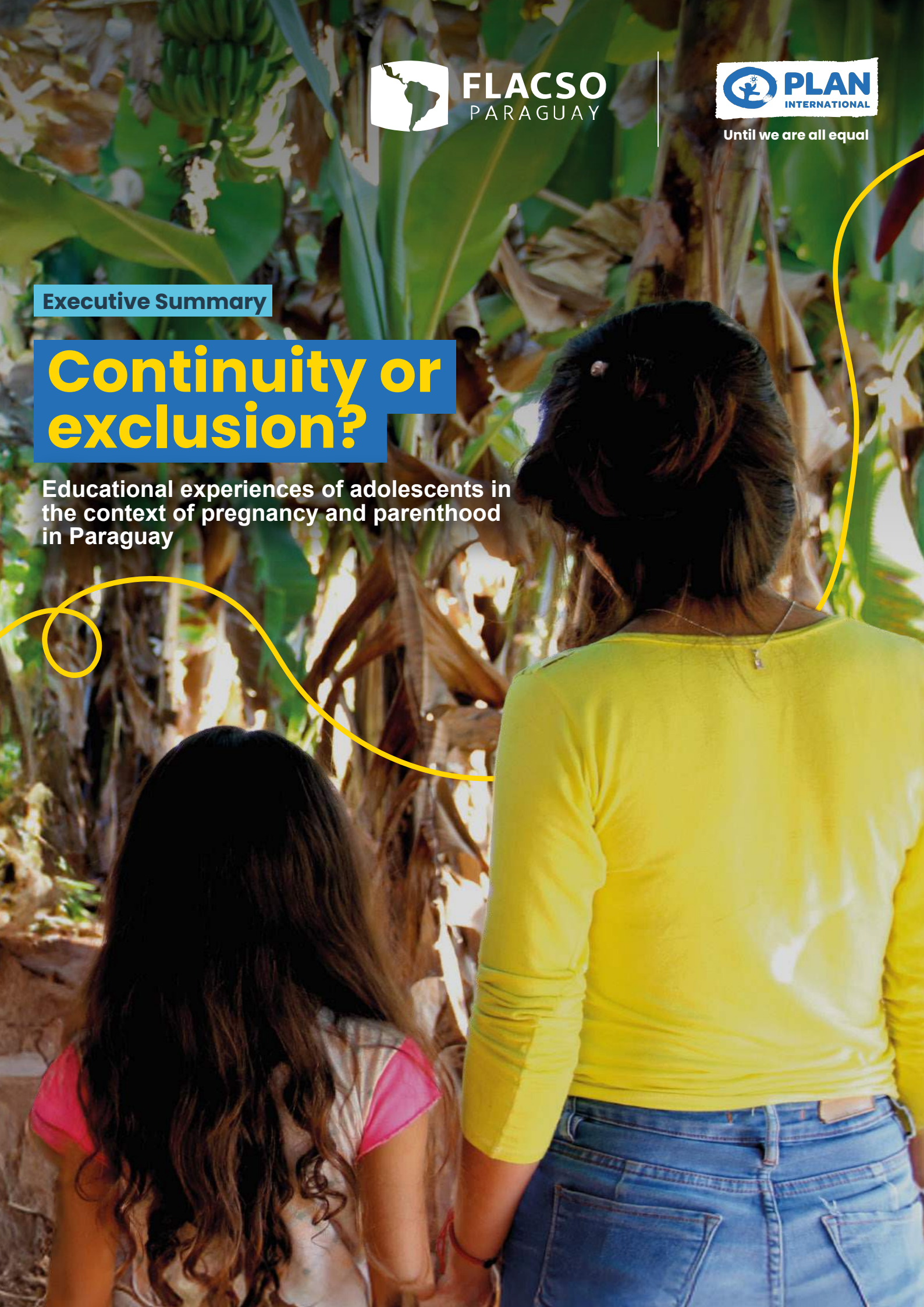


Until we are all equal

Executive Summary

Continuity or exclusion?

Educational experiences of adolescents in
the context of pregnancy and parenthood
in Paraguay





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The research **“Continuity or exclusión? Risk and protective factors for school continuity among pregnant and parenting adolescents”** is a joint project between the Latinamerican Faculty of Social Sciences in Paraguay - FLACSO Paraguay and Plan International (2025). The methodological design ensured confidentiality, informed consent, and ethical principles of social research (Plan International, 2022, 2023, and 2024).

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Executive Summary

Adolescent pregnancy and parenthood are still major causes of exclusion from education in Paraguay, even though legal frameworks guarantee the right to inclusive and non-discriminatory education, such as the Constitution of the Republic of Paraguay (1992, Articles 73 and 74), the Convention on the Rights of the Child (CRC, Law 57/1990), and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW, Law 1215/1986).

The research focused on the educational experiences of adolescents in vulnerable contexts, aiming to identify the factors that favor or limit school continuity from a gender equality and rights-based approach. The school, as a space for socialization, has the potential to be a tool for social change when it promotes co-education and equity (Venegas, 2017). However, it may also give rise to structural, symbolic and institutional inequalities, with a particular impact on adolescent girls. (Stromquist, 2006).

Methodology

The study employed the collective case study method (Stake, 1999) and was based on 97 semi-structured interviews with key stakeholders, including parenting adolescents, teachers, mothers, fathers, and community leaders in selected communities of Guairá, Paraguari, San Pedro, and Asunción.

The issue was analyzed using the ecological model (Bronfenbrenner, 1979; Heise, 1998; Morelato, 2011), which examines how multiple contexts interact to influence a person's development, including individual characteristics, family and school environments, peer relationships, support networks, access to services, social norms, and public policies.

The research findings confirm that the educational pathways of pregnant and parenting adolescents are affected by cross-cutting dimensions and structural barriers that extend beyond the individual level and are shaped by gender discrimination, the burden of care work, social stigma, and poverty. In addition, interviewees report that the educational continuity is linked to the setting's capacity to provide a shared support network.

Key findings

1. Factors contributing to school exclusion:

a. Cumulative risks

The interruption of schooling is not the result of a single event, but rather of cumulative risk factors. Pregnancy tends to deepen existing weakened educational pathways or overlap with other forms of exclusions. Nearly half (43%) of adolescent girls aged 15 to 19 who gave birth in 2021 had not completed primary school. This percentage is nearly two-fold that of women over 19 years old (22%) (MSPBS, DIGIES & DES, 2025).

“She was a very diligent student; she just did not finish” (Amanda’s teacher -adolescent girl and mother-).

Amanda, who is now 18, became a mother at the age of 14 and had to interrupt her schooling when she was in her second year of high school. Her pregnancy and birth of her son were affected by serious health complications.

“After giving birth to my son, I experienced high blood pressure, I was admitted to the intensive care unit and remained in a coma for almost a month” (Amanda, currently 18, mother at 14).

“She almost died because she had high blood pressure” (Amanda’s mother).

The serious health crisis and the family’s lack of resources to deal with it forced them to sell the little they had.

“We sold everything we had” (Amanda’s mother).

b. Stigma and shame

Subjective factors such as shame, fear of discrimination, and feelings of guilt act as barriers to school continuity and are closely related to social gender norms and social stigma.

“I was really ashamed to go in my condition” (Marlene, now 16, became pregnant at 15).

“I just did not want to go because I was ashamed” (Sara, now 17, became pregnant at 14).

“I wanted to go back to studying, but I was a little ashamed at the idea of going back and being made fun of” (Emilia, now 17, became pregnant at 15).

“I feel like I really disappointed my mom” (Raquel, now 18, became pregnant at 15).

c. The burden of care work

Adolescent parenthood reinforces the feminization of care and burden of responsibilities on adolescent girls. The home may function as a “boundary” that constrains their opportunities.

“I just have to do everything (...), I have to do it all... when I feel sick, I still have to get up because I am responsible for my son, and even more so if my grandmother is sick” (Sabrina, now 22, became pregnant at 17).

An adolescent girl who had interrupted her schooling because of caregiving responsibilities said:

// “When my children grow up, I will go back”
(Claudia, now 18, became pregnant at 16).

d. Institutional adaptation challenges

Exclusion is reinforced by limited institutional responses, inflexibility, and insufficiently coordinated protection and care services. Support initiatives often depend on the willingness of individual stakeholders rather than on systematic protocols.

// “I was doing great in school, but then I got pregnant and my baby was very sick. And when he was well again, I wanted to go back to school, but they would not let me anymore... The school principal told me that I was already too old” (Rocío, now 21, became pregnant at 16).

The institutional response that places responsibility on the adolescent girl, reflecting a lack of protocols:

// “That depends on their decision” (School principal).

e. Subordination, control and violence

Discrimination against adolescent pregnancy and motherhood is a form of symbolic and practical violence, including stereotypes that expect adolescent girls to stay at home and perform care work. It is also associated with harmful practices accepted as normal, such as the early marriage or union of girls and female adolescents with adult men. Many cases result from overt sexual violence, in a context of impunity.

One of the testimonies shows the partner’s control over the decision to continue studying:

// “I had already stopped attending school by the time I got pregnant. Honestly, I wanted to go back to studying, but my partner did not want me to because he said the whole school thing would stress me out too much” (Alba, now 17, became pregnant at 15).

Early unions were reported among the adolescent girls interviewed, often involving a significant age gap with their partners, in a context that normalizes such unions. Many adolescent girls engage in relationships with adults who exert control or violence.

// “The guy was very violent; one day he almost killed her... she had to leave her children with her aunt and went to Buenos Aires” (Teacher).

Adolescent mothers are expected to stay at home and care for their children, “to make up for their guilt,” reflecting family control and subordination that can persist into early adulthood:

// “As usual, we are the ones making decisions for her. She always says, ‘I am already 21 years old and I still do not have my freedom’” (Julia’s guardian, noting she became pregnant at 15).

Stephy managed to finish high school with her mother’s support, after going through a pregnancy resulting from a rape committed by her mother’s employer. The pregnancy occurred when she was 16 years old. At first, she hid what happened out of fear and confusion:

// “I could not say anything, I was afraid (Stephy, now 18, became pregnant at 16)”.

The invisibility of adolescent fatherhood

- **Absent fatherhood:** adolescent fathers are often relegated to a pattern of invisibility and absence, reflecting the influence of gender stereotypes and cultural norms that tend to exempt them from pregnancy and parenting related responsibilities, while normalizing women's care burden.
- **Different consequences:** while motherhood entails a sudden interruption of schooling and significant exposure to stigma, fatherhood does not produce equivalent effects in young men's lives. Adolescent fathers remain invisible in institutional data and community perceptions, and are often absent from or not involved in their family and school environments.
- **Labor impact:** for adolescent boys, their priority is to engage in work activities to earn an income, which becomes the main reason for educational exclusion, rather than fatherhood.

// "I went to school just for the sake of it. I just wanted to finish. All I could think about was that I needed to work. I thought school was no longer useful for me. (Pedro, who became father at 18).

Cases of school continuity among adolescent fathers, as observed in life stories, appear to be the exception rather than the rule. Most life stories show that fathers become disengaged after the child's birth. A teacher points out: "They get a new partner and do not want her to continue studying," which implies not only educational exclusion but also indirect control over adolescent girls' decisions.

// "They do not take responsibility and show no interest (...) yet the women no longer have a choice. In this area, few men take responsibility (...) and it is mostly women who raise the children" (Community leader).

2. Educational continuity factors:

a. Family support networks

The active support of women within the adolescent girl's family, including mothers, grandmothers, and sisters, is essential for providing emotional support, reducing the care burden, strengthening the adolescent's agency, and enabling school continuity, even in challenging circumstances.

// "I did not want her to leave school, just like me, who can hardly read" (Stephy's mother, noting that Stephy became pregnant at 16).

// "Everyone supported me and cared about me (...). Mom told me that I shouldn't leave school" (Stephy, now 18, became pregnant at 16).

The school also gave her the opportunity to continue studying online, and teacher support was key:

// "The teachers were very supportive of me" (Stephy, now 18, became pregnant at 16).

After giving birth to her child, she returned to school within four months, leaving her son in her mother's care while she completed the school year.

b. Educational flexibility

Institutional adjustments, such as online classes, flexible schedules, tutoring, and emotional support, serve as key protective factors.

// "The teacher helped me... she would say it was no problem, that she would give me the assignments, and that I could bring my baby with me if I had no one else to look after him" (Sara, now 17, became pregnant at 14).

“I continued my studies online [but the lack of technological resources interrupted her continuity]” (Sabrina, now 22, became pregnant at 17).

“I even went [to school] with my big belly” (Julia, now 21, became pregnant at 16).

“The teachers were very supportive of me” (Stephy, now 18, became pregnant at 16).

“[Teachers and school administrators] collected clothes, diapers, and money, and sent them to me,” (Carla, now 19, became pregnant at 17).

c. Agency and motivation

The fact that adolescent girls want to continue studying, work, and build a future for themselves and their children is a driving force for school continuity and a motivation not to give up.

“Now I am more interested in school” (Sara, now 17, became pregnant at 14).

“Now more than ever, I am going to keep studying. I am going to keep studying for my baby,” (Carla, now 19, became pregnant at 17).

“[Studying] is not just for yourself, it is also for your children,” (Julia, now 18, became pregnant at 15).

“I want to study to become a lawyer, buy my own plot of land, build my own house, and give my daughter everything I can,” (Sara, now 17, became pregnant at 14).

“Without education, there is no future... you cannot even find work as a domestic worker anymore,” (Margarita, now 17, became pregnant at 16).

“I am always proud of myself; that is why I did not give up and I keep fighting.” (Virginia, now 21, became pregnant at 17).

d. Coordinated support networks

School continuity is supported by the combination of specific protective factors. This can be seen in successful cases, where family support is combined with organized community services, such as school reintegration programs that provide childcare and psychosocial support. For example, the School Reintegration Program for Girls and Adolescents who are Pregnant or Mothers (RENASEM) in Bañado Sur. The implementation of regulations that prohibit discrimination and establish support protocols is essential, such as Law No. 4084/2010 “On the Protection of Girl Students during Pregnancy and Motherhood.” However, such regulations are still poorly disseminated and inconsistent in practice, and usually rely on individual efforts.

“In February, teacher M. came to talk to me about the scholarship. They asked me how I was doing, and I came here and enrolled in school.” They told me they would look after my baby.” “Here they got me a free scholarship.” (Sara, a girl adolescent who became pregnant at 14, received support from the Family Care Center - CAFA).

Emotional support and a sense of belonging are key:

“We often sing, and I like being here,” (Priscila, an adolescent girl who became pregnant at 16, received support from CAFA and the RENASEM program).







Conclusions

The research confirms that continuity in the educational system is an interdependent phenomenon. Schooling pathways of pregnant and parenting adolescents are affected by cross-cutting factors that go beyond the individual level, deeply influenced by gender discrimination, the taboo surrounding sexuality education, and the stigma associated with pregnancy.

Beyond adolescent girls' personal capacities or choices, their ability to continue their education is deeply shaped by external factors operating at multiple levels: family, community, educational, institutional, and sociocultural. These contexts, in turn, are organized across different levels of influence according to the ecological approach: microsystems (such as family or school), mesosystems (the coordination between institutions), and macrosystems (broader social norms, values, and structures).

The research focuses on the need to implement comprehensive protection measures to ensure continuity in the educational system of pregnant and parenting adolescents. However, it is essential to recognize that addressing educational exclusion is only part of the problem. An intersectional approach is needed to address the structural inequalities affecting the context, with a particular focus on eliminating gender discrimination. Adolescent pregnancies, often linked to sexual abuse, call for moving beyond crisis response and adopting comprehensive prevention strategies.

To ensure the **right to education** for adolescents, it is essential to:

- **Prevent violence and discrimination:** rights-based, non-discriminatory sexuality education is fundamental for preventing sexual abuse and unintended adolescent pregnancy, with special attention to preventing Child, Early, and Forced Marriage and Unions (CEFMU).
- **Promote a culture of equality:** foster human rights education that supports the development of peer relationships based on equality and non-discrimination, and strengthen public policies on gender equality, with particular attention to shared responsibility in care work.
- **Ensure childcare services:** educational continuity must be supported by coordinated public policies, including childcare services for school-going adolescent mothers and fathers, such as daycare, with a particular focus on adolescent-friendly comprehensive health service.
- **Strengthen public policies on social protection and care:** promote cross-sectoral public policies with adequate budgets that foster shared responsibility in care, encourage men's positive role as responsible actors, and provide comprehensive public protection services. The provision of specialized psychological support in schools and the implementation of strategies to prevent gender-based discrimination and bullying should be considered minimum conditions to ensure educational pathways free from stigma.
- **Improve institutional coordination:** strengthen coordination between educational, health, and social protection institutions to provide comprehensive and sustained support. Advance the implementation of National Care Policy of Paraguay (PNCUPA 2030), the National Adolescent Comprehensive Health Plan 2023–2030, and the National Sexual and Reproductive Health Plan 2024–2030 through interinstitutional coordination mechanisms that enable the mainstreaming of their guidelines into effective practices at the local level.
- **Promote teacher awareness:** foster teacher awareness and ensure the effective implementation of school reintegration protocols.
- **Move beyond a meritocratic logic:** recognize pregnant and mother adolescents as holders of rights and protection, not just as duty-bearers, thereby eliminating the narrative that individual effort is the sole path to autonomy.



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About Plan International

Plan International is an independent development and humanitarian organization that works for children's rights and equality for girls. We believe in the power and potential of every child, but we know that their opportunities are too often limited by poverty, violence, exclusion, and discrimination — with girls being the most affected.

Working together with girls, boys, young people, supporters and partners, we strive for a just world by addressing the root causes of the challenges faced by the most vulnerable children and adolescents. We support children from birth to adulthood and equip them to prepare for and respond to crises and adversity. Our reach, experience and expertise allow us to drive changes in practices and policies at local, national and global levels.

For more than 85 years, we have brought together determined optimists to help transform the lives of children in over 80 countries.

We won't stop, until we are all equal

www.plan-international.org/paraguay

Address:

Edificio VITRUM, Av. República Argentina
esq. Albino Mernes. Asunción, Paraguay.

Phone: +595 21 615 174

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