



Universidad de
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HUMAN
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Religious Mayors, School Appointments, and Teenage Pregnancy

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When Religious Parties Govern Schools: Religious Mayors, School Appointments, and Teenage Pregnancy

The Issue

Teenage pregnancy is one of the most disruptive events in a girl's life, often cutting short her education and, with it, her economic future. One of the most direct tools governments have to prevent it is school-based sexual education, yet in many countries its provision depends on local political decisions rather than national standards. That makes it vulnerable to a political movement that has made it a central target: Pentecostal and evangelical parties have long campaigned to keep sexuality out of the classroom, arguing that such topics belong to families rather than schools.

As these movements win a growing share of local and national offices across Latin America and Africa, policy-makers need to know what happens to sexual education when religious parties control the schools that provide it. The stakes are highest where local leaders have wide discretion. In decentralized school systems, mayors and local executives often decide who runs schools and which non-mandatory topics are taught. This discretion lets communities shape education to local values, but it also means that health information reaching adolescents can expand or disappear with each electoral cycle. When it disappears, the costs fall mostly on girls: more early pregnancies, more sexually transmitted infections, and more interrupted schooling.

Brazil illustrates this risk clearly. Its elected mayors appoint many municipal school principals and decide whether to implement optional curriculum themes such as health and sexual education. Two parties, the Partido Social Cristão (PSC) and the Partido Republicano Brasileiro (PRB), have direct institutional ties to major Pentecostal churches and have publicly opposed teaching sexual education in schools. Because these parties win and lose many close mayoral races, Brazil offers rare evidence on what actually changes in classrooms, and in girls' lives, when they govern.

How the Evidence Was Built

The study compares municipalities where a PRB/PSC candidate *barely won* with those where one *barely lost*. Near the threshold, winners and losers are similar and winning or losing is almost random, so differences in outcomes can be attributed to who took office.

It follows **girls aged 9–10 at the election**, who spend the whole four-year term in middle school, and compares them with a **placebo cohort aged 16–17**, already past middle school. It also contrasts **municipal schools** (under mayoral control) with **state schools** in the same towns (outside it).

Main Findings

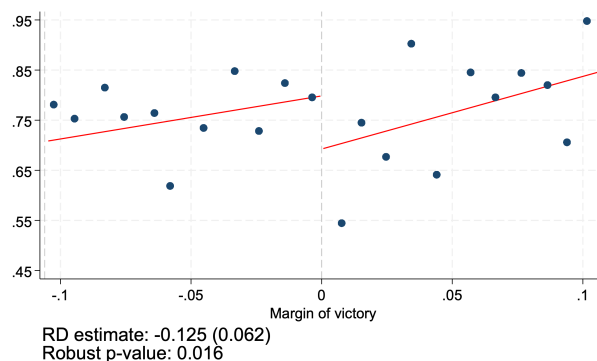


Figure 1: Effect on sexual education

Sexual Education. Under these administrations, municipal schools become 12.5 percentage points less likely to offer sexual education, an 18% drop. The cuts are selective: drug- and violence-prevention activities also decline, while content on the environment, inequality, racism and sexism is untouched.

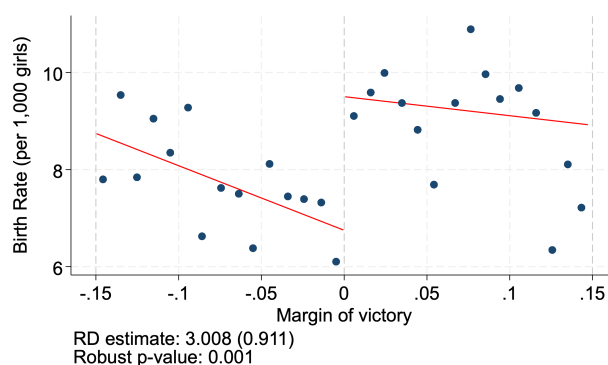


Figure 2: Effect on teen birth rate by year after election

Teenage pregnancy. Girls who were 9–10 at the election, and who spend the entire term in municipal middle schools, go on to have about 3 more births per 1,000 girls per year, roughly 40% above the baseline. The effect appears gradually, becoming visible as these girls reach ages 14–16.

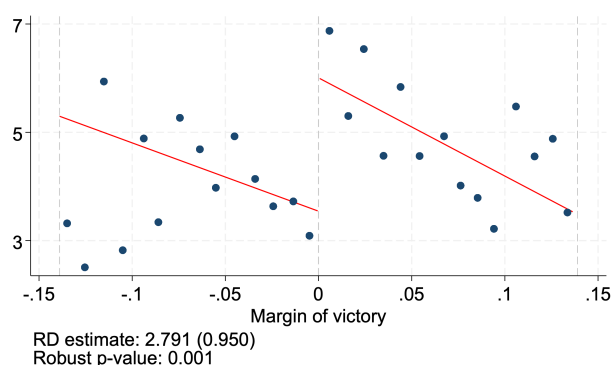


Figure 3: Effect on girls' dropout

Dropout. The most lasting cost may be to education. Among girls in the exposed cohort, dropout in the last two years of municipal middle school rises by 2.8 percentage points, from a base of about 4%, an increase of roughly 70%. This happens at ages 13–15, the same ages when the rise in births is largest. State schools in the same towns show no change in dropout, the same pattern seen for sexual education and principal turnover.

Other health consequences. Syphilis diagnoses also rise among the same exposed cohorts, pointing to more unprotected sex. The effects also reach a service that is only partly delivered through schools. Brazil's HPV vaccine, introduced in 2014 for girls aged 9–14, is often given through school-based campaigns. By the end of a Pentecostal mayor's term, cumulative HPV vaccination coverage among girls aged 9–11 is about 19 percentage points lower. The drop is concentrated among the girls vaccinated under the new administration: coverage for girls aged 12–14, most of whose doses were given under the previous mayor, is unchanged. Because the vaccine prevents cervical and other cancers, this gap may carry health costs that only become visible decades later.

What Does *Not* Explain It

- **Contraceptive supply:** no change in availability of any method at municipal clinics.
- **Abortion proxies:** no change in abortion-related hospitalizations or fetal deaths.
- **General conservatism:** narrow wins by other right-wing parties show no effect on either teen births or sexual education.

Policy Recommendations

1. Set a floor for sexual and reproductive health education

Define a minimum, age-appropriate core of content on puberty, pregnancy prevention and STIs within the national curriculum or through federal/state guidelines, so that basic provision does not switch on and off with local electoral cycles. Content design can still involve parents and local communities.

2. Insulate school leadership from political turnover

Expand merit-based or community-based selection of municipal principals, with minimum qualifications and fixed terms. Appointment power was the lever through which curriculum changed; reducing discretion here protects all non-mandatory programmes, not only sexual education.

Caveats

- Results come from close races in small and mid-sized towns (average ~20,000 residents); large cities with runoff elections are excluded.
- Girls cannot be linked to the schools they attended.
- Sexual education is measured only as offered or not; content and quality are unobserved.