

Knowledge and valuation of bioethical concepts among adolescents

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Abstract

This article aims to identify the knowledge and the value attributed by middle school students to bioethical concepts such as autonomy, justice, and respect for human life, among others. This is a qualitative study using content analysis of data collected from discussions on bioethics based on a problem situation common to these students: teenage pregnancy and abortion. The study included 36 students aged 14 to 16 years, 20 males and 16 females, from two schools. The codes identified were common to both groups, with the main theme being: "Is having an abortion right or wrong?" Five categories and fourteen subcategories were also identified. Knowledge regarding the practical application of bioethical concepts was limited, and the use of bioethical principles such as autonomy and beneficence tends to be overlooked in situations where adolescents are confronted with previously ingrained beliefs.

Keywords: Adolescent. Bioethics. Knowledge. Adolescent development. Pregnancy in adolescence.

Resumo

Conhecimento e valoração de conceitos bioéticos entre adolescentes

Este artigo tem por objetivo identificar o conhecimento e a valorização dada por estudantes do ensino fundamental a conceitos bioéticos, como autonomia, justiça, respeito à vida humana, entre outros. Trata-se de estudo qualitativo com análise de conteúdo de dados coletados em discussões sobre a temática bioética com base em uma situação-problema comum a esses estudantes: gravidez na adolescência e aborto. Participaram da pesquisa 36 estudantes com idade entre 14 e 16 anos, 20 homens e 16 mulheres, de duas escolas. Os códigos identificados foram comuns aos dois grupos, sendo o tema principal "Realizar um aborto é certo ou errado?". Também foram identificadas cinco categorias e 14 subcategorias. O conhecimento a respeito de conceitos bioéticos aplicados à prática foi limitado, e a utilização de princípios bioéticos como autonomia e beneficência tende a ser desconsiderada em circunstâncias nas quais adolescentes se veem confrontados com conceitos previamente arraigados.

Palavras-chave: Adolescente. Bioética. Conhecimento. Desenvolvimento do adolescente. Gravidez na adolescência.

Resumen

Conocimiento y valoración de conceptos bioéticos entre adolescentes

Este artículo tiene como objetivo identificar el conocimiento y la valoración que los estudiantes de educación secundaria básica otorgan a conceptos bioéticos, como autonomía, justicia y respeto a la vida humana, entre otros. Se trata de un estudio cualitativo con análisis de contenido de datos recopilados en discusiones sobre la temática bioética, basadas en una situación-problema común a estos estudiantes: el embarazo en la adolescencia y el aborto. Participaron en la investigación 36 estudiantes de entre 14 y 16 años, 20 varones y 16 mujeres, de dos escuelas. Los códigos identificados fueron comunes a ambos grupos, siendo el tema principal: "¿realizar un aborto es correcto o incorrecto?". También se identificaron 5 categorías y 14 subcategorías. El conocimiento sobre los conceptos bioéticos aplicados a la práctica fue limitado, y el uso de principios bioéticos como la autonomía y la beneficencia tiende a ser desestimado en circunstancias en las que los adolescentes se ven confrontados con conceptos previamente arraigados.

Palabras clave: Adolescente. Bioética. Conocimiento. Desarrollo del adolescente. Embarazo en adolescencia.

Conceptually, bioethics considers at least two major perspectives¹⁻⁴. One perspective refers primarily to research with human beings, often called principlism, as it can be condensed into the four major bioethical principles: autonomy, beneficence, justice, and non-maleficence³. Another perspective, broader, can be called global bioethics, as it seeks to encompass, beyond just human beings, living beings, and relate them to the environment in which they are integrated, without disregarding the concepts of the bioethical principles^{5,6}.

Global bioethics becomes more important as human actions and relationships impact the society and environment in which we live with definitive and progressive consequences, which have become more evident in this century^{6,7}. The purpose of global bioethics is not to neglect bioethical principles, but rather to add to them other equally important aspects, such as tolerance, dignity and respect for human and animal life, sustainability, responsibility, interpersonal relationships, education and empowerment for the full development of society, among others^{6,8,9}.

Individual bioethical awareness is formed or deformed throughout life, just as in the acquisition of other concepts. These values are initially presented in childhood and adolescence. The different settings in which this initiation can occur include the school, which constitutes a favorable setting where, we could say, society is inculcated in individual minds¹⁰, as it constitutes a unique opportunity to discuss and debate different concepts in a protected, playful manner, free from secondary interests^{9,10-13}.

Students in the same grade exhibit similarities as to age and knowledge-related aspects and, despite being different individuals, they share

present and future feelings and goals¹⁴. In this study, the proposal consisted in examining, through qualitative research, the knowledge and valuation of the fundamental concepts of bioethics in elementary education students.

Method

A qualitative approach was adopted, employing the content analysis method¹⁵⁻¹⁷. Through this strategy, expressed or latent values and opinions were extracted from the students' participations and then coded, abstracted, and categorized into main themes, categories, and subcategories, which formed the basis for examining how the participants expressed themselves in relation to the issue under discussion.

The bioethical discussion was motivated by a classroom activity that addressed a problem situation, specifically teenage pregnancy, which is common in the students' context. After explaining and contextualizing the proposed situation, they were asked to try to hypothetically experience the situation and discuss what considerations and actions the teenage mother could adopt, finally preparing written answers (Chart 1).

Subsequently, a teacher-mediated discussion was held, which was recorded and transcribed. After a week, the issue was revisited, the previously drafted answers were recalled, and a new discussion was held, which was also recorded and transcribed. This procedure was carried out in two different schools, which, despite being located in the same municipality, are situated in communities with important differences regarding the Human Development Index (HDI).

Chart 1. Presented situation

Laura is a 14-year-old girl who lives in a poor neighborhood with chronic problems of violence, lack of basic sanitation, and scarcity of quality public services. Laura lives in a small house with her grandmother Marlene, her mother Marta, and three younger siblings. Her father left the family when Laura was only 5 years old and since then Marta has worked as a domestic worker, earning a minimum monthly wage, which is barely enough to cover the family's basic needs. Laura is a dedicated student and dreams of becoming a teacher to help change the situation of her community. Recently, she learned that she is pregnant. Her boyfriend, 15-year-old Pedro, lives in the same neighborhood and works as a construction helper. Both were scared by the news of pregnancy. Laura is in the 9th grade of elementary school and planned to enter high school next year, but the unexpected pregnancy jeopardizes these plans. Dona Marta, upon learning of the pregnancy, was torn. On the one hand, she wants to support Laura, but she is also worried about the additional difficulty a baby would bring to the already overburdened family. In the community, abortion is a taboo, and many women resort to clandestine and dangerous methods to terminate their pregnancies.

- 1) Student's position: what is your decision? Why is this the best decision?
- 2) Factual Support: what facts support your decision? Is there any missing information that could be used to make a better decision?
- 3) Others' interests and viewpoints: who will be affected by the decision and how will they be affected?
- 4) Ethical considerations: what are the main ethical considerations?
- 5) Evaluation of alternative options: what are the strengths and weaknesses of the alternative solutions?

Analysis of the transcribed discussions provided the identification of essential expressions and words related to the issue under discussion and, thus, the creation of categories according to the differences and similarities found. After the identification of categories, carried out independently by two researchers, the transcripts were revisited three times, so the initially identified categories could be combined and developed to produce the final categorization.

The fidelity of the findings was sought through the application of concepts of credibility, reliability, confirmation, and transferability^{18,19}. To this end, we used practices such as the review of the categories proposed by the two researchers by a third researcher, who did not participate in the initial categorization and did not know which categories referred to each school. For confirmation purposes, some transcribed excerpts and the generated categories were read by the teacher, in the second approach, with the intention of observing the participants' agreement or disagreement with the initial answer.

The transcriptions were performed independently by two researchers, subsequently compared and adjusted. If there was disagreement, the third researcher was used. Therefore, the analysis process evolved in steps: transcription and appropriation of content, identification of keywords, categorization, theme development,

identification of meanings, and conceptual model development. MAXQDA software was used as a tool to organize the progress of the referred processes.

Results

The data collection process resulted in 36 sheets with written answers and four group discussions that corresponded to about 4 hours and 20 minutes, resulting in 37 pages of transcription. The process had participation of 36 students aged between 14 and 16 years, 20 men and 16 women (Table 1).

Table 1. Demographic characteristics of the students

Age (n=36)	
14	10
15	18
16	8
Gender	
Male	20
Female	16

The thematic analysis process was carried out independently for each group of students, school A and school B, separately. The initial assessment led to the identification of a total of 78 codes, of which

71 were common to both groups, five belonged only to group A, and two, only to group B. A second analysis led to a reduction to 47 codes after identifying similar codes, all of which were common to both groups.

The subsequent reviews and groupings finally led to the identification of a main theme, five categories, and 14 subcategories (Table 2). The main theme found was: "Is having an abortion right or wrong?" Therefore, the main theme and the categories and subcategories found were common to both groups, that is, to both schools.

Table 2. Extracted categories

Theme: Is having an abortion right or wrong?	
Categories	Subcategories
Responsibility	Pregnant woman responsibility Family responsibility School responsibility Government responsibility
Consequences	Consequences for the pregnant woman Consequences for the family Consequences for the community Consequences for the unborn child
Guidance	Family School
Laws	Laws of society Laws of church
Opinion	I will not change my mind I can change my mind

Is having an abortion right or wrong?

This theme was the topic for most of the opinions expressed by the students. Some students initially limited themselves to considering that having an abortion is simply wrong and should be treated as a crime, with the pregnant woman being seen as a criminal, regardless of any discussion about the personal or family context associated with the pregnancy (*"Abortion is a crime!"*, *"Aborting is wrong and she will have to pay for it"*). Equally out of context, but also appearing convinced, others expressed a diametrically

opposed, but equally unreflected opinion, considering that abortion should always be performed (*"I am in favor of all types of abortion," "If she wants to have an abortion, no one has anything to do with it"*).

Responsibility

The assignment of responsibility for teenage pregnancy was mentioned several times, not only in relation to the pregnant adolescent, but also to her family, the school, and public authorities. At no point they addressed the father's responsibility as a participant in the conception of the child. In fact, for some, the real responsibility falls to the mother and her family: *"You [the pregnant woman] have to take responsibility for the baby", "the child is yours (...) now you have to raise it," "the child belongs only to the mother"*.

Guidance

Regarding guidance, the statements report a lack or insufficiency of sexual guidance, attributing it, in particular, to the adolescents' families and, to a lesser extent, to the community, represented by the school, criticizing them because they should have been more active in sexual awareness-raising and education. In this aspect, the father appears not as responsible, but as a victim of the lack of guidance: *"People should have guidance (...) I think it's very much up to the parents," "I think this subject should be more discussed in schools, in families," "there's a bit in school [sex education] but I think it's too little."*

Laws

There were recurrent mentions of legislation, as well as of laws of the "church." There is no doubt among the students that abortion is definitely wrong and condemned from a religious point of view. Regarding Brazilian legislation, students expressed the simplified idea that abortion is a crime, disregarding or being unaware of current situations of legal abortion.

Among the students who supported and justified their opinions based on "church" laws, considering abortion already constitutes

a wrong thought, which must be combated in society: “if God gave me the opportunity to have a child,” “this is a crime” (...) “she will be arrested,” “it’s an angel” (...) “you are refusing a gift from God,” “it would be wrong, this will haunt her mind.”

Opinion

The expression of personal opinion occurred, most of the time, in an emotional and absolutist manner, frequently considering the individual point of view as the only possible truth. Still, some considered that a more in-depth consideration of the issue and greater reflection on the subject could lead to a different position in the future: “Perhaps with more facts I would change” (...) “my mind.”

The majority tended to have an intransigent stance, stating that they would not change their opinion, regardless of the circumstances and whether their position was for or against abortion. When a religious basis was adopted, the opinions were more energetic and less prone to considering diverse opinions: “I wouldn’t change my mind” [regarding abortion], “this is what I think.”

Consequences

Regarding the perceived consequences of both having an abortion and the birth of a child, the students were again divided into opposing poles. There are those who believe there will be little or no change, while others see consequences especially for the pregnant woman and her family and to some extent for the community and the child to be born: “no one will be affected [by abortion],” “By aborting life will go on as usual,” “I would abandon it [the child],” “my mother didn’t want me, she is bothered by me.” Again, the future father was not mentioned.

Discussion

The discussion of bioethical issues is not a curricular content in secondary education; that is, it is not clearly included among the objectives determined in the National Curriculum Parameters (PCN)²⁰. However, not only the

principles and foundations of bioethics but also concepts of ecological or global bioethics are clearly included in the 17 Sustainable Development Goals of the United Nations (UN), and these goals are among the competencies sought within the PCN; therefore, it can be admitted that bioethical development and discussion are not only important but should be fostered among adolescents by the school^{2,6,7,21-23}.

Previous studies have shown that, in addition to bioethical knowledge, prior experience and argumentative practice are skills that should be developed to equip students to express themselves more adequately and to express their respective points of view more faithfully⁴⁻²⁴.

This research used a hypothetical situation—“teenage pregnancy”—that is common in the context of the participating students in order to introduce and develop the discussion of bioethical principles intrinsic to the lives of these students, even though, as a rule, such principles are not clear and defined when applied in practice^{25,26}.

Similarly, the practice of discussing moral issues, aspects of autonomy, respect, and human dignity, which often involve different and even opposing viewpoints, requires the development of dialogue and, in particular, the ability to listen to and understand the other as an equal—even if with opposing ideas. The development of the ability to debate also constitutes an essential tool for the application of bioethics^{3,6,27,28}.

In Brazil, there is currently a high number of unplanned pregnancies, or even those that can be classified as unwanted pregnancies, which are more prevalent in younger women, with lower income and lower education; therefore, teenage pregnancy is prevalent in regions with the worst development indices²⁹⁻³¹.

Evidence indicates that lower-income families tend to initially show greater acceptance of adolescent pregnancy; however, the greatest impacts tend to be suffered by adolescent girls from these families, both in terms of compromising future planning, especially educational planning, and of maintaining financial dependence on the family^{32,33}.

Several students were unable to realize or even lack the knowledge on the consequences arising from the situation. Some consider it normal,

without anticipating the problems it causes, especially for adolescent mothers^{30,32}.

What is proposed in this approach is not a discussion on whether having or not an abortion, but a look into the possible and probable perspectives of adolescents, future fathers and especially mothers, in a context of unwanted pregnancy.

It was observed that, for some, the assessment considered abortion as a discarded possibility and pregnancy as a condition that should be carried to term without any discussion, disregarding health factors for the mother and the future child. From this perspective, we detected little or no value attributed to the concept of autonomy of pregnant women, nor even the real beneficence involved in the situation^{30,33}.

Regardless of the discussion about the issue of abortion, the aim was to discuss the perspectives on the impact on the life of the pregnant woman/adolescent, and several students were unable to understand that, partly because they saw the issue as previously defined, with no possibility of discussion, based on the principle that an abortion should not be had under any circumstances^{34,35}.

Some, when considering the option of abortion, considered it from their personal perspective and, in doing so, also acted without reflection, adopting pre-established concepts, with little or no discussion about different possible alternatives.

On the other hand, some students considered abortion a possible and interesting option from the perspective of the pregnant adolescent, less because they believed the pregnant adolescent could express her individual autonomy and more because they considered the beneficence involved in the situation not only for the pregnant mother but also for her family and even for the future child.

The students distributed the responsibility for the unwanted pregnancy among the pregnant woman, her family members, the school, and the community, notably lacking mention of the father as a directly responsible party. This fact corresponds to the observed reality, in which, in cases of adolescent pregnancy, the mother is more affected, whether by interrupted school education, worse jobs, loss of social interaction with her group of friends, family pressure, among others³⁴⁻³⁶.

It should also be considered that, in the case of abortion as a “therapeutic” option, the decision to use or refuse this option is made from the perspective of a clinical decision involving a “legally incapable” patient; therefore, the participation of parents or guardians becomes a factor in the decision-making process, from the perspective of the adolescent’s rights³⁷⁻⁴⁰. It is evident that pregnancy is not a disease nor is abortion a treatment, since both adolescent pregnancy and abortion have real risks and, therefore, must be considered with due attention.

From this perspective, another fundamental aspect that must be considered is the adolescent’s decision-making capacity, whether to accept or refuse a proposed procedure. This widespread power of choice must be considered from the real perspective of the adolescent’s decision-making capacity and, thus, take into account the inherent pressures from the family and society in which she is integrated, and that the capacity for acceptance or refusal may not be the same for all adolescents of the same age^{37,41-47}.

The proposal presented here proves even more opportune, as, much more than the debate of a single issue, pregnancy and abortion, what is under consideration is the fact that teaching and developing bioethical skills constitute important tools in the empowerment of adolescents, with a consequent growth in their decision-making capacity based on knowledge, and not on the opinion of third parties^{37,46,48,49}.

In addition to the bioethical principles that are naturally involved, moral aspects inherent to people’s daily lives are related. What the adolescent considers morally correct, from their personal perspective, has a greater chance of being accepted as an acceptable solution to the presented problem^{50,51}. In other words, morality reflects the practical reality of people’s lives. The purpose with bioethics is reflection on: the motivations for these actions, their consequences and implications, not only in the personal, individual sphere, but also and mainly in terms of the society and the environment in which people are integrated^{1,52,53}.

This effort proved clearly necessary in this group of students, in which it was observed that, in the face of a common and recognizable situation, with opposing paths to be followed, the majority did not prove capable of considering

as acceptable an opinion different from their own and, even worse, did not show interest in learning the reasons that could lead to different choices, but, on the contrary, sought to reinforce their own points of view.

Final considerations

Despite limitations inherent to the adopted methodology and number of participants, the research clearly enabled us to infer that knowledge regarding bioethical concepts applied to practice was limited and, mainly, that the use of bioethical principles such as autonomy and beneficence tends to be disregarded in circumstances in which adolescents find themselves confronted with prior concepts that are strongly consolidated.

Also, the debate of ideas, a fundamental part of teaching and learning bioethics, being as important

or more important than the discussion of bioethical principles, did not occur naturally, given the tendency among adolescents to seek the agreement of others by imposing their own opinions.

The discussion of autonomy, beneficence, or justice cannot advance without openness to perceiving the world through the eyes of others and without willingness to consider that circumstances imposed by life in society lead some people to make bad choices or even choices that are unjustified in certain aspects.

Adolescence constitutes a particularly fragile time; however, it is also a fruitful time in which the effort to develop skills of tolerance, respect for human dignity, and the capacity for empathy towards others can be practiced and fostered. These qualities, which are inherent to harmonious coexistence in society and often lacking in the adult world, are also deficient in these adolescents, which justifies our endeavors in pursuing them.

References

1. Engelhardt HT. Fundamentos da bioética. 4ª ed. São Paulo: Loyola; 2008.
2. Potter VR. Bioética global: construindo a partir do legado de Leopold. São Paulo: Loyola; 1998.
3. Beauchamp T, Childress J. Principles of biomedical ethics. 7ª ed. Oxford: Oxford University Press; 2013.
4. Garrafa V, Martorell LB, Nascimento WF. Críticas ao principialismo em bioética: perspectivas desde o norte e desde o sul. Saude e Soc [Internet]. 2016 [acesso 15 abr 2026];25(2):442-51. DOI: 10.1590/S0104-12902016150801
5. Potter VR, Lisa P. Global Bioethics: Converting sustainable development to global survival. Glob Bioeth [Internet]. 2001 [acesso 15 abr 2026];14(4):9-17. DOI: 10.1080/11287462.2001.10800809
6. Potter VR. Bioética: ponte para o futuro. São Paulo: Loyola; 2016.
7. Você conhece os 17 Objetivos de Desenvolvimento Sustentável? [Internet]. Brasília: Nações Unidas Brasil; 24 out 2023 [acesso 15 abr 2026]. Disponível: <https://bit.ly/4d3oD9p>
8. Nunes R, Duarte I, Santos C, Rego G. Education for values and bioethics. Springerplus [Internet]. 2015 [acesso 15 abr 2026];4(45):1-9. DOI: 10.1186/s40064-015-0815-z
9. Morin E. O método 6: ética. Porto Alegre: Sulina; 2011.
10. Durkheim E. Sociologia e filosofia. São Paulo: Edipro; 2015.
11. Organização das Nações Unidas para a Educação, a Ciência e a Cultura. Educação: um tesouro a descobrir, relatório para a UNESCO da Comissão Internacional sobre Educação para o Século XXI (destaques) [Internet]. Brasília: Unesco; 2010 [acesso 15 abr 2026]. Disponível: <https://bit.ly/3QQvb3Z>
12. Fischer ML, Cunha TR, Lummertz TB, Maartins GZ. Camino del diálogo II: la ampliación de la experiencia bioética para la enseñanza secundaria. Rev bioét (Impr.) [Internet]. 2020 [acesso 15 abr 2026];28(1):47-57. DOI: 10.1590/1983-80422020281366
13. Fischer ML, Martins GZ, organizadores. O caminho do diálogo: proporcionando a vivência da bioética no ensino fundamental [Internet]. Brasília: CFM; 2017 [acesso 15 abr 2026]. Disponível: <https://bit.ly/3RjZosg>

14. Freire P. *Pedagogia da autonomia: saberes necessários à prática educativa*. São Paulo: Terra e Paz; 2006.
15. Mack N, Woodsong C, MacQueen KM, Guest G, Namey E. *Qualitative research methods: a data collector's field guide* [Internet]. North Carolina: FHI 360; 2005 [acesso 15 abr 2026]. Disponível: <https://tinyurl.com/kmsxuhd3>
16. Bardin L. *Análise de conteúdo*. São Paulo: Almedina; 2011.
17. Morgan H. Conducting a qualitative document analysis. *Qual Rep* [Internet]. 2021 [acesso 15 abr 2026];27:65-77. Disponível: <https://bit.ly/4n9lfP7>
18. Tracy SJ. Qualitative quality: Eight a "big-tent" criteria for excellent qualitative research. *Qual Inq* [Internet]. 2010 [acesso 15 abr 2026];16(10):837-51. DOI: 10.1177/1077800410383121
19. Naeem M, Ozuem W, Howell K, Ranfagni S. A step-by-step processo f thematic analysis to develop a conceptual model in qualitative research. *Int J Qual Methods* [Internet]. 2023 [acesso 15 abr 2026];22(10):1-18. DOI: 10.1177/16094069231205789
20. Brasil. Ministério da Educação. *Parâmetros Curriculares Nacionais: ensino médio* [Internet]. Brasília: MEC; 2000 [acesso 15 abr 2026]. Disponível: <https://bit.ly/4unOeRx>
21. Enns C, Renk VE. Relevância dos conhecimentos da bioética para a educação básica brasileira. *Rev bioét (Impr.)* [Internet]. 2025 [acesso 16 maio 2025];33:1-12. DOI: 10.1590/1983-803420253841PT
22. Hossne WS, Pessini L. Dos referenciais da bioética: a espiritualidade. *Rev Bioethikos* [Internet]. 2014 [acesso 15 abr 2026];8(1):11-30. DOI: 10.15343/1981-8254.20140801011030
23. Fischer ML, Cunha TR, Roth ME, Martins GZ. O caminho do diálogo: uma experiência bioética no ensino fundamental. *Rev bioét (Impr.)* [Internet]. 2017 [acesso 15 abr 2026];25(1):89-100. DOI: 10.1590/1983-80422017251170
24. Sadler TD. Informal reasoning regarding socioscientific issues: a critical review of research. *J Res Sci Teach* [Internet]. 2004 [acesso 15 abr 2026];41(5):513-36. DOI: 10.1002/tea.20009
25. Reis GB, Souza MA, Andrade GN, Malta DC, Machado IE, Felisbino-Mendes MS. Supervisão dos pais e comportamento sexual entre adolescentes brasileiros. *Rev Bras Epidemiol* [Internet]. 2023 [acesso 15 abr 2026];26(supl 1):1-9. DOI: 10.1590/1980-549720230013.supl.1.1
26. Tamashiro LMC, Fonseca LMM. Desenvolvimento de serious game para aprendizagem sobre sexo seguro e contracepção na adolescência. *Rev Lat Am Enfermagem* [Internet]. 2024 [acesso 15 abr 2026];32. DOI: 10.1590/1518-8345.7036.4182
27. Ike CG, Anderson N. A proposal for teaching bioethics in high-school using appropriate visual education tools. *Philos Ethics Humanit Med* [Internet]. 2018 [acesso 15 abr 2026];13(1):1-5. DOI: 10.1186/s13010-018-0064-1
28. Kummuanek O, Aranyawat U, Pongsopon P. Study of students' moral reasoning on modern biotechnonology applications using bioethics for informed decision modules. *J Turkish Sci Educ* [Internet]. 2022 [acesso 15 abr 2026];19(2):511-24. DOI: 10.36681/tused.2022.134
29. Fernandes CM, Conceição GM, Silva ZP, Nampo FK, Neto FC. Socioeconomic factors increase the risk of teenage pregnancy: spatial and temporal analysis in a Brazilian municipality. *Rev Bras Epidemiol* [Internet]. 2024 [acesso 15 abr 2026];27:1-9. DOI: 10.1590/1980-549720240040
30. Lelis CF, Prietsch SOM, Cesar JA. Gravidez não planejada no extremo sul do Brasil: prevalência, tendência e fatores associados. *Cien Saude Colet* [Internet]. 2024. [acesso 15 abr 2026];29(5):40-9. DOI: 10.1590/S0102-311X2011001000004
31. Mussel A, Santos D. Autonomia na escolha pela contracepção: visão histórica. *Rev bioét (Impr.)* [Internet]. 2025 [acesso 15 abr 2026];33:1-9. DOI: 10.1590/1983-803420253781PT
32. Taborda JA, Silva FC, Ulbricht L, Neves EB. Consequências da gravidez na adolescência para as meninas considerando-se as diferenças socioeconômicas entre elas. *Cad saúde colet* [Internet]. 2014 [acesso 15 abr 2026];22(1):16-24. Disponível: <https://bit.ly/4unOlwr>
33. Carvalho DP. "Aquela pequena vírgula é meu filho!": a experiência da gravidez na adolescência. *New Trends in Qual Res* [Internet]. 2021 [acesso 15 abr 2026];9:190-7. DOI: 10.36367/ntqr.9.2021.190-197

34. Mann ES, Cardona V, Gómez CA. Beyond the discourse of reproductive choice: narratives of pregnancy resolution among Latina/o teenage parents. *Cult Heal Sex* [Internet]. 2015 [acesso 15 abr 2026];17(9):1090-104. DOI: 10.1080/13691058.2015.1038853
35. Ekstrand M, Tyden T, Darj E, Larsson M. An Illusion of power: qualitative perspectives on abortion decision: making among teenage women in Sweden. *Perspect Sex Reprod Health* [Internet]. 2009 [acesso 15 abr 2026];41(3):173-80. DOI: 10.1363/4117309
36. Pillary N. Challenging discourses of teenage pregnancy: South Africa in Global perspective. *Social Compass* [Internet]. 2025 [acesso 15 abr 2026];19(4):1-11. DOI: 10.1111/soc4.70056
37. Martins GH, Eler K, Albuquerque A, Nunes R. Is the capacity to consent different from the capacity to refuse treatments and procedures in adolescence? *J Pediatr* [Internet]. 2025 [acesso 15 abr 2026];101(4):501-10. DOI: 10.1016/j.jpmed.2025.04.004
38. United Nations. Convention on the rights of children [Internet]. New York: United Nations; 1989 [acesso 15 abr 2026]. Disponível: <https://bit.ly/4tQK30K>
39. Herring J. Vulnerability and children's rights. *Int J Semiot Law* [Internet]. 2023 [acesso 15 abr 2026];36(4):1509-27. DOI: 10.1007/s11196-022-09951-0
40. Daly A. Assessing children's capacity reconceptualising our understanding through the UN convention on the rights of the child. *Int J Child Rights* [Internet]. 2020 [acesso 15 abr 2026];28:471-99. DOI: 10.1163/15718182-02803011
41. Bart A, Hall G, Gilliam L. Gillick competence: an inadequate guide to the ethics of involving adolescents in decision-making. *J Med Ethics* [Internet]. 2023 [acesso 15 abr 2026];50:157-62. DOI: 10.1136/jme-2023-108930
42. Auckland C. Authenticity and identity in adolescent decision-making. *Mod Law Rev* [Internet]. 2024 [acesso 15 abr 2026];87(2):245-79. DOI: 10.1111/1468-2230.12834
43. Parmigiani G, Benevento M, Solarino B, Margari A, Ferorelli D, Buongiorno L et al. Decisional capacity to consent to treatment in children and adolescents: a systematic review. *Psychiatry Res* [Internet]. 2025 [acesso 15 abr 2026];344. DOI: 10.1016/j.psychres.2024.116343
44. Garanito MP, Zaher-Rutherford VL. Adolescent patients and the clinical decision about their health. *Rev Paul Pediatr* [Internet]. 2019 [acesso 15 abr 2026];37:503-9. DOI: 10.1590/1984-0462/2019/37/4/00011
45. Gairi-Burgues MA, Esquerda-Arestes M, Pifarré-Paredero J, Miquel-Fernandez E, Solé-Mir E. Evaluación del madurez del menor em el ambito sanitario: la perspectiva de padres y pediatras. *Pediatr Aten Prim* [Internet]. 2023 [acesso 15 abr 2026];25(97):13-9. Disponível: <https://bit.ly/49vCJiX>
46. Baltag V, Takeuchi Y, Guthold R, Ambresin A. Assessing and supporting adolescents' capacity for autonomous decision-making in health-care settings: new guidance from the World Health Organization. *J Adolesc Health* [Internet]. 2022 [acesso 15 abr 2026];71:10-3. DOI: 10.1016/j.jadohealth.2022.04.005
47. Hall EM. The mature minor doctrine: the ethical dilemma of respecting adolescents right to refuse care [dissertação] [Internet]. Philadelphia: Temple University; 2022 [acesso 15 abr 2026]. DOI: 10.34944/dspace/7729
48. Eller K. Capacidade jurídica da criança e do adolescente na saúde. Rio de Janeiro: Lumen Juris; 2020.
49. Assessing and supporting adolescent capacity for autonomous decision-making in health care settings: a tool for health care providers [Internet]. Geneva: WHO; 2021 [acesso 15 abr 2026]. Disponível: <https://bit.ly/4tSC4k0>
50. Vasquez AS. Ética. Rio de Janeiro: Civilização Brasileira; 2003.
51. Rios TA. Ética e competência. São Paulo: Cortez; 2001.
52. DeMarco JP. Competence and paternalism. *Bioethics* [Internet]. 2002 [acesso 15 abr 2026];16(3):231-45. DOI: 10.1111/1467-8519.00283
53. Gracia D, Jarabo Y, Espildora NM, Rios J. Toma de decisiones en el paciente menor. *Med Clin* [Internet]. 2001 [acesso 15 abr 2026];117:179-90. DOI: 10.1016/S0025-7753(01)72054-4

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