

EDUCATIONAL ACTIVITY ON AUTISM SPECTRUM DISORDER IN QUILOMBOLA: AN EXPERIENCE REPORT

Atividade educativa sobre transtorno do espectro autista em quilombolas: relato de experiência

Actividad educativa sobre trastorno del espectro autista en quilombolas: relato de experiencia

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ABSTRACT

Background: Autism Spectrum Disorder is a neurodevelopmental condition with significant impact on communication, social interaction, and behaviour. Early diagnosis is essential for effective intervention. Community Health Workers, particularly in quilombola communities, play a strategic role in monitoring child development but face important training gaps. **Objective:** to describe the educational experience of nursing doctoral students in conducting an educational intervention on Autism Spectrum Disorder, aimed at Community Health Workers operating in a quilombola community in Northeastern Brazil. **Methodology:** experience report developed in July 2024, based on the Arc of Maguerez methodology and the principles of problem-posing pedagogy. The training was structured in four stages and had a total duration of three hours. **Results:** gaps in participants' knowledge were identified, while critical reflection and the recognition of contextual knowledge were encouraged. The inclusion of participatory methodologies and digital tools fostered engagement and learning. **Conclusion:** the activity demonstrated relevant formative potential for both health workers and doctoral students. It highlighted the importance of continuous, context-based, and culturally sensitive educational strategies, aiming to strengthen care provision for vulnerable populations.

Keywords: autism spectrum disorder; primary health care; continuing education; quilombola communities

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RESUMO

Enquadramento: a Perturbação do Espectro do Autismo é uma condição do neurodesenvolvimento com impacto significativo na comunicação, interação social e comportamento, sendo o diagnóstico precoce essencial. Agentes Comunitários de Saúde, especialmente em comunidades quilombolas, desempenham um papel estratégico na vigilância do desenvolvimento infantil, mas enfrentam lacunas formativas. **Objetivo:** descrever a experiência formativa de doutorandas em enfermagem na condução de uma ação educativa sobre a Perturbação do Espectro do Autismo, dirigida a Agentes Comunitários de Saúde que atuam numa comunidade quilombola no Nordeste do Brasil. **Metodologia:** relato de experiência desenvolvido em julho de 2024, baseado no Método do Arco de Maguerez e nos princípios da pedagogia problematizadora. A formação foi estruturada em quatro etapas e teve duração total de três horas. **Resultados:** foram identificadas fragilidades no conhecimento dos participantes, promover reflexão crítica e valorizar os saberes contextualizados. A inclusão de metodologias participativas e instrumentos digitais favoreceu o envolvimento e a aprendizagem. **Conclusão:** a ação revelou potencial formativo relevante, tanto para os profissionais quanto para as doutorandas. Evidenciou-se a importância de estratégias educativas contínuas, contextualizadas e culturalmente sensíveis, com foco nos cuidados prestados a populações vulneráveis.

Palavras-chave: transtorno do espectro autista; atenção primária à saúde; educação contínua; quilombolas

RESUMEN

Marco contextual: el Trastorno del Espectro Autista es una condición del neurodesarrollo con impacto significativo en la comunicación, la interacción social y el comportamiento. El diagnóstico precoz resulta esencial. Los Agentes Comunitarios de Salud, especialmente en comunidades quilombolas, desempeñan un papel estratégico en la vigilancia del desarrollo infantil, pero enfrentan importantes carencias formativas. **Objetivo:** describir la experiencia formativa de doctorandas en enfermería en la conducción de una acción educativa sobre el Trastorno del Espectro Autista, dirigida a Agentes Comunitarios de Salud que actúan en una comunidad quilombola del noreste de Brasil. **Metodología:** relato de experiencia desarrollado en julio de 2024, basado en el Método del Arco de Maguerez y en los principios de la pedagogía problematizadora. La formación se estructuró en cuatro etapas y tuvo una duración total de tres horas. **Resultados:** se identificaron debilidades en los conocimientos de los participantes, se promovió la reflexión crítica y se valoraron los saberes contextualizados. La inclusión de metodologías participativas y herramientas digitales favoreció la implicación y el aprendizaje. **Conclusión:** la acción reveló un potencial formativo relevante, tanto para profesionales como doctorandas. Se evidenció la importancia de estrategias educativas continuas, contextualizadas y culturalmente sensibles, centradas en el fortalecimiento del cuidado en contextos vulnerables. **Palabras clave:** trastorno del espectro autista; atención primaria de salud; educación continua; quilombola

INTRODUCTION

Autism Spectrum Disorder (ASD), as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), is a neurodevelopmental condition characterized by persistent deficits in social communication and interaction, as well as by restricted, repetitive patterns of behavior, interests, or activities (American Psychiatric Association, 2014). These manifestations tend to appear before the age of three and may be associated with intellectual disability and significant difficulties in autonomy and social integration (Costa et al., 2024).

Although advances in the identification of ASD are recognized, considerable challenges persist, especially in socially vulnerable contexts. Early diagnosis and timely intervention are crucial for improving a child's developmental outcomes, but they depend on the capacity of primary health care services to identify early warning signs and make appropriate referrals (Girianelli et al., 2023).

In this context, Community Health Agents (CHAs) play a strategic role. By being part of the communities where they work, CHAs have direct access to families, allowing them to conduct regular home visits and monitor child development. They have at their disposal, among other resources, the Child's Health Handbook—an instrument that includes the Modified Checklist for Autism in Toddlers (M-CHAT-R™)—which aids in the early detection of signs suggestive of ASD (Maranhão et al., 2019; Ministério da Saúde, 2024). However, several studies point to gaps in the training of these professionals regarding autism, which compromises the effectiveness of their interventions (Brayner, 2016).

This reality is even more critical in Quilombola communities—traditional Black populations descended from African slaves, who face profound social inequalities, limited access to healthcare, and institutional invisibility (Couto et al., 2017). The work of CHAs in these territories, therefore, requires an educational approach that considers the cultural specificities, traditional knowledge, and geographical challenges of these communities.

Despite the importance of the topic, there is a scarcity of studies exploring training strategies aimed at CHAs in Quilombola territories, particularly concerning ASD. Reports on training experiences conducted by professionals-in-training, which combine educational practice, cultural sensitivity, and intervention in vulnerable contexts, are also limited.

In this context, this article aims to describe the training experience of nursing doctoral students in conducting an educational initiative on Autism Spectrum Disorder, directed at Community Health Agents from a Quilombola community in Northeast Brazil. The report addresses the process of planning, execution, and the perceptions generated by the intervention, valuing local cultural aspects and the specificities of the health context in vulnerable populations.

BACKGROUND

ASD is a disorder that affects millions of people worldwide, with an estimated prevalence of approximately 1 in 132 individuals, with no significant differences across geographical regions (Tomazelli et al., 2023). It is characterized by persistent deficits in social interaction and communication, as well as by restricted and repetitive patterns of behavior

(American Psychiatric Association, 2014; Costa et al., 2024).

Despite the growing visibility of ASD, early diagnosis remains a challenge, especially in territories marked by social inequalities and barriers to healthcare access. The timely identification of suggestive signs can optimize children's prognosis and improve their families' quality of life, making the role of primary health care fundamental in this process (Girianelli et al., 2023).

In Brazil, the Family Health Strategy (ESF) is the main entry point to the health system. Within it, Community Health Agents (CHAs) act as a link between communities and multiprofessional teams, conducting home visits, territorial mapping, and health promotion and surveillance activities (Maranhão et al., 2019). The recently updated Child's Health Handbook includes tools such as the M-CHAT-R™, an instrument that allows for the screening of autism risk signs, which reinforces the importance of CHAs' knowledge of it (Ministério da Saúde, 2024).

Studies have shown that these professionals often lack sufficient training on autism. In Ceará, 88.4% of CHAs reported not having received continuous training on the subject, although nearly all of them recognized its importance (Brayner, 2016). This training gap compromises their performance in screening and follow-up activities and is exacerbated in specific cultural contexts, such as that of Quilombola communities.

Quilombola communities face historical conditions of social exclusion, structural racism, and institutional neglect, which places them in a situation of double vulnerability: as a Black population and as inhabitants of territories with lower public service coverage (Couto et al., 2017). The integration of CHAs in these contexts,

although strategic, requires additional skills, both technical and cultural, that allow them to act with sensitivity, active listening, and effectiveness with historically marginalized populations.

International literature also highlights similar challenges. In rural and ethnic minority contexts, health professionals report difficulties in adapting standardized practices to local realities, indicating the need for educational strategies that incorporate community knowledge and promote critical learning (World Health Organization [WHO], 2025). In this sense, pedagogical approaches based on problem-posing, such as the one proposed by Paulo Freire, gain prominence for promoting active listening, dialogue, and the empowerment of individuals (Rodrigues, 2022).

Maguerez's Arch Method, used in this experience, aligns with this perspective by proposing a teaching cycle centered on the participants' concrete reality: from observation to transformative application. This approach has proven effective in health contexts by stimulating critical thinking, theory-practice integration, and the construction of context-adapted solutions (Dias et al., 2022).

Despite the relevance of CHAs in promoting health in Quilombola communities, there is a scarcity of studies documenting training experiences with this group, especially concerning autism. This study aims to contribute to filling this gap by reporting on an educational action that considers not only the technical content on ASD but also the sociocultural and contextual specificities that shape the practice of health professionals in vulnerable contexts.

METHODOLOGY

This is a qualitative study of the experience report type, describing an educational intervention on ASD developed within the scope of the "Health of Vulnerable Populations" course unit of the Doctoral Program in Nursing at a public university in Northeast Brazil. This type of study aims at the reflective sharing of practical experiences that can contribute to the improvement of future actions in similar contexts (Mussi et al., 2021).

The activity was conducted in July 2024 in a Primary Health Care Unit located in a Quilombola community in the Metropolitan Region of Fortaleza, Brazil. The community has approximately 656 inhabitants and is considered to have difficult geographical access, with limitations in transportation, digital connectivity, and basic services.

The training action was aimed at two newly hired CHAs in the Family Health Strategy team, which was the total number of professionals in this category present in the community at the time of the intervention. The inclusion criteria were: being a CHA currently working in the Quilombola community with less than one year of experience and being available to participate in the training. No exclusion criteria were applied, given the small number of participants.

The activity lasted three hours and was organized into four pedagogical moments: (1) an ice-breaking dynamic; (2) a theoretical-dialogical presentation; (3) a conversation circle; and (4) a reinforcement dynamic. The entire process was conducted by two nursing doctoral students with prior experience in public health and previous involvement with the community through volunteer projects and extension activities.

Maguerez's Arch Method was used to conduct the activity, a teaching strategy based on the problematization of reality, composed of five stages: i) observation of reality, ii) identification of key points, iii) theorization, iv) formulation of hypotheses, and v) application to reality (Dias et al., 2022).

- Observation of reality: Carried out previously by one of the researchers who was already active in the community. Gaps in knowledge about autism and the challenges faced by local families were identified.
- Identification of key points: Recognition of beliefs and myths about autism, technical limitations of the CHAs, and cultural barriers in case referral.
- Theorization: Based on updated references on ASD, culturally sensitive care practices, and the role of CHAs in primary care.
- Formulation of solution hypotheses: Participatory construction of educational strategies adapted to the community's reality.
- Application to reality: Implementation of the training activity using accessible language, visual resources, a digital quiz, and space for dialogue.

As an informal evaluation strategy, an interactive quiz (Kahoot®) was used at the end of the activity, with eight objective questions to verify comprehension of the content covered. Although not for formal assessment purposes, this dynamic allowed for the observation of the participants' appropriation of knowledge.

From an ethical standpoint, the intervention respected the principles of autonomy, beneficence, non-maleficence, and justice. All participants were informed of the action's objectives and gave verbal consent for the experience's information to be used for scientific purposes anonymously. No sensitive data were collected, nor were clinical or diagnostic instruments applied. The Quilombola community

formally authorized the activity through its representative association.

As this is an experience report, standardized data collection instruments were not used. The information analyzed resulted from participant observation, interactions established during the training, and the perceptions of the researchers involved.

The data obtained were processed using a qualitative approach based on thematic content analysis, allowing for the identification of emerging categories related to prior knowledge, the CHAs' perceptions, and the community's cultural dynamics. This analysis was guided by relevant scientific literature, ensuring coherence between the lived experience and the theoretical foundations that support it.

RESULTS

The educational action on ASD, composed of four moments of approximately 45 minutes each (totaling three hours), was conducted by two nursing doctoral students. The intervention was based on Maguerez's Arch Method and the principles of Paulo Freire's problem-posing pedagogy (Dias et al. 2022), aiming to promote a dialogical and contextualized learning experience.

The activity began with an interactive dynamic based on a "myths and truths" game, the objective of which was to identify the participants' prior knowledge and foster an environment of listening and dialogue. Seven statements, printed on cards, were used, which the CHAs drew and discussed based on their perceptions. This stage revealed that, despite their interest in the topic and their informal search for information, the participants had doubts about the early identification

of ASD and reported insecurity regarding the referral of suspected cases.

For example, one of the professionals stated that he had already encountered a child with suggestive signs but did not know how to proceed when faced with the family's resistance.

This initial experience made it evident that CHAs face weaknesses in their training on autism, particularly in the clinical recognition of early signs and in their approach to families, which reinforces the need for continuous and culturally appropriate educational strategies. These reports confirmed the relevance of the educational action and helped guide the subsequent moments of the training.

In the next stage, a theoretical-dialogical presentation with slide support was conducted, addressing the main clinical aspects of ASD, public health policies, and the role of CHAs in early identification and case follow-up. The language used was accessible, and the presentation unfolded in a participatory environment, in which the content was continuously enriched by the CHAs' contributions through questions, comments, and reflections anchored in their experiences. One of the questions raised was about how to act when parents "deny that the child might have something", reflecting a recurring concern in working in communities where the stigma around disability is still strong.

For the doctoral students, this moment was particularly formative, as it required flexibility in the pedagogical approach and sensitivity to handle practical doubts and delicate situations that reveal the real challenges faced by professionals in the field.

The conversation circle, the third stage of the training, focused on the specificities of health in the Quilombola population. The CHAs enthusiastically reported their pride in working in their own community and

highlighted the value of integrative practices, such as the use of medicinal plants, which are part of the local therapeutic repertoire. However, they pointed out that many families only resort to health services as a last resort, which hinders the early screening for signs of atypical development and compromises the implementation of timely and needs-adjusted interventions. At this point, the Child's Health Handbook, updated in 2024 (Ministério da Saúde, 2024), was also discussed as a tool not just for vaccination records but for monitoring child development. Doubts arose about how to guide families on the proper completion and use of the instrument, which generated a productive debate on awareness and communication strategies adapted to the local reality.

For the doctoral students, this moment was particularly revealing regarding the importance of respecting and integrating traditional knowledge into the training process. Listening to the CHAs' experiences made it possible to understand the coexistence of popular practices and institutional protocols, requiring a sensitive, dialogical, and culturally situated training stance.

The final stage of the activity consisted of the application of a digital quiz on the Kahoot® platform, containing eight multiple-choice questions related to the content covered. The participants' adherence was total; both showed enthusiasm for using technology as an educational resource. Although the quiz was not for formal assessment, it was possible to observe that about 75% of the answers were correct, suggesting a significant assimilation of key concepts. The activity also promoted a playful and relaxed atmosphere, facilitating the consolidation of knowledge and the reinforcement of the topics addressed. From the

doctoral students' perspective, this stage highlighted the potential of innovative educational strategies, even in contexts with limited resources. The choice of an interactive, accessible, and motivating format proved effective in mobilizing the CHAs' interest, as well as stimulating critical reflection on their professional practice.

Throughout the educational action, it was possible to observe an environment of acceptance, mutual interest, and collective construction of knowledge. The CHAs reported that the training helped them to "better understand what autism is" and "know what to say to the mothers," recognizing the importance of the training for their work in the territory. Both expressed a desire to participate in new training sessions and suggested topics such as the use of medicinal plants and women's health, demonstrating an alignment between their daily practices and their training needs. For the doctoral students, the experience provided significant learning, as it required the adaptation of language, methodologies, and attitudes to the specific sociocultural context of the Quilombola community. The direct interaction with the CHAs, marked by active listening and the recognition of their knowledge, contributed to strengthening the link between theory and practice, in addition to reinforcing the commitment to an inclusive, ethical, and equity-promoting education.

Among the main challenges identified in the context of the training, the difficulties of physical access to the community—located in a rural area with unpaved roads and no mobile network—stood out, as well as the resistance of some families to accept referrals for specialized evaluation. These obstacles, experienced daily by the CHAs, highlight the structural and cultural barriers that interfere with comprehensive care for

children with suspected ASD. On the other hand, the trust shown by the professionals in the initiative and the bond already established by the doctoral students with the community acted as fundamental facilitators for the success of the educational activity.

Thus, the results of this experience reveal not only the pedagogical effectiveness of the educational action but also the continuous need to strengthen culturally appropriate training strategies that value the active participation of professionals and are aligned with the particularities of populations in situations of social vulnerability.

DISCUSSION

The reported experience provided relevant evidence on the potentials and challenges involved in training CHAs in contexts of social and cultural vulnerability. The educational action, by addressing ASD, proved to be an effective tool for strengthening the competencies of CHAs, not only on a technical level but also in valuing their cultural practices and recognizing their role as mediators between the health system and families.

Studies such as those by Diaz et al. (2019) and Schaaf et al. (2020) had already indicated that CHAs, by being embedded in their communities, are fundamental elements for the early detection of alterations in child development. However, their initial training often does not deeply cover topics like autism, which justifies the need for continuous and contextualized educational actions, such as the one presented here.

The analysis of the intervention allowed for the identification of important gaps in the CHAs' knowledge, especially concerning the identification of early signs of ASD, dealing with family resistance, and articulating with the support network. These findings

reinforce what has been discussed in international literature by authors like Iadarola et al. (2020) and Vivanti et al. (2018), who highlighted the importance of training adapted to the sociocultural reality of the contexts, especially in communities with limited access to specialized services.

The methodological strategy adopted, based on Maguerez's Arch Method and the principles of Paulo Freire's problem-posing pedagogy (Dias et al., 2022), proved to be consistent with the proposed objectives. The use of problematization as a central axis enabled a dialogical, participatory, and critical approach, breaking with the transmissive logic of traditional education and allowing the CHAs to be protagonists in their own training process. The literature indicates that active learning methodologies increase knowledge retention and promote transformations in professional practices (Dias et al., 2022; Rodrigues, 2022).

From the doctoral students' perspective, the experience was equally formative. The need to adapt language, deal with cultural beliefs, adjust strategies in real-time, and actively listen to local professionals required pedagogical and cultural competencies that go beyond technical training. This type of experience strengthened essential dimensions of nursing and public health education, such as empathy, sensitive listening, and an ethical-political commitment to historically marginalized populations. As discussed by Heggestad et al. (2022) and Winter et al. (2022), it is fundamental that the training of health professionals includes experiences in vulnerable territories to stimulate the construction of situated and critical knowledge.

Additionally, the intervention promoted the articulation between technical-scientific knowledge and traditional knowledge. Listening to discussions

about the use of medicinal plants and valuing these practices in this context reinforces the importance of an intercultural approach to health. Authors such as Aguilar-Peña et al. (2020) and Baez et al. (2024) argue that a culturally sensitive health policy must incorporate the perspectives of the subjects involved, recognizing therapeutic pluralism as part of the lived reality of communities.

Despite the identified contributions, the experience has limitations that deserve critical consideration. The participation of only two CHAs, although representative of the local reality, restricts the generalizability of the findings, which compromises the external validity of the experience. Additionally, the absence of standardized instruments for pre- and post-intervention assessment limits the objective measurement of the learning promoted. The doctoral students' prior bond with the community, while facilitating access and participant involvement, may have also influenced how the data were interpreted, introducing a relational bias. Despite these limitations, the results offer relevant contributions for reflection on health education practices in vulnerable contexts, highlighting possible paths for future actions that are more systematized and have greater methodological robustness.

Still, the study is in line with experiences documented in the literature that defend the reporting of experiences as a legitimate tool for knowledge production in health, especially concerning educational practices developed in complex contexts. As Lane e Roberts (2021), Thissen et al. (2020) and Winkel et al. (2017) point out, an experience report, when rigorously systematized, can contribute to the advancement of health practices and to critical reflection on training and care processes.

Finally, the experience reinforces the need to invest in interdisciplinary, continuous, and contextualized training for primary health care professionals, particularly in traditional communities such as the Quilombolas. Simultaneously, it highlights the role of the university not only as a producer of knowledge but as a strategic partner in strengthening the Unified Health System (SUS), by bringing postgraduate students closer to the social realities that challenge the realization of the right to health in Brazil.

CONCLUSION

The educational experience reported here aimed to qualify CHAs for the early identification and referral of ASD cases, respecting the specific cultural context of a Quilombola community. The results show that the training promoted an expansion of the CHAs' knowledge on the topic, while also valuing their own knowledge and reinforcing the importance of their role in primary health care.

The activity made it possible to identify weaknesses in the initial training of CHAs regarding autism, while also demonstrating the potential of participatory methodologies to foster critical reflection and the transformation of practices. Constant interaction, active listening, and the dialogue between different forms of knowledge became central elements for the success of the training. The learning constructed throughout the process was also significant for the doctoral students involved, who had the opportunity to experience, in a real-world context, the challenges of an ethical, culturally sensitive, and equity-committed health education.

Despite the inherent limitations related to the small sample size and the absence of standardized evaluation

instruments, this experience contributes to the debate on educational practices in vulnerable contexts and highlights the relevance of contextualized, interdisciplinary, and dialogical training strategies. It is recommended that future research seek to deepen the understanding of the impact of such training on the daily practice of CHAs over time, and that mixed-methodological approaches be adopted, combining qualitative and quantitative evaluation. Furthermore, it is essential to expand the reach of these educational actions to include other health and education professionals, with a view to promoting more inclusive, integrated, and needs-oriented care for children with suspected or diagnosed ASD.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

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