

MAGUEREZ ARCH AS A HEALTH EDUCATION PEDAGOGICAL METHODOLOGY FOR HEALTH EDUCATION ON AUTISM

Arco de Maguerез como metodologia pedagógica de educação em saúde sobre autismo

Arco de Maguerез como metodología peggagógica de educación para la salud sobre el autismo

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ABSTRACT

Background: the Maguerез Arc stands out as an active teaching methodology that stimulates the problematization of reality and the critical-reflective construction of knowledge, being widely used in the health field, including education about Autism Spectrum Disorder (ASD). **Objective:** to describe experiences resulting from the use of the Maguerез Arc as a pedagogical strategy in health education about ASD. **Methodology:** a qualitative study, experience report type, developed by researchers in a philanthropic association in the city of Porto, in February 2025. The activity followed the five stages of the Maguerез Arc and was aimed at parents who were waiting to receive food baskets (n=12). **Results:** the methodology proved effective in promoting active participation and the collective construction of knowledge about ASD. Observations indicated an evolution in initial perceptions, reflecting significant learning in understanding the characteristics of autism, recognition of the importance of inclusion, and interest in disseminating this information. **Conclusion:** this strategy proved promising for linking theoretical knowledge with community practice, fostering critical reflection and strengthening health literacy. Future studies could explore this approach in different contexts, evaluating its impact on promoting inclusion and supporting families of children with ASD.

Keywords: health education; autism spectrum disorder; teaching; problem-based learning

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RESUMO

Enquadramento: o Arco de Maguerез destaca-se como metodologia de ensino ativa que estimula a problematização da realidade e a construção crítico-reflexiva do conhecimento, sendo amplamente utilizada na área da saúde, incluindo a educação sobre a Perturbação do Espectro do Autismo (PEA). **Objetivo:** descrever vivências decorrentes da utilização do Arco de Maguerез como estratégia pedagógica na educação para a saúde sobre PEA. **Metodologia:** estudo qualitativo, tipo relato de experiência, desenvolvido por investigadoras numa associação filantrópica da cidade do Porto, em fevereiro de 2025. A atividade seguiu as cinco etapas do Arco de Maguerез e destinou-se a pais e mães que aguardavam a receção de cabazes alimentares (n=12). **Resultados:** a metodologia revelou-se eficaz promovendo a participação ativa e a construção coletiva do conhecimento sobre PEA. As observações indicaram evolução nas percepções iniciais, refletindo aprendizagem significativa na compreensão das características do autismo, reconhecimento da importância da inclusão e interesse em disseminar estas informações. **Conclusão:** esta estratégia mostrou-se promissora para articular o conhecimento teórico com a prática comunitária, favorecendo a reflexão crítica e o fortalecimento da literacia em saúde. Estudos futuros poderão explorar esta abordagem em diferentes contextos, avaliando seu impacto na promoção da inclusão e no apoio às famílias de crianças com PEA.

Palavras-chave: educação em saúde; transtorno do espectro autista; ensino; aprendizagem baseada em problemas

RESUMEN

Marco contextual: el Arco de Maguerез se destaca como una metodología de enseñanza activa que estimula la problematización de la realidad y la construcción crítico-reflexiva del conocimiento, siendo ampliamente utilizado en el campo de la salud, incluyendo la educación sobre el Trastorno del Espectro Autista (TEA). **Objetivo:** describir experiencias resultantes del uso del Arco de Maguerез como estrategia pedagógica en la educación para la salud sobre el TEA. **Metodología:** estudio cualitativo, tipo relato de experiencia, desarrollado por investigadores de una asociación filantrópica en la ciudad de Oporto, en febrero de 2025. La actividad siguió las cinco etapas del Arco de Maguerез y estuvo dirigida a padres que esperaban recibir cestas de alimentos (n=12). **Resultados:** la metodología demostró ser eficaz para promover la participación activa y la construcción colectiva de conocimiento sobre el TEA. Las observaciones indicaron una evolución en las percepciones iniciales, lo que refleja un aprendizaje significativo en la comprensión de las características del autismo, el reconocimiento de la importancia de la inclusión y el interés en difundir esta información. **Conclusión:** esta estrategia resultó prometedora para vincular el conocimiento teórico con la práctica comunitaria, fomentar la reflexión crítica y fortalecer la alfabetización en salud. Estudios futuros podrían explorar este enfoque en diferentes contextos, evaluando su impacto en la promoción de la inclusión y el apoyo a las familias de niños con TEA.

Palabras clave: educación en salud; trastorno del espectro autista; enseñanza; aprendizaje basado en problemas

INTRODUCTION

Autism Spectrum Disorder (ASD) is characterized by a neurodevelopmental condition marked by deficits in social interaction and communication, stereotyped and repetitive patterns of behavior, and atypical intellectual development processes. In most cases, it is associated with intellectual disability, and its etiology is not yet fully understood; however, genetic and environmental factors are known to be implicated (Maenner et al., 2021).

In the United States of America, in 2020, a study revealed that the prevalence of ASD per 1,000 eight-year-old children ranged from 23.1 in Maryland to 44.9 in California. The overall prevalence was 27.6 per 1,000 (one in 36) children in this age group, being 3.8 times higher among boys compared with girls (43.0 versus 11.4). This continuous increase in the medical diagnosis of autistic individuals reinforces the urgent need for improved infrastructure and qualified health professionals capable of providing equitable diagnostic, treatment, and support services for people with ASD (Maenner et al., 2021).

Health care directed at autistic individuals requires specialized strategies and interventions, ensuring continuity of care and effective integration across the different levels of the health care network. To this end, it is essential to strengthen intersectoral action flows and foster collaboration among all professionals involved in the care of individuals with ASD. In Portugal, this need is addressed within the framework of the National Health Plan 2030 (Direção-Geral da Saúde [DGS], 2023), approved by Resolution of the Council of Ministers n.º 93/2023 (Resolução do Conselho de Ministros n.º 93/2023), as well as Decree-Law No. 113/2021 (Decreto-Lei n.º 113/2021), which

provides instruments for mental health policy planning and emphasizes articulation with other sectors, and Decree-Law No. 54/2018 (Decreto-Lei n.º 54/2018), which establishes the legal framework for inclusive education, reinforcing coordination among health, education, and the community.

A fundamental approach to promoting humanized, comprehensive, and equitable care lies in the effective implementation of health education (DGS, 2023; Ministério da Saúde, 2015).

Health education aims to foster the development of individuals, families, and communities within the scope of individual and collective care. This teaching–learning process should be person-centered and guided by needs identified by health professionals, enabling targeted interventions to promote knowledge acquisition, skill development, and transformation of health-related behaviors (Debastiani et al., 2023).

From this perspective, difficulties associated with psychological factors (stress, anxiety, among others), lack of social support, experiences of discrimination, financial impacts on family dynamics, gender issues, limitations on professional activity, understanding of ASD, emotional implications of the diagnosis, difficulties in accessing specialized programs, and the complexity of the spectrum highlight the need for empowerment, which can be achieved through health education (Silva et al., 2024).

According to Moreira et al. (2024), health education represents a dynamic means of teaching and learning, grounded in dialogue among cultural, social, and scientific forms of knowledge, while also valuing popular knowledge. This approach brings communities closer to health services, promoting disease

prevention and improving quality of life.

However, in the specific context of ASD, health education faces particular challenges, including clinical heterogeneity, persistent stigma, and communication barriers between families and professionals. These challenges require methodologies that go beyond unidirectional transmission of content and instead promote the collective construction of knowledge, with critical reflection on real-life care experiences.

It is precisely within this framework that the Maguerez's Arch proves to be especially relevant: by being grounded in the problematization of concrete situations and active learning, it enables participants to recognize, analyze, and transform their own reality into applicable knowledge. By starting from everyday observation and returning to it with action proposals, this methodology fosters autonomy, critical thinking, and empowerment—core competencies for families and professionals involved in the care of individuals with ASD (Pires Júnior et al., 2023; Rozin & Forte, 2025).

For knowledge construction in the health education process, the adoption of dialogical approaches is essential, as it stimulates active participation by individuals. In this context, the Problematization Methodology, structured around Maguerez's Arch, stands out as a relevant pedagogical strategy for the development of health education practices, characterized by its dialogical and democratic nature (Dias et al., 2022; Justino et al., 2023).

Maguerez's Arch comprises five stages, which are fundamental to the structuring and implementation of learning: (i) observation of reality—an initial moment of analysis and acquisition of a global view of the problem situation; (ii) identification of key points—

selection of the most relevant aspects for understanding the problem; (iii) theorization—theoretical analysis of the observed phenomena in light of scientific knowledge; (iv) formulation of solution hypotheses—development of strategies to intervene in reality; and (v) application and return to reality—implementation of planned actions and evaluation of their impacts.

Thus, Maguerez's Arch not only organizes the teaching–learning process but also articulates theory and practice, a decisive quality in ASD, where empathetic understanding, reading of the family reality, and transformative action are crucial for inclusion and health promotion (Almeida et al., 2024; Dias et al., 2022).

In this way, the structure of Maguerez's Arch favors the implementation of active methodologies in teaching and learning processes (Dias et al., 2022). In the context of health education on autism, this methodology enables the identification of challenges and the construction of solutions that are appropriate to the realities of caregivers and health professionals. Accordingly, the aim of this study is to describe experiences related to the use of Maguerez's Arch as a pedagogical methodology for health education on autism. Presenting this study seeks to highlight a successful experience that may serve as a basis to support health professionals, researchers, caregivers, and managers in the development of educational actions for a population that faces numerous challenges in a society that is still in the process of understanding ASD and the emotional, social, and economic impacts associated with this health condition.

BACKGROUND

Variations in the prevalence of ASD and the multiple factors associated with this diagnosis underscore the ongoing need to deepen knowledge about support networks, care practices, challenges faced by caregivers, and gaps in professional training (Maenner et al., 2021).

ASD, as a health condition that is not yet fully understood, requires the development of integrated strategies to overcome barriers and optimize the support offered to individuals with this diagnosis, their caregivers, and health services (Maenner et al., 2021). However, resistance can be observed among some health professionals to adapting their clinical and communicational approaches in response to the complexity of autism. This stance compromises the creation of a dialogical environment and shared decision-making, hindering the active participation of families in the formulation of care and intervention plans (Moreira et al., 2024; Oliveira et al., 2024).

Parents and caregivers play a central role in the continuous care of individuals with ASD. In this regard, it is essential to adopt approaches that provide accessible information and practical guidance on autism, in addition to technical and emotional support resources. Nevertheless, cultural, economic, territorial, and institutional challenges persist, highlighting the need to improve health policies and social care services (Silva et al., 2024).

In Portugal, these gaps are also acknowledged in strategic documents such as the National Mental Health Plan 2023–2030 (DGS, 2023), which advocates articulation among health, education, and community sectors to ensure an integrated response to neurodevelopmental disorders. This guidance

emphasizes the importance of family empowerment and early community-based intervention, pillars that align with the objectives of health education and the principles of Maguerez's Arch.

It is important to highlight that families in situations of socioeconomic vulnerability and/or those belonging to migrant contexts face additional challenges in health literacy and access to appropriate care. Scientific evidence indicates that low educational levels, language difficulties, and cultural barriers limit the understanding of health information and reduce adherence to educational programs (Dias et al., 2020; Paasche-Orlow & Wolf, 2007). These barriers are particularly evident in migrant or multicultural families, in which institutional mistrust and differences in values may interfere with communication between professionals and caregivers (Fernandes et al., 2022).

From this perspective, participatory and problematization-centered methodologies, such as Maguerez's Arch, prove to be particularly effective, as they enable the collective construction of knowledge based on lived experiences, while respecting the cultural and social diversity of participants (Pires Júnior et al., 2023; Rozin & Forte, 2025). The dialogical and critical nature of this methodology promotes the inclusion of vulnerable groups and contributes to strengthening health literacy in community settings.

Additionally, the promotion of interdisciplinary and collaborative approaches among health professionals, educators, family members, and the community broadens the possibilities for more qualified and continuous support for individuals with ASD and their caregivers. Social awareness and community engagement are essential to removing barriers that hinder access to specialized services and to ensuring

equity in care (Silva et al., 2024).

Parent-mediated early intervention is a determining factor in strengthening the social, communicational, and behavioral skills of children with ASD (Oliveira et al., 2024). Furthermore, the consolidation of public policies focused on early intervention and the continuous training of health and education professionals are fundamental strategic actions (Oliveira et al., 2024). In this context, Maguerez's Arch emerges as a valuable tool for problematizing educational challenges and constructing knowledge applied to health, enabling critical and reflective analysis of the problems encountered.

Within this framework, Maguerez's Arch constitutes a methodological tool capable of integrating these principles, fostering critical reflection and meaningful learning derived from real-life problems. Its application in contexts of socioeconomic vulnerability and cultural diversity reinforces the potential of health education as a strategy for inclusion and equity.

The relevance of this study lies in its methodological innovation in employing Maguerez's Arch in health education on autism, demonstrating its effectiveness as a pedagogical strategy and making a significant contribution to the training of professionals who are better prepared and more sensitive to the needs of individuals with ASD.

METHODOLOGY

This is a descriptive qualitative study grounded in the experience report method, developed based on the professional and academic experiences of the researchers in the implementation of a health education intervention. The experience report is a recognized research modality that enables the

systematic description of professional practices, supported by theoretical frameworks and critical reflection on the educational process (França & Souza, 2020; Mussi et al., 2021). This approach is particularly appropriate when the objective is to share learning derived from practice and to promote its recontextualization in other health and educational settings.

It should be noted that the construction of this report was guided by the assumptions proposed by the aforementioned authors (Mussi et al., 2021). This methodological design was chosen because the study does not involve research with human subjects, but rather a reflection on professional practice within the context of health education. Thus, the report reflects the experience lived by the researchers, describing the stages of planning, implementation, and critical reflection of the intervention.

The present report addresses the experiences of researchers in the field of nursing, who also act as volunteers in a philanthropic association that assists families in situations of socioeconomic vulnerability in the city of Porto, Portugal, in February 2025. The health education activity on autism was directed at fathers and mothers who were waiting to receive food baskets in the institution's waiting room (n = 12). This group is characterized by cultural diversity and challenging socioeconomic conditions, factors that reinforce the importance of inclusive educational strategies.

Participants in the educational activity were informally invited to take part and were informed of the voluntary and non-mandatory nature of their participation. The activity did not involve any type of personal data collection or recording of identifiable information,

consisting solely of a reflective description of a pedagogical practice authorized by the institution.

It is noteworthy that individuals of different nationalities (Portuguese, Brazilian, and Angolan) participated, which required linguistic and cultural adaptations in the conduct of the educational activity in order to promote understanding and engagement among all participants.

This experience was guided by the use of the Maguerez Arc, an active methodology widely used in health education, as it fosters participatory and critical

learning. The model comprises five stages: (1) observation of reality, in which situations to be problematized are identified; (2) definition of key points, developed with creativity and flexibility; (3) theorization, grounded in scientific literature; (4) formulation of hypotheses for solutions, aimed at transforming reality through analysis and the search for alternatives; and (5) application of the most feasible solutions to the real context (Moreira et al., 2024). Figure 1 illustrates the stages of health education on autism guided by the Maguerez Arc.

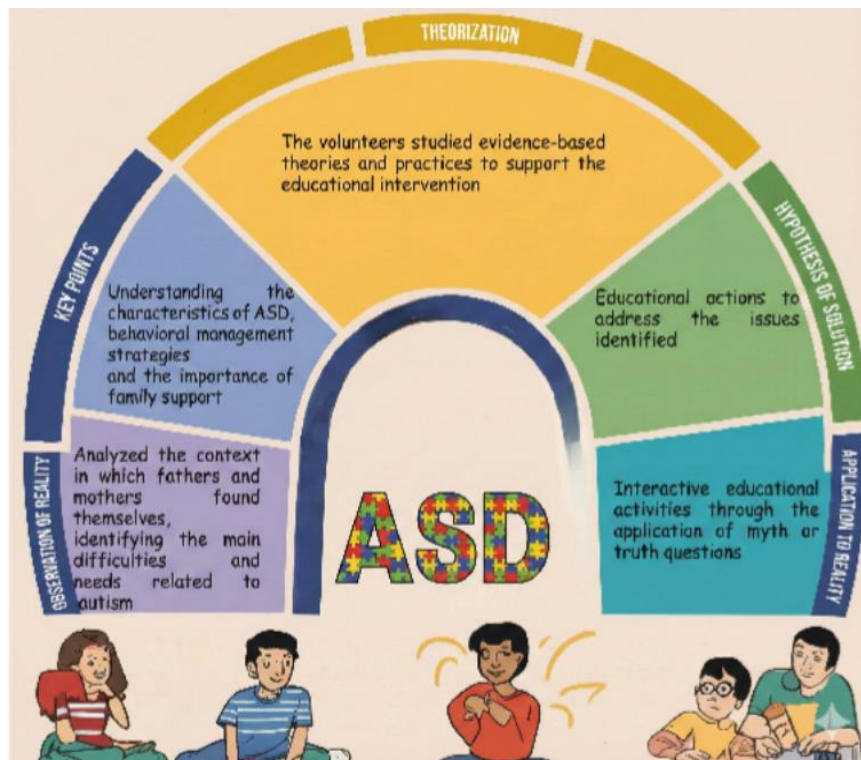


Figure 1
Stages of health education guided by the Maguerez Arc

The observation of reality was carried out by the researchers between November 2024 and January 2025, together with a professional from the philanthropic institution responsible for developing an oral health program in schools in Porto. During this phase, the researchers, in the exercise of their

volunteer activities, identified—through daily observation and direct contact with the community—a growing demand for autism assessments and frequent reports of family difficulties in accepting and understanding the diagnosis. These perceptions, emerging from professional practice, highlighted the

need to develop an educational action directed at this audience, supported by the participatory methodology of the Maguerez Arc.

Situations of social vulnerability were also identified, such as low income, unemployment, and a limited support network, which constrained families' access to health information. These findings guided the choice of the participatory methodology of the Maguerez Arc, as it allows real-life problems to be addressed and stimulates collective reflection on context-specific solutions.

Based on this situational diagnosis, the following key points of the educational action were defined: the concept and etiology of ASD, diagnosis, the importance of early interventions, characteristics, abilities, and rights of autistic individuals in Portugal, behavioral management strategies, and the importance of family support.

Following problem identification, the theorization stage began, characterized by an in-depth theoretical and scientific review of the literature, with the aim of explaining the phenomena observed in reality (Decreto-Lei n.º 54/2018; Decreto-Lei n.º 129/2017; Fiúsa & Azevedo, 2023; Girianelli et al., 2023; Lima et al., 2023; Morato et al., 2023; Oliveira et al., 2024; Pereira et al., 2022).

Based on this analysis, a health education proposal was developed that sought to integrate theoretical content with the observed needs, promoting participatory learning.

In the stage of application to reality, an interactive educational session lasting 80 minutes was conducted, structured into four moments: (1) an initial activity; (2) the presentation of an introductory video; (3) the application of a sequence of statements for analysis and

classification as myth or truth; and (4) group discussion of hypothetical everyday situations, aimed at stimulating reflection and consolidating knowledge collaboratively.

During the development of the educational activity, the researchers carried out systematic and descriptive field notes, recording observations, perceptions, and reflections on participant engagement, group dynamics, and the educational process itself. These notes served as the basis for the analytical reflections presented in the results. No systematic data collection or formal content analysis was conducted. Thus, the considerations presented result from a reflective interpretation of the educational process, in line with the descriptive and interpretative nature of the experience report.

Ethical considerations

The study followed the ethical principles of scientific research, in accordance with the Declaration of Helsinki (World Medical Association, 2013) and the Code of Ethics for Nurses (Ordem dos Enfermeiros, 2015). As it did not involve the collection of personal data or pose any risk to participants, approval by an ethics committee was not required, given that this is an experience report of a low-risk educational activity without the processing of identifiable personal data. The educational activity was previously authorized by the management of the philanthropic institution, and all participants were orally informed about the objectives and the voluntary nature of the activity. Anonymity, respect, and non-maleficence were ensured at all stages of the process.

RESULTS

The initial activity was guided by a collective question posed to the audience: “When you hear the word autism, what comes to mind?”, as illustrated in Figure 2. The participants’ oral responses included the terms

“communication”, “difficulties”, “challenges”, “children”, and “shyness”, revealing initial conceptions primarily associated with behavioral and social limitations.



Figure 2

Terms that emerged in response to the initial activity question

Field notes indicate that, at this initial moment, the group appeared both curious and hesitant. Some individuals displayed facial expressions of uncertainty, while others showed reluctance to participate. The researchers recorded that “the responses reflected a restricted perception of autism, frequently associated with the idea of illness or exaggerated shyness”. These initial perceptions were interpreted as a reflection of the lack of structured information and the influence of still-stigmatizing social representations.

The subsequent stage—the presentation of the educational video “Autism explained in 5 minutes” (Família Tagarela – Autismo & TDAH, 2021)—produced a perceptible change in group dynamics. The

researchers observed nonverbal signs of engagement, such as sustained attention, nodding in agreement, and expressions of surprise in response to the messages conveyed by the child protagonist. Field notes highlight that “the atmosphere became more participatory and empathetic” and that “curious looks gave way to expressions of recognition and identification”. This shift underscored the potential of audiovisual resources as affective and cognitive mediators in the educational process.

The theorization phase was developed through a sequence of eight statements projected via PowerPoint, which participants classified as myth or truth. During the discussion, the researchers noted

increasing group engagement, with expressions of surprise, reflection, and reformulation of ideas. According to the field notes, “participants expressed satisfaction in understanding that autism is not defined by incapacity, but by differences in the way of communicating and interacting with the world”.

The debate also revealed the importance of language in the construction of meaning. Some participants spontaneously reformulated expressions such as “children with limitations” to “children with different abilities”, which was interpreted as evidence of the appropriation of a more inclusive perspective. This terminological shift was understood by the researchers as a symbolic indication of cognitive and attitudinal transformation.

The next stage involved dividing participants into three groups tasked with analyzing hypothetical situations involving children with ASD in family, school, and community contexts. Field observations highlighted the enthusiasm with which the groups engaged in the task, the cooperative spirit, and the effort to apply acquired knowledge to real-life situations. The notes describe moments of intense debate followed by collective consensus, during which participants “began to consider the importance of empathy and active listening in relationships with autistic children”.

During the presentation of conclusions, an atmosphere of respect and mutual listening was observed. The researchers noted that “there were verbal and gestural expressions of validation among participants, such as nodding, smiling, and affirmative comments”. These manifestations were interpreted as a direct result of the problematizing methodology, which fostered a space of horizontal co-learning.

Reflections recorded in the final notes revealed that

the group demonstrated a broader and more positive perception of ASD, recognizing diversity and the importance of social inclusion. The researchers synthesized that “the evolution of perceptions was evident, from initial lack of knowledge to an awareness that ASD requires acceptance, patience, and knowledge”. This qualitative change reflects the effectiveness of the Maguerez Arc in facilitating meaningful learning.

At the end of the activity, a climate of satisfaction, closeness, and sharing was observed. The notes report that “participants expressed verbally and nonverbally the feeling of having learned something relevant and applicable to their family and community realities”. The group expressed a desire to repeat similar experiences, valuing the space for dialogue that had been created. The researchers recorded expressions of “pride in understanding better” and a “desire to share what was learned with other parents”, which was interpreted as an indicator of social empowerment and knowledge dissemination.

The creation of a horizontal and inclusive dialogical environment was decisive for consolidating the results. The researchers noted that “participants began interacting with one another outside the moments of formal intervention”, demonstrating that the activity contributed to strengthening community bonds and fostering a spontaneous support network.

A particularly expressive episode described in the field notes involved a mother undergoing the diagnostic evaluation process for her child. The researchers observed that “the participant became emotional upon understanding the characteristics of autism and the importance of early intervention”. This moment was interpreted as evidence of the emotional and

educational impact of the activity, validating the relevance of participatory strategies sensitive to the participants' sociocultural context.

Overall, the results indicate that the use of the Maguerez Arc favored the construction of contextualized and transformative knowledge, meaningfully integrating theory and practice. The researchers' notes allow the conclusion that the educational process went beyond the mere transmission of information, constituting a space for listening, recognition, and reconstruction of knowledge—essential elements for promoting health literacy and the social inclusion of individuals with ASD.

DISCUSSION

The present report demonstrated that the use of the Maguerez Arc as a pedagogical methodology in health education on ASD fostered active participation, critical reflection, and the strengthening of health literacy among participants. These findings are consistent with previous studies that recognize the potential of this methodology to promote meaningful learning and dialogue between lay and scientific knowledge (Debastiani et al., 2023; Dias et al., 2022; Moreira et al., 2024).

When analyzing the perceptions that emerged during the educational activity, it was observed that participants initially associated ASD with ideas of “shyness” or “difficulty”, reflecting common conceptions within the lay community. However, as the activity progressed, their responses and comments revealed a broader understanding of the characteristics of ASD and the importance of social inclusion. This evolution, although qualitatively observed, demonstrates the impact of a dialogical and

participatory approach in deconstructing stereotypes and increasing knowledge on the subject.

The articulation among the stages of the Maguerez Arc proved to be particularly effective: observation of reality enabled the recognition of families' difficulties in understanding and accepting the diagnosis; identification of key points guided the selection of the most relevant themes; theorization grounded the discussions in scientific evidence; the hypothesis of solution materialized through the collective construction of knowledge; and, finally, the return to reality was evident in participants' commitment to disseminating the acquired information within their communities. This methodological sequence strengthened the integration between theory and practice, promoting active and contextualized learning.

Thus, the Maguerez Arc is configured as an active teaching–learning methodological strategy that employs the problematization of real-life situations to integrate theory and practice. Its educational relevance lies in creating opportunities for the development of critical and reflective competencies and skills, stimulating the analysis of feasible problems, the exploration of possible solutions, and their application, thereby encouraging protagonism and the meaningful and applicable construction of knowledge (Silva et al., 2022).

Studies conducted with groups of parents and caregivers in similar contexts reinforce that participatory educational actions contribute to family empowerment, the early detection of signs of ASD, and the strengthening of support networks (Fiúsa & Azevedo, 2023; Oliveira et al., 2024). The active methodology applied in this study enabled the

transformation of perceptions, the recognition of rights, and the promotion of inclusive attitudes, confirming the relevance of health education as an instrument for promoting equity and citizenship (Silva et al., 2024).

It is important to emphasize that the Maguerez Arc constitutes a strategy suitable for educational planning across diverse settings and areas of knowledge, as its application enables democratic teaching–learning relationships, values prior knowledge, and engages with the reality of the target audience due to its flexibility (Dias et al., 2022). This aspect was evident in the present study, as participants were able to experience and explore existing potentials, such as knowledge acquisition, reflection, and the stimulation of critical and reflective thinking about ASD.

The cultural and socioeconomic diversity of the participants, including Portuguese, Brazilian, and Angolan families, added complexity to the educational process, requiring linguistic adaptations, practical examples, and communication strategies sensitive to cultural differences. This experience corroborates what has been highlighted by authors such as Dias et al. (2022), who emphasize the importance of cultural mediation and pedagogical flexibility in health education processes directed at vulnerable populations.

From a reflexive standpoint, the investigators' position as doctoral students and nursing professionals positively influenced the conduct of the activity, allowing for an empathetic and ethically responsible stance. Critical awareness of the potential influence of this dual role was acknowledged and incorporated into the reflective analysis process, ensuring transparency and scientific rigor, as advocated by Mussi et al. (2021).

More broadly, the experience revealed the potential of the Maguerez Arc as a pedagogical tool capable of promoting social transformation in contexts of vulnerability. By creating spaces for dialogue, active listening, and the sharing of experiences, this methodology contributed to the construction of communities that are more informed and sensitive to the needs of people with ASD. Such results support the importance of integrating participatory approaches into the practice of health professionals, thereby expanding their capacity for educational and community-based interventions.

In addition, the study highlights the transformative potential of this active methodology in providing knowledge and empowering individuals in care and self-care practices, as well as in stimulating the implementation of strategies that connect knowledge with professional practice, in line with the findings observed. The Maguerez Arc becomes a highly qualified practical technology, as it promotes critical education through everyday situations (Caldas et al., 2024). From this perspective, the study also shows that the Maguerez Arc facilitates the integration between theoretical knowledge acquired in academic settings and the realities experienced by individuals, enabling students and professionals to apply learned concepts in the search for feasible solutions compatible with the needs of people and health services, such as those who live with ASD and require differentiated care (Sousa & Nunes, 2023).

Study limitations

It is acknowledged that the present report possesses limitations inherent to its descriptive and reflective nature. First, the restricted number of participants and the limited duration of the intervention (80 minutes)

constrain the breadth of the observed perceptions and the transferability of the results to other contexts.

The absence of systematic data collection—an intentional decision to adhere to the ethical and methodological design of an experience report—precludes the quantification of educational effects. Instead, this approach prioritizes a qualitative and reflective analysis of practice.

The cultural and socioeconomic heterogeneity of the group, while enriching, presented a challenge to communicative uniformity and equitable participation. Furthermore, conducting the activity within an institutional social support setting (a waiting room for food hamper distribution) may have influenced the engagement of certain participants, given the specific circumstances and the informal environment of the session.

Finally, it is recognized that the role of the researchers, as both healthcare professionals and academics, may have influenced interactions and interpretations throughout the process, potentially introducing reflexive bias. However, critical awareness of this positioning, combined with the descriptive recording of observations, served to mitigate potential interpretative distortions.

Despite these limitations, this experience offers significant contributions to health education practice, demonstrating the applicability of Maguerez's Arch as a tool for promoting literacy and social inclusion among vulnerable groups.

CONCLUSION

The Maguerez's Arch can facilitate a more profound understanding and approach to Autism Spectrum Disorder (ASD), promoting health education and

contributing to the empowerment of families and professionals through more humanized and participatory care. This experience highlights the potential of Maguerez's Arch as a relevant pedagogical resource in nursing, particularly in the training of professionals and caregivers capable of operating in community contexts while valuing active listening, the ethics of care, and cultural sensitivity.

The implications for nursing practice include the necessity of strengthening health education programs that prioritize problematization and participatory learning. This allows nurses to act as mediators of dialogic educational processes centered on the reality of families and their sociocultural needs.

Despite recognized limitations—namely the short duration of the intervention, the small number of participants, and the specific context of the action—the results suggest that the applied methodology contributed to increased awareness and health literacy regarding ASD. The reflective analysis identified shifts in the perceptions and attitudes of the families, reinforcing the pedagogical value of the experience.

Consequently, to complement the data from this reflective study, future research is recommended to deepen knowledge across diverse contexts, utilizing culturally homogeneous groups or comparative studies with larger, statistically representative samples. Furthermore, future investigations should employ systematic data collection, such as semi-structured interviews and formal content analysis, including longitudinal follow-up assessments to measure knowledge retention and the medium-to-long-term impact on health literacy. The study also notes limitations regarding educational impact assessment instruments (e.g., satisfaction questionnaires or

pre/post-tests), suggesting their inclusion in future research.

The findings of this study suggest that the adopted methodology represents a promising pathway for developing inclusive and participatory educational practices. Such practices are capable of fostering autonomy, empathy, and social commitment—values central to nursing as a science of caring.

CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

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