

# The innovative methodology for teaching and learning about sexuality care in a population of young Mexicans

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## Abstract

**Introduction.** Sex education in Mexico focuses on biological aspects, with traditional teaching-learning strategies, which do not encourage reflection on learning that impacts the care of sexuality, so it is urgent to propose a change so that the student becomes a subject and not an object of your learning. **Objective.** To report the experiences in developing the innovative methodology through the Maguerez Arch for the teaching and learning of the Care of the sexuality of the University Emerging Adult. **Method.** Qualitative study based on the Arco de Maguerez problematization methodology, developed on 12 Nursing students from 18 to 25 who attended 12 program sessions: “Taking care of my sexuality.” The reports were analyzed by content analysis and technique of the speech. **Results.** According to the five moments of the Maguerez Arch: 1) Observation of reality: ignorance of contraceptive methods and sexually transmitted infections, 2) Identify the key points: An approach to sexuality to the biological aspect and non-invasive care it is part of their sexual life 3) Theorizing the problem: topics to be developed by the students: sexual education, communication, self-esteem, and empowerment, 4) Solution hypothesis: the care and knowledge of their sexuality if it is a priority in their life, 5) Reality application: they recognize the right to live sexuality with responsibility and care. **Conclusions.** The methodology was innovative, motivating, and significant, allowing the student to make conscious decisions regarding the care of their sexuality.

**Keywords:** learning, teaching, careful, sexuality, emerging adult.

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## **Introduction**

Sexuality is an integral part of the personality of every human being; its development depends on the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness, and love. The development of sexuality is essential for individual, interpersonal, and social well-being (1). Sexuality education is a responsibility of society as a whole; it begins from birth within the family group and continues throughout life in the successive links that people establish when interacting with different groups. Today there are significant changes in behavior, attitudes, and values related to the sexuality of young people and adolescents (2).

Sex education should guide young people on the development processes of sexual maturity with high criteria about sex and lead them to consciously accept -not instinctively- the ways to satisfy their concerns at the appropriate age (3). In this way, the importance of the (3) discussion of sexuality becomes evident since it is still presented as a social taboo, surrounded by myths, stereotypes, and beliefs, restricting itself to superficial dialogues between parents and children or silence. On the other hand, within the family regarding these issues, in educational institutions, the biological approach of the school curriculum has prevailed, teaching concepts related to sexuality.

In Mexico, the teaching of sexuality lacks a comprehensive vision, favoring a traditional approach to education, emphasizing the transmission of biological knowledge of reproduction and the promotion of sexual abstinence, without a culture of prevention from the health care perspective. Sexual life, sexual and reproductive rights; The absence of information based on scientific evidence is also observed, since young people's access to information sources such as: friends, the Internet and magazines contribute to the lack of consistent guidelines, which makes this population more vulnerable (4).

The contents of sexual education have been present in the Mexican educational model since 1972, moving from the moralist or abstinence approach, the biological functionalist or good behavior, preventive or pathologist or well-called risk, the integrative and comprehensive and development and well-being, this last approach is the one that is in force in basic and upper secondary education and emphasizes aspects associated with sexuality, to strengthen self-knowledge, self-care, self-esteem and self-regulation (5). The foregoing reflects that for almost 50 years in Mexico, the educational model included topics on sexual education; however, the results are not very visible since emerging adults considered within an ageing period of 18 to 25 years (6) perform risky behaviors that expose them to sexually transmitted infections,

pregnancies and abortions, situations that denote the lack of care for their sexuality. These risk behaviors are not limited to the adolescent population; they continue to appear in the stage of emerging adulthood, which is when young people decide to enter the university, form families, and enter the labor field. Education is taught in the Bachelor of Nursing based on the transmission of information on contraceptive methods and sexually transmitted infections that is usually carried out in the classroom with a traditional approach, for which the awareness and effective knowledge of sexuality in the emerging adult has not been achieved, that allows them to carry out actions to care for their sexuality.

Risky sexual behaviors that lead to pregnancies, abortions and sexually transmitted infections continue to be a health problem in the life of emerging university adults; evidence of this problem is presented in studies such as the association between multiple sexual partners and the early initiation of coital sexual relations in university students, carried out in 2017 in 1854 university students between 18 and 24 years of age from the health area (medicine, nursing, dentistry and psychology) from two public universities, which concluded that university students from the health area also have a lack of care in their sexuality, since they have coital sexual relations at an early age, consider more sexual partners and carry out casual, transactional and group sex, so

it becomes evident that studying a degree in the area health does not limit the vulnerability to acquire sexually transmitted infections, as well as the presence of unplanned pregnancies (7).

In the same sense, the study carried out at the Autonomous University of the State of Mexico in 2017 resumed, in 86 emerging adults with the Nursing Degree of 18 and 19 years of the second period reflected that 84.1% of this population maintains an active sexual life; of them, 47.7% began between the ages of 14 and 17 and 52.3% after the age of 18. 52.3% admit to having used emergency contraceptive methods, such as the morning-after pill, and 20.5% of this population have risky sexual relations by not using protection methods, which makes them susceptible to acquiring a sexually transmitted infection (STI) and unexpected pregnancies. 90.9% have had sexual relations with only one partner and 9.1% with two or more sexual partners; 97.7% report that they have not presented sexually transmitted infections, while only 2.3% say they have had an STI (8). The training of the nursing profession is based on professional care, understood as the essence of the nursing discipline, whose purpose is to comprehensively care for the human being in health and disease conditions through care teachings supported by scientific and theoretical-practical knowledge humanistic for the conservation and maintenance of life (9) During

the training it is vital that the student becomes aware of his care in an integral way, which includes the care of his sexuality.

In this context it is important to know: How do emerging adults learn to take care of themselves in relation to their sexuality? To identify absence or gaps in knowledge in emerging adults that support the planning of educational interventions for the care of sexuality. Education allows the development of skills that enable young people to make decisions and be responsible in health matters. Therefore, comprehensive sexual education is necessary that delves into the biological, emotional, and affective dimensions of sexuality, going beyond traditional approaches focused on risk as well as conservative visions of sexuality, based on scientific evidence, in values of respect for human rights, with gender sensitivity, and cultural relevance (10).

For this reason, it is important to develop prevention programs with innovative methodologies, which, added to the accessibility to health services, will be essential for emerging university adults to achieve an integral development of their person and favor an effective, sexual, conscious life. Prudent, with an optimal disposition and training toward the care of his person, allows him to transfer knowledge in his professional practice through his training.

Specifically, students trained in nursing will be a key element when entering the

health sector as professionals. They will have the mission of transferring scientific knowledge regarding the forms and actions that care implies to promote sexual health in people's lives.

This research aims to report the experiences in developing the innovative methodology through the Maguerez Arch for teaching and learning the Care of the sexuality of the University Emerging Adult.

### **Methodology**

This descriptive, analytical, and interpretative study uses a constructivist dialectical approach with experience reports based on the theory of problematization through the Maguerez Arch method by Juan Díaz Bordenave and Adair Martins Pereira in 1977 (11); this is made up of five stages: **1) Observation of reality:** in this stage, the student reflects on his reality and recovers his personal experiences to analyze a problem around his sexuality, **2) key points of the problem:** at this moment, a synthesis of what is important to investigate about the problem is made, **3) theorization:** the members of the group check what they already know and analyze what they need to know to investigate the answer to the problems raised, seeking explanations of the observed reality, **4) solution hypothesis:** it is built from the search for the resolution of the problem critically and creatively. **5) reality application:** the student

or the group applies the newly constructed knowledge to their practice, making it possible to solve the problem and thus carry out generalization exercises to other similar situations and other study topics. The research emphasizes the problematization of how they are taught and how they learned to take care of their sexuality. The problematization methodology rescues knowledge through direct investigation of reality, in an effort to build an understanding of their reality, linking theory with practice, that is, what they learn with what they do.

The subjects of the study were delimited among 35 emerging adults considering a population of 12 key subjects, who will be between the ages of 18 and 25, are studying for a nursing degree, both sexes, with an active sexual life, who attended the 12 sessions to delve into the history of their narrations, who signed the informed consent, attached to the General Health Law, in article 100 about “ethical aspects of research in human beings”; fraction II.

The method began with presenting the problem-solving methodology of the Maguerz Arch to the entire group, and the program “taking care of my sexuality” was made known; each of the moments was explained to them, clarifying doubts and detecting participation in the participating population. The use of the Maguerz Arch is considered relevant for developing critical and creative professionals when they are sensitized for a conscious, informed,

and consistent action in congruence with their context. (11), the intervention using the Maguerz Arch method changes the traditional approach to learning about sex because the problematizing methodology stimulates reflective and critical thinking in the emerging adult student of the Nursing Degree.

Twelve sessions were held with the participants lasting two hours each, in a classroom of the Faculty of Nursing and Obstetrics; considering that group meetings are ideal for discussion and exchange of experiences with sexuality, the members of the group presented common characteristics associated with the central theme under study (12).

The story collection process was carried out through participant observation and log recording considering the following sessions described in Table 1:

**Table 1:** Activities in the sessions following the Maguerz Arch method

STAGES	ACTIVITIES IN THE SESSIONS
<i>Observation of reality</i> )	1st session: presentation and discussion of the problematization methodology. 2nd session: presentation of the case study for discussion. Reflect on reality and determine the problems.
<i>Key Points (PC)</i>	3rd session: select and define the key points for solving problems. 4th session: prioritization of problems.
<i>theorizing (T)</i>	5th session: theoretical foundation of the key points to solve the case. 6th session: presentation and discussion of the issues related to the key points. 7th session: presentation and discussion of the topic.
<i>Solution Hypothesis (HS)</i>	8th session: construction of the solution hypothesis through the identification of teaching-learning strategies 9th session: analysis and reflection on the strategies and define their application to the group context.
<i>Application to reality (AR)</i>	10th session: link the topics analyzed during the previous stages with the lived reality. 11th session: a sequence was elaborated where the awareness process of paulo Freire was integrated for the care of the sexual life of the emerging adult. 12th session: the scheme of the awareness process was socialized to the plenary session of the group and its use was proposed.

The results and discussion were structured through discourse analysis to rescue the stories following the order of the problematizing methodology.

## Results and discussion

### *The phase of observation of reality for the recognition of the problem*

It was commented that it was important to understand the teaching that they had regarding sexuality, how they learned to take care of themselves, the importance that it has occupied in their life, or the feeling of their sexual experiences by exposing the experience of one of the 19-year-old female participants, without children, when experiencing a consensual sexual relationship with a consensual partner, as described below:

*“...I obtained the information on sexual education at school with lectures and talks in middle and high school, with topics of contraceptive methods, for example, the condom, the pills that must be taken before having sexual relations, and the patch that is used in the arm, but I don’t know how it works ...” “People can get HIV from lack of hygiene.... For example, you bathe daily, but perhaps your partner does not, and when you have sexual intercourse, the secretions from the penis and the vagina combine, and you can get an infection. I know that I must protect myself because if there is no protection, I can have a pregnancy. Desired, if it is not with the right person at that moment, it would be the worst thing that could happen to me...”*

*“...My family doesn’t talk about sexuality; my parents only tell me that the school*

*is for that. Yes, I have an active sexual life, and my partner does not like using a condom; he says that he does not feel the same, sometimes I have felt pressured by my boyfriend to have sex, but I have not had a check-up to verify my state of health Perhaps because I am indecisive, for fear that they will deny me the floor, I feel humiliated and ashamed....”*

When analyzing the exposed story, ignorance was identified in the use of contraceptive methods and sexually transmitted infections. It was difficult for the young woman to share her experience with the participants. In the first place, to reduce the tension, the 12 participants were placed in a circle, and the young woman began her story timidly and with a flushed face, with a bit of stuttering and moments of silence, as he continued his talk and when he observed that the other participants nodded their heads as a sign that they identified with his experience, he became more confident, his shyness decreased, and he continued expressing his experience, as Yances refers to it, in 2020, the Emerging adults increasingly find small spaces that they can take advantage of for the free expression of sexuality, in which it is possible for them to share expressions that reveal problems or gaps in the knowledge of their sexuality (13) and the care of it as they they affirm it

*“...There is a deficient sexual education, sexual rights are generally unknown, ummm*

*the term sexuality care is not considered an important part of life, or I could say that there is a lack of interest on the part of emerging adults to obtain information regarding the care of their sexuality, perhaps due to low self-esteem and indecision in contacting truthful sources of information, for which reason many times adequate decisions are not made about sexuality....”*

The story presents a disturbing need to have information for the emerging adult to obtain knowledge regarding their sexuality; according to Saeteros in 2018, young people have perceived needs due to their age, the environment where they operate, and the lack of information because the one they have is considered irrelevant and unsatisfactory (14). It is also noted that they already reflect on care, that until this part of their training, they had only considered it as information to avoid a sexually transmitted infection and unexpected pregnancies; however, care as an act of life they are not associating it with their sexuality, as if taking care of it was not part of being human. Therefore, the group of participants generated reflections around different themes, considering the meanings they have regarding sexuality and the lack of knowledge, as well as the context in which the student has grown, allowing the identification of themes that, according to the case Having already presented their experience, emerging adults considered it important to know and analyze regarding sexual education. The

horizontal communication and active listening that was generated in the classroom allowed the expression of the participants through the posing of questions, generating greater confidence, reflection, and analysis of their sexual education, which gives the possibility of expressing themselves more freely. Their concepts raise their doubts about the subject.

Based on this reflection, the group was motivated to problematize by asking: What is the teaching-learning strategy to learn about my sexuality? Once the question was analyzed, it was agreed to use the Maguerrez Arch as an active methodology in the study—the teaching-learning process of sexuality and its care.

Once this reflection was carried out, it was concluded that, as Trad Lab refers to it, problem situations are considered strategies to bring the student closer to reality, promoting the recognition of similar situations experienced in their life trajectory. (15) In this first stage, the objective of reflecting on the participants' experiences was achieved.

## **2nd Stage: Identify the key points of the problem**

From the careful observation of the problem, the second stage continued to identify the “Key Points”, the prioritization of the problem was carried out, and it was characterized in a more consistent way for its

understanding. At this moment, the young people and the researcher defined what would be studied and identified the aspects they needed to analyze in depth to base the search for a solution to the problems. (16).

At this stage, the emerging adults reflected to identify the key points, and the main question was proposed: What problems did you identify about my sexuality? According to the case presented, this questioning was generated in consensus with the entire group. So the key points of the problem are narrated below:

*“... There is a lack of knowledge regarding contraceptive methods; we do not know the correct way to put on a male condom, we young people do not give importance to the risks of having unprotected intercourse, and many times, we do not identify that as women we have rights...”*

*“...We associate the word sexuality with having sex, care is not considered when initiating coital sexual relations, sexual education is not received at home and at school, only contraceptive methods are generally reported...”*

*“...As young people, there is no communication within the home, there is ignorance regarding the prevention of pregnancy, we do not have the concern and the decision to seek information when starting an active sexual life...”*

*“...It is common for sex to be practiced without care, and when women are passive, calm and shy, they do not assert their decisions and do not dare to request information on contraceptive methods. Sex education in the family does not exist, there are parents who are very reserved about sexuality, many times they do not have emotional support...”*

The students addressed the problems in a talk in the classroom; after listening to their stories, it can be deduced that they are aware of the lack of knowledge about sexual education issues, they agree in relating sexuality to sex, and to this, with a coital sexual relationship, an approach to sexuality reduced to the biological aspect is identifiable; likewise, it is evident that care is not part of their sexual life, it is also important that they identify that a cause of the little sexual education is the lack of communication of these issues within the family nucleus, they even report that it does not exist. Therefore, from this reflection, key points about the problem were determined through a greater synthesis and linking of possible solutions that adapt to the reality and context of the student of the nursing degree, located in the emerging adult life stage, where they are primarily exploring their identity, they are unstable, rarely take responsibility and find themselves at crucial moments in their lives when making personal and professional decisions(17).

In short, young people express that the problems that stand out and are key in the experience of their sexuality are related to the knowledge of the care they should have regarding the use of protection methods, there is no awareness regarding the risks involved in having life sexually active, within the family there is no talk of sexual education, so young people confuse the term sexuality with having sex and sex for them is not a biological connotation of the division between the anatomical and physiological characteristics that identify being feminine or masculine, for young people the word sex, is synonymous with having coital sexual relations, a result that coincides with what was described by Vasconez in his study carried out on Ecuadorian university students in 2022 where the perception of sexuality is reduced to a mere function intercourse (18).

### ***3rd stage: theorize the problem to understand the problem.***

At this stage, young people are oriented to seek a theoretical explanation of the problem to analyze and strengthen the discussion with the contributions of science to clarify the study (19). In the same way, at this moment, young people are investigating. Because of the problems identified and observed in the previous phases, analytical mental operations occur during theorizing that favor the intellectual growth of young people. The whole group should study the problems identified (20)

The participants determined the topics that had to be investigated and studied: sexual education, self-esteem, communication, and empowerment. Asking young people to decide to look for books and articles on the topics was not easy, perhaps because of the student's habit of presenting the contents already organized into agendas. The young people were asked to investigate the subject to learn about their needs. In this case, the key points that the group identified were the following:

**Sexual education:** it was the process in which young people knew to understand sexuality, not only in the teaching-learning process of the functions of the reproductive system but also about the sexual manifestations of the body itself, sexual rights, and care of *being* in its most holistic form, this is how they described it in order of importance:

*"...Sex education from the family environment is important; in school, it is necessary to address issues such as the use of contraceptive methods, sexually transmitted infections, and information on the advantages and disadvantages of sexual practice..."*

*"...It is essential at all stages of life since individuals lack information about their sexuality because it is taboo. It is vital to educate everyone to have sexual health..."*

*"...It is important because there is more knowledge of the changes that human be-*

*ings experience in the different stages of their lives, the advantages and disadvantages of having sexual activity are identified, and information is available to prevent sexually transmitted infections..."*

*"...Sex education helps to enjoy our sexuality, without risks, preventing unexpected pregnancies and sexually transmitted infections; having sex is not bad, it is normal, it is a basic need, the problem is when it is done irresponsibly..."*

**Communication:** this process was carried out by the young people through dialogue about sexuality and school, since within the family, there is no openness and space to deal with the issue of sexuality, considering it a taboo subject loaded with prejudices. This important aspect of communication was reflected when they reported the following:

*"...Get the information, tools, and motivation to make healthy decisions about sex and sexuality..."*

*"...Being informed is of great importance because it allows us to know the risks we face and how to prevent them..."*

*"...Because of the parents' beliefs and attitudes, they often do not have the confidence to discuss sexuality issues, doubts, and emotions are not expressed..."*

*"...Sex education is not received at home, these issues are not discussed there, parents*

*frequently say that is what school is for, and she is the one who has the responsibility of transmitting information on sexuality....”*

**Self-esteem:** Confidence, respect for oneself, and development of abilities that each person must face life’s challenges.

Students consider that learning about sexuality, giving importance to it, and exercising their sexual rights are closely related to emerging youth’s self-esteem. The same thing was expressed in the following texts:

*“...There are young people who feel very sad, do not trust themselves, and do not tell anyone what is happening to them....”*

*“...Young people start their sexual life active and later feel bad emotionally, guilt and shame....”*

*“...There is a lack of interest on the part of young people to find out about sexuality. They do not consider it important for their life...”*

**Empowerment:** It is a process by which human beings have control of their decisions and actions related to their life, education, health and sexual life. Empowerment is related to power, which means control, which is the process of gaining control over the care needs of the sexually active life of emerging adults. Under this tenor, the young people identified that there is a

lack of empowerment, which is shown in the following stories:

*“...I can mention that sometimes due to lack of security, fear, insecurity and lack of confidence, we carry out actions that will not always favor the care of our body...”*

*“...Young people in many situations also show a lack of interest in being informed, since currently there are many means at our disposal to obtain this knowledge, for example about contraceptive methods...”*

*“...In the absence of having the power to make correct decisions about our active sexual life, relationships are allowed where even physical aggression is experienced...”*

The development of this stage began with the delivery of articles and texts related to the themes of the key points; the young people were placed at a round table and began the commented reading to carry out a discussion of the reality lived in their sexuality and made a comparison with the aspects found in the literature. After this analysis, conclusions were drawn from the themes developed for their subsequent socialization among the group members through the exhibition. Using the problematization methodology implies a change in the position of the teacher and the young people to generate reflection and criticism of each one of the topics, for the young people to reflect on Who are they? What do they do? And how do I take care of my

sexuality? It was a challenge, the above associated with the traditional way in the teaching-learning process and the biological approach of their sexual education, as well as motivating the student to be the subject of their own learning and choose the theoretical aspects that are required. to solve a problem, makes him aware of his needs and his strengths in the knowledge and care of his sexuality.

#### **4th stage: a hypothesis to solve the problem**

In this stage, the hypothesis for the solution to the problem is formulated, and the previous moments are taken up again and re-evaluated to specify and elaborate possible solutions. Viable alternatives to solve problems critically and creatively arise from the confrontation between theory and reality, allowing young people to restructure knowledge and reflect on new possibilities with a more analytical look(20), therefore reflecting on the learning strategies that will allow the nursing professional in training to exercise their sexuality responsibly and take care of their sexual life, the group was asked to return to the term “consciousness” because the human being, when becoming conscious, takes with freedom their own decisions, autonomously and consciously, in the same way, awareness in sexual education was considered that allows through a process of action-reflection -an action that the student (21) carry out ac-

tions of care of his life sexual information that may be transferred to users.

The young people raised the possibility of carrying out a life plan where their objectives and goals included the care of their sexuality within the aspects that they identified to improve their sexual life; the following was rescued:

*“...Young people require effective sexual education in educational institutions, where care is emphasized about their active sexual life...”*

*“...Motivate decision-making about the educational and personal projects of each student...learn to identify when there is a risk when exposing themselves to sexual conduct...value themselves as a person...”*

*“...Establish objectives and goals that allow us to complete our studies and improve our lives....”*

*“...Conduct talks with young people about their sexuality, where shared responsibility is emphasized when leading an active sexual life. Through a relationship of trust and respect....”*

*“...Talks with young people in small groups on knowing your body, your sexuality, improving your self-esteem....”*

The students raised hypotheses where care and knowledge about their sexuality are among the priorities in their life project;

they also stated that at no other time had they considered sexuality as an important aspect of their life.

### **5th stage: Application to reality**

During this stage, the student and the teacher must return to the context of the group and reflect on the knowledge acquired and constructed to apply or propose interventions for the resolution of problems that will be applied to the reality of the group of participants and other groups with similar problems (22) when it is possible to gather previous knowledge in an action-reflection-action exercise, the construction of new knowledge is made possible to transform the observed reality, through the hypotheses raised, thus transforming the reality of the student (23) regarding their learning of sexuality

When the knowledge is transferred to the reality of each student, the following narratives emerge:

*“...Now I can resume my active sexual life responsibly taking care of my body, choosing a contraceptive method, and having periodic medical check-ups....”*

*“...We stop to think about the family, the school, but we don't think about how to take care of our sexuality; we focus on so many things, and we don't pay so much attention to the issue of sexuality and*

*when we least realize it we can have a pregnancy without planned....”*

*“...After my last experience, and after knowing how I should take care of my sexual life, I am already stronger and more determined and would not have coital relationships with anyone, I think I am maturing in that part... I learned that I must love myself...”*

*“...Sexual health is important for me and my partner, learning to have a responsible, safe and pleasant sexual life...”*

*“... Learning to better express my sexuality, now I know that it is important to enjoy my sexuality with my partner responsibly and safely...learning about my sexuality motivated me, and as a life guide, it helped me to meet myself I must be more responsible taking care of myself and my partner, exercising my sexuality with respect, freedom in a healthy way.”*

By applying what they have learned through the active methodology, young people reflect and decide to take different actions regarding their sexuality. The important thing in this intention for change was to make them aware of the importance of caring for their sexual life to develop their projects. Personal and professional, but above all it stands out that now they report that they have the right to live a full, pleasant sexuality but with care, respect, and responsibility for their person and their

partner. Other studies conducted in Mexico regarding educational interventions show positive effects in increasing knowledge of sexual and reproductive health (24).

## **Conclusions**

The problematizing strategy adapted to the learning process of the sexuality of the nursing degree student constituted a challenge that generated a student with feelings of autonomy and greater responsibility in the appropriation of their learning.

Applying the Maguerez arch through a program gives young people different possibilities to structure their knowledge autonomously and follow the problems detected and prioritized.

The Maguerez Arch constitutes an innovative practice in the teaching-learning process. He contributes to training reflective and critical professionals who will have the tools to continue these actions in their professional practice.

The development of innovative practices with the use of the Arco de Maguerez and the principles of problem-solving education in the classroom for learning about sexuality care requires the training of teachers to motivate students to reflect, the teacher needs to become as a facilitator, not as a transmitter of knowledge and indications.

During the application of the intervention, the students expressed the difficulty of carrying out their teaching-learning process based on questions, because it implied a process of reflection, deep analysis, and conscious decision-making. However, they considered a perfect strategy for the development of topics such as sexuality and other topics that are found in their Nursing degree curriculum. Therefore, applying this innovative strategy is very significant for the students and the researcher; it moved the consciences of the participants.

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## **Conflict of interest statement**

The authors declare that there is no conflict of interest.

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