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PAULO FREIRE TENT AS A PARTICIPATORY QUALITATIVE RESEARCH DEVICE

ABSTRACT

The Paulo Freire Tent was developed based on the epistemologies of Paulo Freire and decoloniality, which critique hegemonic domination that generates exclusion and violence and is sustained by racist and sexist ideologies. Objective: To describe the experience of implementing the Paulo Freire Tent at a scientific event and analyze a synthesis of the records concerning demands, characteristics, and problems in nursing education and health. Method: This experience report describes the Tent at the XII Brazilian Congress of Obstetric Nursing in Brasília and was structured as action research with the following stages: Construction, conducted during the eight months before the event through virtual meetings; Implementation, including presentations and dialogues, welcoming, and care during the four days of the event; and Developments, over the 12 months after the event. Results: There were 130 participants of different ages, race/color groups, sexual identities, educational levels, and institutional/organizational affiliations. The synthesis of the records, approved by the participants, helped elucidate the complex relationship among diversity, exclusion, and people's rights, as well as their knowledge, needs, and care in the context of sexual and reproductive health. Conclusion: The three Freirean principles—respect, interaction, and lovingness—guided the identification of issues to be problematized, such as freedom of choice, the caring dimension of health work, human rights, and the potential to overcome forms of submission and domination present in technocratic and hegemonic obstetric care. Dialogues and experiences grounded in these epistemologies promoted awareness and critical reflection that may contribute to changes in health education processes and public policies, given the transversal and interdisciplinary nature of knowledge production and viable approaches to problem-solving, in the search for inclusive and respectful solutions. They reinforced collective knowledge, multiple forms of dialogue, the recovery of regional culture and ancestry, the integration of multiple care settings, and sensitive listening.

Keywords

Qualitative Research; Nursing Education Research; Research Techniques; Health Education; Decolonization.

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1. Introduction

Paulo Freire was a thinker and educator ahead of his time and context, with a humanistic, flexible, inclusive, and respectful approach evident in the political-pedagogical orientation of the educational processes he developed and experienced. This perspective was expressed in his book "A importância do Ato de Ler" (in Portuguese) as a revolutionary act that enables the "reading of the world - the reading of the word world" (Freire, 1981).

Paulo Freire's reflections gained national visibility in the 1960s, particularly at the University of Recife, where he developed a literacy program in Angicos, Rio Grande do Norte. The program gained visibility and recognition through literacy education for young people and adults over a 40-hour period. Participants emerged from the experience with greater awareness of their identities, life context, and problems (Freire, 2018; Jardimino & Soto-Arango, 2020; Mitra & Debnath, 2025).

Since the 1960s, Freire's vision has sparked ethical and political conflicts, prompting intellectual and popular movements in subsequent decades to preserve his legacy and contributions to Brazilian education. However, two issues emerge from his reflections and are relevant to pedagogical processes in Brazilian nursing. First, Freire emphasizes that he should not be imitated; rather, new forms of political-pedagogical practice should be continuously reinvented. Second, he cautions against reducing his work to a fixed method, often mischaracterized as the 'Paulo Freire Method,' which would undermine its critical and transformative nature. Although the existence of a literacy method is undeniable, what the educator developed was a theory of knowledge, an "epistemological path," as he stated in an interview conducted by the newspaper *O Pasquim* in 1978 (Freire, 1978).

Freire believed that "any human being, unlike other living beings, is capable of teaching and learning. Therefore, dialogue is the central point, which makes people capable of learning, building their history, producing culture". He summarizes this inspiring idea as: "There is no knowing more, or knowing less, there is different knowledge. All people are producers and consumers of knowledge" (Freire, 1981; 2018).

In addressing Paulo Freire's thought, it is crucial in the current context to create space for substantive reflections on decoloniality. Decoloniality is a broad field of inquiry that encompasses forms of political and epistemic resistance to coloniality. It emerged as a Latin American movement in the final decades of the twentieth century in response to the criticism of colonialism and its hegemonic domination, which generated exclusion and violence sustained by racist and sexist ideologies that later spread to other continents (Mignolo, 2003; Walsh, 2017; Harari & Pozzebon, 2024).

Decoloniality, understood as a political and epistemic disobedience to the rhetoric of modernity and the logic of coloniality, is grounded in the global imposition of population classification based on the idea of race, defined as a mental construct that expresses the fundamental experience of colonial domination and permeates the most important dimensions of global power, including its rationality (Walsh, 2017; Zeferino et al, 2019; Harari & Pozzebon, 2024).

Thus, epistemic colonization has been maintained across many settings and among diverse peoples, either through the predominance of ways of thinking and of producing knowledge based on instrumental technical rationality or through contempt and internal disqualification of millennial knowledge (Quijano, 2014).

Decolonial thinking is essential for confronting the violent effects of colonialism embedded in dominant epistemologies that exclude ethnicities/races, identities, and values beyond heteronormativity, as well as forms of knowledge, practices, and intersectionality that are fundamental to individuals and communities and central to the decolonization of teaching, training, and healthcare processes. These experiences must serve as a starting point for reflecting on the perspectives of groups that have historically faced—and continue to face—psychological, emotional, and relational challenges in everyday life. Such challenges persist within and beyond public and private institutions and are rooted in the systemic denial of their right to live fully and participate equally, often in ways that are subtle, concealed, or normalized ways (Mignolo, 2003; 2010; Grosfoguel, 2011; Quijano, 2014; Walsh, 2017; Torres & Grosfoguel, 2018; Zeferino et al., 2019; Harari & Pozzebon, 2024).

Decoloniality is related to Paulo Freire's view of what it means to be in the world...

[...] means being with him and with others, acting, speaking, thinking, reflecting, meditating, seeking, understanding, communicating the intelligent, dreaming and reflecting always on a tomorrow, comparing, valuing, deciding, transgressing principles, facing them, breaking, opting, believing, or being closed to beliefs. What is not possible is to be in the world, with the world and others, indifferent to a certain understanding of why we do what we do, of for what and who we do, of against what and against whom we do what we do. What is not possible is to be in the world, with the world, and with others, without being touched by a certain understanding of our own presence in the world. That is, without certain knowledge of history and our role in it (Freire, 2000).

These understandings allow us to consider the need to adapt health education and training processes, with a commitment to overcoming inequalities associated with broader social inequalities while respecting the diversity of people, their choices, and their values in a country as diverse and heterogeneous as Brazil. Likewise, it is necessary to create new ways of discussing knowledge and practices in scientific forums and to build spaces for listening, collective construction, and revalidation of knowledge. This approach aligns with Freire's perspective on an engaged science and is embedded in an investigative practice within the theoretical-methodological framework of action research (Harari & Pozzebon, 2024).

The maternal health landscape in Brazil is characterized by an excessively interventionist obstetric care model, resulting in the world's second-highest cesarean delivery rate, which reached 55.7% in 2018 (Pires et al., 2023). This scenario deviates markedly from the 10%-15% range recommended by the World Health Organization, with projections indicating that the country could reach a national rate of 57.4% by 2030, exceeding 70% in the South and Southeast regions (Pires et al., 2023).

Although a cesarean delivery is a vital, life-saving procedure in specific obstetric circumstances, its use without a clinical indication is associated with higher risks of maternal and fetal morbidity and mortality compared with vaginal delivery (Pires et al., 2023).

The severity of this situation is reflected in the Maternal Mortality Ratio (MMR), which averaged 58.6 deaths per 100,000 live births between 2010 and 2020 and increased to 71.97 in 2020 due to the COVID-19 pandemic (Oliveira et al., 2024). Postpartum in-hospital case-fatality data show that the risk of death is significantly higher after cesarean delivery in high-risk pregnancies (9.2 per 10,000 hospitalizations) than after vaginal delivery in the same group (4.5 per 10,000) (Michels et al., 2022). Furthermore, a healthcare paradox persists: while major urban centers face overmedicalization, remote regions, such as riverside communities in the Amazon, experience deaths due to limited access to emergency surgical interventions because of geographical barriers (Oliveira et al., 2024).

The urgency of this issue is compounded by deep racial and socioeconomic disparities with maternal mortality disproportionately affecting vulnerable populations. Between 2010 and 2020, most women who died in Brazil were classified as brown (54%), were single (53%), and had between eight and 11 years of schooling (Oliveira et al., 2024). Regionally, the North and Northeast have the highest mean MMRs (72.47 and 69.27, respectively), reflecting lower human development indicators and barriers to qualified prenatal care (Michels et al., 2022; Oliveira et al., 2024). Therefore, reducing maternal mortality in the country requires not only the humanization of clinical practices but also directly addressing the social determinants that impede equitable access to health care (Oliveira et al., 2024).

Thus, the development of Paulo Freire Tent was motivated by the organizing committee of the XII Brazilian Congress of Obstetric Nursing (XII COBEON - in Portuguese) and the VI International Congress of Obstetric and Neonatal Nursing (VI CIEON - in Portuguese), which sought to create a space for Popular Health Education. In this experience, we sought to honor the Brazilian educator and intellectual Paulo Reglus Neves Freire, widely regarded as one of the most remarkable thinkers in the history of pedagogy worldwide.

The research question of this article was: In what way does the Paulo Freire Tent, as a pedagogical and decolonial device, contribute to identifying gaps in obstetric nursing education? Accordingly, this action research experience report aims to describe the experience of the Paulo Freire Tent and analyze the synthesis of demands, characteristics, behaviors, and problems in nursing and Health education, as well as its subsequent developments.

2. Methodology

This is an experience report of the Paulo Freire Tent at the XII Brazilian Congress of Obstetric Nursing, held in Brasília from November 28 to December 1, 2023, and structured as an action research project.

Action research is characterized by its cyclical and interactive nature and is closely linked to the resolution of collective problems through the active engagement of researchers and participants (Zocchie et al., 2021). Each cycle of action, observation, and reflection deepens understanding of the problem and refines the intervention, promoting learning and changes in practice through the systematic movement between field action and research (Tripp, 2005). From this perspective, research extends beyond offering solutions to a specific problem and contributes to overcoming various forms of exploitation and domination. The investigative process entails a political and social commitment to the individuals, groups, and communities involved, with theory and practice operating simultaneously and converging toward a shared critical and liberating purpose (Harari & Pozzebon, 2024).

This experience occurred in three stages, summarized in Figure 1: Construction, conducted over eight months before the event through collective and virtual meetings; Implementation, which included presentations and dialogues, welcoming, and care during the four days of the event; and Developments, which took place during the 12 months following the event.

Data were collected using various strategies and methods. During the construction phase, preparatory meetings were held remotely by videoconference, without recording, during which the event schedule and characteristics were established in a shared document. At each subsequent meeting, the schedule was validated, and developments and new proposals were incorporated. The implementation stage was monitored by the registration and observation committee throughout all activities. The committee was led by the researcher and included eight monitors: five undergraduate nursing students and three students from the Obstetric Nursing Residency Program of the Federal District Unified Health System. This committee welcomed and identified participants and recorded notes on the activities and the participants' comments using a registration form containing the following fields: profession and type of participation (doulas, researchers, teachers, fathers, mothers and children, undergraduate, residency, master's, or doctoral students, health professionals, and obstetric nurses).

At the end of the event, a report was produced to systematize the relevant points presented and discussed across all activities. The report was discussed and validated by those present, as shown in Table 1 (Activity 7: Reading of the Final Report of Paulo Freire Tent at XII COBEON – Third Day). It served as the basis for this experience report and for subsequent developments involving the congress organizers and public health and education policy management entities in Brazil.

Based on the final report, a thematic analysis was conducted using a hybrid approach that combined deductive and inductive strategies. Initially, the analysis was guided by predefined dimensions aligned with the objectives of each activity conducted in the Tent and with the different participant groups, allowing the identification of the key elements of the debate and any proposals that were verbalized (deductive phase). In this phase, the notes from the statements collected during activities 2, 3, and 5 on the first day; 2, 3, and 5 on the second day; and 2 and 3 on the third day were tabulated (Table 1).

Subsequently, successive readings of this empirical material were performed to identify emerging themes, key discussion points, and proposals raised by the participants, as well as their convergences and divergences (inductive phase). This initial processing was conducted jointly by two researchers and validated by two other researchers. The results of the thematic analysis are presented in Table 2: the relevant debate points were more closely related to, but not limited to, the objectives of the activities conducted by the researchers, and the proposals emerged from the participants' reports.

The coding process therefore involved identifying thematic units (key points and proposals) within each participant group. To ensure the credibility of the interpretation, the initial interpretation was presented to and validated by two other researchers, all of whom are coauthors of this manuscript.

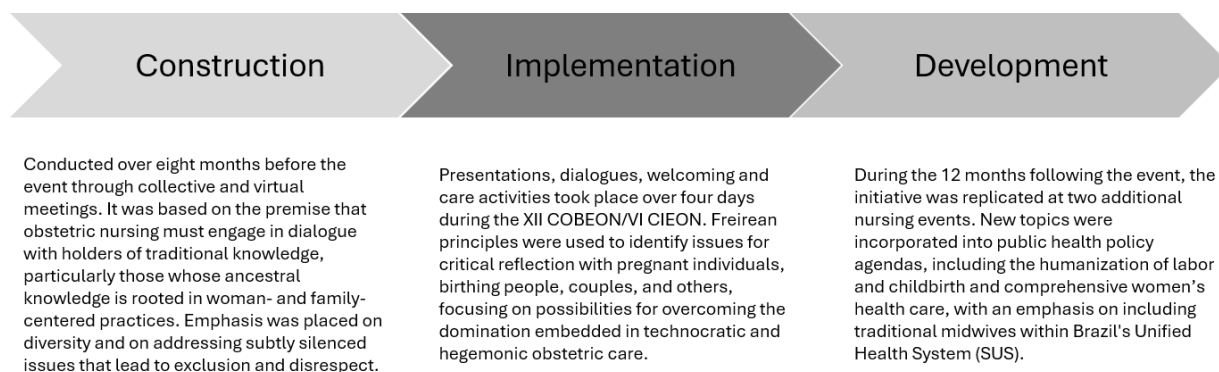


Figure 1. Summary of the Tent's methodological pathway: action research report

2.1 Construction

The construction stage began with the premise that obstetric nursing needs to reestablish dialogue and recover the ability to listen to the people who form the basis of knowledge and care. It also sought to reaffirm the commitment to applying knowledge and know-how to meet specific human needs, thereby addressing the diversity of people and the characteristics that differentiate them beyond heteronormativity, focusing on the intersectionality and on subtly silenced issues that generate exclusion, disrespect, and omissions.

This proposal was developed approximately 10 months before the event through dialogues and collective and virtual meetings with the organizing committee and potential participants who expressed interest in operationalizing the Tent. The process was conceived as a collective and participatory educational space focused on public policy debates to expand and promote broader participation in popular health education movements committed to defending the Brazilian Unified Health System (SUS).

It also mobilized actors permanently engaged in implementing the National Policy for Popular Health Education (PNEPS - in Portuguese), the National Policy for Integrative and Complementary Practices (PNPIC - in Portuguese), the Policy for Humanization of Labor and Childbirth, and the National Policy for Integral Attention to Women's Health (PNAISM - in Portuguese). Traditional midwives from different parts of Brazil also participated.

The process of organizing the Paulo Freire Tent created a space for exchanging experiences among various actors and initiatives across the different areas that comprise nursing education, bringing together researchers, teachers, nurses, midwives, members of social movements, students, doulas, and others. Participants brought worldviews grounded in knowledge and care practices that respect ancestry, along with different perspectives that inform obstetric practices.

The initial proposal, grounded in Freire's epistemology and the principles of the Decolonial Movement, informed the planning of the Tent's activities, including conversation circles, culture circles, care spaces addressing health needs, and welcoming practices based on popular education. We sought to develop a program that would foster participation, sensitive listening, and problematization while creating opportunities for participants to express their perspectives and worldviews. Dialogue among participants was central to enabling people to learn, build their history of participation in the event, and produce culture (Freire, 2003).

2.2 Implementation

The implementation stage took place over the four days of the XII COBEON/VI CIEON. Freire's principles of respect, interaction, and love were fundamental in determining what should be problematized and in addressing the freedom of choice and the rights of women, pregnant women, couples during pregnancy and childbirth, and all participants in the Tent's activities. Participants were encouraged to articulate the possibility and the necessity of overcoming the state of domination present in technocratic, hegemonic obstetric care, given its tendency to suppress psychemotional and physiological potential. Participants discussed whether the processes of gestating, giving birth, and being born can be experienced in a healthy way, as well as mothering and fathering the humanity of the future.

Within this dialogic and participatory perspective, Freire's theory informed an educational proposal based on participants' realities, dialogue, problematization, sensitive listening, and dialectical relationships. A permanent conversation circle was held at the Tent throughout the event's opening hours. In this context, the Tent was configured as a methodological proposal that created space to explore and reflect on participants' lived realities through conversation circles. Through speaking and listening, these interactions provided opportunities for respectful and constructive dialogue and engagement, sparking discussions and collective proposals for health education and training.

The conversation circle methodology—the Tent's primary strategy for facilitating dialogue—is grounded in educational dynamics involving semi-open seating arrangements that promote inclusive and participatory engagement.

This arrangement supports an ethical-political stance of receptivity and exchange among participants who are open to dialogue and questioning (Souza & Cadete, 2017).

2.3 Development

This stage took place during the 12 months following the event. Two developments were highlighted: the replication of the Paulo Freire Tent at two other events. One was the Congress of the Network for the Humanization of Labor and Childbirth, held in Brasília, and the other was the National Seminar on Guidelines for Nursing Education, held in Goiânia in 2024. Among the subsequent developments, the inclusion of new issues on the public health policy agenda stands out, including the humanization of labor and birth; comprehensive women's health care, including the participation of traditional midwives within the SUS; and a reframing of sexual and reproductive health for lesbian, gay, bisexual, transgender, transsexual, and travesty, queer, intersex, and asexual+ (LGBTQIA+).

Triangulation was achieved by mobilizing and raising participants' awareness across the three stages, thereby fostering a broader and more comprehensive understanding of the Tent's objectives. The preparation stage provided an opportunity to broaden understanding of the participants' knowledge, practices, and diversity within the methodological proposal for implementing the Tent. In the implementation stage, the main procedure for data triangulation was the preparation and discussion of the report submitted to the participants for approval. Each cycle of action, observation, and reflection broadened understanding of the problems of discrimination and exclusion affecting participants, their knowledge, and their practices. It also refined the alternatives for inclusive action, promoting learning, change, and improved practice through the systematic movement between action in the field of practice and investigation (Tripp, 2005).

3. Results and Discussion

The question that motivated this article was: In what way does the Paulo Freire Tent, as a pedagogical and decolonial device, contribute to identifying gaps in obstetric nursing education?

The Paulo Freire Tent can be understood as a pedagogical device inspired by Paulo Freire's critical pedagogy, mobilizing horizontal dialogue and collective problem-posing as strategies for critical knowledge production. By bringing together different actors involved in childbirth and birth care—professionals, students, doulas, researchers, and families—the space fosters processes of critical awareness and reflection on educational and care practices. These dynamics challenge the underlying principles of the "banking education" model and allow for systematic analysis of shared care experiences, thereby highlighting discrepancies between academic instruction and the practical demands of obstetric care.

Recent studies on the decolonization of nursing education highlight that Freirean critical pedagogy provides an important foundation for educational processes that value dialogue, collective knowledge construction, and the transformation of exclusionary educational structures (Iheduru-Anderson & Waite, 2024). From a decolonial perspective, the Tent also serves as a space to destabilize epistemic hierarchies that have historically structured health professional education. By recognizing the legitimacy of knowledge derived from women's experiences, communities, and social movements, this pedagogical device broadens the range of knowledge sources considered relevant to obstetric nursing education. Thus, the Paulo Freire Tent helps identify gaps in obstetric nursing education by fostering a collective process of critical reflection on professional training. Active listening to diverse social actors helps reveal limitations related, for example, to the persistence of medicalized practices, the insufficient integration between education and humanized care practices, and the limited recognition of experiential knowledge in childbirth and birth. Educational experiences grounded in Freirean approaches demonstrate that participatory pedagogical strategies support precisely this process of critically examining practice and reconstructing educational processes based on the lived realities of those involved in care (Iheduru-Anderson & Waite, 2024; Mendes et al., 2025).

The Paulo Freire Tent faced the challenge of creating a space for dialogue and encounters that brought together obstetric nursing knowledge and practices from a decolonial and inclusive perspective during a scientific event. Theoretical-methodological coherence during the construction and implementation of the proposal was fundamental to honoring Paulo Freire's legacy as an education theorist who understood education as a political act of liberation, enabling people to promote world transformation through reflection on their reality and encounters with others (Freire, 2003). To reinforce the Paulo Freire Tent initiative at the XII COBEON/VI CIEON, inspiration was also drawn from Nóvoa, as cited by Comissão Internacional sobre os Futuros da Educação, UNESCO in 2022, who emphasizes the importance of a paradigm that is effectively based on cooperation, collaboration, and solidarity.

The Tent was proposed to promote reflection on health care beyond the colonial constructs of being, knowledge, and power (Mignolo, 2003), based on an approach that understands the colonality of knowledge as a specific rationality that suppresses alternative epistemologies; the colonality of power as an imposed structure rooted in race, capital, and work; and the colonality of being as a subjective perspective shaped by gender and sexuality (Silva et al., 2018).

The Paulo Freire Tent was organized as a shared space integrated into the scientific event, with diverse and simultaneous activities, as seen in Table 1, including conversation circles with dialogue and knowledge exchange on various topics; tasting aromatic and therapeutic infusions as a sensory-based method for sharing flavors and aromas; cultural and mystical presentations through dances and rituals; a care room offering integrative health practices such as Reiki, yoga, massage, and blessings; storytelling and a creative space for children; and a fair featuring artisanal products and books.

The topics addressed in the conversation circles included the Humanization Policy for Labor and Childbirth and the National Policy for Integral Attention to Women's Health. These discussions were facilitated by representatives of the Brazilian Ministry of Health.

The participation of traditional midwives within the SUS was also discussed. In this circle, managers, researchers, nurses, teachers, midwives, women, and men discussed the demands and responses needed to reduce maternal morbidity and mortality and to reframe care related to labor and childbirth.

Another unique moment during the event was the exploration of subjectivities through studies and people's experiences, centered on the Dialogue-based presentation: Care and Contexts of Sexuality and Diversity of Women and Trans People—the humanization of care during pregnancy, labor, and childbirth. This space facilitated the integration and consideration of studies and research highlighting the need to incorporate gender transition and its challenges into perinatal and obstetric care within the SUS. Thus, the interaction between the National Policy for Integral Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals and the National Policy for Women's Health Care was reinforced as an urgent matter, especially regarding sexual and reproductive health. In healthcare services where nursing operates, the segmentation of people does not support health promotion, protection, and care practices.

The Tent's activities were integrated with multicultural care practices that were conducted in the Care Space. This coexistence valued multiple forms of dialogue among people, encouraging them to think, express their views, and reflect on certain subjects while preserving regional culture and heritage. This moment embodied the idea that "There is no knowing more, or knowing less, there is different knowledge. All people are producers and consumers of knowledge" (Freire, 1981).

Freire's vision and principles enabled people who wanted to offer nonconventional care in traditional settings to do so, recognizing that caring for and being cared for are also learning experiences about oneself, others, and the possibilities of being in the world. In this sense, a symbiosis between research and education was fostered, facilitating the sharing of knowledge, perspectives, and emotions among populations historically silenced by coloniality (Harari & Pozzebon, 2024).

Table 1. Chronological sequence of activities conducted at the Paulo Freire Tent during the XII Brazilian Congress of Obstetric Nursing, 2023. Brasília (DF), Brazil, 2025.

DAY ONE
* Activity 1: Set-up and organization of the Paulo Freire Tent; reception and welcoming of participants. The event began with collective organization and harmonization of the space.
* Activity 2: Conversation circle on the National Policy on Popular Health Education. Dialogue on the education of obstetric nurses and the humanization of labor.
* Activity 3: Welcoming and harmonization in the Tent. Integrative practices such as foot bath, massage, and Reiki.
* Activity 4: Conversation circle on the Humanization Policy for Labor and Childbirth. Discussion of the <i>Rede Cegonha</i> , women's health care, and the participation of traditional midwives.
* Activity 5: Conversation circle on sexuality and diversity. Discussion of humanization during pregnancy, labor, and childbirth, focusing on diversity.
* Activity 6: Evaluation through dance circles. Activity to evaluate participants' experience.

DAY TWO

- * Activity 1: Reception, welcoming, and harmonization in the Tent. The day began with integrative practices and welcoming activities.
- * Activity 2: Circles for pregnant women, postpartum women, and pregnant couples. Dialogue on sexual and reproductive health and launch of the material "Freedom in Labor".
- * Activity 3: Dialogue-based presentation on models of care for labor and childbirth. Presentation of different models and their relationship with integrative practices.
- * Activity 4: Welcoming and harmonizing with dances to energize the body. Practices to energize participants and prepare them for the activities.
- * Activity 5: Conversation circle on the Register of Intangible Assets of Traditional Midwives. * Dialogue on the importance of registering and preserving traditional knowledge.
- * Activity 6: Evaluation through dance circles. Activity to evaluate participants' experience.

THIRD DAY

- * Activity 1: Reception and harmonization in the Care Space. Integrative practices to start the day.
- * Activity 2: Circles for pregnant women, postpartum women, and pregnant couples. Dialogue on sexual and reproductive health using a sociopsychodrama approach.
- * Activity 3: Dialogue-based presentation on Labor Centers and the expansion of models within the SUS. Presentation of Law 591/23 and the importance of Labor Centers.
- * Activity 4: Dance circles. Activity to energize and integrate participants.
- * Activity 5: Final evaluation of the Paulo Freire Tent at XII COBEON. Presentation of the systematization team and final evaluation of the event.
- * Activity 6: Welcoming and harmonizing with activities to energize the body in the Tent. Practices to energize participants and prepare them for the event's conclusion.
- * Activity 7: Reading of the Final Report of Paulo Freire Tent at XII COBEON, Brasília (DF). Presentation and approval of the event's final report.
- * Activity 8: Farewell with songs, dances, local flavors, and aromas. A moment of celebration and gratitude shared with participants.

On the fourth day, in Activity 7 (Table 1), the final report of the Tent was presented through reading, discussion, and new suggestions for including agenda items that had not been fully addressed or explored in depth during the event. After approval, the report was presented to the institutional actors responsible for incorporating demands into public policies. A synthesis of the actors' perspectives (Table 2) demonstrates that midwives guide nursing education and, in doing so, introduce new demands for sharing knowledge and practices in educational settings. In turn, doulas call for recognition and professionalization, as well as greater inclusion in management and in labor and childbirth care services.

From the perspective of researchers and teachers, the production of evidence as a new decolonial strategy was discussed through the systematization of lay midwives' knowledge and practices and their application in the education of health professionals. This perspective directly aligns with that of health professionals, especially obstetric nurses, who advocate for reframing education to promote the sexual and reproductive health of trans people. They also identify professionals' mental health as a relevant issue to be addressed in health policies and in the workplace. Finally, the perspectives of fathers, mothers, and children were also addressed in the Tent. A space for expression and sensitive listening was identified as a demand that is directly related to the mental health of those experiencing pregnancy, childbirth, motherhood, and/or fatherhood.

The Paulo Freire Tent has been consolidated as a Freirean Popular Education strategy that, when implemented at scientific events, promotes dialogue among social and popular movements, the SUS, and educational and research institutions (schools and universities).

Thus, Freire's thinking is reinforced through a worldview centered on dialogue, problematization, and collective action among professionals and the population (Walsh, 2017; De Oliveira Lima et al., 2020; Arjona et al., 2024).

Table 2. Summary of the actors' perspectives

Actors	Relevant points of the debate	Proposals
Midwives	* Decolonial care * National Nursing Curriculum Guidelines * Midwives meetings in institutions * Institutional violence and Knowledge related to laws * Availability of midwife courses * New technologies for labor * Cultural heritage: knowledge * Galba de Araújo program	* Introduction of heritage knowledge into basic education/teaching for childbirth care * Compensation and social rights * Review draft regulations to reduce the risk of exclusion: submission to health professionals * Expand cultural heritage * Include the topic of midwives in the education of health professionals
Doulas	* Doulas' experience and practice * Professional training * Inclusion in services	* Review the proposed regulation and educational requirements * Voluntary doula project * Job opportunities * Do not impose restrictions in Basic Health Units * Recognition rather than regulation
Researchers and Professors	* New approaches and technologies for pregnancy, labor, and childbirth, including integrative practices such as reflexology and sociodrama * Inclusive perinatal education * Exchange of knowledge	* Rigor in the production and application of evidence and in decoloniality * Professional safety * Include midwives' knowledge and practices in education
Fathers, Mothers, and Children	* Life experiences * Reception and welcoming of pregnant women, postpartum women, and parents/families * Spirituality, beliefs, and values	* Giving people a voice/known how to listen * Sensitive, attentive listening * Include mental health aspects in approaches to pregnancy, childbirth, motherhood, and fatherhood
Obstetric Health Professionals and Nurses	* Institutional violence related to gender, social class, and race * Reframing education to integrate the knowledge of midwives and doulas * Training in the care of trans people * Mental health of professionals	* Integration of knowledge * Review curricula and programs * Include new approaches to mental health and the care of trans people

4. Methodological Reflection

This study is situated within a qualitative, interpretive, and critical perspective grounded in the contributions of Paulo Freire and decolonial epistemologies. It assumes that knowledge is neither neutral nor universal but rather socially constructed, situated, and permeated by power relations (Mignolo, 2010; Harari & Pozzebon, 2024). Within this perspective, knowledge production is understood as a collective, dialogic, and politically engaged process guided by the valorization of historically subalternized forms of knowledge and by the critique of hegemonic forms of domination, particularly those sustained by racist, sexist, and technocratic ideologies in the fields of health and education (Grosfoguel, 2011).

In this experience report, guided by action research, the "Paulo Freire Tent" was conceived as a methodological, pedagogical, and political device for knowledge production.

Its organization into stages made it possible to report the planning, intervention, and analytical processes throughout the study, in line with Freirean principles of dialogue, participation, and problematization of reality (Freire, 2000; 2003; 2018).

Data analysis followed a hybrid thematic approach guided by the study objectives and open to the emergence of themes from participants' contributions, as reflected in the final report, which was collectively validated at the end of the event. In this process, one of the main challenges faced by the researchers emerged: their deep involvement with the topic, whether through the Freirean approach, their education and practice in obstetric nursing, or their closeness to the Tent participants.

The methodological process involved dilemmas related to both operational aspects and the systematization of the complexity and diversity of the participants' voices into analytical categories without reducing their political and experiential strength. From an operational perspective, the lack of recorded data, combined with the dynamic nature of the activities and the varying levels of detail in records produced by a heterogeneous team, affected the depth and consistency of the data. These aspects posed challenges for organizing and interpreting the findings and also constitute limitations of this action research report.

The researchers' involvement was central to the study. The team participated directly in the conception and implementation of the Tent, simultaneously serving as facilitators and analysts. This position required continuous critical reflection on the interpretations generated, establishing reflexivity as an ethical-political commitment guided by Freirean principles such as dialogue, sensitive listening, respect, and lovingness.

The study offers transferable methodological contributions by highlighting the potential of participatory spaces as tools for producing critical knowledge and for articulating teaching, research, outreach, and social transformation. This experience points to methodological pathways committed to equity, the defense of rights, and the construction of more inclusive and culturally situated practices.

5. Final Considerations

The Tent was integrated into the congress as a welcoming and protected space for reflection, encounters, and engagement among participants. It enabled the emergence of new epistemologies, particularly in a context where technical-scientific debate predominated. As it evolved and was replicated at subsequent events, it emerged as a powerful educational process for the decolonization of health knowledge and as an innovative pedagogical strategy within scientific meetings.

In addition to its educational role, the experience also reveals the potential of the Paulo Freire Tent as an innovative device for generating qualitative data in large-scale academic settings, such as conferences.

By fostering dialogic and participatory interactions among diverse actors, the Tent creates opportunities to capture collective reflections, emerging themes, and experiential knowledge that are often absent from traditional scientific event formats.

In this sense, it contributes to the reorganization of scientific meetings by introducing dialogic, interactive, and inclusive methodologies that generate insights relevant to public policies, knowledge production, professional education, and healthcare practices.

The use of this type of device raises important methodological and ethical considerations. Ensuring rigor in action research conducted in open and dynamic environments requires transparent documentation of interactions, clear procedures for participant identification and consent, and reflexive analysis of the researchers' role in mediating the process. Addressing these challenges is essential to ensure ethical integrity and analytical robustness while preserving the participatory and emancipatory nature of dialogic spaces inspired by Paulo Freire's pedagogical principles.

Ethical Approval: This article is based on the secondary qualitative analysis of an institutional report documenting the educational activities developed during the Paulo Freire Tent, organized by the Brazilian Association of Obstetric Nurses and Midwives – Federal District Section (ABENFO-DF) during the XII Brazilian Congress of Obstetric Nursing (XII COBEON - in Portuguese) and the VI International Congress of Obstetric and Neonatal Nursing (VI CIEON – in Portuguese). The report was produced as institutional documentation of educational activities and subsequently authorized for scientific dissemination by ABENFO-DF. The authors declare that the use of this material complies with the applicable institutional and ethical requirements governing its scientific use.

Informed Consent: This article is based on the analysis of institutional documentation produced during educational activities conducted at a scientific event. No individually identifiable information is reported. The authors declare that the confidentiality and privacy of all people involved have been preserved throughout the preparation of the manuscript and that the scientific use of the institutional report complies with the applicable institutional requirements. In addition, to clarify the institutional and ethical framework of the material analyzed, we kindly request that the authors obtain and submit a complementary statement issued by ABENFO-DF (or by the institution responsible for organizing the Paulo Freire Tent).

Declaration of Conflicts of Interest: The authors declare that there are no conflicts of interest regarding the research, authorship, and/or publication of this article. The material has not been published, in whole or in part, elsewhere and is not currently under consideration for publication in any other journal. All authors were personally and actively involved in the work that led to this article and assume responsibility for its content. All ethical standards concerning the protection of study participants were followed in accordance with the Declaration of Helsinki of the World Medical Association.

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