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### **Cultural Historical activity theory-related research: ancestors**

When I was in medical school in the 1980s, I was fascinated by women's health, especially pregnancy and childbirth care. However, the care practices in teaching hospitals, full of abuse, disrespect and aggressive interventions (as I later learned, without proper basis in scientific evidence of their safety and effectiveness), caused me deep discomfort, which led me looking for Social Medicine/ Public Health instead of Gynecology/ obstetrics to my medical career. With great relief I came into contact with Latin American Social Medicine (LASM), which understood that medical technique, far from being neutral and purely scientific, established and enacted social relations of power. My studies focused on a social-medical reinterpretation of women's health care practices, seeking to understand what social movements call dehumanization, gender abuse in healthcare, irrationality and barriers to change. Our research group aims to understand the historical and economic determinations of practices, and strategies for innovation, especially regarding to public policies, its information systems, and in big data studies.

The relatively recent and rewarding encounter with cultural-historical activity theory (thanks prof. Rodolfo Vilela and Amanda Macaia from the Change Lab in the School of Public Health) was very precious, as CHAT and LASM have convergent theoretical and political inspiration. It offers additional tools to leverage such challenges, as well as providing a community of researchers and activists for collaboration in many areas. We also work on how to include gender and race/ethnicity dimensions in our research on institutional change. In these projects, I worked together with very talented researchers and colleagues such as Denise Niy, Bruna Alonso, Luana Lemos, Jamile Bussadori, who are spreading the word about CHAT. These are some of the uses of CHAT in our studies:

### **Using CHAT to implement the ‘Mother and Baby-friendly hospital’ Initiative**

The project was developed from 2016 to 2019 in two maternity hospitals of the Public Health System. The researchers learned about the CL with the study already in progress, and adopted

several of its resources, such as the study of the activity system, research into the historical origins of this system, the creation of operational groups with members of the services for alignment between the needs of the service and the intervention, the presentation of mirrors or sets of qualitative and quantitative data for collective reflection on how to operate the change, the disturbance diaries, and planning the sustainability of change. Another element was the agreement and formalization of innovative ways of understanding and executing activities, creating a common language and translated into new instruments such as the “institutional birth plan”. Other communication resources with users were developed within the scope of the project, creating pedagogical opportunities for called expansive, transformative and existential learning for those involved, the service and researchers. Several agreements were made to improve care with their respective and public indicators, including how to balance needs of women and newborns, and medical students (1)

### **“If we do not create the indicators that we need, who will?”: Using fourth generation of activity theory to change maternal care & information systems:**

Brazil is a middle-income country with a public health system and a private one. Most births occur in health facilities; however, indicators show poor results, incompatible with the country level of development. To better understand this, we analyzed the childbirth assistance activity systems in the Brazilian context. We gathered data from official information systems, previous research and women's accounts. We depicted two inter-related activity systems, according to the source of funding (public or private). As one activity system is related to care offered free of charge, and the other one is profit-oriented, they have different objects and instruments, and countless contradictions. We believe it is possible to analyze the childbirth assistance activity system using the principles of the third generation of activity theory, but major structural problems heavily influence these activity systems. The fourth generation of activity theory may be helpful to move forward in our analysis and action, making visible health needs and outcomes that are in a blind spot for services and information systems.

### **References**

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