

Human Right to Adequate Food: an essay on extreme poverty and child malnutrition based on Amartya Sen

Direito Humano à Alimentação Adequada: um olhar para a pobreza extrema e a desnutrição infantil a partir da obra de Amartya Sen

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Abstract

Ensuring the Human Right to Adequate Food (HRAF) is a key point in the fight against hunger and child malnutrition in Brazil, aggravated by the context of extreme poverty, allowing an increase in life expectancy. The Human Development Index (HDI) was created by Amartya Sen to transform the reductionist idea of economic development to broaden the concept of human progress based on the expansion of capabilities and freedoms under capitalism. This study aims to relate the conditions of poverty, hunger, and child malnutrition to the healthy eating promotion, based on Amartya Sen's concept of development as freedom. Health and human development are interconnected and, when analyzed in contexts of extreme poverty, intensify their restrictive effects on access to healthy food. Public policies need to urgently act in synergy with the areas of health, food, education, income, among others, considering the intersectoriality of food and nutritional safety.

Keywords: Health; Child Malnutrition; HDI; Public Policy.

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Resumo

A promoção e garantia do Direito Humano à Alimentação Adequada (DHAA) é ponto central do combate à fome e à desnutrição infantil no Brasil, agravada pela situação da pobreza extrema, permitindo um aumento da expectativa de vida. O Índice de Desenvolvimento Humano (IDH) foi criado por Amartya Sen para transformar a ideia reducionista do desenvolvimento econômico, a fim de ampliar a concepção de progresso humano a partir da expansão das capacidades e das liberdades no capitalismo. O objetivo deste estudo foi relacionar as condições de pobreza, fome e desnutrição infantil à promoção da alimentação saudável, a partir do conceito de desenvolvimento com liberdade descrito na obra de Amartya Sen. A saúde e o desenvolvimento humano interligam-se e, quando analisados pela situação da extrema pobreza, intensificam os seus efeitos restritivos ao acesso à alimentação saudável. Urge a compreensão de que as políticas públicas precisam atuar em sinergia entre as áreas de saúde, alimentação, educação, renda, entre outros, considerando a intersectorialidade da segurança alimentar e nutricional.

Palavras-chave: Saúde; Desnutrição Infantil; IDH; Política Públicas

Introduction

Social justice, based on the logic of well-being, proposed by Amartya Sen, can only be achieved with development focused on the human being, guaranteeing access to the minimum conditions of a dignified life—such as the right to health, adequate food, sanitation—with increased freedoms and the ability to choose one’s way of life.

The existential minimum is provided for in the legal system in article 6 of the Brazilian Federal Constitution—the so-called social rights—with a provisional character, so that the State intervenes in social relations to reduce inequalities by elaborating public policies. This set of rights predates any other since it works the elementary core for the survival of the human being, and having civil and political rights is impossible if the right to life, food, and health, among others, is not first guaranteed.

In this context, the child malnutrition indicator shows the socioeconomic conditions of the population, since the lower the indicator, the higher the quality of life.

On the other hand, infant mortality is part of the life expectancy (health) indicator of the Human Development Index (HDI), developed by Amartya Sen, to demonstrate that progress will only happen with a commitment to meet the minimum conditions for the survival of human beings, that is, to increase freedoms and capacities to choose the way of life they want, maintaining an inverse correlation between child malnutrition and development.

Recent data on Severe Food Insecurity revealed that 33 million Brazilians went hungry in the period between 2021 and 2022, and that 37.8% of households, where children under 10 years of age live, face severe or moderate insecurity, and this percentage was higher than the national average (Rede Penssan, 2022).

The Human Right to Healthy Food plays an important role in combating malnutrition, one of the causes of infant mortality. The construction of this right goes beyond the internal borders of countries and is part of an international commitment to guarantee the survival of man at the level of the minimum conditions of existence.

Breastfeeding plays an important role in promoting adequate nutrition. According to Dantas, Oliveira, and Bezerra (2022), breastfeeding provides sufficient nutrients for a child's growth and development. Therefore, the nursing team in primary health care units should promote strategies to reduce the rate of early weaning, with educational interventions, from prenatal to postpartum, considering sociocultural and economic aspects.

In Brazil, the right to food was incorporated into the Brazilian Federal Constitution by Amendment to the Constitution No. 64/2010, in article 6, as a social right, after a movement led by the National Council for Food Security and Nutrition (CONSEA), including it in the list of fundamental rights, which are inalienable, as they are part of a set of supreme rights based on the principle of human dignity.

After the creation of CONSEA, in 2003, and the signing of several international treaties to ensure the Human Right to Adequate Food (HRAF), in 2006, the *Sistema Nacional de Segurança Alimentar e Nutricional* (SISAN - National System of Food and Nutrition Security) was established in article 1 of Law No. 11,346/2006, with the participation of civil society for the design of policies, actions, and programs, recognizing the need for a more effective public policy to combat hunger, malnutrition, and misery, in addition to ensuring food security for the population, respecting regionalisms, reducing malnutrition rates, and, consequently, reducing infant mortality, improving health and HDI.

Frozi (2019) highlights the role of political-institutional dialogues, incidence, and articulation for the construction of the public good of Social Law, emphasizing the role of social control, which allows adjusting and correcting new plans of social policies and social actions that affect government programs, strengthening citizenship.

This work will reflect on the dimension of poverty as a deprivation of human capacity and development; on international cooperation for human development; and on the notion of poverty as a violation of human rights. Finally, it will analyze the correlation between health, HDI, malnutrition and infant mortality by social determinants and the silent cry for the HRAF. The methodology used was the opinion review of

articles and books on the subject and a reflection on the work *Development as Freedom*, by Amartya Sen

Health, HDI, malnutrition, and infant mortality by socioeconomic determinants: a silent cry for the Human Right to Adequate Food

The Brazilian National Health System (SUS) was created by the Federal Constitution of 1988 as a State Policy and an important instrument for the democratization of health, with free, universal, and comprehensive medical care (Teixeira, 2011).

The concept of health goes beyond the health-disease process and is allied to social determinants, namely, the "social, economic, cultural, ethnic/racial, psychological, and behavioral factors that influence the occurrence of health problems and their risk factors in the population" (Buss; Pellegrini Filho, 2007a, p. 78; our translation).

This new understanding allows us to perceive that socioeconomic conditions exert a crucial effect on health and on the occurrence of disease, representing the individual's living and working conditions, moving from a biological focus to the understanding that health should be seen from a social aspect (Buss; Pellegrini Filho, 2007).

From the understanding that the progress of a nation should be measured by human development, the indicator of long and healthy life expectancy (health) becomes decisive in the composition of the HDI, idealized by Amartya Sen, reflecting the expansion of freedom to obtain a higher quality of life for a population.

Therefore, the increase in life expectancy reflects good health and socioeconomic conditions in a given space and time and is influenced by the fight against child malnutrition and infant mortality.

Child malnutrition, according to the Ministry of Health (Brasil, 2005), is a multifactorial disease of a clinical-social nature that is rooted in poverty and is directly associated with the death of 56% of children under five years of age. Severe Food Insecurity, on the other hand, is considered a violation of the Right to Adequate Food since this condition

aggravates the vulnerabilities of extreme poverty, leading to overlapping conditions that challenge the overcoming of social inequalities in health and Food and Nutrition Security within the scope of public policies (Silva et al., 2022).

Among the social determinants of health that contribute to childhood mortality are environmental conditions (drinking water coverage, cesspools, garbage collection), demographic factors (fertility and mother's age), and socioeconomic conditions (family income, female schooling, extreme poverty growth, unemployment rate) (Brasil, 2019a).

The infant mortality indicator, despite having multiple causes, is sensitive to the child health state and reflects the living conditions of a population, in a given time and place, revealing the conditions "health, sanitation, income, and social inequality" (Paixão; Ferreira, 2012, p. 17).

The correlation between child malnutrition and socioeconomic status is inversely proportional, i.e., the lower the child malnutrition, the higher the quality of life of a population, allowing for high human development and progress.

In countries that are at an advanced stage of development, the infant mortality rate has decreased due to "a reduction in causes associated with exogenous and preventable factors, such as adequate conditions of nutrition, sanitation, and medical-hospital care" (Paixão; Ferreira, 2012, p. 7).

The issue of infant mortality is visible in public policy agendas, according to the Brazil Health Report 2018 (Brasil, 2019a), becoming a priority in public health, both in Brazil and worldwide. The focus is on combating preventable causes related to socioeconomic determinants, such as diarrhea, pneumonia, and malnutrition, referring to "environmental aspects, such as poverty, lack of basic sanitation, poor medical care, lack of primary care" (Brasil, 2019a, p. 51; our translation).

According to Buhler et al. (2014), acute infectious and transmissible diarrheal diseases are usually caused by bacteria, viruses, and protozoa, resulting from lack of basic sanitation and unsatisfactory hygienic and domestic behavior, with the main effects being dehydration and malnutrition, which, if not properly treated, can increase infant mortality rates.

According to Monteiro (2003), analyzing nutritional deficiencies, especially stunting, in children, since they are biologically more vulnerable, allows us to assess malnutrition in the community. By correlating weight and height, assessing the magnitude of the population's energy deficiency is possible, which leads to the need to value public policies aimed at food and nutritional security.

In 2006, the Food and Nutrition Security Policy (Law No. 11,346) was designed to incorporate aspects of food quality and quantity from a biopsychosocial, cultural, economic, and environmental point of view, considering the specificities of the different subjects of rights. Therefore, the policy must "necessarily articulate food (production, commercialization, and consumption) and nutritional (use of food by the body and its relationship with health) dimensions" (Magalhães; Burlandy; Frozi, 2013, p. 90; our translation).

The right to food is a social right, included in 2010 in the Federal Constitution, aiming to achieve the minimum goods that provide dignity and well-being. Therefore, it has a service-oriented character in which the State must respect, protect, and promote its access, in a humanized way, with public policies aimed at the portion of the population deprived of monetary resources.

The inclusion of nutrition in the HRAF concept highlights the need for health promotion in a unique context marked by malnutrition, nutritional deficiency, obesity, and chronic non-communicable diseases (Brasil, 2019a).

Malnutrition is linked to low income, impairing accessibility to food in adequate quantity and quality, in accordance with the Organic Law on Food and Nutrition Security (Brasil, 2019a).

Another problem is subnutrition, caused by lack of food or deficient diet, including the consumption of ultra-processed foods that directly affect health, due to obesity and increased cholesterol, since they are composed of inadequate nutrients and high energy density, and should be avoided for the protection and promotion of health (Brasil, 2019a).

Therefore, the importance of the HRAF as a valuable and unique instrument for combating malnutrition and subnutrition is emphasized,

consequently reducing infant mortality rates, improving health and well-being conditions, and reflecting on sustainable human development indices for the present and future generation.

The dimension of poverty as deprivation of capacities and human development

The conception of poverty is still the subject of doctrinal divergences, especially regarding the measurement of dimensional aspects. To think of poverty from a monetary perspective, as a one-dimensional measure, is to neglect the well-being indicators inherent to human needs other than income, “such as health, education, employment, and housing conditions,” in addition to food itself, integrating the minimum existential conditions intrinsic to human dignity (Fahel; Teles; Caminhas, 2016, p. 1; our translation).

Despite being widely used by the World Bank, the one-dimensional measure proposes a monetary line to define a minimum standard of living for the poor and non-poor, in addition to establishing criteria for comparisons at the global level. At the international level, the income level, for the classification of the population in the definitions of poverty and extreme poverty, corresponds to an income of up to US\$ 5.5 per day and US\$ 1.90 in purchasing power parity, respectively, that is, it defines the population group that does not reach a minimum level of well-being and deserves state attention to ensure dignified conditions of existence (Brasil, 2019b).

Brazil lacks an official poverty line (Brasil, 2019b) and a unified methodology (Falcão; Costa, 2014), leading to an oscillation to the definition of what would be a minimum well-being level. The choice of the line to measure poverty, and its intensity, varies according to the social benefit, since it is the only way to identify people who have insufficient income to meet their basic needs, crucial elements for elaborating adequate and efficient public policies.

The Organic Law of Social Assistance (Law No. 8,742/1993) establishes, in article 20, § 3, that the Continuous Provision Benefit (BPC) must be granted

to the disabled and elderly over 65 years of age who are unable to provide for themselves or for their family. To this end, the parameter used is the monthly per capita income of less than 1/4 (one quarter) of the minimum wage.

The Unified Registry (CadÚnico) for social programs of the Federal Government, established by Decree No. 6,135/2007, considers, in article 4, item II of the aforementioned legal diploma, that a low-income family is one that has a per capita income of up to half a minimum wage or one that has a monthly family income of up to three minimum wages.

To join the Bolsa Família program, an income transfer program, established by Law No. 10,836/2004 and regulated by Decree No. 5,209/2004, in addition to mandatory enrollment in CadÚnico, the monetary criteria for characterizing the extreme poverty line are *per capita* income of up to R\$ 89 per month, and poverty, with *per capita* income between R\$ 89.01 and R\$ 178 per month. Admission to the program requires conditions: children or adolescents up to the age of 17 must be enrolled in school and children up to seven years of age must be vaccinated.

According to Osorio, Soares, and Souza (2011, p. 13), “the option for *per capita* household income is imperative since it enables the relationship between the data available for the monitoring and the current definitions of poverty in public policy.” It emphasizes that the choice of the income criterion stems from it being a means to obtain goods and services, whose “consumption provides well-being” (Osorio, Soares, and Souza, 2011, p. 13; our translation), adding that free goods and services are quantifiable non-monetary incomes.

For Yazbek (2012, p. 291), monetary measures converge in the definition that poor people are “those who, temporarily or permanently, do not have access to a minimum of goods and resources, and are therefore excluded, in different degrees, from social wealth” (our translation).

Guerra and Emerique (2017) criticize the formation of a monetary standard to define poverty since it should reflect the absence of goods and services and contemplate the lack of opportunities to achieve a quality of life, encompassing deprivations such as the absence of health, education, food, public

services, as well as exclusion from the decision-making process on social and economic development.

Thinking about social wealth and development focused on the social arena, Amartya Sen, an Indian economist and Nobel Prize winner in 1988, proposes an analysis of the development of a country based on the reading of human development, with the expansion of freedoms, as opposed to the traditional perception focused on growth based on the Gross Domestic Product (GDP), creating, in partnership with the Pakistani Mahbub ul Haq, the HDI (Sen, 2010).

The HDI, a world reference, has been calculated annually since 2010, encompassing three major indicators (PNUD, 2019), namely, health (long and healthy life), education (access to knowledge), and income (decent standard of living).

Health is measured by, long and healthy, life expectancy and should be analyzed from the perspective of nutrition and infant and maternal mortality (Sen, 2010, p. 137), that is, the higher the rate of premature mortality and subnutrition, the lower the human development of a country, those being inversely proportional measures. The education sub-index is measured by the average length of study of adults and the expected length of schooling for school-age children and, finally, income can be measured by the Gross National Income *per capita* in purchasing power parity of goods and services.

The HDI scale permeates between the 0 and 1 indexes, and if it is below half (0.499), development is low. The index between 0.5 and 0.799 shows a medium development and above 0.8, high development (Sen, 2010).

According to the 2019 Human Development Report (PNUD, 2019), known for indicating the HDI of all States, produced by the United Nations Development Programme (UNDP), Brazil occupies the 79th position in a ranking of 189 countries and showed a slight growth compared with 2017, from 0.760 to 0.761. In South America, the country ranks 4th, behind Chile, Argentina, and Uruguay. Another relevant issue is the increase in inequalities, in which the richest 10% of Brazil concentrates about 42% of the country's total income.

Human development, proposed by Sen, brings a perspective of increasing the ability to exercise

one's freedom of choice, within a democratic space, with the possibility of strengthening active citizenship, which can vary "from being adequately nourished, having a good state of health, being free of predictable diseases and with a reduced threat of premature death" (Fahel; Teles; Caminhas, 2016, p. 2), thus reaching broader achievements, "such as being happy, having self-respect, and feeling part of community life" (Fahel; Teles; Caminhas, 2016, p. 2).

Sen (2010, p. 20) draws attention to issues such as "premature mortality, significant undernourishment (especially of children), persistent morbidity, widespread illiteracy and other failures." He argues that unemployment is not only a loss of income that can be compensated, but has "far-reaching debilitating effects on individual freedom, initiative, and skills," contributing to social exclusion, loss "of self-reliance, self-confidence and psychological and physical health" (Sen, 2010, p. 20).

Therefore, poverty "must be seen as the deprivation of basic capabilities rather than merely as lowness of incomes, which is the standard criterion of identification of poverty" (Sen, 2010, p. 87). Therefore, poverty, for Sen, is seen beyond income deprivation and can be related to the concept of capacities and functioning, explaining how a family at the same income level can face, in a different way, the context of child malnutrition.

Income and capacity have an instrumental relationship, since "the impact of income on capabilities is contingent and conditional" (Sen, 2010, p. 88) to the extent that it depends on the parametric variations of population groups, such as age, sexual and social roles, gender, geographic location, epidemiological conditions, and the influence on the ability to convert income into valuable functions.

Thus, including social, cultural, and political dimensions in the multidimensional concept of poverty makes it possible to assess whether, in addition to income, other social deprivations are affecting freedom and the ability to choose one's way of life, reflecting, more rigorously, the insufficiencies that hinder the human development of a country and helping in the construction of public policies.

Yazbek (2012, p. 291) adds that poverty is a reflection of the social relations prevailing in

the pattern of capitalist development, which is extremely unequal in economic, social, political, and cultural terms, and cannot be reduced to material deprivation. Therefore, it must be perceived in the multidimensional aspect that translates into the lack of social, economic, and political rights, including social participation, opportunities, and information.

Undeniably, thinking about inequality, as a result of capitalism, is contemplating not only the aspect of income, but looking deeply at other inequalities, namely, around education, technology, and climate change (PNUD, 2019), for present and future generations.

Machado and Pamplona (2008, p. 66) highlight the sustainability character of development by considering it “as a process of increasing the range of people’s choices, not only of the current generation, but also of future generations” (our translation).

For Silva Neto and Oliveira (2017, p. 67), social inequalities are the result of “current economic conditions, the scenario of political instability and the historical inheritance of some prejudices, such as the naturalization of poverty and inequality,” and the greatest challenge of human development in Brazil is to overcome “wage discrimination by gender, ethnic discrimination, and regional discrimination,” (our translation) which is why there is a need to analyze the socio-political dimensions in the dimensional aspects of poverty, since by reducing inequalities, in all their amplitude, it will be possible to build an effective human development, with the supply of basic needs, such as food, which cannot wait.

International cooperation for human development: extreme poverty as a violation of human rights

After the creation of the United Nations in 1945, especially the World Health Organization (WHO) in 1948, and the UNDP in 1965, according to Buss (2007b), an international dialogue was opened from 1990 onwards for peaceful coexistence, awakening the need for cooperation in favor of global progress and for the protection of human dignity, culminating in a series of conferences, especially the United Nations

World Summit on Food (1966), World Summit on Sustainable Development (2003), and World Summit on Millennium Development Goals (2000).

At this last conference, the United Nations (UN) Millennium Declaration was signed, with eight objectives, 18 targets, and 48 indicators to be achieved by 2015, including a global partnership for halving extreme poverty and hunger, child mortality, and improving maternal health, all aiming at universal coverage of minimum levels of well-being, since the promotion of health and well-being are essential in fostering human capacities (GTSC A2030, 2019).

Globally, the results were positive. Extreme poverty, according to the UN (2015), calculated under the metric of those who lived on less than 1.25 dollars per day, in the period from 1990 to 2015, decreased from a proportion of almost 50% (1,926 million) to 14% (836 million). Regarding undernourished people, in developing regions, the numbers reduced by almost half, that is, from 23.3% (in 1990) to 12.9% (in 2016). Infant mortality has more than halved, falling from 90 to 43 deaths per 1,000 live births between 1990 and 2015, with vaccination as a major factor in reducing the numbers.

In Brazil, according to a report by the Institute for Applied Economic Research (IPEA) (Brasil, 2014), the reduction of extreme poverty reached one-seventh of the level established before the deadline, in 2012, with a reduction from 25.5% to 3.5%, especially with the help of the Brazil Without Extreme Poverty program (2011). The goal of reducing infant mortality of 15.7 deaths per thousand live births was achieved in 2011, falling from 47.1 (in 1990) to 15.3 (in 2011), driven by the Bolsa Família program and the Family Health Strategy (ESF) (Souza et al., 2019).

Therefore, most of the objectives were achieved in 2015, but a long-term collective commitment was still needed. Thus, on September 25, 2015, 193 member countries of the UN General Assembly adopted the action plan “Transforming Our World: The 2030 Agenda for Sustainable Development,” establishing 17 Sustainable Development Goals (SDGs), with 169 targets, in force for 15 years, with the commitment to leave no one behind, with special attention to eradicating extreme poverty by 2030 and reducing child mortality (Rome, 2019, p. 38).

Regarding the fulfillment of goal 3, health and well-being, the infant mortality rate increased in 2016, especially due to Zika and the economic crisis caused by loss of family income, stagnation of social programs, and cuts in public health (GTSC A2030, 2019).

Although goal 1 of the SDG is the eradication of poverty, according to the 2019 Luz Report, the movement was the inverse of what was expected, that is, instead of reducing, poverty rates grew unbridled, going from 25.6% (52.8 million) in 2016 to 26.5% (54.8 million) in 2017. Extreme poverty increased from 6.6% (13.5 million) in 2016 to 7.4% (15.2 million) in 2017. The main causes pointed out in the Report are the lack of confrontation of ethnic and gender inequalities, the increase in unemployment (from 6.7 million in 2014 to 13.2 million in 2018) and underemployment, fiscal austerity policies, approval of Constitutional Amendment No. 95/2016 that reduced and froze spending for the next 20 years, reforms in labor and social security legislation, in addition to the dismantling of social policies, especially in the government of Jair Bolsonaro (GTSC A2030, 2019).

The current political-economic period (in 2022, the year of writing the article) collides with the objectives of sustainable development and represents a violation of human rights, since the increase in poverty restricts elementary rights, such as life, food, health, among others, and the state inertia in hindering this growth directly affects the foundation and objectives of the Federative Republic of Brazil, regarding human dignity and the commitment to eradicate poverty and inequality, respectively, enshrined in the 1988 Magna Carta.

International cooperation, from the twentieth century onwards, in the period after the Second World War and the signing of the Declaration of Human Rights in 1948, reflected a global effort to protect one's peers for the preservation of human dignity, creating a duty of solidarity, especially to those who are in total conditions of deprivation of basic needs, that is, who live on the extreme poverty line, a state of more serious indigence, whose greatest absence is the expectation of the right to live, to eat, to have education, to access health, as well as total deprivation of social and political freedoms.

Guerra and Emerique (2017, p. 29) teach that democratic institutionalism can be weakened by

poverty, since it "constitutes a denaturalization of democracy and makes citizen participation, access to justice, and the effective enjoyment, in general, of human rights illusory."

For Freitas (2003, p. 37-38), the greatest effect of the economic crisis on poverty is hunger, which most severely affects those who are in extreme poverty, extirpating or compromising the precious right to life. Thus, hunger "takes place in the sociocultural dimension of the same biological body that feels it, a construction that takes place in the heart of poverty, within the political, social, historical, and economic context of our society" (Freitas, 2003, p. 37-38; our translation).

In this context, the joint effort of the various social actors to combat extreme poverty in the country, in a more effective way, instigates the elaboration of public policies that affect the social exclusion of families with malnourished children and in a situation of Severe Food Insecurity, so that the inclusion of children is met by the Right to Adequate and Healthy Food within the Health Sector, as well as in society. Certainly, the context of morbidity and mortality related to hospital malnutrition involves the need for adequacy in the management and planning of new health technologies.

Therefore, providing the minimum existential conditions provided for as a Fundamental Social Right in article 6 of the Federal Constitution is necessary, since they are welfare rights based on the postulate of human dignity, aimed at reducing inequalities and expanding access to and distribution of public services in an equitable and non-discriminatory manner.

Therefore, Souza et al. (2019) emphasize that development must be sovereign, socially inclusive, and sustainable, since it requires contributions to diffuse driving policies in the spheres of full employment, of the fight against income inequalities, of housing, of sanitation, of innovation in the productive and technological structure, of universal access to quality services in the areas of Education, Social Security and Food Security, and of the sustainable management of natural resources, enabling progress based on human development.

Conclusion

The Federative Republic of Brazil has, among the fundamental objectives of its Constitution, the eradication of poverty and marginalization, as well as the reduction of social and regional inequalities, under the terms of article 3, item III, of the Federal Constitution of 1988, following a global concern to combat poverty to achieve a just and solidary society.

A multidimensional assessment of poverty is necessary, considering the multiple socioeconomic, cultural, and economic aspects since they can be considered a direct consequence of capitalist inequalities. True progress in human development must be centered on better living conditions and the expansion of individuals' freedom of choice.

Amartya Sen quantifies development, based on the HDI, based on three pillars: health (long and healthy life), education (access to knowledge), and income (decent standard of living).

The existence of a long and healthy life, for present and future generations, presupposes being far from premature death from preventable causes, such as diarrhea, malnutrition, and pneumonia. The relationship between malnutrition and quality of life is inversely proportional, that is, the lower the malnutrition and mortality rate, the better the socioeconomic conditions of a population.

When analyzing the relationship between poverty, health, and adequate food, poverty is the first deprivation of not only economic capacities, but as an instrument of social and rights exclusion, restricting basic human rights, such as the right to life, health, food, with high rates of early mortality. The HRAF introduces the idea of overcoming nutritional deficiency, with access to food in adequate quantity and quality, promoting health, and reducing infant mortality.

Brazil is a signatory to international pacts to combat poverty. The Millennium Development Goals and the SDGs are commitments among countries to overcome the primary deprivations of human beings, such as eradicating poverty and hunger, increasing health and well-being, and accessing safe drinking water and sanitation, quality education, decent work, among others. The biggest challenge is to provide a better quality of life for all, especially those who are

in vulnerable situations, giving them opportunities and freedoms to achieve the life they want.

However, what has been observed in recent years are fiscal austerity policies that have increased poverty and, consequently, move away from fulfilling the SDGs by 2030, representing a disrespect and violation of human rights, as well as a lack of interest in the development of effective public policies to reverse the situation.

The minimum conditions of existence were inserted in the Federal Constitution, in the chapter referring to fundamental social rights, with a provisional character, requiring an active state posture for the promotion, access, and protection of minimum goods and services for the socially vulnerable segment, reducing inequalities. Therefore, prior to any other civil or political right, the right to life, health, and food, in a humanized way, must be valued as the most important resource for achieving social justice.

An important indicator that denotes the living and health conditions of a population and that can assess the human development of a territory is infant mortality. Despite being visible in the public policy agenda, the fight against preventable causes and nutritional deficiency need to be overcome with the perennial systemic valorization of public policies for food security, health, and fight against poverty, especially those of income transfer. The promotion and guarantee of the HRAF have a prominent place in this context, since access to quality food improves the general health and well-being of the population and, consequently, reduces child malnutrition, as well as the infant mortality rate, providing sustainable human development for present and future generations.

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Author's contributions

Almeida contributed to the article's conception, analysis, writing, and planning. Frozi contributed to the conception, idealization, and intellectual and critical review of the article, as well as the final approval for publication.

Received: 22/12/2022

Resubmitted: 25/3/2023

Approved: 28/3/2023