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Human Right to Adequate Food: Perceptions from Bolsa Família Program participants

Direito humano à alimentação adequada: percepções de participantes do Programa Bolsa Família

Abstract

Introduction. The National Policy for Food and Nutrition Security instituted the BolsaFamília Program (BFP) as one of its main measures to combat extreme poverty and hunger. **Objective.** To identify the perceptions and knowledge of BFPparticipantsregarding the dimensions of the Human Right to Adequate Food (HRAF) and healthy eating. **Methods.** This was a qualitative study with a representative sample of women who participate in the BFP in the Morros de Santos region-SP (n=190). Semistructured interviews were audio recorded and transcribed for thematic content analysis. Thematic centres and categories were produced for each dimension of interest. **Results.** The participants, with a mean age of 33 years and considered low income, showed a lack of knowledge about HRAF. Few interviews highlighted the fight against hunger and the search for citizenship, but they revealed scepticism regarding the consolidated guarantees. The routine in the health services for monitoring the conditionalities of the BFP emerged in the rights dimension. The definition of healthy eating by the participants emphasized the importance of *fresh* and minimally processed foods but revealed the use of ultra-processed foods asalternatives given the financial difficulties in accessing healthy foods. **Conclusions.** The findings reveal the need to develop public policies and actions for the emancipation and strengthening of families entitled to the BFP from the citizen perspective of defending the enforceability of the HRAF.

Keywords: Nutrition and Food Programs and Policies. Bolsa Família Program. Social Vulnerability. Healthy Eating.

Resumo

Introdução. A Política Nacional de Segurança Alimentar e Nutricional teve no Programa Bolsa Família (PBF) uma de suas principais expressões para combater a miséria e a fome. **Objetivo.** Identificar percepções e conhecimentos de titulares do PBF acerca das dimensões de Direito Humano à Alimentação Adequada (DHAA) e de alimentação saudável. **Métodos.** Estudo qualitativo com amostra representativa de mulheres titulares do PBF da região dos Morros de Santos-SP (n=190). Entrevistas semiestruturadas foram registradas em áudio e transcritas literalmente, para análise temática de conteúdo. Núcleos temáticos e categorias foram produzidos em cada uma das dimensões de interesse. **Resultados.** As participantes, com média de idade de 33 anos e consideradas de baixa renda, demonstraram desconhecimento sobre DHAA. Poucos discursos destacaram o combate à fome e a busca por cidadania, mas desvelaram ceticismo em relação às garantias consolidadas. A rotina nos serviços de saúde para o acompanhamento das condicionalidades do PBF emergiu na dimensão de direitos. A definição de alimentação saudável pelas participantes enfatizou a importância dos alimentos *in natura* e minimamente processados, mas revelou os

produtos ultraprocessados como alternativa diante das dificuldades financeiras para acessar alimentos saudáveis. ***Conclusões:*** Os achados explicitam a necessidade de viabilizar políticas públicas e ações para emancipação e fortalecimento das famílias titulares do PBF, na perspectiva cidadã de defesa da exigibilidade do DHAA.

Palavras-chave: Programas e Políticas de Nutrição e Alimentação. Programa Bolsa Família. Vulnerabilidade Social. Alimentação Saudável.

INTRODUCTION

The BolsaFamília Program (BFP), considered one of the largest conditional cash transfer programs in the world, provides access to health and education services in addition to monetary resources through its conditionalities.^{1,2} Created in 2003, it adopts *per capita* income as the eligibility criterion for the selection of families registered in the Single Registry of Social Programs of the Federal Government (CadÚnico).³

Extreme poverty and hunger in Brazil has decreased since the creation of the programme.^{2,4} Thus, it has become one of the main policies of the National Policy on Food and Nutrition Security (PNSAN) and of the agenda to guarantee the Human Right to Adequate Food (HRAF) and Food and Nutrition Security (FNS).⁵

Among the positive impacts resulting from the BFP are the expansion of access to food and the minimization of hunger in socially vulnerable populations,^{1,4,6,7} despite the challenges faced in overcoming poverty and promoting healthy eating practices.^{8,9}

The HRAF concerns the regular, permanent and unrestricted access to safe and healthy food, in adequate and sufficient quantity and quality, considering cultural tradition, to guarantee a life free of fear that is dignified and full in the physical and mental, individual and collective dimensions.^{5,10} The HRAF was ratified in Brazil with the Organic Law on Food and Nutrition Security (LOSAN, abbreviation in Portuguese), nº 11.346/2006, without compromising access to other essential needs and based on food practices that promote health, respect cultural diversity and are socially, economically and environmentally sustainable, and with Constitutional Amendment No. 64/2010, which included food in the list of social rights.^{5,10}

Understanding the point of view of BFP families is essential to deepen the analysis of the role of the programme in promoting FNS and from the perspective of rights. However, there are few reports in the scientific literature that focused on this.^{1,2,11} Rego & Pinzani¹² found that users perceived the BFP as help.¹² When contextualizing the use of the term “help”, Ahlert¹³ inferred a connection with the notion of a right conquered in the face of a “struggle” for admission to the programme and for meeting the necessary requirements and responsibilities required to maintain conditionalities.¹³

In 2022, the highest ever prevalence of food insecurity (FI) was identified in a nationwide survey (58.7%), with severe FI - namely, hunger - affecting 15.2% of the population or approximately 33 million Brazilian families. Among the families participating in the Auxílio Brasil programme, the percentage of severe FI was even higher (21.5%). In addition, there are disparities between gender and race/colour, as women and the black population are even more affected by hunger and mild or moderate FI.¹⁴

The perception of people in situations of social vulnerability, as subjects of rights, is an object of interest for the design of public policies and educational actions pertaining to FNS. Likewise, an understanding of the concept of healthy eating by BFP users is fundamental, considering the role of the program in promoting FNS. Therefore, the aim of this study was to investigate perceptions and knowledge of BFP participants about HRAF and healthy eating.

METHODS

This study, developed in the Morros de Santos region, São Paulo, Brazil, in 2017, had a qualitative approach and is an offshoot of the quantitative–qualitative study “The actions of the Bolsa Família Program in Morros de Santos: Limits and potential for intersectorality” (CNPq, process nº459027/2014-0), from which a representative sample of PBF participants in the investigated region was selected. This region is home to a

very large population in a situation of social vulnerability, and for this reason, there is a high concentration of BFP families in the municipality.¹

The sample size was estimated considering a test power of 95% and a significance level of 5%; the aim was to obtain a representative sample of the population of Morros¹⁵ based on census data for Santos and Morros Jabaquara, Marapé, Nova Cintra, Santa Maria and Vila Progresso.^{16,17} A sample of 190 people was estimated. Due to the eligibility criteria of the BFP, the sample consisted of women, including pregnant women, mothers and/or guardians of children participating in the programme.

Semistructured interviews were conducted with the BFP participants at Family Health Units (FHU) or at the households of participants in the presence of a community health agent. A script adopted was designed to collect sociodemographic information and contained open-ended questions to guide the interview, with the purpose of identifying perceptions and knowledge of the interviewed women about HRAF and healthy eating. The questions were “What is your understanding of the human right to adequate food?” and “What do you think healthy eating is?” These questions were complemented by approaches and questions to obtain a better understanding and deeper analysis of the responses by the subjects (for example, simplification of the term “right to food” and additional questions such as “What have you heard about it?”).

The interviews were conducted by trained field researchers and were audio recorded, transcribed and stored in a database for later systematization and analysis.

The interviews were assessed using content analysis - thematic modality,¹⁸ in three phases: (1) pre-analysis; (2) exploration of the material; and (3) interpretation. In the pre-analysis phase, a brief and exhaustive reading of the transcripts of the interviews was performed for an overview of the dataset. During the exploration phase, there was immersion in the content of the responses, and recurring concepts were categorized and organized into thematic units. In the analytical phase, treatment and interpretation of the data led to the elaboration of thematic cores, which were discussed in light of the scientific literature in the area. The data analysis concluded with the interpretation of the results.

Due to the large number of responses to the question about healthy eating, theoretical saturation occurred after the first 50 interviews, after which there was a high recurrence of topics/statements and the concomitant absence of new elements in each grouping.¹⁹

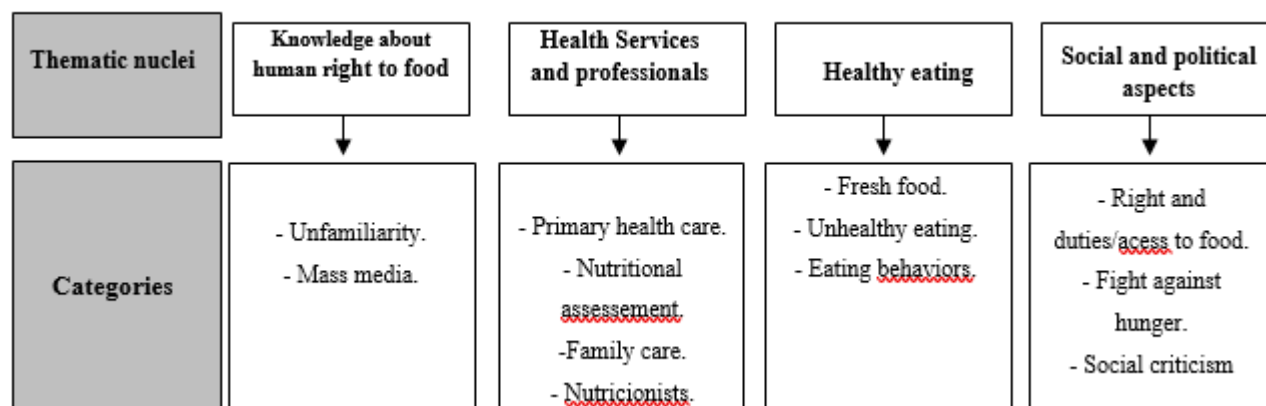
This research project was approved by the Ethics Committee of the Municipal Departments of Health, Education and Social Assistance of Santos-SP and by the Ethics Committee of the Federal University of São Paulo (Opinion No. 0084/2019). All participants signed a free and informed consent form.

RESULTS

A total of 190 women whose families were BFP recipients were interviewed. For those interviewed, the mean age was 33 years, the mean net monthly income was R\$592.12, and the mean amount received from the BFP was R\$186.89.

The content analysis resulted in the identification of four thematic nuclei, which were divided into categories, as detailed in Figure 1..

Figure 1. Thematic nuclei and categories for the perception of users of the BolsaFamília Program on the human right to adequate food (HRAF) and food and nutrition security, region of Morros de Santos, SP, Brazil, 2018.



Knowledge about the human right to food

The vast majority of participants did not know the term “human right to food”. The few responses on understanding theHRAF consisted of brief and indefinite statements. There was little or no familiarity of the respondents with the perspective of the right to food, as seen in the following excerpts:

I've heard about it [about HRAF], but I can't explain it properly. (Interviewee 13)

Human right [...] kind of underweight child, that sort of thing? (Interviewee 87)

The main sources of information on HRAF weremass media (such as television) and health centres. However, the women did not express an idea, meaning or description of what the right to food would be for them. For numerous interviewees, there was a noticeable effort to define the term and focus more on the “right” component. The imprecision and low certainty of the statements presuppose that the message itself is not fully understood or fixed because the source was remembered more than the content of the message.

I see it on television, but I don't know what it is. (Interviewee 06)

I think I heard about it... at the last maternity meeting. (Interviewee 23)

In general, the effort of the respondents to codify the meaning of the components of the term HRAF was observed. Some responses thus focused on the elements that form a more recognizable expression, such as “adequate nutrition”. Therefore, definitions pertained to foods identified as ideal, eating practices considered healthy and the prevention of obesity and malnutrition.

Oh, so we can learn to eat right, eat healthy things, so we don't eat so much junk foodor give so much junk food to the kids. (Interviewee 08)

Health services and professionals in the context of the human right to food

The BFP participants mentioned nutritional assessment measures and care groups provided through primary health care, indicating the presence of health services in their daily lives. Second, they mentioned nutrition as an area of knowledge or profession linked to the concept.

I think it's nutrition. The scale of the person's diet [...] (Interviewee 23)

Understanding of healthy eating

In general, definitions of healthy eating revolved around food itself, as seen in the following statements:

Ah, eat a little fresh food, a little rice, some beans, a steak, a chicken fillet, a salad [...] especially with vegetables [...]. (Interviewee 102)

[...] healthy eating that I know is eating vegetables, those types of things [...]. (Interviewee 14)

Most definitions included a list of foods of plant origin and the fruit, legume, and vegetable (FLV) triad, sometimes accompanied by the rejection of foods with a large amount of fat, such as fried foods and red meat, and sugary foods, for example, sweets and industrialized beverages. Furthermore, the respondents indicated behaviours such as eating regularly (meals every three hours was a practice cited with some constancy) and controlling food consumption.

Eat plenty of fruit, and eat at the right time, I believe. I avoid fried foods; I always add vegetables, salads [...]. (Interviewee 89)

Financial access to food was highlighted as a central obstacle to healthy eating, as observed in the following excerpts:

[...] I do not eat everything that is healthy; I cannot buy everything that is healthy, but the little I have, let's eat. (Interviewee 37)

It's [stutters] it's meat, red... decrease, right? I wish I didn't eat meat anymore. Because you can't buy many things, you have to eat what you have (laughs), sausage, a lot of things that are no good (laughs) [...] organic food, right? If I could afford it, but unfortunately...you have to buy the cheapest one [laughs]. (Interviewee 109)

[...] It's not that I don't like it; it's just that I don't have time at home to eat these things, so I end up eating snacks on the street. That's it. (Interviewee 89)

Given the difficulty of acquiring healthier foods and preparing meals, the consumption of ultra-processed products was identified as an alternative to ensure an adequate amount of food.

Political and social aspects of the human right to food perspective

Based on the observed tendency of the respondents to interpret the term HRAF based on the component of greater familiarity (the rights perspective), expressions such as "having rights" or "rights and

duties” emerged, although they were not contextualized within the State’s obligations to ensure FNS. However, the empirical knowledge of the existence of consolidated guarantees was remarkable, even without its exact definition.

Every citizen has rights as well as duties and obligations; so, every citizen has their rights, but the way things are today is complicated. (Interviewee 20)

Some responses came closer to the social and political dimension of the HRAF, for example, when describing the fight against hunger and when questioning the effectiveness of some actions in this scope:

People have the right to food, I guess, I don't know, adequate food, fighting hunger. (Interviewee 17)

Is there such a thing? [tone of irony in the answer about HRAF] (Interviewee 10)

Even regarding aspects concerning the objectives and outcomes of the FNS and HRAF initiatives, the BFP users revealed a lack of knowledge of these terms that support public policies, probably because they are not mentioned in their political nature. In other words, it is possible to conclude that there is some knowledge about the purpose of the HRAF but not about its characterization as a basis for government actions.

DISCUSSION

In this study, BFP participants in a region of high social vulnerability identified dimensions alluding to the concept of HRAF, a finding that is relevant to informing the direction of FNS policies and actions. The emerging thematic nuclei encompass the lack of knowledge of the participants about the human right to food, the disconnection of the HRAF from its social and political domains, the presence of health services and professionals *in* the daily life of BFP participants and the definition of healthy eating associated with the consumption of raw foods (especially *FLV*), accompanied by difficulties in financial access for the acquisition of healthy foods.

The extensive lack of knowledge of the concept of HRAF by BFP participants highlights the gap in the enforceability of rights. The lack of knowledge about the human rights perspective by participants has been described in the literature.^{12,13} However, to date, no study has revealed specific knowledge and perceptions about HRAF. Access to information and the knowledge/recognition that being free from hunger and having adequate and healthy food are closely linked to the value of human existence, integrating precepts of public policies and educational activities for the subjects of rights.⁵

The enforceability of the HRAF is subject to recognition by individual of what constitutes a basic social right. The understanding is that basic aspects such as food, housing, health, education, culture and leisure are, in fact, rights and not privileges or retribution of favours.²⁰ Thus, the materialization of HRAF necessarily involves its discussion/propagation among the population by professionals working in vulnerable territories, facilitating appropriation regarding this right.

Despite the lack of knowledge of the BFP participants about the rights perspective, Pinheiro-Machado & Scalco²¹ argue that conditional cash transfer programmes such as the BFP, which include the most vulnerable in the consumer market, contribute to the increase in racial and class self-esteem, becoming a stimulus to individual and interpersonal empowerment. This has made it possible to implement political

actions, such as the refusal of subordination, the recognition of the right to a materially more comfortable life and the possibility of occupying public spaces in a society historically marked by social exclusion.²¹

The role of the BFP as an FNS policy is not limited to the promotion of the HRAF, made possible by the financial benefits that allow an increase in the purchase of food by the families served.^{7,9} The struggle to claim the guarantees ratified by the State is complex and involves an underserved population group, little informed about their rights, whose socioeconomic context perpetuates exclusion.⁵ In this sense, emancipatory communication and education strategies are essential for strengthening subjects in spaces of social participation and highlight the need for effective action by the government in fulfilling its obligations in relation to the protection, promotion and provision of the HRAF.^{5,10}

It is therefore necessary to transform the individual from the *object* of discourse into the de facto *holder* of human rights. Knowledge about the rights and citizenship perspective of BFP participants requires further investigation to assess whether and to what extent public food and nutrition policies have been successful in addressing hunger and promoting adequate and healthy eating as well as informing and investing in the emancipation of people living in poverty and social vulnerability.

As a basic right, the HRAF precedes and determines the exercise of others and requires minimum material, economic and social conditions for its effectiveness.⁵ Thus, income transfer in the context of the BFP is crucial to provide a portion of the financial means that a family needs to exercise their rights.

The presence of professionals in health services in the monitoring of the conditionalities of the BFP was identified by the participants of this study in the sphere of the HRAF. Neves et al.² showed that families with BFP beneficiaries residing in the Morros de Santos region had greater access to health services than did nonparticipating families in the same territory. Thus, possible greater contact with health services and professionals may facilitate the HRAF and the journey of these families towards health, autonomy, social inclusion and citizenship.^{2,11}

BFP actions favourably affect the food choices of participating families,^{8,22,23} with positive effects on the nutritional status of children.⁶ In the present study, the participants attested to knowledge about an adequate and healthy diet, especially about the importance of *fresh* and minimally processed foods as the basis of the diet.

The monetary benefit of the BFP alleviates extreme situations of food shortages and hunger⁹ and guarantees families access to staple foods, such as rice and beans.^{8,22,23} However, regardless of the recognition of the importance of FLVs for health, barriers to their consumption have been identified in different contexts.^{8,20} Daufenback et al.⁸ concluded that BFP participants in Curitiba-PR recognized rice and beans as “basic/coarse grains” and, therefore, necessary for a healthy diet, and FVs as a “supplement”. Consequently, in situations of financial resource scarcity, they are considered expendable in food planning. Participants in the BFP in a municipality in the interior of Bahia reported that food choices are motivated mainly by sensory appeal, the pursuit of health and food prices.²²

Difficulties related to financial access to *in natura* and minimally processed foods were reported by the participants of this study, a finding supported, in responses, by choices for foods identified as unhealthy, particularly ultra-processed products. The consumption of ultra-processed foods among families participating in the BFP due to the current high prices of foods that are central to the Brazilian diet, such as rice, beans, FV, meat and milk, is a phenomenon that requires attention.^{8,23}

The consumption of ultra-processed foods in the context of the BFP may also be related to the increase in the income of the beneficiary families, favouring the choice for such products, which are highly palatable,

considered practical meal replacements and highly desired by children.⁸ Thus, it is necessary to formulate policies and intersectoral actions to increase financial and geographical access to FLVs and other *in natura*/minimally processed foods by populations in social vulnerability. This includes food and nutrition education strategies with dialogic and problematizing approaches capable of promoting healthy eating practices in the context of conditional cash transfer programmes.

Understanding perceptions and knowledge about the HRAF and healthy eating, from the perspective of public policies pertaining to FNS, includes reaching the human and citizen dimension in the field of Food and Nutrition. The experience of BFP participants is of special interest to understand how the processes and benefits of the programme affect the dietary dynamics reported by registered families. Notably, the concept of healthy eating has a polysemic nature and has a mutable construction, based on the historical and sociocultural background, as the concept of health itself,²⁴ which currently evokes the dimension of rights and environmental and planetary aspects.²⁵

Likewise, the concept of the HRAF transcends “the availability of food, adequacy, accessibility and stability of access” in its biological and nutritional dimension, as it involves a broader meaning, establishing that food is “produced and consumed in a sovereign, sustainable, dignified and emancipatory manner.”¹⁰ However, the participants in this study did not demonstrate more comprehensive conceptions about healthy eating and human rights, such as ethical-political and socioenvironmental aspects, but indicated direct connections with citizenship and the fight against hunger.

Limitations of this study should be mentioned, but first, it is important to note that this study is part of a quantitative–qualitative investigation, as stated previously. The qualitative approach herein was performed during the interviews for the cited research using an extensive instrument for collecting sociodemographic data, potentially reducing participation and the willingness to respond to the open questions. Furthermore, the findings related to perceptions and knowledge about the HRAF and healthy eating of women participants in the programme may have embedded gender issues that should be considered in future studies on the subject.²⁴

In November 2021, the BFP was replaced by a provisional programme, Auxílio Brasil, breaking with the continuity of public policies with proven success in their objectives.²⁷ This replacement took place in a context of dismantling social protection policies, in progress since 2016 and accentuated during the Bolsonaro government (2019–2022). The expected duration of this new programme was until December 2022, the would-be 18-year anniversary of the implementation of the BFP; this end date was scheduled despite Brazil facing the consequences of an unprecedented health crisis in addition to one of the worst economic, social and political crises of its history. This reveals the political nature of the measure that created Auxílio Brasil and the neglect of permanence and investment in historically constructed public policies.

After the victory of Luiz Inácio Lula da Silva in the October 2022 presidential elections, the new government recreated the BFP through Provisional Measure No. 1,164 on March 2, 2023. Thus, the health and education conditionalities that had expanded access to health and education services were reinstituted. Additionally, the reinstatement of the National Council for Food and Nutrition Security (CONSEA) – the advisory body to the Presidency of the Republic in the fight against hunger – in the first act of the current Federal Administration, provided for in Provisional Measure No. 1,154, of January 1, 2023, was well received by organized sectors of civil society committed to the monitoring, evaluation and formulation of FNS public policies. Thus, the agenda for combating hunger and for FNS returned to the national scene.

CONCLUSION

BFP participants living in a highly vulnerable region of a municipality on the south coast of São Paulo showed little or no familiarity with the HRAF and, therefore, had a lack of knowledge about their own rights. The responses that pertained to the social and political dimensions of this concept included notions of citizenship and the fight against hunger but revealed scepticism about the fulfilment of such guarantees in FNS. In addition, participants reported routine use of primary health care services, associated with the HRAF domain, to monitor the conditionalities of the BFP, in particular nutritional status.

The concept of healthy eating by the participants was in line with the national dietary guidelines, with an emphasis on *fresh* and minimally processed foods and fewer ultra-processed food products. However, financial difficulties in accessing healthier foods were identified, and the consumption of ultra-processed foods was indicated as a food alternative by families in the BFP.

The perception of these women about the HRAF allows advancement in public actions and policies for the rights of individuals. Consequently, there is a need to promote provisions related to the exercise of human rights and the promotion of adequate and healthy food from the political and civic perspectives.

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Contributors

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