

 Gabriela Pongiluppi¹
 Lia Thieme Oikawa
Zangirolani²

¹ Universidade Federal de São Paulo^{ROR}, Escola Paulista de Medicina, Programa de Pós-Graduação em Nutrição. São Paulo, SP, Brasil.

² Universidade Federal de São Paulo^{ROR}, Instituto Saúde e Sociedade, Departamento de Políticas Públicas e Saúde Coletiva. Santos, SP, Brasil.

Correspondence

Lia Thieme Oikawa Zangirolani
lia.oikawa@unifesp.br

Assistant Editor

 Fabiana Bom Kraemer

Government-subsidized restaurant and the promotion of the Human Right to Adequate Food for the homeless population in a city in southeastern Brazil

O Restaurante Popular e a promoção do Direito Humano à Alimentação Adequada para a população em situação de rua no município de Santos-SP

Abstract

Introduction: The Restaurantes Populares (RPs - Popular Restaurants) aim to guarantee access to nutritionally adequate and affordable food. The RPs are facilities for promoting food and nutritional security, and, beyond that, they propose to guarantee commensality, the right to dignity, and citizenship. Thus, the Human Right to Adequate Food (HRAF) is fulfilled through these facilities' guarantee of Food and Nutritional Security. During the Covid-19 pandemic, it was one of the strategies implemented in Santos, State of São Paulo, to distribute meals to the most vulnerable population. **Objective:** This study investigates whether an RP located in Santos, State of São Paulo, plays the role of a public facility that promotes the HRAF for homeless people. **Method:** This is an exploratory and descriptive study with a qualitative approach. The construction of the information results from a content analysis of semi-structured interviews conducted with the homeless population from October to December 2022, and from the analysis of the field diary. **Results and Discussion:** The majority of the interviewees were men, with low levels of schooling, and migrants. Most subjects praised the RP, but there were negative remarks regarding toilet hygiene, the insufficient quantity of meals, and the closure of the service on Sundays, which makes daily access to food impossible. **Conclusion:** The homeless population has different perceptions of the guarantee of the HRAF and does not recognize the RP as a public facility that promotes the guarantee of rights, especially the HRAF. The study highlights the need to expand and improve the homeless population's access to the HRAF, focusing on intersectoral action and comprehensive care.

Keywords: Homeless population. Food services. Food and Nutrition Security. Public Policy. Human Right to Adequate Food.

Resumo

Introdução: Os Restaurantes Populares (RP) visam garantir o acesso à alimentação nutricionalmente adequada e monetariamente acessível. Os RP são equipamentos de promoção de segurança alimentar e nutricional e, para além da alimentação, também propõem garantir comensalidade, direito à dignidade e cidadania. Assim, o Direito Humano à Alimentação Adequada (DHAA) se materializa por meio da garantia da Segurança Alimentar e Nutricional (SAN) prevista nesses equipamentos. Na pandemia da Covid-19, foi uma das estratégias em Santos-SP para distribuir refeições para a população mais vulnerabilizada. **Objetivo:** Este estudo analisa se um RP atua em Santos-SP como equipamento público de promoção do DHAA para a população em situação de rua (PSR). **Método:** Trata-se de um estudo exploratório e descritivo, com abordagem qualitativa. A construção das informações é produto da análise de conteúdo de entrevistas semiestruturadas realizadas com a PSR e diário de campo, entre outubro e dezembro de 2022. **Resultados e Discussão:** A maioria dos entrevistados foram homens, com baixa escolaridade e migrantes. O RP foi elogiado pela maioria dos sujeitos, com ressalvas à higiene do banheiro, críticas quanto à quantidade insuficiente de refeições e ao fechamento do serviço aos domingos, o que inviabiliza o acesso à alimentação todos os dias. **Conclusão:** Observaram-se diferentes percepções quanto à garantia do DHAA e o não reconhecimento do RP como um equipamento público que promove a garantia de direitos, principalmente o DHAA, pela PSR. O estudo aponta a necessidade de ampliar e qualificar o acesso ao DHAA pela PSR, com foco na intersetorialidade e integralidade do cuidado.

Palavras-chave: População em situação de rua. Serviços de Alimentação. Segurança Alimentar e Nutricional. Política Pública. Direito Humano à Alimentação Adequada.

INTRODUCTION

The Covid-19 pandemic, declared a public health emergency by the World Health Organization (WHO) in March 2020, brought to the forefront numerous discussions about the measures required to face the crises generated by the spread of the SARS-CoV-2 Coronavirus. In Brazil, the programs and public policies that already existed played a very important role and sought to guarantee the rights of the population, especially of more vulnerable people, such as those living on the streets. In this context, the *Bolsa Família* (Family Grant Program), *Benefício de Prestação Continuada* (Continuous Cash Benefit), *Programa de Aquisição de Alimentos* (Food Acquisition Program), *Programa Nacional de Alimentação Escolar* (National School Feeding Program), and *Equipamentos de Promoção da Segurança Alimentar e Nutricional* (Food and Nutrition Security Promotion Facilities) emerge as key policies for income transfer and access to adequate and healthy food.¹⁻³

During the Covid-19 pandemic, the absence of a national plan to address difficulties in accessing food and fight hunger^{4,5} led state and municipal governments to seek strategies to guarantee the Human Right to Adequate Food (HRAF).³ The HRAF is characterized by physical and economic access to foods and resources that enable its continuity, and, when considering an adequate diet, cultural, social, economic, and environmental conditions are taken into account from food production to the table of each person or population.⁶ One aspect of human cultural and social relations is commensality – a concept that values the act of eating attentively, in a suitable environment, and in the company of another person or people. In this sense, food becomes an instrument of sharing among people through the act of gathering around the table.^{7,8} In everyday life, this is practically unfeasible for homeless people, since food supply is uncertain for this group, often dependent on donations, and there is usually no specific or fixed place where they can eat. These uncertain circumstances can lead to the absence of choice or construction of a food culture, aspects that prevent the guarantee of the HRAF.⁹⁻¹²

One of the strategies implemented during the pandemic was the distribution of subsidized meals through popular restaurants. These restaurants are defined as public facilities designed to promote food and nutritional security, serving the most vulnerable populations, including the homeless.³

The Restaurantes Populares (RP - Popular Restaurants) program aims to guarantee access to nutritionally adequate and affordable food at a place where new food practices are encouraged through food and nutritional education and other initiatives, which focus on combating waste, guaranteeing the right to citizenship, and offering clean and comfortable spaces that promote dignity and conviviality.¹³ Thus, the HRAF is fulfilled through the guarantee of Food and Nutritional Security, which is proposed by these facilities.

In the State of São Paulo, the RP proposal was incorporated by the state government in the 2000s and was named Bom Prato (Good Meal). Subsequently, it was called Restaurante Popular Bom Prato (RPBP - Good Meal Popular Restaurant).¹⁴ Located on the coast of the State of São Paulo, the municipality of Santos has implemented the RPBP program and, during the pandemic period, joined the initiative to distribute free meals to the most vulnerable population as an emergency measure.

Santos is home to the largest port in Latin America, which influences the city's economic importance in the state. It is also a tourist city with a high Municipal Human Development Index (MHDI): 0.840 in 2010.¹⁵ However, the São Paulo Social Vulnerability Index (SPSVI) shows that approximately 16.4% of the population live in vulnerable areas - a result of socio-spatial segregation -, mostly concentrated in areas characterized by environmental risk, precariousness, and unsanitary conditions, such as informal hillside settlements and stilt houses, unlike the conditions found on the beachfront.¹⁶

Thus, the municipality reveals its contradictions through the insufficiency of resources and conditions to provide a dignified life for a large part of the population. This context of vulnerabilities includes the

homeless and the increase in this population in recent years, as indicated by estimates from the Sistema Único de Assistência Social (SUAS - Unified Social Assistance System) between 2012 and 2020, which identified a 140% increase in the homeless population in Brazil, and from IPEA, which indicated a 38% increase in the homeless population in 2022 compared to 2019.^{17,18} In line with this, it has been found that 55.2% of the Brazilian population experience some level of food insecurity. In addition, the record number of informal workers in 2022 indicates a 14.9% increase in the precarization of working conditions compared to the previous year.^{19,20} In the municipality of Santos, the homeless represent 0.28% of the population (1,395 people), according to the *Relatório do Observatório Nacional dos Direitos Humanos* (Report of the National Observatory of Human Rights), produced with data from the 2023 CadÚnico (Unified Registry for Social Programs).²¹ The Santos census of the homeless population, carried out in 2020, revealed that it is predominantly composed of mixed-race and Black men with low levels of schooling, aged between 40 and 59 years. These data corroborate the national findings of CadÚnico.²²

The worsening of the Brazilian population's health and food security, coupled with the scarcity of available studies on the RP as a strategy to guarantee the HRAF, particularly for the homeless, justified the conduction of this study. It aims to contribute by giving visibility to the living conditions of the homeless and supporting the construction and improvement of strategies and public policies more aligned with the needs of beneficiary citizens.

The objective was to analyze whether an RP located in Santos, State of São Paulo, plays the role of a public facility that promotes the HRAF for homeless people, by understanding how this population uses the facility. This also enabled us to investigate the performance of this facility, based on the voice of this population.

METHODS

Participants and study design

This is an exploratory and descriptive study with a qualitative approach, carried out through semi-structured interviews. The interviews were conducted from October to December 2022 with homeless individuals aged 18 and over who frequented the RBPB during the Covid-19 pandemic. During this period, certain precautions were maintained, such as the use of masks in enclosed spaces and hand sanitizer, available at the RBPB and other public facilities. The municipality of Santos has four RBPBs, and the study was conducted in the central region, where one of them – the Bom Prato Mercado – is located, as it is the area with the highest concentration of homeless people in the city. The snowball sampling (SS) technique was employed to identify potential participants, based on referrals provided by the interviewees at the end of the interviews, when they were encouraged to refer another person who frequented the RBPB. In addition to SS, the saturation technique was used to identify systematic recurrence in the interviews throughout the fieldwork process, and the consequent absence of new information relevant to the analysis.^{23,24}

The fieldwork trajectory

The inclusion of interviewees in the study and the first participants were defined by referrals provided by members of the Grupo de Estudos, Pesquisa e Extensão DiV3rso (DiV3rso Study, Research, and Extension Group), from the Universidade Federal de São Paulo/Baixada Santista (Federal University of São Paulo/Baixada Santista), which has been promoting extension activities with the homeless population for over eight years in the territory of the RBPB Mercado.

It is important to note that the focus of the research was not on RPBP users but on the homeless people who use the facility, which is why the interviews were conducted in the territory where the RPBP is located, and not on its premises.

The field and subjects were approached through the submission of the project to the DiV3rso collective for consultation on interest in the topic, relevance of the study, and/or need for adjustments to the guiding interview script. In addition to this process, the research objective and the semi-structured script were validated by a social worker who works with homeless people in the public health network, in the same territory. After listening actively to the contributions, the next step was to participate, for six months, in the activities of DiV3rso, which included discussion groups, training courses, and interactions with the homeless population. This enabled the researchers to establish closer connections and learn about the language and dynamics of interaction with this population.

After this initial period, the DiV3rso participants were informed about the start of field research in the central area of the city of Santos, which required their support in two ways: participating in the study or referring potential participants. After some referrals, the first interviews were conducted and the approach was refined. The initial approaches ensured, to the researchers, the possibility of walking in the vicinity of the RPBP, and to the homeless population, the possibility of recognizing the head researcher; in addition, the interviewees referred the next potential participants through the SS technique. The Centro Espírita Ismênia de Jesus (Ismênia de Jesus Spiritist Center, or Ismênia), a religious entity located in the same territory as the RPBP, became a space where homeless individuals were approached for the interviews, as it was frequently mentioned by the interviewees during the walks. The distance between the RPBP and the Ismênia is 1.5 km, a 20-minute walk, which allows for visits to both establishments during lunchtime, as mentioned by the participants. Thus, approaching homeless individuals in the vicinity of Ismênia allowed the researchers to enlarge the sample of homeless individuals who frequented the RPBP.

Based on the condition of having frequented the RPBP, there were three ways of approaching the homeless individuals: 1) referrals or DiV3rso members; 2) approaching them in the vicinity of the RPBP; 3) approaching them in the vicinity of Ismênia, both with SS for referrals of other potential interviewees.

Construction of the information

The research subjects were approached in the territory during lunchtime and encouraged, through a guiding script, to talk about different topics: coping with the adversities imposed by the Covid-19 pandemic and their experiences at the RPBP (food offered, service, available facilities, and the right to food). The interviews were audio-recorded and coded for subsequent transcription and analysis.

The field diary was constructed after each interview to record impressions, events, and reflections on field experiences. All the participants signed the Informed Consent Form. Thus, the study complied with the ethical principles that apply to research with human beings, established in the CNS Resolutions No. 466/2012 and No. 510/2016. The study obtained a favorable opinion from the Research Ethics Committee of UNIFESP under CAAE: 60649522.4.0000.5505.

Analyses

Simple descriptive analyses were performed on the closed-ended questions of the semi-structured interview, and a thematic content analysis was conducted on the open-ended questions and field diaries.^{25,26}

The analysis and treatment of the information involved organizing and ordering the interviews, a stage in which the researchers listened to and transcribed them. This was followed by a free-floating reading of the complete material and then by an exhaustive reading and rereading of the material, for exploration, organization, and understanding of the content. The contents of the interviews were categorized according to patterns present in the participants' accounts regarding the topics covered and the notes made in the diary, which enabled the identification of meaning units related to

the study's objectives.²⁵ Thus, the material was divided into thematic categories and analyzed in light of the theoretical framework of the Human Right to Adequate Food, the National Food and Nutrition Security Policy, the Right to the City, healthcare production, and the scientific production on the topic.²⁷⁻²⁹

RESULTS AND DISCUSSION

Ten interviews were conducted from October to December 2022, scheduled close to the lunch distribution time.

The results, represented in Table 1, reveal a group mostly formed by men with low levels of schooling, with an average age of 39.4 years (all young adults). Seven are migrants from other cities in the State of São Paulo (n=7), and eight live alone in the city, when only formal family ties are considered. Regarding the length of time the subjects lived on the streets, the median was one and a half years. The women reported living in Santos for the longest time: both of them for more than 20 years.

Table 1. Characterization of the homeless population using the Restaurante Popular Bom Prato (n=10) in the central region of Santos-SP, 2022.

Sociodemographic characterization	
Age (average in years)	34.9 (SD = 7.89)
Gender (n) Cis woman Cis man	2 8
Level of schooling (n) No schooling Incomplete primary education Complete primary education Incomplete secondary education Complete secondary education Incomplete higher education	1 2 3 1 2 1
City of birth (n) Santos Other	3 7
Length of time living in Santos (median in months)	55.5 (SD = 160.8)
Length of time living on the street (median in months)	19.5 (SD = 127.3)
With whom lives on the street (n) With family Alone	2 8

Source: the authors.

The content analysis of the interviews allowed the organization of the corpus of accounts into eight codes, as presented in Table 2, which were grouped into four thematic areas, shown in Table 3.

Table 2. Definition of the codes and description relating to the corpus extracted from the interviews. Santos-SP, 2022.

CODES	DESCRIPTION
1. Perceptions – good or positive	Identified all the positive aspects that emerged in the discussions about the Restaurante Popular Bom Prato (RPBP).
2. Perceptions – bad or negative	Identified all the negative aspects, what is lacking, and what bothers the subjects about the RPBP.
3. Representation	Identified what the RPBP represents for the homeless population.
4. Number and quantity of daily meals	Enumerated and distinguished how many and which meals the subjects have at the RPBP.
5. Beyond food	Verified the fulfillment of the objectives of the Popular Restaurant policy.
6. HRAF	Investigated how the Human Right to Adequate Food appears in the participants' voices.
7. Public services, NGOs, religious entities	Recorded how the services targeted at the homeless were mentioned and/or evaluated by the homeless.
8. Life stories	Highlighted everything that the participants reported that could have influenced or be related to their current lives, as well as what led them to live on the street, life stories, opinions, and perceptions of daily life.

Source: the authors.

Table 3. Thematic categories constructed by grouping the codes from the corpus of interviews. Santos-SP, 2022

CODES	THEMATIC CATEGORIES
1, 2, 4, and 5	Experiences of the homeless population at the RPBP - The Popular Restaurant as a care production place - Homeless population and the right to the city
7 and 8	Strategies to eat on the street
3	Representation of the Popular Restaurant
6	The homeless population's perception of the Human Right to Adequate Food

Source: the authors.

Experiences of the homeless population at the RPBP

Overall, the experiences of the homeless population at Bom Prato Mercado were positive. The good quality of the food and service, the variety of preparations, and the access to hygiene, such as a space to wash hands and access to the toilet, were mentioned by the interviewees.

The positive remarks about the provision of healthy and good-quality food were associated with the presence of a nutrition professional, as illustrated below:

It's very good [referring to the food at RPBP], because there's a nutritionist, you know, and that's great, the food is very healthy. (P08)

Anjos et al.³⁰ studied factors that influence the choice of a Unidade de Alimentação e Nutrição (UAN - Food and Nutrition Unit) and found that most interviewees feel safe with the presence of a nutritionist, relating this fact to the nutritional quality of the food.³¹

Regarding the frequency of meals at the RP, the subjects reported having at least one meal a day at the RPBP during the pandemic, and, at the time of the interview, nine of the ten participants were still having meals at the RPBP. This information validates their responses as users of the public facility in question. Their diet has not changed much since they started frequenting the restaurant; however, when present, the reported changes are related to the possibility of having an adequate and healthy diet, which, according to them, means eating fruit and vegetables.

One of the subjects mentioned the reasons why he eats at the RPBP:

Because of the value [in relation to the price] and because it's a well-balanced meal, there's rice, beans, some kind of meat, usually a salad... And I have diabetes, so it's necessary to have a good diet...[concerning being healthy] (P07)

Diabetes mellitus belongs to the group of chronic non-communicable diseases (NCDs), which is a set of diseases that represent the main cause of mortality worldwide (72%), being considered a public health problem.³² The onset of this disease is determined by multiple factors, and there is sufficient scientific evidence to include inadequate eating habits and the lack of regular physical activity practice among the determining factors.³³

Regarding healthy and adequate nutrition based on unprocessed or minimally processed foods, there is scientific consensus that it contributes to a positive response in addressing NCDs. Furthermore, it is advocated that such foods should be part of non-pharmacological treatments, thus promoting a better quality of life.³⁴

The diabetic subject's experience affirms the fulfilment of the RP as a public policy that contributes to the promotion, prevention, control, and treatment of NCDs, as this homeless individual, aware of his condition, seeks in the RPBP a means to obtain adequate nutrition as a practice of self-care.

The experience of the popular restaurant as a care production space

The results show that the quality of the service provided at the RPBP was positively evaluated by all subjects, as described below:

The staff treat us very well. That's generally the case. (P04)

Very, very well [treated]. They're 100% professional. No, they're really treated well. They've never been mistreated, as far as I know. Never, ever. (P08)

Ongaratto³⁵ studied the homeless population of the municipality of Rio Grande, State of Rio Grande do Sul, who consumes meals at the RP and obtained similar results, corroborating our findings. They observed that the staff who served the food were kind, attentive, and established an interaction with the users of the public facility.

These results reaffirm the importance of workers' continuing education, which can be explored in future studies as a strategy to manage not only the food service, but also healthcare production. Feuerwerker²⁹ argues that healthcare production is based on living labor, valuing the user's autonomy. Living labor means

starting from the knowledge of service users, which is produced in lived experiences and from different sources of their history. Therefore, Feuerwerker²⁹ argues that care is the soul of the health services and a radical strategy for defending life.

Oliveira et al.,³⁶ seeking to understand the needs of homeless individuals, proposed that health is the satisfaction of needs, not only of those related to survival but also of those understood as social processes. Beyond food, shelter, and safety, there are affective and social needs, which are met by the relationships established by the homeless themselves, who care for themselves and for each other, and also by the support and affection networks built throughout their trajectories. Thus, the attention and care provided by RPBP workers for service users can represent a place for the production of care and self-care, even though it is a social assistance service, as health can be produced, or not, everywhere.

The experience of the homeless and the right to the city

Santos et al.³⁷ found that toilet hygiene at an RP is the indicator with the highest rate of disapproval by service users, similar to the findings in our study, as the interviews revealed that most subjects evaluated hygiene and access to the toilet at the Bom Prato Mercado negatively:

The toilet is filthy. There should be someone to keep it clean. This week I went there and ran out right away. (P06)

[...] But the toilet, unfortunately, there are people who don't... you know, they don't respect it, they don't think that other people will use the toilet, so you have to keep it clean; unfortunately, not everyone thinks like that. (P09)

These voices give us a clue to another possible problem, the lack of public toilets in the territory.

Similar to what was found by Neves-Silva et al.,³⁸ who studied the homeless population's perception regarding access to water and sanitation, the study reveals difficulties in accessing public toilets. When available and free, such toilets are concentrated in a single location, which generates high demand or prevents their use due to the need to travel long distances. A possibility mentioned in the study would be paying to use the toilet, but the amount charged is high and restricts access, given the few or non-existent financial resources of the homeless.

In the municipality of Santos, most public toilets are located on the beachfront, far from the services offered to the homeless, as is the case with the Bom Prato Mercado, which is about 5km away. This shows the restriction of access to a larger number of public toilets in the territory of the RPBP under study.

As Harvey²⁸ argued, the right to the city is much more than an individual or group right of access to the resources that the city embodies; it is a right to change and reinvent the city based on the desires of its citizens. Shaped by the capitalist production and urbanization system, the city is fragmented, privatized, and unequal. This contributes to reducing the city's territorial unity, forming visible and/or symbolic barriers to access to the city. One example of such barriers is having public toilets on the beachfront and not in the historic center, where the RPBP Mercado is located.

In the current context, cities invest in urban revitalization to attract residents and investments, which intensifies disputes over space and results in the expulsion of unwanted populations. Considering the

indivisibility, interrelation, and interdependence of human rights, the lack of adequate housing for all affects the access to a range of other rights.³⁹

Based on the arguments regarding the aspects that the right to the city offers – not only housing, but also access to and construction of the public space –, the RPBP toilet under analysis may represent the only public toilet in the territory, as observed in the field, which causes a high demand and results in precarious hygiene conditions. Therefore, the public policy managers need to invest in structure, staff, and resources that allow for sufficient toilets and adequate hygiene conditions, aiming to transform the territory and guarantee the right to the city for the homeless population.

Strategies to eat on the street

According to the interviewees, Bom Prato was not always an option for eating during the pandemic, for two main reasons: the quantity of available meals is not sufficient and the service closes on Sundays and holidays:

[...] what is bad is the quantity, not the quality, the quantity of meals – very low for the current situation, right? There are many people in need. (P10)

The only thing I'd change [regarding RPBP] is opening on Sundays, from Monday to Monday. (P03)

Situations like this make the homeless population seek other strategies to eat. These include seeking food from religious institutions, receiving donations of meals from restaurants and social movements, and earning income from informal work such as odd jobs to be able to purchase meals, both from RPBP and conventional restaurants. Recycling activities in the beachfront area were mentioned, as well as the sale of candies at traffic lights, working as informal parking attendants (“flanelinhas”), and performing odd jobs in stores. These activities represent forms of labor without any employment rights, with no possibility of a dignified subsistence.

[...] I collect recyclables... And now it's enough for me and my husband, now that he's starting some odd jobs at the furniture store. So, we can come here to eat [at the RPBP]. (P04)

Other public services mentioned by the participants are linked to the municipal government and are mostly shelter policies that provide at least breakfast and/or dinner.

Even though most of the services mentioned by the subjects are shelter services, they are public facilities that contribute to the provision of access to food, which shows the importance of understanding the intersectoral nature of these services to guarantee the HRAF, thus integrating public social assistance policies with food and nutrition policies, in view of the complexity of hunger and food and nutrition security.

The interviewees also said that, given the situation of living on the street, they cannot complain about the food offered at the RPBP, as “...for those who pay R\$1.00, for those who have difficulties, it's great” (P05). Such reports reflect one way of understanding the impossibility of having the right to choose what to eat, which, according to the framework of the HRAF and the National Food and Nutrition Security Policy, should

be fulfilled.^{6,27} Duarte et al.⁸ found similar results, showing that people like the food that is offered and donated to them; however, they also mention that they do not have a choice and that this occurs not only in the context of the RPBP, but also with the donations received or meals taken in other municipal services.

Representation of the popular restaurant

When the subjects talked about the representation of the RP in daily life, most of them highlighted its relationship to survival:

In many moments, the survival of the body, the survival of matter... (P10)

Oh, it's everything, isn't it? Because [without the RPBP] we don't eat. (P03)

Thus, RPBP "fills the stomachs of many people" (P08), revealing the strategic role of this policy in ending the hunger of the most vulnerable.

The public facility was also characterized as a blessing and as the creation of a public policy linked to a specific political figure. Therefore, it is described as a favor from a politician to the people who use it.

These findings corroborate those of Araújo et al.,³¹ who provided accounts from users who characterized the RPs within the domain of assistance, describing them as "a voluntary help for the underprivileged population or those who need some kind of attention from the government". Users perceive it as a favor, a form of assistance, rather than recognizing that adequate and healthy food is a right achieved through the struggles of social movements, which now establish it as a State duty guaranteed by the Federal Constitution.⁴⁰

The same study shows that the RP is represented as divine intervention, revealing the invisibility of the HRAF perspective. According to Araújo et al.,³¹ this invisibility of the right from the users' perspective indicates the non-recognition of the public policy as a right, as their accounts do not distinguish the actions carried out by religious entities, linked to charity and philanthropy, from those executed by public policies.

Mota et al.¹⁰ found different results in the city of Aracaju, State of Sergipe, observing that the homeless population knows about the HRAF and recognizes its violation when they experience periods of deprivation and hunger.

This led us to reflect on the invisibility of the notion of rights, which is constructed from a socio-historical process that produces numerous violations of rights and a lack of access to public policies in Brazil, something that is experienced by the homeless on a daily basis. This needs to be further developed in future studies.

The homeless population's perception of the Human Right to Adequate Food

At the end of the interviews, the participants were invited to reflect on the right to food and discuss whether they consider that their right is guaranteed. The participants considered that the right is being guaranteed, except for one of them, and this caught our attention:

It's a constitutional right. That's all I know about the law. Unfortunately not [the right is not being guaranteed]. Just like housing and health, you see? I'm struggling for a small studio apartment, I don't need a mansion (laughs). (P10)

The accounts gathered and presented here were organized following the script that guided the interview. We believe that the path developed in the script provided the interviewees with a coherence of reasoning that favored the construction of their own conclusions.

The interviewed homeless population has about two to three meals a day, which leads some to conclude that their HRAF is being guaranteed, although they cannot choose what they want to eat, and the policy does not guarantee access to food every day. This is illustrated in the accounts given by P03, when asked where he eats when he does not go to RBPB, in view of the reports about the insufficient quantity of meals. P03 says, "Ismênia works with donations, you know? Ismênia is open every day, from Monday to Monday, and it opens on holidays... At least lunch is guaranteed". P05, reflecting on the HRAF, stated: "For sure [it is guaranteed via RBPB]. And not only for those who live on the streets, but even for people who receive minimum wages and have a slightly higher level of schooling".

The reports show that, even when the participants are provided with only one meal a day – a situation acknowledged as possible –, they state that the HRAF is being guaranteed.

At the same time, others disagree, perceiving a violation of the right. However, not even these subjects recognize that the RBPB is a public policy that guarantees rights. P06 says that "[...] out of 80%, 40% are covered [regarding the number of people who have the HRAF guaranteed]", indicating in this case that only half of the population has the right guaranteed. P06 also stated that more public facilities are needed to serve the large number of homeless people and that the existing services need improvements - according to her, "not closing, but improving [the services]".

The interviewees understand donations as a way to secure food when they cannot resort to the RBPB, due to its closure on Sundays and holidays or the insufficient amount of food. As one participant explained, "and when there's no food, when I can't get in, behind the place where I sleep there are plenty of donations" (P01). Thus, they are always seeking an alternative to the RBPB and associate it with a blessing- "I just give glory to God [for the RBPB], because many people still go hungry in Brazil, whether we like it or not" (P02).

Ongaratto³⁵ investigated how RP users understand their rights, and the results showed that they had difficulties in describing what a right is and what rights they have. The users who answered the question only reported rights in specific and personal cases.

One of the study's limitations was the difficulty in convincing the subjects to delve deeper into the topics covered, even after six months of interaction with this population and with the mediation of Div3rso members in the territory. This led us to reflect on the magnitude of the invisibility and silencing to which this group is also subjected in the academic space, and how much we, as researchers, need to advance in the participatory forging of methods that shift historically marginalized voices to the center of knowledge construction.

The results and interpretations presented here were shared with the members of the Div3rso group for evaluation and validation. Thus, their observations contributed to the construction of this final version.

CONCLUSION

Based on the accounts of the interviewees, it is concluded that the RBPB contributes to promoting the HRAF for the homeless population. However, the facility proves to be insufficient insofar as the right is not fully guaranteed, either because the quantity of food is insufficient or because the service is not available every day. Thus, the HRAF is being violated, but it is not the only one, as this group's vulnerability derives from the violation of many other rights.

It is essential that not only managers and implementers understand the RP as a public policy that guarantees the HRAF, but also the users of this service, so that all citizens can evaluate the service and demand good quality, easy access, and that their rights are upheld. From the perspective of the enforceability of this right, there are the Food and Nutrition Security and the Human Rights councils and conferences at the national, state, and municipal levels, among other councils that aim to guarantee effective spaces for social participation and control of the current public policies.

Thus, there seems to be powerful ways to expand and improve the homeless population's access to the HRAF, such as investing in popular education strategies on human rights and the enforceability of the HRAF, targeted at the homeless population; training managers and implementers of food and nutrition security programs and actions, such as the RPs, on the HRAF; and investing in citizen science to strengthen scientific knowledge with this population, guided by the principles of intersectoral action and comprehensive care.

REFERENCES

1. Pan American Health Organization (PAHO). OMS afirma que COVID-19 é agora caracterizada como pandemia, 2020. [Citado em 2 de junho 2022]. Disponível em: <https://www.paho.org/pt/news/11-3-2020-who-characterizes-covid-19-pandemic>
2. Guerra LDS. ComiDHAA de verdade para todos: desafios para a efetivação do direito humano à alimentação adequada no cenário de crises no Brasil. *Saúde e Sociedade*. 2022, 31(2). <https://doi.org/10.1590/S0104-12902022210370pt>.
3. Gurgel AM, Santos CCS, Alves KPS, Araujo JM, Leal VS. Government strategies to ensure the human right to adequate and healthy food facing the Covid-19 pandemic in Brazil. *Ciênc. Saúde Colet*. 2020, 25(1):4945-4956. <https://doi.org/10.1590/1413-812320202512.33912020>
4. De Sordi, D. Empobrecimento, fome e pandemia: o Auxílio Emergencial, o fim do Programa Bolsa Família e o Auxílio Brasil, 2019-2022. *História, Ciências, Saúde-Manguinhos*, v. 30, p. 1-20, 2023. <https://doi.org/10.1590/S0104-59702023000100032>
5. Extinto a nível nacional pela Medida Provisória n.870, de 1 de janeiro de 2019, que provocou alterações no Sistema Nacional de Segurança Alimentar e Nutricional (Sisan) e a extinção do Consea, com o efeito cascata em seus órgãos em nível estadual e municipal. A MP foi convertida na lei n.13.844, de 2019. [Citado em 12 de julho 2022]. Disponível em: <https://legis.senado.leg.br/sdleg-getter/documento?dm=7911272&disposition=inline>
6. Leão MM: org. O Direito Humano à Alimentação Adequada e O Sistema Nacional de Segurança Alimentar e Nutricional. Brasília: ABRANDH, 2013. 261p.
7. Brasil. Ministério da Saúde. Guia Alimentar Para a População Brasileira, 2 ed. 2014. [Citado em 10 de março 2023]. Disponível em: https://bvsm.s.saude.gov.br/bvs/publicacoes/guia_alimentar_para_a_pop_brasileira_miolo_internet.pdf

8. Duarte MBC, Brisola EMA, Rodrigues AM. Homeless: social representations of eating and food. *Estudos Interdisciplinares em Psicologia*, 2021, 12(2): 57-74. <http://dx.doi.org/10.5433/2236-6407.2021v12n2p57>
9. Mattos ACE, Backes V. Pelas ruas, o ecoar da fome transcende o direito à alimentação. *Revista Interdisciplinar de Direitos Humanos*, 2019; 7(1): 295-317. [Citado em 10 de março 2023]. Disponível em: <https://www3.faac.unesp.br/ridh/index.php/ridh/article/view/672/296>.
10. Mota JR, Sodré A, Santos AC, Santos LC, Silva TC, Voci SM. População em situação de rua: percepções sobre o direito humano à alimentação adequada e das dificuldades cotidianas em busca da comida. *Segurança Alimentar e Nutricional*, Campinas, SP, v. 30, n. 00, p. e023034, 2024. <http://dx.doi.org/10.20396/san.v30i00.8668217>.
11. Braga, V. Cultura Alimentar: contribuições da antropologia da alimentação. *Saúde em Revista*. Piracicaba, 6(13):37-44, 2004. [Citado em 28 de abril de 2025]. Disponível em: http://plataforma.redesan.ufrgs.br/biblioteca/pdf_bib.php?COD_ARQUIVO=3387
12. Sabatini, F.; Unsain, R.F.; Sato, P.M.; Torres, T.H.; Scagliusi, F.B. Feeding Desires: Understanding the Food Needs and Wishes of Women Experiencing Homelessness in São Paulo. *Appetite*, v. 1, p. 107777, 2024. <http://dx.doi.org/10.1016/j.appet.2024.107777>
13. Brasil. Ministério do Desenvolvimento Social e Combate à Fome. Manual Programa Restaurante Popular, 71 p, 2004. [Citado em 3 de abril 2022]. Disponível em: https://bvsmms.saude.gov.br/bvs/publicacoes/projeto_logico_restaurante_popular.pdf
14. Oliveira MLM. Combate à fome e políticas compensatórias. *Restaurantes Populares na cidade de São Paulo* [thesis on the Internet]. São Paulo: Faculdade de Filosofia, Letras e Ciências Humanas da Universidade de São Paulo, 2020. 187p. [Citado em 10 de março 2023] Disponível em: <https://www.teses.usp.br/teses/disponiveis/8/8136/tde-14082020-205657/en.php>
15. Instituto Brasileira de Geografia e Estatística (IBGE). *Cidades e Estados: Santos*, 2023. [Citado em 15 de março 2025]. Available from: <https://www.ibge.gov.br/cidades-e-estados/sp/santos.html>
16. Governo do Estado de São Paulo. Fundação Sistema Estadual de Análise de Dados (SEADE): Índice Paulista de Vulnerabilidade Social, Município de Santos. 2010. [Citado em 15 de março 2025]. Disponível em: <http://ipvs.seade.gov.br/view/index.php>
17. Silva TD, Natalino M, Pinheiro MB. População em situação de rua em tempos de pandemia: um levantamento de medidas municipais emergenciais. Instituto de Pesquisa Econômica Aplicada (IPEA) - Boletim n. 74, 2020. [Citado em 15 de abril 2022]. Disponível em: https://repositorio.ipea.gov.br/bitstream/11058/10078/1/NT_74_Diest_Disoc_Populacao%20em%20Situacao%20de%20Rua%20em%20Tempos%20de%20Pandemia.pdf

18. Natalino M. Estimativa da população em situação de rua no Brasil (2012-2022). Rio de Janeiro: IPEA, 2023. 20p. [Citado em 15 de abril 2022]. Disponível em: https://repositorio.ipea.gov.br/bitstream/11058/11604/1/NT_Estimativa_da_Populacao_Publicacao_Preliminar.pdf
19. Rede Brasileira de Pesquisa em Soberania e Segurança Alimentar (REDE PENSSAN). VIGISAN: Inquérito Nacional sobre Insegurança Alimentar no Contexto da Pandemia da Covid-19 no Brasil. Rio de Janeiro: Rede Penssan, 2021. [Citado em 15 de abril 2023]. Disponível em: <http://olheparaafome.com.br/>
20. Instituto Brasileira de Geografia e Estatística (IBGE). Pesquisa Nacional por Amostra de Domicílios Contínua, 2022. [Citado em 22 de maio 2025]. Disponível em: <https://www.ibge.gov.br/estatisticas/sociais/trabalho/17270-pnad-continua.html?=&t=resultados>
21. Observatório Nacional dos Direitos Humanos (ObservaDH). Ministério dos Direitos Humanos e da Cidadania. Pessoas em situação de rua. 2023. [Citado em 22 de maio 2025]. Disponível em: <https://experience.arcgis.com/experience/54febd2948d54d68a1a462581f89d920/page/Pessoas-em-Situa%C3%A7%C3%A3o-de-Rua>
22. Baierl LF, Vasters GP, Nozabielli SR. Relatório parcial do censo da população em situação de rua: contagem da rua, condições de vida e desigualdades sociais em questão. Projeto Integrado de Pesquisa e Extensão sobre população em situação de rua no município de Santos. Universidade Federal de São Paulo, Santos, 2020. [Citado em 22 de maio 2025]. Disponível em: https://dci.unifesp.br/images/DCI/Relatorio_Censo_Santos_2020.pdf
23. Cohen N, Arieli T. Field research in conflict environments: Methodological challenges and snowball sampling. *Journal of Peace Research*, 2011, 48(4), 423-435. <https://doi.org/10.1177/0022343311405698>.
24. Fontanella BJB, Ricas J, Turato ER. Saturation sampling in qualitative health research: theoretical contributions. *Cad. Saúde Pública*, Rio de Janeiro, 2008, 24(1):17-27. <https://doi.org/10.1590/S0102-311X2008000100003>.
25. Minayo MCS. O Desafio do Conhecimento. *Pesquisa Qualitativa em Saúde*. 13. ed. São Paulo: Hucitec, 2013. 407p.
26. Bardin L. *Análise de Conteúdo*. Lisboa: Edições 70, 1977. 229p.
27. Brasil. Decreto n. 7.272, de 25 de agosto de 2010. Regulamenta a Lei n. 11.346, de 15 de setembro de 2006, que cria o Sistema Nacional de Segurança Alimentar e Nutricional - SISAN com vistas a assegurar o direito humano à alimentação adequada, institui a Política Nacional de Segurança Alimentar e Nutricional - PNSAN, estabelece os parâmetros para a elaboração do Plano Nacional de Segurança Alimentar e Nutricional, e dá outras providências. [Citado em 20 de abril 2024]. Disponível em: http://www.planalto.gov.br/ccivil_03/_Ato2007-2010/2010/Decreto/D7272.htm.
28. Harvey D. *Cidades rebeldes: do direito à cidade à revolução urbana*. Camargo J, tradutor. São Paulo: Martins Fontes, 2014. 294p.

29. Feuerwerker LCM. Micropolítica e saúde: produção do cuidado, gestão e formação. 1. ed. Porto Alegre: Rede UNIDA, 2014. 176 p.
30. Anjos CM, Santana LS, Souza TCB, Oliveira LC. Avaliação dos fatores que influenciam o consumidor na escolha de restaurantes do tipo self-service. *Revista Contextos da Alimentação*. 2014, 3(1):3-17. [Citado em 12 de abril 2023]. Disponível em: <https://www3.sp.senac.br/hotsites/blogs/revistacontextos/index.php/vol-3-1-ano-2014/>
31. Araújo FR, Araújo MAD, Maia PB, Medeiros GCBS, Souza FJV. Popular Restaurant Program: an alternative to promote the human right to adequate food? *Emancipação*. 2016, 15(1):143-54. [Citado em 12 de abril 2023]. Disponível em: <https://revistas.uepg.br/index.php/emancipacao/article/view/7057/5167>
32. Silva IRS, Costa MD, Oliveira MM, Silva IMR, Rodrigues EMF, Mariot EJM, Leandro GM, Barbosa VFB, Souza DT, Nascimento RR, Gonçalves DDD, Neto GCO. Análise epidemiológica da mortalidade por Diabetes Mellitus no Brasil. *Brazilian Journal of Implantology and Health Sciences*. 2024, 6(5):1176-1186. <https://doi.org/10.36557/2674-8169.2024v6n5p1176-1186>
33. Freitas IS, Sá RGP, Pires LBC, Prado CB, Muniz VM, Salaroli, LB. Food and nutrition actions to face Noncommunicable Diseases from the perspective of Primary Health Care in Brazil: a scoping review. *J Hum Growth Dev*. 2023, 33(1):18-32. <http://doi.org/10.36311/jhgd.v33.14273>.
34. Louzada MLC, *et al*. Alimentação e saúde: a fundamentação científica do guia alimentar para a população brasileira. Universidade de São Paulo. Faculdade de Saúde Pública, 2019. [Citado em 17 de maio 2023]. Disponível em: <https://www.livrosabertos.abcd.usp.br/portaldelivrosUSP/catalog/book/339>
35. Ongaratto TM. Restaurante Popular: Alcances e Significados na Construção da Política de Segurança Alimentar para a População em Situação de Rua no Município de Rio Grande [dissertação on the Internet]. Pelotas: Programa de Pós-Graduação em Política Social e Direitos Humanos, Universidade Católica de Pelotas, 2020. [Citado em 12 de maio 2023]. Disponível em: https://bdtd.ibict.br/vufind/Record/UCPe_aab1899f7620c28f5901110a784832c5
36. Oliveira DM, Expedito AC, Aleixo MT, Carneiro NS, Jesus MCP, Merighi MAB. Needs, expectations and care production of people in street situation. *Rev Bras Enferm* [Internet]. 2018, 71(Suppl 6):2689-97. <http://dx.doi.org/10.1590/0034-7167-2017-0612>
37. Santos CAA, Flores GV, Souza W.M. Evaluation of the service offered by a popular restaurant: a study from the perspective of consumers. *Nutrivisa – Revista de Nutrição e Vigilância em Saúde*. 2020, v. 7. <https://doi.org/10.59171/nutrivisa-2020v7e9512>
38. Neves-Silva P, Martins GI, Heller L. “We only have access as a favor, don’t we?” The perception of homeless population on the human rights to water and sanitation. *Cad. Saúde Pública*. 2018, 34(3):e00024017. <https://doi.org/10.1590/0102-311X00024017>

39. Nozabielli SN, Rodrigues TF, Galvani D, Vasters GP, Baierl L. F. População em situação de rua e o direito à cidade: A contagem como instrumento de luta política em tempos de distopia. In: Diniz TM, Brandão MVM, Carriço JM. Reforma urbana e direito à cidade, Baixada Santista. 1. ed. Rio de Janeiro: Letra Capital, 2022. 246p.
40. Brasil. [Constituição Federal (1988)]. Emenda constitucional n. 64, de 04 de fevereiro de 2010 [Internet]. Altera o art. 6º da Constituição Federal, para introduzir a alimentação como direito social. p. 448, fev. 2010. [Citado em 12 de abril 2023]. Disponível em: https://www.planalto.gov.br/ccivil_03/constituicao/emendas/emc/emc64.htm

Contributors

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