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Who are they, what do they talk about and who listens to the poor?

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Abstract *The right to a dignified life for all requires overcoming the challenges imposed on the most vulnerable groups, and poverty is one of the oldest and most devastating phenomena. Listening to them is essential to create remediating opportunities. This study aims to identify characteristics of this listening in the context of health promotion and the Sustainable Development Goals – SDGs, an international effort to support the fight against poverty, among others. In an integrative review of literature, conducted through the search terms of Poverty, Right to the City, Equity Policy and Identification of Poverty, 86 studies that listened to vulnerable groups, such as women, children, adolescents, adults, the elderly, families and drug users, all poor and low-skilled workers were analyzed. Each strategy shown was related to one or more SDGs. The recurrent strategies in the studies analyzed were increased social protection and spaces to listen to vulnerable groups, as well as public policies that enabled the fight against poverty. Equity must be thought of in the context of comprehensive and universalizing rights policies, overcoming fragmented and focal policies that fail to address the structural causes of poverty and human exploitation.*

Key words *Poverty, Social vulnerability, Sustainable development, Equity, Health promotion*

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Introduction

According to the World Health Organization - WHO[1], a long and healthy life for all requires solid investments in the future of societies, providing the freedom to experience lives that previous generations have not imagined. Designing and sustaining life dignity as the right of all and not as the privilege of the few requires overcoming challenges that threaten existence and impose themselves on the most vulnerable groups on the planet.

Eradicating poverty in all its forms and realms is now the greatest global challenge, a condition for sustainable development. "Releasing the human race from the tyranny of poverty and misery and healing and protecting our planet" urgently requires realizing radical and comprehensive actions that will lead the world towards sustainability, resilience and inclusion[2].

The poverty found in humanity admits diverse interpretations, emphasizing either economic aspects associated with the incapacity to work or to inequity and injustice[3]. The neoliberal policies of international institutions stem from this economistic understanding as a paradoxical alternative to the exclusion deriving from a shrinking State and the centralization of power in the mercantilist logic[4]. In the ethical-philosophical perspective based on wage labor, it is pointed out that poverty derives from an unfair distribution of society's riches, which is a form of vulnerability, since people lose dignity and the intrinsic value of human existence and, without any possibility of escaping from exploitation, can lose their lives.

The monetarist interpretation establishes income shortage as an indicator of poverty, a view that persists in the lack of other realms that are an alternative to monetary indicators[5].

Soares[6] affirms that poverty as a lack of resources can be classified as (a) absolute poverty – used from the capacity of consumption in relation to income, with the UN parameter[7] of US$ 2.00 per day; (b) relative poverty, based on the average consumption of a local society, where the poor are below this standard; (c) administrative poverty, a parameter for access to government programs, such as the *Bolsa Família* (Family Grant) Program; (d) subjective poverty, coming from people themselves from their context and history[6,8].

Giffin[9] criticizes the argument that reducing poverty in peripheral countries relies on birth control because, while international programs in 1990 prevented 412 million births, changes in the pattern of sexual distribution of labor did not allow women to overcome it.

In most societies, the current capitalist process of production and consumption of goods and services threatens life. Sustainability involves an articulation between health, environment and economy that requires a more solidary economic and social organization, a transformative agenda and mechanisms of governance capable of implementing this agenda at the local level[10].

WHO[1] is concerned about growing international inequalities, disparities in opportunities, wealth and power; unemployment, especially among young people; ethnic, political and religious conflicts; extremism and terrorism and with the depletion of natural resources, environmental degradation, desertification and land degradation, freshwater shortage, loss of biodiversity, climate change and its impacts on countries and peoples. It concludes on the risk to the survival of many societies and the biological systems of the planet.

In this global context, UN member states waive their flags out to end hunger and misery, which is one of the 17 Sustainable Development Goals (SDGs) of the 2030 Agenda.

This work addresses the topic of poverty and seeks to identify the expression of people and social groups that live in this situation and to give visibility to this phenomenon. It asks what groups these are, what do they talk about, who speaks for them, what are their experiences, how they are expressed, where and how they occur, who listens to these groups and how. The objectives of this study are:

I – General: To identify strategies adopted to allow the vocalization of different vulnerable groups in the context of health promotion and sustainable development.

II - Specific:

- To identify the main databases that address the issue of poverty, as well as the international distribution of this production over time;
- To point out the identified vulnerable groups;
- To describe what the specific topics studied by the different authors deal with;
- To identify how vocalization occurs in these groups: direct or indirect listening of the subjects;
- To recognize who speaks for the vulnerable;
- To identify the methodological tools used to facilitate expressions;
- To identify which strategies addressing poverty are proposed and to which SDGs they align.

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Material and methodology:

This is a literature review, carried out in successive stages, as established by integrative review scholars[11,12], with the theme of different forms of listening to the voice of the vulnerable, from the perspective of the SDGs established by the UN, in order to contribute to human development and fight against poverty.

The sample was selected by searching the Virtual Health Library Brazil (BVS), with papers indexed by LILACS (Latin American and Caribbean Literature in Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online), VetIndex *Express*, *SciVerse Scopus* and the *Index Psicologia* database.

Papers published between 1985 and 2016 were included, a period defined as one year after the Ottawa Conference, an international milestone for Health Promotion; papers in Portuguese, English and Spanish and those with online public access. Books, theses, dissertations or monographs and online papers with paid access were excluded.

Search was carried out in January 2017, with terms "Poverty", "Right to the City", "Equity Policy" and "Identification of Poverty", combined with the Boolean expressions "*or*" and "*and*".

- The combination "Poverty" *and* "Right to the City" resulted in 31 studies and, after filtering, eight studies were obtained and established Group 1.

- The search sentence "Poverty" *and* "Equity Policy" resulted in 74 papers, of which 25 were selected, establishing Group 2.

- The sentence "Identification of Poverty" resulted in 134 studies, of which 53 were included, establishing Group 3.

It is noteworthy that prior to full-text paper reading, the variables to be collected for all groups were defined as follows: society and location analyzed, the paper's theme, the vulnerable group addressed, the type of listening used (whether direct or indirect) to give visibility to the vulnerable group, instruments used in the study (interviews, questionnaires and documentary analysis), recommended strategies for overcoming poverty and vulnerability of that group, as well as the final considerations. A spreadsheet with Microsoft Excel features was created to organize data.

Results

The 86 papers from the searches make up the Search Table (ST), Chart 1.

Profile of selected studies

The main database of articles were Lilacs, with 64 articles, followed by Medline with 18. PubMed, SciVerse Scopus, VetIndex *Express* and Index Psicologia returned 1 paper each. For the three groups, papers were found starting in 1996, with increasing quantity as of 2005, as shown in Table 1.

The Portuguese language predominated in 61% of the total works.

The journals that published the eight articles on "Poverty and the Right to the City" (G1) were *Revista Gerencia y Politicas de Salud* (ST1); *American Journal of Public Health* (ST2); *Milbank Quarterly* (ST3); *Revista de Nutrição* (ST4); *Asia-Pacific Journal of Public Health* (ST5); *Family Practice* (ST6); *Estudos e Pesquisas em Psicologia* (ST7); *Psicologia, Ciência e Profissão* (ST8), totaling eight magazines.

The publications that addressed "Poverty and Equity Policies" (G2) included 25 papers and 11 journals were *Cadernos de Saúde Pública* (ST84; ST9); *Ciência Rural* (ST10; ST11); *Ciência e Saúde Coletiva* (ST85; ST12; ST13; ST14; ST15; ST16 E ST17); *Physis* (ST86); *Revista Brasileira de Promoção de Saúde* (ST18); *Revista Brasileira de Estudos de População* (ST19); *Revista Colombiana de Bioética* (ST20); *Revista de Saúde de Pública* (ST21); *Revista Latinoamericana de Enfermagem* (ST11;ST22;ST23); *Saúde e Sociedade* (ST24; ST25; ST26; ST27; ST28); *Revista Panamericana de Salud Pública* (ST 29).

The publications related to the "Identification of Poverty" included 53 papers in 39 different journals: *Cadernos de Saúde Pública* (ST30 to ST36); *Revista de Saúde Pública* (ST37 to ST41); with two publications are: *Ciência e Saúde Coletiva* (ST42 and 43); *Journal of Urban Health* (ST44 and 45); *São Paulo Medical Journal* (ST 46 and 47); *Saúde e Sociedade* (ST48 and 49); *Revista Baiana de Saúde Pública* (ST50 and ST51). The following journals had one paper published on the subject: *Ciencia y Enfermeria XX* (ST52); *Einstein SP* (ST53); *Estudos de Psicologia* (Campinas) (ST54); *Global Health Action* (ST55); *Globalization and Health* (ST56); *International Journal of Drug Policy* (ST57); *International Journal of Social Psychiatry* (ST58); *Journal of Development Studies* (ST59); *Journal of Health Psychology* (ST 60);

Chart 1. Search table (ST) constructed from the papers selected for integrative review. Ribeirão Preto, 2017.

ST1.	López E, Esperanza M. Las organizaciones de usuarios: incidiendo em La construcción Del derecho a la salud. Rev. gerenc. políticas salud [Periódico en Internet]. 2009 [Access on 2017 May 09]; 8(17): [alrededor 25 p.]. Available from: http://www.javeriana.edu.co/biblos/revistas/saludpdf-revista-17/estudios-3.pdf
ST2.	Maantay J. Zoning, equity, and public health. Am J Public Health [serial on the Internet]. 2001 Jul [cited 2017 May 09]; 91(7): [about 8 p.]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446712/?tool=pubmed
ST3.	Howell EM, Hughes D. A tale of two counties: expanding health insurance coverage for children in California. Milbank Q [serial on the Internet]. 2006 [cited 2017 May 09]; 84(3): [about 33 p.]. Available from: http://www.ncbi.nlm.nih.gov/pmc/ articles/PMC2690249/?tool=pubmed
ST4.	Santos LMP, Carneiro FF, Santos W, Nogueira TQ, Hoefel MGL. A precária subsistência nos lixões: um relato sobre insegurança alimentar e fome entre catadores de materiais recicláveis. Rev. Nutr [periodic na Internet]. 2013 May-June [Access on January 26, 2017]; 26(3): [cerca de 11 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-52732013000300007
ST5.	Kesuma ZM, Chongsuvivatwong V. Utilization of the Local Government Health Insurance Scheme (JKA) for Maternal Health Services Among Women Living in Underdeveloped Areas of Aceh Province, Indonesia. Asia Pac J Public Health [serial on the Internet]. 2015 Apr [cited 2017 Jan 26]; 27(3): [about 11 p.]. Available from: http://dx.doi.org/10.1177/1010539514524818
ST6.	Pineros-Leano M, Tabb KM, Sears H, Meline B, Huang H. Clinic staff attitudes towards the use of mHealth technology to conduct perinatal depression screenings: a qualitative study. Fam Pract [serial on the Internet]. 2015 Apr [cited 2017 Jan 26]; 32(2): [about 4 p.]. Available from: https://academic.oup.com/fampra/article-lookup/doi/10.1093/fampra/cmu083
ST7.	Maiolino ALG, Silva AM, Souza DC, Cabral LH, Victor TAS. O uso do solo urbano: histéricas desigualdades, novas leis e algumas percepções de moradores da favela da Rocinha. Estud. pesqui. Psicol [periódico na Internet]. 2007 Dez [Access on May 10, 2017]; 7(2). Available from: http://pepsic.bvsalud.org/ scielo.php?script= sci_ arttext&pid =S1808-42812007000200009
ST8.	Alves CF, Siqueira AC. Os direitos da criança e do adolescente na percepção de adolescentes dos contextos urbano e rural. Psicol. ciênc. prof [periódico na Internet]. 2013; [Access on May 10, 2017]; 33(2): [cerca de 13 p.]. Available from: http://www.scielo.br/scielo. php?script=sci_arttext&pid=S1414989320130002000015&lng=en&nrm=iso&tlng=pt
ST9.	O'Donnell O. Access to health care in developing countries: breaking down demand side barriers. Cad. Saúde Pública [serial on the Internet]. 2007 Dec [cited 2017 May 08]; 23(12): [about 14 p.]. Available from: http:// http://dx.doi.org/10.1590/S0102-311X2007001200003
ST10.	Lima KKS, Lopes PFM. The socio-environmental quality of rural settlements in Rio Grande do Norte State, North eastern Brazil. Ciencia Rural [serial on the Internet]. 2012 [cited 2017 May 08]; 42(12): [about 10 p.]. Available from: http://go.galegroup.com/ps/anonymous?p=AONE&sw=w&issn=01038478&v= 2.1&it=r&id=GALE%7CA441769747&sid =googleScholar&linkaccess=fulltext&authCount=1&isAnonymousEntry=true
ST11.	Ribeiro CRO, Zoboli ELCP. Poverty, bioethics and research. Rev. Latino-Am. Enfermagem [serial on the Internet]. 2007 Oct [cited 2017 May 09]; 15(spe): [about 6 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid= S0104116920070007000020&lng=en.http://dx.doi.org/10.1590/S01041169200700700020
ST12.	Coimbra J, Alvares CE, Santos RV. Saúde, minorias e desigualdade: algumas teias de inter-relações, com ênfase nos povos indígenas no Brasil. Ciênc. saúde coletiva [periódico na Internet]. 2000 [Access on January 26, 2017]; 5(1): [cerca de 7 p.]. Available from: http://dx.doi.org/10.1590/S1413-81232000000100011
ST13.	Cohn A. Estado e sociedade e as reconfigurações do direito à saúde. Ciênc.saúde coletiva [periódico na Internet]. 2003 [cited 2017 May 09]; 8(1): [cerca de 9 p.]. Available from: http://dx.doi.org/10.1590/S1413-81232003000100002.
ST14.	Magalhães R, Burlandy L, Senna M, Schottz V, Scalercio G. A implementação do programa Bolsa Família: as experiências de São Francisco de Itabapoana e Duque de Caxias. Ciênc.saúde coletiva [periódico na Internet]. 2007 Dec [Access on May 08, 2017]; 12(6): [cerca de 11 p.]. Available from: http://dx.doi.org/10.1590/S1413-81232007000600013
ST15.	Ferreira VA, Silva AE, Rodrigues CAA, Nunes NLA, Vigato TC, Magalhãe R. Desigualdade, pobreza e obesidade. Ciência & Saúde Coletiva [periódico na Internet]. 2010 [Access on May 08, 2017]; 15(Supl.1): [cerca de 10 p.]. Available from: https://www.researchgate.net/profile/Rosana_Magalhaes2/publication/51444389_Inequality_poverty_and_obesity/links/55d50f8308ae43dd17de4ed0.pdf

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Chart 1. continuation

ST16.	Drachler ML, Lobato MAO, Lermen JI, Fagundes S, Ferla AA, Drachler C, Wietzke et al . Desenvolvimento e validação de um índice de vulnerabilidade social aplicado a políticas públicas do SUS. Ciênc. saúde coletiva [periódico na Internet]. 2014 Set [Access on May 08, 2017]; 19(9): [cerca de 9 p.]. Available from: http://dx.doi.org/10.1590/1413-81232014199.12012013
ST17.	Bühler HF, Ignotti E, Neves SMAS, Hacon SS. Análise espacial de indicadores integrados determinantes da mortalidade por diarreia aguda em crianças menores de 1 ano em regiões geográficas. Ciênc. saúde coletiva [periódico na Internet]. 2014 Out [Access on May 08, 2017]; 19(10): [cerca de 9 p.]. Available from: http://dx.doi.org/10.1590/1413-812320141910.09282014
ST18.	Munguba MCS, Vieira ACVC, Porto CMV. Da invisibilidade à participação social: promoção da saúde em pessoas com deficiência. Rev. bras. promoç. saúde [periódico na Internet]. 2015 [Access on May 08, 2017]; 28(4):[4]:[4]: [cerca de 5 p.]. Available from: http://periodicos.unifor.br/RBPS/article/view/4410
ST19.	Jones GW. Population and development beyond the first demographic transition: a focus on the experience of east and southeast Asian countries. Revista Brasileira de Estudos de População [serial on the Internet]. 2011 Dec [cited 2017 May 08]; 28(2): [about 14 p.]. Available from: http://dx.doi.org/10.1590/s0102-30982011000200002
ST20.	Correa L, Javier F. Justicia y bioética ante las desigualdades em salud em Latino América. Rev. colomb. Bioét [Periódico en Internet]. 2010 Jun [Access on May 09, 2017]; 5(1). Available from: http://www.bioeticaunbosque.edu.co/publicaciones/ Revista/Revista 10/ART5.pdf
ST21.	Craveiro I, Ferrinho P. Representações de mulheres em idade fértil e profissionais de saúde sobre utilização de cuidados de saúde reprodutiva. Rev. salud pública [periódico na Internet]. 2011 Abr [Access on May 09, 2017]; 13(2): [cerca de 13 p.]. Available from: http://dx.doi.org/10.1590/S0124-00642011000200006.
ST22.	Oblitas FYM, Loncharich N, Salazar ME, David HM L, Silva I, Velásquez D. Nursing's role in tuberculosis control: a discussion from the perspective of equity. Rev. Latino-Am. Enfermagem [serial on the Internet]. 2010 Feb [cited 2017 May 08] ; 18(1): [about 8 p.]. Available from: http://dx.doi.org/10.1590/S0104-11692 01000 010 0020.
ST23.	França VH, Modena CM, Confalonieri UEC. Visão multiprofissional sobre as principais barreiras na cobertura e no acesso universal à saúde em territórios de extrema pobreza: contribuições da enfermagem. Rev. Latino-Am. Enfermagem [periódico na Internet]. 2016 [Access on May 08, 2017]; 24:(2). Available from: http://www.scielo. br/scielo.php?script=sci_arttext&pid= S0104116920160001003 19&lng=pt
ST24.	Gouveia N. Saúde e meio ambiente nas cidades: os desafios da saúde ambiental. Saúde Soc [periódico na Internet]. 1999 Jan-Fev [Access on May 09, 2017]; 8(1): [cerca de 12 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid =S0104-12901999000100005&lng=pt&nrm=iso&tlng=pt
ST25.	Bydlowski CR, Westphal MF, Pereira IM, Teixeira BP. Promoção da saúde: porque sim e porque ainda não! Saude soc. [periódico na Internet]. 2004 Abr [Access on May 26, 2017]; 13(1): [cerca de 10 p.]. Available from: http://www.scielo.br/scielo. php?script=sci_arttext&pid=S0104-12902004000100003&lng=pt.
ST26.	Varanda W, Adorno RC Ferreira. Descartáveis urbanos: discutindo a complexidade da população de rua e o desafio para políticas de saúde. Saúde Soc [periódico na Internet]. 2004 Jan-Abr [Access on May 26, 2017]; 13(1): [cerca de 13 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-129020040001000 07&lng=pt&nrm=iso&tlng=pt V 2
ST27.	Stotz EM, Araujo JWG. Promoção da saúde e cultura política: a reconstrução do consenso. Saúde soc [periódico na Internet]. 2004 Mai-Ago [Access on May 16, 2017]; 13(2): [cerca de 14 p.]. Available from: http://www.scielo.br/scielo.php?Script =sci_arttext&pid=S0104-12902004000200002&lng=pt&nrm=iso&tlng=pt
ST28.	Roque DM, Ferreira MAM. O que realmente importa em programas de transferência condicionada de renda? Abordagens em diferentes países. Saude soc [periódico na Internet]. 2015 Dez [Access on May 09, 2017]; 24(4): [cerca de 14 p.]. Available from:. http://dx.doi.org/10.1590/S0104-12902015138971
ST29.	Bueno RE, Moysés ST, Bueno PAR, Moysés SJ. Determinantes sociais e saúde bucal de adultos nas capitais do Brasil. Rev Panam Salud Publica [periódico na Internet]. 2014 Jul [Access on May 08, 2017]; 36(1): [cerca de 6 p.]. Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1020498920140006000 0&lng=en
ST30.	Roso A. Ideologia e relações de gênero: um estudo de recepção das propagandas de prevenção da AIDS. Cad. Saúde Pública [periódico na Internet]. 2000 Jun [Access on May 08, 2017]; 16(2): [cerca de 12 p.]. Available from: http://www.scielo.br/ scielo.php?script=sci_arttext&pid=S0102311X2000000200009&lng=em
ST31.	Bustamante V. Participação paterna no cuidado de crianças pequenas: um estudo etnográfico com famílias de camadas populares. Cad. Saúde Pública [periódico na Internet]. 2005 Dez [Access on May 08, 2017]; 21(6): [cerca de 9 p.]. Available from: http://dx.doi.org/10.1590/S0102-311X2005000600036

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Chart 1. continuation

ST32.	Gerhardt TE. Itinerários terapêuticos em situações de pobreza: diversidade e pluralidade. Cad. Saúde Pública [periódico na Internet]. 2006 Nov [Access on May 08, 2017]; 22(11): [cerca de 14 p.]. Available from: http://www.scielo.br/ scielo.php? script=sci_arttext&pid=S0102-311X2006001100019&lng=en
ST33.	O'Donnell O. Access to health care in developing countries: breaking down demand side barriers. Cad. Saúde Pública [serial on Internet]. 2007 Dec [cited 2017 May 08]; 23(12): [about 14 p.]. Available from: http://www.scielosp.org/ scielo.php?script=sci_ arttext&pid=S0102-311X2007001200003&lng=en.
ST34.	Alves JGB, Siqueira FV, Figueiroa JN, Facchini LA, Silveira DS, Piccini RX et al . Prevalência de adultos e idosos insuficientemente ativos moradores em áreas de unidades básicas de saúde com e sem Programa Saúde da Família em Pernambuco, Brasil. Cad. Saúde Pública [periodic na Internet]. 2010 Mar [Access on May 08, 2017]; 26(3): [cerca de 13 p.]. Available from: http://dx.doi.org/10.1590/S0102-311X 2010000300012
ST35.	Cesar JA, Diziekaniak AC, Ribeiro PRP, Gonçalves TS, Neumann NA. Maternal knowledge on child survival in the poorest areas of North and Northeast Brazil. Cad. Saúde Pública [serial on the Internet]. 2010 Aug [cited 2017 May 08]; 26(8): [about 8 p.]. Available from: http://dx.doi.org/10.1590/S0102-311X2010000800007
ST36.	Souza LDM, Maragalhoni TC, Quincoses M T, Jansen K, Cruzeiro ALS, Ores L et al . Bem-estar psicológico de jovens de 18 a 24 anos: fatores associados. Cad. Saúde Pública [periodico na Internet]. 2012 Jun [Access on May 08, 2017]; 28(6): [cerca de 7 p.]. Available from: http://dx.doi.org/10.1590/S0102-311X2012000600015
ST37.	Issler RMS, Giugliani ERJ, Kreutz GT, Meneses CF, Justo EB, KreutzVM. et al. Poverty levels and children's health status: study of risk factors in an urban population of low socioeconomic level. Rev. Saúde Pública [serial on the Internet]. 1996 Dez [cited 2017 May 08]; 30(6): [about 5 p.]. Available from: http://dx.doi.org/10. 1590/S0034-89101996000600003.
ST38.	Santos DB, Barreto M L, Coelho H LL. Utilização de medicamentos e fatores associados entre crianças residentes em áreas pobres. Rev. Saúde Pública [periódico na Internet]. 2009 Out [Access on May 08, 2017]; 43(5): [cerca de 10 p.]. Available from: http://dx.doi.org/10.1590/S0034-89102009000500005
ST39.	Flauzino RF, Souza-Santos R, Barcelllos C, Gracie R, Magalhães MAFM, Oliveira RM. Heterogeneidade espacial da dengue em estudos locais, Niterói, RJ. Rev. Saúde Pública [periódico na Internet]. 2009 Dez [Access on May 08, 2017]; 43(6): [cerca de 8 p.]. Available from: http://dx.doi.org/10.1590/S0034-89102009005000064
ST40.	Santana VS, Itaparica MS. Social contextual factors contributing to child and adolescent labor: an ecological analysis. Rev. Saúde Pública [serial on the Internet]. 2011 Aug [cited 2017 May 08]; 45(4): [about 9 p.]. Available from: http://dx.doi.org/10.1590/S0034-89102011005000032
ST41.	Alves MCGP, Morais MLS, Escuder MML, Goldbaum M, Barros MBA, Galvão CCL et al . Sorteio de domicílios em favelas em inquéritos por amostragem. Rev. Saúde Pública [periódico na Internet]. 2011 Dez [Access on May 08, 2017]; 45(6): [cerca de 10 p.]. Available from: http://dx.doi.org/10.1590/S0034-89102011000600012.
ST42.	Gerhardt TE. Situações de vida, pobreza e saúde: estratégias alimentares e práticas sociais no meio urbano. Ciênc.saúde coletiva [periodic na Internet]. 2003 [Access on May 08, 2017]; 8(3): [cerca de 13 p.]. Available from: http://www.scielo. br/scielo.php?script=sci_arttext&pid=S141381232003000300006&lng=en
ST43.	Peter E. The ethics in qualitative health research: special considerations. Ciênc.saúde coletiva [serial on the Internet]. 2015 Sep [cited 2017 May 08]; 20(9): [about 5 p.]. Available from: http://www.scielosp.org/scielo.php?script=sci_ar ttext&pid= S1413-81232015000902625&lng=en
ST44.	Khawaja M, Mowafi M. Cultural Capital and Self-Rated Health in Low Income Women: Evidence from the Urban Health Study, Beirut, Lebanon. Journal of Urban Health : Bulletin of the New York Academy of Medicine [serial on the Internet]. 2006 [cited 2017 May 08]; 83(3): [about 14 p.]. Available from: https://www.ncbi. nlm.nih.gov/pmc/articles/PMC1473222/?tool=pubmed
ST45.	Burdette AM, Hill TD, Hale L. Household disrepair and the mental health of low-income urban women. J Urban Health [serial on the Internet]. 2011 [cited 2017 May 08]; 88: [about 142 p.]. Available from: http://dx.doi.org/10.1007/s11524-010-9529-2
ST46.	Ventura RN, Puccini RF, Silva NN Silva EMK, Oliveira EM. The expression of vulnerability through infant mortality in the municipality of Embu. Sao Paulo Med. J. [serial on the Internet]. 2008 Sep [cited 2017 May 08]; 126(5): [about 6 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1516-3180 20 08000500004&lng=en.
ST47.	Paiva GS, Lima ACVMS, Lima MC, Eickmann SH. The effect of poverty on developmental screening scores among infants. Sao Paulo Med. J. [serial on the Internet]. 2010 [cited 2017 May 08]; 128(5): [about 7 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S151631802010000500007&lng=en.

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Chart 1. continuation

ST48.	Zioni F. Exclusão social: noção ou conceito?.Saude soc. [periodic na Internet]. 2006 Dez [Access on May 08, 2017]; 15(3): [cerca de 14 p.]. Available from: http://www.scielo.br/scielo.php? script=sci_arttext&pid=S 010412902006000 300003&lng=en.
ST49.	Vidal SV, Motta LCS, Siqueira-Batista R. Agentes comunitários de saúde: aspectos bioéticos e legais do trabalho vivo. Saude soc. [periódico na Internet]. 2015 Mar [Access on May 08, 2017]; 24(1): [cerca de 11 p.]. Available from: http://www .scielo.br/scielo.php?script=sci_arttext&pid=S010412902015000100129&lng=en.
ST50.	Bonfim C, Medeiros Z, Junior DP, Vilela MBR, Ferreira DKS. Using a composite index of social deprivation in public health surveill an ceplanning. Rev. baiana saúde pública [serial on the Internet]. 2010 Jan-Mar [cited 2017 May 08]; 34(1). Available from: http:// files.bvs.br/upload/S/0100-0233/2010/v34n1/a1416.pdf
ST51.	Lopes RH, Garcia MCC, Queiroz AAR, Costa TD, Menezes RMP, Cirino ID. Fatores associados ao abandono do tratamento da tuberculose pulmonar: uma revisão integrativa. Rev. baiana saúde pública [periódico na Internet]. 2013 Jul-Set [Access on May 09, 2017]; 37(3). Available from: http://rbsp.sesab.ba.gov.br/index. php/rbsp /article/view/455
ST52.	Sperli GMSN, Sperli GSM L, Figueiredo VSH, Scatena VTC, Ruffino-Netto A, Chiaravalloti Neto F et al . Tuberculose e análise espacial: revisão da literatura. Cienc. enferm. [periódico na Internet]. 2014 Ago [Access on May 08, 2017]; 20(2): [cerca de 12 p.]. Available from: http://www.scielo.cl/scielo.php?script=sci_ arttext&pid=S0717-95532014000200012&lng=es.
ST53.	Waksman RD, Carrera RM, Santos E, Abramovici S, Schvartsman C. Morbidity due trauma in children of the community of Paraisopolis, São Paulo, Brazil. Einstein [serial on the Internet]. 2014 Mar [cited 2017 May 08]; 12(1): [about 5 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_ arttext&pid=S1679-450820 14000100002&lng=en
ST54.	Azôr AMGC, Courinha V, Vectore C. Abrigar/desabrigar: conhecendo o papel das famílias nesse processo. Estudos de Psicologia [periódico na Internet]. 2008 [Access on May 08, 2017]; 25(1): [cerca de 12 p.]. Available from: http://www.scielo. br/scielo .php?script=sci_arttext&pid=S0103-166X2008000100008
ST55.	Gibbs A, Sikweyiya S, Jewkes R. Men value their dignity': securing respect and identity construction in urban informal settlements in South Africa. Global Health Action [serial on the Internet]. 2014 [cited 2017 May 08]; 7(1). Available from: http://dx.doi.org/10.3402/gha.v7.23676
ST56.	Zembe YZ et al. "Money talks, bullshit walks" interrogating notions of consumption and survival sex among young women engaging in transactional sex in post-apartheid South Africa: a qualitative enquiry. Globalization And Health [serial on the Internet]. 2013 [cited 2017 May 08]; 9(1): [about 16 p.]. Available from: http://dx.doi.org/10.1186/1744-8603-9-28.
ST57.	Sudirman N, Rosenthal D, Timothy NM. The social context of controlled drug use amongst young people in a slum area in Makassar, Indonesia. International Journal of Drug Policy [serial on the Internet]. 2011 [cited 2017 May 08]; 22(6): [about 7 p.]. Available from: http://dx.doi.org/10.1016/j.drugpo.2011.10.006
ST58.	Birke A, Charlotte H, Atalay A, Samuel P, Rob W. Migration and Mental Health: a Study of Low-Income Ethiopian Women Working in Middle Eastern Countries. International Journal of Social Psychiatry [serial on the Internet]. 2009 Nov [cited 2017 May 08]; 55(6): [about 11 p.]. Available from: http://journals. sagepub.com/doi/abs/10.1177/00207640 08096704?url_ver =Z39.882003&rfr_id=ori:rid:crossref.org&rfr_ dat=cr_pub%3dpubmed
ST59.	Mosse D. A Relational Approach to Durable Poverty, Inequality and Power. The Journal Of Development Studies [serial on the Internet]. 2010 [cited 2017 May 08]; 46(7). Available from: http://www.tandfonline. com/doi/abs/10.1080/00220388.2010 .487095
ST60.	Stephens C, Flick U, Murray M, Crummett A. 'I Don't Think They Knew We Could Do These Sorts of Things'. Journal of Health Psychology [serial on the Internet]. 2010 Jul [cited 2017 May 08]; 15(5): [about 8 p.]. Available from:10.1177/1359105310368069
ST61.	Guerreiro TBF, Cavalcante LIC, Costa EF, Valente MDR. Psychomotor development screening of children from kindergarten units of Belém, Pará, Brazil. Journal of Human Growth and Development [serial on the Internet]. 2016 [cited 2017 May 08]; 26(2): [about 8 p.]. Available from: https://dx.doi.org/10.7322/ jhgd.119262
ST62.	Freedman DA, Bell BA, Collins, LV. The Veggie Project: a case study of a multi-component farmers' market intervention. J Primary Prevent [serial on the Internet]. 2011 [cited 2017 May 08]; 32: 213. Available from: http://dx.doi.org/10.1007/s10935-011-0245-9
ST63.	Williams JL, Aiyer SM, Durkee MI et al. The protective role of ethnic identity for urban adolescent males facing multiple stressors. J Youth Adolescence [serial on the Internet]. 2014 [cited 2017 May 08]; 43: 1728. Available from: http://dx.doi. org/10.1007/s10964-013-0071-x

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Chart 1. continuation

ST64.	Vendramini SHF, Gazetta CE, Chiaravalotti Netto F, Cury MR, Meirelles EB, Kuyumjian FG et al . Tuberculose em município de porte médio do Sudeste do Brasil: indicadores de morbidade e mortalidade, de 1985 a 2003. J. bras.pneumol. [periódico na Internet]. 2005 Jun [Access on May 08, 2017]; 31(3): [cerca de 6 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1806371320050003000 10&lng=en.
ST65.	Neira MG. Valuingidentities: the popular corporal culture as a content for Physical Education curriculum. Motriz rev. educ. fís. [serial on the Internet]. 2007 [cited 2017 May 08]; 13(3): [about 6 p.]. Available from: http://pesquisa.bvsalud. org/brasil/ resource/pt/lil-482276
ST66.	Pizzolato JE, Brown EL, Kanny MA. Purpose plus: Supporting youth purpose, control, and academic achievement. New Directions for Youth Development [serial on the Internet]. 2011 [cited 2017 May 08]; 132: [about 13 p.]. Available from: http://dx.doi.org/10.1002/yd.429
ST67.	Collins D et al. Crossing borders, crossing cultures: Barriers to communication about cancer prevention and treatment along the U.S./Mexico border. Patient Education and Counseling [serial on the Internet]. 2008 Jun [cited 2017 May 08]; 71(3): [about 6 p.]. Available from: http://pesquisa.bvsalud.org/brasil/resource/pt/ mdl-18436416
ST68.	Traverso-Yépez MA, Pinheiro VS. Adolescência, saúde e contexto social: esclarecendo práticas. Psicologia & Sociedade [periódico na Internet]. 2002 [Access on May 09, 2017]; 14(2): [cerca de 13 p.]. Available from: https://dx.doi.org/10.1590 /S010271822002000200007
ST69.	Melo MCB, Lorenzato FRB, Cabral Filho JE, Melo ZM, Cardoso SO. A família e o processo de adoecer de câncer bucal. Psicologia em Estudo [periódico na Internet]. 2005 [Access on May 09, 2017]; 10(3): [cerca de 6 p.]. Available from: http://www. scielo.br/scielo.php?script=sci_arttext&pid=S1413-73722005000300009
ST70.	Vieira RCS, Ferreira HS. Prevalência de anemia em crianças brasileiras, segundo diferentes cenários epidemiológicos. Rev. Nutr. [periódico na Internet]. 2010 Jun [Access on May 08, 2017]; 23(3): [cerca de 11 p.]. Available from: http://www. scielo.br/scielo.php?script=sci_ arttext&pid=S141552732010000300011&lng=en.
ST71.	Alves HPF, Alves CD, Pereira MN, Monteiro AMV.). Dinâmicas de urbanização na hiperperiferia da metrópole de São Paulo: análise dos processos de expansão urbana e das situações de vulnerabilidade socioambiental em escala intraurbana. Revista Brasileira de Estudos de População [periódico na Internet]. 2010 [Access on May 08, 2017]; 27(1): [cerca de 18 p.]. Available from: https://dx.doi.org/10.1590/S0102-30982010000100009
ST72.	Barbosa WLR, Pinto LN. Documentação e valorização da fitoterapia tradicional Kayapó nas aldeias A'Ukre e Pykanu - sudeste do Pará. Rev. bras. farmacogn. [periodico na Internet]. 2003 [Access on May 08, 2017] ; 13(Suppl 1): [cerca de 2 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_ arttext&pid=S0102695X 2003000300
ST73.	Tanaka OY, Espírito Santo ACG. Avaliação da qualidade da atenção básica utilizando a doença respiratória da infância como traçador, em um distrito sanitário do município de São Paulo. Rev. Bras. Saude Mater. Infant. [periodic na Internet]. 2008 Set [Access on May 08, 2017]; 8(3): [cerca de 7 p.]. Available from: http://www. scielo.br/scielo.php?script =sci_arttext&pid=S15193 82920080003000 12&lng=en.
ST74.	Flauzino RF, Souza-Santos R, Oliveira RM. Dengue, geoprocessamento e indicadores socioeconômicos e ambientais: um estudo de revisão. Rev Panam Salud Publica [periódico na Internet]. 2009 Mai [Access on May 09, 2017]; 25(5): [cerca de 5 p.]. Available from: http://www.scielosp.org/scielo.php?script=sci_ arttext&pid =S 102 04989200900050001 2&lng=en.
ST75.	Martin VB, Angelo M. Significado do conceito saúde na perspectiva de famílias em situação de risco pessoal e social. Rev. Latino-Am. Enfermagem [periódico na Internet]. 1998 Dez [Access on May 08, 2017]; 6(5): [cerca de 6 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_ arttext&pid=S0104116919980005000 06&lng=pt.
ST76.	Moura EBB. Meninos e meninas na rua: impasse e dissonância na construção da identidade da criança e do adolescente na República Velha. Revista Brasileira de História [periódico na Internet]. 1999 [Access on May 08, 2017]; 19(37): [cerca de 17 p.]. Available from: http://www.scielo.br/scielo.php? script=sci_ arttext&nrm=iso&lng= pt&tlng=pt&pid=S0102-01881999000100005
ST77.	Malaquias CA, Emílio SA. A lógica da exclusão alimentada pelos programas de inclusão. Rev. SPAGESP [periódico na Internet]. 2007 Dez [Access on May 08, 2017]; 8(2) . Available from: http://pepsic.bvsalud. org/scielo.php?script=sci_arttext&pid= S16 77-29702007000200007&lng=pt
ST78.	Lima J, Oswaldo A, Kaiser J, Catisti R. High occurrence of giardiasis in children living on a 'landless farm workers' settlement in Araras, São Paulo, Brazil. Rev. Inst. Med. [serial on the Internet]. 2013 June [cited 2017 May 08]; 55(3): [about 3 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext& pid=S0036466520 13000300185&lng=en.

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Chart 1. continuation

ST79.	Cruz LB, Rodrigues FO, Maksud M, Zambrano M, Raimundo F, Dornelles CTL. Estado nutricional e fatores de risco para desnutrição no atendimento nutricional pediátrico da admissão hospitalar. Rev. HCPA & Fac. Med. [periódico na Internet]. 2009 [Access on May 08, 2017]; 29(3): [cerca de 17 p.]. Available from: http://seer.ufrgs.br/hcpa/article/viewFile/8576/6926
ST80.	Ferreira MP, Dini NP, Fereira SP. Espaços e dimensões da pobreza nos municípios do Estado de São Paulo: Índice Paulista de Vulnerabilidade Social ¬ IPVS. São Paulo perspect [periódico na Internet]. 2006 Jan-Mar [Access on May 08, 2017]; 20(1): [cerca de 12 p.]. Available from: http://produtos.seade.gov.br/produtos/spp/v20n01 /v20n01_01.pdf
ST81.	Moura Jr FJ, Cidade EC, Ximenes VM, Sarriera JC. Concepções de pobreza: um convite à discussão psicossocial. Temas em Psicologia [periódico na Internet]. 2014 [Access on May 08, 2017]; 22(2): [cerca de 11 p.]. Available from: https://dx.doi.org/10.9 788 /TP2014.2-06
ST82.	Grillo LP, Klitzke CA, Campos IC, Mezadri T. Riscos nutricionais de escolares pertencentes a famílias de baixa renda do litoral catarinense. Texto contexto - enferm. [periódico na Internet]. 2005 [Access on May 08, 2017]; 14(spl): [cerca de 6 p.]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S01040707200 5000500002&lng=pt.
ST83.	Hamid S, Johansson E, Rubenson B. Security lies in obedience - Voices of young women of a slum in Pakistan. BMC Public Health [serial on the Internet]. 2010 [cited 2017 May 09]; 10:164. Available from: https://www.ncbi.nlm .nih.gov/pmc/articles /PMC2850887/?tool=pubmed
ST84.	Giffin K. Pobreza, desigualdade e eqüidade em saúde: considerações a partir de uma perspectiva de gênero transversal. Cad Saúde Pública [periódico na Internet]. 2002 [Access on January 26, 2017]; 18(supl): [cerca de 9 p.]. Available from: http://www.scielo. br/pdf/csp/ v18s0/13797.pdf – 9
ST85.	Gallo E, Setti AFF, Magalhães DP, Machado JMH, Buss DF, Franco NFA et al. Saúde e economia verde: desafios para o desenvolvimento sustentável e erradicação da pobreza. Ciênc. saúde coletiva [periódico na Internet]. 2012 Jun [Access on May 09, 2017]; 17(6): [cerca de 11 p.]. Available from: http://dx.doi.org/10.1590/S1413-812 32012000600010 -10
ST86.	Magalhães KA, Cotta RMM, Gomes KO, Franceschinni SCC, Batista RS, Soares JB. Entre o conformismo e o sonho: percepções de mulheres em situação de vulnerabilidade social à luz das concepções de Amartya Sen. Physis [periódico na Internet]. 2011 Dec [Access on May 09, 2017]; 21(4): [cerca de 21p.]. Available from: http://dx.doi.org/10.1590/S0103-73312011000400017

Source: own elaboration.

Table 1. Number of papers selected, by search groups and year of publication. Ribeirão Preto, January 2017.

Group	Year of publication																				Total
	96	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	
1	-	-	-	-	1	-	-	-	-	1	1	-	1	-	-	-	3	-	1	-	**8**
2	-	-	1	1	-	1	1	3	-	-	3	-		3	3	3	-	3	3	-	**25**
3	1	1	1	1	-	1	2	-	4	4	2	4	5	9	6	1	5	3	2	1	**53**
Total	1	1	2	2	1	2	3	3	4	5	7	4	6	12	9	4	8	6	6	1	**86**

Source: own elaboration.

Journal of Human Growth and Development (ST 61); *Journal of Primary Prevention* (ST62); *Journal of Youth and Adolescence* (ST63); *Jornal Brasileiro de Pneumologia* (ST64); *Matrizes-Revista USP* (ST65); *New Directions for Youth Development* (ST66); *Patient, Educations and Counseling* (ST67); *Psicologia e Sociedade* (ST68); *Psicologia em Estudo* (ST69); *Revista de Nutrição* (ST70); *Revista Brasileira de Estudos de População* (ST71); *Revista Brasileira de Farmacognosia* (ST72); *Revista Brasileira de Saúde Materno Infantil* (ST73); *Revista Panamericana de Salud Publica* (ST74); *Revista Brasileira de Enfermagem* (ST75); *Revista Brasileira de História* (ST76); *Revista da Socie-*

dade de Psicoterapias Analíticas Grupais do Estado de São Paulo (ST77); *Revista do Instituto de Medicina Tropical de São Paulo* (ST 78); *Revista Hospital de Clínicas de Porto Alegre* (ST 79); *São Paulo em Perspectiva* (ST80); *Temas em Psicologia* (ST81); *Texto & Contexto Enfermagem* (ST82) ; *Biomed Central Public Health* (ST83).

Publications' country of origin

The Brazilian production stands out with 72.4% of the papers, followed by North America (USA), with 15.4% of the papers. The United Kingdom (3.4%), Sweden and Colombia (2.3%) and Indonesia, Greece, Chile and Switzerland had the lowest frequencies (1.1% each).

Societies or locations analyzed by papers, according to each group

G1: In Brazil: Brasília (ST4), Rio Grande do Sul (ST8) and Rio de Janeiro - Favela da Rocinha (ST7).

In the Americas: Medellin-Colombia (ST1); and USA: New York (ST2), two California counties (ST3) and Champaign County, in Illinois (ST6).

In Southeast Asia: Province of Aceh, Indonesia (ST5).

For the *G2*, dealing with Poverty and Equity Policies, studies that have reanalyzed Brazilian regions were one study involving all 27 Brazilian capitals (ST29); six works covering the whole country (ST84, ST12, ST13, ST17, ST24, ST25, ST27); one on Rio Grande do Sul (ST16); two on Rio Grande do Norte, one of them being, specifically, in rural settlements (ST10); one in the State of Ceará (ST18); one in São Paulo capital (ST26); one study involving two municipalities of Rio de Janeiro (ST14). With focus on the State of Minas Gerais, one study was developed on each of the following locations: Paula Cândido (ST86); Municipality of the metropolitan region of Belo Horizonte (ST23) and Diamantina (ST15).

There were two studies focusing on all of Latin America (ST20 and ST22), and with the frequency of one study, the following were analyzed: Developing Countries (ST9); a set of 27 countries (ST28); Portugal (ST21); East and Southeast Asia (ST19), the whole world (ST85).

In the *G3*, studies geared to the identification of poverty focused: Brazil: Brazil – whole country (ST49 and ST50); São Paulo (SP) (ST41; ST53; ST71; ST73; ST75; ST76; ST77); Porto Alegre (RS) (ST30; ST37; ST79); Salvador (BA) (ST31; ST38; ST40), Paranaguá (PR) (ST32; ST42); State of Pernambuco (ST34; ST69); State of São Paulo (ST80); Natal (RN) (ST68); Pelotas (RS) (ST36); Niterói (RJ) (ST39); Recife (PE) (ST47); Uberaba (MG) (ST54); Jaboatão dos Guararapes (PE) (ST50); Osasco (SP) (ST65); Belém (PA) (ST61); North and Northeast of Brazil (ST35); State of Pará (ST72); Camboriú (SC) (ST82); Araras (SP) (ST78); São José do Rio Preto (SP) (ST64); Embu (SP) (ST46).

Africa: South Africa (ST55; ST56); Ethiopia (ST58).

Latin America (ST63, ST74).

USA: Nashville (ST62); Boston, Chicago and San Antonio (ST45); Miltown - Pennsylvania (ST66); Texas (ST67).

Asia: Pakistan (ST83); India (ST59); Indonesia (ST57).

Middle East: Beirut-Lebanon (ST44).

Global approach (ST33, ST48, ST51, ST52, ST81).

No set location (ST43; ST60).

The papers evidenced the following themes according to the research groups

G1: Socio-environmental vulnerability (ST4), Depression in low-income women (ST6); Rights of children and adolescents (ST8); Health insurance coverage for low-income children (ST3); Right to land use (ST7); Right to health (ST1); Equity, health and land use (ST2); Mother health and use of services (ST5).

G2: Social Determinants of Health and Oral Health (ST29); Agrarian reform and socio-environmental quality (ST10); Social protection; Income transfer, public policies (ST14, ST28); Health, economy, sustainable development and poverty (ST85); Equality, equity, health promotion, political culture, empowerment, popular education (ST27); Fertility and equity (ST19); Human development, poverty and social inequality (ST86); Gender equity (ST84); Poverty and barriers to access to health (ST23); Tuberculosis and iniquities (ST22); homeless population and vulnerability (ST26); Social vulnerability, health conditions and health financing (ST16); Equity, access (ST9); Reproductive health, social perception, equity, gender and health (ST21); Ethnic minorities and social exclusion (ST12); Intersectoriality (ST25); Urbanization, poverty and pollution (ST24); Obesity and poverty (ST15); Relations between state, society, civility and social participation in health policies (ST13); Poverty and ethics (ST11); Justice, bioethics and

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inequity (ST20); Mortality due to diarrhea and social determinants (ST17); Health promotion and people with disabilities (ST18).

G3: child health, accidents and socioeconomic factors (ST35, ST37, ST38, ST46, ST47, ST53, ST61, ST79); Adolescence, health, family structure and social vulnerability (ST68, ST54, ST66); Community health workers and bioethics (ST49); Prevalence of anemia in different settings (ST70); Favelas and cluster surveys (ST41); Health assessment (ST73); Well-being, youth and urban environment (ST36; ST76); Search for health care and poverty (ST32; ST34); Cancer, family and poverty (ST69; ST67); Young women and sexual life (ST56; ST83); Concept of health-diseases (ST75); Low-income families and ethnographic analysis (ST31); Gender, media and AIDS (ST30, ST55); Indigenous populations and vulnerability (ST72); Poverty, food and social practices (ST42, ST62, ST82); Tuberculosis and socioeconomic conditions (ST51, ST52, ST64); Poverty, exclusion and social vulnerability (ST48, ST59, ST63, ST77, ST80); Women, culture and poverty (ST44); Health promotion and education (ST65); Access to health (ST33); Socio-environmental indicators (ST39, ST50, ST74, ST62); Poverty, migration and mental health (ST45, ST58, ST81); Urban space and socio-environmental vulnerability (ST71); Elderly, vulnerability and social representations (ST60); Protective factors and drug use (ST57); Landless workers and parasitoses (ST78); Ethics in qualitative research (ST43).

Studies focused more on population groups, women and on poor families, as detailed in Chart 2.

Type of listening

Authors considered two types of listening. Direct listening refers to the vocalizations made by members of the groups themselves to researchers, both through quantitative and qualitative or qualitative-quantitative studies. On the other hand, indirect listening was considered as such when the visibility given to vulnerable groups was based on literature data, through review work or by free theoretical essays on the subject. The result of this classification showed the predominance of direct vocalization of vulnerable groups for the works of identification of poverty included in the third group (G3), while indirect listening prevailed for Groups 1 and 2, with the following frequency:

Thirty-nine papers were found in direct listening, of which three for Group 1 (ST4; ST7; ST8); six for Group 2 (ST86; ST14; ST15; ST21; ST23; ST26) and thirty for Group 3 (ST30 to ST32; ST34 to ST36; ST38; ST 40; ST44; ST47; ST53; ST55 to ST58; ST60; ST61; ST63; ST65 to ST69; ST72; ST 75; ST77 to ST79; ST82; ST83).

Forty-one papers were identified in indirect listening, of which five from Group 1 (ST1; ST2; ST3; ST5; ST6); 19 from Group 2 (ST11; ST84; ST85; ST9 to ST13; ST16 to ST20; ST22; ST24; ST25; ST27; ST28; ST29) and 17 from Group 3

Chart 2. Number of articles published, by identified vulnerable groups.Ribeirão Preto, 2017.

Vulnerable groups	Paper (Nº ST)	Frequency
1. Poor women	5, 6, 15, 19, 21, 30, 44, 45, 56, 58, 69, 83, 84, 86	14
2. Poor children and adolescents	3, 8, 17, 35, 38, 46, 47, 53, 61, 62, 65, 66, 68, 70, 73, 76, 78, 79, 82	19
3. Poor teenagers	36, 55, 63, 77.	4
4. Poor populations (homeless, peripheral, rural, settled, excluded due to religious beliefs, indigenous, migrants, favela dwellers)	1, 2, 4, 7, 9, 10, 11, 12, 16, 18, 20, 22, 23, 24, 25, 28, 32, 33, 39, 41, 43, 48, 50, 51, 59, 64, 67, 71, 72, 74, 80, 85, 93	33
5. Poor adults and elderly	26, 29, 34, 59	4
6. Poor families	14, 31, 37, 42, 54, 75	6
7. Poor drug users	57	1
8. Low-skilled workers	40, 49	2
9. Did not mention a specific population	13, 27, 52	3
Total		**86**

Source: own elaboration.

(ST37; ST39; ST41; ST43; ST48 to ST52; ST59; ST64; ST70; ST71; ST74; ST76; ST80; ST81). There were also six direct and indirect listening papers, all belonging to Group 3 (ST42; ST45; ST46; ST54; ST62; ST73).

Instruments used

In the three search groups, studies used documentary analysis, semi-structured and structured interviews, participant observation, focus groups and questionnaires. G2 also used selection of indicators, literature review and theoretical essays.

Understanding that the strategies for overcoming poverty shown in the 87 studies analyzed would be in line with the SDGs, these were identified and it was possible to relate them by search groups to one or more SDGs. Chart 3 shows the strategies proposed in the works of Group 1 and 2 and the respective relationships with the SDGs.

The proposed strategies for fighting against poverty and listening to vulnerable identified in G3 are listed in Chart 4.

Discussion

The complex poverty phenomenon requires that multiple aspects underlying the production of life, such as access to land, health services, water, decent work, inclusive education, overcoming social inequities, gender, ethnic minorities and religious groups be considered.

It is imperative that these social groups that experience processes of exclusion vocalize their life experiences, express their needs and mobilize segments of society through strategies to face and overcome their vulnerable and degrading conditions.

Authors' concerns are revealed in the several dozens of papers surveyed. They are from different regions of Brazil and the world and address general and unique themes that bring us back to the realities of diverse populations carrying the common mark of poverty.

One of the concerns identified is environment. It was recognized that these urban settings became unhealthy through pollution, violence and poverty, affecting mainly the poorest. At a time when, in the world, discussions turn to the right to the city, the critical look at exploration and environmental depletion and its sustainability is justified by the challenge of transforming it to fulfill the historical function of embracing the various social groups that have a right to it, overcoming social exclusion and promoting equity.

Ethnic and racial minorities face situations of poverty, exclusion, marginalization, discrimination and vulnerability, ratified by their current morbimortality coefficients that are among the highest, with hunger and malnutrition and systematic occupational risks and social violence. There will be no equity without confronting and overcoming these conditions.

Regarding gender, the feminization of poverty and the economic model stand out in the logic of exclusion. While there was a hard fought battle for the right not to give birth, the analysis of highly differentiated concrete conditions for motherhood among social groups was relegated in the background[9]. Thus, the fallacy of arguments that reduced poverty in peripheral countries was linked to birth control, against the millions of births avoided without the reduction of poverty falls apart[9].

There is also a critical view on the so-called urban disposable, the "human waste" to be removed as common urban waste, rescuing the complexity of the existence of a homeless population and the challenges to health policies and other social policies.

Also inevitable is the recognition of a growing poverty and the accelerated concentration of income in the hands of the few. According to ECLAC[13], the number of poor has increased by 50%, from 136 million in 1980 to 200 million in 1990. The proportion of the poor in the population also increased from 40.5% to 48%[14]. The concentration has reached levels of the end of the 19th century, since the wealth of 1% of the world's population surpassed that of the remaining 99%, and that only 62 individuals concentrate as much income as 3.6 billion people. In 2010, there were 388, which confirms the increasing financial concentration[15].

While the World Bank recommends health systems equity policies, developments of the macroeconomic policy with external debt financing and public indebtedness compromise resources for health, reducing broad and universal policies to targeted programs and extension projects of coverage[16].

Thus, agreeing with scholars in this area, there is an understanding that equity must be thought within the policies governed by the principle of universality. Taken in isolation, it can impose the "replacement of solidarity and equal opportunities values with radical utilitarian individualism values"[17apud18]. Thus, even the implementation of the *Bolsa Família* (Family Grant) Program has

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Chart 3. Strategies proposed by authors and SDGs related to the studies of Groups 1 and 2. Ribeirão Preto, 2017.

Strategies proposed by the studies	Sustainable Development Goals - SDGs																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
ST1. Increase people's mobilization capacity.	X		X				X	X		X	X					X	X
ST2. Proper management of industrial practices.			X			X		X	X		X	X	X		X		
ST3. Promote better living conditions in cities, face social exclusion overcome inequities.	X		X							X	X					X	
ST4. Develop public actions that alleviate the of socio-environmental vulnerability conditions.	X	X	X			X		X		X	X						
ST5. Improve coverage of assistive practices at childbirth, health transportation and low prenatal coverage, women's empowerment.			X		X												
ST6. Careful use of technologies.																	X
ST7. Decrease power asymmetry.			X													X	X
ST8. Know the singularities of the urban and rural context, show new ways to educate beyond punishment and develop future projects.			X	X													X
ST9. Since the poor make less use of effective interventions, facilitating access to these segments is suggested.	X		X							X							
ST10. Define public policies aimed at agrarian reform in the Brazilian northeastern region and improve food security with a greater number of crops for subsistence.		X						X	X								
ST11. To value autonomy and respect the subjects in the context of health services, considering that all people carry a type of value intrinsic to the human condition.	X	X	X					X									
ST12. To deepen knowledge about the multiple interfaces of the effects of the ethnic-racial dimension on health, with a view to promoting equity.	X		X							X						X	
ST13. Redefine criteria for the explanation of social differences, which includes aspects other than work and income.	X	X	X	X	X		X										
ST14. Confronting the poverty of large population groups is complex and requires multiple institutional arrangements. It suggests strengthening the autonomy of families and analyze specific individuals and specific circumstances (individuals, groups and organizations), stakeholders, interests linked to the program, citizens and relevant social interested parties.	X	X	X	X						X							
ST15. It proposes actions to prevent and combat obesity, such as public policies for social insertion, gender equality, promotion of healthy lifestyles, adequate spaces for physical activities and increased access to healthy foods, as well as enhancing the inclusion of symbolic, cultural and material aspects of life.	X	X	X		X												
ST16. To encourage the use of the Social Vulnerability Index - IVS 5 - created for the state of Rio Grande do Sul, which allowed allocating greater health financing resources to municipalities with worse results.	X		X							X							
ST17. Public policies must act to reduce social inequality, essential in combating inequity, considering the poorest and children.	X		X							X							

it continues

Chart 3. continuation

Strategies proposed by the studies	Sustainable Development Goals - SDGs																
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**
ST18. Government support through continuing education and training for health and social care professionals to assist people with disabilities.			X	X													
ST19. Define strategies to fight poverty that transcend meeting only basic needs and that expand the conception of poverty beyond the lack of income and means of production.	X		X		X												
ST20. Increase social protection in health as a policy tool to combat social exclusion, considering life expectancy at birth, mortality for children under five years, health expenditure and provision of health professionals.			X														
ST21. Consider representations of women and professionals about fertility and use of health services to adjust health policies, expectations and perceptions of the needs of vulnerable populations and thus promote health equity.			X		X												
ST22. Nurses should play a leading role in the prevention and control of Tuberculosis, transcending the biological perspective, that is, with a comprehensive, social and cultural focus.	X	X	X														
ST23. Ensure that health services have doctors, define public policies for the training of health professionals to work in areas with a shortage of professionals, and define an attractive employment relationship for professionals.	X		X														
ST24. Promote better quality of life and health in cities and face social exclusion in the perspective of equity.			X														
ST25. Analyze the forces that act against the insertion and development of health promotion.			X		X												
ST26. Large contingent does not use and is not related to the established care, seeking alternatives to bathing, food and clothing. They use old iron warehouses, gas stations, chutes, churches, public taps. They are subject to violence, alcohol, drugs and unhealthy conditions. It requires policies to cope with the systematic social exclusion to which they are subjected.	X	X	X	X		X		X		X							
ST27. Set public policies that address equity with universality.	X		X					X									
ST28. Define public policies that include and strengthen income transfer programs that can allow the beneficiaries to leave the poverty condition and find employment, besides the opportunity to study and to qualify professionally.	X	X	X	X													
ST29. Establish equitable policies that prioritize actions for the social determinants of oral health: increasing coverage of basic sanitation and fluoridated water for supply with reduction of poverty and regional inequities.			X			X											

it continues

Chart 3. continuation

Strategies proposed by the studies	Sustainable Development Goals - SDGs																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
ST84. Develop policies to eradicate poverty that exceed birth control-related proposals.	X		X		X												
ST85. Recommending the green economy as opposed to the brown economy, which has increased the impact that the human being produces in the use of planet's resources, giving emphasis to the social determinants of health. Construction of an agenda to intervene in SDH with implementation of SDGs and governance mechanisms that can implement them, especially at the local level.	X	X	X			X		X	X			X					
ST86. Broaden listening to social groups facing inequities, considering the meanings that people attribute to their experiences and how they understand the world in which they live.	X	X	X	X	X	X		X		X						X	

Source: own elaboration.

questioned the potency of its conditionalities to actually strengthen families' autonomy[19].

The theme of differentiated access to health services, which can be defined by their availability, accessibility, economic feasibility and acceptability, which is marked by conceptual differences between access and use, but in common identify that the poor use less effective interventions[20].

In this setting, the role of international conferences[21] is highlighted, since WHO policies have been consolidated in these spaces. The best known are those of Alma Ata[22], due to the emphasis placed on Primary Health Care, and Ottawa[23], which gave great visibility to health promotion. Brazil participated in the first event, but not in Ottawa, which counted more on developed countries and with few peripheral countries, unlike Alma Ata. Peripheral countries also met in Jakarta, Port-of-Spain (Caribbean) and Bogotá (Colombia) in 1992, and were signatories in the latter.

In Alma Ata, the concept of health was "the most complete state of physical, psychic and social well-being"[22], idealized and not so operational, which used the programmatic actions to curb differences in the health status of the population. According to the WHO[24], health ceases to be a "state" and becomes a "project"[25], one for each nation or social group, according to its economic, technical, political and cultural possibility[24].

At the Bogota Conference, a concept of equity was discussed and was related to the elimination of unnecessary, avoidable and unfair differences that restrict opportunities to achieve the right to well-being[24].

Almeida[18] points out an imprecision between equality and equity and a distinction between difference and diversity, which are the most critical conceptual issues. For health promotion, the WHO incorporates the two concepts. The first one is related to the political change of health determination's general aspects[26]. The second is geared to unhealthy behavioral and lifestyle changes, which is one of the fields of public health formulated by Lalonde[27].

While the different Health Promotion Conferences may admit conceptual inaccuracies, they all have the highest principle of overcoming poverty and social inequalities, and that all citizens of the world must be embraced, protected and assisted in their main right, which is life. This was the case from the first to the most recent event, which took place in Shanghai in November 2016 and reaffirmed the 2030 Agenda for Sustainable Development.

The famous motto of Alma Ata[22] "Health for all in the year 2000" is now reiterated in Shanghai[28] by the slogan "Health for all and all for Health", demanding the involvement and commitment of managers, professionals and citizens

Chart 4. Proposed strategies and related SDGs in the studies of Group 3. Ribeirão Preto, 2017.

Strategies proposed by studies	Sustainable Development Goals - SDGs																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
ST30. Break with the ideology and relationships of gender domination through a revolution in the way the symbolic forms of AIDS prevention advertisements will be possible insofar as domination relations cease to be conveyed as something natural and unchangeable. It recommends learning to listen, interpret, and critically construct the different visual languages produced by the media.			X		X												
ST31. Increase the spaces to meet the desire of man to exercise paternity, in its various forms. Greater inclusion of men in health practices responding to this need.			X		X												
ST32. Recognize and value the therapeutic itineraries, which depend on complex strategies based on the elaboration of social relationships and social insertion practices.			X														
ST33. Identifying that the poor make less use of effective health interventions, access to these groups should be encouraged.	X		X														
ST34. Enable specific policies in primary care to incorporate physical activity in the health care of adult and elderly populations. Physical educators and nutritionists would greatly assist in raising the levels of guidance and, possibly, in modifying the sedentary behavior of the population.			X														
ST35. Increase the effectiveness of the Pastoral da Criança's volunteer work in reducing morbidity and mortality rates.	X		X							X							
ST36. Implement programs that aim to reduce poverty, encourage education and be able to identify and prevent drug use in young people to improve psychological well-being and prevention of health problems.	X		X	X													
ST37 Overcoming poverty conditions, since studies show that children from families living in extreme poverty (lower quartile) have higher coefficients of infant mortality; lower birth weight; higher number of hospitalizations and malnutrition rates and are part of larger families.	X	X	X														
ST38. The identification of groups more subject to the excessive use of medicines can be useful to subsidize strategies for the promotion of their rational use.			X														
ST39. The study points out that the way spaces are occupied by populations from different socioeconomic strata can make them vulnerable and create conditions conducive to disease production and reproduction. In the case of dengue, it values the spatial heterogeneity of living conditions, and each location with its own historicity expresses the particularity of the disease transmission processes.	X		X							X							

it continues

Chart 4. continuation

Strategies proposed by studies	Sustainable Development Goals - SDGs																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
ST40. Strengthen programs to reduce poverty and violence, and social support at the community level to reduce child labor.	X							X									
ST41. Define the register of households by segments for search made in favelas, since this is a more appropriate method.	X																
ST42. Value family networks that are an important survival strategy for daily food, creating wider spheres of food distribution and survival. They avoid the emergence of clientelistic, paternalistic, and dependent relationships.	X	X	X														
ST44. Encourage interventions involving cultural programs and arts that can provide cost-effective preventive care for women and other groups living in disadvantaged communities.	X		X		X												
ST45. Ensure housing for the mental health of urban low-income women with children to be preserved.			X		X												
ST46. Improve conditions of access and quality of health services for the most vulnerable segments, since precarious employment translates into serious shortcomings in basic living conditions: food, housing, basic sanitation, education and health, and that unemployment has worsened family's socioeconomic condition, favoring the occurrence of infant deaths.	X		X							X							
ST47. Provide early and continuous monitoring to the development of children from families of low socioeconomic level, where they are at higher risk of language development impairment.			X							X							
ST48. No strategies are shown.	X																
ST49. Train researchers to conduct studies with vulnerable populations, considering identity protection, exploration of sensitive issues that require increased awareness and ethical attention.										X							
ST50. Identify by means of the method presented in the study the urban clusters and their socioeconomic conditions. The most deprived areas should receive greater attention from public authorities, making the method useful for the planning of health surveillance actions, with a view to reducing iniquities.	X		X							X	X						
ST51. Identify people at greater risk for the abandonment of tuberculosis treatment in the daily routine of health services, especially in the primary care that is currently responsible for the control of tuberculosis in Brazil.	X		X														
ST52. Use spatial analysis to evidence underreporting of diseases and to obtain more reliable tuberculosis rates through case mapping, contributing to reduced health inequities.	X		X							X							

it continues

Chart 4. continuation

Strategies proposed by studies	Sustainable Development Goals - SDGs																
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**
ST53. It does not propose an explicit strategy but finds that young children living in a dangerous environment have a significant tendency to suffer trauma and injury.																	
ST54. Establish a multi-professional adolescent post-institutionalization follow-up strategy.	X																
ST55. Proposes changes to male work in order to reduce risks of violence and HIV.	X		X					X		X							
ST56. Define strategies capable of providing the poorest female teenagers with economic possibilities that ensure their access to the symbols of modernity and social inclusion.	X		X		X			X									
ST57. Increase the supply of jobs for young people, with a view to potentially reducing drug use.	X							X									
ST58. In the context of the experiences of women who immigrated to Middle Eastern countries to work in domestic service, the work suggests to look at the mechanisms by which it becomes possible for the group to develop mental diseases (anxiety, depression and post- traumatic).	X		X		X			X		X							
ST59. Market integration has given some poor Indian farmers mobility, but has also led to deeper rural inequality; and the current economic recession escalates an impoverishing agrarian crisis, driven by the neoliberal withdrawal of state support for agriculture. It suggests recognizing the harsh fact that the processes that allow some to escape the pitfalls of poverty are the same ones that allow the exploitation of others. From this perspective, it is necessary to question necessarily different approaches to different aspects of poverty and social impotence. These include the combined actions of Non-Governmental Social Organizations, activists, lawyers, state officials, volunteers and trade unions currently working to raise the political profile and address the justice and wellness needs of the migrant "adivasis" exploited in western India.	X							X		X	X						
ST60. The fight against inequalities cannot work without some kind of intervention in the neighborhoods to combat local expressions and manifestations of structural inequalities that produce poor health and inequalities in health. However, these projects must connect not only with the material display in the communities, but also from the residents' understanding of their community and their history.	X		X							X							
ST61. Implement early stimulation programs for children to reduce development delays.	X		X	X						X							

it continues

Chart 4. continuation

Strategies proposed by studies	Sustainable Development Goals - SDGs																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
ST62. Develop strategies to attract and raise awareness among young people about the consumption of healthy fruits and vegetables as well as increase market share among farmers and carry out strict assessments to verify the influence of environmental interventions on eating behaviors.										X							
ST63. Incorporate the psychosocial realms for the understanding of poverty, which includes subjective, negative and positive aspects regarding coping strategies developed by the poor.	X		X														
ST64. The risk of becoming sick from Tuberculosis was three times higher in areas with worse socioeconomic levels, leading to the suggestion of identifying areas with different risks for tuberculosis, in order to allow the municipal health system to address the different realities and prioritize regions with greater incidence of the disease and worse living conditions.	X		X														
ST65. Considering the sociocultural context of the school community, and thus differences between students, changes equity conditions. The multicultural school "tears down" the walls that isolate it from the community and opens itself to public collaboration of those who are legitimate cultural representatives of that space.	X			X													
ST66. The combined effect of a sense of internal control and achievement promoted through an intervention program had significant impact on the academic performance of high school students. These types of dialogues, performed in data intervention and collection, can occur at various places with a variety of individuals with whom students interact, such as teachers, counselors and parents.				X													
ST67. The life experience of respondents indicates how their Mexican identities interact with structural barriers to explain why they make certain choices in cancer care. The study sheds light on the complex relationship between health beliefs and structural hurdles that reinforce disparities for certain Mexican immigrants in the United States, who must be overcome.			X														
ST68. Professionals should know the rights of the child and the adolescent (statute) and their system of guarantees to develop awareness for citizenship and the identification by the adolescents themselves of cases of violations they endure, which is indispensable for the protection of their rights.	X			X	X			X									
ST69. Recognize the social learning processes of families to adopt preventive practices for oral cancer, especially for low-income women.	X		X		X												

it continues

Chart 4. continuation

Strategies proposed by studies	Sustainable Development Goals - SDGs																
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**
ST70. For decades, several studies have pointed to anemia as one of the largest nutritional problems in the world. Public policy managers should recognize the control of this situation as a high priority issue for municipalities, states and the country. An alternative would be the implementation of proposals approved at the III National Conference on Food and Nutrition Safety, which would surely increase the effectiveness of the actions already undertaken.	X	X	X							X							
ST71. Significantly change the dynamics of the real estate and land market and the identification of public policies related to land use and occupation that use up-to-date information and practice enforcement to allow a more sustainable land use and occupation pattern. Require public policies that redeploy new settlements to areas already densely populated with urban infrastructure, through housing projects aimed at the low-income population.											X						
ST72. Overcoming the urban mythification by the indigenous, as well as religious catechesis and the availability of medicines in villages, factors that have contributed to the abandonment of the use of medicinal plants with devaluation of the shaman as authority.	X		X	X													
ST73. Use a methodology that has been able to critically analyze the main issues involved in the resolution of health services with regard to recurrent respiratory complaints, pointing to respiratory diseases in childhood as an important tracing condition for the evaluation of the quality of primary health care.	X		X							X							
ST74. Recognize studies with approaches of spatial locations on dengue, by allowing regional aggregation of locally collected data and the recovery of the role played by the socio-environmental context in the production and reproduction of the disease, besides allowing the qualification of the health services for the control and surveillance of the disease.			X														X
ST75. Understand values, beliefs, and practices regarding health, communication patterns and family roles that are significant to family health.			X														
ST76. Improve job offers for young people and reduce their vulnerability.								X									
ST77. The author perceives the topic of inclusion as little worked in the scope of ProUni and suggests further studies in this subject.				X													

it continues

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Chart 4. continuation

Strategies proposed by studies	Sustainable Development Goals - SDGs																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
ST78. The high prevalence of giardiasis in children living in the settlement of landless people, even after treatment (64.3%), reinforces the need to identify the forms of contamination so that the treatment does not only work as a palliative measure.	X		X							X							
ST79. Defined inclusion criteria led to the establishment of a group that showed a diagnosis of malnutrition and nutritional risk in 42% of children and adolescents. This finding is relevant as it allows the prioritization of actions for the highest risk group.		X	X							X							
ST80. Adopt the IPVS application for a detailed view of the living conditions of the resident population in all the municipalities of São Paulo, identifying segments vulnerable to poverty.	X	X	X	X													
ST81. To train primary care professionals about the aspects of bioethics so that they can identify and face the ethical problems that emerge in the work context.	X		X														
ST82. Faced with the higher prevalence of iron deficiency anemia in schoolchildren in the poorest strata, (class D with 43%, C with 30%, E with 22% and B with 5%, suggests more effective intervention strategies that put the nutritional issue as a fundamental component of health promotion.	X	X	X														
ST83. In traditional Pakistani society, there is a culture of silence around sexuality, lacking control over their future and reproductive health. Discussion groups and other innovative initiatives based on understanding the needs of young people are required. Increasing self-identity and integrating women into decision-making, first with their parents and later with their husbands, should be promoted to every society.					X												

Source: own elaboration.

in this technical, ethical and political construction. In the world, and especially in Brazil, this challenge is monumental, with successive losses of financial resources for social areas, with Constitutional Amendment 95/17, and the degradation of the poorest strata of the population due to the loss of labor and pensions rights, labor insecurity and progress toward the logic of the interests of the international market. These policies clash head-on with the essential interests and rights necessary for the social production of health, since systematic, unnecessary and unfair differences increase.

Final considerations

In this complex setting that affects the most diverse social groups in the most different regions of the world, focal and disarticulated policies can hinder the achievement of SDGs. International agencies' concerns about poverty are of great

relevance, considering the right of access to land, basic sanitation, water, food, exploitation-free labor, access to health services and, above all, people's conscious and leading participation in their self-determination and in the control of the social determinants of health.

Many of these challenges have been addressed through fragmented and sectoral policies that lose the ability to provide concrete responses to vulnerable social groups around the world as they fail to address the structural causes of poverty and human exploitation, thus perpetuating this condition.

This overcoming involves establishing complex global priorities that are broken down into ethical and political decisions, such as eradicating world hunger and implementing peace policies, versus keeping global hegemony through military power and extermination policies.

Countries affiliated to the international movements and each citizen should above all support the movements for peace, prosperity, social and economic development and the self-sufficiency of developing countries, as well as the pathways of sustainable development to transform life for the better in the whole planet.

Collaborations

MA Freitas, ATR Mattos, WZ Gomes and MCGG Caccia-Bava also participated in all stages of the article's elaboration.

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