

POVERTY AND HUMAN DEVELOPMENT: GLOBAL STRATEGIES

Maria Helena Palucci Marziale¹

Isabel Amélia Costa Mendes²

The leaders of the 189 Member States of the United Nations and international organizations agreed, in 2000, to support the global development strategy known as "Millennium Development Goals" and pledged to comply with a series of development goals disposed on the Millennium Declaration. One of the established goals is to reduce the population who lives in extreme poverty, identified in 1990, by half.

This goal was originally defined in relation to an international poverty line of approximately one American dollar (US\$ 1.00) per capita/per day, according to American prices in 1985, which were converted to national currencies through purchasing power parity exchange rates.

Poverty is a social, economic and complex phenomenon, whose dimensions and determinants are numerous. But it can be defined as a set of income deficiencies and its reduction requires the combination of economic growth and reduction of social inequality.

The region of Latin America and the Caribbean registers the highest social inequality level in the world. In 1999, considering the international extreme poverty line, incidence levels varied from 0.2% in Argentina, Dominican Republic and Uruguay to a little more than 2.0% in Chile, Costa Rica and Panama, up to 18% in Ecuador and El Salvador. In Honduras and Bolivia it is above 26%. In 1999, only Bolivia, Ecuador, El Salvador, Honduras, Nicaragua and Peru had an incidence level of extreme poverty above 10%. In Brazil, the situation reveals surprising great growth demands given the stable inequality. The country needs to reduce its extreme poverty by two percentage points, which would take an estimated 48 years to achieve⁽¹⁾.

Simulations based on each country's performance (1990's) indicated that only seven from the 18 countries in these regions would manage to reduce the extreme poverty by half until 2015: Argentina, Chile, Colombia, Dominican Republic, Honduras, Panamá and Uruguay. According to estimates, the remaining 11 countries from Latin American and the Caribbean are not expected to reach this goal if their growth dynamics and inequality from the 1990's are repeated during the 2000 - 2015 period. These countries can be divided in two subgroups. The first subgroup is composed by those countries whose recent performance has led to increased poverty rates. These countries (Bolivia, Ecuador, Paraguay, Peru and Venezuela) will never reach the goal unless they change their trajectory, which is a source of great concern. The other six countries are those in which the reduction of inequity as well as growth have been extremely low in order to reduce the level of poverty by half in the next 15 years. However, they can eventually achieve this goal, provided that their performance from 1990 is kept. This intermediary group comprises Brazil, Costa Rica, El Salvador, Guatemala, Mexico and Nicaragua⁽¹⁾.

In a report, recently disseminated by the Secretary of Social Communication of the Presidency of the Republic, it is revealed that Brazil has achieved the planned goal by halving the country's extreme poverty ten years before the date established by UN. It means that 4.7 million of Brazilians left this condition between 1990 and 2005. The percentage of the Brazilian population in extreme poverty conditions was reduced from 9.5% in 1992 to 4.2% in 2005. In addition, the income of the poorest 10% increased 9.2% p.a. between 2001 and 2005⁽²⁾. However, the strategies to fight poverty need to be continued, implemented and enlarged in order to support the levels obtained and to improve the quality of life of a large number of Brazilians.

According to the national report of the millennium development goals⁽³⁾ follow-up, the reduced extreme poverty in the country is an effect of the interest rate reduction, since 2004, of the expansion of policies like the Family Stipend and the minimum salary increase, and the increased Social Security base salary and Continuous Cash Benefit Program - income transfer to poor disabled people and the elderly. The 1994 monetary stabilization is also related to poverty reduction, though it did not support its decreasing tendency: after a decrease for four continued years, poverty started to increase in 2001.

In view of the presented scenario, of the different policies adopted by Latin American and Caribbean countries to improve the distribution of resources to the most needy, the scientific community, playing its social role, has mobilized in order to give its contribution.

Thus, the Council of Scientific Editors has organized a joint publication by 219 journals of different areas of knowledge and regions in the world to simultaneously disseminate articles and editorials on poverty and human development today, October 22nd, in the hope the results of such research can contribute to the attainment of the millennium development goals.

The Latin American Journal of Nursing, engaged in this movement, stimulated researchers to elaborate and publish studies reporting the consequences of poverty for life, for the health-disease process and for human development, and organized a special issue (Rev Lat Am Enfermagem. 2007.oct,15, special v.), available as from October 22nd on the URL: www.scielo.br, which contains the editorial and 23 articles published in Portuguese, Spanish and English, aiming to support a reflection on adopted health practices, discerning the implementation of such results to diminish poverty and promote human development.

Next, we provide information on the articles that compose this special issue.

The evaluation of nursing practices in collective health in the context of poverty in the Amazon region is presented by a Canadian nurse, who describes her experience with people with leprosy and sex workers, who live in unsafe conditions in riverside communities.

Poverty coping strategies and their interface with health promotion, adopted by a community in the Northeast of Brazil, show an example of overcoming social exclusion and poverty coping.

A study on work environment and health risks to garbage collectors in a recyclable garbage cooperative from the South of the country is presented and shows that this activity has attracted an increasing number of people excluded from the formal job market. Such activity presents health risks to these people and peculiar standards of diseases and should, therefore, be included in public discussions and policies.

Poverty, as a predisposing factor to illness tendencies in sugar cane workers, is presented in an exploratory research structured on the ecological social theory, which identifies predisposing individual, social and environmental factors to illness tendencies of workers in one of the main sectors of the Brazilian economy, the agro industry. Fifty-five percent of sugar cane production is directed at alcohol production and this fuel has attracted the world's attention due to issues related to global warming.

The impoverished elderly population was approached in some of the studies that analyzed the situation of those who live in retirement institutions, shelters for the homeless, and also the quality of care delivered to octogenarians in the public health network and the epidemiological situation of tuberculosis in relation to socioeconomic characteristics. The results show the vulnerability of these old people due to fragile work and residence bonds, lack of family support, inadequate conditions of life, health and care delivered to the elderly in different Brazilian cities.

Woman's health was also analyzed in studies that evaluate the structure and process of delivery care, aiming to provide support to the formulation of public policies directed at human development. The results appoint problems related to the maternities' structure, the non-utilization of practices useful for normal delivery and the use of harmful or inefficacious practices. In order to change this situation, it is essential to offer quality care to women, with a consequent reduction of maternal and neonatal mortality rates, so that the country can reach the millennium goals established for improving human development.

Another study compared the profile of adolescent mothers of live born infants attended in public and private maternities. It was found that the users of the public system attended a smaller number of prenatal

consultations, had a lower level of schooling, higher parity, higher number of normal delivery, while there were a higher number of prenatal consultations, higher level of schooling and primiparity, and c-section was the most frequent type of delivery in the private system.

Cancer, poverty and human development were considered challenges to be overcome by nursing care in oncology, considering the demographic, epidemiological and sociocultural distribution of cancer in Brazil, since articulating care and actions necessary for prevention, early detection, treatment and rehabilitation in these situations requires knowledge not restricted to treatment only, but also including the needs inherent to socioeconomic and cultural factors.

The emotional reactions of a group of women from popular layers to breast cancer were also studied. The results indicate that stoicism was the most frequent emotional response among the patients analyzed. Literature shows that this reaction can contribute to a temporary reduction of stress but tends to hinder psychosocial adjustment to the disease and treatment.

Recent studies have emphasized the need to detail the impact of specific dimensions of the socioeconomic context which can work as risk factors regarding the use of drugs. Another part of this special issue is a study that verified the potential relationship between the use of psychoactive drugs in adolescence and socioeconomic level. The results show that, as opposed to common sense expectations, adolescents from middle/upper middle classes presented a significant higher usage percentage of alcohol, tobacco, cannabis and solvents, when compared to their peers from low/inferior low classes. These data suggest the importance of studies that seek to clarify potential influences of socioeconomic status on the consumption of drugs among adolescents.

Child and adolescent health was the theme of articles that approached health care in situations of domestic violence, childcare and in the nutritional context in the rural area. Studies with distinct populations of individuals with diabetes, leprosy, sexually transmitted diseases, AIDS and deficiencies are also part of this issue and bring important contributions for nursing care directed to people with a low socioeconomic profile and who face disabilities that can negatively affect their quality of life.

One of the articles focused on a bioethical reflection on the conception of poverty as a restricting and vulnerable condition or circumstance. Health and environmental rights in times of social exclusion are presented through a theoretical reflection that denounces the complex problems associated to social and environmental injustice in Brazil, which are materialized in the form of social exclusion and environmental degradation, compromising these rights and the possibility of a society's collective achievement. It can provide a relevant contribution in order to revert this situation.

It has been observed that the studies published in the Latin American Journal of Nursing contribute to the establishment of strategies that, coupled with political and economic actions adopted by poor countries, can help in the reduction of inequalities. The wealth of Brazilian and Latin American nursing is also highlighted in its constant search to assure of access to quality health care⁽⁴⁾

We end this text by appointing that, although Brazil has managed to reduce extreme poverty, there are still urgent problems to be fought in order to move towards the other goals established by the eight millennium development goals (eradication of hunger, promotion of gender equality, reduction of child mortality, combating AIDS and malaria, achieving universal primary education and ensuring environmental sustainability).

REFERENCES

1. Programa das Nações Unidas para o Desenvolvimento (PNUD), Comissão Econômica para a América Latina e o Caribe (CEPAL), Instituto de Pesquisa Econômica Aplicada (IPEA). Rumo ao objetivo do Milênio de reduzir a pobreza na América Latina e o Caribe. Santiago.Chile.2003
2. Brasil. Secretaria de Comunicação Social da presidência da Republica. Brasil reduz pela metade extrema pobreza. Em questão. Nº 541. Brasília(DF), 31 de agosto de 2007. Disponível em: www.brasil.gov.br/emquestao/

3. Brasil. Presidência da República. Objetivos de desenvolvimento do milênio: relatório de acompanhamento. Coordenação: Instituto de Pesquisa Econômica Aplicada e Secretaria de Planejamento e Investimentos Estratégicos. Brasília : Ipea, SPI, setembro 2007. 152p.

4. Mendes Isabel Amélia Costa. A saúde no Brasil e América Latina: as metas do milênio da ONU e o papel da enfermagem. Rev. Latino-Am. Enfermagem [periódico na Internet]. 2004 Dez [citado 2007 Set 10]; 12(6):845-850. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692004000600001&lng=pt&nrm=iso.