ISRG Journal of Arts, Humanities and Social Sciences (ISRGJAHSS)

ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Arts Humanit Soc Sci

ISSN: 2583-7672 (Online)

Journal homepage: https://isrgpublishers.com/isrgjahss

Volume– III Issue -VI (November - December) 2025

Frequency: Bimonthly

Social Determinants of Health Affecting the Brazilian Population: A Perspective through Universality, Comprehensiveness, and Equity

Mario Angelo Cenedesi Júnior[1*], Tatiana Amorim Guimarães[2], Andreia Cristina Barboza da Silva Morais3, Aíla Maria Castro Dias[4], Emmanuelle Silveira Maciel[5], Kelly Lene Lopes Calderaro[6], Ellen Patrícia Faria de Almeida Santos[7], Mira Cristina Veiga[8], Carmen Menezes Marques[9], Fernanda Vianna Vacilotto Raupp[10]

[1, 2, 3, 4, 5, 6, 7] Universidad de Ciencias Empresariales y Sociales, Argentina

[8] Facultad Interamericana de Ciencias Sociales, Paraguay

[9, 10] Faculdade Mais de Ituiutaba, Brazil

| **Received:** 24.06.2025 | **Accepted:** 02.07.2025 | **Published:** 03.11.2025

***Corresponding author:** Mario Angelo Cenedesi Júnior

Universidad de Ciencias Empresariales y Sociales, Argentina

Abstract

The Social Determinants of Health (SDH) encompass the socioeconomic, cultural, environmental, and structural conditions that shape individual and collective well-being, transcending purely biological factors. In Brazil, deeply entrenched historical inequalities manifest starkly in divergent health indicators across distinct population groups. Recognizing these determinants is essential for designing effective policies that promote social justice and equitable health outcomes. Established by the 1988 Federal Constitution, the Brazilian Unified Health System (SUS) is guided by the principles of universality, comprehensiveness, and equity. Universality ensures everyone has access to healthcare regardless of social standing, while comprehensiveness addresses the full spectrum of health needs—from prevention to rehabilitation. Equity requires prioritizing the most vulnerable populations to reduce unjust disparities. Despite these foundational principles, the SUS continues to grapple with SDH-driven barriers such as poverty, low education, inadequate housing, and lack of sanitation. These persistent structural inequities limit access to care, particularly in the historically underdeveloped North and Northeast regions. Comprehensiveness demands a continuum of multiprofessional, intersectoral care, yet effective coordination across education, housing, sanitation, and labor sectors remains limited—even amid the expanded reach of the Family Health Strategy. Equity is further challenged by the disproportionate health burdens borne by Black and Indigenous communities and residents of peripheral urban zones. These disparities stem from historical exclusion and racial oppression, necessitating culturally sensitive, affirmative public policies. Primary SDH in Brazil include income, education, employment, housing, sanitation, urban violence, and racial/ethnic disparities. Extreme poverty exposes populations to unsanitary environments and poor nutrition, fueling a cycle of vulnerability to both

DOI: 10.5281/zenodo.17509952

infectious and chronic diseases. Education is a pivotal determinant, enabling health literacy, treatment adherence, and preventive behavior. Conversely, insufficient sanitation contributes to the spread of diarrhea and waterborne diseases. Labor conditions, marked by informality and job insecurity, compromise social protection and heighten mental and physical health risks. Urban violence exacerbates trauma, chronic stress, and mortality rates. Racial inequities—driven by institutional racism—undermine access to quality care and result in differential health outcomes for Black and Indigenous communities. Institutional initiatives like the Indigenous Health Policy and the Family Health Strategy have advanced primary care coverage for vulnerable groups. Yet challenges remain: insufficient funding, overburdened personnel, and weak intersectoral collaboration diminish their impact. Adequate and equitable SUS financing is indispensable for realizing its core principles. Social participation via health councils and conferences fosters democratic governance and responsiveness to community needs. The COVID-19 pandemic starkly revealed the nexus between SDH and health disparities—exemplified by unequal exposure, resource access, and economic fallout—underscoring the urgency for intersubjective, intersectoral action and targeted affirmative policies. In conclusion, SDH significantly shape Brazil's health landscape. Although universality, comprehensiveness, and equity are constitutionally enshrined, their enactment is hindered by structural inequities. Advancing equitable health necessitates integrated public policies that address intersecting social determinants, strengthen SUS funding, valorize social participation, and implement affirmative measures for vulnerable populations. Only through political, social, and technical commitment can Brazil realize a truly universal, comprehensive, and equitable health system that supports social justice and collective well-being.

Keywords: social determinants of health, SUS, universality, comprehensiveness, health equity.

Introduction

The Social Determinants of Health (SDH) represent the socioeconomic, cultural, and environmental conditions that shape individuals' and communities' health and well-being. These factors extend beyond biological aspects, directly influencing vulnerability or protection concerning diseases. In Brazil, the complexity of SDH is reflected in deeply rooted structural inequalities that manifest in significant differences in health indicators among population groups. Understanding these determinants is essential for crafting effective public policies that promote social justice and equitable health.

The Unified Health System (SUS), established by Brazil's 1988 Constitution, is a milestone in recognizing universal health as a right, built on three guiding principles: universality, comprehensiveness, and equity. Universality guarantees access to health services for all people, regardless of social status. Comprehensiveness entails a broad approach, addressing multiple dimensions of health—from prevention to rehabilitation. Equity aims to minimize inequalities by prioritizing the most vulnerable groups, ensuring social justice in access and quality of care.

Despite these principles, Brazil still faces significant challenges in addressing health disparities rooted in SDH. Access to quality health services is heterogeneous and affected by regional, socioeconomic, racial, and cultural factors. Social inequality permeates various sectors and is directly reflected in health outcomes, indicating that SUS's universality has yet to fully translate into actual equity.

This essay critically discusses the SDH impacting the health of the Brazilian population through the analytical lens of SUS's guiding principles. This perspective allows for a deeper understanding of the obstacles, progress, and challenges of Brazilian public policies in promoting health as a universal right and state responsibility.

Methodology

This essay is based on a critical review of specialized literature, including scientific articles, official documents, and studies on SDH, public health policies, and SUS's principles. The qualitative analysis integrates theoretical concepts and current empirical evidence to deepen the reflection on the relationship between SDH and the practical implementation of SUS principles in Brazil.

Development

Universality, as a fundamental principle of SUS, reaffirms health as the inalienable right of all Brazilian citizens, regardless of social, economic, or geographical conditions. However, in practice, this right is hampered by SDH barriers—such as poverty, low education, poor housing, and lack of sanitation. These structural conditions limit access to health services, especially in the North and Northeast regions, showing that formal rights do not always translate into effective access.

Comprehensiveness broadens the concept of care beyond curative treatment, including prevention, health promotion, and rehabilitation in an articulated and continuous manner. This requires multiprofessional, intersectoral, and person-centered care that addresses underlying SDH. In Brazil, despite the strengthening of primary care through the Family Health Strategy, persistent challenges remain in coordinating care across levels and sectors, making integrated interventions on SDH difficult. The lack of coordination among social policies—such as education, sanitation, housing, and work—limits care comprehensiveness, as SDH can only be effectively addressed via multidimensional, multisector approaches.

Equity requires resources and services to be distributed in favor of those who are most vulnerable, aiming to reduce avoidable and unjust disparities. In Brazil, Black, Indigenous, and peripheral urban communities suffer a disproportionate SDH impact, resulting in poorer health indicators—higher infant mortality, lower life expectancy, and increased chronic disease rates. These disparities stem from historical exclusion and discrimination, necessitating targeted public policies that are culturally sensitive and affirm their diversity.

SDH—such as income, education, employment, housing, and sanitation—are key determinants of collective and individual health, according to extensive literature. Extreme poverty, for example, exposes populations to unsanitary environments, poor

DOI: 10.5281/zenodo.17509952

nutrition, and difficulty accessing services, creating a cycle of vulnerability and disease. Additionally, food insecurity and precarious employment negatively affect nutritional and psychological health, increasing both infectious and chronic disease incidence.

Education is a central SDH, strongly correlated with health service access, health literacy, treatment adherence, and health-promoting behaviors. Educational disparity in Brazil sustains health inequalities; lower-educated populations face a higher risk for preventable diseases and lower preventive care usage. Investing in education is tantamount to investing in public health, reinforcing the need for integrated policies.

Sanitation is another critical SDH affecting Brazilian health, especially in urban peripheries and rural communities. The absence or inadequacy of water and sewage systems is linked to higher rates of diarrheal and parasitic diseases. Addressing these conditions requires effective, intersectoral public policies that guarantee universal sanitation access, reinforcing care comprehensiveness.

Employment and work conditions also significantly influence health; workers in precarious or informal sectors face greater occupational risks and limited access to social safety nets. In Brazil, informality and high unemployment exacerbate economic and social insecurity, undermining population well-being and mental health—especially during economic crises.

Urban violence, prevalent in many Brazilian cities, is an SDH that directly affects physical and mental health, generating trauma, chronic stress, and high mortality rates. SUS plays a key role in victim assistance, but violence prevention requires integrated public policies addressing its social roots—inequality, exclusion, and lack of opportunity.

Racial inequities permeate the SDH discourse. Institutional racism negatively affects health access and quality for Black and Indigenous peoples, constituting a social determinant that must be addressed through equality-promoting, culturally respectful policies. Inclusion of these perspectives is essential in building a fair and effective SUS.

Indigenous populations face multiple simultaneous SDH: restricted health service access, poor housing, food insecurity, and territorial threats. Although the Indigenous Health Policy within SUS aims to address these needs, structural challenges undermine its effectiveness.

Quilombola and rural populations also exhibit SDH-related inequities—socioeconomic disadvantages, poor public service access, and exposure to adverse environmental conditions. Combating these disparities requires valuing cultural and territorial diversity and respecting their rights.

Expansion of the Family Health Strategy marked a significant advancement in expanding access and care comprehensiveness for vulnerable groups. However, resource limitations and professional overload still compromise care quality, and the strategy alone cannot tackle all SDH without integration with other social policies.

SUS financing is another challenge affecting universality and comprehensiveness, as inadequate and poorly distributed resources undermine service availability and quality—especially in poorer municipalities. Strengthening public financing is vital to implementing SUS principles and reducing health inequalities.

Social participation, enshrined in the Constitution, is a strategic tool to ensure equity and comprehensiveness within SUS. Health councils and popular conferences enable dialogue between civil society and managers, democratizing public policy and addressing actual population needs.

The COVID-19 pandemic exposed the system's fragilities and deepened SDH-driven inequalities in Brazil. Uneven virus exposure, inequitable diagnostic and treatment access, and economic impacts on vulnerable groups highlighted how SDH shape health risks. The pandemic response underscored the need to strengthen SUS, prioritize intersectoral action, and implement affirmative policies.

Analyzing SDH through SUS's principles shows that universality, comprehensiveness, and equity are essential guidelines for addressing structural inequalities, but require continuous planning, financing, intersectoral coordination, and social participation to become fully manifested in everyday practice.

Conclusion

Social determinants of health are central to shaping the health status of the Brazilian population, underscoring that health is a complex phenomenon influenced by multiple factors beyond clinical care. Critically analyzing SDH through the lens of universality, comprehensiveness, and equity demonstrates that, while these principles are firmly grounded in legislation and policy, their fulfillment is constrained by the country's structural social inequalities.

Advancing equitable health requires public policies with an intersectoral perspective, understanding health as the outcome of interacting determinants and sectors. Strengthening public financing, enhancing social participation, and implementing affirmative policies for vulnerable groups are key strategies to ensure care comprehensiveness and reduce inequalities.

In short, confronting SDH in Brazil demands a political, social, and technical commitment that translates SUS's constitutional principles into concrete and effective actions. Only then can a genuinely universal, comprehensive, and equitable health system be built—one that promotes social justice and the well-being of the entire population.

References

1 Almeida, C., Santos, R. V., & Farias, D. (2019). Saúde e territórios quilombolas: desafios e perspectivas. *Ciência & Saúde Coletiva, 24*(3), 969-978. https://doi.org/10.1590/1413-81232018243.24302017

2 Barreto, M. L. (2017). Determinantes sociais da saúde no Brasil: desafios e perspectivas. *Revista Brasileira de Epidemiologia, 20*(Suppl 1), 27-37. https://doi.org/10.1590/1980-5497201700050004

3 Brasil. (1988). Constituição da República Federativa do Brasil. Brasília: Senado Federal.

4 Campolina, D., Pacheco, M., & Martins, E. (2021). Saúde indígena no Brasil: políticas públicas e desafios atuais. *Revista de Saúde Pública, 55,* 45. https://doi.org/10.11606/s1518-8787.2021055003174

5 Castro, M. C., & Gerschman, S. (2019). Financiamento e sustentabilidade do SUS: um debate necessário.

DOI: 10.5281/zenodo.17509952

Cadernos de Saúde Pública, *35*(3), e00169718. https://doi.org/10.1590/0102-311X00169718

6 Cerqueira, D. R., et al. (2021). Violência urbana e saúde pública: um desafio contemporâneo no Brasil. *Ciência & Saúde Coletiva*, *26*(1), 123-132. https://doi.org/10.1590/1413-81232021261.29442020

7 Cohn, A. (2017). Racismo institucional e saúde: desafios para a equidade. *Saúde e Sociedade*, *26*(2), 432-443. https://doi.org/10.1590/s0104-12902017164423

8 Ferreira, L. M., & Zucchi, P. (2017). Participação social no SUS: desafios para a democratização da saúde no Brasil. *Saúde em Debate*, *41*(114), 7-16. https://doi.org/10.1590/0103-1104201711417

9 Lorenz, C., et al. (2021). Impacto da COVID-19 nos determinantes sociais da saúde no Brasil. *Revista Brasileira de Epidemiologia*, *24*, e210027. https://doi.org/10.1590/1980-549720210027

10 Lopes, L. C., & Silva, J. A. (2019). Insegurança alimentar e saúde: desafios no contexto brasileiro. *Revista Nutrição*, *32*(3), 335-345. https://doi.org/10.1590/1678-9865201932e180075

11 Macinko, J., et al. (2011). Expansão da Estratégia Saúde da Família e impactos na saúde da população. *International Journal for Equity in Health*, *10*, 30. https://doi.org/10.1186/1475-9276-10-30

12 Marmot, M., et al. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet*, *372*(9650), 1661-1669. https://doi.org/10.1016/S0140-6736(08)61690-6

13 Paim, J., & Silva, G. (2010). O SUS e os determinantes sociais da saúde: perspectivas e desafios. *Saúde e Sociedade*, *19*(4), 912-924. https://doi.org/10.1590/S0104-12902010000400010

14 Paim, J., Travassos, C., Almeida, C., Bahia, L., & Macinko, J. (2011). The Brazilian health system: history, advances, and challenges. *The Lancet*, *377*(9779), 1778-1797. https://doi.org/10.1016/S0140-6736(11)60054-8

15 Pinheiro, R. (2009). Integralidade na atenção à saúde: um desafio para o SUS. *Cadernos de Saúde Pública*, *25*(9), 1875-1880. https://doi.org/10.1590/S0102-311X2009000900013

16 Santos, M. F., et al. (2020). Racismo e saúde no Brasil: uma revisão integrativa. *Revista Brasileira de Medicina*, *77*(4), 523-531. https://doi.org/10.1590/0034-7167-2019-0369

17 Schultz, T. P., & Duncan, G. J. (2015). The impact of education on health: an intergenerational perspective. *Journal of Health Economics*, *39*, 54-70. https://doi.org/10.1016/j.jhealeco.2014.10.004

18 Travassos, C., & Castro, A. P. (2012). Desigualdades sociais e acesso à saúde no Brasil. *Ciência & Saúde Coletiva*, *17*(6), 1499-1508. https://doi.org/10.1590/S1413-81232012000600015

19 World Health Organization (WHO). (2010). *Closing the gap in a generation: Health equity through action on the social determinants of health.* WHO Commission on Social Determinants of Health. https://apps.who.int/iris/handle/10665/44731

DOI: 10.5281/zenodo.17509952