E L A C P r o j e c t

Inequalities in Health based on Living Conditions:
Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

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June 1999
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Logo design "Building blocks", on the cover
Research Coordination/Graphic Design Unit

Cover design and composition
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Inequalities in Health based on Living Conditions:
Analysis of Scientific Output in Latin America and the Caribbean

Naomar Almeida-Filho

INTRODUCTION

Disparities in living conditions and health levels among geographic areas and social groups are widening in all the countries of the world, and more intensively in the underdeveloped countries (WHO, 1995, 1996). An important prospective document entitled State of the Future Report lists social inequalities among the fifteen urgent problems that are compromising the future of humanity and warns that “the gap in living standards between rich and poor promises to become more extreme and divisive” (Millenium Project, 1997). In the health area the process is so visible and intense that the World Health Organization, in conjunction with the Swedish International Development Authority (SIDA), recently launched a global initiative “to promote and support practical policies and action to reduce avoidable gaps in health and health care” (WHO, 1996).

Meanwhile, despite their high priority on the agenda of international organizations and national health institutions, measures to narrow these gaps have come up against, among other conditions, a lack of basic information on inequalities in health and health care. In addition, proposals for action to change health situations in the direction of more equity are hampered by a relative lack of theoretical frames of reference and methodological models that are at the same time epistemologically consistent, politically coherent and operationally workable.

The purpose of this paper is to examine the scientific output in the broad thematic field of studies of living conditions and health situations in the countries of Latin America and the

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1 Working paper commissioned by the Pan American Health Organization, Division of Health and Human Development. The author wishes to thank Prof. Jairnilson Paim of ISC-UFBA and Dr. Norberto Dachs of PAHO for their invaluable comments and criticisms on earlier versions of this text.

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The purpose of this paper is to examine the scientific output in the broad thematic field of studies of living conditions and health situations in the countries of Latin America and the Caribbean. To account for the distinctive features of scientific production in less developed regions, the studies of interest were defined in broad terms, and include at least the following categories:

a) Studies of an epistemological and conceptual nature that address the complex issues of equity and inequity in health, including their possible definitions and how they relate to the living conditions.

b) Research to generate empirical evidence on the relations between mortality and morbidity, on the one hand, and the socioeconomic status of population groups, on the other.

c) Studies of the relations between the social situation, the health situation and the forms and models of health care, including structural categories of the determining historical-social processes, such as gender, ethnic group, social class, generation, etc.

d) Investigations of social responses in the field of health practices, including the professional and community sectors, chiefly individual and collective health care services and their relations with social differences, inequalities, equity and inequity, and living conditions generally.

**Methodology**

The first phase of the study comprised an exhaustive review of studies done on the subjects of interest, mainly those published as articles in scientific periodicals, technical journals, books, chapters in collective books, graduate theses and dissertations, etc. Papers presented at congresses, symposia and other scientific meetings were considered only if they were included in annual reports or collections of abstracts or when the full texts were available. Also included were unpublished papers produced in limited editions for restricted or local circulation, of which copies could be obtained.

These reference materials were identified in the first instance in consultations of computerized bibliographical databases (Medline, LILACS, and the Documentation Centre on Socioeconomic Inequalities in Health). In addition, authors cited in the bibliographical databases and other researchers cited by the DSDH staff at PAHO were contacted directly by e-mail and invited to update their lists of references and to provide new ones and other authors. In a snowballing process, the bibliographies provided in the collected papers also served as sources for the identification of fresh references.

The papers so collected became a special collection of the Library of the Institute of Collective Health at UFBA and the embryo of a future Documentation Center on Health

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3 This is a segment of a wider initiative, with the literature in the industrialized countries as another component, undertaken by a team of researchers at the University of North Carolina at Chapel Hill.
Inequities for Latin America and the Caribbean. The effort to add fresh references and obtain printouts, originals and copies is continuing in face of the difficulties imposed by communications problems within the region of Latin America and the Caribbean. The present analysis was made when the number of references in the database passed the 250 mark. These references were catalogued and classified by geographic origin, author, complete references, published form and other particulars by which they could be identified and retrieved. This was done with a software program called Endnote Plus 2.3.1 (Niles & Associates, Inc., 1997) for reference indexing and bibliographical classification, which can cross-reference information of interest for the proposal here considered.

In the second stage all the papers were examined, mainly to identify a possible line of research on the basic themes of this initiative. Individual summaries of the collected reports and documents were produced with a view to a “qualitative metanalysis” of this body of research following the analytical model, described farther on, on the relations between living conditions and health from the standpoint of social and structural inequalities.

To this end the compiled papers were classified, evaluated and analyzed in relation to three basic components:

e) concepts and definitions relating to the semantic series inequality-inequality-iniquity;

f) methodological aspects of the empirical studies reviewed;


g) principal trends, gaps, new issues raised, and models to explain the determination and effects of inequalities on the health situation.

**Inequality as Subject and Concept**

The publications in the database were evaluated for this specific aspect in accordance with their respective narrow thematic definitions. This involved firstly finding out how the authors of papers offering some contribution to the theory construction process question the conceptual or doctrinal issue, especially with regard to the distinctions postulated among the key concepts of difference, diversity, inequality, inequity, iniquity, heterogeneity, etc. Secondly, the evaluation included an exploration of the explicit and implicit ways in which the researchers stated the problems of inequality: that is, a determination of their empirical handling of the categories of social inequality in health.

**Methodological Aspects of the Studies**

Firstly, the papers were evaluated in keeping with the research strategy employed. As a working definition for the present analysis, the research strategy consists of a general research plan that includes stages, decision-making rules, field movements and procedures, and data collection and analysis techniques. Secondly, the methodology of each study was evaluated to identify the data-generation techniques and the data sources included in the

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4 At this writing (May 1999) the database comprises 382 bibliographical references altogether.
research strategy. Lastly, the data analysis techniques used in each study were evaluated and classified as descriptive, graphic, linear models, nonlinear models, hermeneutic techniques, or others.

In this particular respect the indicators of inequality, inequity and iniquity were given special treatment in order to identify the family of measurements employed, classed as follows:

i) **First-level direct indicators** (simple measurements of parameters, e.g., income, consumption pattern, schooling, occupation, infant mortality; composite measurements of parameters, e.g., SES, IDH, social class).

ii) **Parameter trend indicators** (e.g., variations in income, annual variations in infant mortality).

iii) **Indicators of inequality** (Lorenz curves, Gini’s coefficient, indicators of relative inequality: ratios of the means of extreme values, ratios of the medians of extreme clusters, ratios of the decile medians).

iv) **Second-level direct indicators** (measurements of the trend of and relations among inequality indicators, measurements of inequity in determinants, measurements of inequity in outcomes).

**Trends and Explanatory Models**

The first step was to evaluate, based on the analysis of the compiled materials, the leading trends in the general findings of the studies on the connection between inequality and health in the hemisphere. Special attention was given to the nature of the hypotheses tested, their articulation with the theoretical frames of reference of the studies done and, in particular, the avenues opened up for future research. Finally, the structure and form of the models devised to explain the theoretical-methodological integration of the thematic area were studied. This procedure raised the question about the roots of inequalities, expressed acutely by Nancy Kreiger (1994) as “has anyone seen the spider?”, referring to the determinants of the epidemiologic “web of causality”. To this end, on the basis of the examination of the objectives of the compiled papers, a study was made of the indicators of the predominant role of the following theoretical frameworks:

**Type I—Functionalist socioepidemiological models**: theoretical frameworks that explain social and economic inequality essentially as a risk factor and account for its effects by means of differential exposition in terms of pathogenesis and of unequal access to social and health resources. They are associated with social theories of consensus of essentially positivist provenance.

**Type II—Marxist socioepidemiological models**: based on social theories of conflict and contradiction, these are structural models that rely preferentially on dialectical processes of the social production of pathology. They come in two variants that differ on the primacy accorded to different elements of basic theory: a) the work process, and b) the epidemiological profiles of classes.
**Type III—Ethnoepidemiological models:** explanatory models grounded in an analysis of the living conditions and social reproduction processes of daily life and incorporating qualitative, subjective and contextual heterogeneities. These models question symbolic systems, and analyze differences in the health situations of ethnic groups, genders, reproduction, family social networks and, in parallel, relationships between classes.

**INEQUALITY-INEQUITY-INIQUITY AS CONCEPTS**

The definition of basic concepts is an elementary epistemological principle in the framing of scientific questions, particularly in the situations of excessive ambiguity and terminological confusion that usually arise in the opening stages of any scientific program. This also applies to the analysis of health situations on the basis of economic and social inequalities. We must therefore systematize our efforts to define terms and concepts that bear on the question of inequalities in health, with a special focus on the Latin American literature in the area of public health.

In our hemisphere, attempts to clarify shades of meaning in inequality and related concepts have reflected similar efforts made in other regions — primarily in Europe, in which the point of departure is mainly a treatment of the positive notions of equality and equity. Whitehead’s book (1991) summarizes the principal conceptual aspects of the European debate on these subjects, which has made it the preferred source for conceptual discussion among Latin American researchers. In Whitehead’s basic premise, equity in health implies that, ideally, everyone should have a fair chance to realize all his or her health potential and, more pragmatically, that no one shall be at a disadvantage in realizing that potential, if this can be avoided. In practical terms this implies a reduction of differences in health and in access to health services to the lowest possible level.

In the narrow sphere of health services, Whitehead (1991) says that the concept of equity has three components:

a) equal access to available services for equal need;

b) equal use for equal demands;

c) health services of the same quality for all.

From this explicitly pragmatic starting point the author defines “equity” in reference to two antonyms: inequality and inequity. As will be seen further on, this polysemy causes problems of translation into the leading languages of Latin America. For Whitehead, in any case, the first term — inequality — connotes systematic major and avoidable differences among the members of a given population, and is sometimes used in a purely mathematical or epidemiological sense. The second term — inequity — connotes differences and variations that are not just needless and avoidable but unfair and unjust as well.

In part to resolve this ambiguity but also in response to the danger of depoliticizing a necessarily political issue, the official documents of PAHO-EURO for the SPT-2000 program are already advocating dropping the theme of inequalities and settling on the
meaningful pair of "equity-inequity" (WHO, 1995). In this debate, Whitehead's book also sought to help give effect to the definition of inequity at the levels of health through a leading criterion for identification of the level of injustice inherent in the imposition of risks in all but two situations: a) voluntary exposure (risk-taking behavior, hazardous sports) and b) unavoidable risk (age, sex, genetics).

Along this conceptual line Ossanai (1994) refers back to Socrates and Plato (in the Republic) to reflect on the nature of justice as a paramount function of government. He refers to the philosophy of Aristotle, in which justice involves redistribution and compensation, and identifies the Nichomachean Ethics as the source of two concepts that still underlie the modern concept of equity: horizontal equity (equal treatment for equals) and vertical equity (unequal treatment for unequals). The author comments that in medieval scholasticism the religious orders, in their vocation for care of others, preached equity as a divine gift transmitted through men as the effect of acts of justice, love, charity and mercy.

As a contribution to reflection on inequity in the supply of health services, Ossanai reviewed the salient concepts of equity as they are used in the present-day debate on the nature of social policies, which is taking place chiefly in the field of economics:

1) equal opportunity for all;
2) equal access to goods and services for all;
3) distribution in accordance with need;
4) the same levels of living and health for all;
5) equal servicing of demand (he remarks that this tends to aggravate differences);
6) priority for the problems of the majority;
7) the equal sharing of costs and risks among all;
8) distribution designed to reduce "envy";
9) an essential minimum of basic services (with equitable distribution thereof).

Finally, the writer identifies an essential incompatibility between "equity" and "efficiency," a standard distribution of services being more efficient (it favors wide coverage at low cost) and less equitable. Nevertheless, in his view:

It becomes necessary to sacrifice some efficiency for the sake of greater equity, just as local community participation has to be balanced by the overall vision and direction needed to detect and correct inequalities between communities (Ossanai, 1994: 11).

Metzger (1996) continues the terminological discussion, pointing out that inequality is a purely descriptive term "that makes no moral judgments." Moreover, he notes that "inequidad" — a direct translation from the English "inequity" — does not exist either in Spanish or in Portuguese (both languages have the term "iniquidad," in the sense of injustice). However, he proposes the adoption in Spanish of the Anglicism "inequidad" to convey the meaning of inequality with iniquity, or unjust inequality.
In an avowedly descriptive approach, Metzger also endeavors to compile the different definitions of equity, and to Ossanai's list adds the following:

10) rights deriving from legal modes of acquisition: inheritance, savings, and redistribution by government;

11) a "decent minimum," or basic standard that should be accessible to all;

12) freedom of choice — more options than needs.

This writer also considers the existence of two modal situations of inequity: on the one hand, inequity as such — a situation that is "inequitable" relative to an ideal, and, on the other hand, relative inequity, or a situation that is "inequitable" relative to that of other individuals. Finally, Metzger proposes desirable attributes of indicators of inequity: validity, appropriateness to the problem, sensitivity to change, specificity to the problem, ability to acquire important information, simplicity and comprehensibility, objectivity.

On the subject of the relationship between equity and justice, Chilean physician Carlos Montoya (1997) finds that "health" is contained in the category of natural rights because "equity" comes under the heading of "civil rights." To his way of thinking, society rests on a "social contract" precisely to avert distortions stemming from inequalities of power and to prevent those inequalities from turning into iniquities. He proposes a concise definition of equity:

"a form of distribution of goods that satisfies the just claims of each individual" (Montoya, 1997: 7).

In an effort to justify this definition, the writer identifies two types of goods: ends and means, and two types of rights: natural rights and civil or socioeconomic rights. Finally, in his view equality-inequality "is a property of the group as a whole" and does not apply to its individual members.

Requena (1997) is also willing to treat equity as a value, and asserts that values are polarized, ranked qualities. Hence for him the quest for equity in health entails the rectification of its opposite, which is inequity. Expanding on this analysis, he observes that

Equity is the principal value among those on which the right to health rests ... (It) expresses an ethical stance to the government's responsibility to deliver health for all ... presupposes the necessary presence of other values, such as solidarity, and is incompatible with neoliberal individualism and business competition. Finally, of all reforms in social security, equity finds its most extreme expression in the health sector, for it relates to "distribution of the right to life" (Requena, 1997: 3).

It is, however, Jaime Breilh (1996, 1997, 1998) who makes the most systematic presentation of this terminological and conceptual discussion, with an approach that he calls "the perspective of the powerless." As will be seen farther on, for many years Breilh had been noted as one of the leading proponents of the "epidemiology of the social classes," in which he asserted the primacy of social reproduction processes as the major determinant of the epidemiological profile of a social class (Breilh, 1989). Today, Breilh (1997, 1998) considers that the key problem is inequity, because it is
integral. It not only pervades the work place and the market to which we are constrained to turn to obtain our vital necessities, but percolates through every corner of our lives, affects our daily affairs and fundamental relationships such as those between the genders, and takes possession of the realm of cultures. (Hence) the need for an epidemiology of inequity ... (Breilh, 1997: 3).

For the author this does not reduce the decisive role of the processes of social class formation in the health situation, because the central object of general epidemiological knowledge is still “the study of the social relations that generate and condition inequity.” From this standpoint, though he acknowledges the influence of gender inequalities and the “ethnocultural” diversities, they must in his view be considered “as they interrelate with the social relations of classes” (Breilh, 1997: 18).

Regarding the definition of terms in particular, Breilh (1998) proposes a series of categories linked in a theoretical framework centered on the key concept of “inequity.” Starting with the category of “diversity” defined as variation in characteristics, differentiation without dimensionality (for example, gender, ethnic affiliation, culture, nationality, generation) the writer notes that, in a setting of equity,

diversity is a fruitful, enriching characteristic, with potential for good, because relations between the genders, ethnic groups and age groups are relations of solidarity and cooperation... But whenever in history inequity has reared its head, that is, the appropriation of power and its concentration in some classes, either of the genders and a few ethnic groups, diversity, instead of being a force for human advancement, becomes a vehicle for exploitation and subordination (Breilh, 1998).

The writer implicitly adopts the Anglicism “inequity” as the basic concept that connotes the fundamental process by which injustices, that is, the social injustices that determine inequalities, are generated. Thus the “inequality” category is the observable “typical group” expression of inequity in

expressing a contrast — in a characteristic or measurement — produced by inequity. Examples are wage inequality between social classes or between genders, which corresponds to inequity in the economic production and distribution process, and inequality of access to a health service between those classes, between ethnic or national groups, or between men and women, which corresponds to inequity of the market and in the distributional performance of government (Breilh, 1997).

In short, for Breilh “inequity,” an analytical category that marks the essence of the problem of the distribution of goods in society, is different from the empirical evidence for it that is “inequality.” The notion of “desigualdad” is equivalent to the English inequality and the French inégalité, and hence relates to the sphere of consumption, whereas “injustice or inequity (spelled with an “i”) of access is an exclusion from enjoyment, a gap in the quality of life, and inequity (spelled with an “e”) is lack of equity, that is, the inherent characteristic of a society that prevents realization of the common good ...” (Breilh, 1998).
The last category remaining to add to complete the significant series considered in the present paper is "difference," which conveys a combination of diversity and inequity, as expressed in the sphere of the individual. In Breilh's frame of reference this category has two forms: on the one hand, in a setting of social equity, the differences in health among individuals are essentially genophenotypical, whereas in settings of social inequity these differences would imply essentially unequal patterns of deterioration of personal health.

Breilh's theoretical statement of the problems of inequity in health may be summarized as shown in the diagram below:

<table>
<thead>
<tr>
<th>Context</th>
<th>Genesis (Mode of emergence)</th>
<th>Expression Setting</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solidarity</td>
<td>Diversity</td>
<td>Equality</td>
<td>Difference</td>
</tr>
<tr>
<td>Concentration</td>
<td>Inequity</td>
<td>(in diversity)</td>
<td>(genophenotypical)</td>
</tr>
<tr>
<td>(accumulation of power)</td>
<td></td>
<td>Inequality</td>
<td>Difference</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(unequal deterioration)</td>
</tr>
</tbody>
</table>

Some of the contributions of the authors cited above can be used to establish a terminology with which to build a practical common semantic matrix for the present research proposal. To this end I would like to propose the following relevant definitions:

a) *Diversity*: variation in characteristics, undimensional differentiation (for example: gender, ethnic affiliation, culture, nationality, generation) in the collectivity or population. By configuring semistructured and nonstructured research problems, diversity can be addressed empirically through nominal types and variables.

b) *Inequity*: dimensional differentiation in the collectivity or population; may be expressed through indicators as "empirical evidence of inequity."

c) *Difference*: the expression of effects of diversity and inequality in individuals. These effects can be reflected in indicators of cumulative occurrence, for example, epidemiological measurements of risk.

d) *Inequity*: denotes needless and avoidable differences and variations that are regularly present in human populations and aggregates. Methodologically, this requires the development of second- and third-tier indicators to assess their character relative to or compared with intragroup heterogeneities.

e) *Iniquity*: inequities that are not only avoidable, but iniquitous as well (unfair, shameful and unjust) resulting from social injustice in the presence of diversity, inequality or difference.
RESEARCH ON INEQUITY AND HEALTH

The research on relations between inequity and health carried out in Latin America and the Caribbean is concentrated mainly in five countries (Argentina, Brazil, Chile, Ecuador and Mexico), which together account for more than 60% of the papers compiled. The data indicate that Brazil accounts for more than one third of this published literature, which, however, must be viewed in light of the fact that the present study was done at a university in Brazil; this facilitated access to and the collection of papers generated in this country, which was bound to skew the findings on their distribution among countries. Because of this, the analyses that follow will seek primarily to compare the profiles for distribution of the literature rather than the quantitative figures for its production in the different countries. Even so, the relative rankings of the countries in terms of research production, with Brazil, Mexico and Chile considerably ahead of the others, are found to be consistent with findings based on more extensive databases (Pellegrini Filho, 1992).

Frames of Reference for Inequity

The following approaches to inequity were identified in the literature evaluated, with, of course, due regard for their links to the prevailing theoretical models in the research field involved:

1. **Poverty**: Reference to the accumulation or availability of resources (chiefly monetary, for example, per capita income) or consumer goods.

2. **Access to services**: Definition of inequity on basis of its effect of differential exclusion from essential public or private services such as, primarily, health services.

3. **Socioeconomic stratification**: Inequity resulting from the relative place of individuals on scales of social status determined chiefly by the variables of education, income and occupation.

4. **Developmental**: The macrosocial perspective on inequity as the outcome of evolving socioeconomic processes; has as its corollary in the health field the so-called "theory of epidemiological transition."

5. **Ecosocial**: Gives primacy to the area-population unit defined as the ecological basis of observation and analysis; often used without reference to theoretical models of the social distribution of pathology.

6. **Living conditions**: Linked to social reproduction and mode of life models; considers the effects on health of daily life viewed as the material equivalent of the notion of lifestyle.

7. **Gender/ethnic affiliation**: Consideration of gender relations and of the different forms of ethnocultural discrimination as effects of social differentiation, oppression and exclusion.
8. **Historical-cultural**: Inequity as an effect of the class structure of society and the social relations of production, directly linked to the Marxist perspective on the social determination of health and disease.

Table I evaluates the distribution of these conceptual frames of reference for inequity in the region and by countries among the foregoing definitions. Generally speaking, it is found that most of the papers take approaches apparently more neutral on inequality, with more than 48% of them using definitions of inequality based on the ecosocial approach (area-population units) or on access to health services, or chiefly using the frame of reference that reduces poverty to scarcity of resources and low income. Two other approaches are also strongly applied, each of them underlying about 20% of the papers. These are the approach of living conditions and the historical-structural approach based on Marxist social theory. Finally, 10% of the studies take the approach of gender or ethnic affiliation, in contrast with those of social stratification and epidemiological transition, each of which underlies less than 5% of the studies. This profile holds in all the countries in the region with the exception of Ecuador, in which more than 60% of the papers considered were influenced by the historical-structural approach.

**Research Strategies**

In the analysis of the corpus of literature examined the following kinds of papers were identified, which to some extent correlated with the research strategies employed in them:

1. **Institutional document**: A study produced or sponsored by a governmental or nongovernmental organization to set forth a doctrine, position, analysis or recommendation;

2. **Position paper**: Written by an individual and stating a proposition, commentary, stance, argument or recommendation of the author’s.

3. **Conceptual study**: A study done to array conceptual principles, organize a body of knowledge, establish a terminology, develop a theoretical model, and the like.

4. **Study of macromodels**: Analyses of current settings or junctures, generally for the comparison of countries or regions.

5. **Historical research**: Longitudinal research based on historical records and documents and resulting in divisions into periods and analyses of past situations.

6. **Action research**: Studies of intervention processes, with active monitoring of research staffs.

7. **Case studies**: Studies of social or institutional collectivities (communities, neighborhoods, bureaucracies) or individuals (representative subjects) with methodological approaches designed for comprehensiveness and depth (ethnographies).

8. **Studies of sentinel areas**: Monitoring of geographic, social or institutional aggregates and of their health situation based on structured (epidemiological) and unstructured (ethnographic) data.
9. **Aggregate studies**: "Ecological" and "trend" studies, with epidemiological designs that take social or institutional aggregates as the units of observation and analysis, especially those that use simplified indicators generated by health information systems.

10. **Cross-sectional studies**: Cross-sectional epidemiological prevalence studies with special attention to those based on master samples proportional to the parameters of social inequality.

11. **Individualized longitudinal studies**: Cohort and case-control studies, particularly those with an expanded area-population as their frame of reference, in addition to studies of interventions (clinical trials) that take the individual as the unit of observation and analysis.

12. **Methodological research**: Development and performance evaluation of devices for the production of data of any kind, but mainly studies of the validity and reliability of standardized instruments.

13. **Research project**: A proposal for research that would have followed one or another of the above-listed strategies but could not be carried out.

14. **Unclassified papers**: Hybrid designs and/or papers not classifiable under any of the above heads.

Table 2 presents the relative distributions of the types of studies in the region studied and in the different countries. The general figures make immediately apparent the sizable volume of personal and institutional position papers, conceptual studies and analyses of macrocontexts, which account for almost half of the papers. In contrast, it is found that the papers on empirical research, generally using more structured methodology, do not exceed 30% of the total. Analysis of the profile of distribution among countries brings out two different patterns: more than half of the production of those with the largest volumes of papers (Brazil, Mexico and Chile) is classified as empirical studies, in contrast with the other countries, more than 70% of whose total papers are conceptual and doctrinal in nature. Taking as an extreme parameter the conduct of longitudinal studies, considered as the prototype of "analytical" epidemiological research, it is found that Brazil reports almost all of the research projects of that design (15 out of a total of 17). This country also concentrates approximately half of the aggregate studies performed in the hemisphere.

Table 3 considers the methodological consistency of the different frames of reference of inequity identified in the papers considered and examines their correspondence with the modalities of research strategy. About half of the studies in an ecosocial frame of reference were performed on the basis of aggregate designs (ecological and trend studies). The papers that take poverty as the frame of reference for inequity, such as conceptual studies, macrocontext analyses and personal and institutional position papers, are based predominantly (58%) on studies of narrow empirical frames of reference. Curiously, this is the frame of reference that also embraces a large number of longitudinal designs, which, as seen above, is a more empiricist segment of health research. A similar pattern is found in the group of studies oriented by a perspective of economic status. At the other — say
ideological — extreme, among the papers with frames of reference for inequity based on ethnic affiliation or gender, we also find a predominance of theoretical and doctrinal position papers and macrocontextual analyses, with, respectively, 80%, 61% and 56% of the total numbers of papers.

**Forms of Data Production**

Pursuing further the methodological analysis of the compiled literature, classification of the information-gathering procedures reported in the papers brought out the following forms of data production:

1. *Reviews of the literature*: Compilation of bibliographical references published in periodicals or as books.
5. *Simple observation*: Observation and recording of events, episodes, rituals and manifestations with the limited and controlled participation of the researcher.
6. *Participatory observation*: Observation and recording of events, episodes, rituals and manifestations with the broad and voluntary participation of the social group or institution under study.
7. *Interview*: Structured, semistructured or unstructured conversation or colloquy to gather information on the subject of research, generally taped (when open or semiguised) or entered on forms (questionnaires and inventories).
8. *Clinical examinations*: Standardized procedures for the production of data regarding the clinical status of individuals.
9. *Laboratory examinations*: Biochemical, biophysical, imaging and other tests and examinations performed on biological samples in the laboratory.
10. *Unclassified*: Hybrid procedures and procedures unclassifiable under any of the preceding heads.

On the basis of the foregoing classification, Table 4 attempts to evaluate the correspondence between the sources of data and the frames of reference for inequity used in the papers compiled. In the opening analysis of the general distribution of the data sources, we find a predominance of systems of information on mortality and morbidity (35% of the papers). Only 3 studies report the collection of primary data, in contrast with 43 position and doctrinal papers and 26 reviews of the literature. Inequity is identified with poverty by a suggestive proportion (14 of 43) of the papers that derive their information from personal
and institutional positions, compared with literature reviews, 40% of which include a historical-structural perspective.

Almost all the papers that take an ecosocial approach, and have area-population units as their objects of observation and analysis, used information systems on mortality (50%) and morbidity (36%). It is seen further that the indicators most frequently used were those on infant mortality, which were present in a quarter of the papers. A similar profile was found in the studies of relations between living conditions and health, in which the predominant source of data was health information systems, in which, however, reviews of literature and position and doctrinal papers accounted for the largest proportion. In all frames of reference for inequity a salient feature is the small presence of primary data.

One final word on the analytical techniques used in the studies. The great majority (84%) of the empirical studies relied exclusively on first-level indicators, mainly direct parameter measurements. All the studies that used some composite measurement as an indicator used the variable of social class. A few aggregate studies employed trend indicators and second-level indicators of inequity, mainly studies of mortality gaps.

**INEQUITY-HEALTH MODELS**

The literature on equity and inequity in health produced in Latin America and the Caribbean have constantly displayed a concern with the roots of social inequality. Yet despite the undeniable contribution of conventional epidemiological papers in which inequality-inequity is seen as a risk factor, the review of this literature found no explicit Type I (functionalist) models.

Moreover, the respectable volume of papers based on frames of reference for inequity potentially of functionalist origin constitute a conceptual structure without epistemological development. They include notions more of rhetorical than of theoretical use, such as the preconception of poverty, with allusions to descriptive constructs insufficiently or improperly defined, such as the “theory” of epidemiological transition. This combination — social concern plus theoretical poverty — appears to be reflected in the direction taken by the theoretical production in this scientific field. In this context, approaches of Marxist inspiration (type II models) are still dominant, to the point of constituting a school of their own under the name of “Latin American social epidemiology”.

Following the work of illustrious pioneers such as Juan César García and Hernán San Martín, several critiques of epidemiology as theory and practice have been developed in different parts of the hemisphere for the open purpose of supporting the historical construction of the field of collective health (Paim and Almeida-Filho, 1998). Among these contributions, we could cite as the most important the theory of the “production process and health” of the UAM-Xochimilco Group in Mexico, and the “epidemiology of social classes” of the CEAS Group in Ecuador.

According to Asa Cristina Laurell, the leading exponent of the Xochimilco Group, to understand the issue of health inequalities in society, one must examine how subjects see
themselves vis-à-vis the production structure. To do this, Laurell (1991) proposes as a basis the concept of production process with its two elements: the value enhancement process (production of added value) and the labor process (production of goods).

Thus, the labor process materializes the value enhancement process both in its technical basis and in the organization and division of labor (Laurell, 1987: 65).

To understand the labor process it must be broken down into its constituent elements: the object, the instruments of work, and the work itself. The object of labor has a technical side (physical, chemical and mechanical characteristics) and a social side, which includes the social relations that make the work possible. The instruments of work are the material expression of the relations between capital and labor, which also includes the technological composition of the means of production. Finally, the concept of the work itself must be expanded to embrace the physical processes and the organization and division of the work as a strategy for operation and the production of added value (the value enhancement process).

Regarding the analysis of health in the relationship between health and work, in a first phase Laurell (1977) adopted the concept of the "social health-disease" process as developed in the first theoretical contributions of Latin American social medicine (Garcia, 1971; Uribe, 1979). Meanwhile, in an effort at further theoretical elaboration without losing consistency with the Marxist theory of the work process, this author later proposed the replacement of this concept with the category of "biopsychic nexus," which she identified as a particular manifestation of the human corporeity of general historical processes. In further elaboration of her detailed theoretical model, Laurell borrowed from Tambellini (1976) the expression "modes of muddling through life" (which supposedly originated in the work of Georges Canguilhem, a contemporary French philosopher), and made it equivalent to the concept of "adaptive stereotypes," which she in turn imported from the systemic biology of the United States.

From the outset this author found the epidemiological concept of risk and the clinical notion of disease insufficient because there is need of a concept to mediate between the actual work process and the establishment of the biopsychic nexus. In place of the clinical notion of disease, Laurell uses the concept of "wearing-out" and, instead of the concepts of risk and "health-disease process," for that mediating role, she proposes the category of "work stresses." She further breaks down work stresses into those with "external materiality" (physical, chemical and biological) and those "with internal materiality" (rhythm, control, psychic tension).

This model is illustrated in Figure 1. To describe the relation between the production process and the biopsychic nexus Laurell develops the concept of "wearing-out" in the sense of "negative transformations generated by the dynamic interaction among the stresses in human biopsychic processes." In this way she sought to highlight, in her analysis of the work process, the elements that interact dynamically among themselves and with the worker's organism to generate adaptive processes that result in wear defined as a loss of corporeal and psychic capacity. The wearing-out, in turn, carries for the capitalist and the worker different meanings that become apparent as soon as its collective character is considered. In
addition, for the capital it is of interest and feasible to eliminate the wearing-out that becomes an obstacle to production, which can be accomplished simply by letting go workers who have been crippled by labor stresses.

**Figure 1: Laurell's Theoretical Frame**

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which can be accomplished simply by letting go workers who have been crippled by labor
stresses.

For Laurell (1987: 69) the combination of wearing-out and reproduction determines the
emergence of specific historical forms of human biopsychic breakdown. These forms
constitute the general substrate that in its turn determines the generation of a characteristic
constellation of particular diseases, which she calls the pathological profile of the social
group.

The proposal of an “epidemiology of the social classes” (or the theory of class
epidemiological profiles) of the Quito Group, whose leading exponents are Jaime Breilh and
Edmundo Granda, explicitly includes as a line of work the dynamic of inequalities in health.
Thus, it defines as a basic object of research

the principles of determination and distribution, which are the primary elements of
epidemiology (for) demythification of the fetish of the equality of human beings in the risk
of falling ill, and description of the genesis of the division of men into classes and of the
pathological profiles that characterize those classes (Breilh, 1989: 46).

With this scientific program, the Quito Group aspires to a radical reformulation of the
epistemological and theoretical categories of “empirico-descriptive” epidemiology based, as
it sees them, on positivism and the social theories of functionalism. That effort is linked to a
general strategy of building a corpus of counter-hegemonic knowledge in health (Granda
and Breilh, 1986) and making it available to the progressive groups engaged in popular
struggles for political liberation in the hemisphere. As can be seen, this effort is an ambitious
proposal — both political and academic — with which Breilh, Granda and their coworkers
are endeavoring to fill the role of intellectuals organically at one with oppressed social
groups. From this perspective they do not hesitate to put the old epidemiology “in the
dock,” a metaphor explicitly adopted as a strategy for critical resistance against what they
call “epidemiological ideology” (Breilh and Granda, 1985).

The theoretical model of the social determination of diseases developed by the Quito
group, schematically illustrated in Figure 2, is grounded in a fundamental concept of Marxist
theory: social reproduction. As the forces and social relations of production develop, they
are knitted into modes and forms of production, which in turn operate in practice as a social
formation. Those forces and social relations of production determine the patterns of simple
and expanded reproduction. In each of the modes of production that make up a given
concrete social formation, social classes are established which represent typical processes of
social reproduction at different stages in the development of those production forces.
Finally, in each particular social class, the epidemiological process is concretely expressed by a “class epidemiological profile,” which in turn consists of two elements: one referring to the essence of social reproduction — the “reproduction profile” — and the other phenomenological — the “health-disease profile.” The health-disease process proper is the outcome of the dialectic between the manifestations of social reproduction that constitute use-value for the social class and the opposite manifestations that are harmful to class reproduction (designated as “countervalue”). According to Breilh and Granda (1989: 210), the historical process of social formation and its class structure determines which of these opposing poles will predominate over the other. When the pole of negation or of the countervalue predominates, disease, suffering and death increase, which jeopardizes the class reproduction profile, while intensification of the pole of goods or use-values strengthens the expressions of health and vitality of the social class.
In methodological terms, attempts have been made to implement this theoretical model in two ways. On the one hand, by rigorous application of the collective dimension of the Marxist concept of social class, scientists have attempted to determine the patterns of ecological distribution of health indicators considered in their geographical aggregates; in so doing, they assume that a correspondence exists with the more or less homogeneous distribution of classes in socially constituted areas. The research practice of the Quito group itself points in this direction (Breilh et al., 1983; Breilh, Campaña and Granda, 1990, 1991). Moreover, an important contingent of Latin American epidemiologists has sought to treat the concept of social class as an individual attribute, testing it for correspondence with (and reduction to) such empirical categories as occupation, place in the production process, income, etc., and validating alternative combinations of these variables (Solla, 1996, 1996a). Marilisa Barros (1986, 1997) has done pioneering work in this direction, but the subject is more developed in the studies of Bronfman and Tuirán (1988), Lombardi et al. (1989), Victora et al. (1990), and Olinto et al. (1993), which are already coalescing into an "epidemiology of inequality" (Victora, Barros and Vaughan, 1989).

As a preliminary critical approach to the proposals of this Latin American social epidemiology, I would like to highlight the following conceptual problems that I see as common to the two theoretical approaches.

Firstly, they both take an epistemological position with which I cannot agree on at least three points. They start out by adhering implicitly to an internalist and polarizing epistemology in granting formal and functional precedence to the object of knowledge over the method. As Breilh (1987: 49) unequivocally asserts: "the object conditions the method, which is why the health sciences have incorporated aspects of the natural and social sciences" (my italics).

Then, and perhaps as a consequence, they are unable to escape a position that could be referred to as epistemological evolutionism. A firm adherence to this position shows through at several points in Laurell's paper, but it is Breilh who spells out most clearly that "what is happening today to the social sciences in relation to the natural sciences is the same as what happened a hundred years ago to biology in relation to the physical sciences... The development of human knowledge is a cumulative process (Breilh, 1987: 4950 - my italics).

Lastly, they assume that scientific research can be an instrument for the struggle of the workers (Laurell) and for the liberation of the oppressed classes (Breilh and Granda), which implicitly denies its specific character as a mode of production of knowledge. According to Testa (1997: 219), this position is potentially dangerous and paradoxically weakens the emancipating potential of social epidemiology "in appearing to support a radically transforming practice, in which it actually ends by becoming the dialectically opposite pole of the most conservative and reactionary formulations." I concur in this criticism, and believe further that the position implies a retreat in face of the contemporary critical epistemologies.

Secondly, on the basis of their respective theoretical models, the approaches of Breilh and Granda and of Laurell both reduce the complexity of the relation between health and
society, each of them emphasizing a particular dimension of social life. Elsewhere (Almeida-Filho, 1993) I have pointed to an irony, for they have both always fought against monicausality, but they end, each in his and her own way, the captives of two different but related forms of monodeterminism: Breilh with the category of social reproduction and Laurell with that of work process. What is more, they set up between themselves a polemic on the centrality and precedence of their respective categories. From Laurell’s (1991: 255) standpoint, to make clear her theoretical differences with the Quito Group and its followers, she states the issue as follows:

... in capitalist society production (of value) organizes all other social activities, and hence consumption as well. This implies that the analytical starting point must be the production sphere ... In the case of “social reproduction” research tends toward analysis of the differential characteristics of the health-disease process of the social classes, whereas in the case of “work process” it tends toward analysis of the production process as one of the determinants of the health-disease process... it can be seen that several authors treat “social reproduction” as equivalent to moments of consumption and, therefore, exclude analysis of the production process.

Thirdly, both Breilh & Granda and Laurell try to develop a radical critique of the concept of “risk,” which is of key importance for the prevailing paradigm in present-day epidemiology. However, the equivalent notions of “epidemiological profile of the social class” and “biopsychic nexus” are equally unsatisfactory. Neither theoretically nor methodologically has either proved capable of displacing and replacing the risk concept as a conceptual tool for expressing the collective character of the health-disease process. This is even more serious in Cristina Laurell’s theorizing, which goes so far as to resort to the physiological concept of “adaptive stereotype” and the clinical-physiological notion of “individual pathological profile” as concrete manifestations of the biopsychic nexus as effects on health-disease.

Breilh (1991: 210) himself presents a radical critique of Laurell’s proposition. On the one hand, he traces the theoretical root of the “biopsychic nexus” formula back to the idea, originated by Gramsci, of a “psychic-physical nexus” which, however, he says she has distorted and misapplied. Moreover, in the notion of “adaptive stereotype” he notes two main problems: Firstly, her way of using this category permits a reductionist interpretation of the social as external to the biopsychic, and secondly, it raises “the more serious problem of introducing, through the “adaptation” category, a notion of adjustment, or return to a “steady state,” which Laurell herself has fought against in her extensive and enriching work” (Breilh, 1991: 211).

Lastly, the two approaches (and, again, Laurell’s in particular) erect such large theoretical structures that one could doubt the methodological capacity of modern human science to attain such ambitious goals. The methodological programs derived from them may be unfeasible, for most attempts to get interdisciplinary teams to work on the solution of complex issues have not been very successful so far. In a series of trials on the state of the art of Latin American social epidemiology, Jaime Breilh (1987, 1991) included sections
called elements of self-criticism, in which he considered the problems of method as "nodes for future decipherment."

On the subject of solutions to such methodological problems, at first the Quito Group (Breilh, 1987, 1991) was concerned with setting up mediators, and advocated intermediate objects of research, such as segments of classes — the "barrio," the family — in order thereupon to propose a geographically-socially based construct called a corepidema (Breilh, Campaña and Granda, 1990). Laurell (1991) preferred to evaluate the different research models that labor epidemiology had developed in the hemisphere, point to problems and limitations of comprehensive studies, and recommend carrying out case-studies of more focused scope at specific facilities.

In my opinion, in their ambitious quest for totality, Breilh, Granda, Laurell and their followers paradoxically succeeded in producing rigorous, rich partial theories ready for incorporation into bodies of theory that are more localized and directed at research practice. In any case, this so important and fruitful effort suffers from a major shortcoming in failing to deal with two primary domains of social life, in which the processes of social buildup of inequities in health actually take place and produce their effects: the symbolic domain and everyday life. To take account of this important theoretical gap we need a third path to an epidemiology of inequalities, which I propose to be provisionally termed "mode-of-life epidemiology."

From what I was able to extract from my evaluation of the theoretical models glimpsed in the literature considered, the references in them to the problems of the relations between mode of life, living conditions and health (components of type III models) have hitherto been theoretically timid and methodologically short-lived, their most notable shortcoming being the small output of empirical research using primary data. In conceptual terms it is time to seek an at least tentative organization of the primary elements of that proposal. This is the purpose of the section that follows, in which I will open with a discussion of some precocious embryonic attempts to use this category for theoretical development in the field of collective health, and will put forward conceptual proposals analogous to and in parallel with the theory of mode of life and health. And I will close with a synthesizing model linking three dialectical pathways that are essential to an understanding of the relations between social inequities and the health-disease-care process in specific societies: work, social reproduction, and mode of life.

**INEQUITY, MODE OF LIFE, LIVING CONDITIONS AND HEALTH-DISEASE-CARE — GAP, TREND OR RESEARCH PROGRAM?**

In an anthology on medical anthropology, Menéndez (1990) published a chapter under the title of *Hacia la Construcción de una Epidemiología Sociocultural* [Toward the Construction of a Sociocultural Epidemiology], which merits mention here for introducing the terms "the cultural and social 'modes' of falling ill" and "the conditions and 'modes' of life" in relation to epidemiological issues. Nevertheless, in both cases the writer places quotation marks around the key word "mode," suggesting some reluctance to bring it into
any explicit conceptualization process. In fact, he immediately introduces the “life-style” as a concept that “would unify the material and ideological basis at work in the development of disorders, and would act as a mediating concept between the level of the social class and that of the intermediate groups (ethnic groups, occupational groups, status groups, family groups, peer groups, etc.)” (Menéndez, 1990: 43). This position is confirmed in more recent work, in which he remarks that “whereas for epidemiology ‘life-style’ is just one more variable, for anthropology this style constitutes an overall mode of life that could include risk as a constituent” (Menéndez, 1998:84—my italics).

In 1988, as a discussion paper for a workshop sponsored by PAHO, I wrote a small brochure on the subject, in which I proposed the timeliness of this approach to epidemiological research in mental health, referred to its origin in Marxian thought, and identified a correspondence with the analytical category of “mode of production” (Almeida-Filho, 1989).

The following year Cristina Possas (1989) published in Brazil a book entitled Epidemiologia e Sociedade, in which she referred to the concept of “mode of life” as a broad and fundamental determinant of health-disease processes, mediated by two intervening dimensions: life-style and living conditions. For her, living conditions refer to the material conditions required for subsistence — nutrition, community, sanitation, and environmental conditions, which are the product essentially of the capacity for social consumption. The concept of life-style, on the other hand, alludes to the social and culturally determined ways of living, which are expressed in behavior, such as the practice of sports, diet, habits, and use of tobacco and alcohol. In this way Possas sought to fit the respectable body of findings on determination of the so-called “social risks” in most pathologies into explanatory models based on categories of historical materialism without compromising requisite theoretical consistency.

The theoretical contributions of Castellanos (1990, 1992, 1997) and Samaja (1992, 1998) on the relations between the social reproduction process, living conditions and health are linked to this frame of reference. For both authors living conditions are the material conditions of existence of social groups and are determined by the places of those groups in the social reproduction process under specific natural conditions at a given juncture.

At first, Castellanos (1992) adopted the notion of “unmet basic needs” in an effort to understand lacks in living conditions that could account for inequities in concrete health situations, and proposed the study of “area-population units” as the principal methodological basis for the research on those important problems (Castellanos, 1990). Later he sought to delve more deeply into the links between health-disease processes and the setting of social reproduction, described as follows:

In this process of social reproduction of living conditions or the conditions of existence, the needs and problems [of the human being] and the social responses to them are produced and reproduced. Thus, in the reproduction process the profile of morbidity, mortality, disability and dissatisfaction is reproduced, emerging in the phenomenological sphere as a characteristic feature of every human collectivity in a society. This profile is renewed in the reproduction of the living conditions as a latent structure of [the profile] (Castellanos, 1997: 73).
Meanwhile, the symbolic aspect of the health-disease-care process, that is, of the system of signs and meanings related to the distribution and perception of risks and their factors, still had to be dealt with. Samaja (1998) frames this question with greater precision, and rightly applies it to the problems of the relations between method and object in epidemiology, proposing it as a discipline capable of contending with the questions of health in the sphere of social reproduction. According to Samaja, “it is not the rates that tell us about health and disease in the population, but their distribution in the ‘discursiveness of the daily life’” of that population (1998: 8). Hence in addition to the differential distribution of risks in populations, epidemiology

“will have as its model object an object that implies the production of sense, and its variables will have to account for that production of sense or failure to produce it... the very source of meaning appears to derive from the dynamism of the structures in the world of life” (Samaja, 1998: 33 — my italics).

In this approach, as shown in Figure 3, in the process of formation of social classes under capitalism individuals are placed in (or excluded from) the occupational structure in different ways:

Figure 3: The Theory of Mode of Life & Health
When they take jobs in this labor market, individuals sell their capacity for work in exchange for remuneration in the form of a wage that determines their capacity to consume and so conditions their mode of life. In analytical terms, the mode of life determines certain living conditions, which are guaranteed directly by income or indirectly by social policies that redistribute goods of collective consumption, and life-styles, which comprise the corpus of practices (behavior, habits, attitudes) and perceptions.

Thus the core issue of mode-of-life epidemiology can now be clearly stated: it must analyze the incorporation of meaning and sense into risk, risk factors and their effects. This implies opening epidemiology to the study not just of health situations but also of the representations of health and its determinations in the world of life, in day-to-day living, in modes of life, through the specific concept of “health practices.” Curiously, the conceptual treatment of this problem, which I judge to be more competent and more promising as a basis for a “theory of mode of life and health,” even uses the expression “mode of life.” I refer to a recent work by Mario Testa, an Argentine sanitary and thinker, who introduced and then became a critic of strategic planning in health, particularly in Saber en Salud (1997).

As a basic analytical principle, Testa (1997: 48-53) adopts the perspective that he calls “anthropological radicalism” as a reassessment of the daily life of persons, which he presents in direct reference to the work of Agnes Heller. From her he has adopted the following definition of daily life: “Daily life is the set of activities that characterize the reproduction of individual human beings, who in turn create the possibility of social reproduction” (Heller, 1977). It is important to consider the implications of the selection of this definition (rather than one of the countless others in Heller’s oeuvre). To begin with, we must note here the double reference to the sphere of reproduction, both in the dimension of material reproduction of the social subjects and in the sense of reproduction of the social relations of production that are established between those subjects. That is, the mode of life as structurer both of reproduction and, through it, of production. Secondly, this definition is derived from the concept of mode of life in the sense discussed above. Actually Testa then immediately refers to the equivalence or parallel “between changes in daily life and changes in the mode of production.”

To bridge a possible gap between daily existence and human action, Testa (1997: 57) resorts to Bourdieu’s notion of habitus, defined in the cited place as the “distinctive way in which individuals adopt actions and values of the world and react with behavior that is predetermined by a structuring of the promptings of the psyche.” For him, this is another fundamental concept, equivalent to the concept of “uses,” which proposes a dialectical synthesis of the integrating effects of the practice of social life and affords a new and different understanding of the contradictions and conflicts at the individual and collective levels. According to Testa, modal uses can be identified for individual subjects and positive uses for collective subjects. In Testa’s words (1997: 118):

On the basis of this conception we can reconstruct the notion of “uses” by reinterpreting it as follows: contradiction is the existence of at least two arguments — inside an individual or between two groups — about the significance of some proposition....; the conflict is not
expressed as discourse but as action – again inside a subject or between different groups in society - which involves the sense or sentiments in play in it. These sentiments can be identified by a logic of sense (is there one?), which will make us consider it through the art of hermeneutics.

Mario Testa’s theoretical program gradually emerges as a project for an epistemology that can articulate science with daily life and so try to take account of two important approaches to the subject: the dual hermeneutics of Boaventura Santos (1989) and Bourdieu’s transepistemic arena (1983). In this inevitably ambitious linkage the methodological proposal outlined by Testa, which we may take as a baseline for the research program on mode of life & health, includes the most up-to-date repertory of the contemporary social sciences with a strong linguistic-semiological component.

Thus the primary object of this line of research in collective health would be the series of discourses that become texts through social work in the course of the historical construction of social facts in the world of life. This body of texts constitutes a common social discourse, which in the original frame of reference of the mode-of-life theory has a name — ideology, and its roots — as we frequently point out — are mythical, religious or historical... but whatever their actual value, they underlie the “know-how” that is found in daily practices, (which include) those we engage in all the days of our lives, which constitute the activities we can legitimately describe as cultural (Testa, 1997: 65).

In Testa’s theoretical proposal the conception of ideology as communal knowledge is the key to the building of equivalencies with the anthropological concept of “culture,” and so becomes more than a static construct devoid of historicity. The relation between historical consciousness and ideology lies at the root of practices (social behavior) in daily life, “which embraces everything we call technical culture (how a people makes its living) and culture without an adjective (what is done with the living so earned)” (Testa, 1997: 63). The concrete content of the sphere of daily life is then given by a concept fundamental for understanding of the mode of life, which is that of “practices of daily life,” which constitutes the “many worlds of life” (Testa, 1997: 173). In Testa’s own words:

This reality, daily life, world of life, objective world, social world of life, to mention only some of the names for it employed by different authors, is constituted by the stated relation with practice (production, work, objectivization, action) in what could be defined as pure positivity, in which there are no negativities — which does not mean there are no negations — respecting life as such (Testa, 1997: 65).

This positivity is nothing more than the ideology that emerges, in Testa’s approach, as one of the irreplaceable categories for the analysis of daily life (Testa, 1997: 20). The somewhat daring term “pure positivity” is intended to imply the character of unquestioned ideology — the conceptual basis of know-how — as the material basis of cultural practices. Despite Mario Testa’s daring in proposing, in these neoliberal times, the rescue of the Marxist concept of ideology in order to propound a theory of daily life, I see in the language
he uses a degree of theoretical timidity that is too respectful of Heller's "anthropologism." Perhaps this is why, in spite of working out a sophisticated repertory of concepts well articulated in a theoretical framework in which the notion of mode of life is "on the tip of his tongue," Testa prefers to speak of a "sphere of the practices of daily life," within which a "communal knowledge" emerges (1997: 135). We are quite able to take the additional step for him, and define mode of life as an articulated set of practices of daily life, accepting Possas's proposition that the mode of life is a hierarchically higher category encompassing two dimensions: conditions of life and life-styles.

The question of living conditions and their relation with social reproduction has been satisfactorily developed in theoretical terms (Castellanos, 1997; Samaja, 1994, 1998), as noted above. To understand, however, the problems of life-styles (and of health-oriented behavior) and make them an important part of a general theory of "mode of life and health-disease-care" a theory of the subject will definitely be required apart from Testa's approach schematically outlined here.

The reason for the merely oblique reference to the central concept of "mode of life" in Mario Testa's work is, I think, the fact that his original project is an eminently epistemological construct. Nevertheless, perhaps because of his intellectual beginnings in the field of collective health, this is a perspective that "fits like a glove" on the research program into an "epidemiology of the mode of life." There is a host of indications in this direction. Testa's synthesis is grounded in a neopragmatist epistemology (in its most leftward variant) and derives from a theory of social practices in everyday life articulated to a theory of the subject, which in turn is based on a methodological proposal derived from theories of sense, meaning and praxis.

**Closing Remarks**

As clearly indicated by the preliminary bibliometric analysis assayed above, the challenge as we begin the conceptual construction process is the imperative necessity of coupling that formidable theoretical arsenal, with its potential for real comprehensiveness, to the production of more local science in the field of collective health.

At first, more advances must be made in the theory of the complex relations between the "mode of life" (or, in Testa's term, daily-life practices), conditions of life and life-styles, and determinants-process-effects on individual and collective health. A theoretical model on that scale will not be constructed by denying the contribution of social epidemiology, but must seek to incorporate the principal elements of the theories already proposed and a more advanced explanatory structure. Thus the original concept of economic social formation must be retained as a concrete expression of the mode of production, with emphasis on the two basic processes: the work process (economic production cycles) and the social reproduction process. This will retain the primary role of the dynamic of the social classes and the work process proper as determinants of the living conditions and, indirectly, as factors that condition life-styles.
The social reproduction process does indeed support better the theoretical construction of the relation between mode of life and health. The social reproduction cycle (production-distribution-consumption), which already shares the interface of production proper with the work process, articulates, as was seen in Figure 3, with the production cycles of daily life through consumption. The forms of production of social life — concrete expressions of the mode of life — also drive a complex dynamic articulated to systems of signs, meanings and practices relating to the social facts of life, health, suffering and death, that is, the practices of daily life that Testa is talking about (1997). This means that analysis of the relation between mode of life and health demands a semiology and pragmatics of the health-disease-care processes in which they are seen as effects of a dual process of social construction both as a product of concrete acts of exposure to and protection against factors and configurations of risk — the effects of life-styles — and as processes for the recognition and designation of abnormality and presence of pathology, stages precedent to social responses to health problems.

It is not hard to remember that mode of life is proposed as an underlying theoretical construction that implies not just individual behavior in respect of health, but extends beyond to the sociohistorical dimensions to include the dynamic of social classes and the social relations of production, always in light of the symbolic aspects of daily life in society.

Considering the complex, subjective and contextual nature of the relation between health-disease-care and processes that constitute or determine social inequalities, I have elsewhere (Almeida-Filho, 1992) proposed replacing the classical approach of risk factors with “fragilization models,” These are more sensitive to specific symbolic connections and to the interactive nature of the relation between human subjects and their milieu (cultural and sociohistorical, and the environment). This would enable us to consolidate the notion that any social event or process, to be a potential source of risk to health, needs to be in resonance with the epidemiological structure of the given human collectivity. What is involved is not just the external action of an aggressive environmental element, as indicated in the metaphor of risk-producing-factors, or the internalized reaction of a susceptible host, but a hypercomplex (inclusive, interactive, process-driven) system of pathological effects.

In a similar way strategies for the promotion of health and prevention of disease and harm, to eventuate in policies, measures and programs that are more effective in accomplishing their social purpose, need to be attuned to the symbolic structure of the given society. The point is to generate not interventions on complex organisms, the mere application of social engineering technologies for civil or communal mobilization, but interferences in systems for the production of practices of daily life: in this case, precisely in the material and unmaterial reproduction of social relations by the primary and basic pathways toward health. To delve deeply into the social dynamics and mode of life that follow from the differences between subjects, some dimensioned or reduced as social inequalities and expressed as inequities, that is the greatest challenge to collective health in the subcontinent of Latin America and the Caribbean.
STATISTICAL TABLES

The analysis contained in the following four tables was performed with references collected during the first phase of implementation of the Documentation Center. Because it was done during an earlier period than the remainder of the bibliography, it does not reflect an analysis of its total contents. Rather, its purpose is to give the reader a broad general overview of the scientific literature on equity produced up to that point.
Table 1: Health Inequity Research In Latin America and the Caribbean—Type of Publication by Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Institutional or Position Papers</th>
<th>Conceptual Study</th>
<th>Macro-context Analysis</th>
<th>Case Study</th>
<th>Aggregate Study (ecological)</th>
<th>Longitudinal Aggregate (time trend)</th>
<th>Cross-sectional Prevalence</th>
<th>Longitudinal (case-control; cohort)</th>
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Table 2: Health Inequity Research in Latin America and the Caribbean—Inequity Framework by Country

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Table 3: Health Inequity Research in Latin America and the Caribbean—Inequity Framework by Data Source

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Table 4: Health Inequity Research in Latin America and the Caribbean—Inequity Framework by Type of Publication

<table>
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REFERENCES


Inequalities in Health based on Living Conditions:
Analysis of Scientific Output in Latin America and the Caribbean


Section II:
Annotated Bibliography

Author(s): Aguilera, Ximena; Concha, Marisol
Year: 1998
Title: Apuntes para una Epidemiologia de la Desigualdad
Institution: Departamento de Epidemiologia, Ministerio de la Salud
Date: Abril 1998
Keywords: Chile
Abstract: Otorgar servicios equitativos es uno de los desafíos más importantes para las políticas de salud y es por ello que el sector salud en Chile, reconociendo su trascendencia, ha situado a la equidad como uno de los principios rectores de su accionar, al que deben concurrir las diversas disciplinas que participan en la salud pública. Para los epidemiólogos, la equidad en la atención es un condicionante del daño en salud y por ende se constituye en un objeto de estudio para la disciplina. Clave para el logro de la equidad es el conocimiento de las necesidades en salud, que deben ser las que guiaran la distribución de los recursos y acciones en el sector es en ésta área donde la epidemiología tiene su mayor rendimiento. Este trabajo profundiza en el análisis de las desigualdades en las condiciones de salud, con el objeto de identificar los segmentos más desfavorecidos de la población y las variables que pueden estar explicando este fenómeno, entre ellas las inequidades en la atención sanitaria. Esperamos que este tipo de análisis entregue fundamentos técnicos que orienten la aplicación de estrategias con equidad, para que los segmentos más desfavorecidas del país alcancen, por fin, niveles satisfactorios de salud. El análisis que se presenta en este trabajo se basa en el indicador Año de Vida Potenciales Perdidos (AVPP), que permite medir la mortalidad prematura en las distintas comunidades, a través de un cálculo relativamente sencillo, para el cual se dispone de información comunal, entidad responsable de las acciones de salud con mayor cobertura en la población. Objetivos: Medir la desigualdad en el nivel de salud de las comunas a través de un indicador único; comparar el perfil del daño entre las comunas con mayor y menor nivel de daño; establecer el grado de asociación existente entre la desigualdad en salud y algunos factores que pudieran condicionarla, como ruralidad, pobreza, alfabetismo y atención de salud.

Notes: Research Type: Cross-sectional aggregate study (ecological) of comunas, using death register information; health indicator: AVPP. Inequity reference: poverty (education); ecosocial.

Author(s): Aguirre, A.
Year: 1991
Title: Use of the preceding birth technique to estimate infant and child mortality.
Abstract: Following Preceding Birth Technique (PBT) means asking pregnant women close to delivery about the survival of their previous children. The PBT was devised by Brass and is useful in providing an immediate measure of health status. Selection bias is discussed with examples from a study in Bamako, Mali, and from other studies in Mexico and Peru. The magnitude of the bias is affected by social inequalities and how these inequalities effect differential access to maternity services. Adjustments may not reflect the population not served by hospitals or clinics, unless data are available directly from households. PBT differences have been estimated from household fertility data. Child mortality differentials
are apparent and vary with age of mother at delivery, parity, type of place of residence, and education. The pattern for age of mother is U-shaped, and the lowest risk occurs for women in the middle of the reproductive period. 1st order children are more vulnerable from 2nd or 3rd, but if there are more than 3 children, the mortality risk is higher. There is an inverse relationship between size of the place and risk. There is a decline in the influence of the mother's education on risk. The Mexican and Peruvian fertility data make it clear that there is higher mortality among home deliveries. The U-shaped pattern predominates for age of the mother and child mortality for births in hospitals or home deliveries. Differentials by parity are related to differentials by age of the mother. An analysis of parity and mortality found that, for home deliveries, there was an erratic pattern. Differentials in mortality by place of residence are as expected, with larger locales having less mortality. In Peru, however, higher mortality is experienced by women delivering in clinics but living in rural areas. Bias might be present if health workers identified women as high-risk and referred them to clinics. Differentials by level of education are as expected, with lower mortality among the better educated. But highly educated mothers who deliver in urban hospitals tend to have a higher mortality rate, which may be due to the age of the mother. The lower the parity, the fewer mothers who deliver at home. Access to clinics is related to size of place of residence and is unequal. Caution is urged in interpreting results, because no inferences can be made from conditional samples. PBT estimates refer to the group sampled, and coverage may be changing from sampled groups. Perhaps, coverage would be more complete if survival questions were asked during an immunization program.

Notes: Research Type: Cross-sectional individual study (Research Type: methodological study); questionnaire data (PBT technique). Inequality reference: poverty (education); ecosocial (rural vs. urban). Comparative analysis.

Author(s): Akerman, Marcos; Stephens, C.; Campanário, P.; Maia, P. B.
Year: 1994
Title: Saúde e meio-ambiente: Uma análise de diferenciais intra-urbanos enfocando o município de São Paulo
Journal: Revista de Saúde Pública
Volume: 28
Issue: 4
Pages: 320-325
Keywords: Brasil
São Paulo
Abstract: A project concerned with the study of intra-urban health differentials in S. Paulo city, Brazil, is described. A brief outline of urban problems in the city is presented, followed by a review of the locally published literature on the subject of geographical differentials (stratification by socioeconomic status and environment). Two topics are introduced: geographic subdivision of the area studied and the methods used to choose the socio-environmental indicators for the construction of a deprivation index with to stratify the city. Suggestions are made as to possible applications of results achieved by the project.

Notes: Research Proposal; data: bibliographic review. Inequality reference: ecnomic; SES (deprivation index)

Author(s): Akerman, Marco
Year: 1997
Title: Diferenciais intra-urbanos em São Paulo: Estudo de caso de macrolocalização de problemas como estratégia para influenciar políticas urbanas
Editor(s): Barata, Rita; Barreto, Maurício; Almeida-Filho, Naomar; Veras, Renato
Publisher: ABRASCO/Editora FIOCRUZ
**Author(s):** Akerman, Marco  
**Year:** 1997  
**Title:** Metodologia de Construção de Indicadores Compostos: Um Exercício de Negociação Intersetorial  
**Book Title:** Condições de Vida e Situação de Saúde  
**Editor(s):** Barata, Rita  
**Publisher:** ABRASCO  
**City:** Rio de Janeiro  
**Pages:** 95–113  
**Keywords:** Brasil  
**Abstract:** A desigualdade econômica e social coloca-se como um dos principais desafios coletivos dos tempos atuais. Alguns cientistas já identificam a necessidade de mudar seus tradicionais métodos de dedução para diálogos mais interativos e ampliados com outros ramos da ciência. Plenamente conscientes dessas questões desde o início da década de 80, autores, profissionais, agências de fomento e organizações públicas—que atuam na área de planejamento urbano, em geral, e na área de saúde, em particular—vêm propondo a intersetorialidade como um dos princípios fundamentais para o enfrentamento sustentável dos problemas que acometem as populações humanas. Recentemente, o projeto "Cidades Saudáveis", da OMS, resgatou mais uma vez a necessidade da intersetorialidade e fez dessa condição fator relevante para o sucesso da proposta. Parte-se do pressuposto de que a intersetorialidade não é condição que ocorre automaticamente, mas que deve ser construída na prática diária. Em função disso, sugere-se que, ao se criar as possibilidades para medir as condições de vida e a situação de saúde em dado município, que se configure também a oportunidade de exercício da intersetorialidade mediante um processo ampliado e negociado de construção de indicadores compostos.

**Notes:** Research Type: methodological study (action-research); new health indicators negotiated in the community. Inequity reference: Living conditions.

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**Author(s):** Altobelli, Laura C.  
**Year:** 1989
**Title:**  
Equidad en salud: tipo y costo del tratamiento de la diarrea en niños peruanos

**Editor(s):**  
Cruz, Hipólito; Paredes, Patricia; Haak, Hildebrando

**Publisher:**  
OPS

**City:**  
Lima

**Pages:**  
44–49

**Keywords:**  
Peru-, Lima-

**Abstract:**  
Con el objetivo de averiguar la equidad en salud ("Salud para Todos") se hizo un análisis del tipo y costo del tratamiento usado para niños con diarrea, según los datos de la Encuesta Nacional de Nutrición y Salud (ENNSA) del Perú de 1984. En este análisis, la equidad en salud se refiere a la presunción de que todos los grupos poblacionales tienen el derecho de obtener atención de la misma calidad y tanta veces como sea necesario para sus problemas de salud. La utilización de servicios de salud es sólo un componente de "equidad" en salud, porque además del acceso físico a los servicios y el gasto que se impone, la "equidad" incluye otros factores como por ejemplo el riesgo de enfermarse y tipo de enfermedad que se contrae. Resultados?

**Notes:**  
Research Type:  
Cross-sectional individual study (national sample). Inequity reference: poverty (income, access to health services); analysis: comparison to standard

---

**Author(s):**  
Amigo, H.; Bustos, P.

**Year:**  
1993

**Title:**  
Factores de riesgo de baja estatura en niños de zonas rurales de alta vulnerabilidad: un estudio de caso-control

**Conference:**  
Segundo Congreso Chileno de Epidemiologia

**Location:**  
Chile

**Keywords:**  
talla baja, estudios de caso-control, ruralidad

---

**Author(s):**  
Anderson, N.; Arostegui, J.; Lainez, O.; Irigoyen, L.; Amaris, N.; Martinez, E.; Villegas, A.; Ledogar, R. J.

**Year:**  
1990

**Title:**  
Sitios Centinela: La experiencia de Centroamérica y Guerrero (México) en la descentralización de planificación

**Journal:**  
Prioridades de Salud (CIET)

**Volume:**  
2

**Pages:**  
19–30

**Keywords:**  
Mexico-; Guerrero-

**Abstract:**  
Se presenta la experiencia de cinco años con un sistema de medición cíclica en sitios centinela, donde se concentran los recursos de investigación. Mediante ciclos breves de recolección de tres categorías de los datos (impacto, cobertura y costos), sobre uno o dos problemas prioritarios de salud, es posible lograr mayor dinamismo en los distintos niveles, desde el constituido por los planificadores y el personal de salud hasta los promotores voluntarios de salud y los miembros de las comunidades. El análisis y su divulgación a tiempo en forma resumida, proporciona información útil sobre la realidad en las comunidades para el proceso descentralizado de planificación. Se trata de un proceso complementario al sistema rutinario, con posibilidades de establecerse en otros países a nivel estatal o nacional.

**Notes:**  
Sentinel-area study; data gathered through community participation. Inequity reference: living conditions

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**Author(s):**  
Androbus, P.; Bizot, J.; Deshingkan, P. S.

**Year:**  
1994

**Title:**  
Women's perspectives for an ethical, equitable and sustainable world
Inequalities in Health based on Living Conditions:
Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

Development

Volume: 1
Pages: 42–44

Abstract:
Women at the Rio conference on environment and development called for alternatives and fundamental changes with a priority on health and education, housing, ecology and conservation, grassroots management, survival, justice, peace, accountability, communities, biocultural diversity, harmony, individual needs, and women's rights to control their own bodies. The emphasis on the values of caring, sharing, and reciprocity has not been actualized. International organizations and multilateral aid agencies have not recognized that protection of the resource base is key to protection of livelihoods and the assurance of development. Women's perspective calls for a different perception of the relationship between human beings and nature. There is a difference of opinion among feminists about whether women's relationship to nature is gender based or socioeconomically determined. The Development of Alternatives for a New Era (DAWN) has challenged the assumptions that the poor are destroying the environment and that population growth is the most significant cause of environmental degradation. Key players in the environmental crisis are government officials, who are in collusion with big business and are supported by the legal system. External forces have broken the protective interactive cycle between man and nature. Debt and structural adjustment policies have added to the disjuncture. Effective management of natural resources must involve the poor having a share in natural resources and/or security of tenure. DAWN argues that evidence is collecting about environmental destruction in spite of decreasing population growth. Wealth and poverty are central to the natural resource degradation. Overconsumption by the few has taken precedence over the livelihood of the masses. A holistic approach must be used in development if inequalities between the rich and the poor and between the powerful and the weak are to be ameliorated.

Notes:
Position Text (conceptual study?). Inequity reference: gender

Author(s): Antunes, José Leopoldo Ferreira
Year: 1998
Title: "Cresci e multiplicai-vos": desenvolvimento social, coeficientes de natalidade e transição demográfica no município de São Paulo, Brasil, séries temporais para 1901–1994
Journal: Revista Brasileira de Epidemiologia
Volume: 1
Issue: 1

Abstract:
Foram construídas as séries temporais relativas ao coeficiente padronizado de mortalidade, razão de mortalidade proporcional de Swaroop e Uemura, coeficiente de mortalidade infantil, coeficiente de mortalidade fetal, esperança de vida ao nascer e coeficiente de natalidade para a cidade de São Paulo, SP, Brasil, de 1901 a 1994. Com o intuito de determinar sua variação estrutural, procedeu-se às análises estatísticas de modelo, previsões e correlação dessas medidas. Procurou-se associar os resultados obtidos aos principais fenômenos socioeconômicos do período, em um esforço de compreensão dos movimentos populacionais na cidade. Foram sublinhados o caráter tardio e vagaroso do processo de transição demográfica na cidade. Concluiu-se que os procedimentos analíticos de séries temporais são eficientes para o estudo de medidas demográficas, em diferentes sentidos: por permitir a aplicação da metodologia estatística às ciências humanas, superando dificuldades inerentes a esses valores, como a auto-correlação serial, a heteroscedasticidade, a multicolinearidade e a não normalidade da distribuição dos resíduos de regressão; por integrar a análise quantitativa à interpretação histórica dos fenômenos abordados; por
projetar estimativas quanto às tendências de comportamento futuro das variáveis analisadas e por sistematizar a metodologia para aplicação em estudos ulteriores de pesquisa social.

Author(s): Araújo, Clarissa Barra; Requião, Daniela Almeida; Costa, Úrsula Maria Moreira; Costa, Maria Conceição Nascimento; Pain, Jairnilson Silva
Year: 1995
Title: Evolução da Mortalidade por Causas externas em crianças e adolescentes da cidade de Salvador—1977–1991
Institution: Instituto de Saúde Coletiva/UFBA
Date: Agosto
Report Number: 3
Keywords: Brasil; Salvador; Análise da situação de saúde do município de Salvador, segundo condições de vida; Anexo
Abstract: Na 111a. Reunião do Comitê Executivo da Organização Panamericana da Saúde (OPS), foi apresentado e discutido o tema violência, onde se afirmou que as condutas violentas no continente americano constituem um grande problema de saúde pública. Partindo-se desta assertiva, torna-se necessário a elucidação de uma série de questões a respeito do tema. Uma das questões que vêm à tona é o papel das crianças, jovens e adolescentes no quadro da violência. Pense no que os determinantes deste quadro pressupõe uma análise do contexto social em que se inscrevem as diversas populações. Há que se pensar também nas causas isoladas de mortalidade. Os índices de mortalidade por causas externas entre jovens e adolescentes são semelhantes. As duas principais causas de morte são os acidentes de trânsito e os homicídios. O grupo de jovens e adolescentes é um foco de estudo interessante principalmente porque neste segmento populacional a mortalidade geral é baixa, onde as causas externas adquirem sua máxima expressão como causa de morte. É possível analisar cada causa em separado, o que dá um substrato maior para se propor diretrizes para a Saúde Pública. O presente trabalho busca descrever e interpretar a tendência e o comportamento da mortalidade por causa externas entre crianças, jovens e adolescentes, restringindo este grupo para os indivíduos com idade entre 0 e 19 anos, e tendo como pano de fundo a cidade de Salvador no período de 1977 a 1991. Resultados?
Notes: Research Type: longitudinal aggregate study (ecological time series); death registry. Inequity reference: generation (age)

Author(s): Aravena, Carmen; Montoya-Aguilar, Carlos; Madrid, Sandra
Year: 1997
Title: Está disminuyendo la inequidad geográfica de la mortalidad en Chile?
Journal: Cuadernos Medico-Sociales (Santiago de Chile)
Volume: 38
Issue: 1
Pages: 40–47
Keywords: Chile
Abstract: La inequidad geográfica de la mortalidad de Chile descendió entre 1992 y 1995, pero sólo en las edades bajo 45 años. Por encima de esa edad la inequidad aumentó de manera continua. En el grupo de 45 a 64 años las áreas con mayores tasas de mortalidad iniciales experimentaron un incremento considerable de las mismas. Se indican las áreas en que ocurrió este fenómeno. Se señalan las características de los dos métodos utilizados y las diferencias entre ellos.
Notes: Research Type: Cross-sectional aggregate study (ecological—26 health services areas); death registry of the Ministerio de la Salud. Inequity reference: ecosocial (geographical). Graphical analysis of mortality by quintiles of inception mortality ratios
Author(s): Aroca, A.; Muñoz, J. C.; Cruzat, M. C.
Year: 1993
Title: Estudios de mortalidad por accidentes y violencias en la zona costa (4 comunas) de la IX region
Conference: Segundo Congresso Chileno de Epidemiologia
Location: Chile
Abstract: muertes por accidentes, muertes por violencias

Author(s): Astorga, I.; Maturana, A.
Year: 1993
Title: Evaluacion del impacto en salud de politicas habitacionales
Conference: Segundo Congresso Chileno de Epidemiologia
Location: Chile
Keywords: salud del adulto, salud mental, transmisibles, salud y habitat, ambiente

Author(s): Ayçaguer, Luis Carlos Silva; Macho, Esperanza Duran
Year: 1990
Title: Mortalidad infantil y condiciones higienico-sociales en las Americas: Un estudio de correlacion
Journal: Revista de Saúde Pública
Volume: 24

Author(s): Barata, Rita Barradas
Year: 1994
Title: Condições de Vida e Situação de Saúde na Região Metropolitana de São Paulo, Brasil
Institution: OPAS
Type of Work: Documento de trabajo
Report Number: PAHO/HDP/HDA/94–13
Keywords: Brasil. São Paulo.
Abstract: Nos anos 80 o fraco desempenho econômico, brasileiro e paulista, contribuiu para a ampliação dos segmentos da população submetidos a situações inadequadas de sobrevivência. Além dos efeitos diretos e negativos da estagnação econômica sobre as condições de vida, crescem os obstáculos à atuação do estado para a eliminação de entraves estruturais acumulando-se, no período, as carências da população. Combinando indicadores de moradia, educação, emprego, renda e acesso a serviços de saúde é possível classificar as famílias da região metropolitana em quatro grupos: grupo A, em que as condições de vida são favoráveis, não havendo carências para nenhum dos aspectos considerados, no qual se incluem 20,5% das famílias; grupo B, em que aparecem carências relativas à escolaridade ou à inserção profissional, incluindo 37,2% das famílias; grupo C onde a principal carência é a habitacional reunindo 19,7% das famílias, e grupo D com carências em todos os aspectos considerados correspondendo a 22,6% das famílias. Resultados? Fonte de dados?
Notes: Research Type: case study (metropolitan region of São Paulo); social and health indicators provided by official institutions and published in literature. Inequity reference: living conditions (housing, education, employment, income, access to health services).

Editor(s): Barata, Rita Barradas
Year: 1997
Title: Condições de Vida e Situação de Saúde
O estudo das condições de vida e de seus impactos sobre a situação da saúde da população, em geral, e de grupos sociais, em particular, tem merecido atenção crescente no campo da Saúde Coletiva, seja com o intuito de aprimorar teorias e métodos que possam sustentar os estudos de desigualdades e iniquidades no processo saúde-doença, seja com a preocupação de construir sistemas de 'monitoramento' que permitam a tomada de decisões no âmbito das Políticas de Saúde. As mudanças econômicas têm afetado de modo considerável as condições de vida de amplos setores da população latino-americana, além de apresentarem importantes efeitos sobre a qualidade e a quantidade dos serviços de saúde ofertados. Os indicadores de saúde tradicionalmente utilizados não se mostram capazes de documentar claramente essa situação, revelando-se, assim, de escassa utilidade na tomada de decisões.

No plano teórico, o desafio constiui-se pela necessidade de esclarecer as mediações que operam entre as condições reais em que ocorre a reprodução dos grupos humanos em sociedades concretas e a produção da saúde e da doença. No plano metodológico, torna-se preciso desenvolver estratégias de investigação, com seus correspondentes instrumentos de coleta e análise de informações, que permitam traduzir, no âmbito da pesquisa científica, os avanços obtidos na formulação teórica. No plano prático, o de intervenção na realidade dos serviços de Saúde, trata-se de formular sistemas de modo a definir os dados básicos, os indicadores, os recursos de análise para conhecer os impactos que as políticas de desenvolvimento a cada momento provocam na saúde dos grupos populacionais; identificar aqueles mais vulneráveis a certos problemas ou conjuntos de problemas, e, por fim, avaliar o resultado das intervenções propostas. Tendo em vista que tais questões afetam os epidemiologistas latino-americanos de maneira geral, a ABRASCO e a Fundação Memorial da América Latina promoveram um seminário latino-americano "Condições de Vida e Situação de Saúde" contou com o apoio do Centro Nacional de Epidemiologia (CENEP) da Fundação Nacional de Saúde, da Coordenadoria dos Institutos de Pesquisa da Secretaria de Estado da Saúde de São Paulo (FAPESP) e da Organização Pan-americana da Saúde/Brasil (OPS). Foram definidos, como objetivos específicos: a elaboração de referenciais teóricos apropriados para a compreensão das relações entre condições de vida e situação de saúde; discussão das estratégias metodológicas disponíveis e proposição de novas estratégias para a abordagem científica das relações entre condição da saúde e condições de vida; e, finalizando, avaliação e aprimoramento das técnicas de análise de dados úteis para o estudo das condições de vida e situação de saúde. Os textos apresentados são o resultado dos esforços feitos pelos pesquisadores convidados a participar do seminário na qualidade de expositor. Os dois primeiros, de autoria de Jaamilson Palm e Pedro Luís Castellanos, abordam aspectos teóricos e conceituais; os três seguintes, de Marco Akerman, Carme Borrell e Arturo Campana, centraram-se nas questões metodológicas; por sua vez, os três últimos, elaborados pela equipe de pesquisadores da Fundação SEADE, Célia Landmann Szwarcvzd e Sandra Fuchs, referem-se a técnicas de análise.
Inequalities in Health based on Living Conditions: Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

Keywords: Brasil
Notes: Collection of papers

Author(s): Barboza-Filho, José Carlos
Year: 1986
Title: Raça, estresse e tensão arterial em área rural do Médio São Francisco, Bahia
Academic Dept.: Mestrado em Saúde Comunitária
University: Universidade Federal da Bahia
City: Salvador, Bahia
Pages: 121
Thesis Type: Mestrado
Abstract: O presente estudo pretendeu investigar a relação, entre condição sócio econômica, estresse e tensão arterial, por meio de um inquérito epidemiológico conduzido em área rural na região do Médio São Francisco, Nordeste do Brasil, a 600 Km de Salvador-Bahia. Estudou-se 1.002 indivíduos adultos de 15 anos a mais residentes em 4 comunidades rurais (Wanderley; Palmeiras, Barreiros e Várzea Grande), com predominância de uma agricultura de subsistência e em processo de capitalização "modernização das relações de produção": As comunidades foram classificadas de acordo com o nível de modernização e a raça. Os dados demográficos sócio-econômicos foram tomados por meio de questionários específicos. A variável estresse foi coletada empregando-se uma sub-escala do QMPS (questionário de morbidade psiquiátrica para adultos), enquanto que a tensão arterial foi medida segundo parâmetros da OMS (Organização Mundial de Saúde). Neste estudo desenvolvido em estratos de baixo nível sócio econômico, a prevalência global de hipertensão arterial foi de 14,3% e a prevalência de estresse foi de 28,7%. Encontrou-se uma maior prevalência de hipertensão arterial entre a raça negra (19, 5%) que entre a raça branca (8,1%). Apesar de não se ter encontrado significância estatística, os resultados aparentemente mostram que a raça pode se constituir em um fator associado a doença hipertensiva. Sugeriu-se a importância de fatores sociais para ocorrência dessa associação. A maior prevalência de hipertensão arterial foi encontrada entre as pessoas de renda mais baixa e entre os trabalhadores rurais. Na presente pesquisa a raça negra detém a maior força de trabalho rural, inserido-se numa classe social mais baixa. Encontrou-se uma correlação positiva, estatisticamente significante, entre os níveis de estresse e os níveis tensionais. A maior prevalência de hipertensos foi encontrada entre os estressados do que entre os não estressados. A prevalência de estresse foi maior entre os que ganham mais de 3 salários mínimos e entre os trabalhadores rurais. É possível que os níveis de estresse no campo tenham uma distribuição mais ecológica e menos social. Esse estudo forneceu suporte à hipótese de que estresse resultante de pressão sócio-econômica, particularmente oftálmicas da relação homem/renda/posição na terra, deve ser fator importante na etiologia da hipertensão arterial entre a população rural. O mecanismo responsável pela maior prevalência de hipertensão arterial nos grupos de nível de condição sócio-econômica inferior não está bem determinado, poderá ser o maior grau de estresse social o qual tem sido relacionado com hipertensão arterial.

Notes: Research Type: Cross-sectional individual study (four rural communities); primary data collected with questionnaire, biometry, BP taking, QMPS-stress. Inequity reference: social class (land possession); ethnicity.

Author(s): Barreto, Maurício Lima
Year: 1982
Title: Esquistossomose mansônica: Distribuição da doença e organização social do espaço
Academic Dept.: Mestrado em Saúde Comunitária
University: Universidade Federal da Bahia
The aim of this study was a contribution for a better knowledge of the social phenomena on
the dissemination of the schistosomiasis mansoni in Brazil, specifically in Bahia. This work
had a starting point the search of explanations about the variations of prevalence rates when
are compared regions, states and communities. Until the moment that we used the causal
thinking, utilized in the epidemiology, it was not possible an elaboration of a theoretical
frame that could permit the continuity of our study. Only when we considered the concept
of space, as it was established by contemporary geographers, we were capable to obtain a
conceptual background to continue our studies. We accept that the space is modified in
several moments of its history, accepting more or less people working in it, depending of its
importance as a developed area today or in the past. We can observe that human migrations
were and are the main contributors to explain the irregular distribution of this endemical
disease in Brazil, in other words, the appearance of a new focus in the history of a place is
always preceded by new settlements and immigrations movements. This hypothesis was
demonstrated in the research carried out in the region of "Bacia do Paraguacu" in Bahia,
Brazil. In all the extension of this area, in spite of the existence of ecological factors that
could permit the transmission of the schistosomiasis, the regional distribution of the disease
is not explained by the mentioned factors. Meanwhile, we could observe an indirect
influence of the ecology, due to the fact that water collections were important in the
historical conformation of this population. Finally, two separated moments can be proposed
in relation to the circulation of the pathogenic agents, including the Schistosoma mansoni: a
"focal circulation" and an "extended circulation". The focal one is responsible for the
reproduction of the agent, and the other, for the dissemination. These moments are
interdependent and are represented as concrete expressions of the sociohistorical
organization of the space. Methods? Results?

Notes: Research Type: Cross-sectional aggregate study (40 counties); socioecological indicators
collected from official databases; schistosomiasis prevalence data collected by SUCAM.
Inequity reference: ecossocial (housing, education, urbanization), social class (labor force)
origem ambiental e ocupacional, o reaparecimento de velhos problemas como o dengue e a cólera, a persistência das grandes endemias (doença de Chagas, esquistossomose, malária, etc.), o envelhecimento populacional etc., ao lado de uma crise generalizada do sistema de assistência à saúde, com uma demanda crescente e insatisfeita, evidenciam os contrastes com as melhorias alcançadas, passando a exigir esforços e análises diferenciadas no sentido de atender essa complexa e paradoxal situação, bem como as suas implicações para as políticas de saúde.

Notes:
Research Type: Macro-context analysis (Brasil); secondary data from health information systems: DATASUS, SIM. Inequity reference: Ecosocial (regions). Graphical comparative analysis of health indexes.

Author(s): Barros, Marilisa Berti de Azevedo
Year: 1983
Title: Saúde e Classe Social: Um estudo sobre morbidade e consumo de medicamentos
Academic Dept.: Departamento de Medicina Preventiva
University: Universidade de São Paulo
City: Ribeirão Preto
Thesis Type: Doutoramento
Keywords: São Paulo. Campinas.
Notes: Research Type: Cross-sectional individual study; primary data collection, questionnaires. Inequity reference: social class (position in production, education, income)

Author(s): Barros, Marilisa
Year: 1986
Title: A utilização do conceito de classe social nos estudos dos perfis epidemiológicos: Uma proposta
Journal: Revista de Saúde Pública
Volume: 20
Issue: 4
Pages: 269–273
Keywords: Brasil
Epidemiology: Social class. Health and disease.
Abstract: A brief analysis of the trends in the incorporation of social aspects into epidemiological studies, is presented. In recent analysis some concepts have been considered very important. Among them, the concept of "social class" has been detached and is used in epidemiological research. Some questions about difficulties in the concept of social class and its application are presented, as well as a scheme for the application of the concept of social class based on data on ownership of the means of production, occupational position and occupational categories. For the owners, data about income and number of employees were used to distinguish between entrepreneur bourgeoisie and little bourgeoisie. Finally some data collected during the use of this scheme proposing discrimination of sub-divisions of social classes in a study on morbidity and use of medicine carried out in Ribeirão Preto, SP, are presented.
Notes: Research Type: methodological study (classification system). Inequity reference: social class

Author(s): Barros, Fernando; Victora, Cesar Gomes; Vaughan, J.P.
Year: 1986
Title: Breastfeeding and socioeconomic status in Southern Brazil
Journal: Acta paediatrica Scandinavica
Volume: 75
Pages: 558–562
Keywords: Brasil. Pelotas.
Notes: Research Type: Cross-sectional individual study (nested in a cohort design). Biometry and questionnaire. Inequity reference: SES (income, mother's education).

Author(s): Barros, Fernando; Victora, Cesar Gomes; Vaughan, J.P.; Estanislau, H.J.
Year: 1987
Title: Bajo peso al nacer en el municipio de Pelotas, Brasil: factores de riesgo
Journal: Boletín de la Oficina Sanitaria Panamericana
Volume: 102
Pages: 541–553
Keywords: Brasil. Pelotas.
Abstract: During 1982, a study was made of all 7,392 hospital births occurring in the municipality of Pelotas, Southern Brazil. This population represents over 99% of all births in the area. The study was carried out in three parts: hospital interviews of all mothers, home visits of a random sample of 15% (1,093) of the newborn babies, and checking of birth and death certificates at the local registries. Risk factors which were apparent in the beginning of pregnancy (predictive factors) were identified and their relative importance was studied through multiple regression analysis. The most important were: maternal weight at the beginning of pregnancy, height, smoking, the history of a previous low birthweight birth, parity, and family income. Further analysis was performed to include those factors concerned with delivery (explanatory variables), such as gestational age and sex of the baby. The most important variable was maternal weight at the end of pregnancy, followed by gestational age. An important finding was the strong positive association between attendances at antenatal clinics and a lower incidence of low birthweight, even after allowing for the possible confounding effects of maternal weight, income, smoking and parity. Most risk factors identified could have been used by health workers to direct the women to the appropriate levels of care.

Notes: Research Type: longitudinal individual study (prospective cohort); interviews, biometry and clinical exam. Inequity reference: SES (income, mother's education).

Author(s): Barros, Marilisa Berti de Azevedo
Year: 1997
Title: Epidemiologia e superação das iniquidades em saúde
Book Title: Equidade e Saúde: Contribuições da Epidemiologia
Editor(s): Barata, Rita; Barreto, Mauricio; Almeida-Filho, Naomar; Veras, Renato
Publisher: ABRASCO/Editora FIOCRUZ
City: Rio de Janeiro
Volume: 1
Pages: 161–176
Series Title: Epidemiológiaca
Keywords: Brasil. Campinas.
Notes: Conceptual study. Literature review. Inequity reference: social class

Author(s): Bartlema, Jan; Vaca, Roxana; Jiménez, Wilson; Castro, José
Year: 1994
Title: Dimensiones geográficas y demográficas de la salud en Bolivia. La distribución de la pobreza en Bolivia: CNPV'92
Book Title: Pobreza y Salud en Bolivia
Editor(s): ILDIS
Publisher: OPS/OMS-ILDIS
Author(s): Bazán-Zender, Carlos  
Year: 1991  
Title: Políticas de salud hacia un desarrollo con equidad  
Conference: Forum-Panel Salud para el Desarrollo  
Location: Lima, Peru  
Pages: 7  
Keywords: Peru, Lima.  
Abstract: Señala que es imperativo diseñar una "Red de Seguridad Social" que trascienda el esquema de "Seguro Social" y garantice con los principios de solidaridad, equidad, eficacia y universalidad, el acceso a los medios que aseguren la salud el bienestar de todos los peruanos. Esto bien puede ser un "Proyecto de Desarrollo Social" cuyo eje sea una "Red Integrada de Desarrollo Social", que permita reforzar la capacidad rectora del Gobierno en el área social, utilizando en forma más equitativa, integral, eficiente y democrática, la infraestructura social disponible en el Perú.  
Notes: Position paper

Author(s): Behm-Rosas, Hugo  
Year: 1962  
Title: Mortalidad Infantil y Nivel de Vida  
Publisher: Universidad de Chile  
City: Santiago de Chile  
Keywords: Chile. Santiago.

Author(s): Behm-Rosas, Hugo  
Year: 1992  
Title: Las desigualdades sociales ante la muerte en América Latina  
Institution: UN Centro Latinoamericano de Demografía  
Report Number: CELADE Series B # 96  
Keywords: América Latina  
Abstract: The author reviews socioeconomic differentials in mortality for infants and adults in Latin America. The first section deals with mortality determinants by social group and with the progress of individuals from health to illness. Sections 2 and 3 concern socioeconomic differences in mortality for infants and adults respectively. (ANNOTATION)  
Notes: Research Type: Macro-context analysis (Latin America). Official health indicators. Infant mortality. Inequity reference: SES

Author(s): Belizán, José M.; Farnot, Ubaldo; Carroli, Guillermo; Al-Mazrou, Yagob  
Year: 1998  
Title: Antenatal care in developing countries  
Journal: Pediatric and perinatal epidemiology  
Volume: 12  
Issue: Supplement 2  
Pages: 1–3
Las repercusiones de la crisis económica y los programas de ajuste sobre el sector salud en Centroamérica: desafíos para la década de los noventa

Oficina de Análisis y Planificación Estratégica/OPS/OMS

Junio 1993

Documento preliminar

Position paper. Inequity reference: poverty

Análisis de la situación de salud y sus tendencias en San José, Costa Rica

Organización Panamericana de la Salud

Unpublished manuscript

Costa Rica. San José.

Research Type: Macro-context analysis. Mortality data. Inequity reference: living conditions

Análisis de la situación de salud según condiciones de vida en el Municipio Libertador

III Congreso Brasileiro de Epidemiologia, II Congreso Iberoamericano de Epidemiologia, I Congresso Latinoamericano de Epidemiologia

ABRASCO

Salvador, Bahia

62

Inequity reference: living conditions

Nupcialidade da população negra no Brasil

A População Negra no Brasil

Núcleo de Estudos de População, Universidade Estadual de Campinas

Campinas

131 p.

Brasil

Research Type: Macro-context analysis (Brasil). Inequity reference: ethnicity, gender

Esterilização e raça em São Paulo

Equidade e Saúde: Contribuições da Epidemiologia

Barata, Rita; Barreto, Maurício; Almeida-Filho, Naomar; Veras, Renato

ABRASCO/Editora FIOCRUZ

Rio de Janeiro

1

235–244

Brasil. São Paulo.

Inequity reference: ethnicity, gender
Author(s): Béria, Jorge; Victora, César Gomes; Barros, Fernando; Teixeira, Ana B.; Lombardi, Cintia
Year: 1993
Title: Epidemiologia do consumo de medicamentos em crianças de centro urbano da região Sul do Brasil
Journal: Revista de Saúde Pública
Volume: 27
Issue: 2
Pages: 95–104
Keywords: Drug use habits. Child health. Brazil. Pelotas
Abstract: The consumption of medicines among a population-based cohort of 4,746 children born in 1982 in Pelotas, Brazil, was studied when the children were aged 3–4.5 years. Fifty six percent of the mothers reported that their children had taken one or more medicines during a two-week period; 29.5% of the products were fixed combinations of three or more components, (which was taken as an indicator of poor quality). Almost 10% of the children had used a given medicine for one month or more. Aspirin, combinations of vitamins and mineral supplements and cough and cold combinations were the medicines most frequently used. The commonest reasons for taking medicines were colds, fevers and lack of appetite. The latter was the commonest reason for long-term use and also for that of combinations, Physicians' prescriptions were responsible for more than 60% of the medicines used (including dipyrone and appetite stimulants). In all social classes the consumption was above 50%. Children classified in the fifth quintile of family income consumed 14% more medicines than those in the first quintile. Children with two or more older siblings consumed 12% less medicines than the elder ones. Malnourished children, according to weight for age, consumed 30% more medicines than the well-nourished. Children consulting a doctor four times or more during the three-month period before the interview were using two times more medicines than children who had had no consultation during the same period. The frequent use of aspirin is a reason for concern as it has been associated with Reye's syndrome in children. It is also important to stress the danger of poisoning resulting from medicines available at home. Another noteworthy aspect concerns the messages transmitted to the children regarding the use of medicines for almost every conceivable reason which could possibly lead to medicine or illicit drug addiction.

Notes: Research Type: Cross-sectional individual study (nested in a cohort); household interviews. Inequity reference: social class, SES (income, mother's education). Odds ratio analyses (prevalence).

Author(s): Bittencourt, R.
Year: 1995
Title: High-risk maternity in Brazil. Little money, few choices
Journal: Population
Volume: 22
Issue: 4
Pages: 7–8
Keywords: Brazil
Abstract: Ministry of Health data in Brazil show the national level of maternal mortality to be 134.7 per 1000 live births, 14 times the rate in the US and 34 times that in Canada. Women's groups blame underfunding of the national public health system, economic disparities, and the abuse of surgical interventions known to increase the risk to mother and infants. Approximately 25% of the Brazilian population has access to private health care. The remaining 75% must therefore depend upon the public health system, a system in which annual per capita spending fell from approximately US$80 to US$48 over the period 1989–1993. This lack of resources means that only 42% of women in the country's poorer regions have an kind of prenatal examination, compared to 75% in the richer south and southwest.
Among the affluent, 99% of births occur in hospitals or clinics, while among the poor and in the countryside, figures are as low as 60%. Many poor women and teenagers resort to illegal and unsafe abortions to terminate pregnancies. Many others, denied access to a broad range of contraceptive options, choose surgical sterilization. Since female surgical sterilization is not officially recognized as a method of family planning, however, many women have unnecessary cesarean sections to allow doctors to disguise and claim the cost of sterilization not covered by the national insurance plan. Cesarean sections can save lives when medically justified, but the can also increase the risk of morbidity and mortality of both mother and infant. In 1990, 34% of deliveries were by cesarean, compared with 31% in 1980, and 15% in 1970.

Notes:
Research Type: Macro-context analysis (Brasil); official secondary data; maternal mortality. Inequity reference: gender, access to health services

| Author(s):       | Bobadilla, J.L.; Langer, A. |
| Year:            | 1990                           |
| Title:           | La mortalidad infantil en Mexico: un fenomeno en transicion   |
| Journal:         | Revista Mexicana de Sociologia  |
| Volume:          | 52                              |
| Issue:           | 1                               |
| Pages:           | 111–131                         |
| Keywords:        | Mexico                          |
| Abstract:        | The authors analyze trends in infant mortality and health in Mexico over the past three decades, using vital statistics data and national health surveys. They also explore trends and epidemiologic profiles in light of standards of living and recent scientific and technological developments. It is found that the probability of surviving during infancy has greatly increased; nevertheless, inequalities among social groups have become more acute. |
| Notes:           | Research Type: Macro-context analysis (Mexico); official data on infant mortality. Inequity reference: living conditions |

| Author(s):       | Bonilla-Castro, Elsy            |
| Year:            | s/d                             |
| Title:           | La Pobreza: Un Reto pra la Investigación en las Ciencias Sociales |
| Type of Work:    | Unpublished manuscript          |

| Author(s):       | Borrel, Carme                   |
| Year:            | 1997                            |
| Title:           | Métodos utilizados no estudio das desigualdades sociais em Saúde |
| Book Title:      | Condições de Vida e Situação de Saúde |
| Editor(s):       | Barata, Rita Barradas          |
| Publisher:       | ABRASCO                         |
| City:            | Rio de Janeiro                  |
| Pages:           | 167–195                         |

| Author(s):       | Bouchardy, Christine; Mirra, Antonio Pedro; Khlat, Myriam; Souza, José Maria Pacheco de; Gotlieb, S. L. |
| Year:            | 1991                            |
| Title:           | Ethnicity and cancer risk in São Paulo, Brazil |
| Journal:         | Cancer Epidemiol Biomark Prev   |
Inequalities in Health based on Living Conditions: Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

Volume: 1
Issue: 1
Pages: 21–27
Keywords: Brasil, São Paulo.
Notes: Inequity reference: ethnicity

Author(s): Bouchardy, Christine; Parkin, Donald M.; Khlat, Myriam; Mirra, Antonio Pedro; Kogevinas, Manolis; Lima, Fernão Dias de; Ferreira, Carlos Eugênio
Year: 1993
Title: Education and Mortality from Cancer in São Paulo, Brazil
Journal: Annals of Epidemiology
Volume: 3
Pages: 64–70
Keywords: Brazil, São Paulo.
Abstract: This study investigated social class differentials in cancer mortality in São Paulo county, Brazil, for the period 1978 to 1982. A measure of socioeconomic status based on education was used, and cancer risk by level of education was estimated by a case-control approach in which other cancers were considered as controls. For most cancers, the socioeconomic differences in risk were similar to those found in western Europe and North America. For lung cancer, however, the highest risk was observed in men and women with the most education. Other cancers related to tobacco—cancer of the larynx, pharynx, and esophagus—showed a negative association with education. The differences between social classes in consumption habits of alcohol and mate and the use of black tobacco are probably responsible for these contrasting patterns. For breast and cervix uteri cancer the social class patterns were similar to those found in developed countries—a positive relationship for breast and a negative one for cervix uteri cancer. The magnitude of the differences observed between social classes for these cancers was frequently greater in South America than in the United States or western Europe.
Notes: Research Type: longitudinal individual study (case-control, interval 1978–1982); death registry of FSEADE. Inequity reference: SES (education).

Author(s): Bouesseau, Marie-Charlotte
Year: 1997
Title: Equidad en salud: un imperativo económico
Journal: Cuadernos Médico-Sociales (Santiago de Chile)
Volume: 38
Issue: 1
Pages: 24–30
Keywords: Chile
Abstract: Hoy día las fronteras entre salud y enfermedad se pierden en la multiplicidad de factores de vulnerabilidad. La medicina enfrenta nuevos problemas como la prevalencia de las enfermedades crónicas que generan estados intermedios entre lo sano y lo enfermo, la existencia de portadores de virus o de factores genéticos que generan situación de vulnerabilidad más que de enfermedad y requieren de una fuerte inversión tecnológica y económica. La medicina preventiva y predictiva se atreve a conocer las amenazas del futuro y aumenta su campo de acción también en el tiempo. No basta con reaccionar a posteriori y de manera más o menos adaptada. La medicina debe anticipar, prever, prevenir, no sólo riesgos individuales sino también riesgos para la comunidad (Conocemos el impacto del medio ambiente, de los modos de vida, de la urbanización, de las condiciones de trabajo, etc., sobre la salud y la necesidad de establecer políticas de prevención eficientes a largo plazo). Frente a la complejidad y amplitud de este desafío de la medicina moderna, se han
desarrollado una serie de metáforas que expresan una concepción bastante idealista de la salud: el bienestar, la calidad de vida, por alcanzar para todos en el año 2000, según el propósito a lo menos "ambicioso" de la OMS... Concepción que ha provocado, en los países más desarrollados, una medicalización de los problemas sociales sin comprometer realmente a los distintos sectores de la sociedad involucrados en la "producción de salud": se espera de la medicina que tenga remedio para todo malestar mientras otros sectores de la sociedad se olvidan de su responsabilidad en materia de salud. De "médicos sin fronteras" hemos pasado a la imagen de médicos sin límite... Nuestro propósito es examinar la pertinencia del criterio de equidad en salud, en particular del punto de vista de la economía, y su factibilidad en la situación chilena actual.

Notes: Position paper. Inequity reference: poverty

Author(s): Braveman, Paula
Title: Monitoring equity in health: a policy-oriented approach in low- and middle-income countries
Type of Work: Unpublished manuscript

Author(s): Breilh, Jaime; Granda, Edmundo; Campaña, Arturo; Betancourt, Oscar
Year: 1987
Title: Ciudad y Muerte Infantil
Publisher: Ediciones CEAS
City: Quito, Ecuador
Keywords: Ecuador. Quito.
Abstract: El balance crítico de los aportes de la epidemiología pediátrica, que se esboza en el primer capítulo, y el planteamiento de un marco teórico integral para la interpretación de los problemas de salud de los niños, han permitido dar uso y proyecciones diferentes a un método epidemiológico convencional como el de enlace de archivos por computación. Se ha demostrado de modo preliminar que es factible el uso de datos estadísticos tomados de registros oficiales periódicos, para analizar los determinantes de clase que operan en la vida urbana sobre la salud de los niños. La forma en que se originan y distribuyen los procesos que conducen a la muerte infantil en las distintas clases sociales en cada momento histórico, es el producto de una compleja trama de determinaciones económicas, políticas e ideológicas. Un método como el de enfoque de los registros oficiales que utiliza como fuente datos recogidos en formularios restringidos y diseñados para la recolección básica de orientación apenas descriptiva, no podría satisfacer los requisitos del análisis que se haría indispensable para interpretar rigurosamente los elementos de aquella compleja trama de determinaciones. Lo que se ha pretendido extraer a base del método en mención es un estudio de los contrastes básicos de los niveles de mortalidad que se dan entre grupos sociales esencialmente distintos, que habitan zonas típicas de la ciudad. Hacia el capítulo final, el estudio aborda una forma de evaluar las acciones del Estado en el contexto urbano. La índole de los datos recogidos no ha facilitado para una investigación a fondo de esta problemática, sino que ha permitido así mismo iniciar una revisión del impacto de los servicios en la salud infantil y la reducción del riesgo de muerte en menores de un año. Con estas aportaciones se pretende avivar el debate sobre el verdadero papel que juegan los programas estatales, considerados por algunos como la panacea alrededor de la que gira la posibilidad de reducción de la mortalidad infantil. Se analiza el comportamiento de la mortalidad en los niños que residen en las áreas de influencia de los centros de salud. De esa mirada al problema, los datos de este estudio parecen destacar más bien el hecho de que los servicios no son la panacea sino que su capacidad de impactar los niveles de salud infantil depende más bien de los hechos básicos del perfil total de vida de los niños de las clases populares. Como se ha expresado en una publicación anterior, si "... alguna conclusión debe
destacarse como producto de este trabajo es la necesidad de recuperar para el avance de la
lucha en salud las tesis de nuestro pueblo organizado, de los movimiento democráticos que
han denunciado reiteradamente las relaciones entre los problemas sociales que trajo el
petrolerismo capitalista con gran parte de la morbi-mortalidad de los niños, mujeres y
hombres ecuatorianos".

Notes: Research Type: Macro-context analysis (Quito); official data on infant mortality. Inequity
reference: social class, ecosocial (centro-periferia)

Author(s): Breilh, Jaime
Year: 1987
Title: La Epidemiologia entre Fuegos. Problemas metodológicos de la Epidemiologia en una fase
de crisis y retroceso político
Conference: Taller Latinoamericano de Medicina Social
Editor(s): ALAMES
Publisher: Asociación Latinoamericana de Medicina Social
Location: Medellín, Colombia
Pages: 35–59
Notes: Conceptual study. Inequity reference: social class

Author(s): Breilh, Jaime
Year: 1989
Title: Epidemiologia. Economia, Medicina, Politica
Publisher: Editorial Fontamara
City: México D.F.
Keywords: Ecuador
Notes: Conceptual study. Inequity reference: social class

Author(s): Breilh, Jaime; Campaña, Arturo; Costales, Pedro; Granda, Edmundo; Pérez, Romulo; Yépez, Juan
Year: 1990
Title: Deterioro de la Vida. Un instrumento para analisis de prioridades regionales en lo social y
la salud
Publisher: Corporación Editora Nacional/CEAS
City: Quito, Ecuador
No. of Pages: 510
Keywords: Ecuador, Quito.

Author(s): Breilh, Jaime
Year: 1990
Title: La Pobreza urbana y la salud: una mirada desde la epidemiología crítica
Conference: 1 Congresso Brasileiro de Epidemiologia
Publisher: ABRASCO
Location: Campinas, S.P.
Pages: 281–302
Series Title: Anais
Keywords: Ecuador
Abstract: El modo capitalista de progresar entraña profundas contradicciones y talvez en ningún otro
espacio, como en el urbano, se pone en evidencia tan claramente el contraste entre los
ámbitos de opulencia y crecimiento y los reductos de miseria y atraso. Las ciudades
latinoamericanas, aun las que parecen más desarrolladas y modernas, ostentan una amarga
realidad donde la vida humana y la salud se abren paso entre el enriquecimiento de las élites y una masiva urbanización de la miseria. Son territorios donde las condiciones objetivas se encargan de evidenciar la falsedad de la concepción dualista que nos habla de la superposición en nuestras sociedades, de polos urbanos modernos, desarrollados, y polos rurales donde se asienta la premodernidad. Al menos una mirada humana, o si se quiere, epidemiológica, de la ciudad, haría muy difícil establecer si la supervivencia de las masas se hace más dura en el viejo infebrero del campo, con sus remansos de comunitarismo y proximidad a la naturaleza o en la vorágine moderna de las metrópolis del Sur con su agresiva despersonalización e inseguridad y el sincretismo de sus perfiles de deterioro. La verdad es que luego de la derrota de los proyectos de redistribución de los años 70, cuando dieron al traste los proyectos reformistas y populistas, se instauró en la década siguiente un modelo de acumulación más agresivo en la mayor parte de nuestros países, configurado alrededor de la fracción monopolística de la burguesía como una etapa francamente regresiva en lo social y lo sanitario. Etapa cruenta que se ha levantado como una oleada conservadora que constriñe nuestra economía dentro de la camisa de fuerza neoliberal, proponiendo en pago una racionalización de la miseria y una más injusta división internacional del trabajo, todo lo cual se ha cumplido bajo el dogal de una deuda externa que desanima los mínimos excedentes de la producción dependiente y se ha amparado en un conservadorismo político que se nutre no sólo de la vertiente extrema de los aparatos de dominación y cohesión convencionales, sino del posibilismo gradualista que desde la social-democracia impulsa sus cuadros históricos, así como los dilettantes depredados de la izquierda.

Notes:
Position paper. Inequity reference: social class

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**Author(s):** Brelilh, Jaime  
**Year:** 1990  
**Title:** Reprodução social e investigação em Saúde Coletiva. Construção do pensamento e debate  
**Book Title:** *Epidemiologia: Teoria e Objeto*  
**Editor(s):** Czereznia, Dina  
**Publisher:** Hucitec/ABRASCO  
**City:** São Paulo  
**Pages:** 137–165  
**Keywords:** Equador  
**Abstract:** A epidemiologia acha-se profundamente inserida na vida social e sujeita aos condicionamentos e pressões que existem na sociedade. O que-fazer no campo da epidemiologia está imerso em um contexto de pressões contrárias. Contexto da epidemiologia—histórico, contraditório e profundamente influenciado pelo debate ideológico. Epidemiologia crítica—parte de uma construção objetiva da realidade e de um novo tipo de vínculo com o povo—concepção marxista da epidemiologia. Toda a produção positivista assume, de uma forma ou de outra, uma cosmovisão que dicotomiza o social e o biológico, fragmentando a realidade. Reconfiguração teórico-metodológico em torno do eixo materialista dialético. Analisam-se algumas contribuições do marxismo frente ao avanço do saber em saúde e à transformação da prática: construção de uma cultura da transformação, livre e desalienada—compromisso com as classes sociais subordinadas; consolidação do saber crítico—necessidade de se compreender de uma outra forma a relação entre o biológico e o social, entre os eventos individuais e coletivos; renovação do método científico—em direção à dialética; interpretação mais objetiva das instâncias da ‘prática’ do ‘Estado’. Categoria importante no campo da epidemiologia—reprodução social. Aspectos importantes na definição do perfil epidemiológico: sistemas de contradição em movimento (determinação estrutural); medições (genótipo+fenótipo).

Notes:
Conceptual study. Inequity reference: social class
### Inequalities in Health based on Living Conditions:

**Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography**

| Author(s): | Breilh, Jaime |
| Year: | 1994 |
| Title: | *Gênero, Poder y Salud* |
| Series Title: | Mujer |
| Publisher: | CEAS/UTN |
| City: | Ibarra, Ecuador |
| Volume: | 3 |
| No. of Pages: | 93 |
| Keywords: | Equador |

**Abstract:**

As formas de subordinação são coexistentes e complementárias—opressão sobre o gênero feminino versus opressão social estrutural—a partir das contradições sociais e de condições específicas de reprodução social. A reflexão sobre a categoria gênero deve se concretizar a partir da inter-relação de outros campos de debate—'las nacionalidades e lo étnico e 'los movimientos sociales'—portanto uma análise geral dos 'povos' subordinados a fim de se operacionalizar estratégias emergentes para a transformação social. As reivindicações do feminino e masculino estão implicadas mutuamente. Considera-se o contexto de concentração de poder no estudo de gênero, principalmente porque 'en el plano más amplio de la vida económica, política y cultural, y especialmente en la formación de los varones, aflora como fenômeno colectivo la sobrevaloración del Poder y la Agresividad'(p.15). A particularidade epidemiológica de um gênero se concretiza como uma síntese de fenotipo+ genótipo+ padrão cultural e de relações sociais. Relação dialética entre as condições sociais e a vida individual. A investigação de gênero e saúde, portanto, não se reduz ao conhecimento de indicadores de enfermidades que afetam, primordialmente, um gênero, tampouco se limita a buscar o nexo empírico da patologia feminina com fatores sociais correlacionados. 'Hay una variación sustancial de las condiciones epidemiológicas de gênero en las distintas clases sociales y aquellas intervienen como determinaciones fundamentales de la calidad de vida y salud de cada gênero' (p.56). A análise de gênero pode enriquecer a análise epidemiológica geral, já que permite estabelecer o conhecimento das potencialidades e vulnerabilidades específicas de gênero a partir das 'contradições del trabajo insertado', da 'práctica doméstica', dos 'niveles organizativos y políticos', da 'dinâmica da vida cultural e 'de las relaciones con el ambiente ou condiciones naturales externas' (p.61). Por fim, 'el reto fundamental de toda lucha contra la subordinación, la que padecemos os pueblos dependientes, la que maniata a los sectores mayoritarios de las clases subalternas y la que somente a las mujeres a un régimen patriarcal, es la construcción de un mundo humano.'(p.82)

**Notes:**

Conceptual study. *Inequity reference:* gender, social class

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| Author(s): | Breilh, Jaime |
| Year: | 1995 |
| Title: | Epidemiology's role in the creation of a humane world: Convergences and divergences among the schools |
| Journal: | *Social Science and Medicine* |
| Volume: | 41 |
| Issue: | 7 |
| Pages: | 911–914 |

**Abstract:**

Equity, justice, well-being and health, issues at the heart of the practice of epidemiology, are the bases of a new, more humane and democratic society. An increasing number of voices are being raised in favour of a more practical science oriented toward human beings, one that emphasizes working with people. Social movements and groups are demanding forward-looking research joined to practical applications. In meeting these demands, the people's perception of their needs, their material situation and their subjective constructs must be taken into account. This approach calls into question epidemiological research
limited to an academic understanding of determining factors ('past') that produce the present situation in terms of the health of the collective and posits ways to work for a better future. (excerpt)

Notes: Position paper; editorial

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**Author(s):** Breih, Jaime  
**Year:** 1996  
**Title:** *El Género Entretejidos: Inequidad y Esperanza*  
**Series Title:** Mujer  
**Publisher:** Ediciones CEAS  
**City:** Quito, Ecuador  
**Volume:** 4  
**No. of Pages:** 330  
**Keywords:** Ecuador  
**Notes:** Conceptual study. Inequity reference: social class, gender

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**Author(s):** Breih, Jaime  
**Year:** 1996  
**Title:** *Hacia una transformación de la Epidemiologia: Avances conceptuales y metodológicos*  
**Conference:** 1° Congresso Português de Epidemiologia  
**Location:** Porto  
**Abstract:** Repete e revisa outros escritos sobre o tema da inequidade. Apresenta talvez a matriz do modelo teórico de 1997:

![Diagram of Contradições da Vida](image)

**Notes:** Conceptual study. Inequity reference: social class, gender

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**Author(s):** Breih, Jaime  
**Year:** 1997  
**Title:** *Hacia una Epidemiología Dura: Retos y Avances*  
**Publisher:** Casa de la Cultura Ecuatoriana  
**City:** Quito  
**Abstract:** Considera-se a inequidade como problema indispensável na análise epidemiológica. "El problema clave es la inequidad. (...) La inequidad es integral. Copa no sólo los sitios de trabajo y la esfera del mercado donde nos vemos impelidos a conseguir los bienes para la vida, sino que se filtra por todos los poros de la vida, afectando la cotidianidad, relaciones..."
fundamentales como las de género, y adueñándose del ámbito de las culturas". (Portanto) "... se hace indispensable una epidemiología de la equidad..." (pág. 3) "Un eje del conocimiento epidemiológico general es el estudio de las relaciones sociales que producen y condicionan la inequidad..." "En esta medida, una línea fundamental de trabajo es la de género y la investigación etno-cultural, en su interrelación con las relaciones sociales de clase". (pág. 18). Fontes de inequidad: relación de clase—"relaciones de poder económico"; relaciones de género—"relaciones de poder cultural" (sicl), construcciones históricas sobre a base das diferenças de sexo biológico; reações etno-nacionais—"relaciones políticas y culturales", construcciones históricas baseadas em diferenças raciais. Interessante proposta: distinção exposição—imposição = exposição forçada.

**Esquema teórico proposto:**

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<thead>
<tr>
<th>Sistema de Inequidade</th>
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<tr>
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**Determinantes**

1. Laborais
2. Da vida cotidiana—como consumidor
3. Organizações políticas—aparelhos do Estado
4. Padrões culturais e formas subjetivas
5. Relaçôes com a Natureza

**Notes:** Conceptual study. Inequity reference: gender, ethnicity, social class

**Author(s):** Breilh, Jaime

**Year:** 1998

**Title:** La inequidad y la perspectiva de los sin poder: construcción de lo social y del género

**Book Title:** Cuerpos, Diferencias y Desigualdades

**Publisher:** Udópica Ediciones

**City:** Bogotá

**Pages:** 00–00

**Abstract:** Os tópicos gênero e iniquidade devem ser relacionados e compreendidos a partir de uma análise que articule diferentes grupos com a respectiva 'lógica' de concentração de poder—a tríplice iniquidade dos "sin poder". Portanto, deve-se enfatizar o estado predominante de subordinação ou de menor poder que afeta a maior parte de um grupo—de classe, étnico e de gênero. Nesse sentido, a inter-relação é possibilitada ao se definir as seguintes categorias/conceitos: Diversidade = variação de características, diferenciação sem dimensionalidade. P.ex. gênero, etnia, cultura, nacionalidade, geração."En uma sociedade equitativa, o diverso frutifica como uma característica enriquecedora e se constitui em potencia favorável, porque as relações intergênero, interéticas e entre edades, são solidárias e cooperativas." "Pero cuando aparece historicamente la inequidad, es decir la apropiación de poder y la concentración del mismo en unas clases, en uno de los géneros y en algunas étnias, entonces la diversidad, en lugar de ser fuente de avance humano, pasa a ser vehículo de explotación y subordinación". Inequidad = refere-se ao processo que gera injustiça, iniquidades determinantes das desigualdades."La categoría desigualdad es la expresión observable de una inequidad social". Desigualdad = "expresión típica y grupal de la inequidad". "Expresa un contraste—de una característica o medida—produced por la
inequidad. Es el caso de la desigualdad de salario entre clases sociales o entre géneros, que corresponde a la inequidad en el proceso de producción y distribución económica, o es el caso de la desigualdad de aceso a un servicio de salud apropiado entre dichas clases, entre grupos étno-nacionales o entre varones y mujeres, que corresponde a la inequidad del mercado o del comportamiento distributivo del Estado". Inequidad = categoría analítica—esencia del problema de la distribución de bienes en la sociedad. Desigualdad = evidencia empírica. Desigualdad "es una injusticia o iniquidad (con i) en el aceso, una exclusión producida frente al disfrute, una disparidad en la calidad de vida, mientras que la inequidad (con e) es la falta de equidad, es decir la característica inherente a una sociedad que impide el bien común..." Diferencia = expresión combinada de diversidad e iniquidad, que se expresa na esfera individual. Assume duas modalidades:

a. genofenotípica
b. de deterioración desigual

Notes: Conceptual study. Inequity reference: social class. En prensa

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<tr>
<th>Author(s):</th>
<th>Britton, Louise A.; Herrero, Rolando; Brenes, María; Montalván, Patricia; Guardia, María Elena de la; Ávila, Angélica; Domínguez, Irma Lucía; Basurto, Erich; Reeves, William C.</th>
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<td>Title:</td>
<td>Tipos, causas e consecuencia de la marginalización en Latino America</td>
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<tr>
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depends on a series of internal and external factors that are intimately correlated. Public health and sanitary services should complement cultural, economic and sociopolitical factors in providing propitious conditions for human survival and development. But a survey of the marginalized population of 158 colonies of Mexico City and the Valley of Mexico in March, 1990, indicated that environmental conditions were frequently substandard. 2000 families with 12,245 members were surveyed. 56% lacked potable water in their homes, 59% had no sewage disposal, and 54% had deficient lighting and ventilation. 59% of the homes were deteriorated or partially destroyed. 22% had no access to toilet facilities. 38% of the population reported some illness on 2 survey days. 264 persons had upper respiratory infections, 120 had gastrointestinal disorders, and others had a variety of mostly infectious ailments. 1134 of the families were considered disorganized and 747 had been abandoned by the father or mother. 49% of all families had incomes below the minimum, and 11% had minimum income. 7% were totally and 16% functionally illiterate. These worrisome results from Mexico City and the Valley of Mexico are likely to reflect conditions in other large cities of Latin America. The study of health problems in these marginalized populations continues to be the study of the pathology of poverty, in which ailments resulting from precarious sanitary and hygienic conditions are predominant. Limited access to primary health care, incomplete vaccination, and lack of health education predispose to infection, malnutrition, low birth weight, and maternal and infant mortality. Poor family planning and irresponsible parenthood may lead to unwanted births, mistreatment of abandonment of children, drug addiction, juvenile delinquency, and other problems. Intense migratory flows and the influence of mass media have in some cases led to importation of health problems characteristic of more developed areas, further increasing the challenge to inadequate health resources.

Notes: Cross-sectional individual study; interviews and clinical exam. Inequality reference: poverty (education, family structure)

Author(s): Campaña, Arturo
Year: 1988
Title: Aspectos Metodológicos de la Investigación en Medicina Social: el manejo metodológico del objeto personalidad
Conference: Seminario Taller "La Medicina Social y sus Aplicaciones en la Practica, la Docencia y la Investigacion en Enfermeria"
Publisher: Centro de Estudios y Asesoría en Salud, Ecuador
Location: Bogotá

Author(s): Campaña, Arturo
Year: 1997
Title: Em Busca da Definição de Pautas Atuais para o Delineamento de Estudos sobre Condições de Vida e Saúde
Book Title: Condições de Vida e Situação de Saúde
Editor(s): Barata, Rita Barradas
Publisher: ABRASCO
City: Rio de Janeiro
Pages: 115–165
Keywords: Equador
Abstract: O mundo capitalista se debate em asfixiante crise e, para sair dela, impinge desesperadamente uma troca no modelo de acumulação, planeja suprimir a intervenção reguladora e distributiva do Estado e coloca-nos a debater com todos, sem excluir sanitaria, epidemiologistas e educadores, acerca do papel que devemos cumprir nesta nova etapa, quando o inimigo assume plenamente sua personalidade neoliberal. A definição
da qualidade de vida e do desenvolvimento humano não é um problema exclusivo nem predominantemente técnico-instrumental. As técnicas e os instrumentos para a leitura e medição do vital e humano dependerão, em última instância, da forma como se define, isto é, da forma em que refletimos seu movimento e características nos conceitos utilizados para orientar a interpretação de sua essência e não somente suas expressões fenomênicas. Nesse sentido, as armas técnico-instrumentais, ou o uso que se faça delas, refletirão a filosofia ou a cosmovisão dos atores do processo científico. Portanto, nós intervimos por uma complementação metodologicamente controlada das técnicas. Consideramos que o método dialético permite relacionar, de forma proveitosa, o quantitativo e o qualitativo, o teórico e o empírico, o racional e o sensorial, constituindo-se em plano metódico para explorar todos os aspectos da realidade epistemológica. Desta perspectiva metodológica, a separação entre os mundos macro e micro, entre o sociológico e o antropológico, não se justifica senão como recurso prático para aprofundar os aspectos específicos do conhecimento.

Notes:
Conceptual study. Inequity reference: social class

Author(s): Carneiro, Nadya Maria Bustani; Mota, Eduardo
Year: 1986
Title: Tuberculose em Salvador, Bahia: Incidência e algumas variáveis sócio-demográficas em 1980
Journal: Revista Baiana Saúde Pública
Volume: 13
Issue: 1/3
Pages: 68–80
Date: jan/set.
Keywords: Brasil

Author(s): Casassas, Andrés; González, Paulina; Zapata, Cecilia; Betancur, Noelia
Year: 1997
Title: Maltrato Infantil Comuna de Lebu 1995
Journal: Cuadernos Médicos-Sociales
Volume: XXXVIII
Issue: 1
Pages: 74–77

Author(s): Castellanos, Pedro Luis
Title: Sistema Nacional de Vigilancia de Situacion de salud según Condiciones de Vida
Date: 1992–1993
Keywords: Cuba
Abstract: Este documento es el proyecto de Sistema de Vigilancia (SV) llamado a actuar como monitor de los cambios en la situación de salud según las condiciones de vida. Dicho SV tendrá como premisas que sea ágil, flexible e íntegre de una forma sencilla diferentes factores que, en las condiciones socioeconómicas de nuestros días, se requieran conocer para tomar decisiones que provoquen un impacto en la situación de salud. El contenido del documento se inspira en el trabajo "Sistemas nacionales de vigilancia de la situación de salud según condiciones de vida y del impacto de las acciones de salud y bienestar" y en las discusiones que en base al mismo se llevaron a cabo en La Habana del 10–15 de junio, del 11 a 15 de noviembre de 1991 y del 2 al 5 de abril de 1992. En ellos hubo consenso sobre la conveniencia de trabajar de inmediato en la creación de un proyecto particular para el país, que se sume al internacional que propicia la OPS. En consecuencia se creó un grupo de trabajo formado por profesionales con experiencia en salud pública, con un amplio espectro
de perfiles (estadística, demografía, geografía, economía, administración, sociología y epidemiología) con la finalidad de producir un conjunto de elementos que tracen las pautas para su elaboración definitiva.

**Author(s):** Castellanos, Pedro Luis  
**Year:** 1989  
**Title:** Los Problemas Cuasiestructurados y Algunas Técnicas para el Abordaje de lo Subjetivo en el Estudio de la Situación de Salud  
**Type of Work:** Unpublished manuscript

**Author(s):** Castellanos, Pedro Luis  
**Year:** 1992  
**Title:** Sistemas nacionales de vigilancia de la situación de salud según condiciones de vida y del impacto de las acciones de salud y bienestar  
**Institution:** HDP/HDA/Organización Panamericana de la Salud  
**Type of Work:** borrador de trabajo  
**Keywords:** América Latina  
**Notes:** Research proposal. Inequity reference: living conditions

**Author(s):** Castellanos, Pedro Luis  
**Year:** 1992  
**Title:** Perfiles de salud y condiciones de vida: una propuesta operativa para el estudio de las inequidades en salud en América Latina  
**Conference:** I Congreso Iberoamericano de Epidemiología  
**Location:** Granada, España  
**Keywords:** Inequidad, Desigualdades, Situación de Salud, Perfiles de Salud, Condiciones de Vida, Metodología.  
**Abstract:** Se presenta las bases conceptuales y metodológicas que han servido de base para el desarrollo de estudios sobre perfiles de salud diferenciales según condiciones de vida, y para el desarrollo de sistemas de vigilancia de los cambios de dichos perfiles en relación con cambios socio económicos, en varios países de América Latina. A nivel conceptual se discute el concepto de salud y de condiciones de vida, así como el concepto de territorio-población. La esencia de la metodología es la utilización de territorio-población como unidades de información y análisis. Cada unidad es clasificada con base a variables de condiciones de vida y luego se conforman agrupaciones de unidades "relativamente homogéneas". Se presentan resultados preliminares y la situación actual de los proyectos en varios países. Se discute las ventajas y limitaciones de la metodología y de las experiencias en curso.  
**Notes:** Conceptual study. Inequity reference: ecosocial (space-populations units)

**Author(s):** Castellanos, Pedro Luis  
**Year:** 1992  
**Title:** Health Status and Social Class in Latin America: Implications for Research and Policy  
**Institution:** PAHO-WHO  
**Keywords:** Epidemiology, Methodology, Inequities, Inequalities, Latin America, Health Status, Social Class, Poverty.  
**Abstract:** This is a brief overview of concepts and methods developed by Pan American Health Organization / World Health Organization (PAHO-WHO) for the study of the inequalities and inequities in health status profiles of different population groups in Latin American and
Caribbean countries. It includes preliminary results of several studies on mortality patterns according to living conditions in Venezuela, Argentina, and Cuba. These results show the feasibility of the proposed methodology in different contexts. They also show how important it is to consider these inequities in research and policy making. Finally it reviews current experiences in the development of national systems for monitoring the health status of populations according to their living conditions. These systems are expected to support policy and planning decisions.

**Notes:**
Conceptual study (literature review). *Inequity reference:* living conditions

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| Abstract:               | Parte da crise da Saúde Pública na América Latina, tem raízes nas limitações conceituais, metodológicas e técnicas para responder aos desafios propostos pelas novas realidades, assim como no abandono de seu objeto de trabalho fundamental: a saúde das populações. O discurso sanitário, que predominou por mais de cinqüenta anos, perdeu sua hegemonia, e outros discursos tendem a ocupar esta posição ou, pelo menos, discutem muitas das proposições fundamentais do discurso sanitário tradicional. Torna-se indispensável reivindicar a análise da situação de saúde das populações como espaço privilegiado dos aportes da Epidemiologia e de outras disciplinas à definição de políticas de avaliação de impacto das intervenções. Apresentam-se algumas reflexões de caráter basicamente conceitual sobre a Epidemiologia enquanto disciplina do campo da Saúde Pública, a respeito da situação de saúde e condições de vida e quanto a alguns conceitos tomados de empréstimo às teorias gerais das ciências, que são expressivas para a sustentação de
métodos e técnicas de estudo da Situação de Saúde. Sustentando a tese de que o objeto de estudo e de trabalho da Epidemiologia é o fenômeno de saúde das populações, é possível conduzir-se ao encontro dos desenvolvimentos conceituais e metodológicos sobre a Arquitetura da Complexidade, da situação de saúde vista da perspectiva da teoria dos Sistemas Complexos e Adaptativos e a algumas referências acerca da proposta metodológica de Matrizes de Dados, como aproximação ao manejo de unidades, variáveis e indicadores de diferentes níveis em delineamentos de investigação.

Notes:
Conceptual study (position paper). Complexity theory. Inequity reference: living conditions

Author(s): Castellanos, Pedro Luis
Year: 1997
Title: Perfil de mortalidade, nível de desenvolvimento e iniquidades sociais na Região das Américas
Book Title: Equidade e Saúde: Contribuições da Epidemiologia
Editor(s): Barata, Rita; Barreto, Mauricio; Almeida-Filho, Naomar; Veras, Renato
Publisher: ABRASCO/Editora FIOCRUZ
City: Rio de Janeiro
Volume: 1
Pages: 137–160
Series Title: Epidemiológica
Keywords: América Latina
Abstract: Este documento constitui a síntese parcial de um estudo publicado pela OPS/OMS sob o título "Saúde e Condições de Vida", na edição 1994 de Condições de Saúde das Américas. Posteriormente, também publicado como informe especial mais extenso, sobre "Iniquidades em Saúde nas Américas". A metodologia utiliza da nestes estudos faz parte dos esforços da OPS para pôr à disposição dos países membros—de forma mais útil aos processos de decisão sobre políticas de saúde e bem-estar no contexto dos planos de desenvolvimento—procedimentos eficazes e de baixo custo para análise e monitorização da situação da saúde. Este texto enfatiza as associações entre 'brechas redutíveis de mortalidade' (BRM), níveis de desenvolvimento e iniquidades sociais. Suas conclusões básicas reforçam a tese de que as BRM estão relacionadas não somente com o nível de desenvolvimento econômico dos países, mas também, e ainda em maior medida, com o maior ou menor caráter redistributivo, o grau de desenvolvimento social acumulado e as condições de vida predominantes em suas populações—medidos em termos de acesso a bens e serviços mínimos através de um 'indicador geral de acessibilidade ao desenvolvimento social acumulado' (IGADSA). Sob a perspectiva de 'iniquidades sociais em saúde' destaca-se que, sem a relação sinérgica entre situação de saúde e nível de desenvolvimento, esta relação aparece mediada pela melhoria das condições básicas de vida das populações. Todavia, nem todo crescimento econômico beneficiou por igual a saúde dos habitantes. Países com o mesmo nível econômico têm BRM muito diferentes, associados ao seu nível de IGADSA. Isto reforça a necessidade de que se incorpore, tanto na reflexão sobre modelos de desenvolvimento quanto nas políticas de saúde, além da perspectiva de custo/benefício, a consideração sobre eficácia social, levando em conta o impacto desta sobre as iniquidades sociais e, particularmente, em termos de brechas redutíveis de mortalidade. As conclusões conclamam também à ponderação acerca das possibilidades e limites das intervenções pontuais, de caráter conjuntural e compensatório, bem como a respeito da relevância de intervenções intersetaorais, integradas, que visem a modificar as condições de vida dos setores mais preteridos. Finalmente, destaca-se a necessidade de que os processos de Reforma Setorial incorporem mecanismos de análise da situação da saúde e, sobretudo, de 'monitorização' do impacto das intervenções sobre as iniquidades em saúde e condições de vida, do comportamento das BRM em diferentes territórios e setores sociais.
Notes: Research Type: Cross-sectional aggregate study (ecological by countries). Official mortality data; BRM. Inequity reference: living conditions (social development—IGADSA index)

Author(s): Castellanos, Pedro Luis
Year: 1998
Title: Los modelos explicativos del proceso salud-ensfermedad: Los determinantes sociales
Book Title: Salud Pública
Editor(s): F. Martínez, PL Castellanos, Antó, Gili, Marset, V Navarro
Publisher: McGraw Hill
City: Madrid
Pages: 81–103
Notes: Capítulo 5

Author(s): CEAS, Coletivo
Year: 1990
Title: La construcción del pensamiento en Medicina Social. Avances, problemas teórico-metodológicos y discusión de categorías básicas
Institution: Centro de Estudios y Asesoría en Salud
Type of Work: Reporte presentado al Proyecto ALAMES/OPS
Keywords: América Latina
Abstract: Anotaciones sobre los problemas en la investigación de la practica y el saber. Aportaciones centrales del movimiento de la Epidemiología (Crítica) latinoamericana: análisis general del estado del arte, los debates y desafíos actuales. Discusión sobre algunas propuestas latinoamericanas, através de presentación de briefes elementos autocriticos y de categorias básicas para el análisis, contrastando los modelos del grupo de Xochimilco y del CEAS. Presentación del método para el análisis de la producción latinoamericana y del análisis mismo, siguiendose una bibliografía comentada.
Notes: Collection of conceptual studies and position papers. Inequity reference: social class

Author(s): CEAS, Coletivo
Year: 1994
Title: Condiciones sociales e inequidad de género en América
Book Title: Mujer, Trabajo y Salud
Editor(s): CEAS
Publisher: IDRC/Ediciones CEAS
City: Quito, Ecuador
Volume: 1
Pages: 303–370
Series Title: Mujer y Salud
Keywords: América Latina
Notes: Conceptual study. Inequity reference: social class, gender

Author(s): CELADE
Year: 1990
Title: Factores sociales de riesgo de muerte en la infancia: los casos Costa Rica, Honduras y Paraguay
Publisher: CELADE
City: Santiago de Chile
Keywords: Costa Rica, Honduras, Paraguay
Notes: Research Type: Case study (selected countries). Death registries; infant mortality. Inequity reference: poverty

Author(s): César, Ana Lucia Monteiro; Almeida, Lívia Aragão de
Year: 1995
Title: Distribuição espacial da mortalidade por causas externas em Salvador-Bahia na população de 10 a 24 anos
Institution: Instituto de Saúde Coletiva/UFBA
Date: Agosto
Report Number: 2
Keywords: Análise da situação de saúde do município de Salvador, segundo condições de vida; Anexo
Abstract: A importância da mortalidade por causas externas no conjunto de óbitos tem aumentado em Salvador na última década, passando de 8.2% dos óbitos em 1980 para 15.2% em 1991, quase duplicando a mortalidade proporcional por esta causa. O presente estudo descreve a situação das mortes por causas externas em adolescentes e adultos jovens (10 a 24 anos), em Salvador-BA no ano de 1988 e 1991—a mortalidade proporcional por causas externas, na faixa de 10 a 24 anos, cresceu de 56.5% em 1988 para 63.1% em 1991. O interesse em analisar mais aprofundadamente as mortes por causas externas nesta faixa etária está em que estas mortes e a violência têm aumentado, principalmente para os grandes centros urbanos no Brasil e em vários países ao longo dos anos. É, geralmente, nesta faixa etária, que o homem faz a transição da criança para o adulto, incidindo mais diretamente sobre ele os aspectos da realidade à sua volta. É quando se depara com a transformação do seu corpo, sua sexualidade, sua relação familiar, sua relação com o trabalho e com toda a sociedade. A população nesta faixa etária é chave na formação da sua própria geração e nas gerações futuras, tornando-se fundamental conhecê-la melhor e entender sua relação com o espaço onde vive. Por outro lado, a sociedade na qual está inserido, tem uma história e uma dinâmica que se apresenta e interfere em cada uma dessas vidas de maneira particular e coletiva. A piora dos índices sócio-econômicos, a instabilidade da política econômica do país e a falta de perspectiva para muitos jovens e adolescentes são alguns fatores que levam ao aumento da violência e piora da qualidade de vida. Conhecer a ocorrências das mortes na população jovem de forma mais detalhada poderá nos permitir fazer algumas interpretações genéricas sobre a dinâmica da vida desses jovens e sugerir a identificação de fatores específicos na determinação das mortes, que podem ser passíveis de atuação por políticas sociais ou servir de instrumento para a ampliação do conhecimento sobre o município de Salvador.
Notes: Research Type: Cross-sectional aggregate study (ecological). Death certificates; mortality due to external causes. Inequity reference: generation, ecosocial

Author(s): Cleland, J.; G.Bicego; Fegan, G.
Year: 1992
Title: Socioeconomic inequalities in childhood mortality: the 1970s to the 1980s
Journal: Health Transition Review
Volume: 2
Issue: 1
Pages: 1–18
Abstract: World Fertility Survey (WFS) and Demographic Health Survey (DHS) data are the basis for the description of declines in mortality between 1965–1985 and the examination of the extent to which declines are attributed to improvement in socioeconomic structure in Senegal, Egypt, Indonesia, Peru, Morocco, Dominican Republic, Ecuador, Tunisia, Sudan (North), Thailand, Mexico, and Colombia. The analytical design is briefly described as the calculation of measures of mortality at the national level and for subgroups and defined in
terms of maternal education, paternal occupation/education, and rural/urban residence. Trends were calculated from estimates for different periods. Absolute and relative differences for subgroups were assessed at several points in time to express differential mortality. The consistency and reliability of WFS and DHS data are discussed and conclusions drawn that only general patterns are expressed; mortality trends are not known with certainty and caution is urged in the interpretation. Results are presented for national levels and trends in childhood mortality, socioeconomic composition and national trends, and socioeconomic inequalities in childhood mortality: convergence and polarization. The main findings are that all but 1 of the 12 countries experienced mortality declines of around 50% from 1965 to 1985. The declines in mortality at 1–5 years was steeper than for infant mortality at 1–5 years was steeper than for infant mortality. The level of mortality in 1965 was not a factor in the improvement in child survival over the 20-year period; i.e., countries such as Thailand, Mexico, and Colombia with low levels of mortality in 1965 had proportionate increases equal to high mortality countries such as Egypt and Indonesia. The pace of decline has accelerated since the mid-1970s. Compositional change in, for instance, educational attainment, occupational structure, or level of urbanization, had not contributed substantially to mortality decline in the 12 countries, i.e., 20–35% of national decline could be attributed to improvements in maternal education in all but 1 country. Huge inequalities have persisted throughout the decades, although all socioeconomic levels have benefited form the improvement in survival. Other literature suggests that response to illness may be more important than prevention in explaining survival differentials in different socioeconomic subgroups, and future detailed analysis is warranted.

Notes:
Research Type: Case studies (Research Type: Macro-contexts: 12 countries). Data re-analysed from national surveys; death registries; infant mortality. Inequity reference: poverty (education, occupation), ecosocial (urbanization)

Author(s): CNISM/OPS
Year: 1995
Title: La Epidemiología en la búsqueda de la equidad en salud
Journal: Boletín de la Oficina Sanitaria Panamericana
Volume: 119
Issue: 5
Pages: 460–461
Notes: Institutional document (doctrine text)

Author(s): Cohn, Amélia
Year: 1992
Title: From a policy of inequality to a proposal of equity: political processes and health care in the municipality of São Paulo
Journal: International Journal of Health Services
Volume: 22
Issue: 4
Pages: 767–781
Keywords: Brasil; Health-Planning; Health-Services-organization-and-administration; Municipal—Government; Politics--; Social-Justice; Urban-Population. *Delivery—of Health-Care-organization-and-administration; *Health-Policy
Abstract: A tentative analysis is made of the recent Sao Paulo experience in health care management, in which the chief guideline has been to create institutional space for grassroots and health worker participation within the State apparatus. The analysis takes Brazil's recent health policies and the so-called Sanitary Reform movement as reference points. The issue is
INEQUALITIES IN HEALTH BASED ON LIVING CONDITIONS: ANALYSIS OF SCIENTIFIC OUTPUT IN LATIN AMERICA AND THE CARIBBEAN AND ANNOTATED BIBLIOGRAPHY

approached from the angle of democracy and democracy's possibilities in the context of a society characterized by tremendous social inequalities, and in the context of the current international and national neoliberal offensive.


Author(s): Cohn, Amélia
Year: 1997
Title: Desenvolvimento Social e Impactos na Saúde
Book Title: Condições de Vida e Situação de Saúde
Editor(s): Barata, Rita Barradas
Publisher: ABRASCO
City: Rio de Janeiro
Pages: 77–93
Keywords: Brasil
Abstract: Este seminário propõe, como objetivo geral, a criação de um espaço para debate onde seja possível—segundo o próprio texto dos seus organizadores—"aprender os conhecimentos disponíveis sobre as relações entre políticas de desenvolvimento, condições concretas de existência—que também são denominadas, em vários estudos, 'condições de vida', 'modos de andar a vida'—e situação de saúde dos povos latino-americanos". Como a abordagem do tema sugerido vem dando ênfase à questão do desenvolvimento social e aos impactos das condições concretas de existência na saúde—com a diversidade teórico-metodológica que ela permite na forma de abordá-la—e como a platéia congrega um grupo de renomados especialistas latino-americanos em Epidemiologia, opto, cautelosamente, por restringir-me ao tema do desenvolvimento social a partir de quatro perspectivas, que consistem em: dificuldade de definição do que se entende por desenvolvimento social; proposta de mudança do enfoque hoje predominante—desenvolvimento social versus pobreza, o que remeteria mais de perto para a questão tão debatida atualmente do alívio da pobreza—para o de desenvolvimento social versus desigualdade social, por conseguinte, da ótica da superação da pobreza; articulação entre desigualdade social e democracia; debate acerca da questão do Estado e políticas públicas na atual conjuntura latino-americana.

Notes: Conceptual study. Literature review. Inequity reference: living conditions

Author(s): Contreras, Alfonso
Year: 1993
Title: Promoción de la salud y equidad en la transformación productiva
Publisher: Organización Panamericana de la Salud
City: Washington D.C.
Number: PWD/SIMUS/1167
Pages: 21
Notes: Institutional document

Author(s): Cortés, Pedro Pablo; Guerra, Alejandro; Román, José Luis; Saba, Jorge
Year: 1997
Title: Anticoncepcion en la Adolescencia: opcion informada segun estrato socioeconomico-cultural?
Journal: Cuadernos Médicos-Sociales
Volume: XXXVIII
Issue: 1
Pages: 70–73
Author(s): Costa, Maria Fernanda Furtado; Rocha, R. S.; Magalhães, Maria Helena Almeida; Katz, Naftale
Year: 1984
Title: Esquistossomose Mansoni e Condições de Vida: o caso da cidade de Comercinho, Minas Gerais
Conference: III Seminário Latino Americano de Medicina Social
Editor(s): FMU-FMG
Publisher: ABRASCO-CEBES
Location: Ouro Preto, Minas Gerais
Pages: 75
Keywords: Brazil. Minas Gerais.
Abstract: Um estudo seccional da esquistossomose mansonica foi desenvolvido em Comercinho, Minas Gerais, onde os habitantes do centro e da periferia apresentam diferenças sociais importantes. Foram feitos exames de fezes pelo método Kato-Katz e exame clínico em respectivamente 90 e 79 % da população da cidade (1471 habitantes). O índice de infecção pelo S. mansoni foi 70 %, a média geométrica do número de ovos foi 334/grama de fezes e 7 % dos pacientes infectados apresentavam esplenomegalia. O índice de infecção (respectivamente 59, 66, 80 e 87 % nas zonas 1, 2, 3 e 4), a média de ovos (respectivamente 237 ± 6, 257 ± 4, 579 ±5 e 476 ±4) e o índice de esplenomegalia (1,7, 4,4, 11,6 e 11,1 % nas zonas 1, 2, 3 e 4) foram significativamente mais altos nas zonas geográficas 3 e 4, situadas na periferia, do que nas zonas 1 e 2, situadas na área central de Comercinho. Esta diferença parece ter sido determinada pelas diferenças sociais existente entre os trabalhadores das áreas centrais e periféricas da cidade, uma vez que nas zonas 3 e 4 predominavam trabalhadores não-qualificados como chefes de família (73 e 97 %, respectivamente), só 10 e 3 % dos domicílios possuíam água encanada e menos de 15 % das habitações eram de melhor qualidade.

Notes: Research Type: Cross-sectional individual study. Questionnaires, laboratory exams. Simple comparison of prevalence rates by areas classified by SES. Inequity reference: ecosocial (urban central x periphery), SES (occupation)

Author(s): Crucces, Juan Gomez de Leon
Year: 1994
Title: La mortalidad en 1992. Desigualdades regionales y años de vida perdidos
Journal: Demos
Volume: 7
Pages: 9–11
Keywords: Mexico
Abstract: Life expectancy at birth in Mexico doubled from 35 years in 1930 to 70 years in 1994. An important component of this improvement was the decline in infant mortality from over 190/1000 in 1930 to 30/1000 in 1994. The improved living standards, expansion of basic infrastructural services, and increased educational level and availability of health services that explain the improved mortality performance are not equitably distributed throughout the national territory. The socioeconomic backwardness of some regions is reflected in their high mortality rates. Years of potential life lost may be used as an indicator of the regional inequities. For Mexico as a whole, men lose 3.8% more years of potential life than women before age 85. Men lose 18.7 years on average while women lose 13.5. Men lose more years than women on average from each of three large groups of causes. Men and women, respectively, lose 3.62 and 2.92 years from communicable diseases, maternal and perinatal disorders; 11.19 and 9.68 years from noncommunicable disorders; and 3.88 and 0.89 years from accidents and lesions. For both sexes, the share of years lost to noncommunicable diseases, also referred to as chronic and degenerative diseases, greatly exceeds that of the
other two large groups of causes, suggesting that Mexico is well advanced in the epidemiologic transition. Examining female mortality separately, Oaxaca and Chiapas are extreme cases of high mortality, with over 16 years of potential life lost. Nuevo Leon is at the other extreme, with under 11 years lost. When the years of potential life lost are classified into the three large groups, the greatest difference between the high and low mortality groups is in transmissible diseases. The low mortality states with fewer than 12 female years of life lost showed fewer than two lost to transmissible diseases. In states like Chiapas and Oaxaca, more than five years were lost to transmissible diseases. States with the highest mortality rates are in general those experiencing the most rapid declines, so that the overall trend is toward a convergence of mortality rates.

Notes:
Research Type: Macro-context analysis (mexican states). Death registries; AVPP—direct comparison. Inequity reference: living conditions, epidemiological transition.

Author(s): Cuello, C.; Correa, P.; Haenszel, W.
Year: 1982
Title: Socio-economic class differences in cancer incidence in Cali, Colombia
Journal: International Journal of Cancer
Volume: 29
Pages: 637–643
Keywords: Cali, Colombia.
Notes: Case-control study. Inequity reference: SES (?)

Author(s): Cumseille, J. F.
Year: 1993
Title: Efectos de la dicotomizacion de variables continuas sobre las medidas de asociacion en Epidemiologia
Conference: Segundo Congresso Chileno de Epidemiologia
Location: Chile
Keywords: medidas de asociacion, dicotomizacion, regresion logistica, regresion multiple

Author(s): Cunha, Estela Pinto da
Year: 1997
Title: Raça: aspecto esquecido da iniquidade em saúde no Brasil?
Book Title: Equidade e Saúde: Contribuições da Epidemiologia
Editor(s): Barata, Rita; Barreto, Maurício; Almeida-Filho, Naomar; Veras, Renato
Publisher: ABRASCO/Editora FIOCRUZ
City: Rio de Janeiro
Volume: 1
Pages: 219–234
Series Title: Epidemiologia
Keywords: Brasil
Abstract: A falta de equidade determinada pela raça é tema pouco explorado na literatura da área da Saúde até o momento. Diante de tal realidade, buscou-se pesquisar a existência de desigualdades no que se refere às condições de viver e de morrer das pessoas de acordo com a raça. Com a aplicação de técnicas indiretas nos dados dos censos demográficos de 1960 e 1980—única fonte disponível que permite a estimativa dos níveis e tendências da mortalidade infantil e mortalidade adulta feminina consoante à cor declarada—foi possível mapear os diferenciais encontrados para o Brasil e grandes regiões no comportamento destas duas variáveis. Apesar das dificuldades encontradas, como o fato de os atestados de óbitos no Brasil não registrarem a variável cor, obtiveram-se estimativas que constatam a
sobremortalidade de filhos menores de um ano de mães negras e de mulheres adultas negras com relação às brancas. As conclusões apresentadas neste primeiro mapeamento colocam vários desafios para futuras pesquisas sobre o tema. Considera-se fundamental acrescentar outros indicadores sócio-econômicos e a utilização de técnicas multivariadas de maneira a integrar os efeitos das distintas variáveis reconhecidas como condicionantes da mortalidade.

Research Type: Macro-context analysis (regiões of Brasil). Demographic census; infant mortality, female mortality. Inequity reference: Ethnicity

Author(s): Curi, P. R.
Year: 1993
Title: Agrupamento de países segundo indicadores de padrão de vida
Journal: Revista de Saúde Pública
Volume: 27
Issue: 2
Pages: 127–134
Abstract: The position of 125 countries is studied on the basis of a collection of 26 basic, health, economic and educational indicators. Multivariate statistical methods were used, including Cluster Analysis, Principal Component Analysis and Multivariate Analysis of Variance. The most discriminating variables were life expectancy the child mortality rate, the mortality rate of children of less than five years of age, the birth and fertility rates and the high-school female matriculation rate. The first principal component was interpreted as a measure of the living standard which made it possible to place the countries in order. Five clusters of countries are suggested.

Notes: Research Type: Cross-sectional aggregate study (125 countries). Registry of official indicators. Cluster analysis; Principal components analysis; Multivariate variance analysis. Inequity reference: living conditions (education, health)

Author(s): Curiel, Darío; Puffer, Ruth
Year: 1969
Title: Clase social y enfermedad arteriosclerótica del corazón
Journal: Boletín de la Oficina Sanitaria Panamericana
Volume: 26?
Issue: 4
Pages: 281–295
Keywords: Venezuela?

Author(s): Curto-de-Casas, S.
Year: 1993
Title: Geographical inequalities in mortality in Latin America
Journal: Social Sciences and Medicine
Volume: 36
Issue: 10
Pages: 1349–1355
Keywords: América Latina
Abstract: Countries and regions of Latin America were classified as either products of a poverty model or a wealth model through a series of comparative maps of the entire Western Hemisphere with most of the data for Latin America. The first model indicates low incomes and education, serious infectious diseases, high child mortality rates, and shortened adult
life spans. The wealth model is characterized by the common diseases of developed states. Reports by the Pan American Health Organization covering 1981–84 and regional data for Argentina and Brazil from 1979–80 were utilized. In mortality of children <5 years old, the poverty model is apparent in Peru, Paraguay, Haiti, Guatemala, Honduras, El Salvador, Nicaragua, and the Northeast of Brazil. Mexico, large parts of Brazil, Colombia, Ecuador, the Dominican Republic, and South Central Argentina also exhibit high mortality. When general infant mortality rates (infant deaths per 1000 live births) are compared with the United States, most of the more tropical parts of Latin America, Mexico, and northern Central America are characterized by the poverty model. For mortality in people >65 years old, most countries approximate the wealth model. Using heart disease, stroke, and cancer deaths as a measure for the wealth model, Argentina, Chile, the more urbanized parts of Brazil, and northern South America show intermediate patterns. Most of Central America, some of the larger Caribbean countries, and the more settled areas of Argentina and Uruguay rival the more developed countries in life expectancy. The lowest life expectancies are in Ecuador, Peru, and the Brazilian Northeast. Among 33 Latin American countries or regions compared for 14 health indicators, Jamaica, Cuba, Costa Rica, Uruguay, and the central region of Argentina fall into the wealth model. By contrast, Ecuador, Peru, Bolivia, northern Brazil, Nicaragua, Honduras, and Haiti fall clearly into the poverty category. The attenuated poverty model encompasses a considerable number of countries somewhere between wealth and extreme poverty.

Notes:
Research Type: Macro-model studies (Latin American countries). Official health indicators. Tipological analysis (3 models). Inequality reference: poverty

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**Programmer:** Dachs, N.; Roberts, E.
**Year:** 1998
**Title:** Mortality in Latin America: Concentration Curves and Underregistration
**Version:** Sept. 18
**Type of Work:** Unpublished manuscript

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**Author(s):** de-llos-Rios, Rebecca
**Year:** 1993
**Title:** Género, salud y desarrollo: un enfoque en construcción / Gender, health and development: an approach in the making
**Book Title:** Género, mujer y salud en las Américas
**Editor(s):** Gómez-Gómez, Elsa; de-llos-Rios, Rebecca; Plaut, Renate; Torres, Cristina; Yunes, João.
**Publisher:** Organización Panamericana de la Salud
**City:** Washington, D.C.
**Pages:** 3–18
**Abstract:** En el presente trabajo se describen los supuestos básicos que permearon durante las dos últimas décadas las tesis del desarrollismo en relación con la mujer—conocidas en este contexto como integracionismo—y la influencia que esta orientación tuvo sobre los enfoques acerca de la salud de la mujer. A partir del análisis de las implicaciones teóricas y prácticas que revistiera para la mujer el avance integracionista de "mujeres en el desarrollo" (MED), se ponderarán logros y limitaciones, y se esbozarán las bases de un paradigma alternativo para la investigación y la intervención en salud. En la base de este paradigma se plantea la noción de equidad, imbricando en el logro de dicha meta las concepciones de desarrollo humano—tomado en un sentido amplio que desborda lo económico—y la de género, como construcción social diferenciadora de hombres y mujeres

**Notes:** Position paper. Inequality reference: gender, development
Contribución de modelos estadísticos a la equidad en la asignación del Programa de Alimentación Escolar (PAE), 1991

Journal: Cuadernos Médico-sociales
Volume: 32
Issue: 4
Pages: 44–58
Keywords: Chile
Abstract: Se presenta un modelo estadístico que se denomina "porcentaje", (PAJE) con el propósito de determinar la asignación de los beneficios del PAE. Este fue calculado con datos de las encuestas ad-hoc realizadas al inicio del año académico de 1990 en todos los primeros y cuartos cursos del país. (Incluye a medio millón de alumnos en casi 8.000 escuelas con información, de las 10.000 que funcionan en el país). PAJE se calcula con base a las tasas de cada una de las variables por escuela, las que fueron procesadas según al procedimiento computacional LOGIT (regresión logística), a diferencia del índice utilizado hasta el año pasado "percentil" (PTIL) que se fundamentaba en los valores promedios de dos de sus cuatro variables y se elaboró según el procedimiento denominado de los "Componentes Principales" (AU).

Notes: Research Type: methodological study. Access to food supplementation in school. Principal component analysis. Inequity reference: education

Author(s): Drummond-Junior, Marcos
Year: 1994
Title: Mortalidade evitavel do adulto: desigualdades socio-espaçais no municipio de São Paulo
Academic Dept.: Medicina Social
University: UNICAMP
City: Campinas
Thesis Type: Mestrado
Keywords: Brasil, São Paulo.
Notes: Research Type: Cross-sectional aggregate study (ecological—municipality of São Paulo). Adult mortality. Inequity reference: ecosocial

Author(s): Duncan, Bruce; Rummel, Davi; Zelmanowicz, Alice; Mengue, Sotero Serrate; Santos, Simone dos; Dalmáz, Aneliêse
Year: 1995
Title: Social Inequality in Mortality in São Paulo State, Brazil
Journal: International Journal of Epidemiology
Volume: 24
Issue: 2
Pages: 359–365
Keywords: Brazil, São Paulo
Abstract: Background: Epidemiological studies have consistently demonstrated social inequality to be an important factor in the distribution of illness and death in society. However, little work has been published on social differentials in mortality in the world's developing countries, where socioeconomic contrasts are often considerably greater. Methods: In order to evaluate the extent of social differentials in mortality in a setting of major social inequality—the State of São Paulo, Brazil, deaths in men aged 15–64 years residing in São Paulo from 1960 to 1962 were linked in broad, occupationally-determined categories to estimates of population size based on the 1980 Brazilian national census. The occupational categorizations utilized a Brazilian classification scheme and additionally that of the British
Registrar General. Results: Mortality was 3.8 and 2.9 times greater comparing least to most socially favoured occupational category in each of the two classification systems, respectively. Independent of system, mortality decreased approximately 1.1 % for each 1 % increase along the occupationally-defined social gradient. This decrease was 48 % greater than the equivalent calculated decrease for men of England and Wales. Conclusions: These data support the contention that mortality for Brazilian adults, even more so than for adults of the world's more economically developed nations, is inextricably bound to the issue of social equity.

Notes: Research Type: Macro-context analysis (State of São Paulo). Death registry + Census data. Table analysis, SRRs. Inequity reference: social class (occupation), social class as defined by the British Registrar General

Author(s): Eibenschutz, Catalina
Year: 1994
Title: La organización de los servicios de salud (perspectiva epidemiológica y de los servicios)
Journal: Revista de la Escuela de Salud Pública (Córdoba)
Volume: 5
Issue: 2
Pages: 37–61
Keywords: Mexico
Notes: Position paper

Author(s): Ernst, S.; Figueroa, V.; Fábrega, F.; Galaz, H.; Rodríguez, W.
Year: 1993
Title: Análisis de intervención: Metodología para la evaluación de programas de control de enfermedades
Conference: Segundo Congreso Chileno de Epidemiología
Location: Chile
Keywords: análisis de intervención, modelos arima, evaluacion de programa, rabia

Author(s): Espejo, Francisco; Fuentes, Roberto
Year: 1997
Title: Equidad en salud
Journal: Cuadernos Médico-Sociales (Santiago de Chile)
Volume: 38
Issue: 1
Pages: 16–23
Keywords: Chile
Abstract: Diferencias crecientes en la salud entre y dentro de los países están relacionadas con las diferencias de ingreso y status que persisten y se acercan a pesar del crecimiento económico. Se define inequidad como toda diferencia evitable en el nivel de salud que es considerada como injusta. Se distingue la equidad en la atención de salud de la equidad en el nivel de salud de la población. En la primera preocupa que la distribución de los recursos asignados a la atención médica sea orientada según necesidades de la población, focalizando según vulnerabilidad y capacidad de pago. La máxima es ofrecer igual acceso e igual tratamiento a igual necesidad. Se discuten herramientas técnicas para lograrlo. Equidad en la atención en salud no permite alcanzar equidad en nivel de salud. Tampoco la superación de la pobreza o la modificación de estilos de vida. Menores tasas de mortalidad de distintos grupos sociales no se relacionan con la riqueza total sino con una mejor distribución del ingreso al interior de la sociedad. A mayor distancia entre los grupos
sociales, menor inversión en capital social, lo cual a su vez determinaría una menor cohesión social, factor determinante en el progreso de las naciones.

Notes: Conceptual study; literature review. Inequity reference: poverty, living conditions

Author(s): Evans, Ronald
Year: 1984
Title: Desigualdad social y mortalidad infantil en Venezuela
Journal: Boletín de Salud Pública
Volume: 17
Pages: 4–17
Keywords: Venezuela

Author(s): Evans, Ronald
Year: 1987
Title: Diferenciales socioeconómicos de la mortalidad por algunas causas en el Distrito Sucre, Estado Miranda
Journal: Revista de la Sociedad Médico Quirúrgica
Volume: 22
Issue: 2
Pages: 87–106
Keywords: Venezuela. Sucre.

Author(s): Evans, Ronald
Year: 1987
Title: Diferenciales Socioeconómicos de la Mortalidad en dos Municipios del Distrito Sucre, Estado Miranda, Venezuela
Institution: Universidad Central de Venezuela
Type of Work: Unpublished manuscript
Keywords: Venezuela. Sucre.
Notes: Research Type: case study (2 municipalities); Mortality data. Inequity reference: SES

Author(s): Farmer, Paul
Year: 1996
Title: Social inequalities and emerging infectious diseases
Journal: Emerging Infectious Diseases
Volume: 2
Issue: 4
Pages: 259–269
Keywords: Haiti
Abstract: Although many who study emerging in infections subscribe to social-production-of disease theories, few have examined the contribution of social inequalities to disease emergence. Yet such inequalities have powerfully sculpted not only the distribution of infectious diseases, but also the course of disease in those affected. Outbreaks of Ebola, AIDS, and tuberculosis suggest that models of disease emergence need to be dynamic, systemic, and critical. Such models—which strive to incorporate change and complexity, and are global yet alive to local variation—are critical of facile claims of causality, particularly those that scant the pathogenic roles of social inequalities. Critical perspectives on emerging infections ask how large-scale social forces influence unequally positioned individuals in increasingly interconnected populations; a critical epistemology of emerging infectious
diseases asks what features of disease emergence are obscured by dominant analytic frameworks. Research questions stemming from such a reexamination of disease emergence would demand close collaboration between basic scientists, clinicians, and the social scientists and epidemiologists who adopt such perspectives.

Notes: Conceptual study. Position paper. Literature review. Inequity reference: social class

Author(s): FIBGE
Year: 1986
Title: Perfil estatistico de criancas e maes no Brasil: aspectos socio-economicos da mortalidade infantil em areas urbanas
Publisher: Fundacao Instituto Brasileiro de Geografia e Estatistica
City: Rio de Janeiro
Keywords: Brasil
Notes: Research Type: Cross-sectional individual study. Infant mortality data. Inequity reference: poverty

Author(s): Figueiredo, Juan Manuel Sotelo
Year: 1993
Title: El enfoque de riesgo y la mortalidad materna: Una perspectiva latinoamericana
Journal: Boletin de la Oficina Sanitaria Panamericana
Volume: 114
Issue: 4
Pages: 289–301

Author(s): Figueroa, M.L.; Llossa, L.; Alvarez, J.O.
Year: 1988
Title: La situación nutricional y de salud de la mujer latinoamericana
Journal: Archivos Latinoamericanos de Nutrición
Volume: 38
Issue: 3
Pages: 705–722
Keywords: América Latina; Adolescence; Anemia, Hypochromic epidemiology; Anemia-Hypochromic-etiología; Developing-Countries; Diet; English-Abstract; Folic-Acid-Deficiency-complications; Folic-Acid-Deficiency-epidemiology; Infant, Newborn; Lactation-physiology; Latin-America-epidemiology; Nutrition-Disorders-etiología; Nutritional-Requirements; Pregnancy-physiology; Pregnancy-in-Adolescence; Socioeconomic-Factors; Health-Status; Nutrition-Disorders-epidemiology; Nutritional-Status; Women-Female
Abstract: Spanish; Non-English ~ CP: Venezuela; AB: Latin America is a region where countries have various levels of socioeconomic development. Thus, the living standards and health status of its people differ significantly in the midst of a mosaic of social, ethnic, cultural and economic realities. Social inequalities and extreme poverty determine significant differences, not only in the magnitude of health indicators, but also in the type of pathology prevalent. People in the high socioeconomic levels are affected by nutritional diseases characterized by excessive food intake, while people from the low socioeconomic levels are affected by undernutrition and its associated pathology. Undernutrition occurs fundamentally among the age groups at higher risk in the population segments with low income, low food intake, illiteracy and poor access to the health care and preventive medicine centers. Among families exposed to undernutrition, women are usually in worse condition than men. This is due to the long working hours and the increased nutritional
requirements caused by frequent gestations and prolonged lactation. It is estimated that one fourth of newborns in Latin America are affected by low birth weight, which has been associated to adolescent mothers, their excessive physical work, anemia, low maternal pregestational weight, low weight gain during gestation, and frequent maternal infections. Nutritional anemia due to iron deficiency is highly prevalent among pregnant women in Latin America. In some countries, the prevalence of folate deficiency during pregnancy appears to have increased significantly in the past 15 years and is becoming a nutritional problem that needs preferential attention. Diets generally are inadequate and, in the Research Type: case of pregnant and lactating women, usually deficient in calories, protein, iron and folic acid. It is urgent that the health and nutritional status of Latin American women of low socioeconomic condition be given special attention, particularly mothers during gestation and lactation. Otherwise, women will not be able to altogether fulfill their important role in the home and within the family, nor will they successfully participate in the economic development of their countries.

Notes: Research Type: Macro-context analysis. Morbidity data from diverse sources. Inequity reference: gender, living conditions

Author(s): Filho, Victor Wunsch; Magaldi, Cecília; Nakao, Neusa; Moncau, José E. C.
Year: 1995
Title: Trabalho industrial e câncer de pulmão
Journal: Revista de Saúde Pública
Volume: 29
Issue: 3
Pages: 166–76
Keywords: neoplasias pulmonares, epidemiologia, exposição ocupacional, efeitos adversos, indústrias

Author(s): Fleury, Sonia
Year: 1995
Title: Iniquidades nas políticas de saúde: o caso da América Latina
Journal: Revista de Saúde Pública
Volume: 29
Issue: 3
Pages: 243–250

Author(s): Fontoura, Maria do Socorro
Year: 1991
Title: Mortalidade por infecção respiratória agudas em crianças menores de 5 anos: análise da distribuição espacial e de algumas variáveis específicas
Academic Dept.: Departamento de Pediatria
University: Universidade Federal da Bahia
City: Salvador, Bahia
Thesis Type: Mestrado
Keywords: Análise da situação de saúde do município de Salvador, segundo condições de vida; Anexo. Considerando a importância da mortalidade por Infecções Respiratórias Agudas, o presente estudo teve os seguintes objetivos: 1º) Descrever e analisar a distribuição espacial da mortalidade por IRA nas crianças menores de 5 anos no município de Salvador. 2º) Descrever e analisar a mortalidade por IRA em relação a algumas variáveis específicas (sexo, idade, local de ocorrência). 3º) Identificar áreas prioritárias para implantação de programas de controle às IRAS. Para tal, utilizou-se como fonte de dados, as 10.509 declarações de óbitos disponíveis na Secretaria de Saúde do Estado da Bahia, de residentes
de Salvador, falecidos no ano de 1991. As D.O.s foram digitadas e codificadas segundo ZI, causa básica de óbito e algumas variáveis selecionadas. Destas, foram selecionadas 1.375 D.O.s de menores de 5 anos, das quais 230 (16,7%) corresponderam a doenças do aparelho respiratório, tendo sido as IRAs (particularmente a pneumonia) responsáveis por 77,4% dos óbitos. Os indicadores utilizados no estudo e calculados para os 12 Distritos Sanitários, para cada ZI em particular e para os diferentes grupos etários dos menores de 5 anos foram: Mortalidade Proporcional por Pneumonia e o Coeficiente de Mortalidade por Pneumonia. Os resultados revelaram a ocorrência de maiores coeficientes de mortalidade e de mortalidade proporcional nas áreas centrais, periféricas ou da orla marítima, habitadas por grupos populacionais de baixo nível sócio- econômico e onde se constata a existência de favelas e ou invasões. Foram comentadas a importância das condições de vida como determinantes do processo saúde-doença, a necessidade de garantir acesso adequado e oportuno aos serviços de saúde, bem como de intervenções intersetoriais para resolução dos problemas em áreas prioritárias.

Notes: Research Type: Cross-sectional aggregate study (ecological, census tracts). Mortality by respiratory infections. Inequity reference: living conditions, ecossocial (access to health services)

Author(s): Forster, Aldaísa; Yazle-Rocha, Juan
Year: 1991
Title: Hospitalizações e Classes Sociais
Journal: Divulgação em Saúde para Debate
Volume: 3
Pages: 71–77
Keywords: Brasil. Ribeirão Preto.
Abstract: Nas sociedades capitalistas a distribuição e o consumo de bens e serviços ocorre de forma desigual; na saúde, a estrutura dos serviços mais diferenciados e complexos destina-se às classes possuidoras e os chamados simplificados (precários) às classes dominadas, modelo este conhecido como "medicina de classes". Estudos anteriores em Ribeirão Preto feitos por J.S. Yazle-Rocha, destacaram algumas relações entre a oferta de serviços, a demanda e a utilização dos mesmos e a inserção dos usuários no sistema econômico produtivo. Neste trabalho, nossa tese é que as hospitalizações ocorrem segundo um gradiente descontínuo de classes. Ou seja, a cobertura assistencial e as causas das hospitalizações são diferenciadas segundo as classes sociais. Isto ocorre porque as condições existenciais enfrentadas pela população, os riscos de adoecer, a percepção da doença e demanda por assistência, o acesso e a estrutura, bem como as fontes de financiamento dos serviços de saúde são igualmente diferenciados em nosso país. O município de Ribeirão Preto no Estado de São Paulo, Brasil, é importante centro médico regional (e nacional), concentrando recursos médico-hospitalares que atendem a totalidade da demanda local de hospitalizações (1) e ainda a importante demanda regional; contando com um sistema de informações que cobre a totalidade das hospitalizações ocorridas no município, o que permite estudos acerca da assistência médico-hospitalar. Este estudo tem os seguintes objetivos: 1.Estudar as proporções de classes e frações presentes nas categorias de internação dos pacientes hospitalizados no município de Ribeirão Preto; 2.Mostrar que os perfis de morbidade hospitalar de Ribeirão Preto nas diferentes categorias de internação estão relacionados com as condições da vida e trabalho da população e a política médico-assistencial vigente no município.

Notes: Research Type: Cross-sectional individual study. Research Type: methodological study. Hospitalization registry, interview with subsample (336). Frequency analysis; description of a social class classification. Inequity reference: social class
Author(s): Franco, Eduardo; Campos-Filho, N.; Villa, LL; Torloni, H.
Year: 1988
Title: Correlation patterns of cancer relative frequencies with some socioeconomic and demographic indicators in Brazil: An ecologic study
Journal: International Journal of Cancer
Volume: 41
Pages: 24–29
Keywords: Brasil
Abstract: Sex-specific relative frequencies (RF) of oral, esophageal, stomach, colon, rectal, laryngeal, lung, female breast, cervical and penile cancers obtained from a government-sponsored, nationwide data base of histopathological diagnoses were evaluated with respect to all possible inter-site correlations and with 12 socioeconomic and demographic variables for 23 States in Brazil. Use of bivariate and multivariate methods detected a high positive intercorrelation among RFs of lung, laryngeal and colon cancers regardless of sex. RFs for these 3 sites were also positively correlated with many markers of State development and affluence. Cervical and penile cancers emerged as a distinct subset with respect to their correlation patterns. RFs for these neoplasms were highly (positively) correlated (r = 0.8606, p < 0.001) with each other and exhibited intense negative associations with many of the affluence markers and the former center sites. Bivariate correlations generally exhibited a better fit with female-specific RFs than with data from males which was reflected in the number of strong correlations detected by sex.
Notes: Research Type: Cross-sectional aggregate study (ecological). Death registry. Inequity reference: ecosocial

Author(s): Fuchs, Sandra; Victora, Cesar
Year: 1997
Title: Técnicas de análise de dados para estudo de condições de vida e situação de saúde. Análise hierarquizada aplicada à investigação de fatores de risco para agravos à saúde infantil
Book Title: Condições de Vida e Situação de Saúde
Editor(s): Barata, Rita Barradas
Publisher: ABRASCO
City: Rio de Janeiro
Pages: 271–276
Keywords: Brasil. Pelotas.
Abstract: A investigação da situação de saúde e doença em populações humanas carrega problemas complexos, que são quantificáveis através de variações na frequência ou na intensidade do acometimento e expressam diferenças na formação social destes grupos. A saúde e a doença, em particular nos países em desenvolvimento, resultam da distribuição desigual dos recursos entre indivíduos e populações. A Epidemiologia investiga estas desigualdades e suas repercussões sobre os agravos à saúde discriminando as condições associadas ao seu estabelecimento e os benefícios atribuíveis a sua remoção, a fim de alcançar uma compreensão mais global do processo saúde-doença. Entretanto, a investigação, a análise e a interpretação dos dados são comumente simplificadas, ignorando-se a determinação social da doença, que ultrapassa o aspecto puramente epidemiológico.
Notes: Research Type: methodological research. Inequity reference: living conditions

Author(s): Galvez-Murillo, A. de la; Pando-Miranda, R.; Padilla, M.E.
Year: 1992
Title: Mortalidad infantil en la ciudad de La Paz, 1980–1989
Institution: Medicos Consultores
Report Number: Temas de Medicina Social no. 1
Keywords: Bolivia, La Paz.

Abstract: This work argues that the study of infant mortality should not be limited to analysis of the number causes of infant and child deaths, but should also examine the social causes and correlates in differential mortality. Data were collected by means of interviews with women giving birth at 8 maternity centers in La Paz between January 1 and April 30, 1991. 3583 women representing around 43% of births in the first 4 months of 1991 in La Paz were asked about any previous children and about age, cause, and place of death for those not surviving. Estimates of infant and child mortality rates were based on a variant of the previous child method of Brass and Trussell. 79.3% of the 222 deaths of previous children, reported by the 2348 women interviewed who had older children, occurred before the 1st birthday. The immediate causes of death showed little change in the 2 decades preceding the survey. Malnutrition, lack of access to health services, and poor environmental hygiene characteristic of the least favored groups were important factors. In La Paz, no more than half the population has access to health services and 52% of births are professionally attended. 61% of all the child deaths and 75% from diarrhea occurred at home. The average infant mortality rate in La Paz estimated for 1976–89 was 60.8/1000. Identified risk factors that interact with the causes of death in children under 5 are in no way causes or explanatory categories. These risk factors represent reflections in reproductive capacities and behaviors of the existing socioeconomic situation and constitute part of a group of immediate damages whose extreme is death. Parity, birth intervals, and induced abortion have different characteristics in each social class, while low birth weight, prematurity, perinatal mortality, and maternal and infant mortality, along with fertility itself, constitute reproductive capacity, with magnitudes of each component differing according to social group. The survey results demonstrated that all children in La Paz do not have equal probabilities of survival. Infant mortality rates have social class differentials which reflect the position of the adult family members in the productive structure and the income and acquisitive power they receive in return for their work. Health interventions will not be sufficient to resolve these inequities; a social policy contributing to a more equitable distribution of social wealth will be needed and will require government action.

Notes: Research Type: Cross-sectional individual study. Interviews, Brass method. Infant mortality. Inequity reference: social class

Author(s): Gianini, Reinaldo José
Year: 1995
Title: Desigualdade Social e Saúde na América Latina
Publisher: Selo Universidade
City: São Paulo
No. of Pages: 145
Keywords: Brasil

Author(s): GIEES
Year: 1993
Title: Proyecto—Sistema Nacional de Vigilancia de Situación de Salud según Condiciones de Vida
Publisher: Grupo Interdisciplinario de Estudios sobre el Estado de Salud
City: La Habana, Cuba
Pages: 53
Type of Work: mimeo
Keywords: Cuba, Havana.
Notes: Research proposal. Inequity reference: living conditions
### Article 1

**Author(s):** GIEES  
**Year:** 1993  
**Title:** Informe de Relatoria—Resultados y Proyeccion de Estudios de Situación de Salud y Condiciones de Vida  
**Institution:** MINSAP/CUBA  
**Type of Work:** Unpublished manuscript  
**Keywords:** Cuba, Havana.  
**Abstract:** Durante los días 14 y 15 de Abril de 1993 se celebró el Taller "Resultados y proyeccion de estudios de situacion de salud y condiciones de vida" en el Instituto Nacional de Higiene, Epidemiología y Microbiología (INHEM). Este Taller forma parte de las actividades que ha venido desarrollando el Grupo Interdisciplinario de Trabajo sobre el Estado de Salud de la Población relacionadas con la propuesta de implantación en Cuba de un Sistema de Vigilancia de la Situación de Salud según Condiciones de Vida. Con el mismo se tenía el propósito de enriquecer conceptual y metodológicamente el trabajo realizado mediante un intercambio de criterios, en un grupo amplio de especialistas de diversas disciplinas e instituciones. Asistieron al Taller un total de 95 especialistas, quienes tuvieron una activa participación en el mismo. Se organizó el Taller en dos partes. En la primera se presentaron varias ponencias relativas al tema de los vínculos entre la situación de salud y las condiciones de vida y en la segunda se presentó y discutió el Proyecto del Sistema de Vigilancia de la Situación de Salud Según Códigos de Vida. El Taller cumplió con sus objetivos. Se alcanzó el propósito de lograr un auditorio interdisciplinario e intersectorial.  
**Notes:** Institutional report. Inequity reference: living conditions

### Article 2

**Author(s):** Gimeno-Balaguer, Eugenio  
**Year:** 1989  
**Title:** De la eficacia-eficiencia y equidad  
**Journal:** Revista de la Escuela de Salud Pública  
**Volume:** 1  
**Issue:** 1  
**Pages:** 29–49  
**Keywords:** Argentina  
**Notes:** Conceptual study.

### Article 3

**Author(s):** Gimeno-Balaguer, Eugenio  
**Year:** 1990  
**Title:** De la eficacia-eficiencia y equidad: Parte II  
**Journal:** Revista de la Escuela de Salud Pública  
**Volume:** 1  
**Issue:** 2/  
**Pages:** 29–49  
**Keywords:** Argentina  
**Notes:** Conceptual study.

### Article 4

**Author(s):** Gimeno-Balaguer, Eugenio  
**Year:** 1991  
**Title:** Equidad, eficiencia, eficacia y realidad sanitaria: III parte  
**Journal:** Revista de la Escuela de Salud Pública  
**Volume:** 2  
**Issue:** 1
Inequalities in Health based on Living Conditions:
Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

Pages: 85–105
Keywords: Argentina
Notes: Conceptual study.

Author(s): Godin, I.; Lenaerts, A.; Lagasse, R.
Year: 1989
Title: Santé maternelle et infantile dans le quart monde: Premiers résultats d'une enquête socio-épidémiologique
Journal: Archives Belges de Médecine
Volume: 47
Issue: 1–4
Pages: 16–19
Keywords: Adult; Attitude-to-Health; Belgium; Culture; English-Abstract; Infant, Newborn; Interviews; Pregnancy; Socioeconomic-Factors; Child-Health-Services-standards; Maternal-Health-Services-standards
Abstract: This paper presents the results of a qualitative survey of young mothers in deprived conditions, which was conducted as a part of a broader socio-epidemiological research on health inequalities amongst mother and child. This survey reveals that this group is not solely distinguished in terms of socio-economic categories. Cultural dimensions play also an important role in explaining their health related behavior. The survey was aimed at determining the logic and principles of coping with health and sickness. The specific attitudes and behavior of the survey group was described through fourteen dimensions (definition and perception of health, prevention, relations with professionals, networks used...). The results show that any approach of the health problems of this group has to take its specific health culture into account and that this approach is inevitable in any effort to promote health and reduce social inequalities for the so-called "Fourth World".
Notes: Research Type: case study. Interviews. Inequity reference: poverty

Author(s): Goldbaum, Moisés
Year: 1997
Title: A Epidemiologia em Busca da Equidade em Saúde
Book Title: Equidade e Saúde: Contribuições da Epidemiologia
Editor(s): Barata, Rita; Barreto, Mauricio; Almeida-Filho, Naomar; Veras, Renato
Publisher: ABRASCO/Editora FIOCRUZ
City: Rio de Janeiro
Volume: 1
Pages: 63–80
Series Title: Epidemiológica
Keywords: Brasil
Abstract: A saúde das populações merece análises e interpretações desde a mais remota história da humanidade. Desde então, foram objeto privilegiado de estudo as desigualdades na distribuição das doenças, cuja importância foi sendo incorporeada e ampliada pela Epidemiologia em decorrência do seu próprio desenvolvimento técnico-científico, assim como em consequência das novas realidades produzidas pelo desenvolvimento sócio-econômico. Contemporaneamente, a realidade vivida pelos países periféricos não se aplica imediatamente às noções da regularidade apresentada pelas teorias de transição. A isso se agregam novas doenças, novos desafios, como a AIDS, que se implantam em sua plena dinamicidade em nossa história, à semelhança do que vem ocorrendo em todas as partes do mundo. A situação de convivência de vários perfis de doenças, por outro lado, também não se distribui, igualmente, por todas as camadas populacionais. Modelos explicativos experimentam adaptações ou adequações significativas em face da compreensão mais...
complexa dos problemas trabalhados pela Epidemiologia. Nesse sentido, vários autores buscam elementos os mais diversos para explicar as diferenças na ocorrência de situações de saúde—quer sejam em países periféricos ou centrais. Podem-se identificar estudos que procuram correlacionar variáveis diversas daquelas classicamente trabalhadas no campo da medicina para a explicação da ocorrência diferencial de doenças, como, por exemplo, a procura de definição de classe social. Ao contextualizar alguns desses aspectos referentes às mudanças tecnológicas, teórico-metodológicas ou mesmo paradigmáticas, é que a Epidemiologia vem redefinindo e ampliando o campo de discussão acerca da equidade em saúde.

Notes: Conceptual study. Literature review. Inequity reference: social class

Author(s): Gomes, Ana L.; Guimarães, Mark Drew; Gomes, Carlos C.; Chaves, Indélécio; Gobbi, Helenice; Camargos, Aroldo
Year: 1995
Title: A Case-Control Study of Risk Factors for Breast Cancer in Brazil, 1978–1987
Journal: International Journal of Epidemiology
Volume: 24
Issue: 2
Pages: 292–299
Keywords: Brasil. Belo Horizonte.
Abstract: Background: There are still controversies regarding the role of many risk factors assessed for breast cancer worldwide. In Brazil, it represents a major cause of death among women but yet few analytical studies have been published to date. Methods: The association of selected factors with breast cancer was assessed in a case-control study of 300 women, aged 25–75 years, treated at the Federal University Hospital, Belo Horizonte, Brazil, from 1978 to 1987. In all, 300 cases with diagnosed breast carcinoma were compared with 600 controls matched on age and date of diagnosis. Socio-economic, demographic and reproductive factors were analysed. Results: Multiple logistic regression analysis showed the following factors to be independently associated with increased risk of breast cancer: a) monthly family income (odds ratio [OR] = 1.69, 95% confidence interval [CI]: 1.18-2.42); b) being a housewife (OR = 2.86, 95% CI: 1.83-4.47); c) parity of less than six deliveries and nulliparous women (OR = 5.06, 95% CI: 3.01-8.52 and OR = 2.42, CI: 1.64-3.59, respectively); d) history of breast cancer among first degree female relatives (OR = 9.35, 95% CI: 3.22-27.14); and e) oral contraceptive use (OR = 1.81, 95% CI: 1.15-2.85). Irregular menstrual cycle (OR = 0.44, 95% CI: 0.25-0.75) was associated with breast cancer as a protective effect. Conclusions: The study has confirmed most risk/protective factors previously demonstrated elsewhere in the world and provides clear documentation of breast cancer epidemiology in Brazil.

Notes: Research Type: longitudinal individual study (case-control). Interview (questionnaire), clinical diagnosis. Logistic regression analysis. Inequity reference: income (Renda familiar mensal), occupation

Author(s): González-Perez, Guillermo, al, et
Year: 1988
Title: Factores Socioeconómicos y Mortalidad Infantil en Ecuador, 1970–1981
Journal: Revista de Saúde Pública
Volume: 22
Pages: 273–280
Keywords: Ecuador
INEQUALITIES IN HEALTH BASED ON LIVING CONDITIONS:
ANALYSIS OF SCIENTIFIC OUTPUT IN LATIN AMERICA AND THE CARIBBEAN AND ANNOTATED BIBLIOGRAPHY

Author(s): González-Perez, Guillermo; Herrera-Leon, Lorenzo
Year: 1990
Title: Desarrollo Social y Mortalidad Infantil, 1977–1986, Cuba
Journal: Revista de Salud Pública
Volume: 24
Issue: 3
Pages: 186–195
Keywords: Cuba; Havana. Infant mortality, trends. Socioeconomic factors
Abstract: In Cuba, the infant mortality rate (IMR) dropped by 65% between 1970 and 1986. The 1986 IMR 13.6% has put the country in the lead in Latin American mother and child health care. However, the behavior of the IMR is not homogeneous throughout the country. This paper seeks to identify by multiple regression techniques, those sociodemographic or health care factors which have determined the decline in the IMR and those variables which best explain the inter-regional differences in this indicator. Sociodemographic factors fundamentally explain the evolution of the IMR in Cuba; on the other hand, although in the first instance the proportion of live births of low weight and the crude birth rate explain the inter-regional differences in IMR levels every year, it can be seen that other socioeconomic variables really lie behind these differences.
Notes: Research Type: Cross-sectional aggregate study (ecological, provinces). Death registry. Infant mortality. Multiple regression analysis. Inequity reference: ecosocial

Author(s): Govindaraj, Ramesh; Murray, Christopher; Gnanaraj, Chellaraj
Year: 1994
Title: Health Expenditure in Latin America
Institution: World Bank, Harvard Center for Population & Development
Keywords: América Latina
Notes: Institutional document. Inequity reference: poverty

Author(s): Gómez-de-León, Juan; Partida, V.
Year: 1992
Title: Niveles de mortalidad infantil y fecundidad en México, por entidad federativa, 1990
Institution: Centro de Estudios de Población y Salud, SSA
Report Number: DT 2
Keywords: Mexico
Notes: Research Type: Macro-context analysis (Mexican states). Census data, death registry. Infant mortality, birth rate. Inequity reference: ecosocial (macro)

Author(s): Guimarães, José Joaquim; Fischmann, Airton
Year: 1985
Title: Inequalities in 1980 infant mortality among shantytown and nonshantytown residents in the municipality of Porto Alegre, Rio Grande do Sul, Brazil
Journal: Bulletin of the Panamerican Health Organization
Volume: 19
Issue: 3
Pages: 235–251
Keywords: Brasil, Porto Alegre
Abstract: Preexisting data were used to investigate patterns of infant mortality among shantytown and nonshantytown residents in Porto Alegre, Brazil, in 1980. The results show sharply differing mortality patterns among these two groups—even within the same limited study
areas—and suggest that the recently, favorable downward trend of infant mortality in Porto Alegre could be reversed by rising numbers of shantytown deaths unless concerted action is taken to combat shantytown health hazards.

Notes: Research Type: Cross-sectional aggregate study (ecological) of urban slums. Registry of children deaths. Infant mortality. Inequity reference: poverty

Author(s): Gulliford, M.C.; Mahabir, D.
Year: 1998
Title: Social Inequalities in Morbidity from Diabetes in Trinidad & Tobago
Journal: Social Science and Medicine
Volume: 46
Issue: 1
Pages: 137–144

Author(s): Guzmán, M. J.
Year: 1989
Title: Trends in Socioeconomic Differentials in Infant Mortality in Selected Latin American Countries
Book Title: Differential Mortality. Methodological Issues and Biosocial Factors
Editor(s): Ruzicka, L.; Wunsch, G.; Kane, P.
Publisher: Oxford University Press
City: New York
Pages: 132–144
Keywords: América Latina
Notes: Research Type: Macro-context analysis. Infant mortality. Inequity reference: poverty

Author(s): Haenszel, W.; Pelayo, P.; Cuello, C.
Year: 1975
Title: Social class differences among patients with large-bowel cancer in Cali, Colombia
Journal: Journal of the National Cancer Institute
Volume: 54
Pages: 1031–1035
Keywords: Cali Colombia
Notes: Inequity reference: SES

Author(s): Heerink, N.
Year: 1994
Title: Population growth, income distribution, and economic development: theory, methodology, and empirical results
City: New York
Abstract: In this work "an attempt will be made to unravel the knot of interrelationships between population growth and income distribution. To this end, a multi-equation, macro-level model will be developed that is meant to represent some of the major relationships. The unknown parameters of the model will be estimated by means of econometric methods. The model concentrates on five 'central' variables, [which are]... the level of fertility, the level of mortality, the age and sex structure of a population, the degree of equality in the income distribution, and the average or total income level of a society. The model describes direct as well as indirect relationships between these five central variables. The indirect relationships go through variables like education, nutrition, labor force participation, and
consumption... The purpose of the analysis is twofold: first, to obtain a better understanding of the various causal mechanisms through which population growth and income distribution are related to each other; and second, to obtain estimates of the strength of these mechanisms. The geographical scope is worldwide. (EXCERPT)

Notes: Research Type: Macro-context analysis. Population growth. Inequity reference: poverty (income)

Author(s): Hollstein, Dieter; Vega, Jeanette; Carvajal, Yury
Year: 1998
Journal: Revista Médica de Chile
Volume: 126
Pages: 333–340
Keywords: Chile. Infant mortality; Sociology, medical; Economics, medical; Economics, medical; Maternal-child nursing; Public health
Abstract: Background: The strong relationship between social inequalities and health have been extensively reported. Aim: To measure the effects of social inequalities, assessed through maternal educational level, on infant mortality in Chile. Material and methods: Using death and birth electronic databases of the Instituto Nacional de estadísticas, the annual rates of infant mortality per years of approved studies of both parents and per cause were calculated. Results: In the 1990–1995 period, there is a clear gradient of infant mortality according to the level of education of the mother (38.2 per 1000 born alive among those without education versus 7.8 per 1000 born alive among those with university education). The same tendency is maintained for neonatal and post-neonatal mortality. All groups of causes had a similar effect, standing out diseases of the respiratory system with a relative risk (RR) of 14.3 and a population attributable risk (PAR) of 73%, trauma with a RR of 11.3 and a PAR of 69% and infectious diseases with a RR of 10.8 and a PAR of 62%. Between 1985 and 1995, absolute inequalities decreased but relative inequalities remained constant. Conclusions: The great social inequality in infant mortality has persisted in Chile during the last years. To adequately assess the national progresses in population health using infant mortality as an indicator, the gaps between social groups must be born in mind.

Author(s): Honduras
Year: 1991
Title: Impact of the Economic Crisis of the 1980s on Health in Central America—A Response for Bringing about Change in the 1990s
Institution: Central America Presidential Summit
Date: 12–13 December
Keywords: Honduras. América Central.
Abstract: To support and contribute to the success of the Summit Meeting of the Central American Presidents, programmed for December 1991 in Honduras, the Ministers of Health from the countries in the Central American region decided at the VII RESSCA (Meeting of the Health Sector of Central America) to request that the topic of health be included on the agenda for the Summit, in view of its fundamental role in the development process. With the agreement of the President of Honduras, the Pan American Health Organization, in response to the request by the Ministers of Health, has collaborated in the preparation of a background paper on this subject. This document reflects the discussions held by the Ministers of Health during the VII RESSCA. It outlines the health situation and the role that
health has played in the development process prior to the crisis of the 1980s, then during this very difficult decade for Central America, and finally at the present time. It offers alternatives for improving health both now and in the future, in the assurance that health is one of the central pillars of a new style of sustained development with equity for the region, as well as an underlying support for the strengthening of democratic systems. This document was presented and approved at the Meeting of Ministers of Health, held on 1 and 2 November in Roatán, Honduras.

Notes: Institutional text. *Inequity reference:* poverty, development

| Author(s): | Hutty, Sharon; Barros, Fernando; Victoria, César Gomes; Lombardi, Cintia; Vaughan, J. Patrick |
| Year: | 1990 |
| Title: | Subsequent pregnancies: who has them and who wants them? Observations from an urban center in Southern Brazil |
| Journal: | Revista de Saúde Pública |
| Volume: | 24 |
| Issue: | 3 |
| Pages: | 212–216 |
| Keywords: | Brazil; Fertility. Parity. |
| Abstract: | Subsequent pregnancies in mothers of a birth cohort from Pelotas, Southern Brazil, were studied in relation to maternal and socio-economic factors. Within about 3 1/2 years of the cohort child's birth, 39% of mothers had experienced at least one further pregnancy. This proportion decreased with increasing maternal age, years of schooling and family income. A U-shaped trend was observed with respect to parity. Mothers who had delivered the cohort child by caesarian section were also less likely to have another pregnancy within that time. Logistic regression analysis showed that each of these factors remained significantly associated with further pregnancies after controlling for the remaining variables. Analysis of the first subsequent pregnancy showed that a high proportion of mothers had not wanted the pregnancy. Unwanted pregnancies were also significantly associated with older women, low educational status, higher parity and low family income. |
| Notes: | Research Type: longitudinal individual study (cohort of five births), Interview. Odds ratios analyses. *Inequity reference:* SES (income, education) |

| Editor(s): | ILDIS |
| Year: | 1994 |
| Title: | Pobreza y Salud en Bolivia |
| Publisher: | OPS/ILDIS |
| City: | La Paz, Bolivia |
| No. of Pages: | 254 |
| Keywords: | Bolivia |
| Notes: | Collection of papers. *Inequity reference:* poverty |

| Author(s): | IMF |
| Year: | 1993 |
| Title: | Gasto Nacional en Salud en América Latina y el Caribe: Eficiencia y Equidad |
| Institution: | HDD/HDP/OPS/OMS |
| Date: | Junio 1993 |
| Type of Work: | Reporte de Avances |
| Notes: | Research Type: Macro-context analysis. Institutional document. *Inequity reference:* poverty |
Inequalities in Health based on Living Conditions: Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

Author(s): Jacobi, P.
Year: 1990
Title: Habitat and health in the municipality of São Paulo
Journal: Environment and Urbanization
Volume: 2
Pages: 33-45
Keywords: Brasil. São Paulo.
Notes: Inequity reference: ecosocial

Author(s): Kadt, Emanuel de; Tasca, Renato
Year: 1993
Title: Promovendo a Equidade: um novo enfoque com base no setor da Saúde
Publisher: HUCITEC/Cooperação Italiana em Saúde
City: São Paulo
Keywords: Brasil. São Paulo.
Abstract: Este livro propõe um novo enfoque para a implementação de atividades de vigilância à saúde, com o objetivo de reduzir as iniquidades no setor. O suporte empírico apresentado é a experiência da Cooperação Italiana em várias áreas urbanas do Brasil, especialmente a de um projeto em nível distrital em Salvador, na Bahia (Pau da Lima). O elemento fundamental do projeto foi o desenvolvimento de um sistema computadorizado de informação que subsidia os momentos de planejamento, programação, acompanhamento e avaliação, através de um software de microlocalização de problemas e recursos de saúde. (Inclui uma breve discussão conceitual sobre iniquidade e análise de risco).

Author(s): Kliksberg, Bernardo
Year: 1998
Title: A iniquidade na América Latina: um tema-chave para o desenvolvimento e o perfil ético da sociedade
Journal: RAP
Volume: 32
Issue: 4
Pages: 177-220
Date: Jul/Ago
Keywords: iniquidade; desenvolvimento; América Latina; ética

Author(s): Kowarick, Lúcio; Campos, Ana Maria Gambiér; Mello, Maria Cecília Figueira de
Year: 1990
Title: Novas Formas de Pobreza e Espaço Urbano em São Paulo: a diminuição perversa de segregação sócio-espacial
Conference: I Congresso Brasileiro de Epidemiologia
Publisher: ABRASCO
Location: Campinas
Pages: 274-281
Author(s): Lang, A. B.
Year: 1981
Title: Considerações sobre os conceitos de estratificação social e posição nos sistema de relações sociais de produção: operacionalização em uma pesquisa empírica
Journal: Ciência e Cultura
Volume: 34
Issue: 1
Pages: 13–21
Keywords: Brasil
Notes: Conceptual study. Literature review. Inequity reference: SES (occupation, education), social class

Author(s): Langer, A.; Bobadilla, J.L.; Schaefer-Pedrazilli, L.
Year: 1990
Title: Limitaciones de la mortalidad infantil como indicador de salud
Journal: Salud Pública México
Volume: 32
Issue: 4
Pages: 467–473
Keywords: Mexico; infant mortality; health indicators
Abstract: Infant mortality is usually accepted as a sensitive indicator of living conditions, and of the coverage and quality of health care in a specific country. However, the validity of this indicator in middle-income countries presents some important limitations. First, underregistration of infant deaths is a common feature. In second place, the national figures hide the great inequalities that may exist among different social sectors and regions. In this paper, the limitations of Mexico’s infant mortality rate are analyzed. Underregistration is demonstrated by comparing infant mortality rates obtained from vital statistics data and national health surveys. Differences among social sectors are evident when specific infant mortality rates are compared. Inequalities have been increasing in the last years.
Notes: Research Type: Macro-context analysis. Death registry. Infant mortality. Inequity reference: poverty, living conditions

Editor(s): Lankinen, Kari; Bergstrom, Staffan; Makela, Helena; Peltomaa, Miikka
Year: 1994
Title: Health and Disease in Developing Countries
Publisher: Macmillan Press
City: London
No. of Pages: 469
Notes: Collection of papers.

Author(s): Laurell, Asa Cristina
Year: 1979
Title: Introducción
Book Title: Clases Sociales y Enfermedad: Introducción a una epidemiología diferencial
Editor(s): Timio, Mario
Publisher: Nueva Imagen
City: México
Pages: 11–22
Keywords: Mexico
Notes: Conceptual text. Inequity reference: social class
Author(s): Laurell, Asa Cristina
Year: 1987
Title: Para el estudio de la salud en su relación con el proceso de producción
Conference: Taller Latinoamericano de Medicina Social
Publisher: Asociación Latinoamericana de Medicina Social
Location: Medellín, Colombia
Pages: 61–94

Author(s): Laurell, Asa Cristina
Year: 1989
Title: Social analysis of collective health in Latin America
Journal: Social Science and Medicine
Volume: 28
Pages: 1183–1191
Keywords: América Latina
Notes: Conceptual study. Inequity reference: social class, labor process

Author(s): Laurell, Asa Cristina; Noriega, Mariano
Year: 1989
Title: Processo de Produção e Saúde. Trabalho e desgaste operário
Publisher: HUCITEC
City: São Paulo
No. of Pages: 333
Keywords: México. América Latina
Notes: Conceptual study (literature review, position paper). Research Type: case study (Research Type: Cross-sectional work environment). Inequity reference: labor process

Author(s): Laurell, Asa Cristina
Year: 1994
Title: Reflexiones en torno a la Epidemiología Social
Journal: Revista de la Escuela de Salud Pública (Córdoba)
Volume: 5
Issue: 2
Pages: 63–83
Keywords: América Latina
Notes: Conceptual study. Inequity reference: social class, labor process

Author(s): Laurell, Asa Cristina
Year: 1997
Title: Impacto das políticas sociais e econômicas nos perfis epidemiológicos
Book Title: Equidade e Saúde: Contribuições da Epidemiologia
Editor(s): Barata, Rita; Barreto, Maurício; Almeida-Filho, Naomar; Veras, Renato
Publisher: ABRASCO/Editora FIOCRUZ
City: Rio de Janeiro
Volume: 1
Series Title: EpidemiolÓgica
Keywords: México
Abstract: A análise do impacto das políticas sociais e econômicas sobre os perfis epidemiológicos passa hoje por uma reflexão acerca da capacidade de o projeto neoliberal gerar bem-estar social e saúde, particularmente em países de desenvolvimento médio ou pobre como são os nossos. Sob o pretexto da inevitabilidade da globalização, há tendência a aceitar implicitamente os valores e premissas neoliberais e a formular o problema da Saúde como questão passível de ser manipulada com procedimentos técnicos cuja idoneidade se pretende mensurável através de cálculos de custo-benefício. O informe do Banco Mundial "Invertir en Salud" (Banco Mundial, 1993) expressa com nitidez esta posição. Nesta linha, está surgindo uma epidemiologia adaptada às necessidades do 'ajuste e da mudança estrutural' e orientada para a otimização dos programas seletivos de atenção aos pobres.
Notes: Position paper. Inequity reference: social class

Editor(s): Leal, Maria do Carmo; Sabrosa, Paulo C.; Rodríguez, R. H.; Buss, Paulo
Year: 1992
Title: Saúde, Ambiente e Desenvolvimento. Processos e Consequências sobre as Condições de Vida
Publisher: ABRASCO/Hucitec
City: Rio de Janeiro
Keywords: Brasil, Rio de Janeiro.
Notes: Collection of papers. Inequity reference: ecosocial, living conditions

Author(s): Leatherman, T.L.; Carey, J.W.; Thomas, R.B
Year: 1995
Title: Socioeconomic change and patterns of growth in the Andes
Journal: American Journal of Physical Anthropology
Volume: 97
Issue: 3
Pages: 307–321
Keywords: Peru; Andes; Adolescence; Adult; Age-Factors; Body-Height; Body-Weight; Child; Child; Preschool; Research Type: Cross-Sectional-Studies; Research Type: longitudinal-Studies; Peru; Skinfold; *Altitude; *Growth; *Rural-Population
Abstract: Changes in the pattern of growth over a 20-year period are described for a combined rural and semi-urban population in the District of Nunoa (Puno) in southern Peruvian Andes. Over the past two decades, Andean regions have experienced many socioeconomic changes, including the implementation of agrarian reform policies and increased integration into a market economy. Local changes in Nunoa have included improved transportation networks, new markets, an expanded public school system, and improved health care facilities. Secular trends in stature and weight have been found to be associated with social and economic development throughout the developing world, including Peru. The purpose of this paper is to present the findings from a re-study of growth in the Nunoan population, and to assess whether changing conditions in Nunoa have resulted in secular increases in growth. A Research Type: Cross-sectional sample of 1,466 children and adults and mixed-Research Type: longitudinal sample of 404 children (age 3–22), measured between 1983 and 1984, are compared. to similar samples collected from the same location between 1964 and 1966. Adolescents are taller, heavier, and somewhat fatter in the present population, although these differences diminish or disappear in adulthood. Age of maturation, peak growth velocities, and cessation of growth may come 1 to 2 years earlier than in the 1960s. As was found in earlier studies, growth velocities are low, the adolescent growth spurt is small, and sexual dimorphism is delayed. No secular trends in adult stature were found. Thus, the effects of social and economic change on nutrition, health, and growth in the
population are uneven and generally unclear. This points to inequalities in access to the
benefits of change throughout the region.

Notes: Research Type: longitudinal individual study (two surveys: 83–84; 64–66). Biometric
measures. Comparative table analysis. Inequity reference: development, living conditions

Author(s): Lemus, Jorge Daniel
Year: 1992
Title: Condiciones de Vida y Salud en la Argentina
Journal: Ambiente Médico—Revista del Hospital Fernández
Volume: 27
Pages: 9–18
Keywords: Argentina, Buenos Aires.
Notes: Research Type: Cross-sectional aggregate study (ecological). Mortality data. Inequity
reference: economic

Author(s): Lemus, Jorge Daniel
Year: 1992
Title: Desigualdad y Atención de la Salud en Argentina
Conference: III Congresso Brasileiro de Saúde Coletiva
Publisher: ABRASCO
Location: Porto Alegre, RS
Pages: 60
Keywords: Argentina, Buenos Aires.
Abstract: Con el objetivo de brindar atención primaria de la salud a los habitantes de “villas de
emergencia” y “casas tomadas” o inquilinos de la Ciudad de Buenos Aires se implementó
una estrategia de áreas programas o distritos de salud, basada en hospitales-base, centros de
salud y unidades descentralizadas. En el presente trabajo se expone la política de
implementación—de base epidemiológico-social—los resultados luego de un quinquenio de
trabajo y el análisis de impacto en términos de salud-enfermedad. Asimismo se discute, a la
luz de la experiencia internacional, los conflictos que se sueltan entre el hospital—preparado
para la asistencia y con un modelo médico hegemónico—y las unidades periféricas—en
general de estructuras inconvenientes y con tendencia a mimetizar las tareas centrales. Por
último se analizan las modificaciones de los indicadores de impacto en relación al grado de
vulnerabilidad de la población expuesta a severas condiciones de pobreza, marginalidad y
violencia.

Notes: Research Type: case study. Inequity reference: poverty

Author(s): Lessa, Walter
Year: 1972
Title: Relacionamento de certas características populacionais com a mortalidade infantil no
município de São Paulo de 1950 a 1970
Journal: Problemas Brasileiros
Volume: 10
Pages: 10–17
Keywords: Brasil, São Paulo.

Author(s): Lessa, Ines
Year: 1992

Boletín de la Oficina Sanitaria Panamericana

Volume: 113
Issue: 3
Pages: 212–222
Date: septiembre

Author(s): Lessa, Ines; Silva, M.R.
Year: 1993
Title: Doenças cerebrovasculares como causa múltipla de morte em Salvador. Magnitude e diferenças espaciais da mortalidade omitida nas estatísticas oficiais
Journal: Arquivos de Neuropsiquiatria
Volume: 51
Issue: 3
Pages: 319–324
Keywords: Brasil-; Salvador-; Adult-; Brazil-epidemiology; Cause-of Death; English-Abstract; Social-Conditions-; *Cerebrovascular-Disorders-mortality
Abstract: Social inequalities and the excess (%) in mortality by cerebrovascular diseases (CVD) unregistered in the official death statistics were studied in Salvador, Brazil, 1988. In an ecological spacial (aggregate) desing, all death mentioning CVD as basic and as associated cause of death were reviewed and distributed, according to their addresses by 66 geographical zones. The mortality rates by CVD (basic+associated) ranged from 22.94 to 376.62/10,000 adults. The mortality fraction not included in the official statistics was 29.1% for Salvador with means between 16.12 and 33.72% in the group of zones of very low to those in the high mortality levels. Seven out of 16 zones included in the 4th quantil showed exceptionally high mortality rates (above those of Salvador + 1.64 x standard deviation corrected by the zones population). The authors discuss possible explanations for the social differences in the mortality profile.

Cirrose hepática no Brasil: mortalidade e anos produtivos de vida precocemente

Boletín de la Oficina Sanitaria Panamericana

Volume: 121
Issue: 2
Pages: 111–122
Date: agosto

Author(s): Lima, Nádia Costa
Year: 1993
Title: Tuberculose em Salvador: distribuição espacial da doença
Academic Dept.: Mestrado em Saúde Comunitária
University: Universidade Federal da Bahia
City: Salvador, Bahia
Pages: 107
Thesis Type: Mestrado
Keywords: Brasil. Salvador.

Author(s): Lima, Maria Luiza de
Year: 1995
Title: Violência e Morte: Diferenciais da mortalidade por causas externas no espaço urbano do Recife, 1991
Academic Dept.: Instituto de Saúde Coletiva
University: Universidade Federal da Bahia
City: Salvador, Bahia
Pages: 182
Thesis Type: Mestrado em Saúde Comunitária
Keywords: Brasil. Recife.
Abstract: This study aimed to describe the trends and magnitude of the violent deaths in the city of Recife, as well as analyze its determinants. For the year of 1991 it was presented the spatial distribution of those deaths and the differences regarding sex, age and place of occurrence. It was also analyzed the role of some socio-economic variables, used as indicators of the life conditions of the population. It was designed an ecological study of type exploratory comparing multiple groups. In 1991 there was 1181 violent deaths in Recife. The information in the death certificates were aggregated according to neighborhoods. From the basic death cause it was build up he following indicators: mortality rate; proportional mortality and mortality ratio. It was observed a global mortality rate due to external causes of 90.91 100000 hab. The groups aged 10–39 years and 60 years or greater were those with highest risks of death. The male group presented overmortality in all the age groups. The more important specific cause of death were homicides and traffic accidents contributing 51.3% and 23.4% respectively, to the total of deaths. The violent deaths contributed to 39.782 years of potentially life lost, with a greater contribution of the homicides, with 22433 years of potentially life lost. The analysis of the spatial distribution showed a great degree of heterogeneity in the rates of violent death in Recife’s neighborhoods. Aspects of the inequalities of the violence in the social spaces according to life conditions and its relations with the historical process of formation of the city Recife were discussed.

Notes: Research Type: Cross-sectional aggregate study. Death registry. Inequity reference: living conditions

Author(s): Llamias-Wolf, Jaime
Year: 1997
Title: Los Desafios de la Salud para una Epoca de Transformaciones Paradigmaticas
Journal: Cuadernos Médico-Sociales
Volume: XXXVIII
Issue: 1
Pages: 78–80

Author(s): Lolio, Cecília Amaro de; santo, Augusto Hasiak; Buchalla, Cássia Maria
Year: 1990
Title: Mortalidade de Adolescentes no Brasil, 1977, 1980 e 1985. Magnitude e tendências
Journal: Revista de Saúde Pública
Volume: 24
Issue: 6
Pages: 481–489
Keywords: mortalidade, adolescência, causa de morte
Author(s): Lombardi, Cintia; Bronfman, Mario; Facchini, Luiz; Victora, César; Barros, Fernando; Béria, Jorge; Teixeira, Ana
Year: 1988
Title: Operacionalização do Conceito de Classe Social em Estudos Epidemiológicos
Journal: Revista de Saúde Pública
Volume: 22
Issue: 4
Pages: 253–265
Abstract: The development of an operational classification of the Marxist concept of social class that could be used in epidemiological studies is attempted. Although such a classification will necessarily be restricted to the economic dimension of the concept, and leave aside its ideological and legal-political components, it is believed that it may lead to a better understanding of the distribution of ill-health in a given population. Two classifications are described—that developed in Ribeirão Preto, S. Paulo (Brazil), and a new classification based on work done in Mexico. These are compared in terms of how closely associated they are with the patterns of growth of 5,384 young children in the city of Pelotas in Southern Brazil. It is concluded that the proposed classification has greater power of discrimination in terms of child growth than that previously proposed.
Notes: Research Type: methodological study. Inequity reference: social class

Author(s): Loureiro, Sebastião
Year: 1990
Title: Brasil: Desigualdade Social, Doença e Morte
Conference: I Congresso Brasileiro de Epidemiologia
Publisher: ABRASCO
Location: Campinas
Pages: 63–80
Keywords: Brasil
Notes: Macro-context analysis. Inequity reference: social class

Author(s): Lozano, Rafael; Escamilla, José Antonio; Escobedo, Jorge; López-Cervantes, Malaquias
Year: 1990
Title: Tendencia de la mortalidad por cardiopatia isquémica en México, de 1950 a 1985
Journal: Salud Pública de México
Volume: 32
Issue: 4
Pages: 405–415
Keywords: Mexico; ischemic heart diseases; cardiovascular diseases, mortality, ecological studies.
Abstract: This paper presents the results of an ecologic study of the trends of ischemic heart diseases (IHD) (ICD 9th 410–414) from 1950 to 1985 in Mexico. The mortality rates area strongly related with age and sex. Among those aged 30 to 59 years old, the male-female ratio (MFR) was 2.5 whereas in those aged 60 or more the ratio was 1.2. The mortality rates for IHD increase over time, particulary when converted in logarithms (r=0.89). There were important differences in the regional mortality patterns by age and gender. Among males the northern region showed a mortality risk.2.5 times higher than the southern region; this risk increases (3.0) in those older than 60 years old. The increasing risk for IHD maybe due to greater exposure to primary and modifiable risk factors such as smoking cholesterol and hypertension.
Notes: Research Type: longitudinal aggregate study (timetrend-series). Death registry. Inequity reference: ecosocial

Author(s):  
Lozano, Rafael; Infante, C.; L.Schlaepfer; Frenk, Julio
Year:  1993
Title:  Desigualdad, Pobreza y Salud en México
Publisher: Editora El Nacional
City:  México D.F.
Keywords: Mexico

Author(s):  
Lozano, Rafael; Murray, Christopher; Frenk, Julio; Bobadilla, José Luis; Fernández, Sonia
Year:  1994
Title:  El peso de la enfermedad en México: un doble reto
Publisher: Fundación Mexicana para la Salud
City:  México
No. of Pages: 116
Keywords: Mexico

Author(s):  
Lozano, Rafael; Zurita, Beatriz; Franco, Francisco; Ramírez, Teresina; Torres, José Luis; Hernández, Patricia
Year:  1998
Title:  Inequality in Mexico: Study by socioeconomic strata at the country and household level
Institution: Mexican Health Foundation (FUNSAUD)
Type of Work: Unpublished manuscript

Editor(s):  
Lustig, Nora
Year:  1995
Title:  Coping with Austerity: Poverty and Inequality in Latin America
Publisher: Brookings Institution
City:  Washington D.C.
Keywords: América Latina

Author(s):  
Year:  1993
Title:  La metodología narrativa para el estudio explicativo de sexualidad del adolescente en una comuna urbana marginal
Conference: Segundo Congresso Chileno de Epidemiologia
Location: Chile
Keywords: adolescencia, metodología narrativa, sexualidad

Author(s):  
Macedo, Carlyle Guerra de
Year:  1993
Mensage del Director: Busquemos la equidad

Boletín de la Oficina Sanitaria Panamericana

115

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i

América Latina

Institutional document.

Macedo, Carlyle Guerra de

1994

La equidad en salud

V Seminario Calidad y Costo de la Atención Médica

Buenos Aires

9

América Latina

Institutional document.

Madrid-Flores, Sandra; Montoya-Aguilar, Carlos

1997

Tendencias recientes de la mortalidad por edades y áreas y su relacion con la inequidad socioeconómica. Chile, 1992–1995

Cuadernos Medico-Sociales (Santiago de Chile)

38

1

48–54

América Latina

Institutional document.

Se analizan las tendencias de la mortalidad en Chile, en el período 1992 a 1995. El descenso de las tasas fue de 22,5% en los menores de un año y se atenuó progresivamente en los tramos de edades mayores, hasta que en las personas de 45 a 64 años fue de 0,1 %. En el grupo de 65 y más años hubo un ascenso de 1,6%. El primer año de vida fue el único tramo de edad que experimentó un descenso continuo en la gran mayoría de las áreas. En las áreas comprendidas entre Ñuble y Osorno la mortalidad a los 45 a 64 años, que ya era alta en 1992, subió en 12% durante el período observado. Estas mismas áreas se destacan por presentar un nivel de vida y de atención de salud claramente inferior al promedio nacional. La variable "tendencia en el tiempo de la mortalidad de los adultos" forma parte del cuadro de la inequidad de salud. Se subraya la importancia del seguimiento de esa variable, en el

evntexto del perfil epidemiológico actual de Chile.

Inequity reference: ecosocial.

Mardones, Francisco; Díaz, Mirtha

1990

Una propuesta de clasificación de las comunas del país según criterios de riesgo biomédico

UNICEF, INTA

Chile

Inequity reference: ecosocial.
### Inequalities in Health Based on Living Conditions:

#### Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

<table>
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<tr>
<th>Author(s)</th>
<th>Mardones, Francisco; Díaz, Mirtha; Risopatrón, Felipe</th>
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<tr>
<td>Year</td>
<td>1991</td>
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<tr>
<td>Title</td>
<td>Exposición a factores de riesgos de la niñez chilena según el nivel de vida de la comuna de residencia</td>
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<td>Journal</td>
<td>Revista Chilena de Pediatria</td>
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<td>62</td>
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<tr>
<td>Pages</td>
<td>132–141</td>
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<tr>
<td>Keywords</td>
<td>Chile. Santiago. Risk scales. Inequalities in children opportunities. Classifications by countries by risk approach</td>
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<tr>
<td>Abstract</td>
<td>An instrument based in ten family health and well being indicators is presented to classify 334 counties in Chile. The Factors or Vectors Analysis (included in the S.A.S packages of computational programs) has been used to assess the main associations among the indicators. In this Research Type: case two vectors or factors represent 66% of the total variance. The results can be presented in three complementary ways. The first is &quot;Z&quot; score of each of the two factors that were built using either socio-economical or bio-medical variables, i.e., factor &quot;SEC&quot; (Socio-economical) and factor &quot;BIO&quot; (Bio-medical). These results can be represented in graphical coordinates. The second way is Suma Scale, which is built by adding the product of each of the ten regression coefficients—representing the association between the variables in the 334 countries—multiplied by the specific value of each variable in each country. It is postulated that the ranking obtained by this scale indicates the growing vulnerability of the countries. This scale does not include the measure of the amount of population at risk in each country. The third way is Percentage Scale. This scale considers the amount on children affected.</td>
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<td>Notes</td>
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<tr>
<th>Author(s)</th>
<th>Medici, André Cezar</th>
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<td>Year</td>
<td>1990</td>
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<tr>
<td>Title</td>
<td>Aspectos socio-económicos da morbidade no Brasil—uma contribuição aos estudos sobre população e saúde (o caso do Nordeste)</td>
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<tr>
<td>Conference</td>
<td>I Congresso Brasileiro de Epidemiologia</td>
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<tr>
<td>Publisher</td>
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<tr>
<td>Location</td>
<td>Campinas, São Paulo</td>
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<tr>
<td>Pages</td>
<td>165–186</td>
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<td>Keywords</td>
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<th>Author(s)</th>
<th>Medina, E.; Kaempffer, A. M.; Cornejo, E.; Hernandez, E.</th>
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<tr>
<td>Year</td>
<td>1993</td>
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<tr>
<td>Title</td>
<td>Evaluación de la atención de los diversos subsistemas, de salud en la población de Santiago</td>
</tr>
<tr>
<td>Conference</td>
<td>Segundo Congreso Chileno de Epidemiologia</td>
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<td>Keywords</td>
<td>morbidad, atención de salud, desigualdades en salud</td>
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<tr>
<th>Author(s)</th>
<th>Melo, Adélia Maria Carvalho de; Lima, Fábio Bittencourt; Aráujo, Fábio Oliveira de; Almeida, Lívia Maria Aragão de; Fonseca, Maria Conceição de A.; Lázaro, Maria da Graça Andrade; Souza, Patricia Guedes de; Silva, Rosa Vianna Dias da; Neto, Annibal Miniz Silvany</th>
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Estado nutricional e nível sócio-económico em crianças de creches de Salvador

Revista Batana de Saúde Pública

14

2/4

179–192

abr./dez.

Foi investigado o estado nutricional de crianças de 03 a 48 meses de idade em 19 creches da cidade do Salvador, levando-se em conta variáveis como raça, idade, sexo, amamentação materna, suplementação alimentar, alimentação do Programa de Nutrição em Saúde, tipo de assistência médico-odontológica e nível sócio-económico. A escolha das creches não foi realizada aleatoriamente. Para a avaliação do estado nutricional foi utilizado o indicador de Kanawati e McLaren. Foram estudadas 476 crianças. Quase um terço destas (32,6%) foi classificado como desnutrido (29,2% com desnutrição leve e apenas 3,4% com—desnutrição moderada). Nenhuma delas apresentava desnutrição severa. Sugere-se a realização de estudos mais específicos para investigação dos determinantes desta elevada proporção de desnutridos entre crianças que frequentam creches, onde possivelmente recebem uma alimentação diferenciada. Encontrou—se uma proporção de desnutridos significativamente maior nas crianças do sexo masculino, nas de raça escura ou média, e naquelas de nível sócio-económico baixo. A análise estatística sugeriu que a associação entre raça e estado nutricional era secundária, refletindo basicamente a influência das condições sócio—económicas das diferentes raças na sociedade brasileira. O nível sócio—económico foi a variável mais importante na explicação da variação dos níveis de desnutrição encontrados.

Mendez-Castellano, Hernan; Méndez, Maria Cristina de

Sociedad y Estratificación. Método Grafar-Méndez Castellano

FUNDACREDESA

Caracas, Venezuela

206

Venezuela

Research Type: methodological research. Classification system. Inequity reference: social stratification

Mendoza-Arana, Pedro

Equidad, eficiencia y calidad: ¿Es ésta combinación posible?

Revista Médica del Instituto Peruano de Seguridad Social

5

1

48–50

Perú. Lima

El artículo examina inicialmente conceptos sobre la equidad, tanto en la Provisión de los Servicios (proporcionalidad a la necesidad) como en el Funcionamiento de los mismos (progresividad). Asimismo, conceptos sobre eficiencia, tanto productiva (producir servicios de la misma calidad al menor costo) como de asignación (que la producción conjunta rinda efectos totales que hagan que el sistema sea más eficiente). A partir de ellos, se aborda el tema de la Calidad, y se presentan mecanismos para mejorar simultáneamente la calidad y la eficiencia (AU).

<table>
<thead>
<tr>
<th>Author(s):</th>
<th>Menezes, Ana M.B.; Costa, Juvenal Dias da; Gonçalves, Helen; Morris, Saul</th>
</tr>
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<tr>
<td>Year:</td>
<td>1998</td>
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<tr>
<td>Title:</td>
<td>Incidência e fatores de risco para tuberculose em Pelotas, uma cidade do sul do Brasil</td>
</tr>
<tr>
<td>Journal:</td>
<td>Revista Brasileira de Epidemiologia</td>
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<td>Volume:</td>
<td>1</td>
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<td>Issue:</td>
<td>1</td>
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<tr>
<td>Keywords:</td>
<td>Tuberculose. Adultos. Incidência. Fatores de risco.</td>
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<tr>
<td>Abstract:</td>
<td>Objetivou-se medir a incidência e avaliar fatores de risco para tuberculose, em adultos de Pelotas. Os casos foram detectados na &quot;Secretaria Municipal da Saúde e Bem Estar&quot; (Centro de Saúde), no período de junho de 1994 a junho de 1995. Concomitante, controles populacionais, parcados por sexo e idade, eram sorteados e aplicado o mesmo questionário aos casos e controles. A incidência notificada de tuberculose foi de 72,4/100.000 habitantes. A análise estatística bruta mostrou os seguintes odds ratios: 10,8 (classe social E), 5,4 (renda familiar £ 1 salário mínimo) e 6,6 (analfabetos). O risco em pessoas de cor não branca foi de 4,7; aglomeração e contato com tuberculose apresentaram respectivamente riscos de 3, 1 e 5,3. Alcoolismo mostrou um risco de 4,3 e os portadores de doenças associadas à tuberculose um risco de 3,6; as variáveis história de diabetes e moradia próxima a pedreiras não se mostraram associadas com tuberculose. Os trabalhadores de pedreiras apresentaram um risco de 4,0. Na análise por regressão logística condicional, as seguintes variáveis permaneceram, após ajuste para fatores de confusão, significativamente associadas com tuberculose: contato com tuberculose (OR=8,2), alcoolismo (OR=4,0), trabalho em pedreira (OR=4,7) e cor não branca (OR=3,1). Conclui-se que a incidência de tuberculose em Pelotas é muito elevada e que a maioria dos fatores de risco são passíveis de prevenção ou redução.</td>
</tr>
</tbody>
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| Author(s):        | Mesa-Lago, C.                                                          |
| Year:             | 1992                                                                  |
| Title:            | Atención de salud para los pobres en America Latina y el Caribe       |
| Institution:      | Organización Panamericana de la Salud, Fundación Interamericana       |
| Type of Work:     | Publicación Científica                                                |
| Report Number:    | 539                                                                   |
| Keywords:         | América Latina. Caribe.                                                |
| Notes:            | Position paper. *Inequity reference:* poverty (income).                |

| Author(s):        | Messner, S. F.                                                        |
| Year:             | 1989                                                                  |
| Title:            | Economic discrimination and societal homicide rates: further evidence on the cost of inequality |
| Journal:          | American Sociological Review                                          |
| Volume:           | 54                                                                    |
| Issue:            | 4                                                                     |
| Pages:            | 597–611                                                               |
| Abstract:         | "This research examines the effects of economic discrimination against social groups on national rates of homicide...I hypothesize that nations with intense and pervasive discrimination will exhibit comparatively high levels of homicide, and that the effects of discrimination will exceed those of income inequality. Regression analyses using both INTERPOL and World Health Organization homicide data support both hypotheses. Indicators of economic discrimination against social groups are significantly and positively related to homicide rates despite fairly extensive controls for other theoretically relevant national characteristics... These results suggest that the structuring of economic inequality..." |
on the basis of ascribed characteristics is a particularly important source of lethal violence in contemporary societies." (Excerpt)

**Notes:**
- **Research Type:** Cross-sectional aggregate study (ecological by countries).
- **Inequity reference:** economic discrimination

**Author(s):** Metzger, Xavier  
**Year:** 1996  
**Title:** Conceptualización e indicadores para el término equidad y su aplicación en el campo de la salud  
**Institution:** Organización Panamericana de Salud

**Abstract:**
*Inequidad* = tradução direta do inglês 'inequity', não existe em Espanhol (há iniquidad = injusticia). *Desigualdades* = termo "puramente descritivo, sin hacer valoraciones morales"... Portanto, inequidades = desigualdades injustas. **Duas situações de inequidade:** Em si: situação "inequitativa" comparada com um ideal; Relativa: situação "inequitativa" comparada com outros sujeitos.

**Definições de Equidade:** igualdade= benefícios ou oportunidades iguais  
1) direitos "equos" derivados de modos de aquisição legítimos: herança, poupança, ou redistribuição estatal  
2) "mínimo decente": padrão básico a que todos devem ter acesso  
3) distribuição superadora de "inveja"  
4) liberdade de escolha—mais opções que necessidade  
5) utilitarista: distribuição maximizadora do total disponível  
6) teoria do "minimax": maximizar a posição dos desfavorecidos (compensação redistributiva)

**Dificuldades na definição de graus de inequidade. Equidade em saúde: medida através da distribuição desigual de indicadores de saúde:** TMI, E.V., morbidade etc.

<table>
<thead>
<tr>
<th><strong>Dois tipos de enfoques para definição</strong></th>
<th><strong>Demandas: Base serviços</strong></th>
<th><strong>Necessidades: Base populacional</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acesso:</td>
<td>Igual para igual necessidade</td>
<td></td>
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<tr>
<td>Utilização:</td>
<td>Recursos iguais para igual necessidade</td>
<td></td>
</tr>
<tr>
<td>Resultado:</td>
<td>Situação de saúde balanceada</td>
<td></td>
</tr>
</tbody>
</table>

**Dois tipos de equidade**

- **Horizontal:** Igualdade para iguais
  - Utilização
    - Resultado
    - Demanda

- **Vertical:** Desigual para desiguais  
  (e.g. discriminação positiva):  
  - Igualdade  
  - Necessidades  
  - Acesso  
  - Horizontal/Vertical
  - Utilização
    - Resultado  
    - Demanda

**Atributos dos indicadores de desigualdade**

- Validez  
- Adequação ao problema  
- Sensibilidade a mudanças  
- Especificidade quanto ao problema  
- Capta informação relevante  
- Simplicidade e compreensibilidade  
- Objetividade

**Notes:**  
- Conceptual study.

Curvas de Lorenz, índices de Gini.
Author(s): México
Year: 1994
Title: Cobertura de los servicios de salud: El reto de la equidad
Series Title: Cuadernos de Salud #1
Publisher: Secretaría de Salud/Subsecretaría de Coordinación y Desarrollo
City: México, D.F.
No. of Pages: 84
Keywords: México
Abstract: Evaluación acerca de la cobertura que ofrecen actualmente los Servicios de Salud, presentándose algunas observaciones acerca de los cambios a realizar para mejorar y abrir el acceso al Sistema Nacional de Salud, con el fin de que ninguna parte de la población se quede sin recibir la atención adecuada en este rubro. El libro contiene antecedentes históricos sobre los servicios de salud, un marco teórico y definiciones operativas, resultados en cuanto a la infraestructura física, material, recursos humanos y práctica médica privada, así como un capítulo dedicado a la construcción de escenarios futuros en cuanto a la atención de salud (AU).
Notes: Research Type: Macro-context analysis. Inequity reference: access to HSs.

Author(s): Miranda-Ocampo, R.; Salvatierra, B.; Vivanco, B.; Alvarez, C.; Lezana, M. A.
Year: 1993
Title: Inequidad de los servicios de salud a población abierta en Mexico
Journal: Salud Pública de México
Volume: 35
Issue: 6
Pages: 576–584
Keywords: México
Abstract: Social, demographic, and coverage indicators were used to assess the access of the uninsured population in Mexico to health services. Data from the 1990 census and the Secretariat of Health and Assistance were used to assess ratios of coverage and mortality rates in hospitals. States were then stratified according to poverty indicators obtained through a factorial analysis using the method of multiple components. The sociodemographic indicators included the proportion of the employed population earning less than a minimum salary; the proportions rural, employed in the primary sector, and illiterate, the general preschool mortality rates; and housing conditions. The uninsured population accounted for 76.5% of the total population in the poorest states and 53.9% in the others. The distribution of the uninsured population; inversely related to economic and social development indicators. The poorest states had 3.4 and the other states had 2.5 hospital discharges per 100 uninsured persons. The poorest states had 21 deaths r 1000 discharges, while the other states had 1611000. The mortality rate among children under 1 ear was 8.4 per 1000 discharges in the poorest states and 511000 in the other states. The poorest states had 0.161 health facilities, 0.236 physicians, and 0.399 nurses on average per 1000 uninsured individuals while the wealthier states had 0.273 health facilities, 0.641 physicians, and 0.707 nurses. There were on average 1.8 million uninsured persons in each of the poorest states and 977 thousand in the wealthier states. In general, northern states had greater human and material health resources than southern and southeastern states, while the demand was greater in the south and southeast. Access to health care, quality of services and living conditions of the population in the poorest states should be improved in order to close the gap between the wealthier and poorer states.
Mondini, Lenise; Monteiro, Carlos Augusto

1998

Relevância epidemiológica da desnutrição e da obesidade em distintas classes sociais: métodos de estudo e aplicação à população brasileira

Revista Brasileira de Epidemiologia

1

1

28–39


Buscou-se construir critérios de mesma especificidade no diagnóstico da desnutrição e da obesidade, de modo a produzir estimativas comparáveis para a prevalência desses eventos em distintos estratos socioeconômicos da população brasileira infantil e adulta. A fonte primária de dados é a Pesquisa Nacional sobre Saúde e Nutrição—PNSN, estudo do tipo transversal de base domiciliar, realizado no país em 1989. Foram considerados o conjunto das mulheres adultas estudadas pela PNSN, com idades entre 18 e 64 anos (n=15.669), o conjunto dos homens adultos com idades entre 20 e 64 anos (n=14.235) e o conjunto das crianças com idade entre 6 e 35 meses (n=3.641). Na avaliação do estado nutricional dos adultos empregou-se o Índice de Massa Corporal (kg/m2) e, na avaliação infantil, os índices peso/idade e peso/altura. Os percentis 5 e 95 da distribuição desses índices em uma população de referência foram utilizados como níveis críticos para o diagnóstico, respectivamente, da desnutrição e da obesidade. Os resultados obtidos evidenciam, entre outros aspectos, que a desnutrição infantil mostra-se controlada (prevalências muito baixas mesmo em estratos da população com níveis muito modestos de renda familiar, enquanto a obesidade em mulheres adultas constitui problema de Saúde Pública (altas prevalências), mesmo para famílias situadas abaixo da linha da pobreza extrema. Tais evidências indicam a necessidade de se rever os modelos de causalidade tradicionalmente admitidos no país para a desnutrição e para a obesidade, ao mesmo tempo em que apontam a urgência de uma ampla revisão das prioridades e das estratégias de intervenção da Saúde Pública brasileira, no campo da nutrição.

Montaño-Virreira, Sonia

1993

Invertir en equidad: Políticas sociales para la mujer en Bolivia

Unidad de Análisis de Políticas Sociales

La Paz, Bolivia

194

Bolivia. La Paz.

Position paper. Inequity reference: gender

Monteiro, Carlos Augusto; Benício, Maria Helena; Baldijó, M. F.

1980

Mortalidade no primeiro ano de vida e a distribuição de renda e de recursos públicos de saúde

Revista de Saúde Pública

14

515–539

Brazil; São Paulo; Infant mortality; Income; Health facilities.

It was made a study to identify the distribution of the infant death rates and the distribution of income, and the distribution of certain public health facilities in the 55 districts of the city of S. Paulo (Brazil) and, then, to analyze the similarity among them. The infant death rates
and concentration of low income families increased from the center to the periphery of the city. The public health facilities—water supply, maternity beds, and State health centers—also decreased from the center to the periphery of the city. Both the increasing distribution of income and the decreasing distribution of public facilities were positively related to the increasing mortality distribution. The conclusion, therefore, is that, in S. Paulo, income and public facilities are synergic; that is, they mutually reinforce the inequalities observed through the infant mortality.

Notes:

Author(s):
Monteiro, Carlos Augusto; Freitas, I. C.; Baratho, R. M.
Year: 1989
Title: Saúde, nutrição e classes sociais: o nexo empírico evidenciado em um grande centro urbano
Journal: Revista de Saúde Pública
Volume: 23
Pages: 422–428
Keywords: Brasil, São Paulo.
Abstract: Embora frequentemente assumida como verdadeira, a relação entre classe social e estado de saúde e nutrição raramente tem sido estudada no plano empírico. Adotando-se proposta classificatória que permite a identificação operacional do conceito de classe social em sociedades de organização complexa, procurou-se estabelecer e comparar o estado de saúde e nutrição de uma amostra das crianças da cidade de São Paulo pertencentes a distintas classes sociais. A partir da observação da distribuição do índice altura/idade, evidenciou-se crescimento normal—e portanto condições ótimas de saúde e nutrição—apenas entre as crianças pertencentes à burguesia e à pequena burguesia, as quais correspondem a cerca de 30% da população. Diferenças significantes (p < 0.01) cm relação a um padrão esperado de altura de crianças bem nutridas foram encontrados para o proletariado ligado ao setor de serviços, para o proletariado ligado à produção e transporte de mercadorias e para o subproletariado. Diferenças de renda e de acesso à escolaridade entre as classes sociais consubstanciam o nexo empírico evidenciado entre condição de classe e estado de saúde e nutrição.

Notes:
Research Type: Cross-sectional individual study (prevalence). Nutritional status, biometry, questionnaires. Inequity reference: social class.

Author(s):
Monteiro, Mário Giani
Year: 1990
Title: A Case-Control Study of Infant Mortality Determinants in the Metropolitan Region of Porto Alegre (Brazil)
Academic Dept.: London School of Hygiene and Tropical Medicine
University: University of London
City: Londres
Thesis Type: Doutorado
Keywords: Brasil
Porto Alegre
Notes: Research Type: longitudinal individual study (retrospective case-control). Inequity reference: poverty (income).

Author(s):
Monteiro, Mário Giani
Year: 1990
Nutritional status of Brazilian children: trends from 1975 to 1989

Nutritionists used 2 surveys (1975 and 1989) to determine the trends in the nutritional status of children <5 years old in Brazil. Malnutrition rates fell by 61.4% between 1975 and 1989 (18.4% vs. 7.1%). Improvements in child nutrition occurred countrywide, but they were less in the North and the Northeast (56.7% and 52.6% respectively) than in the other regions (69.2%–78.6%). In fact, the gap between these regions and the other regions was wider in 1989 than it was in 1975 (e.g., prevalence ratio between the Northeast and the South, 2.5 in 1975 and 5 in 1989). In the Southeast and the South, nutrition improvement occurred basically equally for rural and urban children, but the percentage of rural malnourished children was still higher than it was for urban malnourished children (6.2% vs. 3.7% and 3% vs. 2.1% respectively). In the Northeast, rural children suffered more relative excess malnutrition in 1989 than they did in 1975. A sizable reduction in childhood malnutrition prevalence rates occurred in all 4 income groups, but the poorest children benefited the least (55.5% vs. 77% for the richest group). Since children most affected by malnutrition in the 1970s (i.e., children from the North and Northeast) did not gain the least, regional and socioeconomic differences in the prevalence of malnutrition expanded between 1975 and 1989. Modest increases in income linked to considerable expansion of sanitation, health, and education services and of preschool supplementary feeding programs were most likely responsible for nutritional improvement. In addition, fertility rates fell (5.8–3) during this period. Improvement was largely restricted to the 1970s, however. After 1980, little or no improvement occurred. Little hope for economic recovery, continued economic inequalities, and reduced spending on social programs indicated a stagnant situation for the 1990s.

O processo de transição demográfica no Brasil inicia-se com a queda da mortalidade na década de 1940, quando algumas causas de óbito mais facilmente evitáveis—em particular, as do grupo de doenças infecciosas e parasitárias—começam a diminuir de modo acentuado. Este grupo de causas de óbito era responsável, em 1940, por 43,5% da mortalidade nas capitais brasileiras, sendo que este percentual tinha caído, em 1980, para 11,4%. Observa-se também o excepcional aumento relativo de óbitos por doenças do aparelho circulatório e, além disso, a participação crescente dos óbitos por neoplasias e das causas violentas de mortalidade. Afora a diminuição das doenças infecciosas e parasitárias que contribui, em consequência, para aumentar a participação das outras causas na mortalidade, o acréscimo da proporção de óbitos por doenças crônicas e degenerativas pode ser atribuído também ao envelhecimento da população.

que se puede medir es el "grado de desigualdad". ¿Estamos midiendo la inequidad propiamente tal al dimensionar la desigualdad? Se llegó a una respuesta dividida: Sí en el caso de los indicadores de salud. No en el caso de los indicadores de atención (recursos y actividades).


Author(s): Montoya-Aguilar, Carlos
Year: 1997
Title: Fundamentos de una política de salud que integre el principio de equidad
Journal: Cuadernos Medico-Sociales (Santiago de Chile)
Volume: 38
Issue: 1
Pages: 31–39
Keywords: Chile
Abstract: Un objetivo declarado de la política social del país es lograr un nivel creciente de salud para todos. La situación actual deja mucho que desear en materia de equidad, como lo demuestran las diferencias geográficas de mortalidad y de antropometría, así como las diferencias de gasto per cápita entre los subsistemas público y privado y la gradiencia geográfica de las actividades al interior del subsistema público. Las políticas nacionales son responsables de la mortalidad prematura que afecta a la mayoría de la población y que se asocia directamente con la desigualdad de ingreso, la insuficiente atención a la salud, la postergación de regiones y comunas enteras. La inequidad socioeconómica es en sí un agente patógeno. La equidad no se contrapone a la efectividad ni a la eficiencia: antes bien, estas tres características se potencian entre sí. La epidemiología enseña que la inequidad no se corregirá aplicando preferentemente medidas focalizadas en los pobres y en problemas específicos de salud. Hay que tomar en cuenta a toda la población todo el espectro de causas económicas y sociales, además de mejorar la información, la planificación, la estructura de financiamiento, el uso de las capacidades y la conciencia moral y de servicio en el propio sector de la salud. Debe utilizarse el conjunto de recursos de la población para reducir las diferencias ante la muerte: la injusticia última. No se debe temer que las políticas de equidad retrasen el crecimiento económico; la injusticia social.


Author(s): Montoya-Aguilar, Carlos; Madrid-Flores, Sandra; Barilari-Davies, Enrique
Year: 1997
Title: Experiencia de un camino para vencer la inequidad en salud: el enfoque del sistema publico hacia las comunas menos favorecidas
Journal: Cuadernos Medico-Sociales (Santiago de Chile)
Volume: 38
Issue: 1
Pages: 66–69
Keywords: Chile, Santiago.
Abstract: Una de las dimensiones principales del problema social de Chile a fines de la década anterior era la marcada inequidad de los indicadores de salud de la población y de las atenciones del sistema público para la salud entre las áreas del país. Frente a este problema el Ministerio de Salud se propuso, entre otras iniciativas, llevar a la práctica una propuesta directa y visible, enfocada a las comunas con mayor daño en salud: fue el Enfoque de Equidad en Salud, nacido a fines de 1991. Se hizo una primera selección de las comunas sobre la base de las estadísticas de mortalidad infantil y de mortalidad de los adultos de 45 a 64 años de edad, y consultando a los Directores de los respectivos Servicios de Salud. En
### Author(s): Muñoz, S.; Bangdiwala, S.
Year: 1993
Title: Validez y confiabilidad entre instrumentos de laboratorio clínico: Una gula metodológica
Conference: Segundo Congresso Chileno de Epidemiología
Location: Chile
Keywords: confiabilidad, validez, instrumentos clínicos

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### Author(s): Musgrove, Phillip
Year: 1983
Title: La equidad del sistema de servicios de salud. Conceptos, indicadores e interpretación
Journal: Boletín de la Oficina Sanitaria Panamericana
Volume: 95
Issue: 6
Pages: 525–546
Keywords: Latin America
Abstract: Equity should be understood and measured at the level in which health services for the entire population are provided. The variable that has been most widely discussed in Latin America in regard to the concept of equity has been the distribution of income. This approach, in addition to providing useful statistical techniques, demonstrates how difficult it is to arrive at a single measurement of equity or a single indicator of the variable being evaluated. Furthermore, the need for medical care is of a random nature, since disease is distributed randomly. Thus, equity can only be considered in terms of probability. Some indicators for evaluating equity in the provision of health services are proposed in this study, together with an examination of their advantages and efficiency. Stress is placed on the advisability of measuring equity through a probability approach, with emphasis on the probability of receiving proper treatment when ill, on the feasibility of being able to analyze the variables using information from both the health system itself and from other sources in order to compile data on disease, treatment and recuperation in relation to the population and on the distinction between inequality and inequity.


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### Author(s): Nicholls, Eric S.
Year: 1993
Title: Diferenciales de mortalidad en las enfermedades no transmisibles según nivel socioeconómico: El caso de América Latina
Journal: Boletín de la Oficina Sanitaria Panamericana
Volume: 115
Issue: 3
Pages: 255–269
Keywords: América Latina
Notes: Research Type: Macro-context analysis. Literature review. Inequity reference: social stratification.
<table>
<thead>
<tr>
<th>Author(s):</th>
<th>Norberto, J.; Dachs, W.; Casas, Juan Antonio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Infant mortality and socio-economic inequalities in the Americas</td>
</tr>
<tr>
<td>Type of Work:</td>
<td>Unpublished manuscript</td>
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</table>

| Author(s):          | Noronha-Filho, Gerson; Resende, José B.; Lemme, Antonio C.; Júnior, George Ney; Frossard, Andrea |
| Year:               | 1995                                          |
| Title:              | Formação Médica e Integração de Atividades Docentes e Assistenciais |
| Journal:            | Revista de Saúde Pública                      |
| Volume:             | 29                                            |
| Issue:              | 3                                             |
| Pages:              | 215–220                                       |
| Keywords:           | integração docente-assistencial, educação médica, tendências |

| Author(s):          | Nunes, Everardo Duarte; Barros, Marilisa Berti de Azevedo |
| Year:               | 1991                                          |
| Title:              | Mortalidade e classe social: um estudo no município de Campinas |
| Institution:        | FINEP                                         |
| Type of Work:       | Relatório Final                              |
| Keywords:           | Brasil. Campinas.                            |
| Notes:              | Research Type: Cross-sectional aggregate study (ecological). Mortality data. Inequity reference: social class. |

| Author(s):          | Núñez, Norma                                   |
| Year:               | 1991                                          |
| Title:              | Venezuela: Desigualdades sociales y desigualdades en salud. Estudio sobre diferenciales en condiciones de vida y mortalidad |
| Institution:        | Organización Panamericana de la Salud         |
| Type of Work:       | Unpublished manuscript.                       |
| Keywords:           | Venezuela; Caracas                            |
| Notes:              | Macro-context analysis. Inequity reference: living conditions. |

| Author(s):          | Núñez, Norma                                   |
| Year:               | 1994                                          |
| Title:              | Perfiles de mortalidad según condiciones de vida en Venezuela |
| Book Title:         | Qualidade de Vida: Compromisso Histórico da Epidemiologia |
| Editor(s):          | Costa, María Fernanda; Souza, Rômulo Paes     |
| Publisher:          | Coopmed/ABRASCO                               |
| City:               | Belo Horizonte                                |
| Pages:              | 1–27                                         |
| Keywords:           | Venezuela                                    |
| Abstract:           | Los últimos veinte años latinoamericanos se han caracterizado por grandes cambios estructurales dentro de los modelos peculiares de crecimiento que se registran en la Región de las Américas. Y especialmente durante la década de los años 80 se evidencian cambios económicos y sociales relevantes, en cada uno de los países que la conforman. Dada la política de profundización y extensión del modelo de desarrollo neoliberal dominante se han priorizado y practicado ajustes macro-económicos, financieros y productivos que se van traduciendo en costos, y beneficios diferenciales, en lo social, y en lo humano. Se dispone de documentación que afirma que a medida que avanza la entrada a los años 90 se |
INEQUALITIES IN HEALTH BASED ON LIVING CONDITIONS:
ANALYSIS OF SCIENTIFIC OUTPUT IN LATIN AMERICA AND THE CARIBBEAN AND ANNOTATED BIBLIOGRAPHY

Author(s): Okojie, C.E.
Year: 1994
Title: Gender inequalities of health in the Third World
Journal: Social Science and Medicine
Volume: 39
Issue: 9
Pages: 1237–1247
Keywords: gender, inequalities, women’s health, access, healthcare
Abstract: This paper examines gender inequalities of health in Third World Countries. Health hazards are present at every stage of a woman’s life cycle. Health problems which pose the greatest hardship to women in these countries include: reproductive health problems, excess female mortality in childhood, violence against girls and women, occupational and environmental hazards, and cervical and breast cancer. Many of these lead to maternal mortality which was the most focused upon indicator of women’s health in the literature. Gender inequalities of health originate in the traditional society where definitions of health status and traditional medical practices all reflect the subordinate social status of women. Gender inequalities in health are manifested in traditional medical practices which attribute women’s illnesses to behavioral lapses by women; differential access to and utilization of modern healthcare services by women and girls, including maternal care, general healthcare, family planning and safe abortion services. Reasons for gender inequalities in health include emphasis on women’s childbearing roles resulting in early and excessive childbearing; sex preference manifested in discrimination against female children in health and general care; women’s workloads which not only expose them to health hazards but also make it difficult for them to take time off for healthcare; lack of autonomy by women leading to lack of decision-making power and access to independent income; early marriage which exposes women to the complications of early and excessive childbearing. Gender inequality in health is one of the social dimensions in which gender inequality is manifested in Third World societies. Strategies to eradicate gender inequalities in health must therefore involve efforts to improve the status of women.

Notes: Conceptual study. Literature review. Inequity reference: gender

Author(s): Olinto, Maria Teresa; Victora, César Gomes; Barros, Fernando; Tomasi, Elaine
Year: 1993
Title: Determinantes da Desnutrição Infantil em uma População de Baixa Renda: um Modelo de análise Hierarquizado
Journal: Cadernos de Saúde Pública
Volume: 9
Issue: Suplemento 1
Pages: 14–27
Keywords: Brasil. Pelotas. Protein Energy Malnutrition; wasting; Statistical Models; Epidemiology
Abstract: To investigate the determinants of malnutrition among low-income children, the effects of socioeconomic, environmental, reproductive, morbidity, child care, birthweight and breastfeeding variables on stunting and wasting were studied. All 354 children below two years of age living in two urban slum areas of Pelotas, southern Brazil, were included. The multivariate analyses took into account the hierarchical structure of the risk factors for each type of deficit. Variables selected as significant on a given level of the model were considered as risk factors, even if their statistical significance was subsequently lost when
hierarchically inferior variables were included. The final model for stunting included the variables education and presence of the father, maternal education and employment, birthweight and age. For wasting, the variables selected were the number of household appliances, birth interval, housing conditions, borough, birthweight, age, gender and previous hospitalizations.


Author(s): Oliver, Fátima Correia
Year: 1990
Title: A atenção à saúde da pessoa portadora de deficiência no sistema de saúde no Município de São Paulo: Uma questão de cidadania
Academic Dept.: Faculdade de Saúde Pública
University: Universidade de São Paulo
City: São Paulo
Pages: 143
Thesis Type: Mestrado em Saúde Pública
Notes: Position paper.

Author(s): OPS
Year: 1992
Title: Metodología para el estudio de desigualdades en la situación de salud
Journal: Boletín Epidemiológico de la OPS
Volume: 14
Issue: 2
Pages: 5–8
Keywords: América Latina
Abstract: En los últimos años se promueve en los países con la cooperación de OPS, el desarrollo de sistemas de evaluación y vigilancia de la situación de salud de los diferentes sectores de la población, según condiciones de vida. El objetivo central es la búsqueda y adaptación de opciones prácticas, económicas y técnicamente viables, para el fortalecimiento de la capacidad de análisis de la situación de salud con énfasis en las desigualdades e inequidades para evaluar los cambios coyunturales y las tendencias a largo plazo. Los resultados preliminares de los estudios iniciales han despertado el interés de autoridades y dirigentes sociales de los países de la Región y constituyen una aproximación recomendable con este tipo de abordaje. Algunas de estas experiencias tienen carácter nacional y otras corresponden a niveles locales. En ciertos casos se trata de análisis de situación de salud y en otros de proyectos de monitoreo de problemas prioritarios. A continuación se presentan algunas consideraciones metodológicas para el estudio de inequidades en la situación de salud con énfasis en el uso de información secundaria para la identificación de problemas; no se mencionarán otras aplicaciones como el monitoreo y la gestión local de servicios de salud.
Notes: Research Type: methodological research. Literature review. Inequity reference: living conditions.

Author(s): OPS
Year: 1992
Title: Promoción de la salud y equidad/Health promotion and equity
Conference: Conferencia Internacional de Promoción de la Salud
Location: Santafé de Bogotá
| Pages: | 8 p. |

| Author(s): | OPS |
| Year: | 1993 |
| Title: | Perfiles de mortalidad según condiciones de vida: la experiencia de Venezuela |
| Journal: | Boletín Epidemiológico de la OPS |
| Volume: | 14 |
| Issue: | 3 |
| Keywords: | Venezuela |
| Abstract: | El desarrollo de sistemas de monitoreo de la situación de salud según condiciones de vida, trata de fortalecer la capacidad de análisis de la situación de salud, con énfasis en las desigualdades e inequidades para evaluar los cambios coyunturales y las tendencias a largo plazo. El Boletín Epidemiológico presentó en ediciones anteriores algunas consideraciones sobre los aspectos conceptuales, técnicos y metodológicos de estos sistemas (I). Varios estudios en realización en la Región han comenzado a presentar algunos resultados preliminares. A continuación se presentan los resultados de uno de estos estudios, hecho en Venezuela, que utilizó datos ya existentes y aplicó la metodología de salud y condiciones de vida para su análisis. Para reevaluar el comportamiento de indicadores tradicionales de salud en función de las condiciones de vida de la población, se constituyó un grupo de trabajo con participación del Departamento de Medicina Preventiva y Social, Escuela de Medicina Luis Rasetti, Universidad Central de Venezuela y de la Representación de la OPS en este país. |
| Notes: | Research Type: Cross-sectional aggregate study (ecological). Death registry. Inequity reference: living conditions. |

| Author(s): | OPS |
| Year: | 1994 |
| Title: | La Mortalidad en la Zona Metropolitana de la Ciudad de México |
| Institution: | Programa Análisis de la Situación de Salud—División de Salud y Desarrollo |
| Report Number: | PAHO/HDP/HDA/94-12 |
| Keywords: | México |
| Notes: | Research Type: Cross-sectional aggregate study (ecological). Mortality data. Inequity reference: living conditions. |

| Author(s): | OPS |
| Year: | 1995 |
| Title: | Acceso aqüitativo a los servicios básicos de salud: Hacia una agenda regional para la reforma del sector salud |
| Institution: | OPS/OMS-BID-BIRF-CEPAL-OEA-UNFPA-UNICEF-USAID |
| Date: | 29-30 september 1995 |
| Type of Work: | Documento base para Reunión sobre Reforma del Sector Salud |
| Notes: | Institutional document. Inequity reference: access to HSs. |

| Author(s): | OPS/CEPAL |
| Year: | 1994 |
| Title: | Salud, Equidad y Transformación Productiva en América Latina y el Caribe |
| Institution: | Organización Panamericana de la Salud y Comisión Económica para América Latina y el Caribe |
| Date: | Julio 1994 |
Report Number: CSP24/20

Author(s): Ossanai, Jorge
Year: 1994
Title: Reformas Contemporáneas en el Campo de la Salud: En Busca de la Equidad
Institution: Technical Resources International
Abstract: Identifica incompatibilidade entre os conceitos de 'equidade' e 'eficiência'. Ex. distribuição padronizada de serviços é mais eficiente (alta cobertura + baixo custo) e não equitativa. Sócrates, Platão, Aristóteles = sobre a natureza da justiça, como função do estado (República). Aristóteles (Política): justiça tem conotação redistributiva e compensatória. Ética de Nicomacheo = 2 conceitos de equidade: horizontal (tratamento igual para iguais), vertical (tratamento desigual para desiguais). Escolástica = equidade resulta de justiça, caridade e misericórdia. Sto. Agostinho: amor tudo media. Revisa principais conceitos de equidade:
1) igual oportunidade para todos;
2) igual oportunidade de bens e serviços para todos;
3) distribuição de acordo com necessidades;
4) igual nível de vida/saúde para todos;
5) igual atenção à demanda (comenta: tende a agravar diferenças);
6) prioridade para o que afeta a maioria;
7) compartilha custos/riscos de forma solidária;
8) distribuição buscando redução da "inveja";
9) mínimo de serviços básicos (equidade pelo mínimo).
"Aunque no sea fácil observar, describir y analizar las inequidades en salud, se torna complejo determinar las políticas y acciones para mejorar la equidad" (p. 11). "Se torna necesario sacrificar un poco la eficiencia en función de mejor equidad, así como es indispensable equilibrar la participación comunitaria local con la visión y la conducción global necesaria para detectar y corregir las desigualdades entre las comunidades" (p. 11)
Notes: Conceptual study. Literature review.

Author(s): PAHO
Year: 1993
Title: Methodology for the study of inequities in health conditions
Journal: Epidemiology Bulletin
Volume: 14
Issue: 2
Pages: 5–8
Keywords: Americas-epidemiology; Epidemiologic-Methods; Pan-American-Health-Organization *Health-Services-Accessibility; *Health-Status-Indicators
Abstract: In recent years, the Pan American Health Organization has collaborated with Member Countries to promote the development of systems for evaluating and monitoring the health situation of different population groups based on living conditions. The main objective is to identify and adapt practical options that are economically and technically viable to strengthen the countries' capabilities to analyze the health situation and to evaluate emergent changes and trends taking into consideration existing disparities and inequalities. Preliminary results of initial studies have stimulated the interest of the authorities since they represent a feasible approach for analyzing national and local level experiences. In certain cases, an analysis of the health situation was done and in others there were projects to monitor priority problems. This article presents some methodological considerations for a study of inequalities in health conditions with emphasis on the use of secondary information
for the identification of problems; other applications, such as monitoring and management of local health services are not discussed.

Notes: Research Type: methodological research. Mortality data. Inequity reference: living conditions.

Author(s): PAHO
Year: 1995
Title: The Search for Equity: Annual Report of the Director, 1995
Institution: Panamerican Health Organization
Notes: Institutional document.

Author(s): Paim, Jairnilson
Year: 1975
Title: Indicadores de Saúde no Brasil: relação com variáveis econômicas e sociais
Journal: Revista Baiana de Saúde Pública
Volume: 2
Issue: 2
Pages: 39–83
Keywords: Brasil
Abstract: Foi conduzido um estudo sobre indicadores de Saúde no Brasil através de questionários preenchidos pelas Secretarias de Saúde dos diversos estados, no sentido de investigar os indicadores disponíveis, os fatores que prejudicavam a produção e a qualidade dos mesmos, e a utilização dessas taxas no planejamento de saúde. Análises de correlação foram também efetuadas entre indicadores de saúde e certas variáveis sócio-econômicas.

Taxas de mortalidade geral, infantil e materna foram disponíveis em quase todas as capitais e em metade dos estados. A precariedade no sistema de notificações de doenças, o subregistro de nascimentos, a insuficiência de pessoal e de equipamento, o preenchimento incorreto dos atestados de óbitos e as deficiências na assistência médica foram os fatores que prejudicaram a produção ou a qualidade dos indicadores de saúde. Os coeficientes de mortalidade foram elevados nas capitais em que havia maior número de indivíduos com salários e rendimentos baixos, sem alfabetização, sem seguro social, e onde o PIB per capita era baixo. As medidas de saúde empregadas não se correlacionaram com os indicadores de saneamento e de assistência médica. O autor admite a necessidade de mudanças estruturais na economia como um meio de assegurar uma distribuição mais equânime de riqueza nacional, e consequentemente, elevar o nível de saúde das populações.


Author(s): Paim, Jairnilson; Dias, Célia Neto; Araújo, José Duarte de
Year: 1980
Title: Influência de fatores sociais e ambientais na mortalidade infantil
Journal: Boletín de la Oficina Sanitaria Panamericana
Volume: 38
Issue: 4
Pages: 327–340
Keywords: Brazil. Bahia
Abstract: Multiple regression analyses were carried out during the period 1972 to 1973 so as to identify environmental factors that could explain child death rates in Salvador City, Bahia (Brazil). Chosen health indexes were used as dependant variables; for independent variables
the following indexes were used: temperature, rainfall, actual wages, water supply, economic growth and education (taking into account the indexes available at that time). Among other things, such analyses suggest the following conclusions: a) The methodology used can help to understand environmental factors on child death rates in Salvador (during the period studied). b) Environmental variables account for more than 70% of the variations on the global indexes of child death rates. c) Economic growth, actual wages, water supply and education are the environmental variables which influence the health indexes employed, the most. d) 91.5% and 96.1% of the death rate variations, due to respiratory ailments and infectious and parasitic illnesses, respectively, are caused by environmental variables. e) Pediatric assistance does not seem to be enough so as to curb the increase of child death rates. f) It seems that during the last years the economic factors are becoming linked with the increase of child death rates.

Notes:

Author(s): Paim, Jairmilson
Year: 1980
Title: Indicadores sócio-econômicos e evolução da mortalidade infantil no município de Salvador, 1968–1977
Journal: Revista Baiana de Saúde Pública
Volume: 7/8
Issue: 1–4
Pages: 26–40
Keywords: Brazil. Salvador.
Abstract: The present study, which has the aim of identifying potential conditioning factors of infant mortality in Salvador-Ba, from 1968 to 1977, is justified by the increase of such indicators in several Brazilian capital cities. Secondary data were used, collected directly from government institutions, or indirectly through technical and scientific publications, in order to calculate the health indicators (infant mortality coefficients and its several components) and socio-economic indicators (GNP, wages, power consumption, education, investments in health, medical care, and sanitation). Techniques of linear correlation and multiple regression analysis were employed in the statistical analyses. Results showed that the independent variables could not explain, in most equations, the variance of health indicators during the time period considered. Only concerning post-neonatal and respiratory disease mortality coefficients, health care and power consumption explained, respectively, 45.3% and 59.6%, with significant F-values. Finally, methodological problems are discussed, in relation to the basic finding that control measures adopted by the society to reduce infant mortality rates are not able to alter the trends of such coefficients when adverse social conditions are maintained.


Author(s): Paim, Jairmilson; Costa, M. C.
Year: 1982
Title: Variação da mortalidade infantil em diferentes capitais brasileira (1960–1979)
Journal: Revista Baiana de Saúde Pública
Volume: 9
Issue: 3/4
Pages: 125–135
INEQUALITIES IN HEALTH BASED ON LIVING CONDITIONS:
ANALYSIS OF SCIENTIFIC OUTPUT IN LATIN AMERICA AND THE CARIBBEAN AND ANNOTATED BIBLIOGRAPHY

Keywords: Brasil
Abstract: A study was carried out to describe, in comparative terms, the evolution of the infant mortality in several Brazilian capitals for the period 1960—1979. Data were collected in a mailed questionnaire which was sent to public health institutions. Further data were obtained from other sources such as official government publications and pertinent scientific literature. The metropolitan areas of capitals Fortaleza, Recife, Salvador, Belo Horizonte, Rio de Janeiro, São Paulo and Porto Alegre were considered. The following indexes were analyzed: less than one year old proportional mortality rate, and infant, neonatal and post-neonatal mortality rates. The mortality rates presented an uneven spatial distribution in the North-South differential and patterns of historical trends, Belo Horizonte and São Paulo were the first Brazilian capitals to increase the mortality rates considered; ten years later such increases were presented by Salvador, Recife and Fortaleza. From 1968 to 1973 the mortality rates were the highest in all Brazilian capitals. During this period the capitals which have been maintaining decreasing infant mortality trends started to present reversions in these curves. In the discussion, these evidences are considered as reflections of the pattern of the economic model set up in the country.

Author(s): Paim, Jairnilson; Costa, Maria Conceição; Cabral, Vilma; Mota, Irany; Neves, Rosana B.
Year: 1987
Title: Spatial distribution of proportional infant mortality and certain socioeconomic variables in Salvador, Bahia, Brazil
Journal: Bulletin of the Panamerican Health Organization
Volume: 21
Issue: 3
Keywords: Brasil. Salvador.

Author(s): Paim, Jairnilson; Costa, Maria Conceição
Year: 1993
Title: Decréscimo e Desigualdade da Mortalidade Infantil, Salvador, 1980–1988
Journal: Boletín de la Oficina Sanitaria Panamericana
Volume: 114
Issue: 5
Pages: 415–428
Keywords: Brasil; Salvador; Brazil-epidemiology; English-Abstract; Infant; Infant-Newborn
*Infant-Mortality-trends
Abstract: This study sought to describe the changes in mortality among infants under one year of age in different areas of the city of Salvador, Bahia, during the period 1980–1988. This was done using estimates of variation in two indicators: proportional infant mortality and the coefficient of infant mortality. Values for the first indicator were separated into low, intermediate, high, and very high quartiles for 1980 and then calculated again using 1988 data. The second indicator was derived from the estimated number of live births using the rate of 33.4/1,000 inhabitants for 1980 and 31.4/1,000 for the years thereafter. The results showed that infant mortality in that age group had declined over the period, but that at the end of the period inequalities persisted in the distribution of infant deaths, which confirmed that conditions remained adverse for certain segments of the population.
Author(s): Paim, Jairnilson; Silva, Lígia Maria Vieira da; Costa, Maria Conceição; Prata, Pedro Reginaldo; César, A. L.
Year: 1995
Title: Análise da Situação de Saúde do Município de Salvador segundo Condições de Vida
Institution: Acordo Organização Panamericana da Saúde/CNPq
Type of Work: Relatório Final
Report Number: DRC/RDP/63/5/12
Keywords: Brasil, Salvador.
Abstract: Visa descrever e analisar a situação de saúde da população do Município de Salvador, Bahia, segundo condições de vida, a partir da distribuição espacial de indicadores ambientais, sócio-econômicos e de saúde nas diferentes zonas que compõem o território da cidade no ano de 1991.

Author(s): Paim, Jairnilson
Year: 1997
Title: Abordagens teórico-conceituais em estudos de condições de vida e saúde: notas para reflexão e ação
Book Title: Condições de Vida e Situação de Saúde
Editor(s): Barata, Rita Barradas
Publisher: ABRASCO
City: Rio de Janeiro
Pages: 7–30
Keywords: Brasil
Abstract: As relações entre saúde e condições de vida estão presentes, de forma diversa e com intensidades distintas, nas diferentes abordagens conceituais e teóricas sobre causalidade em saúde do século XX. Os diferenciais de morbimortalidade entre as classes sociais têm sido evidenciados por diversos estudos, principalmente por aqueles de desenho de tipo ecológico. A Epidemiologia Social, nesse sentido, ao criticar a Epidemiologia Clássica, buscou desenvolver uma teoria crítica da saúde/doença, operacionalizando o conceito de classe social em estudos epidemiológicos. As categorias trabalho e modos de vida, como mediadoras do conceito de classe social, foram propostas com o objetivo de solucionar os problemas conceituais e metodológicos envolvidos na operacionalização do conceito de classe social. O estudo das condições de vida, segundo a inserção espacial dos grupos humanos no território, tende a ser uma alternativa teórico-metodológica para a análise das necessidades e das desigualdades sociais da saúde. Assim, o recurso a indicadores de saúde globais e específicos, calculados para subconjuntos da população em função de dada estratificação do espaço urbano, segundo as condições de vida de seus habitantes, ilustra parte das relações entre saúde e condições de vida.

Author(s): Pardo, Candido López
Year: 1994
Title: Inequidades económicas, sociales y de salud en América Latina y el Caribe: Situación al comienzo de los 90
Institution: Universidad de la Habana, Organización Panamericana de la Salud
Type of Work: Documento de trabajo
Keywords: Cuba
El discurso prevaleciente de los organismos regionales es que la crisis económica de los 80 en América Latina ha llegado a su fin. En este pensar se mezcla, indudablemente, el buen deseo de que la crisis haya concluido, y el análisis, en ocasiones parcial (parcial en cuanto a los indicadores seleccionados, en lo relativo a su forma de análisis, respecto a los países considerados, y/o en relación a los momentos analizados) de la realidad económica de la región. Es innegable, por otra parte, que al margen de lo mucho, o lo poco (y en algunos casos, lo nada) que los países de la región han ido superando su etapa de recesión económica, tal logro—cuando lo hay—se ha obtenido a expensas de un altísimo costo social (incluido el pago en la cuota de salud que ha habido que abonar), y donde los resultados económicos—donde existen—no se han traducido en una distribución con equidad del bienestar. Existen logros, sin dudas. No obstante, es tan dramática la situación heredada del pasado decenio que para enfrentar objetivamente esta década, que todos quisieramos que fuera 'no perdida', hay que resaltar los problemas aún existentes. El presente documento pretende realizar un resumen integrador y oportuno de los aspectos sobresalientes de la situación a la que se encaran los organismos internacionales económicos y de salud, los gobiernos, y los pueblos de la región, para superar una crisis que—más que dejó, está aún dejando—honda huella en las poblaciones de América Latina y el Caribe.

Notes: Research Type: Macro-context analysis. Literature review. Inequity reference: development/epidemiological transition.

Author(s): Paula, Sergio Goes de
Year: 1991
Title: Morrendo a toa: Causas da mortalidade no Brasil
Publisher: Editora Ática
City: São Paulo
No. of Pages: 160
Keywords: Brasil
Abstract: O capítulo inicial fala de como a inexistência de uma teoria populacional nos limita conhecimento sobre nascimentos e mortes, ou melhor, natalidade e mortalidade. O segundo capítulo fala dos limites da teoria econômica na compreensão dos fenômenos dos nascimentos, da morte, da saúde da população; termina com uma pressa analise de como a população brasileira viveu aquilo que foi cândido mito econômico: o de que o desenvolvimento e a modernização levariam, por si só, à melhor das vidas para todas as populações. O terceiro capítulo trata daquilo que é, por excelência, o material da demografia: as estatísticas vitais. Começa falando de alguns limites do conhecimento quantitativo e conclui com algumas definições das variáveis que serão utilizadas a seguir. A segunda parte trata de Brasil e apresenta algumas das principais estatísticas vitais, retomando e refazendo análises sobre as transformações por que passou a população brasileira ao longo das últimas quatro décadas. Seu objetivo não é propriamente mostrar o que aconteceu, mas o que os demógrafos vêem, como vêem e por quê. Espera com isso mostrar que, embora não sendo pouco, é preiso prestar atenção nos limites de sua representação real. O quinto capítulo apresenta uma tabulação inédita dos dados sobre as causas de mortes nas capitais brasileiras de 1940 a 1980 e especula sobre as razões que permitem que esses dados—tidos como dignos de confiança—levem aos mesmos resultados apontados pelos números testados e aprovados com que se costuma trabalhar. Não se chega a uma conclusão, mas, sim, a algumas sugestões de caminhos a seguir no estudo das mortes coletivas.

Notes: Research Type: Macro-context analysis, Research Type: longitudinal. Mortality data. Inequity reference: ecossocial.

Author(s): Pebley, A.R.; Goldman, N.
Year: 1995
Social inequality and children's growth in Guatemala

Population researchers used data from the 1987 National Survey of Maternal and Child Health, 1981 census of population and housing, and the 1979 agricultural census to examine the relationship between land distribution, land tenure, occupation, and other characteristics of family socioeconomic status with children's growth between the ages of 3 months to 36 months in Guatemala. 57.8% of the children were stunted. 71.9% of the children lived in rural areas characterized as poor and in inferior living conditions. Characteristics influencing children's growth included ethnicity (indigenous children shorter than ladinos), father's occupation (agriculture or unskilled occupations had a negative effect on growth), land distribution (the smaller the farm, the greater the deficit in height), and maternal education. Children living at altitudes greater than 1500 meters were shorter than those living at elevations less than 1500 meters (p < 0.05). Land scarcity, poorer agricultural conditions, and greater distance from transport networks and other public services were likely responsible for the association between altitude and growth. Indigenous populations were more likely to live at higher elevations than ladinos, partly because, over the last 200 years, ladinos appropriated the more productive, accessible, and desirable lands at moderate elevations. Father's occupation, land ownership, housing quality, possession of consumer goods, residency, and size of farms in area accounted for about 24% of the variation in height-for-age. These findings show that poverty and poor living conditions for most of the population adversely affect children's growth.


Desarrollo social y mortalidad infantil, 1977–1986, Cuba. Un análisis regional

Mortality infantil, tendencias. Factores socioeconómicos

Efectos de la Crisis Económica en los Servicios de Salud Materno e Infantil y en su población

Organización Panamericana de la Salud

Mimeo

Peru. Lima.


Mortalidad infantil, tendencias. Factores socioeconómicos
Title: Utilización de la técnica de tablas de vida para el análisis de datos en estudios transversales: Iniciación sexual en adolescentes

Conference: Segundo Congresso Chileno de Epidemiologia

Location: Chile

Keywords: tabla de vida, análisis de sobrevida, iniciacion sexual, adolescencia

Author(s): Plaut, Renate; Roberts, Edna

Year: 1989

Title: Preventable mortality: indicator or target? Applications in developing countries

Journal: *World Health Statistics Quarterly*

Volume: 42

Issue: 1

Pages: 4-15

Keywords: Argentina-, Mexico-, Adolescence-, Adult-, Aged-, Argentina-, Cause-of Death; Child-, Child-,Preschool; Health Services-standards; Health-Status; Infant-, Infant-,Newborn; Mexico-, Middle-Age; Mortality

Abstract: Preventable mortality, empirically defined, is analysed using the standardized mortality ratio for all ages (SMR), the SMR for deaths occurring before age 65, and the ratio of observed and expected years of potential life lost (RYPLL). Mortality data from Argentina and Mexico are used for illustration. To assess progress made, expected deaths are computed using data from the country's own past; to show challenges still ahead, expected deaths are computed using the rates of the United States of America. Comparisons with the past are made for mortality from all causes only; to assess what lies ahead, cause-specific mortality is so looked at. It is shown that for the data at hand the RYPLL is the indicator most sensitive to discrepancies between number of deaths observed and those expected, and that it provides information on inequalities beyond and in addition to that obtained from analysing crude and age-adjusted mortality rates and cause-specific proportional mortality.

It is hoped that countries and areas will use these procedures for their own benefit to assess their current health situation against their own past and also against a suitable future reference, to assist them in priority setting and surveillance and evaluation of their health services system.

Notes: Research Type: Macro-context analysis. Mortality data. SMR and AVPP, compared to the US. Inequity reference: development/epidemiological transition.

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Author(s): Plaut, Renate; Roberts, Edna; Silvi, John

Year: 1991

Title: Cause-specific mortality analysis as a component of health situation assessment. A regional experience

Institution: Health Situation Assessment Unit, Pan American Health Organization

Report Number: SES/ICD/C/91.19

Keywords: América Latina

Abstract: In the understanding that mortality analysis is one of the key components of health situation assessment, and recognizing the potential to enhance these assessment's through meaningful use of mortality statistics, this paper presents some suggestions to facilitate analysis of cause-specific mortality data, based on experience in the Region of the Americas. Specifically, it addresses selected issues related to data completeness and quality, and proposes alternatives for cause-specific mortality analysis.

Notes: Research Type: methodological research. Data analysis.

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Author(s): Plaut, Renate; Guardiola, Daisy; Kafati, Rosa; Robles, Sylvia

Year: 1993
Reflexiones sobre el análisis de la situación de salud, la monitoría de las condiciones de vida y la vigilancia epidemiológica como componentes de los procesos de información-monitoría-análisis- evaluación-decisión en las redes regionales de servicios de salud

Institution: Ministerio de Salud Pública, Organización Panamericana de la Salud
Type of Work: Unpublished manuscript
Keywords: Honduras

Author(s): Possas, Cristina
Year: 1989
Title: Epidemiologia e Sociedade: Heterogeneidade estrutural e saúde no Brasil
Publisher: Hucitec
City: São Paulo
Keywords: Brasil
Abstract: Apresenta-se uma perspectiva de análise dos determinantes epidemiológicos distinta do conceito de "perfil epidemiológico de classe", desenvolvido por Breilh e outros. A análise das novas concepções de heterogeneidade estrutural e da complexa configuração que assumem os padrões epidemiológicos da população brasileira vem respaldar a construção de um referencial de análise baseado nas formas concretas de inserção sócio-econômica da população, relevantes para explicar sua distribuição entre os diferentes riscos de morbimortalidade a que está exposta. As categorias de análise, condições de vida e de trabalho, procuram dar conta desses diferenciais e especificidades dos grupos populacionais. A partir dos diferentes padrões epidemiológicos que se apresentam de forma concreta em uma dada população, utiliza-se o conceito de "perfil epidemiológico da população", já que o conceito de classe apresenta-se de forma genérica e imprecisa.
Notes: Conceptual study. Inequity reference: living conditions.

Author(s): Ramos, Luiz Roberto; Goihman, Samuel
Year: 1989
Title: Geographic stratification by socio-economic status: methodology from a household survey with elderly people in São Paulo, Brasil
Journal: Revista de Saúde Pública
Volume: 23
Issue: 4
Pages: 478–492
Keywords: Brasil. São Paulo.
Inequity reference: social stratification.

Author(s): Ramos, Luiz Roberto; Rosa, Teresa Etsuko; Oliveira, Zélia M.; Medina, Maria Célia; Santos, Francisco R.
Year: 1993
Title: Perfil do idoso em área metropolitana na região sudeste do Brasil: resultados de inquérito domiciliar
Journal: Revista de Saúde Pública
Volume: 27
Issue: 2
Pages: 87–94
Keywords: Aging health. Health services needs and demand. Socioeconomic factors. Brazil; São Paulo
Abstract: A multicentre study concerned with the health needs of the elderly population living in urban areas and coordinated by the Panamerican Health Organization was undertaken in 6 Latin-American countries. In Brazil, 1,602 elderly residents (of 60 years of age and over) in the District of S. Paulo, constituting a multistage random sample stratified by socioeconomic status, participated in a household survey using a multidimensional functional assessment questionnaire. The results showed a highly deprived population (70% had a per capita income of less than US$ 100 per month), living mostly in multigenerational households (59% were living with children and/or grandchildren), with a high prevalence of chronic physical illnesses (only 14% referred no illness) and psychiatric disorders (27% were considered psychiatric cases), a high proportion of them showing a loss of autonomy (47% needed help in performing at least one of the activities of daily living). The results are put into perspective concerning future needs in terms of specialized health services and social support for the growing population of elderly people in Brazil.

Notes: Research Type: Cross-sectional individual study (prevalence). Questionnaire. Inequity reference: generation, poverty (income).

Author(s): Requena, Mariano
Year: 1997
Title: Focalizando la equidad
Journal: Cuadernos Médico-Sociales (Santiago)
Volume: 38
Issue: 1
Pages: 3–5
Keywords: Chile

Abstract: Faz-se uma introdução ao tema enfatizando a proposição geral da equidade como valor. Valores são qualidades polares e hierarquizadas. "De hecho, aspirar a la equidad en salud es corregir su contrario, la inequidad". "Lo que interesa discutir es la equidad en el nivel de salud de la población y la equidad en el acceso a sus servicios y beneficios" (p. 3). En ocasiones, el concepto "es utilizado como una especie de 'pasaporte ético' que permite dar cumplimiento al formalismo que exigen las convenciones y las apariencias sociales, aunque en la realidad las propuestas sean esencialmente carecientes de equidad" (p. 4) "La equidad es el valor principal que, junto a otros, sustenta el derecho a la salud, (...) traduce una posición ética frente a la responsabilidad del Estado de entregar salud para todos. (...) subentiende la presencia necesaria de otros valores, como la solidaridad, y es incompatible con el individualismo neoliberal y con la competencia mercantil. Finalmente, de las reformas de la seguridad social, la salud es el sector donde la equidad tiene una manifestación más extrema, puesto que se refiere a una "distribución del derecho a la vida" (EXCERPTS).


Author(s): Restrepo, Helena
Year: 1995
Title: Promoción de la salud y equidad: un nuevo concepto para la acción en salud pública
Journal: Educación Médica y Salud
Volume: 29
Issue: 1
Pages: 76–91

Abstract: The relationship between health and development is coming to be appreciated even among the international organizations and development banks that proposed the drastic structural adjustment policies of the 1980s. The Pan American Health Organization (PAHO) is committed along with its member countries to achieving concrete goals that will bring it closer to the ideal of health for all by the year 2000. The lack of access of millions of
persons throughout the world to health and adequate nutrition constitutes an inequity and a threat to development. Promotion of health and equity are closely related concepts. Health promotion is centered on the achievement of equity in health. The World Health Organization defines inequity in health as systematic differences that are unnecessary, preventable, and unjust. Public health efforts in Latin America should focus on development and equity. The WHO estimates that two billion persons, 40% of the world’s population, live in poverty, and one million cannot satisfy their basic needs. An estimated 200 million live in poverty in Latin America, 50 million more than in 1980. Approximately one-third of the population has no regular access to health care. Health promotion and health itself are collective responsibilities requiring establishment of a new social pact that will guarantee development of health in harmony with overall societal development. PAHO proposes development of the five mechanisms of action identified in the Ottawa Charter for Health Promotion in 1986 for the generation of healthful options. They include promotion of healthful public policies, creation of favorable environments, reorientation of health services away from exclusive attention to curative services, promotion of community action, and encouragement of good personal habits.

| Author(s):       | Riquelme, Silvia; Baritari, Enrique |
| Year:            | 1997                               |
| Title:           | Equidad y salud desde una perspectiva de genero |
| Journal:         | Cuadernos Medico-Sociales (Santiago de Chile) |
| Volume:          | 38                                 |
| Issue:           | 1                                  |
| Pages:           | 55–65                              |
| Keywords:        | Chile                              |
| Abstract:        | The purposes of this paper is to analyze social inequalities affecting in Chile the poorer and/or most vulnerable population, and the consequences upon health conditions, particularly of women in relation with their process of incorporation into working field. The country faces an increasing social gap, striking over determined categories of workers, in order to their social class and sex. This outlines a regressive health tendency, expressed as marked differences of premature mortality measured in terms of rate of loss in potential life years—focused on women only in this part of the study—for distinct working categories. Both, the tendency of overmortality and the lack of homogeneity of death causes for different social class and sex categories, lead to acknowledge the preventable profile of health damages and should guide us towards prevention like an imperative of social ethics. |


| Author(s):       | Rocha, Juan Stuardo; Jorge, A. O.; Simões, B. J.; Vichi, F.L. |
| Year:            | 1989                               |
| Title:           | Desigualdades entre pacientes hospitalizados por doenças cardíacas e vasculares cerebrais em localidades do Estado de São Paulo (Brasil), 1986 |
| Journal:         | Revista de Saúde Pública            |
| Volume:          | 23                                 |
| Issue:           | 5                                  |
| Pages:           | 374–381                            |
| Keywords:        | Brasil;- Ribeirão Preto; Cerebrovascular- Disorders- epidemiology ; *Heart-Diseases-epidemiology; *Hospitalization- -statistics-and-numerical-data; Age-Factors; Brazil- |
inequalities in health based on living conditions:
Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

Epidemiology; Cerebrovascular-Disorders-diagnosis; English-Abstract; Heart-Diseases-diagnosis; Sex-Factors; Social-Class

Abstract:
The clinical and epidemiological characteristics of hospitalizations due to cardiac and cerebral-vascular diseases (CCVD-ICD 390–438), which occurred in 1986, were studied on the basis of data from an information system relating to medical care in the City of Ribeirão Preto, State of S. Paulo, Brazil. These causes accounted for 4,673 of the annual total of 43,449 hospital admissions. Using the sources of payment of the hospitalization as an indicator of the patients' social strata, the following four study groups were defined: private, social insurance, non-paying and "others". These groups showed significant differences in relation to the following variables: hospitalization rates due to CCVD, mean and median age at admission and time of death, occupation, average length of stay in the hospital, mortality rates and relative frequencies of specific sub-group diagnosis. These differences are attributed to inequalities in the standard of living and in the working conditions of the groups, which determine diverse patterns of disease, medical care and mortality.

Notes:

Editor(s): Rodríguez, M.; Núñez, Norma
Year: 1992
Title: Desigualdades Económico Sociales y Formación de Personal de Salud
Series Title: Ediciones del Rectorado
Publisher: Universidad Central de Venezuela
City: Caracas
Keywords: Venezuela

Author(s): Román, Oscar
Year: 1997
Title: Equidad, un fundamento de la dimension social de la salud
Journal: Cuadernos Médico-Sociales (Santiago de Chile)
Volume: 38
Issue: 1
Pages: 13–15
Keywords: Chile
Abstract: En el campo de la salud, equidad significa asegurar una atención médica integral a todos los chilenos, no sólo en un nivel básico sino también en niveles de gran complejidad. En Chile, el problema de la pobreza es importante y ello se traduce en diferencias marcadas de ingresos y oportunidades. En la salud éste es un aspecto muy sensible. En Chile existe una medicina muy efectiva, con especialistas de alto nivel, pero tanto el modelo de atención como de financiamiento no permiten que estos recursos estén disponibles para todos, de acuerdo con las necesidades de cada individuo. En Europa se ha observado que las desigualdades sociales en la salud pública y en la atención médica preventiva y curativa han aumentado a pesar del crecimiento económico y el progresivo desarrollo social. Es un hecho conocido que la reducción de las desigualdades sociales beneficia el nivel de salud de toda la población. Si hipotéticamente en el país las clases media y baja tuvieran la misma mortalidad que las clases alta y medio-alta, el número de muertes totales se vería reducido mucho más que con cualquiera medida específica de salud pública y/o atención médica. Las diferencias entre el ingreso de las clases sociales ha aumentado en los últimos años en vez de reducirse, lo que deriva en peores niveles de salud y menor esperanza de vida en las clases de bajos ingresos. Esta situación no se observa con claridad si se estudian o analizan los datos globales del país, pero si se desagregan por regiones, por poblaciones en una
misma región o por barrios en una ciudad, las diferencias son tremendamente significativas. Los grupos sociales con mejor nivel de estudios son los que presentan menor morbimortalidad C-V, lo que ha inducido a Favaloro a catalogar al nivel socioeconómico como un real factor de riesgo C-V, similar al tabaco, alcohol, dieta, etc.


Author(s): Rosenzweig, M.R.; Wolpin, K.I.
Year: 1988
Title: Heterogeneity, intrafamily distribution and child health
Journal: Journal of Human Resources
Volume: 23
Issue: 4
Pages: 437–461

Author(s): Rosero-Bixby, Luis
Year: 1984
Title: Las políticas sociales y económicas y su efecto en el descenso de la mortalidad infantil
Book Title: Mortalidad y Fecundidad en Costa Rica
Publisher: Asociacion Demografica Costarricense
City: San José, Costa Rica
Pages: 20–23
Keywords: Costa Rica

Author(s): Rosero-Bixby, Luis
Year: 1985
Title: Determinantes socioeconomicos y sanitarios del descenso de la mortalidad infantil
Book Title: Control and Eradication of Infectious Diseases: An International Symposium
Publisher: PAHO
City: Washington, D.C.
Pages: 246–267
Series Title: Copublication Series
Keywords: Costa Rica

Author(s): Rosero-Bixby, Luis
Year: 1986
Title: Infant Mortality in Costa Rica: Explaining the Recent Decline
Journal: Studies in Family Planning
Volume: 17
Issue: 2
Pages: 57–65
Keywords: Costa Rica

Author(s): Rosero-Bixby, Luis
Year: 1991
Title: Socioeconomic development, health interventions, and mortality decline in Costa Rica
Journal: Scandinavian Journal of Social Medicine
Volume: 46
Issue: Supplement
Pages: 33–42

Author(s): Roses, Mirta
Year: 1994
Title: Condiciones de vida y salud en Bolivia
Book Title: Pobreza y Salud en Bolivia
Editor(s): ILDIS
Publisher: OPS/OMS-ILDIS
City: La Paz
Pages: 25–31
Keywords: Bolivia
Notes: Research Type: Macro-context analysis. Inequity reference: poverty (income).

Author(s): Rumel, Davi
Year: 1987
Title: Indicadores de mortalidade por nivel social e categoria ocupacional, Estado de São Paulo, 1980–1982
Academic Dept.: Faculdade de Saúde Pública
University: Universidade de São Paulo
City: São Paulo
Thesis Type: Mestrado em Saúde Pública
Keywords: Brasil. São Paulo.
Notes: Research Type: Macro-context analysis. Death registry. Mortality data. Inequity reference: social class: social stratification.

Author(s): Samaja, Juan
Year: 1994
Title: Elementos para elaborar una tipología de hogares y de unidades poblacionales para la Provincia de San Juan, República Argentina
Institution: Universidad Nacional de San Juan
Type of Work: Unpublished manuscript
Keywords: Argentina. San Juan.
Notes: Research Type: methodological research. Inequity reference: ecosocial.

Author(s): Samaja, Juan
Year: 1994
Title: Vigilancia epidemiológica de los ambientes en que se desarrolla la reproducción social
Conference: VI Congreso Latinoamericano de Medicina Social
Publisher: ALAMES
Location: Guadalajara, México
Keywords: Argentina
Notes: Conceptual study. Inequity reference: living conditions.

Author(s): Samaja, Juan
Year: 1994
Title: La reproducción social y la relación entre la salud y las condiciones de vida
**Institution:** Organización Panamericana de la Salud  
**Type of Work:** Documento de trabajo  
**Keywords:** Argentina  
**Notes:** Conceptual study. Literature review. *Inequity reference:* living conditions.

| Author(s): | Samaja, Juan  
| Year: | 1996  
| Title: | Muestras y representatividad en vigilancia epidemiológica mediante sitios centinelas  
| Journal: | *Cadernos de Saúde Pública*  
| Volume: | 12  
| Issue: | 3  
| Pages: | 309–319  
| Keywords: | Argentina. Epidemiological Surveillance; Epidemiology; Representativeness; Sentinel Sites  
| Abstract: | This article maintains that technical issues for sampling in epidemiological surveillance require a profound review of important concepts from health theory. It is particularly necessary to emphasize living conditions and more specifically the environments or contexts in which reproductive processes of social life take place. However, both fields require access to more complete data than those produced by tradicional sources. Such an approach to epidemiological surveillance requires a review of sampling types, and this implies a new look at prevailing interpretations concerning the logical basis for inferences from samples. It becomes necessary to abandon statical samples (even stratified ones) and to promote procedures of the "sentinel site" type. This technique, originally applied in societies with insufficient statistical systems, can be developed in such a way as to become a substantial complement to monitoring of living conditions, even in societies with good information systems. The article suggests changes in the "sentinel site" concept, adding the requirement of "qualitative representativeness" through finalistic samples based on previous typologies of spatial/demographic units.  
| Notes: | Conceptual study. Literature review. *Inequity reference:* living conditions.

| Author(s): | Samaja, Juan; Cilliento, Juan; Pérez, Graciela; Ros, Cecilia  
| Year: | s.d.  
| Title: | Ante-Proyecto para un Centro de Estudios y Monitoreo de los problemas de los niños y los adolescentes y sus ambientes de desarrollo en el Partido de Lomas de Zamora  
| Type of Work: | Unpublished manuscript  
| Keywords: | Argentina. Buenos Aires.  
| Notes: | Research proposal. *Inequity reference:* ecosocial.

| Author(s): | SEADE  
| Year: | 1992  
| Title: | Definição e Mensuração da Pobreza na Região Metropolitana de São Paulo: Uma Abordagem Multisectorial  
| Institution: | Fundação Sistema Estadual de Análise de Dados  
| Keywords: | Brasil. São Paulo.  
| Abstract: | Na América Latina, a pobreza é tema tradicional em estudos acadêmicos e institucionais. O amplo interesse pela análise deste fenômeno advém do fato de a evolução sócio-política e econômica dos países desta região ter-se revestido de peculiaridades que mantiveram parcela significativa de suas populações à margem dos benefícios do processo de desenvolvimento. Em consequência, a identificação dos grupos excluídos e a elaboração de políticas destinadas à redução da pobreza tornaram-se objeto de inúmeras e importantes reflexões. A ausência de uma fonte primária de informações especialmente elaborada para
Inequalities in Health based on Living Conditions:
Analysis of Scientific Output in Latin America and the Caribbean and Annotated Bibliography

avaliar as condições sócio-econômicas da população, mostrava-se, no caso brasileiro, como a grande restrição a maiores avanços teóricos e metodológicos na quantificação da pobreza. A pesquisa de Condições de Vida—PCV realizada pela Fundação SEADE, objetivou suprir tal deficiência. Ao coletar amplo conjunto de informações sobre as condições de vida na Região Metropolitana de São Paulo—RMSP, a PCV teve como propósito a construção de uma metodologia considerada mais adequada à identificação e à análise do amplo rol de carencias que atingem a população desta região. A partir da metodologia multissetorial, onde a identificação de grupos de família apresentam combinações variadas de carencias e não-carencias, ainda que tenham condições de vida assemelhadas, reafirma-se a situação de pobreza como fenômeno complexo, que só pode ser apreendido em toda sua extensão quando abordado sob vários ângulos.


Author(s): Silva, L. C.; al, et
Year: 1985
Title: Evaluación de la mortalidad infantil según condiciones higiénico sociales en el municipio: un enfoque multivariado
Journal: Revista Cubana de Administración de Salud
Volume: 11
Pages: 243–254
Keywords: Cuba

Author(s): Silva, M.R.B da
Year: 1990
Title: Distribuição espacial da mortalidade proporcional por doenças do aparelho circulatório na Cidade do Salvador, 1988
Academic Dept.: Mestrado em Saúde Comunitária
University: Universidade Federal da Bahia
City: Salvador, Bahia
Pages: 78
Thesis Type: Mestrado
Keywords: Brasil. Salvador.
Abstract: Em todos os países industrializados, as doenças do aparelho circulatório são a principal causa de morte, com destaque especial para as doenças isquêmicas do coração na grande maioria. Em poucos destes países, as doenças cerebrovasculares ocupam o primeiro lugar como causa de morte e em incidência. Todavia, existem diferenças na magnitude da mortalidade, tanto inter quanto intra países [1–6]. Nos últimos 15 anos tem-se observado uma tendência decrescente da mortalidade tanto pelas doenças isquêmicas do coração (DIC) quanto pelas cerebrovasculares (DCV) nestes países [2,7], declínio este não uniforme em todas as regiões de um mesmo país [5]. Tal declínio tem sido atribuído parcialmente ao tratamento de hipertensão arterial, o principal fator determinante das complicações cardiovasculares. Análises mais detalhadas da distribuição geográfica da mortalidade por DCV nos Estados Unidos demonstram que em determinadas áreas, a mortalidade ou permaneceu estável ou se elevou a despeito da redução global, no país, da mortalidade específica por DCV [5]. Estes resultados foram observados para as regiões menos desenvolvidas dos Estados Unidos, onde se pressupõe também uma maior "incidência de hipertensão arterial severa" e uma maior letalidade pelas DCV [5]. Em alguns países em desenvolvimento, particularmente na América Latina, as doenças do aparelho circulatório
passaram a principal causa de morte a partir da década de 60 [8–11], enquanto no México, em 1981, as doenças do coração já ocupavam o segundo lugar [12].

Notes: Research Type: Cross-sectional aggregate study (ecological, census tracts). Mortality data. Inequity reference: ecococial.

Author(s): Silva, A. A.; Barbieri, M. A.; Bettiol, H.
Year: 1991
Title: Saúde Perinatal: baixo peso e classe social
Journal: Revista de Saúde Pública
Volume: 25
Issue: 2
Pages: 87–95
Keywords: Brasil. São Paulo. Infant, low birth weight. Socioeconomic factors. Health surveys
Abstract: A survey was carried out in Ribeirão Preto, S. Paulo State, Brazil, between June 1978 and May 1979 with a view to studying the prevalence of low birth weight and its occurrence among different social classes. Data were collected from 8,878 singleton live births in eight maternity hospitals, accounting for 98% of all births in the area. Social classes were determined by the use of a model proposed by Singer and modified for epidemiological purposes by Barros. Out of the 8,878 births, 660 (7.5%) were of low birth weight. The prevalence of deficient weight at birth (between 2,500 and 2,999 grams) was of 21.1%. Analysis indicated that 50.6% of children with low birth weight were at term and the majority of them suffered form intrauterine growth retardation. The prevalence of low birth weight according to social class was seen to be lower in the bourgeoisie classes (ranging from 2.8% to 3.9%) and higher in working classes (from 7% up to 9.5%). Low birth weight (defined as <= 2,500 grams) was used for purposes of comparison with other previous surveys. The percentage was lower in this study (8.3%) than that found in the Interamerican Investigation of Mortality in Childhood (8.7%), carried out in 1968–70. No statistically significant differences in the percentage of low birth weight were found in the Research Type: case of Ribeirão Preto when these two surveys were compared.


Author(s): Silva, Lígia Vieira da; Paim, Jaimilson; Costa, Maria Conceição
Year: 1998
Title: Desigualdades na mortalidade, espaço e estratos sociais em Salvador, Bahia, Brasil
Publisher: Instituto de Saúde Coletiva
City: Salvador, Bahia
Pages: 22
Type of Work: manuscrito
Keywords: Brasil. Salvador. Inequalities, mortality, space, social class
Abstract: Objectives: to describe mortality differences in Salvador, Bahia, Brazil. Methodology: an ecological study was carried out. The city was divided into 75 Information Areas and it's population into six social strata. Standardized Mortality Ratios, Age Specific Mortality Ratios, Proportionate Infant Mortality and the Proportionate Mortality Ratio were calculated for each region and social strata. Data was obtained from Death Certificates and from the Populational Census. Results: the mortality ratio difference between the strata with best living conditions and the poorer strata ranged from 40% to 2.320% which corresponds to an inequality ratio (IR ) ranging from 1.4 to 24.2. Conclusions: Those findings show the persistence of health inequalities in Salvador and a dimension bigger than that found in other studies. Despite the methodological problems related to the nature of data and the
design of the study, the authors point out the meaning of this kind of research concerned with new approaches of health planning and health promotion.

Notes: Cross-sectional aggregate study (ecological by census tracts). Death registry and Census data. SMR, IMR, PMR. Inequity reference: living conditions (Social capital theory).

Author(s): Silva-Jr., J. B.; Lyra, T.; Frias, P.; Rodrigues, C.; Cardoso, C.
Year: 1995
Title: Diferenciais intra-urbanos de saúde em Olinda, Pernambuco
Conference: II Congresso Brasileiro de Epidemiologia
Publisher: ABRASCO
Location: Salvador, Bahia
Volume: Resumos
Pages: 34
Keywords: Brasil. Olinda.

Author(s): Solis, F.; Pragana, B.
Year: 1995
Title: Desigualdades en salud: region metropolitana y servicios de salud metropolitanos sur-oriente y occidente
Journal: Revista Médica de Chile
Volume: 123
Issue: 10
Pages: 1297–1305
Keywords: Chile; Santiago-Chile; Delivery-of-Health-Care; English-Abstract; Health-Services-statistics-and-numerical—data; Socioeconomic-Factors *Health-Services-Accessibility; *Health-Services-Research-organization-and-administration
Abstract: Based on an inquiry that yielded national socioeconomic information, health inequalities among different quintiles of per capita income were explored in southeast and west health services of the metropolitan region. Inequalities were assessed establishing the type of health plan (state or private), occurrence of disease, access to medical attention and medications and use of health services. Fifty-eight percent of individuals living in the southeast health service and 74% of those living in the west health service had state funded health plans. This proportion was higher among subjects with lower earnings. One third of the population studied had a disease in the last three months. Ninety percent of these had medical attention. Most subjects that did not receive professional care, medicated them and felt that they did not require it. Subjects with lower earnings had greater difficulties to obtain medical attention or medications. Primary care comprises 62% of health actions and state funded sector is used by 88% of subjects of subjects of the first quintile of per capita income.
MESH: Chile; Delivery-of-Health-Care; English-Abstract; Health-Services-statistics-and-numerical—data; Socioeconomic-Factors
Notes: Cross-sectional individual study (prevalence comparing 2 areas of Santiago). Interviews. Inequity reference: poverty (income), access to HSs.

Author(s): Solla, Jorge Pereira
Year: 1996
Title: Problemas e limites da utilização do conceito de classe social em investigações epidemiológicas: uma revisão crítica da literatura
Journal: Cadernos de Saúde Pública
Volume: 12
Issue: 2
Pages: 207–216
Keywords: Brasil
Notes: Conceptual study. Literature review. Inequity reference: social class.

Author(s): Solla, Jorge Pereira
Year: 1996
Title: Diferenças nas propostas de operacionalização do conceito de classe social empregadas em estudos epidemiológicos
Journal: Cadernos de Saúde Pública
Volume: 12
Issue: 3
Pages: 329–337
Keywords: Brasil. Social Class; Social Stratification; Epidemiology
Abstract: This article compares different proposals for the implementation of the concept of social class and analyzes the alternatives used in each proposal, considering previous epidemiological studies on this issue and the potential of such a concept as a central category in studies on social determination in the health/disease process. Seven basic differences were identified, pertaining to the following aspects: class structure; research objective; the social class concept as a reference; the decision as to which individual has his/her occupational activity taken as defining the family's social class; the class status of the unemployed, housewives, and the retired; class status of students; and criteria for distinguishing between the "bourgeoisie", "petty bourgeois", "new petty bourgeois", and "proletariat" and whether there is a specific flow in certain population groups. Given the observed differences and underlying theoretical models, this study discusses problems related to the fact that the use of a specific concept of social class can have various implementation models.
Notes: Conceptual study. Literature review. Inequity reference: social class.

Author(s): Solla, Jorge José Santos Pereira; Pereira, Rosana Aquino Guimarães; Medina, María Guadalupe; Pinto, Lorene Louise S.; Mota, Eduardo
Year: 1997
Title: Análisis Multifactorial de los Factores de Riesgo de Bajo Peso al Nacer en Salvador, Bahia
Journal: Revista Panamericana Salud Pública
Volume: 2
Issue: 1
Abstract: El presente estudio constituye un análisis multifactorial de los factores de riesgo de bajo peso al nacer en un grupo de recién nacidos en una zona urbana del Brasil. Se incluyeron en el estudio un total de 1 023 nacidos vivos, dados a luz en cuatro maternidades de Salvador, Bahia, entre julio de 1987 y febrero de 1988. Las fuentes de información fueron las historias clínicas y las entrevistas con las madres en la maternidad. El análisis se realizó mediante regresión logística. En el modelo final los factores de riesgo incluidos fueron los siguientes: edad materna menor de 21 años o más de 35; edad gestacional menor de 38 semanas; resultado desfavorable del embarazo anterior; intervalo intergenésico previo de 12 meses o menos; tabaquismo; e hipertensión. Se presentan los valores del riesgo atribuible poblacional para los factores de riesgo incluidos en el modelo final. Esos factores deben emplearse para detectar a las gestantes con alto riesgo de dar a luz un niño de bajo peso, a las que debe brindarse mayor atención prenatal.
Notes: Research Type: longitudinal individual study (prospective cohort). Interviews and clinical history. Inequity reference: living conditions.
<table>
<thead>
<tr>
<th>Author(s):</th>
<th>Sotelo-Figueiredo, J.M.</th>
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<tr>
<td>Year:</td>
<td>1993</td>
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<td>Title:</td>
<td>El enfoque de riesgo y la mortalidad materna: Una perspectiva latinoamericana</td>
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<tr>
<td>Journal:</td>
<td>Boletín de la Oficina Sanitaria Panamericana</td>
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<td>Volume:</td>
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<td>Keywords:</td>
<td>América Latina</td>
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<tr>
<td>Abstract:</td>
<td>This work argues that a risk focus in maternal-child health programs would be an effective strategy to combat the high maternal mortality rates of Latin America and the Caribbean. The risk focus recognizes that not all persons have the same probability of becoming ill or dying, and it establishes a continuum of health services ranging from minimal attention for individuals at low risk to maximal services for those at high risk of future health problems. The risk focus is based on a concept of equity in which the limited available resources are allocated to those most needing them. Risk factors, the prediction of disease, and possible interventions to avoid disease are the tools of the risk concept that facilitate identification of future health needs. Although almost all maternal deaths are preventable, maternal mortality continues to be a serious social and health problem in Latin America. Some 28,000 women die each year in Latin America from causes related to abortion, pregnancy, delivery, or the postpartum. Significant differentials are observed in maternal mortality rates within countries according to income, education, and degree of urbanization. Factors determining the high maternal mortality rates are multiple and include social inequalities aggravated by rapid population growth, rapid urbanization, poverty, underemployment, deficient education, and insufficient and inadequate health and family planning services. Family planning services should offer the greatest possible choice of contraceptive methods, and clients should be fully informed of the possibility of side effects. Complete information has been found to increase rates of continuation and acceptability. Voluntary male and female sterilization should be available as the most effective method for couples desiring a permanent method. Over 90% of women aged 15–44 in Latin America know at least 1 contraceptive method. Prevalence rates fluctuate around 57% for Latin America and the Caribbean. Rates vary from 71% in Costa Rica, 66% in Brazil, and 65% in Colombia to 30% in Bolivia, 23% in Guatemala, and 7% in Haiti. Various surveys in Latin America have demonstrated high rates of unwanted pregnancy and considerable unsatisfied demand for family planning services, especially among low income urban and rural women. Access to family planning services has been recognized as a basic human right, and universal family planning coverage is an important element of programs to reduce maternal mortality. Sterilization has increasingly gained acceptance in Latin America and is at present the 1st or 2nd most common method in almost all countries.</td>
</tr>
</tbody>
</table>
Author(s): Souza, Edinilza
Year: 1993
Title: Violência Velada e Revelada: Estudo Epidemiológico da Mortalidade por Causas Externas em Duque de Caxias, Rio de Janeiro
Journal: Cadernos de Saúde Pública
Volume: 9
Issue: 1
Pages: 48–64
Keywords: Violence; Mortality; Interdisciplinarity; Epidemiology.
Abstract: This paper is part of an interdisciplinary study dealing with violence and the health process in the city of Duque de Caxias, State of Rio de Janeiro. This process expresses structural violence in addition to that related to resistance and delinquency, the outcomes of which are present in the area's overall mortality. This is an analysis of recorded data on mortality form external causes in the period 1979–1987, as well as a critical analysis of information gathered from death certificates for the year 1987. Mortality from external causes in the area studied is shown according to its magnitude and importance in relation to the major causes of death in the city, using absolute numbers, rations, crude and standardized coefficients, rates, and years of life potentially, lost, which are classified by groups of specific external cause, sex, and age. The analyses gives a socio-economic and demographic profile of the victims. The findings are discussed in the light of the sociological and historical knowledge on the social dynamics of Duque de Caxias. As a conclusion, this paper suggests a few actions that are badly needed for providing support to the victims of violence.

Author(s): Stanton, B.
Year: 1994
Title: Child health: equity in the non-industrialized society
Journal: Social Science and Medicine
Volume: 38
Issue: 10
Pages: 1375–1383
Abstract: Although significant improvements have been made over recent decades in infant and child survival at the global level, great differences in health status remain between subpopulations. This paper was written with the intention of identifying and characterizing groups which are not experiencing equity in health outcomes and exploring reasons for the inequity with a view to the future. Sections review global improvements in child health outcomes over the past four decades, offer evidence of substantial variations in the improvements between nations and within non-industrialized nations, summarize identifying characteristics of high-risk populations, present diseases and disease complexes associated with mortality, and discuss the anticipated increase in resources needed to sustain improvement in child survival. It is pointed out that AIDS is likely to further increase disparities in health outcomes.

Year: 1994
Title: Environment and Health in Developing Countries: An analysis of intra-urban mortality differentials using existing data in Accra (Ghana) and São Paulo (Brazil)
<table>
<thead>
<tr>
<th>Institution:</th>
<th>London School of Hygiene and Tropical Medicine</th>
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<td>Type of Work:</td>
<td>Research report</td>
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<td>Brasil. São Paulo.</td>
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| Author(s): | Stern, C.; Núñez, R.M.; Tolbert, K.; Cárdenas, V.; Goodwin, M. |
| Year: | 1990 |
| Title: | Cambio en las condiciones de sobrevivencia infantil en Mexico y estrategias para el futuro |
| Journal: | Salud Pública de México |
| Volume: | 32 |
| Issue: | 5 |
| Pages: | 532–542 |
| Keywords: | Mexico, Forecasting; Infant-Mortality; Mortality; Social-Conditions |
| Abstract: | Conditions of infant and child survival in Mexico have improved considerably over the last 60 years. Infant mortality rates were reduced from more than 250 deaths per 1,000 infants born alive in 1929–1931, to a rate of less than 50 in the period 1982–1987, a figure which still places Mexico among the countries with a high infant mortality rate. Though improvements in the living conditions of the population have undoubtedly played a part in the reduction of infant and child mortality, the early introduction of sanitation campaigns and, more recently of immunization, antibiotics and other modern health techniques have probably been more important. Health services have been extended throughout the country. However, significant portions of the population, especially in the rural areas, but also in the growing urban marginal ones, are to a large extent underserved. As a result, great inequalities in the health status of the population and in their access to health services remain. The problem of providing services to the whole population has become aggravated by the economic and financial crisis which has plagued Mexico since 1982. Reduced revenues for exports and the high cost of servicing the external and the internal debt have significantly decreased government revenues. As a result, public resources directed to health-related services diminished by 50 per cent in real terms between 1982 and 1987. This trend has to be reversed through enforced measures directed to the mobilization of untapped external and internal resources. But improving the conditions of child survival in Mexico requires more than financial resources. It is necessary to integrate and coordinate the fragmented services offered by the government, to give a much higher priority to preventive measures, and to research and to the adequate training of professionals and paraprofessionals in order to reorient the health system for serving the real needs of the more underprivileged groups of the population (understanding and respecting their cultural beliefs and practices). In this way, Mexico can reverse the trend toward greater inequality which pervades the present system. |

| Author(s): | Tamburo, Estela Maria Garcia |
| Year: | 1987 |
| Title: | Mortalidade infantil da populacao negra brasileira |
| Book Title: | A População Negra no Brasil |
| Publisher: | Nucleo de Estudos de Populacao, Universidade Estadual de Campinas |
| City: | Campinas |
| Pages: | 131 p. |
| Keywords: | Brasil |
| Notes: | Research Type: Macro-context analysis. Infant mortality data. Inequity reference: ethnicity |
Author(s): Tamburo, E.M.G.
Year: 1991
Title: Desiguais perante a morte
Book Title: Desigualdade Racial no Brasil Contemporâneo
Editor(s): Lovell, P.A.
Publisher: UFMG/CEDEPLAR
City: Belo Horizonte
Pages: 295–380
Keywords: Brasil
Notes: Position paper. Inequity reference: ethnicity

Author(s): Tapia, J.; Tapia, R.
Year: 1985
Journal: Cuadernos Médico Sociales
Volume: 26
Pages: 55–61
Keywords: Chile

Author(s): Teixeira, Sonia Fleury; Mandelli, Marcos J.
Year: 1994
Title: Equidad y reforma sanitaria: Brasil
Journal: Cuadernos Médico-Sociales (Rosario)
Volume: 69
Pages: 21–31
Keywords: Brasil
Notes: Position paper. Inequity reference: access to HSs.

Author(s): Teixeira, Sonia Fleury
Year: 1995
Title: Iniquidades nas políticas de saúde: o caso da América Latina
Journal: Revista de Saúde Pública
Volume: 29
Issue: 3
Pages: 243–250
Abstract: Four points relating to the iniquities of the health services are brought out. In the first, the economic crisis the region has been going through during recent decades is discussed and the contention that the tendency to an overall improvement of the living conditions has not been deeply affected by this crisis is questioned. In the second the characteristics of the Latin-American process of development, marked by the deepening of iniquities is examined. In the third an analysis of the pattern of social protection in the region is presented and in the last two polar models for the reformation of this pattern are discussed.
Notes: Research Type: Macro-context analysis. Inequity reference: access to HSs, living conditions.

Author(s): Timaceus, I.M.; Lush, L.
Year: 1995
Title: Intra-urban differentials in child health
Journal: Health Transition Review
Volume: 5
Issue: 2
Pages: 163–190
Keywords: Brasil; São Paulo
Notes: Research Type: Macro-context analysis (4 countries urban context). Biometry, interviews. Inequity reference: ecosocial.

Author(s): Tomasi, Elaine; Barros, Fernando; Victora, Cesar Gomes
Year: 1996
Title: Situação sócio-econômica e condições de vida: comparação de duas coortes de base populacional no sul do Brasil
Journal: Cadernos de Saúde Pública
Volume: 12
Issue: suppl.
Pages: 15–19
Keywords: Brasil. Pelotas.
Abstract: Com base em duas coortes de crianças nascidas na, zona urbana de Pelotas, Rio Grande do Sul—6.011 em 1982 e 5.304 em 1993—foi possível comparar alguns indicadores sócio-econômicos e características da habitação de famílias que tiveram filhos nestes anos. Em 1993, nascem menos crianças pobres: 60,8% das famílias tinham renda inferior a três salários mínimos por mês comparadas com 69,5% em 1982. O saneamento melhorou bastante, subindo dez pontos percentuais na cobertura de água encanada e de sanitário com descarga. A inserção materna no trabalho remunerado cresceu de 34% para 38%. Por outro lado, não houve alteração na proporção de famílias com a presença do pai e na proporção de famílias que dispunham de rádio, fogão e geladeira, embora estes dois itens tenham apresentado importantes variações conforme a renda familiar. O número médio de pessoas por dormitório aumentou de 3,0 em 1982 para 3,2 em 1993, destruindo um pouco da tendência positiva registrada nos demais indicadores. De modo geral, pode-se apontar para uma melhora nas condições de vida para quem teve filhos em Pelotas nesta última década, o que deve ser levado em conta quando da interpretação dos demais resultados dos estudos de coorte realizados.

Notes: Research Type: longitudinal individual study (prospective cohort). Interviews. Inequity reference: living conditions.

Author(s): UNAH; OPS/OMS
Year: 1993
Title: Análisis de situaciones de salud-enfermedad según condiciones de vida
Institution: Universidad Nacional Autonoma de Honduras, Organización Panamericana de la Salud
Type of Work: Documento Borrador
Keywords: Honduras

Author(s): United-Nations
Year: 1991
Title: Child mortality in developing countries: Socio-economic differentials, trends and implications
Institution: United Nations
Keywords: Costa Rica. Honduras. Paraguay.
Abstract: "The purpose of the present volume... is to assess trends in child mortality differentials in some developing countries and to explore the extent to which these trends are related to indicators of socio-economic development and to health policies in each country. Similar data and methods are used for each country to identify categories of children at high risk of child mortality, to investigate patterns of differentials of child mortality and to determine the extent to which these patterns are changing over time." The volume covers Costa Rica, Honduras, Jordan, Kenya, Paraguay, and Thailand. It is a follow-up to the 1985 U.N. study on the same topic for 15 developing countries in Africa, Asia, and Latin America. (Excerpt)


Author(s): Urquiola, Miguel
Year: 1994
Title: Accesibilidad econometrica de la poblacion boliviana a los servicios de salud
Book Title: Pobreza y Salud en Bolivia
Editor(s): ILDIS
Publisher: OPS/OMS-ILDIS
City: La Paz
Pages: 75–87
Keywords: Bolivia
Notes: Research Type: Macro-context analysis. Inequity reference: access to HSs. Inequity reference: poverty (income).

Author(s): Vasco-Urbi, Alberto
Year: 1978
Title: Salud, Medicina y Clases Sociales
Publisher: Ediciones Hombre Nuevo
City: Medellin
No. of Pages: 208
Keywords: América Latina
Notes: Conceptual study. Literature review. Inequity reference: social class.

Author(s): Vega, Jeanette; Castellanos, Pedro Luis
Year: 1993
Title: Situación de salud y condiciones de vida en Chile
Conference: Segundo Congreso Chileno de Epidemiologia
Location: Santiago de Chile
Pages: 12
Keywords: Chile
Notes: Research Type: Macro-context analysis. Mortality data. Inequity reference: living conditions.

Author(s): Vega, J.; Castellenos, P. L.
Year: 1993
Title: Situación de salud y condiciones de vida en Chile
Conference: Segundo Congreso Chileno de Epidemiologia
Location: Chile
Keywords: Diagnostico de salud, equidad estudios ecologicos
Author(s): Veiga, Jairo d'Albuquerque
Year: 1995
Title: O perfil de saúde dos trabalhadores urbanos, baseado na mortalidade de população, entre 15 e 64 anos de idade, residente nas regiões metropolitanas brasileiras, 1979–1988
Academic Dept.: Faculdade de Saúde Pública
University: Universidade de São Paulo
City: São Paulo
Pages: 143
Thesis Type: Mestrado
Keywords: Brasil. Regiões Metropolitanas.
Notes: Research Type: longitudinal aggregate study (timetrend-series). Mortality data. Inequity reference: labor process.

Author(s): Verhasselt, Y.; Pyle, G.F.
Year: 1993
Title: Geographic inequalities of mortality in developing countries: Introduction
Journal: Social Science and Medicine
Volume: 36
Issue: 10
Pages: 1239–1241
Keywords: América Latina
Abstract: The research investigations, inquiries, examinations, and analyses of Third World scholars about geographical inequalities of mortality are presented. Most of these studies are from the proceedings of the joint conference of the International Geographical Union Commissions on Health and Development and Population Geography in Lille France in April 1990. A multidisciplinary approach was taken by geographers, demographers, sociologists, and physicians from Asia, Africa, and Latin America. The African contributors start with a keynote paper on progress made in geographical studies of health problems in Africa. There are extensive problems of the reliability and completeness of health information because of differences in reporting procedures and actual differences in health patterns. Undeniably, high infant mortality rates are known to occur in the Sahel. There are studies on the diffusion of AIDS in Central Africa, differentials and mortality in the Cameroon, aspects of health problems in Nigeria, peculiarities in mortality distribution in North Africa, and studies on selected African cities. The Asian papers deal with health problems in China and in parts of the Indian subcontinent and with Research Type: case studies in Southeast Asia and some of the French Polynesian Islands. The Latin American studies range from an overview of mortality in Latin America to socioeconomic determinants of mortality and specialized studies of specific cities. There are many marked regional disparities of mortality in developing nations, and one clear aspect is the degree of the epidemiologic transition of countries and locales. It is inappropriate to assume that all inhabitants of developing countries suffer more from health problems than those in developed countries or that all serious health problems in developing countries are caused by major socioeconomic inequalities. Instead, these papers show a broad range of differences in mortality within Third World countries depending upon a variety of socioeconomic, political, and geographical circumstances.

Author(s): Victora, Cesar Gomes; Barros, Fernando; Martines, J. C.; Béria, Jorge; Vaughan, J. Patrick
Year: 1985
Title: Estudo longitudinal das crianças nascidas em 1982 em Pelotas, RS. Metodologia e resultados preliminares
Journal: Revista de Saúde Pública
Volume: 19
Pages: 58–68
Keywords: Brasil. Pelotas.
Notes: Research Type: longitudinal individual study (prospective cohort). Interview and clinical exam. Inequity reference: poverty (income).

Author(s): Victora, Cesar Gomes; Vaughan, J.P.; Kirkwood, B.R.; Martines, J.C.; Barcelos, L.B.
Year: 1986
Title: Child malnutrition and land ownership in Southern Brazil
Journal: Ecology of Food and Nutrition
Volume: 18
Pages: 265–275
Keywords: Brasil. Pelotas.
Notes: Inequity reference: social class (land possession).

Author(s): Victora, Cesar Gomes; Vaughan, Patrick; Kirkwood, B. R.; Martines, J. C.; Barcelos, L. B.
Year: 1986
Title: Risk factors for malnutrition in Brazilian children. The role of social and environmental variables
Journal: Bulletin of the World Health Organization
Volume: 64
Pages: 299–309
Keywords: Brasil. Pelotas.
Abstract: The article reports the effects of several socioeconomic and environmental indicators on the nutritional status (stunting, underweight, and wasting) of a sample of 802 children aged 12–35.9 months in urban and rural areas of southern Brazil. Of the social variables studied, family income and father's education level, were the two risk factors that showed the strongest associations with nutritional status. The mother's education level, employment status of the head of the family, number of siblings, and family's ethnic background also showed some degree of association, but these were less significant when family income was included in the analysis. Environmental variables, particularly the type of housing, degree of crowding, and type of sewage disposal, were also strongly associated with malnutrition. The effects of having access to piped or treated water were only apparent on stunting and wasting.

Author(s): Victora, Cesar Gomes; Barros, Fernando; Vaughan, J.P.; Martines, J.C.; Béria, Jorge
Year: 1987
Title: Birthweight, socioeconomic status and growth of Brazilian infants
Journal: Annals of Human Biology
Volume: 14
Pages: 49–57
Keywords: Brasil. Pelotas.

Author(s): Victora, César Gomes; Barros, Fernando; Vaughan, Patrick
Year: 1989
Title: *Epidemiologia da Desigualdade: um estudo longitudinal de 6000 crianças brasileiras*
Publisher: Hucitec
City: São Paulo
Keywords: Brasil. Pelotas.
Abstract: Em um estudo Research Type: longitudinal realizado em Pelotas, Rio Grande do Sul, seis mil crianças nascidas em hospitais foram acompanhadas, prospectivamente, durante os primeiros anos de vida (1982–1986). O estudo buscou avaliar a influência sobre a saúde infantil de fatores perinatais, demográficos, ambientais, alimentares e assistenciais, dentro de um quadro mais amplo definido pela estrutura social. Foram estudados os efeitos conjuntos da renda familiar e do peso ao nascer sobre a mortalidade, a morbidade, o crescimento, os hábitos alimentares e o desenvolvimento psicológico das crianças. Os resultados demonstram que, em Pelotas, apresentam-se diferenças quanto à mortalidade infantil e à incidência de baixo peso ao nascer nos diferentes estratos populacionais, evidenciando as desigualdades sociais, ainda que os indicadores de saúde sejam relativamente satisfatórios se comparados com outras regiões do Brasil. Algumas medidas são propostas para melhorar, a curto prazo e a um custo relativamente baixo, o nível de saúde da população infantil.


Author(s): Victora, Cesar Gomes; Facchini, Luiz Augusto; Barros, Fernando; Lombardi, Cintia
Year: 1990
Title: *Pobreza e Saúde: Como medir nível sócio-econômico em estudos epidemiológicos de saúde infantil?*
Conference: I Congresso Brasileiro de Epidemiologia
Publisher: ABRASCO
Location: Campinas, SP
Pages: 302–315
Keywords: Brasil. Pelotas.

Author(s): Victora, Cesar Gomes; Barros, Fernando; Hutley, Sharon; Teixeira, A.M.; Vaughan, J. P.
Year: 1992
Title: Early childhood mortality in a Brazilian cohort: the roles of birthweight and socioeconomic status
Journal: *International Journal of Epidemiology*
Volume: 21
Pages: 423–432
Keywords: Brasil. Pelotas.
Abstract: The deaths of children aged 1–4 years were studied in a cohort of 5914 Brazilian liveborns. A total of 29 early childhood deaths were recorded (cumulative mortality risk of approximately 6 per 1000), 17 of which (59%) were due to infectious diseases. The death
rate was highest in the second year. Deaths were highly concentrated in children from low income (<US$30/month) families, where the cumulative risk of early childhood death was about 10 per 1000; on the other hand, there were no deaths among the 616 children from families with a monthly income of US$300 or more. Birth-weight was also associated with mortality: the cumulative risk of children weighing less than 2000 g at birth was 21 per 1000, compared to 4 per 1000 among those with birthweights of 3500 g or more. Simultaneous adjustment for income and birthweight did not substantially change these differentials. These findings confirm the strong association between early childhood mortality and socioeconomic conditions, but also make evident the long-term effects of low birthweight.

**Notes:**

| Author(s): | Victora, Cesar Gomes; Grassi, P.R.; Schmidt, A.M. |
| Year: | 1994 |
| Title: | Situação de saúde da criança em área da região Sul do Brasil, 1980–1992: tendências temporais e distribuição espacial |
| Journal: | Revista de Saúde Pública |
| Volume: | 28 |
| Issue: | 6 |
| Pages: | 423–432 |
| Keywords: | Brasil. Pelotas. |

**Abstract:** Although vital statistics are of paramount importance for health planning and program evaluation, few Brazilian states have vital registration systems with either sufficient coverage or agility to achieve these goals. The resent analyses, based on data from the state of Rio Grande do Sul, describes time trends and the geographical distribution of infant and child health indicators, including infant mortality rates, proportionate infant mortality, low birthweight and vaccine coverage. From 1980 to 1992, marked reductions were observed for the infant mortality rate (from 39.0 to 19.3 per thousand) and for proportionate infant mortality (from 13.9% to 5.9% of all deaths). On the other hand, the prevalence of low birthweight remained stable between 8 and 10%, with a slight increase up to 1991. DPT vaccine coverage oscillated from year to year, ranging from 79 to 99%. There was close geographical correlation between the indices of low birthweight and infant mortality in the 17 health districts. The four indicators were combined into a single score for the purpose of identifying those health districts with the greater need for intervention. The southern districts, characterized by large land holdings presented the worst health indicators.

**Notes:**

| Author(s): | Victora, Cesar Gomes; Barros, Fernando; Tomasi, E.; Menezes, A.M.; Horta, B.L.; Weiderpass, E.; Cesar, J.A.; Costa, J.S.; Olinto, M. T.; Halpern, R.; Garcia, M.M.; Vaughan, J.P. |
| Year: | 1996 |
| Title: | Tendências e diferenciais na saúde materno-infantil: delineamento e metodologia das coortes de 1982 e 1993 de mães e crianças de Pelotas |
| Journal: | Cadernos de Saúde Pública |
| Volume: | 12 |
| Issue: | suppl. |
| Pages: | 7–14 |
| Keywords: | Brasil. Pelotas. |

**Notes:**
*Research Type:* methodological research.
Author(s): Vila-Nova, Sebastião
Year: 1982
Title: Desigualdade, Classe e Sociedade. Uma introdução aos princípios e problemas da estratificação social
Publisher: Atlas
City: São Paulo
No. of Pages: 92
Abstract: Dividido em quatro partes, este livro aborda a questão da estratificação social através da análise das ideias dos mais importantes autores, enfrentando os problemas teóricos e metodológicos fundamentais relacionados ao conceito de classe e estrutura de classes, sem deixar de lado os problemas referentes aos sistemas de castas e de estamentos, assim como as atuais questões, nessa área, surgidas com as novas condições próprias das sociedades urbanas-contemporâneas.

Author(s): Vlassoff, C.
Year: 1994
Title: Gender inequalities in health in the Third World: uncharted ground
Journal: Social Science and Medicine
Volume: 39
Issue: 9
Pages: 1249–1259
Keywords: Contraception; Health-Planning; Prejudice; Research; Technology-Medical MESH: *Developing-Countries; *Women's-Health
Abstract: Gender differences in health in developing countries have, until recently, received little attention from researchers, health programmes and international development efforts. This paper highlights several issues related to gender and health in the Third World on which information, especially of an empirical nature, is inadequate. These include certain health conditions and diseases for which gender differences remain largely uncharted, gender inequalities in the development of health and contraceptive technology, the lack of gender-sensitivity in the provision of health services, and gender inequalities in health policies, focusing mainly on structural adjustment. Questions urgently requiring research are identified and suggestions are made for improving the gender sensitivity of health policies and interventions.
Notes: Position paper. Inequality reference: gender

Author(s): Whitehead, Margaret
Year: 1991
Title: The Concepts and Principles of Equity and Health
Institution: WHO/EURO Consultant

Author(s): Wood, C.H.; Lovell, P.A.
Year: 1992
Title: Racial inequality and child mortality in Brazil
Journal: Social Forces
Volume: 70
Issue: 3
Pages: 703–724
Keywords: Brasil
Abstract: According to the 1980 census whites accounted for 54%, mulattoes for 39%, and blacks for 6% of Brazil's population of 119 million. Child mortality was measured using the Brass method. Based on 1950 census data estimates of child survival to exact ages of 2, 3, and 5 for white and nonwhite populations were derived, and the same exercise was done on 1980 data to see if the mortality differential by race changed over 3 decades. 3 survival scenarios were drawn up on children born to women aged 20–24, 25–29, and 30–34. Thus, the average life expectancy at birth of children born to mothers 20–34 was determined. The results of the 1950 census refer to 1940–50 and those of the 1980 census to 1970–80. The profound socioeconomic transformation during these 3 decades did not mitigate the racial inequality in life expectancy: in 1940–50 it was 47.5 years for white children vs. 40 for nonwhites. By 1970–80 white life expectancy rose to 66.1 years, but for nonwhites its was only 59.4 years. The life expectancy differential was 6 in the north vs. 5/4 in the south (6.6 years far the total population). Tobit regression analysis of individual records and the Trussell-Preston method for calculating mortality ratio was employed to control 12 variables. Child mortality was 1.9 times higher in 1970 and 2.5 times higher in 1976 in homes without running water. Income, education of parents, and child supervision at home by siblings or adults were key factors in child survival. In 1970, 22% of women left their children unattended in the home. The effect of race of mother on child mortality was reduced by variables like region, socioeconomic status, housing quality, access to public health, and household composition. Race continued to exert to lingering effect despite positive correlation of mother's education, father's education, indoor plumbing, social security, and adults and children aged 7–12 in the home on reduced child mortality.


Author(s): Wood, C. H.; Carvalho, J. A. M.
Year: 1994
Title: Demografia da Desigualdade no Brasil
Series Title: PNPE
Publisher: IPEA
City: Rio de Janeiro
Volume: 27
Keywords: Brasil
Notes: Research Type: Macro-context analysis. Inequity reference: ethnicity

Author(s): Yunes, João
Year: 1983
Title: Características sócio-econômicas da mortalidade infantil em São Paulo
Journal: Pediatria
Volume: 5
Pages: 162–168
Keywords: Brasil, São Paulo.
Notes: Research Type: Macro-context analysis. Infant mortality data. Inequity reference: social stratification.

Author(s): Yunes, João
Year: 1993
Title: Mortalidad por causas violeotas en la región de las Américas
Journal: Boletín de la Oficina Sanitaria Panamericana
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