



SOCIAL PARTICIPATION OF FOOD AND NUTRITION SECURITY COUNSELORS

Participação social de conselheiros de segurança alimentar e nutricional

Participación social de asesores de seguridad alimentaria y nutricional

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ABSTRACT

Objective: To know the sociodemographic profile and social participation of food and nutrition security counselors. **Methods:** Cross-sectional study conducted with members of municipal councils and the state council for food and nutrition security of Piauí, Brazil, between 2016 and 2017. A questionnaire was applied for identification of sex, age, schooling, skin color/race, and level of representation; segment and entity represented by them; time of participation in the Food and Nutrition Security National Council (CONSEA); theoretical-political training in food and nutrition security (FNS). The software Stata® was used to organize and analyze data. Variables were presented in numbers and proportions. For association between the variables, Pearson's chi-square test or Fisher's exact test was used, when appropriate, considering the tests with p-value ≤ 0.05 as statistically significant. **Results:** The study found 117 councilors from 16 municipalities and the (state) CONSEA. The majority were female (69.2%, n = 81), aged between 40 and 59 years (45.3%; n = 53). Moreover, 64.1% (n = 75) attained higher education, 87.2% (n = 102) worked in urban areas, and 35% (n = 41) had been working for the councils for 4 to 6 years. There was a statistically significant association ($p=0.056$) between participation in conferences and confidence in CONSEA's representation. **Conclusion:** There was a higher prevalence of female counselors, aged between 40 and 59 years, with higher education, from urban area and working for the CONSEA for 4 to 6 years. In addition, there was a high level of insecurity about CONSEA's representation associated with low participation in conferences.

Descriptors: Advisory Committees; Food and Nutrition Security; Social Participation.

RESUMO

Objetivo: Conhecer o perfil sociodemográfico e a participação social de conselheiros de segurança alimentar e nutricional. **Métodos:** Estudo transversal realizado com membros dos conselhos municipais e do conselho estadual de segurança alimentar e nutricional do Piauí, Brasil, entre 2016 a 2017. Aplicou-se questionário para identificação do sexo, idade, escolaridade, cor da pele/raça e instância de representação; segmento e entidade que representa; tempo de participação no Conselho Nacional de Segurança Alimentar e Nutricional (CONSEA) e formação teórico-política em segurança alimentar e nutricional (SAN). Utilizou-se o software Stata® para organizar e analisar os dados. As variáveis foram apresentadas em números e proporções. Para associação entre as variáveis, aplicou-se o qui-quadrado de Pearson ou teste exato de Fisher, quando apropriado, considerando-se estatisticamente significantes os testes com p-valor $\leq 0,05$. **Resultados:** Encontraram-se 117 conselheiros de 16 municípios e do CONSEA (estadual). A maioria era do sexo feminino (69,2%, n = 81), com idade entre 40 e 59 anos (45,3%; n=53). Além disso, 64,1% (n = 75) tinham ensino superior, 87,2% (n = 102) trabalhavam em áreas urbanas e 35% (n = 41) possuíam entre 4 e 6 anos de trabalho nos conselhos. Houve associação estatisticamente significativa ($p=0,056$) entre a participação em conferências e a segurança na representação do CONSEA. **Conclusão:** Houve maior prevalência de mulheres conselheiras, entre 40 e 59



anos de idade, com nível superior, da área urbana e com tempo de atuação no CONSEA de 4 a 6 anos. Além disso, houve alto nível de insegurança na representação do CONSEA associado à baixa participação nas conferências.

Descritores: Comitês Consultivos; Segurança Alimentar e Nutricional; Participação Social.

RESUMEN

Objetivo: Conocer el perfil sociodemográfico y la participación social de los consejeros de seguridad alimentaria y nutricional. **Métodos:** Estudio transversal realizado con miembros de los consejos municipales y del consejo estadual de seguridad alimentaria y nutricional de Piauí, Brasil, entre 2016 y 2017. Se aplicó un cuestionario para la identificación del sexo, la edad, la escolaridad, el color de la piel/raza y la instancia de representación; el segmento y la entidad que representa; el tiempo de participación en el Consejo Nacional de Seguridad Alimentaria y Nutricional (CONSEA) y la formación teórico-político en seguridad alimentaria y nutricional (SAN). Se utilizó el software Stata® para organizar y analizar los datos. Las variables fueron presentadas en números y proporciones. Para la asociación entre las variables, se aplicó el chi-cuadrado de Pearson o la prueba exacto de Fisher, cuando apropiado, considerándose estadísticamente significativas las pruebas con el p-valor $\leq 0,05$. **Resultados:** Se encontraron 117 consejeros de 16 municipios y del CONSEA (estadual). La mayoría era del sexo femenino (69,2%, $n = 81$) y con edad entre 40 y 59 años (45,3%; $n=53$). Además, el 64,1% ($n = 75$) tenía educación superior, el 87,2% ($n = 102$) trabajaban en áreas urbanas y el 35% ($n = 41$) tenían entre 4 y 6 años de trabajo en los consejos. Hubo asociación estadísticamente significativa ($p=0,056$) entre la participación en ponencias y la seguridad en la representación del CONSEA. **Conclusión:** Hubo mayor prevalencia de mujeres consejeras entre los 40 y 59 años de edad, con educación superior, del área urbana y con tiempo de actuación en el CONSEA entre 4 y 6 años. Además, hubo elevado nivel de inseguridad en la representación del CONSEA asociado con la pequeña participación en las ponencias.

Descritores: Comitês Consultivos; Segurança Alimentaria y Nutricional; Participación Social.

INTRODUCTION

The Human Right to Adequate Food (*Direito Humano à Alimentação Adequada - DHAA*) is enshrined in several international treaties and documents and in several legal instruments in force in Brazil⁽¹⁾, and it has also been incorporated in several provisions and principles of the Federal Constitution of 1988. The existence of this legal framework establishes the promotion of the DHAA performance as a Brazilian political obligation and a responsibility of us all⁽²⁾.

The Organic Law of Food and Nutrition Security provides for the implementation of the Food and Nutrition Security National System (*Sistema Nacional de Segurança Alimentar e Nutricional - SISAN*)⁽³⁾. Its objectives include the formulation and implementation of food and nutrition security policies and plans; the encouragement of the integration of efforts between government and civil society, and the monitoring, follow-up and evaluation of food and nutrition security in the country^(4,5).

Progress in guaranteeing food and nutrition security and food sovereignty and overcoming the reality of violations of the Human Right to Adequate Food depends on the ability of civil society and rights holders to be empowered with existing information and instruments to require human rights⁽⁶⁾.

The Food and Nutrition Security National Council (*Conselho Nacional de Segurança Alimentar e Nutricional - CONSEA*) articulates the debate between the government and civil society, and its main task is to advise the President of the Republic on the formulation of Food and Nutrition Security policies and the definition of guidelines for the country to guarantee the Human Right to Adequate Food for all, in collaboration with other SISAN bodies^(7,8).

CONSEA is composed of two-thirds of civil society representatives and one-third of government representatives. Its presidency shall be held by a civil society representative, nominated among its members and appointed by the Presidency of the Republic. And it exists at three levels: national, state, and municipal⁽⁷⁾.

CONSEA is a very important body as regards the participation in discussions and projects related to the promotion of Food and Nutrition Security - FNS (*Segurança Alimentar e Nutricional - SAN*), and its agencies are facilitators focused on promoting health and preventing the onset of diseases, in addition to the organic production legislation, which regulates the use of pesticides by conventional farming⁽⁹⁾.

Considering the importance of the existence and effectiveness of CONSEAs and the low knowledge about the socioeconomic and social profile of the Food and Nutrition Security Advisor, the objective of this study was to know the sociodemographic profile and the social participation of food and nutrition security counselors.

METHODS

This is a quantitative, cross-sectional and analytical study with members of the municipal councils of the state of Piauí, Brazil. Data collection and recording were carried out between November 2016 and August 2017, through the application of a questionnaire, together with the counselors, in the presence of the researcher. The State has 73 municipalities that have a Municipal Council established and regulated with adherence to SISAN⁽¹⁰⁾. Through a joint travel calendar with professionals from the Interministerial Chamber of Food and Nutrition Security, State Secretariat of Social Assistance and Citizenship (CAISAN/SASC) and State CONSEA, visits were made to the respective municipalities, with operations in 2017.

As an inclusion criterion, the councilors of the Municipal and State Councils should be legally established. The municipal councils were duly registered and active at the CAISAN/SASC in the state of Piauí and, from these data, a list of councils was generated. Subsequently, contact was made with each municipality and a meeting was arranged to be held in each of them. The municipalities which they were not able to articulate with and schedule the session and application of the questionnaires were excluded. A total of 117 questionnaires were applied to councilors of 16 municipalities and the State CONSEA.

The study involved socioeconomic variables: gender, age, education level, skin color/race; and social participation: an instance of representation (municipality and Territory of Development); a segment that one represents (civil society or public power); entity/body one represents; time of participation in the CONSEA; theoretical-political formation in FNS.

Strata® software, v.12 (Stratacorp, College Station, Texas, USA), was used to organize and analyze the data. The variables were presented through descriptive statistics: absolute number and proportions. The association between the variables was tested by Pearson's Chi-square test (X^2) or Fisher's exact test, where appropriate. Tests with p -value ≤ 0.05 were accepted as statistically significant.

The project was approved by the Research Ethics Committee of the Federal University of Piauí, with approval N° 1.132.014. The informants adhered to the study by signing the Free and Informed Consent.

RESULTS

There were 117 councilors from CONSEAs at the state and municipality levels of Piauí, representing 22% ($n = 16$) of the total that is regulated with adherence to SISAN. The sociodemographic characterization of the interviewees (Table I) shows that 69.2% ($n=81$) were female; the prevalent age (45.3%, $n=53$) was between 40 and 59 years old, and 84.6% ($n=99$) declared as "other" ethnicities (brown, etc.). Most of them (64.1%, $n=75$) had higher education and 53.9% ($n=63$) belonged to the territory of development named Entre Rios, which is the state capital and nearby municipalities.

The analysis of the distribution of participants, according to the area of activity, showed greater participation (87.2%, $n=102$) of counselors in the urban area, and the duration of the council members' performance ranged from 4 to 6 years (35%, $n=41$) (Table II).

The association between the sense of security in CONSEA representation and participation in FNS conferences (Table III) was statistically significant. It demonstrates a statistically positive relationship between the low participation of councilors in national conferences and the insecurity in representing CONSEA.

DISCUSSION

The study presents results regarding the sociodemographic characterization and social participation of the FNS counselors of Piauí, Brazil, who contribute to the knowledge of the reality of the councils, implementing effective interventions that improve their social representativeness.

In this scenario, there was a greater number of female counselors (69.2%), which may be associated with a high percentage of individuals with higher education qualifications (64.1%), probably nutritionists, because the subject matter that CONSEA deals with is more related to this undergraduate program, in which women are in higher numbers⁽¹¹⁾. It should be emphasized that public health policies should recognize the existence of inequalities, such as those between genders, promoting equity. Considering that the women (51.48%) in Brazil outnumber the men (48.52%)^(12,13).

Table I - Sociodemographic characterization of CONSEA's councilors of the state of Teresina, Piauí, Brazil, 2017.

| Variables | n | % |
|---|-----|-------|
| Sex | | |
| Male | 36 | 30.8 |
| Female | 81 | 69.2 |
| Age | | |
| 20 to 39 | 48 | 41.0 |
| 40 to 59 | 53 | 45.3 |
| 60 or more | 15 | 12.8 |
| Not informed | 1 | 0.9 |
| Ethnicity | | |
| Indigenous | 3 | 2.6 |
| Quilombola | 2 | 1.7 |
| African | 8 | 6.8 |
| Other (Brown...) | 99 | 84.6 |
| Not informed | 5 | 4.3 |
| Education level | | |
| No education/literate | 3 | 2.6 |
| Elementary school | 13 | 11.1 |
| High school | 26 | 22.2 |
| Higher education | 75 | 64.1 |
| Territory of development | | |
| Entre rios | 63 | 53.9 |
| Planície Litorânea (Coastal Plain) | 2 | 1.7 |
| Vale do Guaribas (Guaribas Valley) | 15 | 12.8 |
| Vale do Sambito (Sambito Valley) | 28 | 23.9 |
| Cocais | 3 | 2.6 |
| Semi-árido (Semi-arid) | 6 | 5.1 |
| Total | 117 | 100.0 |

CONSEA: *Conselho Nacional de Segurança Alimentar e Nutricional* (National Council for Food and Nutrition Security).

Table II - Distribution of CONSEA's councilors of the state of Piauí, according to the areas of activity and time of operation. Teresina, Piauí, Brazil, 2017.

| Area | n | % |
|-------------------------------|-----|-------|
| Urban | 102 | 87.2 |
| Rural | 14 | 12.0 |
| Did not answer | 1 | 0.8 |
| Time in CONSEA (years) | | |
| <1 | 27 | 23.1 |
| 1 - 2 | 13 | 11.1 |
| 2 - 4 | 27 | 23.1 |
| 4 - 6 | 41 | 35.0 |
| 6 - 8 | 5 | 3.4 |
| 8 - 20 | 5 | 4.3 |
| Total | 117 | 100.0 |

CONSEA: *Conselho Nacional de Segurança Alimentar e Nutricional* (National Council for Food and Nutrition Security).

Table III - Association between sense of security in CONSEA representation and participation in FNS conferences. Teresina, Piauí, Brazil, 2017.

| Feel safe Participation in conference | Yes | | No | | p-value |
|---------------------------------------|-----|------|----|-------|---------|
| | n | % | n | % | |
| Territory of development | | | | | |
| NP | 24 | 36.4 | 26 | 53.1 | |
| 1 | 27 | 40.9 | 13 | 26.5 | 0.287* |
| 2 | 9 | 13.6 | 5 | 10.2 | |
| 3 or more | 6 | 9.1 | 5 | 10.2 | |
| State | | | | | |
| NP | 49 | 74.3 | 20 | 50.0 | |
| 1 | 11 | 16.7 | 2 | 5.0 | 0.558* |
| 2 | 3 | 4.5 | 1 | 2.5 | |
| 3 or more | 3 | 4.5 | 12 | 30.0 | |
| National | | | | | |
| NP | 58 | 89.2 | 48 | 100.0 | |
| 1 | 5 | 7.7 | - | - | 0.056* |
| 2 | 2 | 3.1 | - | - | |

NP= Did not participate; *Fisher's exact test.

The high percentage of young adults (49%) among the councilors demonstrates the renewal, allowing the insertion of new ideas and experiences, providing opportunity for enrichment of the discussions carried out by the council, even though some studies associate the high participation of young people working in urgent care with lack of experience⁽¹⁴⁾. In addition, a high percentage of counselors between 40 and 59 years old (45.3%) was observed, representing greater experience and important contributions.

There was a low participation of counselors of indigenous ethnic groups, African matrices and *quilombolas*, which may reflect CONSEA actions with lower prioritization of these social groups, generating greater food insecurity. A study evaluated the degree of food (in)security among *quilombola* communities in the state of Tocantins and verified that food insecurity is highly prevalent in *quilombola* communities, implying urgency in the implementation of actions that guarantee food security and demonstrating the importance of CONSEA's articulation with these ethnic groups. Such condition can cause greater social vulnerability to these individuals and risks to health, increased hunger, malnutrition, risks to the growth of children and adolescents, and difficulties in the intellectual and cognitive development⁽¹⁵⁾.

It should be noted that a significant proportion of counselors attended higher education, demonstrating a positive academic background among the council members. Similar results were demonstrated by others studies that evaluated the profile of different councilors and found that, in general, most counselors have higher education level^(16,17).

Possibly, the high level of education is a reflection of the percentage of councilors residing in the capital and nearby municipalities, since 53.9% of the counselors participating in the study belong to the Entre Rios territory of development. However, studies show a higher level of food insecurity in rural areas^(18,19). Therefore, it is necessary to invest in training for counselors in territories situated at a greater distance from the capital.

Nevertheless, 87.2% of counselors work in urban areas. If on one hand, this aspect facilitates their insertion in educational institutions, on the other hand, it can be seen as a difficulty for articulation with rural spaces⁽²⁰⁾, especially when dealing with traditional populations, whose results were not encouraging with regard to the participation of these groups in the Councils studied. This points out the importance of the decentralization of public policies, favoring local organization and articulation, improving the social determinants of health and consequent food and nutritional security⁽²¹⁾.

According to Resolution 1, dated March 25, 2013, which amends the wording of the CONSEA's internal regulations, the term of office of directors should be at least two years and may be renewed once, for an equal period, and with the possibility of being replaced at any time at the discretion of its representation⁽²²⁾. In this study, it was possible to perceive that the time of action in the council, in general, is greater than that recommended by the legislation. A period between 4 and 6 years was registered for 35% of the respondent counselors, which indicates low turnover of the CONSEA components. Another study found that 14% of councilors participated in the council for more than 4 years⁽¹⁷⁾.

The participation of counselors in national conferences and the sense of security in CONSEA representation presented a positive and statistically significant association. This result may represent care in the process of selecting councilors to participate and represent the councils at state and national conferences, chosen through voting⁽²²⁾. Certainly, the bases tend to choose for these events their more prepared representatives and with better intellectual background, given the demands that the deliberative practice confers: reading and interpretation of laws, knowledge of the internal norms related to the area of performance, speech and expression abilities before a collegiate with authorities etc., and this can explain the result identified in this research⁽¹⁷⁾.

The participation of counselors in food and nutrition conferences at the national, state and municipal level may lead to greater confidence in the discussions to promote improvement in the quality of the food and nutritional status of the population, for it is essential the theoretical knowledge of the legislation on the subject, and Law 6299/2002, which establishes the rules for inspection and application of more flexible agrochemicals, which can directly impact the production of food from family agriculture⁽²³⁾.

The study showed as limitations the difficulty articulating with the municipalities and the low adherence of councilors of the visited municipalities, which were attended in a small number of meetings in some cities, on account of CONSEAs that were registered with CAISAN/SASC as actives but were, in fact, disarticulated.

This work aimed to provide scientific data that will assist in the scheduling of training sessions directed at these councilors, taking into account their profile. Accordingly, it will enable the improvement of security in the representation of CONSEA and, consequently, the enhancement of the discussions within the municipality, thus fostering food and nutrition security and health promotion.

CONCLUSION

There was a higher prevalence of female councilors, aged between 40 and 59 years, with higher education, from urban area and working for the CONSEA for 4 to 6 years. In addition, there was a high level of insecurity about CONSEA's representation associated with low participation in conferences.

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CONTRIBUTIONS

Bruna Emanuele Pereira Cardoso performed the data acquisition, analysis, and interpretation, writing and review of the manuscript. **Ivonete Moura Campelo** performed data acquisition, analysis, and interpretation; review of the manuscript. **Edna Maria Guedes Aguiar** performed data acquisition; review of the manuscript. **Suzana Maria Rebêlo Sampaio da Paz** conducted analysis and interpretation of data; review of the manuscript. **Lídia Raquel de Sousa Rocha** performed data acquisition, analysis and interpretation; review of the manuscript. **Marize Melo dos Santos** carried out elaboration and delineation of the study; acquisition, analysis and interpretation of data; writing and review of the manuscript.

REFERENCES

1. Cacau JB, Tavares RWF, Nunes EA. O direito fundamental do ser humano a uma alimentação adequada no Estado Democrático de Direito Brasileiro e as Políticas Públicas adotadas no Brasil em busca da erradicação da miséria e da fome. In: Anais do Encontro Internacional e Nacional de Política Social; 2015 Jun 22-25; Vitória [cited 2017 Dec 12]. Available from: <http://periodicos.ufes.br/EINPS/article/view/9942/7024>
2. Burity V, Franceschini T, Valente F, Recine E, Leão M, Carvalho MF. Direito humano à alimentação adequada no contexto da segurança alimentar e nutricional. Brasília: ABRANDH; 2010.

3. Rocha EG. A construção democrática do direito à alimentação adequada e a regulação de alimentos. *Rev Direito Sanitário*. 2017;17(3):107-12.
4. Alves KPS, Jaime PC. A Política Nacional de Alimentação e Nutrição e seu diálogo com a Política Nacional de Segurança Alimentar e Nutricional. *Ciênc Saúde Colet*. 2014;19(11):4331-40.
5. Brasil. Decreto nº 7.272, de 25 de agosto de 2010. Regulamenta a Lei no 11.346, de 15 de setembro de 2006, que cria o Sistema Nacional de Segurança Alimentar e Nutricional – SISAN com vistas a assegurar o direito humano à alimentação adequada, institui a Política Nacional de Segurança Alimentar e Nutricional – PNSAN, estabelece os parâmetros para a elaboração do Plano Nacional de Segurança Alimentar e Nutricional, e dá outras providências. *Diário Oficial da União*, Brasília, 2010.
6. Brasil. Lei nº 11.346, de 15 de setembro de 2006. Cria o Sistema Nacional de Segurança Alimentar e Nutricional – SISAN com vistas em assegurar o direito humano à alimentação adequada e dá outras providências. *Diário Oficial da União*, Brasília, 2006.
7. Costa CA, Bógus CM. Significados e apropriações da noção de segurança alimentar e nutricional pelo segmento da sociedade civil do Conselho Nacional de Segurança Alimentar e Nutricional. *Saúde Soc*. 2012;21(1):103-14.
8. Barros MSC, Costa VMHM. A construção de um sistema de garantia da segurança alimentar e nutricional para o Brasil. *Segurança Alimentar Nutricional*. 2016;23(1):795-806.
9. Gomes CV, Frinhani FMD. Alimentação saudável como direito humano à saúde: uma análise das normas regulamentadoras da produção de alimentos orgânicos. *Leopoldianum*. 2017;43(121):73-94.
10. Câmara Interministerial de Segurança Alimentar e Nutricional. Plano Nacional de Segurança Alimentar e Nutricional: 2012/2015. Brasília: CAISAN; 2011.
11. Oliveira JS, Santos DO, Rodrigues SJM, Oliveira CC, Souza ALC. Avaliação do perfil sociodemográfico, nutricional e alimentar de estudantes de nutrição de uma universidade pública em Lagarto-SE. *Rev Associação Bras Nutrição*. 2017;8(2):37-42.
12. Ferraz D, Kraiczky J. Gênero e Políticas Públicas de Saúde – construindo respostas para o enfrentamento das desigualdades no âmbito do SUS. *Rev Psicol UNESP*. 2010;9(1):70-82.
13. Instituto Brasileiro de Geografia e Estatística. Microdados da Pesquisa Nacional por Amostra de Domicílios. Rio de Janeiro: IBGE; 2015.
14. Machado CV, Lima LDD, O'Dwyer G, Andrade CLTD, Baptista TWDF, Pitthan RGV, et al. Gestão do trabalho nas Unidades de Pronto Atendimento: estratégias governamentais e perfil dos profissionais de saúde. *Cad Saúde Pública*. 2016;32(2):1-14.
15. Monego ET, Peixoto MDRG, Cordeiro MM, Costa RM. (In) segurança alimentar de comunidades quilombolas do Tocantins. *Segurança Alimentar Nutricional*. 2010;17(1):37-47.
16. Ramos MF, Ceraze JP, Vendramini PRJ, Coutinho SMV, Reis TS, Fernandes V. Conselhos setoriais: perfil dos conselheiros e sua influência na tomada de decisão. *Saúde Soc*. 2012;21(Supl 3):61-70.
17. Silva SP. Participação social e políticas públicas de desenvolvimento rural: uma análise da percepção dos conselheiros do CONDRAF. *Estud Sociedade Agricultura*. 2017;25(3):591-615.
18. Instituto Brasileiro de Geografia e Estatística. Pesquisa Nacional por Amostra de Domicílios: segurança alimentar, 2013. Rio de Janeiro: IBGE; 2014.
19. Rocha EMB, Lima RT, Almeida PC. Insegurança alimentar relacionada à área de residência em município do Semiárido brasileiro. *Cad Saúde Colet (Rio de J)*. 2014;22(2):205-11.
20. Henig EV, Santos IA. Políticas públicas, agricultura familiar e cidadania no Brasil: o caso do Pronaf. *Rev Bras Políticas Públicas*. 2016;6(1):151-66.
21. Alentejano PR. As relações campo-cidade no Brasil do século XXI. *Rev Políticas Públicas*. 2003;7(2):303-25.
22. Brasil. Conselho de Segurança Alimentar e Nutricional (Brasil). Resolução nº 1, de 25 de março de 2013. Alteração da redação do Regimento Interno do Conselho de Segurança Alimentar e Nutricional. *Diário Oficial da União*, Brasília, 01 set. 2014; seção 1.

23. Brasil. Projeto de Lei nº 6.999, de 2002. Dispõe que o registro prévio do agrotóxico será o do princípio ativo; dá competência à União para legislar sobre destruição de embalagem do defensivo agrícola. Câmara dos Deputados, Brasília, 2002.

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