

FAMILY GRANT PROGRAM: DOES THE HEALTH CONDITIONALITY REALLY EXIST?

Editorial

Historically, the social protection system in Brazil has been characterized by presenting a dual structure of social security: to the most socially vulnerable groups, which are not included in the labour market, is addressed the social assistance, while the workers inserted into the formal labour market are bound to the social security. The poor strata of Brazilian society, marked by nearly complete absence of social pressure and no defined socio-occupational position, have gained benefits in certain historical moments, and providing to them has always been justified as a humanitarian act or a political currency⁽¹⁾.

In this regard, the Family Grant Program (FGP) stands out as a program to fight poverty, created by Provisional Measure no. 132/2003, converted into Law no. 10,836/2004 and regulated by Decree no. 5,209/2004. It was started in October 2003 and constituted by unifying four income transfer programs: School Grant, Gas Assistance, Food Grant and Food Card⁽²⁾.

The management of the Family Grant Program is decentralized and shared among the Union, states, Federal District, and municipalities. The federal entities work together to enhance, expand and supervise the implementation. The program is aimed at families in situations of extreme poverty and poverty⁽³⁾.

Since 2004, the FGP has been under the Ministry of Social Development and Fight Against Hunger (*Ministério de Desenvolvimento Social e Combate à Fome - MDS*), more particularly to the National Secretariat of Citizenship Income (*Secretaria Nacional de Renda de Cidadania - Senarc*). The inclusion of families in the program is made upon registration in the city-managed Single Registry (*CadÚnico*), from which they are selected according to the federal government criteria for receiving the benefit⁽⁴⁾.

One of the most controversial issues regarding the anti-poverty programs is the extent of their effectiveness. In a survey conducted in 2006⁽¹⁾, in João Pessoa, PB, along with twenty FGP beneficiary mothers, data showed that 65% of mothers consider the benefit a state benevolence. The authors also pointed out that social assistance in Brazil is still seen as charity, resulting in minimized and insufficient social rights, not ensuring its universality character, and that the Family Grant Program moves more and more away from a universal principle and from the guarantee of minimum income without selective and bureaucratic mechanisms of accessibility.

The Family Grant Program conditionalities are responsibilities related to the accomplishment of actions in health, education and social assistance areas to improve the family development situation, particularly children and adolescents'. Such conditionalities, which are assumed by the family and the government are: in education area, enrollment and 85% school hours monthly attendance for children aged 6-15 years, enrollment and 75% school attendance for adolescents aged 16 to 17 years; in health area, vaccination schedule for children under seven years of age, weight and height measurement, being examined following the Ministry of Health (MoH) criteria, and monitoring of pregnant women and nursing mothers; in social assistance, strengthening of the Child Labour Eradication Program for children and adolescents up to 15 years of age.

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The Family Grant is an improvement in the social field, but it is limited when it does not achieve its universality nor manages to reach all those in need of social protection⁽¹⁾. It is also limited when its conditionalities determine that children and adolescents must attend public schools but do not guarantee quality education; or when they demand monitoring in health facilities, though professionals are not 'prepared' for this function. Overcoming poverty means going beyond bureaucratic and selective aspects to reach everyone, genuinely and unconditionally.

When referring to health professionals being 'not prepared' for the function, we actually want to point out what happens in practice. In the monitoring of FGP conditionalities in health area, it can be seen that both sexes do not benefit in the same way, only being valid the growth, development, and vaccination schedule monitoring for children under seven years, along with the monitoring of pregnant women and nursing mothers, thus pointing a gap for children over 7 years, and especially for male adolescents.

Despite the establishment of the Adolescent Health Program (*PROSAD - Programa de Saúde do Adolescente*) by the Ministry of Health long before the FGP, this was never implemented as recommended. It is noteworthy that, in the National Comprehensive Healthcare for Adolescents and Youth Policy (*PNAISAJ - Política Nacional de Atenção Integral à Saúde de Adolescentes e Jovens*), adolescence and youth cover the age range from 10 to 24 years and, in the National Policy for Comprehensive Attention to Men's Health (*PNAISH - Política Nacional de Atenção Integral à Saúde do Homem*), the focus of attention points to the group of men aged 25 to 59 years^(5,6).

The age cut performed by Biological Sciences, Political Sciences, Law Sciences, and Social Policies ignores the characteristics of this population segment in the social practices guidelines, in public policy development, in epidemiological research, and in the knowledge of certain specialties. There is a significant portion of the Brazilian adolescent population - around 30% to 33% of the total population during the first decade of this century, according to the Brazilian Institute of Geography and Statistics (*IBGE - Instituto Brasileiro de Geografia e Estatística*) sources - which is neglected by society in terms of health and social participation⁽⁵⁾.

In defining the lines of action for child and adolescents care, the Statute of Children and Adolescents (*ECA - Estatuto da Criança e do Adolescente*) highlights the social assistance programs and policies, determining the strengthening and expansion of welfare benefits and compensatory policies as a strategy for the reduction of

risks and health disorders among youth. These are the new ethical and legal landmarks that should guide the national policies for healthcare to young people in the Unified Health System⁽⁷⁾.

Within this context, it is asked: do the beneficiaries of the Family Grant Program have knowledge about the health conditionality? Is public health aware of the importance of this conditional for our young population? We believe that the health conditionality exists, although, unfortunately, far beneath what our population really deserves and needs.

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