

## Feeding desires: Understanding the food needs and wishes of women experiencing homelessness in São Paulo

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### ABSTRACT

Food desires have been studied as a critical subjective aspect of eating and are closely linked to the pleasure and comprehensive care associated with food. Women experiencing homelessness (WeH) face food insecurity intertwined with social stigma and neglect based on sex, race, and sexuality. However, the WeH's desire is often overlooked in studies and government policies on food security. Motivated by our understanding of WeH's food desires within the Human Right to Adequate Food framework, we conducted an ethnographic study between 2018 and 2022 in São Paulo, Brazil. Our methods included non-participant observation, participant observation, and semi-structured interviews with WeH living in the city centre. We utilised Qualitative Content Analysis to analyse the data, resulting in the identification of five themes related to their food desires: 'I desire food with dignity, and not pandemic food'; 'I desire food in abundance'; 'I desire food from my past'; 'I desire healthy food'; and 'I desire my own food'. These desires among WeH were intertwined with aspects such as promoting autonomy, a sense of dignity, and respect for memories and food identities. Ensuring access to these aspects requires infrastructure, such as safe spaces for cooking, highlighting the importance of housing policies and public programs that consider the value and expression of desires and pleasure in eating.

### 1. Introduction

The study of human eating extends beyond homeostatic regulation; it encompasses social, cultural, and symbolic factors, wherein it is recognised as a symbol of pleasure, desire, and expression of identity (Fischler, 1995; Jones, 2007). In the Brazilian context, the Human Right to Adequate Food (HRAF) is supported by the politics of Food and Nutritional Security (FNS). The FNS is defined as the achievement of the right of everyone to regular and ongoing access to quality food in sufficient quantities without compromising access to other essential needs; it is based on eating practices that promote health and respect cultural diversity, and are environmentally, culturally, economically, and socially sustainable (Losan-National Law No. 11,346, 2006). However, the latest data on food insecurity in Brazil indicate that more than 20 million people experience hunger (FAO - Food and Agriculture Organization, 2023).

Food insecurity, which can include hunger, is a consequence of a

country's social inequalities and is intricately intertwined with racial, gender, and sexual disparities which create contexts of social vulnerability among individuals and groups. Social vulnerability encompasses financial scarcity, family instability, exposure to health risks, social exclusion, and stigma (ECLAC – Latin American and Caribbean Demographic Centre, 2002; Katzman & Filgueira, 1999). Food insecurity in Brazil predominantly affects women and Black individuals (PENSSAN - The Brazilian Research Network on Food and Nutrition Sovereignty and Security, 2022; Brazil, 2006). The rise in food insecurity among these groups, coupled with the precariousness or absence of housing policies targeted towards them, has contributed to increasing rates of homelessness at both the national and state levels (Brazil.National Council for Human Rights, 2020). The Brazilian government had estimated that by 2022, approximately 236,400 people would experience homelessness nationwide, with the highest concentration observed in the city of São Paulo, located in the southwest (Brazil.National Council for Human Rights, 2020). Paradoxically, Brazilian legislation does not consider the

**Abbreviation:** FNS, Food and Nutritional Security; HRAF, Human Right to Adequate Food; WeH, Women experiencing homelessness.

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homeless population as having a housing risk, rendering them ineligible for housing programs (Brazil. National Council for Human Rights, 2020). Therefore, women experiencing homelessness (WeH) are primarily offered access to shelters and social centres leisure activities and/or prepared meals or packed lunches. Considering this perspective, social movements among people experiencing homelessness advocate for supportive housing interventions, including programs inspired by the Housing First Proposal (Tsemberis, 2010). Most individuals experiencing homelessness nationwide are black men; however, the number of WeH is growing, and they are more vulnerable to sexual, physical, or psychological violence on the streets (Brazil, 2006).

This article examines food insecurity and nutritional challenges among WeH through the lens of subjective aspects of eating; specifically, their food desires. This approach considers that the social marginalisation of highly vulnerable groups extends to their subjectivities, such as their experiences of pleasure and, in our case, their food desires (Machado, 2022; Sharpe, 2010).

Bell et al. (2022) conducted a systematic review and meta-ethnography of qualitative studies exploring food insecurity experiences among European women, including WeH, in emergency accommodations. Although desire was not the focus of this review, some discussions on this perception were mentioned. The researchers highlighted that participants desired specific healthy foods, such as fruits and vegetables. However, accessible food does not align with these desires because of financial barriers and cooking or storage difficulties. The challenges these women faced in meeting their perceptions of needs and desires led to expressions of frustration and a sense of powerlessness when facing food insecurity. It also fostered a sense of resignation about food insecurity, embodying the experience and contributing to negative impacts on physical, mental, and overall well-being.

Papies and Barsalou (2014, p. 1) define desire in the biomedical field as 'a psychological state of motivation towards a specific stimulus or experience that is anticipated to be rewarding'. In the biomedical field, the homeostatic needs of an individual do not necessarily align with their food desires, but the mechanisms of desire can lead to the search for desired food (Berridge, 2009; Lee and Greif, 2008; Muñoz-Vilches et al., 2020).

Supported by areas of Social Sciences such as Psychology, Newark (2020) discussed food desire as a form of pleasure, suggesting that while clarifying the desired object and pursuing it, an individual constructs a sense of self. Foucault (1999) elaborated on desires within the framework of biopower, illustrating that they are intertwined with the disciplinary mechanisms that control bodies and identities. In his view, capitalism's power is rooted in the control of desires, shedding light on how power systems (e.g. those related to gender, race, and sexuality) can shape power from the subjectivities of individuals and groups.

Thus, desires (in our case, food desires) communicate social and political relationships, in addition to one's culture, life stories, and the perception of self. It is interlinked with social structures, politics, culture, and health. In the context of patriarchy and racism in Brazil, women's food desires have been studied in socio-historical discussions (Machado, 2022; Manzi and dos Anjos, 2021; Sharpe, 2010; Zafar, 2019). This issue has been discussed from two main perspectives: 1. a woman being responsible for cooking in her own home; and 2. a woman who worked as a domestic helper and was responsible for cooking for other families. In the first case, the discussions primarily focused on cisgender, white or black, heterosexual, married women who may or may not work outside their home, but remain the main or sole person responsible for feeding the family. In the second case, discussions revolved around the precarious work of black women who often take on cooking jobs in the homes of others (including of other women who are often white) with low pay and long working hours. In both cases, the woman responsible for cooking often neglected her food desires in favour of the family's preferences, health requirements, pleasures, and desires. In the context of WeH, the neglect of these women's food desires likely extends beyond the household environment, possibly acquiring

new symbolic dimensions. However, studies addressing this issue are lacking.

Some studies demonstrate the impact of cash transfer programs like 'Bolsa Família' on the food autonomy of women in high social vulnerability, potentially leading them to consume more desirable foods previously not accessible, or even increasing their autonomy in food choices and purchases (Bartholo et al., 2019; Rocha et al., 2020). However, no studies have been conducted with WeH. Additionally, there is a lack of research showing the impact of programs offering meals, such as popular restaurants or the distribution of packed meals, on the autonomy or perception of coherence in food desires among WeH.

Studying food desires among WeH in an unequal country such as Brazil is crucial for several reasons. First, food desires are important for discussing and promoting comprehensive care for WeH, as they are intertwined with a sense of self, identity construction, and coherence. Second, the notion of cultural coherence and pleasure in HRAF encompasses desirable eating; however, it has never been comprehensively studied among WeH. Third, the number of WeH is increasing in Brazil because of historical vulnerabilities and neglect. Contemplating strategies to promote comprehensive care, which include honouring the desires of this population group, is a step towards addressing social-structural neglect.

Therefore, we conducted an ethnographic study with WeH in the central area of São Paulo, Brazil. We aimed to answer the research question: 'What do WeH desire to eat?' Based on the representations, meanings, or senses attributed to WeH regarding the idea of food desire, we described and discussed the importance of considering these desires in the construction of the HRAF, considering the possible social and political consequences of valuing these desires.

## 2. Methods

### 2.1. Ethical issues

Pacheco-Vega and Parizeau (2018) discussed the ethical conduct of ethnographies involving vulnerable populations. Following them, we engaged in three key issues related to the interactions between the researcher and participants: Positionality; Engagement and not Exploitation; and Representation (Table 1). All participants received a written informed consent form, which explained the study in detail, and was read and accepted by them. This study was approved by the School of Public Health Ethics Committee of the University of São Paulo (protocol number: 29137419.9.0000.5421).

### 2.2. Study design and data production

The fieldwork lasted from August 2018 to July 2022, during which participant and non-participant observations and semi-structured interviews were conducted. We initiated this with participant observations at public events organised by homelessness movements in São Paulo, Brazil. These events provided insights into the claims and struggles of WeH in the city. Through this process, the field researcher established key contacts, fostered a more personal understanding of the homeless population, and identified WeH interested in participating in the study.

However, we temporarily halted research from March to September 2020 owing to the COVID-19 pandemic. During this period, our primary focus was to ensure the health and well-being of the researcher and the women with whom we were in contact. In September 2020, we progressively reintroduced fieldwork adhering to safety measures, such as wearing masks and maintaining social distancing. Additionally, we engaged in voluntary work with food distribution organisations. By the first half of 2021, health measures, including vaccination, were implemented by health researchers and WeH in São Paulo, and we returned to immersive fieldwork. Fig. 1 illustrates the critical aspects of our collected data, providing details of where and how we engaged with each method.

**Table 1**

Key concepts regarding the interactions between researcher and participants in immersive fieldwork with women experiencing homelessness in central São Paulo.

Key concepts that apply to ethnographies <sup>a</sup>	Theoretical definitions of key concepts.	How researchers engaged with these concepts in their fieldwork.
Positionality	The recognition of where researchers, participants, and research territory are within systems of knowledge is essential for conducting and shaping research. It announces the privileges of the researcher and the impacts of the interactions between the researcher and the research community.	The researcher's identity as a white, heterosexual, housed, middle-class, cisgender woman influenced her positionality in field interactions, affording her privileges. Observing these dynamics during observations guided the researcher's critical, ethical, and reflexive approach.
Engagement Versus Exploitation	The researcher has a significant responsibility to consider the various ways in which research can be exploitative, to balance the desires and demands of the research with those of the community, and to respect the trust and confidentiality of community members. Additionally, the researcher should initiate contact respectfully, engaging participants in a non-coercive manner.	From informal interactions in observations, we explained the research purpose and created a safe space for individuals to decide if they wanted to continue interacting. These interactions provided an opportunity for listening, if requested. The research approach is sensitive to eating moments, potentially disrupting meals or access to food. We prioritized respecting participants' preferences regarding conversation timing and location. We engaged in conversations during their activities or attended conversations during mealtimes, if invited by the participant.
Politics of Representation	The ethical description of the research community and data, as well as recognizing the researcher's privileges in this description and data construction, highlights how to portray immersive reality without stigmatizing the studied group and/or territory. This approach also considers the positionality of researchers and research participants within the community.	The researcher's privileged positionality permeated the relations between the researcher and the participants. Thus, it demanded ethical actions such as respect for participants' anonymity, exclusion of data that can potentially stigmatize them or that they wanted to keep confidential, and respect for participants' requirements regarding the duration and time of data collection.

<sup>a</sup> According to Pacheco-Vega and Parizeau (2018).

During the observations, the researcher recorded the participants' experiences and informal conversations in a field journal. No structured scripts were available for these observations. Non-participant observations occurred in public spaces in the presence of the WeH. In the participant observations, informal interactions occurred between the field researcher and the WeH. The availability and routine of the participants were crucial for determining the duration of each participant observation. These interactions converged in situations such as jointly requesting food and taking care of their belongings or carrying their recycled materials cart upon request. While fostering ethical and non-exploitative connections between the field researcher and participants, these moments provided more profound insights into their realities.

Semi-structured interviews were conducted with participants who consented to participate. Participants chose the interview location to ensure comfort and safety. Interviews could occur on streets, under

bridges, in front of food donation entities, or even in their tents when the researcher was invited to join them. Depending on the participants' availability, each semi-structured interview lasted from 30 min to 2 h. Fig. 2 presents the topics of the semi-structured interviews and the intertwined contributions of each method.

### 2.3. Participants

Fig. 2 shows the inclusion and exclusion criteria for participants. All participants were included in the study after the field researcher explained the purpose and methodological approach, and we obtained written informed consent from them. Data saturation was achieved regarding the emergence of new themes and the degree to which the new data reiterated the expressed findings. Throughout this process, we engaged 27 participants in participant observation, 13 of whom participated in semi-structured interviews.

### 2.4. Study location

Since the 19th century, São Paulo has been a political and economic centre of Brazil and now holds a prominent financial position in Latin America (Martine & Diniz, 1991). With a population of almost 12 million, an estimated thirty thousand individuals face homelessness (IBGE - Brazilian Statistics Institute, 2022; IBGE - Brazilian Statistics Institute, 2019; SMADS - Department of Social Welfare and Development, 2021).

São Paulo is divided into five zones (Central, North, South, East, and West) and is further subdivided into 32 subprefectures, encompassing 96 wards (called districts, but without self-government) (Hidalgo, 2013). Fig. 3 illustrates a map of central São Paulo, Brazil. Central São Paulo has the highest concentration of people experiencing homelessness in Brazil, with the Sé subprefecture experiencing significant population growth (SMADS, 2021). Therefore, our ethnographic fieldwork focused on Sé. Homelessness in this subprefecture extends beyond shelters, with improvised tents observed on sidewalks, squares, and underbridges. Sé is a focal point for public food entities, as well as contributions from passersby and philanthropic meal distribution, as confirmed by our previous non-participant observations. As a commercial area, Sé has a substantial presence of restaurants and bustling pedestrian traffic.

### 2.5. Data analysis

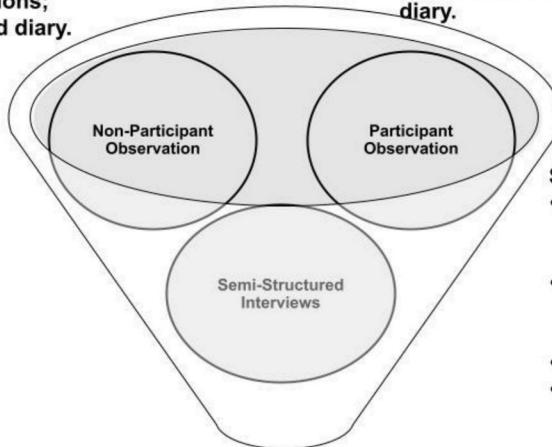
We used a Qualitative Content Analysis approach (QCA) (Zhang & Wildemuth, 2017). When applied to ethnographic data, the QCA 'allows researchers to understand social reality in a subjective yet scientific manner' (Zhang & Wildemuth, 2017, p. 1). We digitised all field journal notes and transcribed the interviews, thereby creating a document corpus in the MAXQDA software for systematic categorisation. Subsequently, the two researchers, trained in qualitative research, repeatedly read the document corpus and categorised the data by developing inductive themes using QCA. We used a codebook to standardise and guide our analysis by establishing general definitions and specific examples for each theme identified in the data. Data categorisation was driven by our research question, 'What do WeH desire to eat?'. The results section presents general definitions, examples, and nuanced breadth of each constructed theme.

## 3. Results

Table 2 details the demographic characteristics of all participants. We constructed five themes about their desires for food. Table 3 presents these themes accompanied by brief descriptions for each of them. We described the themes in sequence with paraphrases and direct participants' quotes. We presented the participants' quotes with pseudonyms and self-identified information on gender and race.

**Non-Participant involved:**

- The field researcher abstains from introducing herself or the field research to homeless individuals within the territory;
- Took place in: Squares located in the Sé district, during the period from 2018 to 2022;
- Observation of spatial dynamics;
- Primarily, occurring without formal or informal conversations;
- Registered in a field diary.

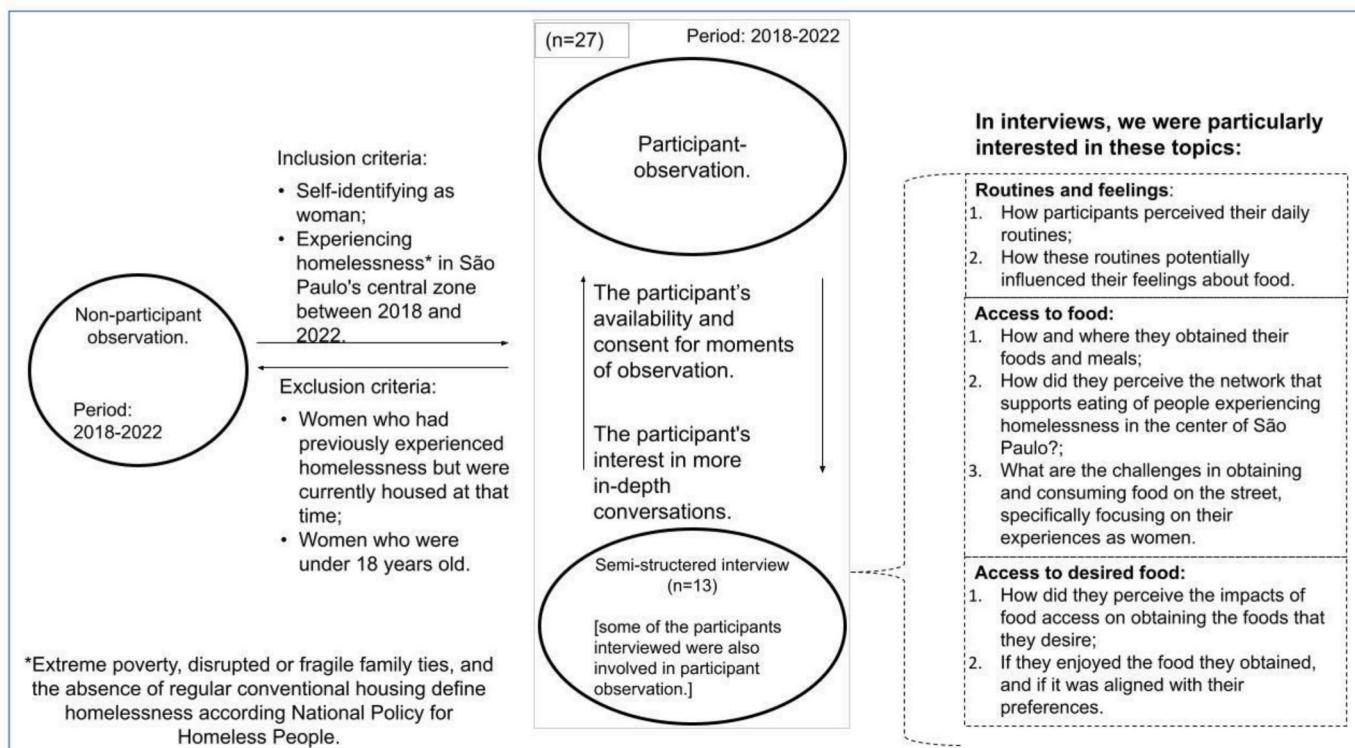
**Participant Observation involved:**

- The field researcher introduces herself and provides a clear explanation of the objectives and proposals of the field research to participants;
- Took place in: events related to the homelessness movement, squares, churches, shelters, spaces for food donations, and other places where participants carried out their daily activities in center of São Paulo, during the period from 2018 to 2022;
- Immersion in the daily lives of homeless women;
- Participating in events organized by the homeless people's movement;
- Non-structured conversations and interactions registered in a field diary.

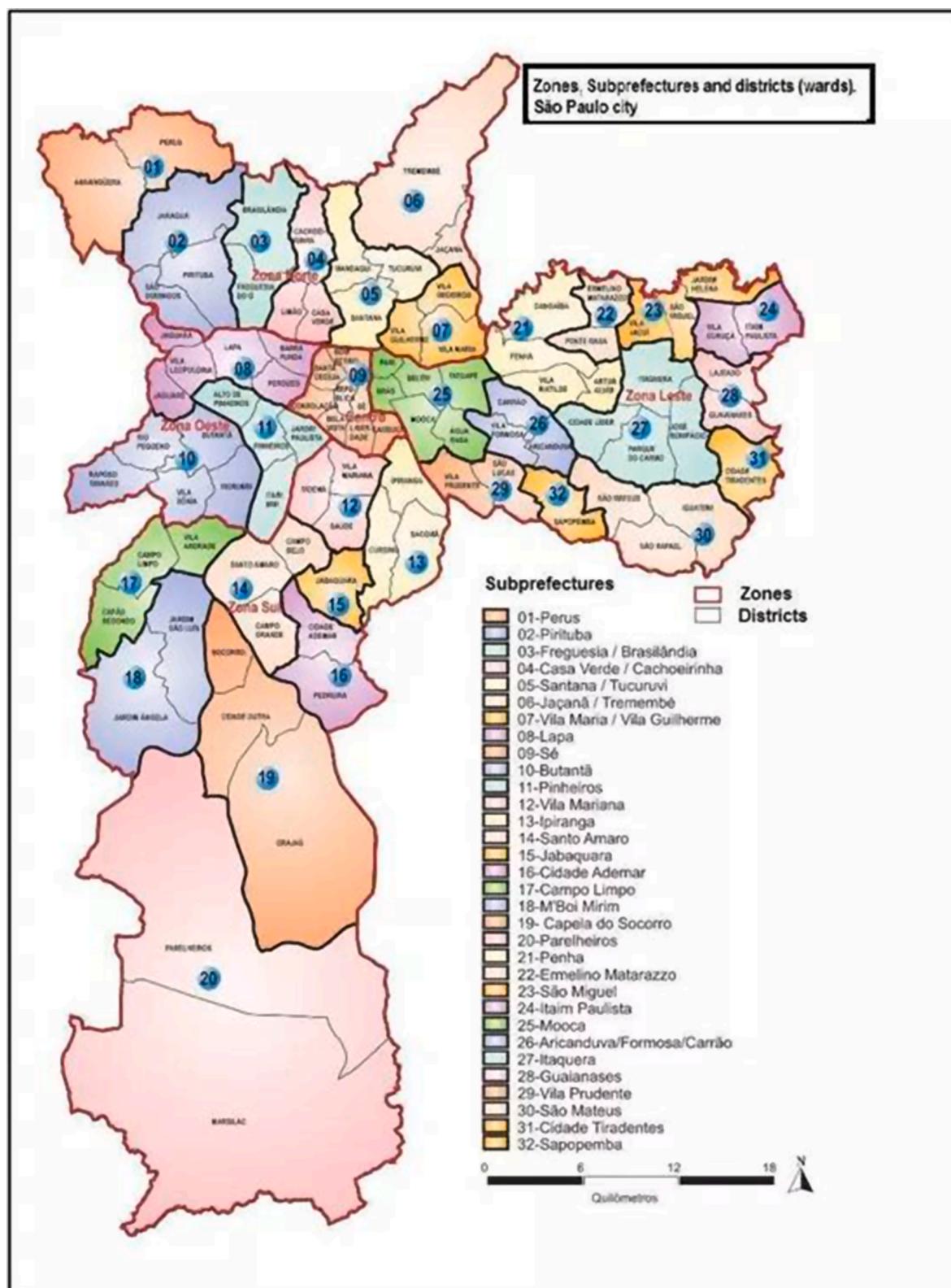
**Semi-structured interviews involved:**

- The field researcher introduces herself and provides a clear explanation of the objectives and proposals of the field research to participants;
- Carried out in: under bridges, sidewalkers, in front of donations entities of center of São Paulo, during the period from 2018 to 2022;
- Interview guide of open-ended questions;
- Option for recording, contingent upon participant consent, and registered in a field diary.

**Fig. 1.** Methodological approaches in ethnographic fieldwork with women experiencing homelessness in the central São Paulo, Brazil, from 2018 to 2022.



**Fig. 2.** Study design of an ethnography among women experiencing homelessness in the central São Paulo city (Brazil) from 2018 to 2022.



**Fig. 3.** Map of central of São Paulo city, Brazil

Source: Adapted from the Municipal Secretariat of Urban Development and Department of Production and Information Analysis. São Paulo, 2024

### 3.1. Themes

#### 3.1.1. 'I desire food with dignity and not pandemic food'

In this theme, participants contrasted pandemic food with desired and dignified food. The desired food was described as warm, varied,

safe, eaten at a table, and served on plates or cutlery. The participants' speeches reflected how the desired food could be linked to the production, provision, and offering of food to them, influenced by aspects of the immediate environment in which food is served in centres aiding WeH.

The COVID-19 pandemic was mentioned as an issue that limited the

**Table 2**

Characteristics (race, gender, region of birth, and age) of the 27 participants engaged during the fieldwork period from 2018 to 2022.

Characteristics	Number of participants	Frequency of participants
<b>Self-identified race</b>		
Black	14	52%
White	4	15%
No self-identification	9	33%
<b>Self-identified gender</b>		
Cisgender women	18	66%
Transgender women	9	34%
<b>Place of birth</b>		
Brazil's South and Southeast	15	55%
Brazil's North and Northeast	4	15%
No information	8	30%
<b>Self-identified age</b>		
18-50y	26	96%
>50y	1	4%

**Table 3**

Brief descriptions of the themes constructed to answer the research question 'What do WeH desire to eat?' by a sample of women ( $n = 27$ ) living in the central São Paulo, Brazil, between 2018 and 2022.

Theme	Brief description
I desire food with dignity* and not pandemic food.	They consider food or manners of eating (including the eating environment and utensils) dignified due to attributes such as temperature and presentation, among others. They are opposed to the food available during the COVID-19 pandemic ('pandemic food').
I desire food in abundance.	Desire to eat with more freedom, abundance, variety, the possibility of choice, and less surveillance.
I desire food from my past.	Food or manner of eating that evokes affection, nostalgia, or personal preferences, including the eating environment and utensils, is linked with food consumed during childhood or at some point in the past. The flavour of some of these foods is particularly desired, as it recalls memories of rich tastes considered superior to the foods available in their current daily lives.
I desire healthy food.	Food deemed beneficial for their health based on their knowledge of nutrients considered beneficial or due to their health condition (such as high cholesterol or pregnancy), which they believe demands a specific food intake.
I desire my own food.	Food prepared by them, irrespective of the cooking method. It also encompasses the desire to select spices and personalize the food to suit their own taste.

Notes: \*The native speakers on this theme mentioned the term 'dignity', and we have maintained it. It is in the sense that decent food promotes dignity.

variety of the meals offered to them: 'Now, in the pandemic, it is all the same! It is just chicken. The next day, they put on the drumstick, and the next day, they shred the drumstick [laughs]. I am not complaining, but it is all the same!' (Jazmim, transgender woman, Interview 2021). They also mentioned that the pandemic altered the distribution of food in shelters:

Before [the pandemic], the pot came from the kitchen and went straight to the table to serve us. We scooped the food onto our plates, sat, and ate! Now [during the pandemic], you have to grab it quickly; you cannot have utensils or plates; they make everything disposable. It is different! It is not the same. [...] Let us be honest: eating on a plate is much more dignified. (Violeta, transgender woman, Interview 2021)

The context of these speeches refers to meals offered in public FNS facilities. This also makes important, given that these facilities are funded to promote integral FNS care. This occurred in normal times and

increased during the pandemic. Both passersby and public/philanthropic entities limited their choices regarding what to eat, how much, with whom, and what utensils to use, which undermined their eating autonomy, and affected their perception of worthy food.

### 3.1.2. 'I desire food in abundance'

Here, the food desired encompassed the possibility of eating with abundance and variety:

When a food truck spilled, we would grab the veggies, the food that fell, and we would make a buffet for all of us ... They [other homeless people she knows] had a fire in a gas tin, and it was a lot of stuff! So delicious, wow! I desire food in abundance. This is when there is plenty that you know. Plentiful food! There were veggies, greens, and everything else. I love salad! I am always super-hungry, well! (Jazmim, transgender Black woman, Interview 2021)

For them, plentifulness and variety were essential to satisfy hunger. Frequently, everyday eating is unsatisfactory because of the scarcity of food options and lack of appealing food. Typically, in care services or through donations from passersby, food is distributed in pre-portioned packed meals with ingredients selected by the donor. The inability to serve themselves exacerbated the disconnection from their food preferences and restrained their autonomy from deciding on the quantity or choices among the available preparations:

Researchers: What would be an ideal food offering?

Violeta: Self-service! The food was there, exposed; just seeing the pot and

saying less, more, was already good. In other words, it is possible to decide how much. How much food do you eat? Being able to have seconds. It is available, and I can go as often as possible. You know, eating freely. (Violeta, transgender woman, Interview 2021)

### 3.1.3. 'I desire food of my past'

This theme establishes a connection with the participants' memories, whether of a particular flavour, environment, event, or individuals involved in meals they had in the past, evoking a desire to re-experience those moments because of their strong association with their personal identities. Examples include foods that remind them of their hometown, which evoke memories of their families (such as food made by their mothers); a cherished recipe that they have not enjoyed recently; and foods that remind them of a former routine they miss, such as bread, coffee, and milk for breakfast. The following two quotes show examples of the desire for food of their origin. One links directly to seasonings, and the other to specific foods:

Researcher: Do you miss any specific food?

Sol: Seasoning ... From the Northeast. Food with that Northeastern seasoning, well-seasoned, spicy, with *Sazón* [pre-packaged seasoning],<sup>1</sup> paprika, with more flavour, like homemade food, you know, that you can taste the garlic, the onion ....

Researcher: Are you from the Northeast?

Sol: My mom is. (Sol, transgender Black woman, Interview 2021)

Researcher: Hey, Margarida, can I ask you something? Is there any food that you miss?

Margarida: Ah, from Minas [her state of birth]? It could be. There, they had rice

<sup>1</sup> Ultra-processed condiment used to season culinary preparations.

[says Margarida, while leaning forward to the researcher and moving their hands as if showing each food item on a plate], beans, chicken, and polenta. It is good, right? (Margarida, cisgender Black woman, Interview 2021)

Generally, they considered food from the past to be more flavourful and desirable than the present food obtained through donations and public services. As observed above, the affective memories that evoked desires were seasonings such as garlic and onion, homemade meals, and more enjoyable flavours. Participants developed strategies to acquire these ingredients and incorporate them into the packed meals they received. When these ingredients were unavailable, they resorted to ultra-processed condiments like *Sazón* [pre-packaged seasonings] or chili sauce, which they either solicited as donations from passers-by at commercial markets or purchased with earnings from informal jobs. Engaging in informal work and seeking donations served to obtain purchasing power, enabling them to acquire desired condiments and other preferred foods:

Margarida waits in line every morning to receive a donated meal box from a public-private donation entity. She stands alongside other individuals who experience homelessness and families facing food insecurity. The majority of the participants were men. Margarida joins the line once or twice in a row; the first time, she collects two meal boxes (one for herself and one for her partner), and the second time, she takes two more meals for dinner. Despite sometimes describing these meals as monotonous, she emphasised the importance of gratitude. Today, during lunchtime, she requested a raw onion from a neighbourhood market and cut it into her meal box to enhance its flavour, making it more enjoyable. (Margarida, Field Journal notes 2021)

Some participants or their colleagues viewed past meals as inappropriate for someone experiencing homelessness. This sentiment arises mainly when the desired past meals are perceived as less common, more sophisticated, and expensive, such as beef stroganoff, beef parmigiana, lasagna, or a specific cut of beef such as a rump cap (*picanha* in Brazilian Portuguese). We discuss this later from the perspective of the social stigma directed towards them.

Researcher: Melissa, is there any food you miss?

Melissa: Salad! [Laughs and she lowers her head.] I love salads! A nice *picanha*<sup>2</sup> [rump cap] steak! [Melissa smiles at the researcher. A guy from the tent behind them laughs at her response and says 'Picanha! (Laughs) Oh, only Melissa would say that (She did not smile). After a while, she continued: 'Picanha [laughs]. I remember when I had it at a restaurant in São Bernardo. We went there, and it was good.

Researcher: Who went with you?

Melissa: Me, my grandmother, my family. It has been a while! (Melissa, cisgender Black woman, Interview 2021)

#### 3.1.4. 'I desire healthy food'

Participants' health-related perceptions drive their desires for foods that they consider healthier, for issues such as managing high cholesterol or symptoms of other diseases, such as HIV, or simply for generating a sense of well-being. They even sought strategies to eat foods that met these desires, such as asking for meals donated by vegan restaurants:

Apolônia took me to eat a meal she asked for every lunch in a nearby vegan restaurant. She brings her container and washed utensils, waits in line until the paid patrons finish their meals, and then receives a portion of the restaurant's leftovers at the door, which is carefully measured by the manager to accommodate everyone or the majority in the line. She explained that she did so because she felt lighter since she started consuming this vegan food, and it was both satisfying and tasteful. We ate together; it was vegan feijoada. (Apolônia, transgender Black woman, Field journal notes 2020)

Some participants expressed a desire for food from vegan restaurants. However, freedom of choice was emphasised, as the same women who desire to consume vegan food for lunch may wish to have meat for dinner. Some perceive meat consumption as a neglected right, and that not consuming it regularly negatively affects their strength and health. Some narratives convey a longing to consume other foods deemed necessary for their health, such as fruits, but their current circumstances do not financially allow for it.

Another participant added to this theme the idea that eating what one desires is already a health promoter and associated it with having a home:

If you do not have a home, you cannot be normal. Some things are good for your mental health: going to a hairdresser, buying something you want, having money to go to a library, eating what you want, and having a home. (Isis, cisgender Black woman, Field journal notes 2020)

Concerning food accessed from a passerby, some participants mentioned the apprehension of acquiring unsafe food due to the possibility of receiving spoiled or contaminated food: '[...] I do not accept any food they [passersby] give like that. I am afraid. Some people put poison in it'. (Margarida, cisgender Black woman, Interview 2021).

#### 3.1.5. 'I desire my own food'

Participants wanted to choose, purchase, or cook food. This encompassed a range of preferences in ingredients, condiments, recipes, combinations, and flavours: 'I miss my pasta [...] I used to make amazing pasta! My favourite dish! [...] Since I have been on the streets, I have never cooked' (Jazmin, transgender Black woman, Interview 2021). It holds power to express the culinary knowledge acquired throughout one's life, the ability to cook for oneself, and the freedom to eat what one truly desires. In the first quote below, Pérola mentions her desire to cook and how cooking can produce a better meal:

Researcher: If the city had a place where you could cook, would you go?

Pérola: Well! [Leans back and smiles] Of course. [A similar reaction to all the

women I have talked to so far.] It is not even a comparison!

Researcher: What is not a comparison?

Pérola: The food is so much better!

Researcher: Better how?

Pérola: The one we make? Seasoning, everything! Cooked right then and there. (Pérola, cisgender white woman, Field journal 2021)

Despite this desire, cooking was not commonly observed during the participant or non-participant observations. Some participants mentioned the difficulties and dangers of cooking on the streets. In this sense, WeH advocated the housing-first approach to facilitate eating practices aligned with their desires. This led them to find other access strategies: donations from passersby and asking for the desired food from passersby or local commerce. The strategy of asking for something is called '*manguear*' (a verb in native speech). This practice represented their desire for autonomy in food choice and consumption, allowing

<sup>2</sup> We maintain the Portuguese word in their speeches because, in Brazil, this cut of beef refers to a high symbolic and financial value. Its consumption is commonly associated with a good and wealthy meal; those who consume it are perceived as having a good life.

them to access preferred foods and eat independently of prescribed rules or schedules from care services. These rules and schedules were considered imposing and restrictive: ‘But there is [care service name], for instance, they treat us like in a [military] barrack. I am not in jail’ (Isis, cisgender black woman Participant Observation, 2020). It was important to note that not all participants engaged in ‘*manguear*’, citing reasons such as shame or fear of violent reactions.

**Fig. 4** sums up all our findings. Throughout all the themes, participants’ perceptions of their food desires highlighted issues about preferred foods, environments, flavours, and other eating practices. These issues encompass practical actions (such as eating at the table), which converge directly with dimensions of the HRAF, such as autonomy, a sense of dignity, and respect for food memories and identity. Additionally, participants mentioned some obstacles to realizing these desires and, consequently, promoting these dimensions, such as a lack of housing and inability to cook. To discuss the results, we named these obstacles ‘access to infrastructure’.

#### 4. Discussion

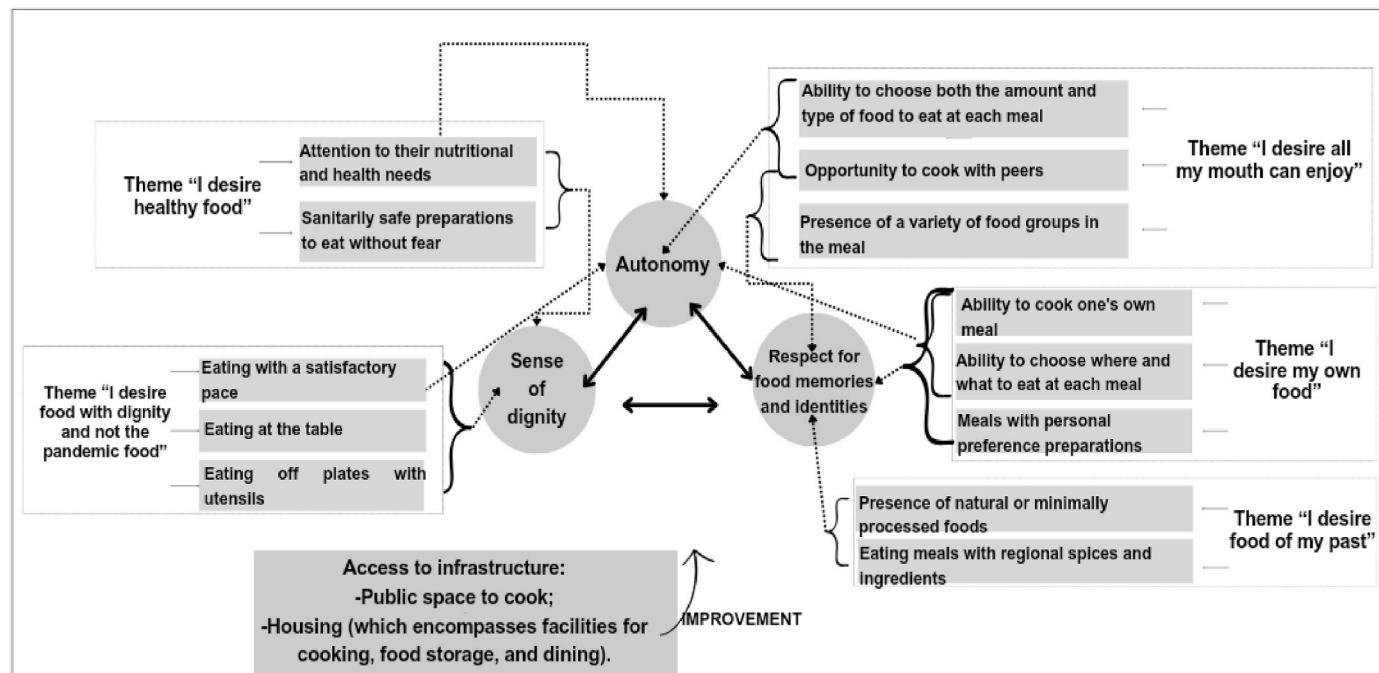
The notion of comprehensive care in Brazil encompasses health issues linked to physical and mental needs. Factors such as gender, race, nationality, culture, religion, and historical backgrounds experienced by individuals impact access to infrastructure such as housing (Oliveira & Cutolo, 2018). WeH are a heterogeneous group of individuals with intersecting experiences, including gender, race, nationality, culture, religion, and historical background. This diversity influences how such women experience homelessness and, from an intersectional perspective, how all these social factors interact at both the individual and societal levels, shaping distinct forms of vulnerability for WeH. Therefore, health policies that take this heterogeneity into account should provide comprehensive care for WeH, addressing food access and considering the full range of health-related complexities.

In this sense, health policies concerned with the comprehensive care of WeH should support food access and issues that consider all the complexities of health. Our participants represent homeless women, cisgender and transgender WeH, as well as Black and white WeH.

Transgender and Black women are among the most vulnerable individuals on the streets, and Black people form the majority of those experiencing food insecurity in the country, even outside of homelessness (Brazil, 2006; Sabatini, 2023). In terms of the construction of FNS, this means acknowledging the heterogeneity of women’s homelessness and addressing their integral needs within a broader framework of food and social justice. Listening to their life experiences, pleasures, desires, and unmet needs is a way of reclaiming historical rights. The themes described above respond to our research question ‘What do WeH desire to eat?’. The participants’ desires raised several issues that aligned with the aspects highlighted by the HRAF (FAO, 2010). Specifically, we note the claim of autonomy, sense of dignity, and respect for food memories and identities (see **Fig. 4**). Thus, desire has become a valuable theoretical tool for understanding the important aspects of comprehensive care and the HRAF construct within the context of WeH. Therefore, our discussion concentrates on these emerging aspects, which, despite often overlapping, will be discussed individually.

##### 4.1. Sense of dignity

We observe this aspect emerging mainly from the themes of ‘I desire food with dignity and not the pandemic food’ and ‘I desire healthy food’ (**Fig. 4**). The Food and Agriculture Organization (FAO) of the United Nations defines the right to food as the ‘right to feed oneself in dignity’ (FAO, 2010, p. 3). Generally, dignity can be understood as related to self-respect and respect for human beings in their entirety. Torres et al. (2024) examined articles from a popular newspaper discussing homelessness in São Paulo and identified a valorisation of processes and rituals related to eating. These included preparing one’s food, sitting at a table, serving oneself, and engaging in conversations while eating from a full table. These symbolic practices are tools fostering a sense of dignity regarding food. Similar aspects emerged in our data, particularly concerning eating at the table at a satisfactory pace and with plates and utensils, representing a more coherent and dignified way of eating. In this sense, participants considered access to meals for themselves and the comprehensiveness of this access as an act of dignity. The construction of a more dignified eating experience is linked to



**Fig. 4.** Aspects emerging from the analysed themes and their articulation with the construction of Food and Nutritional Security for women experiencing homelessness.

considerations such as who prepares and serves the food, how it is presented - whether on tables or without plates - and with whom it is shared, recognizing that 'all these convey roles, values, and ideas about gender, hierarchy, and power' (Jonas, 2005, p. 130).

The participants highlighted how, during the pandemic, food distribution to people experiencing homelessness focused more on offering food than on upholding human dignity. This can occur in emergencies such as a pandemic like COVID-19. However, even during crises, respecting individuals' expression of desire is important. This consideration should influence immediate decisions, as well as medium- and long-term policy planning. The quality of the food they accessed needed to meet the full demands of participants for a complete meal; access to a hot meal served on plates with utensils varied. What are the effects of using plates? Why can eating quickly, with disposable containers and utensils, and without the support of a table, be undignified? Human dignity is compromised when the integrity of human beings is breached, such as by disrespecting their autonomy and expression of identity (Nordenfelt, 2004). Dietary Guidelines for the Brazilian population (Brazil. Ministry of Health of Brazil, 2015) promote practices such as dining at the table, commensality, consuming food in an environment of respect and peace, and consuming food tied to personal histories and life stories. These aspects, aimed at WeH, encompass the integrity of individual and comprehensive care, thus serving as a means of promoting (when observed) and diminishing (when neglected) dignity for those who eat.

In this sense, we can interpret the persistence of a desire as an act of agency and resistance. They resist desiring food that aligns with their sense of dignity and is connected to their pleasures. Thus, the meanings and perceptions surrounding eating (within the context of the food itself, as well as the environment and the individuals who consume and prepare the food, among other factors) converge towards fostering comprehensive healthcare and achieving HRAF through the promotion of dignity.

#### 4.2. Autonomy

We observe this aspect emerging from the themes of 'I desire healthy food', 'I desire food with dignity and not the pandemic food', 'I desire food in abundance', and 'I desire my own food' (Fig. 4). Overcoming social vulnerabilities also involves actions to strengthen nonmaterial capacities such as autonomy (Katzman & Filgueira, 1999). Fostering autonomy can be understood as enabling individuals to make choices and overcome obstacles that prevent them from playing social and political roles in society (Katzman & Filgueira, 1999). In our data, we observed WeH's efforts to make choices based on their desires: where, with whom to eat or cook, how long to eat, and attention to their health needs. However, there is still a lack of legal structures that enables them to exercise choices, ensuring their ability to act indefinitely without risking exposure to physical violence, verbal abuse, or poisoning. Given that Black and transgender women are among the most vulnerable to violence on the streets (Brazil, 2006; Brazil. General Coordination of Human Rights Indicators and Evidence, 2023), it is essential to consider, from an intersectional perspective, the impact of social factors on FNS, as these factors shape the social experience of women on the streets.

According to Freitas and Pena (2007), the end of the hunger situation could occur in a subjective manner; that is, once people feel the end of hunger not only through access to food (what is indispensable), but also when the sensations of scarcity and misery experienced by an individual give way to new sensations, for example, perceiving themselves as autonomous to eat how they desire. Access to adequate food, in this sense, cannot be generalized and can only be achieved through women's autonomy within processes of social integration and comprehensive healthcare. This autonomy enables women to express their desires and contribute to their roles as producers of knowledge about themselves and their needs.

#### 4.3. Respect for memories and food identity

We observe this aspect emerging from the themes of 'I desire food in abundance', 'I desire my own food', and 'I desire food of my past'. Under the sociocultural paradigm, identity can be understood as something constructed through socialisation and the experience of different events that shape one's perception of the self and the collective (Larraín, 2003). Therefore, identity is constructed from multiple possibilities, depending on social, psychological, economic, and cultural contexts. It is a process that is collectively constructed and deconstructed over time, linked to collective contexts and pleasurable and non-pleasurable individual experiences and memories. Memory shapes individuals' self-awareness, influencing how they perceive themselves in the world and engage in dialogue with the notion of identity (Perullo, 2016).

In our data, memories related to taste and pleasure were associated with various past social interactions, which participants recalled with desires. These memories included their mothers' food seasonings, flavours reminiscent of their hometowns, and specific regional dishes. These nostalgic memories are linked to the perceptions of identity and evoke a sense of belonging. For example, Sol expressed the sentiment of belonging when she described homemade food, emphasising the flavours of garlic and onion as desired in their present food [see 'I desire food of my past']. This reflects a lifetime of accumulated knowledge about what they find desirable and aligns with their sense of belonging. In this sense, when WeH desire a particular food, they are granting permission to desire more than homelessness can provide in terms of their identity. Therefore, their desires were not just about the food itself, but also about constructing and affirming an identity that connected them to a social space beyond homelessness. These desires represented not only the taste and memory associated with food but also the social interactions, sense of normalcy, and mental health that came with it.

Weaver et al. (2014) investigated the possible relationship between the cultural status of food, the access - or lack thereof - to food, and its impact on the mental health of household respondents in Brazil. They highlighted the symbolic meaning of food and its social significance within the context of food insecurity, arguing for a conceptualization of food insecurity that encompasses social and cultural dimensions. It is not solely about access to food in terms of quantity and quality, but also about the ways in which food is accessed, which reflects an individual's ability to participate in normative food practices. They emphasised the social value of food in delineating food insecurity, making it a potent generator of both physical and mental health disparities. Although Weaver et al. (2014) conducted research among individuals—mostly women who were not experiencing homelessness - their results provide an important implication for our study: the food insecurity of WeH encompasses their exclusion from the ability to choose and engage in normative social practices. When WeH express their desires and pleasures, they challenge societal norms in their pursuit of inclusion within social frameworks of normative and non-stigmatised eating and food (Weaver et al., 2014; Oths et al., 2023).

As mentioned above, WeH form a heterogeneous group in terms of nationality, religion, and other characteristics that influence preferences related to taste, ingredients, and eating practices. The inability to choose food that aligns with these preferences disregards this heterogeneity and cultural diversity, marginalizing their desires and reinforcing a social status of precarity, insofar as it fails to communicate that they are valued individuals in society. Moreover, the failure to acknowledge the diversity of their identities seems to exempt public policies from ensuring access to resources that respect the individual needs of WeH. Oths et al. (2023) conducted an ethnographic study among individuals from different class groups (such as middle class and lower-middle class) in Ribeirão Preto, a city in Brazil, to investigate varying perceptions of which foods have privileged status within each group. They found that when food choice is denied to WeH, it also entails the denial of their inclusion in the cultural practices of the nation, such as access to bread, coffee, and milk for breakfast, as expressed by some of the participants in

our study. When a participant, Melissa, expressed a desire to eat 'picanha', her colleague responded by saying it was considered outside of her social status. Their desire for prestigious food challenges the stereotype of non-prestigious people assigned to her social position (Oths et al., 2023).

In this way, desires become a means of asserting agency in one's own existence, guided by memories, reaching a life that transcends scarcity and mere subsistence. The experience of vulnerability contributes to the stigmatisation of WeH identity and desires. Social stigma imposes categorisations and expectations on individuals (Goffman, 1986), including what they should or should not have access to. Denying access to desired foods directly penalises individuals experiencing homelessness and confines their food preferences within stigmatised norms. It is crucial to address what food means to them, even if it is donated or provided by public shelters and philanthropic institutions. Limiting the power to desire also limits their power to exist based on the specificities of each identity constructed by life trajectories and memories.

#### 4.4. Access to infrastructure

Participants noted that infrastructure, such as housing, enhances a sense of dignity, autonomy, and respect for food memories and identities. They emphasised the importance of having a safe space to cook and eat, free from restrictive rules that make them feel confined. According to their statements, the structure and operation of shelters and meal distribution centres in São Paulo seem to contradict these desires, as they do not promote commensality, cultural coherence, or pleasurable eating.

Furthermore, concerning the necessity of a safe cooking space, the act embodies the knowledge accumulated throughout an individual's life. Cooking fosters a sense of belonging by evoking homemade familiarity (as discussed in 'I desire food of my past'), and provides a sense of identity and connection to the concept of home (Graham et al., 2022). Therefore, the act of requesting ingredients to cook (referred to as the '*manguear* act') symbolises a strategy that enables participants to consume foods aligned with their hometowns, cultural knowledge, and even their understanding of nutritional needs. However, the eating environments shared by the participants in our study (shelters and on the streets) represent forms of dehumanisation that disconnects individuals experiencing homelessness from their memories, identities, and perceptions of autonomy and dignity.

Having a safe space to cook and eat challenges this instability and significantly contributes to accessing healthy and dignified food. In this sense, supportive housing policies and collective kitchens have been advocated. According to their perceptions, public spaces for cooking could bring them closer to eating with greater autonomy and pleasure. In Brazil, a government program that aligns more with this idea would be the Solidarity Kitchen Program (Brazil, 2024). The Program aims to help the local community produce meals voluntarily. In this sense, community members (and WeH) are included in the role of cooking. This represents a significant step towards empowering and reconnecting the beneficiaries of ancestral culinary knowledge. Nonetheless, some aspects highlighted in our study (Fig. 4) should have been explicitly addressed in the Solidarity Kitchen Program guidelines. Issues such as utensils, plates, regional seasoning, seating arrangements, creating a safe and inclusive environment for commensality, and incorporating local culinary knowledge and regional dishes may need to be prioritized in this new program.

There are some limitations of our study. Our fieldwork was conducted during the pandemic period, which necessitated pauses in data collection and presented intense emotional situations for researchers and participants. Physical distancing was necessary at certain moments during the fieldwork, which could have compromised the sample size with which we had contact. Despite this, our data provide a satisfactory level of completeness for understanding the initial panorama of WeH desires in a cosmopolitan city in the Global South. Additionally, we did

not delve into a discussion focused on the possible nuances of the experience of food desire among cisgender and transgender women or between white and black women. Nevertheless, this research is a pioneering study that uses in-depth methods to examine a subject (food desires) and a population that is still largely neglected in public policies. This was an initial but important step towards fostering pathways for the comprehensive care of this population, considering the complexities of social vulnerability and hunger in territories such as Brazil.

#### 5. Conclusion

We recognise the importance of considering food desires as a tool for constructing HRAF. WeH's food desires catalyse key aspects of HRAF, such as autonomy, promotion of dignity, and cultural coherence, through the expression of memories and individual and collective identities. Their desires symbolised WeH not as mere recipients of aid but as agents in the construction of eating that they considered coherent, adequate, healthy, and dignified for themselves. Homelessness highlights a social situation in which their identities are neglected and stigmatised. However, their desired expressions also reveal a resistance against this stigmatisation and challenge the socially assigned identity of precarity and submission expected from them.

The ability to enjoy a pleasurable and culturally consistent meal is advocated in FNS policies, and access to the desired food has emerged as a link to these recommendations. The lack of autonomy in cooking and choosing their food is connected to the lack of other fundamental rights, such as housing. These factors limit their ability to eat what they desire with dignity and coherence. Establishing a Solidarity Kitchen Programme in an integrated and participatory manner is essential and should be valued. However, paying attention to the aspects of valuing food memories and creating a food environment perceived as welcoming, participatory, and structured for eating pleasure, leisure, and sitting is crucial. Additionally, establishing groups to listen to women's food and environmental desires is essential for implementing comprehensive care and promoting HRAF. This approach is consistent with our findings and warrants further investigation.

Given that the homeless population is a heterogeneous group, it is essential that access to infrastructure address the full spectrum of needs of WeH in an intersectoral manner, grounded in an intersectional perspective. Access to such infrastructure, particularly housing, is crucial for enabling political agency and the exercise of choice, especially in the context of coherent eating practices that align with affective memories and personal preferences. This access is fundamental to the process of building autonomy and achieving FNS. Their desires signify access to specific foods, meals, and environments that acknowledge what is healthy and desirous for them, considering their individualities and particularities. In this sense, their desires communicated the construction of dignity, autonomy, and respect for their trajectories and identities. Our study contributes to the theoretical framework of food and gender studies by emphasising the importance of food desires and pleasures among women experiencing high social vulnerability.

#### CRediT authorship contribution statement

**Fernanda Sabatini:** Writing – original draft, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Ramiro Fernandes Unsain:** Writing – review & editing, Methodology, Formal analysis, Conceptualization. **Priscila de Moraes Sato:** Writing – review & editing, Methodology, Conceptualization. **Thifany Helena Torres:** Conceptualization. **Fernanda Baeza Scagliusi:** Writing – original draft, Supervision, Methodology, Formal analysis, Conceptualization.

#### Data statement

The entirety of our data is unsuitable for publication because it includes sensitive and confidential information of participants, who were

women facing extreme vulnerability in Brazil. This information includes names, as well as medical diagnoses or lodging address details.

## Ethical statement

This study was approved by the School of Public Health Ethics Committee of the University of São Paulo, protocol number 29137419.9.0000.5421. The entirety of our data is unsuitable for publication because it includes sensitive and confidential information of participants, who were women in extreme vulnerability in Brazil. This information includes names, as well as medical diagnoses or lodging address details.

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## Declaration of competing interest

All authors have nothing to declare.

## Data availability

The authors do not have permission to share data.

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