

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



**ISRG PUBLISHERS**

Abbreviated Key Title: ISRG J Arts Humanit Soc Sci

**ISSN: 2583-7672 (Online)**

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

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

Frequency: Bimonthly



## Non-Communicable Diseases and Sanitary Injustice: The Silent Progression of NCDs in Brazil's Urban Peripheries

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| **Received:** 24.11.2025 | **Accepted:** 29.11.2025 | **Published:** 03.12.2025

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### Abstract

*Non-communicable diseases (NCDs) represent one of the leading causes of illness and mortality in Brazil, with an even more significant impact in urban peripheral areas. Characterized by their long duration and the need for continuous care, these diseases are deeply associated with the social determinants of health, including factors such as income, territory, access to public services, and living conditions. This study, through a narrative literature review, analyzed how structural inequalities, weaknesses in the health system, and political neglect contribute to the advancement of NCDs among peripheral populations. The findings were organized into three thematic categories: the social and territorial determinants of NCDs, barriers to continuous care, and sanitary injustice as an expression of political invisibility. The study concludes that addressing NCDs in urban peripheries requires intersectoral action, strengthening of primary care, and political commitment to equity and social justice.*

**Keywords:** non-communicable diseases. social inequalities. urban peripheries. sanitary injustice.

### Introduction

Non-communicable diseases (NCDs), such as hypertension, diabetes, cardiovascular diseases, chronic respiratory conditions, and certain types of cancer, are responsible for a significant portion of morbidity and mortality in Brazil and worldwide. Unlike

infectious diseases, NCDs are characterized by their long duration, the need for continuous follow-up, and their strong association with behavioral and social factors. Although their origin is multifactorial, it is increasingly evident that the progression of

these diseases is deeply linked to the social determinants of health (Fonseca, 2025; Freitas et al., 2024).

In Brazil, the impacts of NCDs are particularly severe in urban peripheries, where living conditions are marked by inequality, poverty, food insecurity, precarious housing, and limited access to essential public services — especially healthcare. In these areas, the absence of effective public policies and the fragmentation of the health system reinforce a silent and cumulative cycle of illness. At the same time, these historically marginalized populations remain invisible in institutional priorities, which further aggravates their vulnerability and constitutes a violation of the right to health (Gomes, 2022).

Thus, understanding the relationship between NCDs and life in urban peripheries requires going beyond a biomedical analysis, recognizing that these diseases are also expressions of health injustice. This study aims to discuss, based on scientific literature, how structural inequalities, institutional weaknesses, and political neglect contribute to the advancement of NCDs in Brazil's peripheries, consolidating a scenario of collective illness that reflects and reproduces social exclusion. Accordingly, it seeks to analyze how NCDs emerge and progress in Brazilian urban peripheries, highlighting the relationships between social inequalities, limited access to healthcare services, and sanitary injustice.

## Methodology

This study consists of a narrative literature review, a methodological approach that allows for the collection, analysis, and synthesis of available evidence on a specific phenomenon, incorporating studies from different theoretical and methodological perspectives. This favors a broader and more critical understanding of the topic. The guiding research question that informed this review was: What social and structural factors contribute to the progression of non-communicable diseases (NCDs) in Brazilian urban peripheries, in light of sanitary injustice?

The literature search was conducted using the PubMed, SciELO, and LILACS databases, selected for their relevance in the fields of public health, social epidemiology, and social determinants of health, as well as for their comprehensive coverage of scientific publications related to the Brazilian context. Controlled descriptors and free terms in Portuguese, English, and Spanish were used, combined with the Boolean operators AND and OR. Key terms included: “*non-communicable diseases*,” “*health inequalities*,” “*sanitary injustice*,” “*social determinants of health*,” “*vulnerable populations*,” and “*urban peripheries*.”

Studies published in the last five years were included if they addressed the relationship between NCDs and the social, economic, and territorial factors affecting peripheral populations in Brazil, with a focus on inequities in access to healthcare, ineffective public policies, and structural barriers to continuous care.

Exclusion criteria included duplicate studies, non-systematic reviews, editorials, letters to the editor, experience reports, and works that did not directly address the relationship between NCDs and structural inequalities in the context of Brazilian urban peripheries.

The analysis of the selected studies was based on thematic relevance, methodological quality, and contribution to the critical understanding of sanitary injustice related to NCDs. The data

synthesis enabled the identification of recurring thematic categories, which formed the basis for organizing the results and developing a critical discussion on the challenges faced by peripheral populations amid the silent progression of chronic diseases.

## Results and Discussion

The analysis of the selected studies allowed the findings to be organized into three thematic categories, developed through a critical reading and synthesis of the available literature. These categories reflect key elements related to the spread of non-communicable diseases (NCDs) in Brazilian urban peripheries, highlighting structural, social, and institutional aspects that contribute to the silent progression of these conditions and the consolidation of a scenario of sanitary injustice.

### Social and Territorial Determinants of NCDs: the weight of structural inequality

The presence and worsening of non-communicable diseases (NCDs) in Brazil's urban peripheries are strongly linked to the social determinants of health, which reflect long-standing structural inequalities involving territory, income, access to essential services, and general living conditions of marginalized populations. Studies show that factors such as low educational attainment, food insecurity, lack of basic sanitation, poor housing, and informal employment create a context that favors the onset and clinical worsening of diseases such as diabetes, hypertension, obesity, cardiovascular and respiratory diseases (Bitencourt, 2024).

Territory, understood not only as physical space but also as a social, political, and historical construct, plays a central role in the production of health inequities. In peripheral areas, the lack of adequate urban infrastructure — such as lighting, transportation, public facilities, and recreational spaces — combined with structural violence and environmental racism, directly impacts the ability to adopt healthy habits and prevent chronic conditions. The geographic location of these communities also makes it difficult to access health services, especially specialized care required for the continuous monitoring of NCDs (Brilhante et al., 2024; Castro, Rebelo, & Santana, 2024).

In addition, the accumulation of social deprivation creates an environment in which disease becomes normalized. Many residents of these regions face exhausting physical and emotional routines, with limited time or resources to prioritize self-care. The medicalization of poverty — which focuses on individual interventions rather than structural actions — reinforces a logic that blames individuals for their health status, while disregarding the social and territorial determinants that shape their choices (Castro et al., 2024; Fernandes, 2023; Lopes, 2023).

Therefore, analyzing the progression of NCDs in Brazil's peripheries requires acknowledging that this is not merely a biological or behavioral issue, but rather a manifestation of structural inequality. In this scenario, NCDs function as a concrete expression of a system that fails to guarantee basic social rights, including the right to health, to the city, and to human dignity. Understanding this reality demands an intersectoral approach, grounded in equity, and a departure from fragmented biomedical models toward a critical, socially contextualized perspective on the health-disease process (Figueiredo, Ceccon, & Figueiredo, 2021; Leal et al., 2024).

### Health System Fragility and Barriers to Continuous Care

The effective management of non-communicable diseases (NCDs) requires a care model grounded in longitudinality, comprehensiveness, and continuity—fundamental principles of the Brazilian Unified Health System (SUS). However, in Brazil's urban peripheries, there is a notable structural fragility within the health system that directly compromises the continuity and quality of care for people living with NCDs. The precarious state of Primary Health Care (PHC), high turnover of professionals, resource scarcity, and the devaluation of the Family Health Strategy (FHS) are recurrent themes identified in the literature (Leal et al., 2024).

One of the main obstacles identified is the unequal distribution of healthcare services. In many peripheral areas, there is a chronic lack of health units with adequate infrastructure, making it difficult for residents to access regular consultations, diagnostic tests, and clinical follow-up. Furthermore, the absence of specialized professionals—such as endocrinologists, cardiologists, and nutritionists—limits the effectiveness of PHC and forces users to seek medium- and high-complexity care in distant regions, often made unfeasible by economic and logistical barriers (Gomes, 2022).

The fragmentation of care is also a critical issue. The lack of integration among the different levels of care, combined with fragile health information systems and discontinuity in care plans, severely hinders clinical follow-up. In many cases, treatment is reduced to prescription of medication, without educational actions, multiprofessional support, or adherence monitoring—elements essential for the effective control of chronic diseases (Fonseca, 2025; Freitas et al., 2024).

In addition, bureaucratic delays and systemic inefficiencies worsen the situation. Long intervals between scheduled consultations, excessive wait times for exams, and difficulties in accessing basic medications are common realities that contribute to the worsening of clinical conditions and the overuse of emergency services for avoidable causes (Figueiredo, Ceccon, & Figueiredo, 2021; Lopes, 2023).

These barriers reveal more than just operational failures—they reflect an institutional logic of neglect toward historically marginalized populations. The persistent fragilities in continuous care reinforce cycles of exclusion and illness, turning what should be a universal right—integral access to healthcare—into an experience marked by gaps, omissions, and inequality (Salustino et al., 2022; Szwarcwald, Stopa, & Malta, 2022; Brilhante et al., 2024).

#### **Political Invisibility and Sanitary Injustice: Who Dies (Earlier) and Where**

The silent progression of non-communicable diseases (NCDs) in Brazil's urban peripheries cannot be understood merely as a public health issue, but rather as an expression of sanitary injustice—a concept that goes beyond inequality and points to the systematic violation of the right to health based on social markers such as territory, class, race, and gender. The literature shows that early and preventable deaths from NCDs are directly associated with the political invisibility of specific population groups, especially residents of urban peripheries, Black individuals, the poor, and informal workers (Pires, Ribeiro, & Cruz, 2024; Ramos, 2023).

This invisibility manifests across multiple dimensions. One of them is the lack of disaggregated data by territory and social marker, which hampers the design of targeted public policies and a

proper understanding of the problem's true magnitude. Official statistics often obscure local specificities, hiding critical realities that remain off the radar of governmental action. The absence of territorial diagnostics sensitive to structural inequalities helps sustain an exclusionary and generic logic of policymaking (Castro, Rebelo, & Santana, 2024; Marques, 2023; Moura et al., 2024; Persilva et al., 2024).

Furthermore, studies reveal that NCDs in peripheral territories are historically neglected by health policy agendas, which tend to prioritize immediate responses (such as emergency actions) while neglecting continued care and health promotion. This omission reinforces a cycle of illness that disproportionately affects groups with less political voice and lower social visibility. The lack of effective intersectoral action—involving health, social assistance, education, urban mobility, and housing—exposes the State's inability to address the structural determinants of health (Fernandes, 2023; Malta et al., 2020).

In this sense, sanitary injustice is not accidental, but the result of political and institutional choices that reinforce the abandonment of certain bodies and territories. Those who die earlier are, for the most part, people whose living conditions have historically been precarious and whose trajectories of illness could have been prevented through structural interventions. This selective protection reflects a mode of governance over life and death that naturalizes inequality and transforms healthcare from a universal right into a privilege (Castro et al., 2024).

To effectively confront NCDs in the peripheries, it is essential to repoliticize the health debate, recognizing NCDs as both a social and ethical issue. This requires breaking with the prevailing technocratic, medicalized, and decontextualized logic in public policy. Promoting sanitary justice means listening to, recognizing, and prioritizing the voices and territories that have been historically silenced (Abbade, 2024; Bitencourt, 2024).

## **Conclusion**

Non-communicable diseases (NCDs) currently represent one of the greatest challenges in public health in Brazil, especially due to their disproportionate incidence in urban peripheries, where living conditions are marked by deep-rooted structural inequalities. As demonstrated in this review, the silent progression of NCDs in these territories is intrinsically linked to the social determinants of health, the precariousness of public services—particularly in primary care—and institutional neglect, which renders these populations invisible in the processes of policy formulation and implementation.

By emphasizing that illness caused by NCDs is not merely the result of individual choices, but rather the consequence of a social and political system that fails to ensure fundamental rights, this study reinforces the need to understand these diseases as manifestations of sanitary injustice. The fragmentation of care, underfunding of the SUS (Brazil's Unified Health System) in vulnerable territories, and the absence of robust intersectoral approaches further deepen health inequities.

Addressing this scenario demands more than isolated prevention or treatment efforts: it requires recognizing illness as a social phenomenon, valuing peripheral territories as legitimate spaces of care, and adopting public policies centered on equity, social justice, and historical reparation. Only with such an ethical and political commitment will it be possible to break the cycle of invisibility,



illness, and exclusion that continues to affect millions of Brazilians living on the margins of the cities.

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