The Human Values Index: conceptual foundations and evidence from Brazil

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The dominance of the ‘growth fetish’ ideology has much contributed to lure societies into believing that people’s value judgements are unnecessary for a better life and social justice. The theme ‘human values’ became the central research topic for the United Nations Development Programme Human Development Report team in Brazil after the promotion of a nationwide consultation to choose the focus of its 2009/10 report. A new index, named the Human Values Index (HVI), was created to tackle the issue of human values as part of development strategies. The main objective of this paper is to introduce this index, showing its features and properties. The HVI is built on an understanding that development is not a value-neutral concept and that from a human development perspective, welfare indicators should be qualitatively closer to human values focusing on statistics that can be useful to ordinary citizens, with the hope that in their hands the HVI might become a useful tool in promoting public reasoning and social justice.

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1. Introduction

Development is not a value-neutral concept. Individual and social changes should be considered in some way beneficial or valuable by people to be counted as ‘development’ (Nussbaum and Sen, 1989).¹ For this reason, development has an important normative dimension that is intrinsically related to individual and social values. Often, this evaluative dimension of development is obscured by development discourses that lure societies into believing that people’s value judgements are unnecessary for a better life and social justice. The dominance of the ‘growth fetish’ (Hamilton, 2003) ideology has much contributed to this understanding. Even beyond conventional economic thinking, there seems to exist ‘an aura of self-evidence’ (Rist, 2008) surrounding the concept of development that invites ordinary people and policy makers to consider
‘development’ a panacea, mechanically taking for granted issues such as poverty, inequality, violation of human rights, etc., among other kinds of human deprivation.

The human development perspective argues that any good account of development must be rooted in value judgements that depend on particular cultures and history. It argues that development should be about an expansion of substantive freedoms or capabilities that we have reason to value.\(^2\) This does not mean that people should partake of the same values in society, but, as argued by Nussbaum (2011),\(^3\) a minimum standard of shared values should be necessary for policy-making purposes. Public values allow people opportunities for reflective choice and public reasoning. As such, they are the basis for social justice. The perspective adopted here considers values as the source of human rights’ ethical appeal. When human rights are seen beyond what can be legislated, new perspectives for communication and public discussion are brought into question, as argued by Sen (2009).\(^4\)

The theme ‘human values’ became the central research topic for the United Nations Development Programme (UNDP) Human Development Report team in Brazil after the promotion of a nationwide consultation\(^5\) to choose the focus of its next report. The consultation revealed that Brazilians believe that human values such as respect, responsibility, tolerance, understanding, etc. are key for a better life. The campaign, named Brazil Point-by-Point, was organised on the understanding that public reasoning and participation are at the heart of human development. The consultation listened to the views of over half a million people from all corners of Brazil and all social groups. The choice of ‘human values’ as a cross-cutting theme allowed the report to articulate a wide range of issues, such as education, violence, health, etc., around a central idea, namely, that human values are important for the promotion of human development.\(^6\)

Several empirical studies on human values were carried out as part of the Brazilian Human Development Report. A new index, named the Human Values Index (HVI), was created to tackle the issue of human values as part of development strategies. The main objective of this paper is to introduce this index, showing its features and properties. The HVI is built on an understanding that development is not a value-neutral concept and that from a human development perspective, welfare indicators should be qualitatively closer to human values focusing on statistics that can be useful to ordinary citizens, with the hope that in their hands the HVI might become a useful tool in promoting public reasoning and social justice.

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\(^2\) This is the classical formulation as found in many of Professor Amartya Sen’s articles and books (see, e.g., Sen, 1992). It is important to emphasise that not all capabilities should count as freedoms, but only those that are a result of reflective choice, i.e. those we have reasons to value.

\(^3\) Nussbaum (2011) argues that we can articulate and defend a specifically political conception of objectivity that can itself be the object of an overlapping consensus among comprehensive doctrines.

\(^4\) Sen (2009) argues that trying to legislate about a particular right, such as a wife’s right to have an effective voice in family decisions, might not be the most effective way to handle it: ‘The necessary changes would have to be brought about in other ways, including media exposure and criticism as well as public debates and agitation. Because of the importance of communication, advocacy, exposure and informed public discussion, human rights can have influence without necessarily depending on coercive legislation’ (p. 365).

\(^5\) For further information see www.brasilpontoapoonto.org.br. The Brazil Point-by-Point campaign asked people a single open question (‘What needs to change in Brazil for your life to really improve?’), allowing scope for the manifestation of new concerns and a more complex understanding of the country’s problems beyond what any exercise in multiple-choice questions would allow.

\(^6\) It must be noted that the theme ‘human values’ has not been much explored in the development literature. A good historical perspective of this literature can be found in Meier and Stiglitz (2001).
2. The HVI: justification

To build an indicator that addresses the links between values and human development is not a straightforward task, but two studies carried out as part of the Brazilian Human Development Report laid the foundation for this challenging work. The first study, Brazil Point-by-Point, suggested that values are important in areas such as education, security and workplace relations. The second study, based on the Schwartz Value Survey (SVS) in its format PQ21, measured the types of values (motivational types) most important to Brazilians. They allow us to understand how people differ in their values and normative claims.

Based on those elements, the HVI:

(i) addresses the links between values and human development from the dimensions defined by the Human Development Index (HDI) (knowledge, health and standard of living);
(ii) focuses on the importance of values for shaping qualitative processes (i.e. the HVI is not a pure indicator of outcomes nor an indicator to improve managerial tools, but rather an indicator that exposes processes as they are lived by individuals on a daily basis);
(iii) is a bottom-up indicator, built from surveys that ask people about their life experiences;
(iv) faces the dichotomy between objective versus subjective informational spaces in assessing human well-being, concentrating on ‘reports of concrete experiences’; and
(v) aims to provide information for ordinary people, motivating them to demand their rights or change their behaviours, thus contributing to human development.

It is important to emphasise that ‘values’ in the HVI do not refer to a descriptive gauge of a society’s values along the lines of the SVS empirical study carried out by the Brazilian Human Development Report team about the values of Brazilians or along the lines of the World Values Survey. Rather, the HVI focuses on people’s lived experiences following the informational spaces defined by the HDI. It relates to values in the precise Aristotelian sense that individuals’ experiences are mediated by their values and values are mediated by experiences. As Sandel (2010, p. 197) explains the development of our moral virtues: ‘It is the kind of thing we learn by doing.’ Within this context, the search for development and social well-being cannot be seen without an account of how people assess their lived experiences and how they relate to the formation of public priorities.

When people are considered part of the solution and not simply part of the problem, it is important to register their voices in the shaping of policies. This goal has so far remained elusive within the human development paradigm, basically due to the problem of adaptive preferences (Berlin, 1958[2002]). However, new efforts to overcome this problem have demonstrated that the use of subjective information can throw

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7 The study listened to more than 4,000 people in more than 300 cities. We are very grateful to Professor Shalom Schwartz for his kind suggestions. The categories that were measured are known in social psychology as ‘motivational types’ and have been developed by Professor Shalom Schwartz in several publications (see, e.g., Schwartz and Bilsky, 1990; Schwartz, 2006).

8 See Comim (2005) and the Review of Social Economy edition on capabilities and happiness; see also Bruni et al. (2008).
light on how different objective social contexts can influence people’s perceptions and aspirations. Operating with a multiplicity of informational spaces seems to be a necessary condition for producing a coherent account of human well-being. In fact, a richer account of human well-being is part of Amartya Sen’s (1980) original critique of utilitarianism as a narrow framework for assessing human advantage.

In the last years, two powerful contestants, namely, the capability approach (CA) and the subjective well-being approach (SWB or ‘happiness’ theories), have dominated discussions about the assessment of human well-being without, however, engaging much with each other (Comim, 2008). The more applied approach of SWB theories, which explores positive psychological features related to human well-being and quantifies causes and processes underlying human happiness, seems simply to ignore the contribution of CA theorists. On the other hand, the more philosophically grounded CA, which puts emphasis on functionings and capabilities as ways of evaluating people’s advantages, criticises the usefulness and reliability of happiness measures. We arrive at a prima facie informational apartheid in the assessment of human well-being. By informational apartheid we mean a total divide between the types of information accepted as valid by the different approaches. Moving towards a broader and more coherent understanding of human well-being entails, rather than a reaffirmation of one particular informational space, working with a broad informational structure.9

The HVI offers such broad informational structure, avoiding purely mental-state metrics of utility and information totally external to people.10 This is possible by acknowledging that moral evaluations do not often vary with the person making the judgement, but do vary with the position that one occupies when making the assessment (positional objectivism) (Sen, 1985). A positional interpretation of morality allows diversity in views without indulging in pure subjectivism. Rather, it emphasises that evaluators objectively differ among themselves because of the different positions that they occupy. Subjective statements can then be seen as ‘objectively conditional’ on different individual features and values.11 When it comes to the language of justice and injustice, there is ‘a good deal of shared understanding and communication of the content of statements’ (Sen, 2009, p. 118). Technically speaking, we can argue that evaluations such as those offered by the HVI can be built parametrically as a subjective function of individuals’ contexts and use interests.

This means that ‘positional interpretations’ are not simply ‘opinions’, because they are not merely an outcome of people’s loose appreciations about a general state of affairs,

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9 For example, an argument for working with broader informational structures can be found in Sen (1992, p. 89), where he seems to propose a broader, more inclusive version of the CA. Within Brazil, two similar attempts deserve recognition, namely, the index called ‘FIB’ (loosely translated as ‘Gross Domestic Happiness’) and the ‘Perceived HDI’ created by Marcelo Neri. However, despite strong commonalities between these indicators (e.g. they display informational pluralism), they are all distinct because they are organised under different methodological principles and use different datasets.

10 What is described here as ‘purely mental-state metrics of utility’ can be found in studies such as Layard (2005), which classifies, for example, happiness according to income position as ‘very happy’, ‘quite happy’ and ‘not too happy’ (p. 31), and Frey and Stutzer’s (2002) analysis that discusses single-item satisfaction scales, such as Diener’s ‘Satisfaction with Life Scale’ and the Eurobarometer surveys. On the other hand, information that is ‘totally external to people’ is largely used by UNDP Human Development Reports and is characterised by full objectivity in the sense that it is defined independently from people’s views, such as ‘mortality rates’ or ‘enrolment rates’.

11 Sen (1985, p. 184) argues, ‘Moral valuation can be position-relative in the same way as such statements as “The sun is setting”. The truth of that statement varies with the position of the person, but it cannot vary from person to person among those standing in the same position.’
such as happens when people are asked to report, from 1 to 10, how happy they are. Similarly, they are not purely ‘objective’ in the sense that they are not independent from what individuals perceive. ‘Positional interpretations’ are interpretations that are objective in the sense that they may convey a reflected evaluation and engagement, but they are put forward by people. They are at the basis of an informational pluralist strategy that searches for a more comprehensive informational analysis in the assessment of human well-being. They justify why public reasoning can be seen as a reliable and robust source of valuation when compared with purely subjective or objective appraisals.

As such, ‘positional interpretations’ can be seen as points of contact between individuals and the social structures in which they live. As Smith and Seward (2009, p. 214) argue, ‘Sen’s notion of capabilities and freedoms implies an ontology of a relational society’ in which positions occupied by individuals (e.g. tasks in the workplace) and their practices (e.g. seeing a doctor) reveal how agency can be structured by the characteristics of certain societies. For this reason, individuals’ positions within social structures and practices can objectively influence their views. In the current argument attention was given to both sources of objectivity, seeing people in their positions as ‘patients’, ‘students’, ‘teachers’ and ‘workers’ according to several concrete practices specified by questions framed by particular contexts.

Following Martins (2006), it is important to note that Sen’s conception of reality is based on a reasoned scrutiny of goals and values that operate in open systems in an objective way. Thus, it seems that positional interpretations are a key feature of the CA’s ontology (Archer, 1995; Smith and Seward, 2009). A different issue is whether this article empirically succeeded in providing a concrete illustration about how positional objectivity can be used to characterise people’s well-being. In any case the argument here can illustrate the main challenges in overcoming the current assessment apartheid referred above.

In summary, the HVI can be justified on empirical grounds, following the mandate given by the Brazilian people responding to the Brazil Point-by-Point campaign and on theoretical grounds based on the need for a broader and more coherent pluralist strategy (achieved through subjective views based on positional interpretations) for the characterisation of human well-being.

3. Structure of the HVI

The HVI follows the rationale (multidimensionality, scale and aggregation) put forward by the HDI, given the general consensus that the HDI commands what strategies should be pursued for the promotion of social justice. For this reason, the HVI is constituted also of three dimensions, namely health (HVI-H), education (HVI-E) and labour (HVI-L) (Figure 1).

The shared rationale and structure suggests that the HVI is complementary to the HDI, as part of the family of human development indicators inaugurated by the HDI.

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12 Martins (2006) argues that Sen’s notion of capabilities, understood as causal powers, can be seen as complementary to Tony Lawson’s structured ontology. In this sense, positional objectivity could be part of a structured ontology of capacities, powers and potentials, and people’s answers to surveys, if properly contextualised, could reveal the influence of their specific positions and concrete practices on their reasoning. The overlap between the critical realist and the capability research agendas seems very fruitful for future work.

13 Smith and Seward (2009, p. 224) argue that ‘The web of relations condition and influence an individuals’ reasoning and action through the provision of material resources and normative ideas (recall Sen’s notion of positional objectivity)’, referring to the work of Archer (1995) that provides a taxonomy of types of positions that an individual can occupy according to different social structures.
It is thus coherent with UNDP's overall strategy of the last 20 years of elaborating human development indicators. The HVI is, however, an indicator of processes rather than an indicator of outcomes and it calls attention to the particular processes related to the outcomes mapped out by the HDI.

Attention to processes (such as democracy, civil liberties and other procedural liberties) is key to human development. Note that HDI's normative objectives can all be achieved even in undemocratic countries, which, to a certain extent, might contradict the foundations of human development. This happens because when an indicator, such as the HDI, focuses only on results, it does not take into account information about processes, which in fact is also important for characterising human development (Dasgupta and Weale, 1992; Fukuda-Parr, 2002). The HVI structure allows one possible answer to this question by building its statistics on people's reports of their development experiences. Thus, the HVI can complement the information conveyed by the HDI.

The survey carried out for the HVI interviewed 2002 individuals from all regions of Brazil (148 cities) using a nationally representative sample selected by the research partner Instituto Paulo Montenegro/IBOPE (one of the most renowned opinion-poll institutes in Brazil).

The questions used in the HVI survey were adapted from mainstream discussions found in the development literature tackling value issues. For example, health questions were adapted from Morris (1997). Education questions were elaborated based on a literature review that included papers such as Boers (2001), Silcock and Duncan (2001) and Tomlinson (1995), among others. For labour questions, traditional validated pain–pleasure surveys, widely used in social psychology, were employed as translated and used by Brazilian researchers.

The component \( HVI\text{-Health} \) (HVI-H) includes three variables that focus on the system responsiveness and the patient experience, which is significantly associated with satisfaction with the healthcare system (Bleich et al., 2009). As emphasised by the 2000 World Health Report, ‘recognizing responsiveness as an intrinsic goal of health systems establishes that these systems are there to serve people, and involves more than an assessment of people’s satisfaction with the purely medical care they receive’ (World Health Organization, 2000, p. 31).

More specifically, the following questions and multiple choice answers are the components of the HVI-H (Figure 2):

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14 Other papers that were used include Wringe (1998), Nieboer et al. (2005) and Hitlin and Piliavin (2004).
15 See, e.g., Mendes and Abrahão (1996), Mendes and Tamayo (2001) and Mendes and Morrone (2002).
**H1** How did you feel the waiting time was the last time you went to a hospital, health centre or clinic: (a) short; (b) reasonable; (c) regular; (d) long?

**H2** How easy/hard was it to understand the language used by doctors and nurses: (a) easy; (b) regular; (c) somewhat difficult; (d) very difficult?

**H3** Did you feel that the healthcare staff was: (a) very interested in helping you; (b) somewhat interested in helping you; (c) not much interested in helping you?

Whereas these variables convey people’s subjectivity about their experiences, they are not the traditional subjective questions normally found in happiness studies, given that they represent certain concrete contexts lived by patients that can be assessed by the patients themselves according to the experiences they had. Subjectivity is reduced by thinking about certain contexts and use interests of patients. For example, the objective information ‘length of time waited to see a doctor’ is immaterial here, given that what matters is not the amount of time *per se*, but how individuals felt when they waited for a doctor’s appointment for longer than what they considered acceptable or fair. From this perspective, an answer of ‘too long’ for qualifying this period of waiting can be understood as a representation of a ‘felt injustice’ and lack of respect.

In concrete terms, the qualification ‘length of time waited’ provides an objective criterion that can be used to characterise the condition and position occupied by the patient. From this perspective, it is different from a purely subjective question that would ask patients to say whether they are ‘very happy’ or ‘not happy’ with their doctors and from a purely objective question that would measure their waiting times or other variables of interest. Thus, ‘felt injustice’ would be a representation, partially subjective and partially objective at the same time, of people’s accounts of their life experiences (subjective in the sense of being dependent on people’s accounts and objective in the sense of anchoring these accounts on concrete life experiences).

It is important to emphasise that the aim of the HVI-H is not to assess the existence of medical facilities or the availability of human resources. Similarly, it is not a measure of the patients’ health status or an assessment of how hospitals and surgeries are managed. The HVI-H is a ‘values indicator’. It is about respect and consideration, but not results or managerial standards.

What matters is how patients experience the treatment they received in its human dimension. Indeed, how patients feel they are treated and respected is a key variable in assessing the quality of health services (Goodrich and Cornwell, 2009), but it does not depend solely on how hospitals and surgeries (private or public) are managed. It depends also on patients’ previous experiences with the health system, their...
expectations and health status. Therefore, the indicator follows the evolution of the healthcare literature and shifts the focus from quantity of care to quality of care.\textsuperscript{16} As the World Health Organization (2000, p. 31) puts it: ‘responsiveness is not a measure of how the system responds to health needs, which shows up in health outcomes, but of how the system performs relative to non-health aspects, meeting or not meeting a population’s expectations of how it should be treated by providers of prevention, care or non-personal services’.

The HVI-Education (HVI-E) was elaborated taking into account that the relation between values and education is affected by families, teachers and students (Figure 3). The relation between values and education cannot be examined without considering the participation of the families, since they influence students’ expectations and aspirations (UNDP/RBLAC, 2010; UNDP, 2010) and provide the supporting conditions for their development. Therefore, educational values held by families were included by asking what the main value of education is for them.

When thinking about the school environment, emphasis was given to the behavioural conflicts that characterise much of school life throughout the country. Violence against teachers and students, damage to property, insulting or abusive comments, open defiance, lack of respect, lack of honesty, lack of responsibility, lack of freedom, etc., are just some of the reported value problems mapped out by the Brazil Point-by-Point campaign.\textsuperscript{17} Six questions about teachers’ values and six about students’ values were asked, focusing on these difficulties. The responses were considered according to their reported frequency (from 1, never, to 5, always).

More specifically, the questions about teachers/students regarded: (i) the interest shown towards the students/studying; (ii) respectful behaviour towards the students/teachers; (iii) tolerance of the student’s parents/teachers; (iv) responsibility for preparation of the classes/classroom activities; (v) freedom to express their ideas; and (vi) honesty.

The main difference between the HVI-H and the HVI-E is that while for the HVI-H there is direct reporting of people’s lived experiences, for the HVI-E there is indirect reporting, since not everyone interviewed is of school age. For this reason, people were asked to talk about teachers and students and not about their teachers and themselves at school. However, it is to be expected that much of what one would say would reveal one’s indirect experience with the school system in the country. Some statistics are therefore more ‘demographically open’ than others. This is also an issue for the HDI,

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\textsuperscript{16} As can be seen in Lord Darzi’s next-stage review for the British NHS (Department of Health, 2008).

\textsuperscript{17} These problems seem to be widespread around the world (see Layard and Dunn, 2009).

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![Fig. 3. The composition of the HVI-Education.](http://cje.oxfordjournals.org/Downloaded from University of Cambridge on August 18, 2013)
given that health is a dimension that affects the entire population, whereas education is mostly affected by recent outcomes among children and the youth. Similarly, the third dimension related to income generation is also restricted to the part of the adult population that is economically active. In the HVI there is also heterogeneity in the demographic openness, which is rooted in its HDI origins.

Finally, the *HVI-Labour* (HVI-L) focuses on working conditions and how, from a values perspective, employment offers individuals more than monetary remuneration. A survey about experiences at work, commonly used in social psychology,\(^\text{18}\) includes 17 questions about pleasant experiences (comprising values such as solidarity, trust, freedom to express one’s views, cooperation, freedom to use one’s creativity, motivation, recognition, etc.) and 15 questions about painful experiences (e.g. fear, lack of recognition, emotional distress, insecurity, discrimination, etc.). Both levels of experience can coexist and for this reason they are equally considered (Figure 4).

Multidimensional indicators such as the HVI compare items that are a priori incomparable. *Nussbaum* (1990, pp. 56–7) reminds us how practical choice entails a pursuit of ends that are non-commensurable and requires an appreciation of the distinct nature of different ends. Plural incommensurability among different dimensions is what justifies multidimensionality, otherwise all different dimensions would be reducible to a single criterion, as in utilitarianism (*Nussbaum*, 1990). In the case of the HVI, it is to be expected that the variables used to characterise health issues should not be commensurable to those used to map work experiences, etc. Some dimensions will be more dependent on context than others and some will be less subjective than others. All HVI dimensions are coherently brought together by the HDI structure and by their common aim of registering people’s lived development experiences.

4. Methodology

When building such a multivariate index comprehending several different dimensions of human values, one of the main issues is the definition of the weights for each dimension and variable. In the creation of the HVI two approaches were tested. The first was based on the categorical principal components analysis (CatPCA),\(^\text{19}\) since our database was composed of ordinal and nominal variables. The second approach consisted in the use of *ad hoc* weights for the different variables. Since one of the main

![Fig. 4. The composition of the HVI-Labour.](http://cje.oxfordjournals.org/)


\(^{19}\) For more details on the method, see *Meulman et al.* (2004) or *Linting et al.* (2007).
goals of the HVI was to make it usable and clear to any ordinary citizen, the simplicity of the adoption of a simple weighting scheme was very appealing. The downside is, of course, the bias that this approach may bring to the index. Both methods were applied to the HVI database and their results were compared. At the end, the \textit{ad hoc} approach was preferred, since the results from both approaches proved to be very similar.

The objective of a CatPCA is to reduce the original set of variables into a smaller set of uncorrelated components without loss of the information found in the original variables. The method incorporates nominal and ordinal variables and can handle and discover non-linear relationships between variables. With the application of CatPCA, the amount of variables to be interpreted is reduced to fewer dimensions, easing the identification of relationships and their interpretation. Given \( n \) variables, up to \( n \) uncorrelated components can be created using CatPCA. The new components are a combination of the original variables. Each original variable contributes to the creation of each component according to its loading. If the loadings of all original variables in a given component are the same, we have that all variables have the same weight in the computation of that component. The sum of the variance of the new components corresponds to the sum of the variance of the original set of variables, i.e. there is no loss of information. However, the components are ordered according to their variance. Therefore, the first few components contain the biggest share of the original system’s variance. This result is the reason why a smaller set of uncorrelated components may represent most of the information found in the original variables.

At first, the CatPCA was used in order to create the health, labour and education subindices of the HVI. When the three variables related to the HVI-H were considered in a CatPCA, the first of the three resulting components accounted for 58.5\% of the variance, with an eigenvalue of 1.76. The loadings on this first component were 0.79, 0.76 and 0.74, respectively, for the evaluation of waiting time, the language used and interest shown by medical staff. This result suggests that giving each variable the same weight does not cause major deviation in the result of the CatPCA. Therefore, equal weights were given to each variable, so that the HVI-H is the simple average of its three subindices. Each answer was evaluated in accordance to the patient’s perception of the health system. The better the evaluation, the better the value attributed to it on a scale from 1 to 4. Answers (a), such as a short waiting time or the perception of a very interested health staff, received value 4. Answers (d), such as a very difficult language used by doctors and nurses, received value 1. The value attributed to each of the answers was then converted into a 0–1 scale and the resulting HVI-H is the average of the three subindices. The Pearson correlation between the scores generated by the CatPCA and the HVI-H created using the \textit{ad hoc} weights is 0.948 and is significant at 1\%, showing that the cost of a more complex methodology was not worth the gain in the resulting index.

Regarding the HVI-L, the 32 variables related to labour experiences were averaged to represent the balance between pleasant and painful experiences. The CatPCA applied to these deviations resulted in a first component that accounted for 44.2\% of the variance, with an eigenvalue of 14.15. The second component accounted for only 6.7\% of the variance. The loadings of the pleasant experiences in the first component of the analysis averaged 0.67, with a standard deviation of 0.06, and the loading of the
painful experiences averaged −0.64, with a standard deviation of 0.09. Therefore, the first component was a clear measure of the net experiences on the job.

Nevertheless, a different approach was preferred, based on the theoretical framework of work psychodynamics (Dejours, 1998, 2000, 2002, 2003, 2007). Following this framework, if the average number of pleasant experiences in the six months prior to the survey exceeds the average number of painful ones, the HVI-L is 1. On the other hand, if the average number of painful experiences exceeds the average number of pleasant ones, the HVI-L is 0. The Pearson correlation coefficient of the first component of the second round of the CatPCA and the HVI-L preferred was 0.62 and statistically significant at 1%.

The HVI-E is composed of three dimensions: one for families, another for teachers and, finally, one for students. The family dimension focuses on how families regard the objective of education. The teacher and student dimensions try to capture values that are tested in the daily relationships between students and teachers from the perspective of the respondents (who might or might not be at school). At first, a two-step procedure was adopted for the calculation of the HVI-E. In the first step, CatPCA was used to generate one component for each of the teacher and student dimensions, combining the six variables that each dimension contained. The first student component accounted for 48.3% of the total variance and the six variables had an average loading of 0.69 with a standard deviation of 0.11. In turn, the first teacher component accounted for 57.2% of the total variance and the six variables had an average loading of 0.75 with a standard deviation of 0.07. Given the similar loading of all variables in their respective component, we can conclude that the components gave good representation of all the dimensions considered.

In the second step, the components generated for the student and teacher dimensions were used with the variable related to the family dimension in a CatPCA to generate the HVI-E. The first component of the analysis accounted for 39.2% of the total variance, with an eigenvalue of 1.18. It was mainly loaded by the teacher and student dimensions, with component loading of 0.77 and 0.76, respectively. The family dimension loading in the first component was only 0.08. As expected given the result for the first component, the second component was mainly related to the family dimension, with a loading of 0.92. The component loadings of the teacher and student dimensions were 0.26 and −0.36, respectively. These results showed that the variable related to families’ educational values and the components generated for the student and teacher dimensions could not be combined into a single index with the CatPCA. A different approach was required.

Driven by the findings for the HIV-H and the HIV-L, ad hoc weights were adopted. The answers regarding the family dimension were graded as follows: 4 if the person considered that knowledge to become a good person was the main value of education; 3 if it was knowledge to become a good citizen; 2 if knowledge to have a good life was considered the main goal of education; and 1 if it was knowledge to get a good job. The result was then rescaled on a 0–1 scale. Regarding the teacher and student dimensions, the average reported frequency of the values considered by the survey was converted into a 0–1 scale for each dimension. The HVI-E is the average of the indices of its three subdimensions, once again rescaled to 0–1.

As an illustration, see Merlo et al. (2003).
5. Results

When a new index is created, little should be expected from it. This happens not simply because the first single series cannot offer inferences about trends or progress, but also because some variables are still tentative. Having said that, it is interesting to note that many revealing results have been achieved by the first HVI study and some enlightening features about the role of values to human development have already been unveiled by this indicator. In the following text, the HVI should be read as one reads the HDI on a 0–1 scale, but without the thresholds normally employed to make sense of the different groups. Here, it should be emphasised, that we are reading ‘reports of concrete experiences’ in which values are expressed (or not) as part of development processes.

When different regions are compared, an expected result emerges, with the most developed regions in Brazil, namely the south and south-west, presenting higher HVI values and the least developed regions, namely the north and north-east, the lowest values (Figure 5).

When the results are disaggregated according to the different dimensions that compose the HVI, the same patterns apply to most cases (with an exception related to the HVI-L in the central-western region of the country). Substantive differences can be seen in the health dimension in contrast to what can be observed for education (see Figure 6). At this stage it is difficult to assess whether these differences are due to the format of the questions (frame biases) or to their distinct discriminatory powers.

The main message conveyed by the results seems clear: development outcomes in the country seem to be associated with development processes from a human values perspective. Main achievements in the south and south-west appear to be correlated with higher standards of respect, reciprocity, freedom and ability to coexist at school.

But a general picture can be misleading if a human development analysis that searches for group differences is not carried out. In fact, when these results are seen

![HVI for Brazilian regions.](https://example.com/hvi.png)

*Fig. 5. HVI for Brazilian regions.*

21 The HVI was established based on ‘variable posts’, as the 2010 HDI. The limits were chosen from minimum and maximum values that were found in the sample.
Fig. 6. Health, labour and education HVI s by region.
through the lenses of control variables, such as gender, age, level of education, etc., a more complex picture emerges, with some interesting results.

There is evidence of gender bias in the HVI (men scoring 0.601 and women 0.587) coming mainly from the HVI-L (men scoring 0.816 and women 0.765). This means that gender inequality can be assessed not simply by wage differentials, but also by the experiences endured by working women that grant them less recognition, respect, trust, freedom, etc. than men. By looking at the development processes from a values perspective, newer forms of inequality may prove to be much more damaging to human flourishing than those found by comparing income inequality.

As shown in Figure 7, health issues seem to have raised a level of positional objectivity that indicates a strong need for humanisation of the health system in the country (51.1% individuals replied that they wait too long for medical assistance, 37% said that the language used by medical staff is between difficult and too difficult and 30.7% reported that they felt not much interest from medical staff in their situation).

The figures show that the Brazilian population, and especially the northern population, does not provide a positive assessment of their lived experiences within the healthcare system (public and private). The average HVI-H in Brazil is 0.45, whilst it is 0.31 in the north alone. All the three health factors contribute towards the poorer performance in the north, especially the perception of the language used by medical staff. On average, 17.7% of the surveyed Brazilians regard the language used by medical staff very difficult to understand. This increases to 44.6% in the north. Only 38% of the northern population consider the complexity of the language as easy or regular, whilst in Brazil as a whole this applies to 63% of the population. Hence, the results suggest that the northern population faces more difficulty in understanding what the doctors and nurses are telling them about their health.

The other components of the HVI-H show a similar pattern. Regarding waiting time, whereas in Brazil 27% of the population considers it as being up to reasonable, this view is shared by only 20.9% of northern citizens (Figure 7). In relation to the third component of the HVI-H, the population in the north evaluated the interest shown by the health staff towards their case lower. Whilst on average 26.5% of the Brazilians identified medical personnel as very interested in their case, in the north only 14.5% have this perception. To a certain extent, these results are unexpected, since they contradict the ‘adaptive preferences’ argument according to which the most deprived are unable to identify their deprivations as a psychological survival mechanism (Berlin, 1958).

The HVI-H increases with higher levels of income, showing that once again the poorest are penalised twice, not simply because they have less access to health but also because when they do the quality of their access, as far as their life experiences are concerned, is much lower from a values perspective. Those who have an income of up to one minimum wage (MW) have an average HVI-H value of 0.39. On the

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22 This remark is not meant to provide concrete evidence for an evaluation of the ‘adaptive preferences’ problem, because in order to properly assess this issue one would need to consider how preferences of people could be adapted in an opposite direction, namely, how people could report a lower level of well-being than they actually have. Thanks go to an anonymous referee for this excellent point. Thus, this remark is limited in saying that the most deprived people have been able to identify their deprivations, contrary to what has been reported, for example, by Amartya Sen in *Development as Freedom* (1999) or Martha Nussbaum in *Women and Human Development* (2000) when referring to adaptive preferences.
other hand, those whose income is between 10 and 20 MW have an average HVI-H of 0.68 (Figure 8). This disparity might reflect the imbalances between the public health system in Brazil, which is universal and cost free at the point of delivery, and the private sector, which is more accessible to those with higher income or private health insurance. Nevertheless, there is no information on the data to differentiate both sectors. Hence, the only possible conclusion is that the higher the income, the better are the experiences lived within the healthcare system, except for the highest income rank.

Fig. 7. Components of the HVI-Health: Brazil and north region.
Education issues reveal an important gap in aspirations in the country, with a higher incidence among the poorest families, in the north region, seeing education only as a way of getting a job (40.4%); for the whole of Brazil this percentage is, on average, lower (30.5%), presenting a wider perspective of what education is important for. The most important knowledge provided by the schooling system in Brazil is the knowledge to become a good citizen, according to 35.7% of the population (Figure 9).

Regarding on-the-job experiences, the HVI-L increases with wages, providing evidence that the poorest people are penalised twice in their jobs: first, because they earn less and, second, because in their working life they suffer more from lack of recognition, freedom, respect, trust, solidarity, etc. than their co-workers and bosses. The extent of human inequality goes much beyond income inequality once we consider the

![Fig. 8. HVI-Health by income group.](http://cje.oxfordjournals.org/)

![Fig. 9. The most important objective of education: Brazil and north region.](http://cje.oxfordjournals.org/)
evidence put forward by a values analysis. The ranking of the HVI-L among regions is affected not merely by the positive experiences that people have in their jobs, but most decisively by their negative experiences. What we see is that the region with the highest value of HIV-L, the south, is not the one with the highest average frequency of pleasant experiences. The population of the southern region declared an average of 4.1 pleasant experiences, whereas the population in the south-east accounted 4.3. However, since the number of painful experiences is also higher in the south-east, 2.2 on average, in comparison with 1.7 in south, the south is the region with highest HVI-L: 0.84 compared with 0.80 in the south-east. A similar pattern is seen between the regions with the lowest HVI-L values. Due to the high average of painful experiences (2.3), the centre-west has the lowest HVI-L (0.68), even though the average of pleasant experiences is higher than in the north and north-east (Figure 10). The important lesson behind these figures is that on-the-job positive and negative experiences seem to be non-commensurable, and for this reason both should be taken into account.

As with the HVI-H, the HVI-L is positively correlated with income, averaging 0.72 among those who have an income of up to one MW and 0.95 for those whose income is more than 20 MW. Due to the simplicity of its formula, the HVI-L has a very straightforward interpretation. The fact that the HVI-L is 0.95 for those with the highest income implies that 95% of this group of the population reported a higher frequency of pleasant than painful experiences. On the other hand, 28% of those with income up to one MW reported a lower frequency of pleasant experiences on the job in relation to painful experiences, resulting in an HVI-L of 0.72 (Figure 11).

It is important to mention that the evidence collected does not suggest the presence of an adaptive preferences problem. Rather, it is remarkable to see how the most deprived people have revealed harder life experiences in their jobs and more difficulties in searching for healthcare. The evidence from the education data is mixed, but the overall result suggests that from a values perspective the poor are strongly penalised. This should not come as a surprise, since the chosen variables aim to achieve ‘positional objectivity’ as they offer concrete situations to individuals who reply to the

![Fig. 10. Average pleasant and painful experiences on the job.](http://cje.oxfordjournals.org/Downloaded/from/http://Agl.org/)

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**Fig. 10.** Average pleasant and painful experiences on the job.
survey. Individuals can think about their jobs, the last time they saw a doctor or about the problems that they have with their children at school: thinking about development as part of people’s daily affairs and producing statistics for ordinary citizens is the revolutionary aspect of this indicator.

6. Conclusion

The HVI is a pilot study developed within the scope of the 2009/10 Brazilian Human Development Report. It follows logically from the mandate received from the Brazilian population to address the issue of human values as the main theme of the report. It is also an opportunity to innovate in terms of indicators and policies that extend the agenda of human development towards pluralistic informational spaces that are relevant to how people live development in their daily affairs. Moreover, it defies the informational apartheid to which different human well-being approaches are confined.

The structure of the HVI is simple. It derives from the HDI. It extends the frontiers of the variables used to compose the HDI to capture diverse realities lived by ordinary people in their daily lives, so that they can relate to the indicator and potentially use its information to strengthen their participation in public life. The HVI pushes further the boundaries of communication of human development by using variables that can be identified and understood by ordinary people and a wide range of decision-makers (in contrast to variables that might make sense only to governments). As much as the index itself represents an abstract (0–1) scale, the variables can all be expressed in percentage terms and relate to the realities people can experience (such as queuing to see a doctor, their children being bullied at school or suffering humiliation in their jobs). This indicator might complement more abstract variables, such as ‘average life expectancy at birth’ or gross national income (GNI) per capita, that are not variables ordinarily lived by people. People can then use the HVI variables in their own reflective choices, resulting in possible behaviour changes, such as participating more in school activities, treating their work colleagues with more respect and consideration or demanding a more humane healthcare. Governments and private companies

![Figure 11. HVI-Labour by income group.](http://cje.oxfordjournals.org/)

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can also listen to what people are saying about services and use the index as a way of monitoring the quality of what they do. Putting people in the driving seat of human development means providing information that they can use to demand their rights and change their own behaviour.

The index can be further developed. The current variables could be modified; new variables could be added, such as how the elderly or disabled people (since they are perhaps part of the ‘most disadvantaged’ groups) feel treated in all respects, not only by health systems; or new issues related to children and the youth could be brought to attention. The foundation has been laid for an index that puts forward a structure for considering the role of people’s lived experiences and values in human development.

The HVI is not a managerial or results indicator, but it can highlight issues for which new human development managerial indicators might be developed, such as the objective time that doctors have to treat their patients, class sizes that prevent teachers from learning their pupils’ names or the degree of hierarchy that shapes organisational cultures. A brave new world of managerial indicators can stimulate further debates about new social policies that are more accountable to the general public.

To conclude, it must be emphasised that the HVI results clearly indicate a strong need for humanisation policies in the Brazil, not only in terms of healthcare or education but also including private companies and their organisational cultures. Public discussion is much needed for human development. For this reason, indicators such as the HVI offer great potential, since they provide a tool for the exercise of citizenship and active engagement of the public as agents of human development.

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