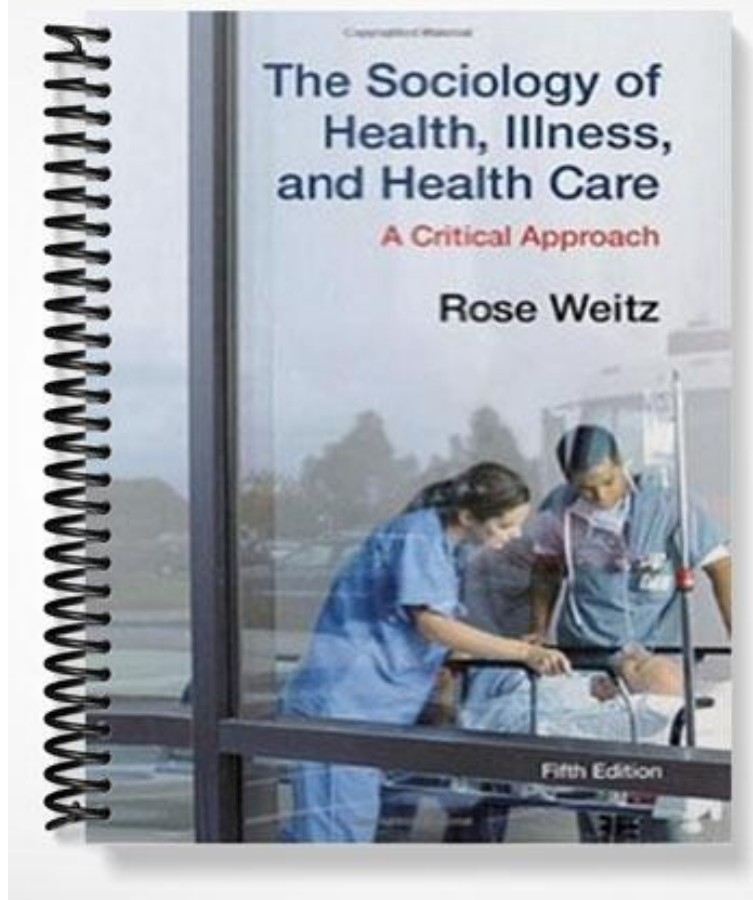


TEST BANK



CHAPTER 2

THE SOCIAL SOURCES OF ILLNESS

Chapter Summary

Disease has always accompanied human life. However, and as a result of social as well as biological changes, patterns of diseases have varied over time and place. Patterns of disease can be described and studied using the tools of epidemiology, such as incidence, prevalence, life expectancy, mortality, and morbidity rates.

Mortality remained high and life expectancy low through the Medieval era, as the development of cities led to a series of epidemics that devastated Europe. By the early 1700s, however, life expectancy began to increase. This increase resulted not from any medical advances but rather from improved living and working conditions, later and less frequent childbirth, and changes in military strategies that separated soldiers and civilians.

Life expectancy increased further in the late nineteenth century. Once again, medical advances (such as the development of treatments for pneumonia and tuberculosis) played only a small role in causing mortality rates to decline, whereas improvements in nutrition, living conditions, and public sanitation played substantial roles.

By the second half of the twentieth century, the main causes of death in the developed world had shifted from acute infectious illnesses to chronic illnesses of middle and old age. This shift from a society characterized by low life expectancy and by infectious and parasitic diseases to one characterized by high life expectancy and by degenerative and chronic diseases is known as the *epidemiological transition*.

More recently, infectious illnesses again have become a growing source of illness and death, as old germs, such as the tuberculosis bacillus, have become resistant to medical treatment and new germs, such as the virus that causes AIDS, have emerged. This shift, too, reflects social as well as biological forces. For example, public discomfort with openly discussing sexuality has hampered efforts to contain the spread of AIDS and globalization has fostered foreign travel, environmental changes, and cultural changes that have helped spread diseases like bird flu.

In its response to illness, the medical world has tended to emphasize tertiary prevention (strategies designed to minimize deterioration and complications among those already ill) more than secondary prevention (strategies designed to reduce the prevalence of disease through early detection and prompt intervention), and has emphasized secondary prevention more than primary prevention (strategies designed to keep people from becoming ill in the first place). To significantly reduce the rates of illness, we need instead to focus “upstream” to the true sources of illness. To do so, we need to look beyond individual behavioral choices (such as whether or not to smoke tobacco) to the *manufacturers of illness*: those groups that promote illness-causing behaviors and social conditions.

According to medical researchers, ten factors account for at least 50 percent of all preventable deaths. These factors, in order of importance, are tobacco, diet and exercise, medical errors, alcohol, bacteria and viruses, toxic agents, motor vehicles, firearms, sexual behavior, and illegal drugs. For each factor, we can raise questions regarding what social groups or forces promote them. For example, we can discuss the role tobacco and alcohol manufacturers play in promoting tobacco and alcohol consumption, the role food manufacturers and marketers play in promoting sales of non-nutritious foods, and the role the government has played in restricting the dissemination of information about safer sexual behavior.

To understand why people adopt healthy behaviors, sociologists often turn to the Health Belief Model. This model predicts that individuals are most likely to adopt such behaviors if they believe they are susceptible to a problem, believe the problem is serious, believe changing their behaviors will decrease the risk, and face no significant barriers to so doing. Health Lifestyle Theory now offers a more comprehensive analysis of why healthy behaviors are adopted by emphasizing social structure as well as personal agency.

In sum, improving the health of the population requires us to look beyond individual behavior to broader social structural issues. Once we do so, we can focus our energies on such problems as reducing the economic inequities that often underlie illness, restraining attempts by manufacturers of illness to manipulate the government and the public, and ensuring that public health considerations rather than moral values drive health policy.

Suggested Readings

Campos, Paul. 2004. *The Obesity Myth: Why America's Obsession with Weight Is Hazardous to Your Health*. New York: Gotham Books. A refreshing counterpoint to discussions of the dangers of obesity.

Miller, Judith, Stephen Engelberg, and William Broad. 2001. *Germs: Biological Weapons and America's Secret War*. New York: Simon & Schuster. A truly horrifying account of how terrorists and governments (including that of the United States) have developed biological weapons.

Stine, Gerald J. 2005. *AIDS Update 2005*. San Francisco: Benjamin Cummings. An excellent overview of AIDS in the United States.

Weil, Andrew, and Winifred Rosen. 2004. *From Chocolate to Morphine*. Rev. ed. New York: Houghton Mifflin. An iconoclastic review of both legal and illegal psychoactive drugs, coauthored by a famous medical school professor.

Suggested Documentaries

Fooling with Nature. PBS Video. 1998. 60 min. A balanced and fascinating examination of the risks manmade chemicals pose to human health and the environment. Explores the scientific and political issues involved in this controversy.

Spin the Bottle: Sex, Lies, and Alcohol. Media Education Foundation. 2004. 44 minutes. Documents the difficulties students face negotiating the alcohol-saturated world of college parties and spring break. Illustrates the role played by alcohol advertisers, and how gender roles encourage both young men and young women to engage in dangerous levels of alcohol use.

SuperSize Me. 96 min. 2003. Commercially available. Hilarious, outrageous, convincing, important, and award-winning documentary on the health hazards of fast food.

Rx for Survival: A Global Health Challenge. 330 min. 2005. PBS Video. Six part series (all on one inexpensive DVD) examines critical, worldwide threats from old diseases and new ailments such as Ebola fever, SARS, the West Nile virus, HIV/AIDS, and the avian flu. Titles include: "Disease Warriors," "Rise of the Superbugs," "Delivering the Goods," "Deadly Messengers," "Back to the Basics," and "How Safe are We?"

Suggested Narrative Films

Kids. 1995. 91 min. Brutally honest, although fictional, portrayal of teenage skateboarders in New York City and of the consequences of their nonchalance toward drugs, sex, and violence. Written by a 19-year old skateboarder.

Requiem for a Dream. 2000. 102 min. Finely acted film shows the effects of addiction to legal and illegal drugs on the interwoven lives of four Brooklyn residents.

A Civil Action. 1998. 112 min. Fictionalized account, based on a true story, of the legal battle between residents of Woburn, Massachusetts and the industrial giants accused of dumping toxic waste into the town's drinking water.

Essay Questions

1. Evaluate the role that social conditions and status play in maintaining and restoring health, and compare that to the role played by medical treatments.
2. How have *social* factors and conditions contributed to the *spread* of HIV?
3. Look at the last twelve issues of a magazine that regularly runs advertisements for either alcoholic beverages or cigarettes. What overt and covert messages do advertisements in these issues give regarding alcohol/tobacco, the use of these drugs, and the lives and characters of those who use these drugs? Quantify your findings as much as possible (e.g., 80 percent of advertisements suggest that using tobacco will improve your sex life). To do this, you will have to develop specific questions, such as does this advertisement suggest that using tobacco will improve your sex life?

Multiple Choice Questions

1. An individual who studies the distribution of breast cancer among women living on Long Island is most likely to be
 - a. a sociologist.
 - b. a psychologist.
 - c. an epidemiologist.
 - d. a geographer.
 - e. an enterologist.
2. In general, rates better measure how common an illness is than do raw numbers because rates
 - a. allow us to reasonably compare populations of different sizes.
 - b. are more scientifically accurate.
 - c. are a more objective measure.
 - d. can be measured in a less biased fashion.
 - e. can be more accurately calculated.

Answer: a, p. 17

3. The percentage of persons living in the United States who have epilepsy is *best* referred to as
- the incidence of epilepsy.
 - the prevalence of epilepsy.
 - the rate of epilepsy.
 - the epidemiological transition.
 - the demographic transition.

Answer: b, p. 18

4. The rate of tuberculosis increased dramatically during the 1980s. As a result, tuberculosis during those years should be referred to as
- an endemic illness.
 - an epidemic.
 - an acute illness.
 - a pandemic.
 - a prevalent illness.

Answer: b, p. 17

5. The history of disease before the 1900s suggests that
- cities are healthier places to live than rural areas.
 - long-distance travel increases public health by exposing doctors to new scientific ideas.
 - changes in medical technology play a large role in increasing average life expectancy.
 - changes in the knowledge base of folk healers play a large role in increasing average life expectancy.
 - changes in women's roles can play a large role in increasing average life expectancy.

Answer: e, p. 20

6. In 1900, the most common causes of death were
- chronic diseases.
 - infectious diseases.
 - accidents and trauma.
 - infant and maternal mortality.
 - diseases of old age.

Answer: b, p. 20

7. In Germany, infectious and parasitic diseases are relatively rare, chronic and degenerative diseases are relatively common, and life expectancy is high. From these facts we can conclude that Germany has experienced the
- epidemiological transition.
 - sociological transition.
 - expectational profile.
 - demographic shift.
 - developed nation syndrome.

Answer: a, p. 20

8. In 1900, life expectancy for U.S. whites was about
- a. 30 years.
 - b. 40 years.
 - c. 50 years.
 - d. 70 years.
 - e. 75 years.

Answer: c, p. 20

9. According to most scholars, life expectancy in the United States increased between 1900 and 1990 because of
- a. the introduction of smallpox inoculation.
 - b. the development of new medical treatments.
 - c. changes in nutrition and living conditions.
 - d. the natural evolution of epidemics.
 - e. the natural evolution of microorganisms into less dangerous forms.

Answer: c, p. 22

10. Which of the following statements is true?
- a. Tuberculosis has become more common in part due to new drug-resistant strains of the disease.
 - b. Relatively few persons infected with tuberculosis ever develop the disease.
 - c. Homelessness has helped to spread tuberculosis.
 - d. all of the above
 - e. a and b only

Answer: d, p. 21

11. AIDS
- a. is the last, deadly stage of HIV disease.
 - b. meets the definition of an epidemic.
 - c. is equally common among gay men and lesbians.
 - d. all of the above
 - e. a and b only

Answer: e, p. 23

12. Currently, the most common causes of death in the United States are _____.
- a. chronic diseases
 - b. infectious diseases
 - c. accidents and trauma
 - d. infant and maternal mortality
 - e. diseases of middle age

Answer: a, p. 25

13. Offering heart transplants to persons whose hearts have failed is an example of
- primary prevention.
 - secondary prevention.
 - tertiary prevention.
 - manufacturing illness.
 - primary prevalence.

Answer: c, p. 26

14. John McKinlay would refer to advertising companies that work for tobacco producers as
- primary producers.
 - secondary producers.
 - primary practitioners.
 - manufacturers of illness.
 - “downstream” problems.

Answer: d, p. 27

15. According to McGinnis and Foege, the most common cause of premature deaths is
- illegal drugs.
 - diet and exercise.
 - AIDS.
 - tobacco.
 - microbial agents.

Answer: d, p. 27

16. Which of the following is true?
- Nicotine is an addictive drug.
 - Tobacco use contributes to infant mortality.
 - Living or working around tobacco smokers increases risks of mortality and morbidity.
 - all of the above
 - a and b only

Answer: e, p. 28

17. To increase sales of tobacco, tobacco producers have
- emphasized that smoking can lead to weight loss.
 - sued the U.S. Public Health Service.
 - improved their public image by refraining from advertising to children.
 - targeted men rather than women.
 - primarily targeted wealthy populations.

Answer: a, p. 28

18. Firearms account for what percentage of deaths among children?
- 4 percent
 - 11 percent
 - 22 percent
 - 28 percent
 - 37 percent

Answer: b, p. 36

19. Research suggests that
- a. having a gun in the home significantly increases the odds of homicide.
 - b. having a gun in the home reduces the chances of being killed if one's home is forcibly entered.
 - c. strangers kill about half of all homicide victims.
 - d. gun ownership increases the risk of homicide for African-American men but not for white men.
 - e. none of the above

Answer: a, p. 36

20. Which of the following is true?
- a. Public funding for contraceptive services has increased.
 - b. Women who have Medicaid can receive an abortion at no cost.
 - c. Almost all U.S. counties have at least one abortion provider.
 - d. Access to abortion has declined during the last decade.
 - e. all of the above

Answer: d, p. 37

21. Which of the following is inherently most dangerous to use?
- a. heroin
 - b. cocaine
 - c. opium
 - d. caffeine
 - e. alcohol

Answer: e, p. 28

22. If heroin users could obtain heroin and needles legally, they would be less likely to
- a. contract HIV.
 - b. overdose.
 - c. contract hepatitis.
 - d. commit crimes.
 - e. all of the above

Answer: e, pp. 23-24

23. According to the health belief model, which of the following are necessary before individuals will comply with medical advice?
- a. They must believe they are susceptible to a particular health problem.
 - b. They must believe that compliance will significantly reduce their risk.
 - c. They must believe they may die if they do not comply.
 - d. all of the above
 - e. a and b only

Answer: e, p. 41

24. Implicit in the health belief model is the idea that
- complying with medical advice can sometimes cause harm.
 - complying with medical advice is a good idea.
 - those who do not comply with medical advice usually have good reasons for their actions.
 - medical advice sometimes lacks scientific grounding.
 - drugs can be dangerous.

Answer: b, p. 41

25. Research clearly demonstrates that
- obesity significantly increases the risk of heart disease and diabetes.
 - being even slightly overweight significantly lowers life expectancy.
 - individuals eat less when they are presented with more food options.
 - all of above
 - none of the above

Answer: a, p. 32

26. Which of the following would be most likely to reduce medical errors?
- develop systems to identify ill-trained nurses
 - develop systems to identify drug-abusing doctors
 - increase autopsy rates
 - make it easier for patients to sue incompetent doctors
 - hold more Medical Mortality Review conferences

Answer: c, p. 39

27. When doctors endanger their patients' lives through errors, their colleagues generally
- downplay the importance of the errors.
 - emphasize the need to follow their code of ethics.
 - call for a medical mortality review.
 - involve non-medical staff in reviewing the situation.
 - call for them to lose their licenses.

Answer: a, p. 39

28. Stress
- can cause mental as well as physical illness.
 - is most common among busy upper class persons.
 - can cause illness, but does not affect the immune system.
 - is a form of role strain.
 - is a form of role function.

Answer: a, p. 44