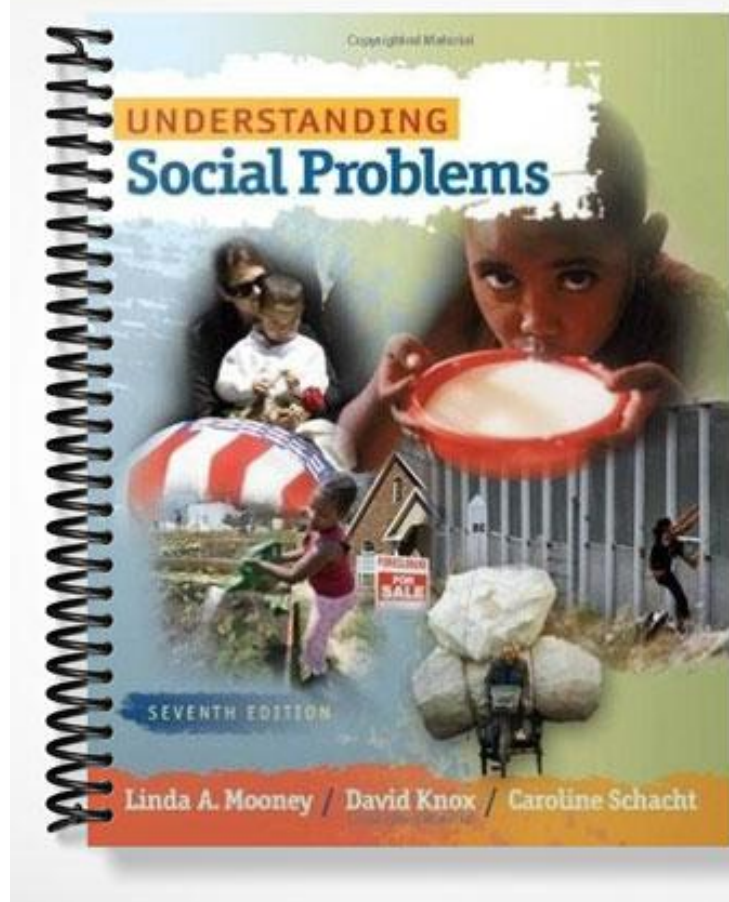


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Chapter 2: Problems of Illness and Health Care

1. Morbidity refers to
 - A. the average number of years that individuals born in a given year can expect to live.
 - B. the rate of death from infectious or parasitic diseases.
 - C. the deaths of children under the age of five from infectious diseases.
 - D. illnesses, symptoms, and the impairments they produce.
2. Life expectancy is
 - A. the average age of death in a given year.
 - B. the average age individuals surveyed in a given year expect to live.
 - C. the average age individuals born in a given year can expect to live.
 - D. the average age individuals born in a given year can expect to live in good health.
3. The major health threat in developed countries is
 - A. infectious diseases.
 - B. parasites.
 - C. chronic diseases.
 - D. malnutrition.
4. Today, the leading cause of death worldwide is
 - A. infectious and parasitic diseases.
 - B. cardiovascular disease.
 - C. cancer.
 - D. homicide.
5. In the United States, the leading cause of death for both women and men is
 - A. heart disease.
 - B. stroke.
 - C. cancer.
 - D. HIV disease.
6. The infant-mortality rate refers to the number of deaths of live-born infants under _____ of age per 1,000 live births in a given year.
 - A. 3 months
 - B. 6 months
 - C. 1 year
 - D. 2 years

7. The major cause of U.S. infant deaths is
- A. disorders related to premature birth and low birth weight.
 - B. diarrhea resulting from poor water quality and sanitation.
 - C. contagious childhood illness, such as measles.
 - D. hospital-borne bacteria transmitted to the child during birth.
8. In developing countries, the leading cause of death of women ages 15 to 49 is
- A. complications of pregnancy, childbirth, and unsafe abortion.
 - B. respiratory and heart diseases.
 - C. degenerative diseases, such as multiple sclerosis.
 - D. cancer.
9. The societal health measure showing the greatest disparity between rich and poor countries is
- A. infant mortality.
 - B. under-5 mortality.
 - C. maternal mortality.
 - D. life expectancy.
10. High maternal mortality rates in less developed countries result mostly from
- A. high levels of intravenous drug use.
 - B. high rates of HIV/AIDS.
 - C. lack of access to quality health care, sanitation and nutrition.
 - D. high levels of obesity.
11. The unit of measurement used to indicate the overall burden of disease on a population is
- A. the morbidity rate.
 - B. life expectancy.
 - C. disability-adjusted life year.
 - D. average economic cost of health care.
12. The measure disability-adjusted life year (DALY) reflects years lived with a disability and
- A. years of life lost to under-5 infant mortality.
 - B. years of life lost to maternal death.
 - C. the economic cost of a disease.
 - D. years of life lost to premature death.
13. Worldwide, _____ is the leading cause of “burden of disease.”
- A. unsafe sex
 - B. overweight
 - C. tobacco
 - D. unsafe water, sanitation, and hygiene

14. The structural-functionalist perspective in sociology is most likely to argue that
- A. AIDS is viewed as a global security issue rather than as a health issue in America.
 - B. perceiving visions or voices of religious figures would be indicative of mental illness in some cultures and as a normal religious experience in other cultures.
 - C. health care is influenced by male domination and bias.
 - D. society assigns the sick role to those who are ill to ensure that they receive needed care and compassion.
15. The epidemiological transition refers to the shift from
- A. high life expectancy and predominance of parasitic and infectious diseases to low life expectancy and predominance of chronic and degenerative conditions.
 - B. low life expectancy and predominance of parasitic and infectious diseases to high life expectancy and predominance of chronic and degenerative conditions.
 - C. low maternal and infant mortality and predominance of chronic and degenerative conditions to high maternal and infant mortality and predominance of parasitic and infectious diseases.
 - D. high maternal and infant mortality and predominance of deaths due to parasitic and infectious diseases to low maternal and infant mortality and predominance of deaths due to autoimmune diseases, such as AIDS.
16. The conflict perspective in sociology is likely to be concerned with the
- A. norms associated with the “sick role.”
 - B. stigma attached to people who are mentally ill.
 - C. profit motive of pharmaceutical and health care industries.
 - D. ways in which medicine can transform lives as well as treat illnesses.
17. In 2009, three dozen former members of Congress were employed by pharmaceutical and health product industries, which is an example of
- A. revolving door.
 - B. parity.
 - C. managed care.
 - D. epidemiological transition.
18. A symbolic interactionist is likely to study
- A. health care as a market commodity in capitalistic systems.
 - B. the varying definitions of being fat across cultures.
 - C. how illness leads to other social problems in society.
 - D. how illness keeps people from performing their roles.
19. The concept of medicalization includes
- A. defining normal biological events, such as childbirth or menopause, as medical problems.
 - B. financial contributions of private health care providers and insurers to political campaigns.
 - C. increasing use of “natural” and “alternative” medicines to treat life-threatening illnesses.
 - D. emphasis on health care treatment rather than prevention of illness and disability.

20. A stigma associated with health problems in our society implies that
- A. the individual is responsible for his or her own health.
 - B. society has failed to provide basic health care services to its citizens.
 - C. illness is a chance occurrence, and the sick victim is simply “unlucky.”
 - D. only God has control over a person’s destiny.
21. In poor countries, HIV/AIDS is likely to contribute to
- A. economic development.
 - B. increased education.
 - C. changing gender roles.
 - D. political instability.
22. The primary mode of HIV transmission to women in the U.S. is
- A. heterosexual contact.
 - B. homosexual contact.
 - C. injection drug use.
 - D. blood transfusions.
23. _____ of U.S. adults are either overweight or obese.
- A. One-tenth
 - B. One-third
 - C. One-half
 - D. Two-thirds
24. Research of U.S. residents has found that
- A. among children ages 6 to 11 years, consumption of snack foods is decreasing.
 - B. about half of U.S. adults engage in regular leisure time physical activity.
 - C. more than one-third of youth in grades 9-12 do not engage in regular vigorous physical activity.
 - D. fast food consumption is decreasing.
25. The “nutrition transition” refers to _____ throughout the world.
- A. decreased consumption of processed foods
 - B. increased consumption of fruits and vegetables
 - C. decreased consumption of meat
 - D. increased consumption of foods high in fats and sweeteners
26. In the U.S., people who are _____ are at increased risk of being overweight or obese.
- A. poor
 - B. middle class
 - C. upper-middle class
 - D. wealthy

27. Mental illness is considered a “hidden epidemic” because
- A. most mentally ill are institutionalized in hospitals or long-term care facilities.
 - B. the mentally ill are more likely to stay at home and avoid contact with others.
 - C. the shame associated with mental problems discourages people from acknowledging them.
 - D. health care providers tend to misdiagnose mentally ill patients as physically ill.
28. _____ refers to health conditions characterized by changes in thinking, mood, and/or behavior associated with distress and/or impaired functioning that meet certain criteria.
- A. Mental health
 - B. Mental condition
 - C. Mental illness
 - D. Mental disease
29. _____ is the leading cause of disability for individuals ages 15-44 in the United States.
- A. Heart disease
 - B. Mental illness
 - C. Obesity
 - D. Physical injury
30. Most mental disorders are caused by
- A. environmental factors.
 - B. genetic factors.
 - C. biological factors.
 - D. some combination of environmental, genetic, and biological factors.
31. Approximately one in five adults in U.S. prisons and up to 70% of youth incarcerated in juvenile detention facilities are
- A. mentally ill.
 - B. HIV positive.
 - C. obese.
 - D. diabetic.
32. _____ can have positive effects on health, such as improving communication regarding the spread of disease and its prevention, and negative effects on health, such as facilitating the spread of infectious disease and increasing pollution.
- A. Deinstitutionalization
 - B. Globalization
 - C. Parity
 - D. Morbidity

33. The spread of the Swine Flu to and within the United States can be attributed to
- A. increased industrial pollution.
 - B. decreased use of insecticides.
 - C. increased business travel and tourism.
 - D. poor cleanliness habits, such as washing one's hands before eating.
34. Increased international trade has resulted in
- A. safer conditions for industrial workers.
 - B. the expansion of harmful products such as tobacco, alcohol, and processed foods.
 - C. less physical brutality as a mechanism to control workers.
 - D. decrease in pollution and environmental degradation worldwide.
35. Transnational corporations have mainly contributed to
- A. improved health by providing health care coverage to workers.
 - B. improved health by focusing the production of health-related products such as vitamins and environmentally-friendly products.
 - C. worsened health by exposing workers to harmful working conditions and producing high levels of pollution and environmental degradation.
 - D. worsened health by providing illicit drugs to workers.
36. Which of the following is more common among the poor than other socioeconomic groups in the U.S.?
- A. lower levels of stress
 - B. less access to medical care
 - C. higher levels of physical activity
 - D. poorer physical health, but better mental health
37. The "selection" explanation for the link between social class and mental illness suggests that
- A. the higher social classes are more likely to be diagnosed and treated for mental illness.
 - B. mentally ill individuals have difficulty achieving educational and occupational success and thus tend to drift to the lower class.
 - C. lower-class individuals experience greater adversity and stress as a result of their deprived and difficult living conditions.
 - D. individuals in higher social classes are less likely to be stigmatized for mental illness.
38. Regarding the relationship between social class and mental illness, research has found the most support for the _____ explanation.
- A. selection
 - B. correlation
 - C. causation
 - D. prevention

39. The strongest single predictor of good health is
- A. income.
 - B. wealth.
 - C. education.
 - D. residential neighborhood.
40. Research on the relationship between education and health shows that, on average, compared with individuals with higher levels of education, individuals with lower levels of education
- A. have less knowledge regarding health risks.
 - B. care less about their health.
 - C. focus more on mental health than physical health.
 - D. focus more on preventive care than treatment for illnesses.
41. Individuals with low levels of education are LESS likely than individuals of higher education to
- A. smoke during pregnancy.
 - B. drink heavily.
 - C. have low-weight babies.
 - D. seek prenatal care.
42. In the United States, 1 in _____ women have been beaten, coerced into sex, or abused in some way.
- A. 3
 - B. 5
 - C. 10
 - D. 20
43. Each of the following has negative implications for women's health worldwide EXCEPT
- A. sexual violence.
 - B. gender equality.
 - C. nutritional deprivation.
 - D. greater physical susceptibility to HIV.
44. In the United States, men are LESS likely than women to
- A. visit a doctor and adhere to medical regimens.
 - B. suffer from personality disorders.
 - C. abuse alcohol and drugs.
 - D. commit suicide
45. Regarding gender and mental health, women are more likely than men to
- A. experience severe psychological distress.
 - B. be mentally ill.
 - C. have a personality disorder.
 - D. commit suicide.

46. Which of the following groups has the lowest life expectancy in the U.S.?
- A. white men
 - B. white women
 - C. black men
 - D. black women
47. Which of the following have the highest rate of infant mortality?
- A. white, non-Hispanic Americans
 - B. black Americans
 - C. Hispanics
 - D. Native Americans
 - E. Asian Americans
48. Asian Americans have the highest levels of health of any racial/ethnic U.S. minority group because
- A. they exercise more.
 - B. their diets are higher in fats and simple carbohydrates.
 - C. they are more likely to breast-feed their infants.
 - D. they have the highest levels of income and education.
49. All of the following contribute to poorer health among racial and ethnic minorities compared to whites in the U.S. EXCEPT
- A. socioeconomic differences.
 - B. greater access to hospitals.
 - C. greater exposure to environmental hazards.
 - D. discrimination.
50. Which of the following are healthier and have lower levels of depression and anxiety?
- A. single adults
 - B. cohabitating adults
 - C. married adults
 - D. divorced adults
51. According to the World Health Organization's analysis of the world's health systems, the United States ranked first in
- A. the proportion of its gross national product spent on health care.
 - B. health care performance.
 - C. patient safety.
 - D. efficiency in health care.

52. A health maintenance organization (HMO) is
- A. an Internet information source about prevention and treatment of diseases.
 - B. a prepaid group plan in which a person pays a monthly premium for comprehensive health coverage.
 - C. a self-help support group made up of survivors of specific fatal diseases, such as cancer.
 - D. a health insurance plan in which the insured pay an out-of-pocket deductible and a percentage of the medical expenses.
53. HMOs are more likely than traditional health insurance plans to
- A. emphasize preventive health care.
 - B. order unnecessary health care services.
 - C. charge higher rates for insurance care.
 - D. provide health care for the poor.
54. Preferred provider organizations (PPOs)
- A. are federally subsidized insurance plans to provide specialized treatment to the disabled and elderly.
 - B. are insurance plans subsidized by the state and federal governments to provide treatment for the poor.
 - C. are health organizations in which employers who purchase group health insurance agree to send their employees to certain health care providers or hospitals in return for cost discounts.
 - D. are private health care plans in which the insured choose a health care plan and are reimbursed by their insurance company on a fee-for-service basis.
55. Managed health care
- A. is a government agency designed to monitor the quality of hospital care.
 - B. is a private agency designed to monitor and control the quality of physician care.
 - C. provides in-home health care to fatally ill patients.
 - D. controls costs by monitoring and controlling the decisions of health care providers.
56. Medicare
- A. reimburses the elderly and disabled for some health care costs.
 - B. provides free health care for the poor.
 - C. provides free immunizations and preventive care for poor children.
 - D. is a neighborhood emergency health care facility.
57. Which of the following government funded programs is intended to provide health coverage for very poor Americans, regardless of age?
- A. Medicaid
 - B. Medicare
 - C. Managed care
 - D. SCHIP

58. Medicaid is funded
- A. solely by the federal government.
 - B. solely by the state government.
 - C. jointly by federal and state governments.
 - D. by private insurance corporations.
59. The state Children's Health Insurance Program (SCHIP) provides health care coverage to uninsured children
- A. of illegal immigrants.
 - B. whose families cannot afford private health insurance but do not qualify for Medicaid.
 - C. who suffer fatal illnesses.
 - D. who suffer disabling chronic illnesses, such as muscular dystrophy.
60. Worker's compensation
- A. is available to all employees in the United States.
 - B. is paid for by deductions from workers' pay.
 - C. rarely covers the cost of the employee's injury or illness.
 - D. allows workers who collect it to sue their employers for work-related damages.
61. Military health care
- A. is available and fully provided to all military veterans in the United States.
 - B. provides adequate mental health care for military personnel and veterans.
 - C. allows veterans to choose their health care provider.
 - D. has been critiqued in recent years for providing inadequate care in unsanitary conditions.
62. In 2007, about _____ percent of the U.S. population lacked health insurance coverage.
- A. 5
 - B. 15
 - C. 25
 - D. 40
63. Compared with 2007 data, it is predicted that 2009 data will show
- A. a higher percent of the U.S. population uninsured due to recession.
 - B. a higher percent of the U.S. population uninsured due to universal health care proposals.
 - C. a lower percent of the U.S. population uninsured due to lower health care costs.
 - D. a lower percent of the U.S. population uninsured due to expanded government programs.

64. _____ Americans have the largest percentage of uninsured.
- A. White
 - B. Black
 - C. Hispanic
 - D. Native
 - E. Asian
65. Which of the following age groups is most likely to be uninsured?
- A. children ages 0 to 5
 - B. children ages 6 to 17
 - C. young adults ages 18 to 24
 - D. adults ages 25-64
 - E. adults 65 years of age and older
66. Medicaid
- A. and SCHIP cover all low-income children, adults, and families in the United States.
 - B. patients are guaranteed treatment by the health care provider of their choice.
 - C. reimbursements to health care providers typically exceed the usual fees charged for these services.
 - D. eligibility levels are set so low that many low-income adults are not eligible.
67. Compared to individuals with health insurance, individuals who lack health insurance are
- A. more likely to receive preventive care.
 - B. more likely to be hospitalized for avoidable health problems.
 - C. more likely to be diagnosed in the early stages of disease.
 - D. more likely to be able to see a health care provider of their choice.
68. Compared to other wealthy countries, the United States
- A. spends less on health care but has better health outcomes.
 - B. spends less on health care but has worse health outcomes.
 - C. spends more on health care but has better health outcomes.
 - D. spends more on health care but has worse health outcomes.
69. All of the following factors have contributed to rising health care costs in the United States EXCEPT
- A. the growing percentage of children in the total population.
 - B. increase in amount of one's lifetime spent with a chronic disease.
 - C. high doctor and hospital fees.
 - D. high costs of drugs.

70. Studies of health care costs show that
- A. health care administrative costs in the United States are lower than in most other nations.
 - B. Americans pay less for patented brand-name prescription drugs than any Western nation.
 - C. health insurance premiums are not rising as fast as the pace of inflation.
 - D. rising health care costs increase the prices that American consumers pay for goods and services.
71. Research on the costs of health care for American families shows that
- A. health insurance does not guarantee protection against financial devastation resulting from illness or injury.
 - B. middle-class Americans who have college degrees are at low risk for bankruptcy when serious illness hits their families.
 - C. when individuals lose their jobs due to illness or injury, they are able to keep their health insurance.
 - D. the COBRA law allows people who lose their jobs to continue their insurance coverage at an affordable, government regulated rate.
72. Surveys regarding managed health care in the United States show
- A. most people say managed health care plans do a good job in serving customers.
 - B. physicians believe managed health care increases the quality of health care.
 - C. many physicians said managed health care puts limitations on diagnostic tests, length of hospital stay, and choice of specialists.
 - D. managed health care is a major factor believed to have escalated health care costs in the U.S.
73. Deinstitutionalization in mental health care refers to the process of
- A. reducing costly and often neglectful institutional care and providing more humane services in the community.
 - B. decreasing the numbers of doctors and other health care workers who practice in mental hospitals.
 - C. adding more private rooms, community dining facilities, and recreational areas in mental health hospitals.
 - D. providing more job training in mental health facilities that will prepare patients to obtain employment when they leave the health care facility.
74. Research on mentally ill Americans indicates
- A. most mentally ill children receive treatment.
 - B. most mentally ill adults receive treatment.
 - C. most youths incarcerated in juvenile justice facilities suffer from mental disorders.
 - D. the number of college students with mental illness has decreased in recent years.
75. Which of the following characterizes mental health services in the United States today?
- A. All college and universities are required to offer psychiatric services on campus.
 - B. Most states provide mental health services in the evenings and on weekends.
 - C. Mental health services are easily accessible to most rural residents.
 - D. Because of inadequate funds, mental health services are being rationed to those most in need—those who “hit bottom.”

76. Which of the following would be a strategy of selective primary health care, in contrast to comprehensive primary health care?
- A. reducing poverty
 - B. community development
 - C. immunizations
 - D. reducing gender inequality
77. Initiatives to improve maternal health in the developing world include all of the following EXCEPT
- A. improving women's power and status.
 - B. promoting women's education.
 - C. providing access to family planning services.
 - D. spacing births about a year apart.
78. Research regarding HIV/AIDS has found that
- A. almost all young people throughout the world know about AIDS.
 - B. most people in the world know how to protect themselves against AIDS.
 - C. there is now a vaccine to prevent HIV infection.
 - D. the HIV/AIDS infection rate is growing among the over-50 population.
79. The ABC approach to HIV/AIDS education
- A. is an abstinence-only approach to sex education.
 - B. encourages youth to be faithful and reduce partners.
 - C. rejects teaching youth basic facts about conception.
 - D. focuses on reducing the stigma of HIV/AIDS.
80. Research about the stigma associated with HIV/AIDS shows
- A. HIV/AIDS is not stigmatized in Africa.
 - B. HIV/AIDS stigma encourages people to get tested for the disease.
 - C. the stigma of HIV/AIDS has led to acts of violence against those infected.
 - D. HIV-infected teens usually disclose their HIV status to the friends and sexual partners.
81. Research indicates needle exchange programs
- A. often provide drug users with a referral to drug counseling and treatment.
 - B. are more widely available in the United States than Canada.
 - C. are ineffective in preventing HIV transmission.
 - D. encourage young people to engage in intravenous drug use.
82. The U.S. is the only country in the world to
- A. provide a federally funded, comprehensive, needle-exchange program for all citizens.
 - B. explicitly ban the use of federal funds for needle exchange programs.
 - C. not require a medical prescription for sterile needles.
 - D. provide sterile needles to developing countries.

83. Strategies to reduce the growing problem of obesity include all of the following EXCEPT
- A. classifying obesity as a choice, not an illness.
 - B. legislation to restrict food advertising that targets children.
 - C. legislation banning vending machines in schools.
 - D. legislation to require nutritional labeling on chain restaurant menus.
84. The StigmaBusters campaign and Breaking the Silence programs of the National Alliance for the Mentally Ill involves all of the following EXCEPT
- A. asking the public to submit instances of media content that stigmatize individuals with mental illness.
 - B. advocating a school curriculum that uses true stories and other activities to debunk myths about mental illness.
 - C. sensitizing students to the pain that words like “psycho” and “schizo” can cause.
 - D. encouraging the mentally ill to keep their illness a secret in order to avoid being stigmatized.
85. 2008 legislation regarding parity requires
- A. public mental health care coverage to be equal for the rich and poor.
 - B. health insurance plans to treat mental illness and physical illness equally.
 - C. public mental health insurance to provide equal coverage for traditional and alternative medical treatments.
 - D. equal mental health care coverage for all individuals, regardless of race, ethnicity, age, or gender.
86. In almost all universal health care systems, the government does all of the following EXCEPT
- A. directly control the financing and organization of health services.
 - B. directly pay providers.
 - C. prohibit private care for individuals who are willing to pay their medical expenses.
 - D. own most of the health care facilities.
87. Compared to other industrialized nations, the U.S. currently
- A. provides the best health care.
 - B. is the only country that has a universal health care policy.
 - C. is the only country considering the adoption of a universal health care policy.
 - D. is the only country that does not have a universal health care policy.
88. The single-payer system proposed in the National Health Insurance Act would
- A. exclude prescription drugs and long-term care.
 - B. exclude dentistry, eye care, and mental health services.
 - C. allow U.S. residents to see the doctor of his or her choice.
 - D. require copayments and deductibles.

89. If the single-payer system proposed by the National Health Insurance Act is adopted, it would
- A. replace Medicaid.
 - B. eliminate federal funding for health care.
 - C. eliminate the private health insurance industry.
 - D. add approximately \$100 million more to existing administrative costs.
90. The adoption of a single-payer health care system in the U.S. is mainly opposed by
- A. doctors.
 - B. nurses.
 - C. the general public.
 - D. the health insurance industry.
91. “Developing countries” are the poorest countries of the world.
- True False
92. The United States has the longest life expectancy in the world.
- True False
93. The United States has the lowest infant mortality rate of any country in the world.
- True False
94. The sick role carries with it the expectation that the sick person will seek competent medical attention, adhere to the prescribed regimen, and return as soon as possible to normal role obligations.
- True False
95. Most of the money invested annually in health research and development by pharmaceutical companies and Western governments focuses on the health problems of people living in the developing or least developed countries of the world.
- True False
96. Most clinical trials to test drug safety are performed in the developed countries of the United States, Canada, and Europe.
- True False
97. Most contamination of food occurs by consumer failure to store or cook food properly.
- True False

98. The overuse of antibiotics in food animals contributes to the emergence of super-resistant bacteria that cause human infections that will not respond to treatment.
- True False
99. Worldwide, the predominant mode of HIV transmission is through homosexual contact.
- True False
100. The growing number of orphans due to HIV threatens political instability in AIDS-affected countries.
- True False
101. Adult and child obesity has decreased since 1990.
- True False
102. The second biggest cause of preventable deaths in the United States is obesity.
- True False
103. American's consumption of fast food is decreasing in the United States.
- True False
104. Obesity is caused only by biological and genetic factors, and therefore is a health problem that cannot be reduced.
- True False
105. Mental illness is referred to as a "hidden epidemic" because most who are mentally ill are institutionalized, and therefore hidden from public view.
- True False
106. Recent research evidence of the link between poverty and mental illness supports the selection, rather than the causation, explanation.
- True False
107. In the United States today, the life expectancy of women is higher than that of men.
- True False
108. Children living in a one-parent household have the same health outcomes as children in two-parent households.
- True False

109. The United States spends a higher portion of its gross domestic product on health care than any other country in the world.
- True False
110. All poor people in the United States qualify for Medicaid.
- True False
111. Military health care is readily available to all military veterans who served in the United States armed forces.
- True False
112. According to the survey in the “Self and Society” section of your text, male undergraduates were more likely than female undergraduates to express positive attitudes toward seeking professional psychological help.
- True False
113. The United States is the only country in the industrialized world that does not have any mechanism for guaranteeing health care to its citizens.
- True False
114. How do developed, developing, and least developed countries differ, according to the definitions in your text?

115. Explain each of the following measures of health: morbidity, life expectancy, infant mortality rate, and maternal mortality rate.

116. What is the epidemiological transition?

117. Explain how the profit motive compromises drug safety.

118.Explain and provide an example of medicalization.

119.What is a stigma? Explain the implications of stigmatization of “sickness” in our society.

120.Explain the ways that HIV is transmitted and state the predominant mode of HIV transmission worldwide.

121. Why is being poor associated with increased risk of being overweight or obese in the United States?

122. List other social problems that are caused by untreated mental illness.

123. Why do women have higher rates of mortality and morbidity than men in developing countries?

124. Why are maternal mortality rates high in less developed countries and what strategies can help reduce this problem?

125. Explain how structural-functionalism, the conflict perspective, and symbolic interactionism differ in their approaches to the study of health problems. Give specific examples to illustrate your explanations.

126. Describe the major ways in which the profit motive of the health-care industry affects the quality of health care.

127. Explain the effects of the high prevalence of HIV/AIDS infections in Africa and other developing and underdeveloped countries and describe proposed strategies to help reduce HIV/AIDS in these countries.

128. Explain the social and lifestyle factors that are contributing to the growing problem of obesity among adults and children in the United States. What strategies can help reduce this problem of obesity?

129. Describe the positive and negative relationships between globalization and health.

130. Explain the ways in which low socioeconomic status in the United States contributes to poor physical and mental health. Include in your discussion environmental and other social factors that create poor health and lack of access to adequate health care coverage.
131. Describe the factors that impact gender differences in physical and mental health, both in the U.S. and worldwide.
132. Describe the social factors help explain why America's race and ethnic minorities have poorer health than American non-Hispanic whites?

133. Summarize the problems with military health care in the United States and describe at least two solutions you would propose to solve these problems.

134. Explain the impact of inadequate health insurance on individuals and families.

135. What are the causes and effects of the rising cost of health care in the United States?

136. Summarize the proposal for universal health care in the U.S., and describe the support for and opposition to this proposal.

Chapter 2: Problems of Illness and Health Care **Key**

1. Morbidity refers to
 - A. the average number of years that individuals born in a given year can expect to live.
 - B. the rate of death from infectious or parasitic diseases.
 - C. the deaths of children under the age of five from infectious diseases.
 - D.** illnesses, symptoms, and the impairments they produce.
2. Life expectancy is
 - A. the average age of death in a given year.
 - B. the average age individuals surveyed in a given year expect to live.
 - C.** the average age individuals born in a given year can expect to live.
 - D. the average age individuals born in a given year can expect to live in good health.
3. The major health threat in developed countries is
 - A. infectious diseases.
 - B. parasites.
 - C.** chronic diseases.
 - D. malnutrition.
4. Today, the leading cause of death worldwide is
 - A. infectious and parasitic diseases.
 - B.** cardiovascular disease.
 - C. cancer.
 - D. homicide.
5. In the United States, the leading cause of death for both women and men is
 - A.** heart disease.
 - B. stroke.
 - C. cancer.
 - D. HIV disease.
6. The infant-mortality rate refers to the number of deaths of live-born infants under _____ of age per 1,000 live births in a given year.
 - A. 3 months
 - B. 6 months
 - C.** 1 year
 - D. 2 years

7. The major cause of U.S. infant deaths is
- A. disorders related to premature birth and low birth weight.
 - B. diarrhea resulting from poor water quality and sanitation.
 - C. contagious childhood illness, such as measles.
 - D. hospital-borne bacteria transmitted to the child during birth.
8. In developing countries, the leading cause of death of women ages 15 to 49 is
- A. complications of pregnancy, childbirth, and unsafe abortion.
 - B. respiratory and heart diseases.
 - C. degenerative diseases, such as multiple sclerosis.
 - D. cancer.
9. The societal health measure showing the greatest disparity between rich and poor countries is
- A. infant mortality.
 - B. under-5 mortality.
 - C. maternal mortality.
 - D. life expectancy.
10. High maternal mortality rates in less developed countries result mostly from
- A. high levels of intravenous drug use.
 - B. high rates of HIV/AIDS.
 - C. lack of access to quality health care, sanitation and nutrition.
 - D. high levels of obesity.
11. The unit of measurement used to indicate the overall burden of disease on a population is
- A. the morbidity rate.
 - B. life expectancy.
 - C. disability-adjusted life year.
 - D. average economic cost of health care.
12. The measure disability-adjusted life year (DALY) reflects years lived with a disability and
- A. years of life lost to under-5 infant mortality.
 - B. years of life lost to maternal death.
 - C. the economic cost of a disease.
 - D. years of life lost to premature death.
13. Worldwide, _____ is the leading cause of “burden of disease.”
- A. unsafe sex
 - B. overweight
 - C. tobacco
 - D. unsafe water, sanitation, and hygiene

14. The structural-functionalist perspective in sociology is most likely to argue that
- A. AIDS is viewed as a global security issue rather than as a health issue in America.
 - B. perceiving visions or voices of religious figures would be indicative of mental illness in some cultures and as a normal religious experience in other cultures.
 - C. health care is influenced by male domination and bias.
 - D.** society assigns the sick role to those who are ill to ensure that they receive needed care and compassion.
15. The epidemiological transition refers to the shift from
- A. high life expectancy and predominance of parasitic and infectious diseases to low life expectancy and predominance of chronic and degenerative conditions.
 - B.** low life expectancy and predominance of parasitic and infectious diseases to high life expectancy and predominance of chronic and degenerative conditions.
 - C. low maternal and infant mortality and predominance of chronic and degenerative conditions to high maternal and infant mortality and predominance of parasitic and infectious diseases.
 - D. high maternal and infant mortality and predominance of deaths due to parasitic and infectious diseases to low maternal and infant mortality and predominance of deaths due to autoimmune diseases, such as AIDS.
16. The conflict perspective in sociology is likely to be concerned with the
- A. norms associated with the “sick role.”
 - B. stigma attached to people who are mentally ill.
 - C.** profit motive of pharmaceutical and health care industries.
 - D. ways in which medicine can transform lives as well as treat illnesses.
17. In 2009, three dozen former members of Congress were employed by pharmaceutical and health product industries, which is an example of
- A.** revolving door.
 - B. parity.
 - C. managed care.
 - D. epidemiological transition.
18. A symbolic interactionist is likely to study
- A. health care as a market commodity in capitalistic systems.
 - B.** the varying definitions of being fat across cultures.
 - C. how illness leads to other social problems in society.
 - D. how illness keeps people from performing their roles.
19. The concept of medicalization includes
- A.** defining normal biological events, such as childbirth or menopause, as medical problems.
 - B. financial contributions of private health care providers and insurers to political campaigns.
 - C. increasing use of “natural” and “alternative” medicines to treat life-threatening illnesses.
 - D. emphasis on health care treatment rather than prevention of illness and disability.

20. A stigma associated with health problems in our society implies that
- A. the individual is responsible for his or her own health.
 - B. society has failed to provide basic health care services to its citizens.
 - C. illness is a chance occurrence, and the sick victim is simply “unlucky.”
 - D. only God has control over a person’s destiny.
21. In poor countries, HIV/AIDS is likely to contribute to
- A. economic development.
 - B. increased education.
 - C. changing gender roles.
 - D. political instability.
22. The primary mode of HIV transmission to women in the U.S. is
- A. heterosexual contact.
 - B. homosexual contact.
 - C. injection drug use.
 - D. blood transfusions.
23. _____ of U.S. adults are either overweight or obese.
- A. One-tenth
 - B. One-third
 - C. One-half
 - D. Two-thirds
24. Research of U.S. residents has found that
- A. among children ages 6 to 11 years, consumption of snack foods is decreasing.
 - B. about half of U.S. adults engage in regular leisure time physical activity.
 - C. more than one-third of youth in grades 9-12 do not engage in regular vigorous physical activity.
 - D. fast food consumption is decreasing.
25. The “nutrition transition” refers to _____ throughout the world.
- A. decreased consumption of processed foods
 - B. increased consumption of fruits and vegetables
 - C. decreased consumption of meat
 - D. increased consumption of foods high in fats and sweeteners
26. In the U.S., people who are _____ are at increased risk of being overweight or obese.
- A. poor
 - B. middle class
 - C. upper-middle class
 - D. wealthy

27. Mental illness is considered a “hidden epidemic” because
- A. most mentally ill are institutionalized in hospitals or long-term care facilities.
 - B. the mentally ill are more likely to stay at home and avoid contact with others.
 - C.** the shame associated with mental problems discourages people from acknowledging them.
 - D. health care providers tend to misdiagnose mentally ill patients as physically ill.
28. _____ refers to health conditions characterized by changes in thinking, mood, and/or behavior associated with distress and/or impaired functioning that meet certain criteria.
- A. Mental health
 - B. Mental condition
 - C.** Mental illness
 - D. Mental disease
29. _____ is the leading cause of disability for individuals ages 15-44 in the United States.
- A. Heart disease
 - B.** Mental illness
 - C. Obesity
 - D. Physical injury
30. Most mental disorders are caused by
- A. environmental factors.
 - B. genetic factors.
 - C. biological factors.
 - D.** some combination of environmental, genetic, and biological factors.
31. Approximately one in five adults in U.S. prisons and up to 70% of youth incarcerated in juvenile detention facilities are
- A.** mentally ill.
 - B. HIV positive.
 - C. obese.
 - D. diabetic.
32. _____ can have positive effects on health, such as improving communication regarding the spread of disease and its prevention, and negative effects on health, such as facilitating the spread of infectious disease and increasing pollution.
- A. Deinstitutionalization
 - B.** Globalization
 - C. Parity
 - D. Morbidity

33. The spread of the Swine Flu to and within the United States can be attributed to
- A. increased industrial pollution.
 - B. decreased use of insecticides.
 - C.** increased business travel and tourism.
 - D. poor cleanliness habits, such as washing one's hands before eating.
34. Increased international trade has resulted in
- A. safer conditions for industrial workers.
 - B.** the expansion of harmful products such as tobacco, alcohol, and processed foods.
 - C. less physical brutality as a mechanism to control workers.
 - D. decrease in pollution and environmental degradation worldwide.
35. Transnational corporations have mainly contributed to
- A. improved health by providing health care coverage to workers.
 - B. improved health by focusing the production of health-related products such as vitamins and environmentally-friendly products.
 - C.** worsened health by exposing workers to harmful working conditions and producing high levels of pollution and environmental degradation.
 - D. worsened health by providing illicit drugs to workers.
36. Which of the following is more common among the poor than other socioeconomic groups in the U.S.?
- A. lower levels of stress
 - B.** less access to medical care
 - C. higher levels of physical activity
 - D. poorer physical health, but better mental health
37. The "selection" explanation for the link between social class and mental illness suggests that
- A. the higher social classes are more likely to be diagnosed and treated for mental illness.
 - B.** mentally ill individuals have difficulty achieving educational and occupational success and thus tend to drift to the lower class.
 - C. lower-class individuals experience greater adversity and stress as a result of their deprived and difficult living conditions.
 - D. individuals in higher social classes are less likely to be stigmatized for mental illness.
38. Regarding the relationship between social class and mental illness, research has found the most support for the _____ explanation.
- A. selection
 - B. correlation
 - C.** causation
 - D. prevention

39. The strongest single predictor of good health is
- A. income.
 - B. wealth.
 - C.** education.
 - D. residential neighborhood.
40. Research on the relationship between education and health shows that, on average, compared with individuals with higher levels of education, individuals with lower levels of education
- A.** have less knowledge regarding health risks.
 - B. care less about their health.
 - C. focus more on mental health than physical health.
 - D. focus more on preventive care than treatment for illnesses.
41. Individuals with low levels of education are LESS likely than individuals of higher education to
- A. smoke during pregnancy.
 - B. drink heavily.
 - C. have low-weight babies.
 - D.** seek prenatal care.
42. In the United States, 1 in _____ women have been beaten, coerced into sex, or abused in some way.
- A.** 3
 - B. 5
 - C. 10
 - D. 20
43. Each of the following has negative implications for women's health worldwide EXCEPT
- A. sexual violence.
 - B.** gender equality.
 - C. nutritional deprivation.
 - D. greater physical susceptibility to HIV.
44. In the United States, men are LESS likely than women to
- A.** visit a doctor and adhere to medical regimens.
 - B. suffer from personality disorders.
 - C. abuse alcohol and drugs.
 - D. commit suicide
45. Regarding gender and mental health, women are more likely than men to
- A.** experience severe psychological distress.
 - B. be mentally ill.
 - C. have a personality disorder.
 - D. commit suicide.

46. Which of the following groups has the lowest life expectancy in the U.S.?
- A. white men
 - B. white women
 - C. black men**
 - D. black women
47. Which of the following have the highest rate of infant mortality?
- A. white, non-Hispanic Americans
 - B. black Americans**
 - C. Hispanics
 - D. Native Americans
 - E. Asian Americans
48. Asian Americans have the highest levels of health of any racial/ethnic U.S. minority group because
- A. they exercise more.
 - B. their diets are higher in fats and simple carbohydrates.
 - C. they are more likely to breast-feed their infants.
 - D. they have the highest levels of income and education.**
49. All of the following contribute to poorer health among racial and ethnic minorities compared to whites in the U.S. EXCEPT
- A. socioeconomic differences.
 - B. greater access to hospitals.**
 - C. greater exposure to environmental hazards.
 - D. discrimination.
50. Which of the following are healthier and have lower levels of depression and anxiety?
- A. single adults
 - B. cohabitating adults
 - C. married adults**
 - D. divorced adults
51. According to the World Health Organization's analysis of the world's health systems, the United States ranked first in
- A. the proportion of its gross national product spent on health care.**
 - B. health care performance.
 - C. patient safety.
 - D. efficiency in health care.

52. A health maintenance organization (HMO) is
- A. an Internet information source about prevention and treatment of diseases.
 - B.** a prepaid group plan in which a person pays a monthly premium for comprehensive health coverage.
 - C. a self-help support group made up of survivors of specific fatal diseases, such as cancer.
 - D. a health insurance plan in which the insured pay an out-of-pocket deductible and a percentage of the medical expenses.
53. HMOs are more likely than traditional health insurance plans to
- A.** emphasize preventive health care.
 - B. order unnecessary health care services.
 - C. charge higher rates for insurance care.
 - D. provide health care for the poor.
54. Preferred provider organizations (PPOs)
- A. are federally subsidized insurance plans to provide specialized treatment to the disabled and elderly.
 - B. are insurance plans subsidized by the state and federal governments to provide treatment for the poor.
 - C.** are health organizations in which employers who purchase group health insurance agree to send their employees to certain health care providers or hospitals in return for cost discounts.
 - D. are private health care plans in which the insured choose a health care plan and are reimbursed by their insurance company on a fee-for-service basis.
55. Managed health care
- A. is a government agency designed to monitor the quality of hospital care.
 - B. is a private agency designed to monitor and control the quality of physician care.
 - C. provides in-home health care to fatally ill patients.
 - D.** controls costs by monitoring and controlling the decisions of health care providers.
56. Medicare
- A.** reimburses the elderly and disabled for some health care costs.
 - B. provides free health care for the poor.
 - C. provides free immunizations and preventive care for poor children.
 - D. is a neighborhood emergency health care facility.
57. Which of the following government funded programs is intended to provide health coverage for very poor Americans, regardless of age?
- A.** Medicaid
 - B. Medicare
 - C. Managed care
 - D. SCHIP

58. Medicaid is funded
- A. solely by the federal government.
 - B. solely by the state government.
 - C.** jointly by federal and state governments.
 - D. by private insurance corporations.
59. The state Children’s Health Insurance Program (SCHIP) provides health care coverage to uninsured children
- A. of illegal immigrants.
 - B.** whose families cannot afford private health insurance but do not qualify for Medicaid.
 - C. who suffer fatal illnesses.
 - D. who suffer disabling chronic illnesses, such as muscular dystrophy.
60. Worker’s compensation
- A. is available to all employees in the United States.
 - B. is paid for by deductions from workers’ pay.
 - C.** rarely covers the cost of the employee’s injury or illness.
 - D. allows workers who collect it to sue their employers for work-related damages.
61. Military health care
- A. is available and fully provided to all military veterans in the United States.
 - B. provides adequate mental health care for military personnel and veterans.
 - C. allows veterans to choose their health care provider.
 - D.** has been critiqued in recent years for providing inadequate care in unsanitary conditions.
62. In 2007, about _____ percent of the U.S. population lacked health insurance coverage.
- A. 5
 - B.** 15
 - C. 25
 - D. 40
63. Compared with 2007 data, it is predicted that 2009 data will show
- A.** a higher percent of the U.S. population uninsured due to recession.
 - B. a higher percent of the U.S. population uninsured due to universal health care proposals.
 - C. a lower percent of the U.S. population uninsured due to lower health care costs.
 - D. a lower percent of the U.S. population uninsured due to expanded government programs.

64. _____ Americans have the largest percentage of uninsured.
- A. White
 - B. Black
 - C. Hispanic**
 - D. Native
 - E. Asian
65. Which of the following age groups is most likely to be uninsured?
- A. children ages 0 to 5
 - B. children ages 6 to 17
 - C. young adults ages 18 to 24**
 - D. adults ages 25-64
 - E. adults 65 years of age and older
66. Medicaid
- A. and SCHIP cover all low-income children, adults, and families in the United States.
 - B. patients are guaranteed treatment by the health care provider of their choice.
 - C. reimbursements to health care providers typically exceed the usual fees charged for these services.
 - D. eligibility levels are set so low that many low-income adults are not eligible.**
67. Compared to individuals with health insurance, individuals who lack health insurance are
- A. more likely to receive preventive care.
 - B. more likely to be hospitalized for avoidable health problems.**
 - C. more likely to be diagnosed in the early stages of disease.
 - D. more likely to be able to see a health care provider of their choice.
68. Compared to other wealthy countries, the United States
- A. spends less on health care but has better health outcomes.
 - B. spends less on health care but has worse health outcomes.
 - C. spends more on health care but has better health outcomes.
 - D. spends more on health care but has worse health outcomes.**
69. All of the following factors have contributed to rising health care costs in the United States EXCEPT
- A. the growing percentage of children in the total population.**
 - B. increase in amount of one's lifetime spent with a chronic disease.
 - C. high doctor and hospital fees.
 - D. high costs of drugs.

70. Studies of health care costs show that
- A. health care administrative costs in the United States are lower than in most other nations.
 - B. Americans pay less for patented brand-name prescription drugs than any Western nation.
 - C. health insurance premiums are not rising as fast as the pace of inflation.
 - D.** rising health care costs increase the prices that American consumers pay for goods and services.
71. Research on the costs of health care for American families shows that
- A.** health insurance does not guarantee protection against financial devastation resulting from illness or injury.
 - B. middle-class Americans who have college degrees are at low risk for bankruptcy when serious illness hits their families.
 - C. when individuals lose their jobs due to illness or injury, they are able to keep their health insurance.
 - D. the COBRA law allows people who lose their jobs to continue their insurance coverage at an affordable, government regulated rate.
72. Surveys regarding managed health care in the United States show
- A. most people say managed health care plans do a good job in serving customers.
 - B. physicians believe managed health care increases the quality of health care.
 - C.** many physicians said managed health care puts limitations on diagnostic tests, length of hospital stay, and choice of specialists.
 - D. managed health care is a major factor believed to have escalated health care costs in the U.S.
73. Deinstitutionalization in mental health care refers to the process of
- A.** reducing costly and often neglectful institutional care and providing more humane services in the community.
 - B. decreasing the numbers of doctors and other health care workers who practice in mental hospitals.
 - C. adding more private rooms, community dining facilities, and recreational areas in mental health hospitals.
 - D. providing more job training in mental health facilities that will prepare patients to obtain employment when they leave the health care facility.
74. Research on mentally ill Americans indicates
- A. most mentally ill children receive treatment.
 - B. most mentally ill adults receive treatment.
 - C.** most youths incarcerated in juvenile justice facilities suffer from mental disorders.
 - D. the number of college students with mental illness has decreased in recent years.

75. Which of the following characterizes mental health services in the United States today?
- A. All college and universities are required to offer psychiatric services on campus.
 - B. Most states provide mental health services in the evenings and on weekends.
 - C. Mental health services are easily accessible to most rural residents.
 - D.** Because of inadequate funds, mental health services are being rationed to those most in need—those who “hit bottom.”
76. Which of the following would be a strategy of selective primary health care, in contrast to comprehensive primary health care?
- A. reducing poverty
 - B. community development
 - C.** immunizations
 - D. reducing gender inequality
77. Initiatives to improve maternal health in the developing world include all of the following EXCEPT
- A. improving women’s power and status.
 - B. promoting women’s education.
 - C. providing access to family planning services.
 - D.** spacing births about a year apart.
78. Research regarding HIV/AIDS has found that
- A. almost all young people throughout the world know about AIDS.
 - B. most people in the world know how to protect themselves against AIDS.
 - C. there is now a vaccine to prevent HIV infection.
 - D.** the HIV/AIDS infection rate is growing among the over-50 population.
79. The ABC approach to HIV/AIDS education
- A. is an abstinence-only approach to sex education.
 - B.** encourages youth to be faithful and reduce partners.
 - C. rejects teaching youth basic facts about conception.
 - D. focuses on reducing the stigma of HIV/AIDS.
80. Research about the stigma associated with HIV/AIDS shows
- A. HIV/AIDS is not stigmatized in Africa.
 - B. HIV/AIDS stigma encourages people to get tested for the disease.
 - C.** the stigma of HIV/AIDS has led to acts of violence against those infected.
 - D. HIV-infected teens usually disclose their HIV status to the friends and sexual partners.

81. Research indicates needle exchange programs
- A. often provide drug users with a referral to drug counseling and treatment.
 - B. are more widely available in the United States than Canada.
 - C. are ineffective in preventing HIV transmission.
 - D. encourage young people to engage in intravenous drug use.
82. The U.S. is the only country in the world to
- A. provide a federally funded, comprehensive, needle-exchange program for all citizens.
 - B. explicitly ban the use of federal funds for needle exchange programs.
 - C. not require a medical prescription for sterile needles.
 - D. provide sterile needles to developing countries.
83. Strategies to reduce the growing problem of obesity include all of the following EXCEPT
- A. classifying obesity as a choice, not an illness.
 - B. legislation to restrict food advertising that targets children.
 - C. legislation banning vending machines in schools.
 - D. legislation to require nutritional labeling on chain restaurant menus.
84. The StigmaBusters campaign and Breaking the Silence programs of the National Alliance for the Mentally Ill involves all of the following EXCEPT
- A. asking the public to submit instances of media content that stigmatize individuals with mental illness.
 - B. advocating a school curriculum that uses true stories and other activities to debunk myths about mental illness.
 - C. sensitizing students to the pain that words like “psycho” and “schizo” can cause.
 - D. encouraging the mentally ill to keep their illness a secret in order to avoid being stigmatized.
85. 2008 legislation regarding parity requires
- A. public mental health care coverage to be equal for the rich and poor.
 - B. health insurance plans to treat mental illness and physical illness equally.
 - C. public mental health insurance to provide equal coverage for traditional and alternative medical treatments.
 - D. equal mental health care coverage for all individuals, regardless of race, ethnicity, age, or gender.
86. In almost all universal health care systems, the government does all of the following EXCEPT
- A. directly control the financing and organization of health services.
 - B. directly pay providers.
 - C. prohibit private care for individuals who are willing to pay their medical expenses.
 - D. own most of the health care facilities.

87. Compared to other industrialized nations, the U.S. currently
- A. provides the best health care.
 - B. is the only country that has a universal health care policy.
 - C. is the only country considering the adoption of a universal health care policy.
 - D.** is the only country that does not have a universal health care policy.
88. The single-payer system proposed in the National Health Insurance Act would
- A. exclude prescription drugs and long-term care.
 - B. exclude dentistry, eye care, and mental health services.
 - C.** allow U.S. residents to see the doctor of his or her choice.
 - D. require copayments and deductibles.
89. If the single-payer system proposed by the National Health Insurance Act is adopted, it would
- A. replace Medicaid.
 - B. eliminate federal funding for health care.
 - C.** eliminate the private health insurance industry.
 - D. add approximately \$100 million more to existing administrative costs.
90. The adoption of a single-payer health care system in the U.S. is mainly opposed by
- A. doctors.
 - B. nurses.
 - C. the general public.
 - D.** the health insurance industry.
91. “Developing countries” are the poorest countries of the world.
- FALSE**
92. The United States has the longest life expectancy in the world.
- FALSE**
93. The United States has the lowest infant mortality rate of any country in the world.
- FALSE**
94. The sick role carries with it the expectation that the sick person will seek competent medical attention, adhere to the prescribed regimen, and return as soon as possible to normal role obligations.
- TRUE**

95. Most of the money invested annually in health research and development by pharmaceutical companies and Western governments focuses on the health problems of people living in the developing or least developed countries of the world.

FALSE

96. Most clinical trials to test drug safety are performed in the developed countries of the United States, Canada, and Europe.

FALSE

97. Most contamination of food occurs by consumer failure to store or cook food properly.

FALSE

98. The overuse of antibiotics in food animals contributes to the emergence of super-resistant bacteria that cause human infections that will not respond to treatment.

TRUE

99. Worldwide, the predominant mode of HIV transmission is through homosexual contact.

FALSE

100. The growing number of orphans due to HIV threatens political instability in AIDS-affected countries.

TRUE

101. Adult and child obesity has decreased since 1990.

FALSE

102. The second biggest cause of preventable deaths in the United States is obesity.

TRUE

103. American's consumption of fast food is decreasing in the United States.

FALSE

104. Obesity is caused only by biological and genetic factors, and therefore is a health problem that cannot be reduced.

FALSE

105. Mental illness is referred to as a "hidden epidemic" because most who are mentally ill are institutionalized, and therefore hidden from public view.

FALSE

106. Recent research evidence of the link between poverty and mental illness supports the selection, rather than the causation, explanation.
- FALSE**
107. In the United States today, the life expectancy of women is higher than that of men.
- TRUE**
108. Children living in a one-parent household have the same health outcomes as children in two-parent households.
- FALSE**
109. The United States spends a higher portion of its gross domestic product on health care than any other country in the world.
- TRUE**
110. All poor people in the United States qualify for Medicaid.
- FALSE**
111. Military health care is readily available to all military veterans who served in the United States armed forces.
- FALSE**
112. According to the survey in the “Self and Society” section of your text, male undergraduates were more likely than female undergraduates to express positive attitudes toward seeking professional psychological help.
- FALSE**
113. The United States is the only country in the industrialized world that does not have any mechanism for guaranteeing health care to its citizens.
- TRUE**
114. How do developed, developing, and least developed countries differ, according to the definitions in your text?

Developed countries have relatively high gross national income per capita and diverse economies made up of many different industries. Developing countries have relatively low gross national income per capita compared to developed countries, and their economies are much simpler, often relying on a few agricultural products. Least developed countries are the poorest countries of the world.

115. Explain each of the following measures of health: morbidity, life expectancy, infant mortality rate, and maternal mortality rate.

Morbidity refers to illnesses, symptoms, and the impairments they produce. Life expectancy is the average number of years individuals born in a given year can expect to live. Infant mortality rate is the number of deaths of live-born infants under 1 year of age per 1,000 live births in a given year. Maternal mortality rate is a measure of deaths that result from complications associated with pregnancy, childbirth, and unsafe abortion.

116. What is the epidemiological transition?

The epidemiological transition refers to the shift from low life-expectancy due to infectious diseases and maternal and infant mortality and morbidity to high life-expectancy and predominance of chronic and degenerative diseases.

117. Explain how the profit motive compromises drug safety.

In effort to maximize profits, most pharmaceutical companies outsource their clinical drug trials to Contract Research Organizations (CROs) in developing countries where operating costs are low and regulations are lax. The validity of these trial results are questionable because CROs can earn more money (through royalties and future contracts) when clinical trial results are favorable.

118. Explain and provide an example of medicalization.

Medicalization refers to the process of labeling behaviors or conditions as medical problems. Medicalization occurs when a behavior considered immoral is transformed into a medical problem (such as masturbation), a new phenomenon is defined as a medical problem (such as premenstrual syndrome), or when “normal” biological events or conditions come to be defined as medical problems (such as childbirth).

119. What is a stigma? Explain the implications of stigmatization of “sickness” in our society.

A stigma is a discrediting label that affects an individual’s self-concept and disqualifies that person from full social acceptance. The stigma associated with “sickness” implies that the individual—rather than society—is responsible for his or her health. Sickness is viewed as a personal failure rather than society’s failure to provide basic services to all of its citizens.

120. Explain the ways that HIV is transmitted and state the predominant mode of HIV transmission worldwide.

HIV is transmitted through sexual intercourse, sharing unclean intravenous needles, through perinatal transmission (from infected mother to fetus or newborn), through blood transfusions or blood products, and rarely, through breast milk. The predominant mode of HIV transmission worldwide is through heterosexual contact.

121. Why is being poor associated with increased risk of being overweight or obese in the United States?

High calorie processed foods tends to be more affordable than fresh vegetables, fruits, and lean meats or fish. Residents of low-income areas often lack access to grocery stores that sell a variety of foods, and instead rely on neighborhood fast food chains and convenience stores that sell mostly high calorie processed food.

122. List other social problems that are caused by untreated mental illness.

Untreated mental illness can lead to poor educational achievement, dropping out of school, lost productivity, unsuccessful relationships, significant distress, violence and abuse, poverty, homelessness, incarceration in prison and juvenile justice facilities, and suicide.

123. Why do women have higher rates of mortality and morbidity than men in developing countries?

Women in developing countries suffer from high rates of complications associated with pregnancy and children. Their low status also results in their being nutritionally deprived and having less access to medical care than men. In addition, women do not have the social power to refuse sexual intercourse or to demand that their male partners use condoms.

124. Why are maternal mortality rates high in less developed countries and what strategies can help reduce this problem?

Not provided

125. Explain how structural-functionalism, the conflict perspective, and symbolic interactionism differ in their approaches to the study of health problems. Give specific examples to illustrate your explanations.

Not provided

126. Describe the major ways in which the profit motive of the health-care industry affects the quality of health care.

Not provided

127. Explain the effects of the high prevalence of HIV/AIDS infections in Africa and other developing and underdeveloped countries and describe proposed strategies to help reduce HIV/AIDS in these countries.

Not provided

128. Explain the social and lifestyle factors that are contributing to the growing problem of obesity among adults and children in the United States. What strategies can help reduce this problem of obesity?

Not provided

129. Describe the positive and negative relationships between globalization and health.

Not provided

130. Explain the ways in which low socioeconomic status in the United States contributes to poor physical and mental health. Include in your discussion environmental and other social factors that create poor health and lack of access to adequate health care coverage.

Not provided

131. Describe the factors that impact gender differences in physical and mental health, both in the U.S. and worldwide.

Not provided

132. Describe the social factors help explain why America's race and ethnic minorities have poorer health than American non-Hispanic whites?

Not provided

133. Summarize the problems with military health care in the United States and describe at least two solutions you would propose to solve these problems.

Not provided

134. Explain the impact of inadequate health insurance on individuals and families.

Not provided

135. What are the causes and effects of the rising cost of health care in the United States?

Not provided

136. Summarize the proposal for universal health care in the U.S., and describe the support for and opposition to this proposal.

Not provided