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PROGRAMA DE PÓS-GRADUAÇÃO EM SAÚDE COLETIVA

SELEÇÃO TURMA 2015

PROVA DE INGLÊS – HORÁRIO: das 10 às 12h

INSTRUÇÕES:

- ⇒ A PROVA TERÁ DURAÇÃO DE DUAS HORAS.
- ⇒ MARQUE AS RESPOSTAS NO QUADRO ABAIXO.
- ⇒ SOMENTE UMA OPÇÃO PARA CADA QUESTÃO.
- ⇒ NÃO ASSINE. A PROVA SERÁ IDENTIFICADA PELO NÚMERO DE INSCRIÇÃO.
- ⇒ NÃO SERÁ PERMITIDO O USO DE DICIONÁRIOS.
- ⇒ NÃO SERÃO DIVULGADOS RESULTADOS PELO TELEFONE (CONFORME EDITAL). A LISTAGEM COM O RESULTADO DA PRIMEIRA ETAPA DA SELEÇÃO ESTARÁ DISPONÍVEL NO IMS NO DIA 06/10/2014, A PARTIR DAS 17 HORAS, E NO *SITE* www.ims.uerj.br

Atenção: não é o seu conhecimento sobre o assunto que está sendo avaliado aqui, e sim sua capacidade de compreensão de um texto em língua estrangeira. Portanto, atenha-se àquilo que é dito no texto e ao que está sendo perguntado.

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A																				
B																				
C																				
D																				
E																				

NOTA: _____ **APROVADO () NÃO APROVADO ()**

PROF.: _____

TEXT 1

Poverty, equity, human rights and health: the links

- 1 The links between the concepts of poverty, equity, and human rights in relation to health are many and profound. Both equity and human rights principles dictate striving for equal opportunity for health for groups of people who have historically suffered discrimination or social marginalization. Achieving equal opportunity for health entails not only buffering the health-damaging effects of poverty and marginalization: it requires reducing disparities between populations in the underlying conditions – such as education, living standards, and environmental exposures – necessary to be healthy. Thus, both human rights and equity perspective require that health institutions deal with poverty and health not only by providing care to improve the health of the poor but also by helping to alter the conditions that create poverty and marginalization. Governments are accountable, as parts to human rights treaties, for setting benchmarks and targets towards progressive achievement of full realization of human rights: “progressive realization” requires that they should show movement in good faith towards full realization of all rights.
- 2 Poverty is not, in itself, a violation of human rights. However, government action or inaction leading to poverty or government failure to respond adequately to the conditions that create poverty and marginalization, often reflect – or are closely connected with – violation or denial of human rights. For example, lack of access to education, especially primary education, is increasingly recognized both as the denial of a right and as inextricably connected with poverty and ill-health. Education fosters empowerment and participation in informed decisions about health-related behaviours and is therefore key to breaking the poverty-ill-health cycle.
- 3 Strategies that narrowly focus on poverty and health without the broader perspectives offered by equity and human rights may fail because they do not take into consideration the key factors that often influence the relationship poverty and ill-health. [...] Both equity and human rights principles require that health institutions systematically consider how the design or implementation of policies or programmes may directly or indirectly affect social marginalization, disadvantage, vulnerability or discrimination. Equity and human rights principles require identifying and overcoming the obstacles – such as language, cultural beliefs, racism, gender discrimination, and homophobia – that keep disadvantage groups from receiving the full benefits of health initiatives. [...]

QUESTIONS 1 TO 10 REFER TO TEXT 1

- 1) According to the text, what are the underlying conditions a population needs to be healthy?
 - a) Good faith towards full realization of all rights.
 - b) Education, living standards and environmental exposures.
 - c) Human rights and equity perspective.
 - d) Education, discrimination and social marginalization.
 - e) Environmental exposures and good faith.
- 2) How do health institutions deal with poverty and health, according to the authors?
 - a) By providing full realization of human rights.
 - b) By creating conditions of poverty and marginalization.
 - c) By providing care to improve the health of the poor.
 - d) By violating human rights.
 - e) By ignoring situations of poverty and marginalization.

3) "Governments are accountable [...] for setting benchmarks and targets [...]" (paragraph 1). The idea expressed in this passage is:

- a) Governments explain the setting of benchmarks and targets.
- b) Benchmarks and targets are obliterated by governments.
- c) Governments are not able to set benchmarks and targets.
- d) Governments are responsible for setting benchmarks and targets.
- e) The idea of benchmarks and targets is conceived by each government.

4) By reading the passage "Education fosters empowerment and participation in informed decisions [...]" (paragraph 2) we understand that:

- a) Empowerment and participation inform about decisions...
- b) Education decides on empowerment and participation...
- c) Education informs about empowerment and participation...
- d) Empowerment and participation decide on the information...
- e) Education promotes empowerment and participation...

5) What is a violation of human rights, according to the authors?

- a) Strategies that narrowly focus on poverty and marginalization.
- b) Government action or inaction leading to poverty.
- c) Lack of access to primary health care.
- d) Reduction of disparities among populations.
- e) Good faith towards full realization of human rights.

6) The authors state that the key to breaking the poverty-ill-health cycle is:

- a) Health
- b) Education
- c) Marginalization
- d) Human rights
- e) Poverty

7) According to the text, strategies that narrowly focus on poverty and health without the broader perspectives offered by equity and human rights may fail. Why?

- a) Because they are concerned with the key factors that influence the relationship poverty and ill-health.
- b) Because they do not know the key factors that influence the relationship poverty and ill-health.
- c) Because many key factors influence the relationship poverty and ill-health.
- d) Because they do not consider the key factors that influence the relationship poverty and ill-health.
- e) Because there is no explanation for that.

8) The authors mention some obstacles that, in their opinion, keep disadvantage groups from receiving the full benefits of health initiatives. Mark the option that contains one of these obstacles.

- a) Education
- b) Human rights
- c) Cultural beliefs
- d) Equity in health
- e) Focus on poverty

9) When the authors state that the lack of access to education is “inextricably connected with poverty and ill-health) (paragraph 2), they mean that:

- a) The lack of access to education has no connection with poverty and ill-health.
- b) The lack of access to education is the only cause of poverty and ill-health.
- c) The consequences of poverty and ill-health are unknown.
- d) The lack of access to education is too complicated to solve.
- e) The lack of access to education is closely related to poverty and ill-health.

10) “However, government action or inaction leading to poverty or government failure [...]” (paragraph 2).
The underlined word can be replaced by the expression:

- a) After that
- b) For that reason
- c) In spite of that
- d) What is more important
- e) Sooner or later

TEXT 2

Adapted from: CSORDAS, T.J. *The sacred self: a cultural phenomenology of charismatic healing*, 1997.

- 1 How does religious healing work, if indeed it does? What is the nature of its therapeutic efficacy? What is actually being healed by the performances of the shaman, the medicine man, or the faith healer? What is particularly religious about them in the first place? These questions have preoccupied anthropologists for a long while, and there have been two broad types of answer offered. Many early studies were primarily concerned with whether healers or shamans were themselves mentally ill, typically with schizophrenia or epilepsy. Whatever healing occurred was thought as likely to benefit the healer as it would those who came to him or her for help.
- 2 Later, the question of whether healers were like mental patients was superseded by that of how they were like psychotherapists. [...]. For some, the efficacy of religious healing came to be assumed on the basis of what we may call the psychotherapy analogy: religious healing works because it is like psychotherapy, which also works.
- 3 This is hardly a satisfactory place to leave the issue, and not only because psychotherapy itself is a healing form whose efficacy cannot be taken for granted. Insofar as every culture must contend with emotional distress and mental illness, each is likely to develop its own forms of psychotherapy, some of which we can identify as religious healing. Likewise, most religions develop some stance toward human suffering, and may go a step further and develop explicit systems of healing practice. It has become commonplace to observe that efficacy is contingent on the nature of problems addressed by different forms of healing, how those problems are defined in cultural practice, and what counts in cultural terms as their successful resolution.
- 4 Given this set of issues, it has been argued on the one hand that ritual healing is invariably and necessarily effective due to the manner in which it defines its goals, and on the other that it necessarily fails insofar as it is a treatment more of lifestyle than of symptoms. Between these positions we are left with a disturbing lack of analytics specificity and a repertoire of hypotheses about how healing works. [...]

QUESTIONS 11 TO 20 REFER TO TEXT 2

- 11) What is the main idea of the text?
 - a) It explains what a shaman is.
 - b) How religious healing works and its real effectiveness.
 - c) The benefits the healer provides.
 - d) The different forms of religious healing.
 - e) The effectiveness of psychotherapy.
- 12) In the sentence "How does religious healing work, if indeed it does?" (paragraph 1), the underlined word refers to:
 - a) the shaman
 - b) therapeutic efficacy
 - c) religious healing
 - d) faith healer
 - e) the performance of the shaman

13) In the sentence “What is actually being healed by the performances of the shaman [...]” (paragraph 1), the underlined word can be replaced by:

- a) nowadays
- b) today
- c) in fact
- d) presently
- e) recently

14) According to the author, what are the two main answers offered to explain anthropologists’ questions in relation to religious healing?

- a) Healers were like mental patients and then they were like psychotherapists.
- b) Both religious healing and faith work.
- c) Schizophrenia and epilepsy were the primary concerns.
- d) They were mentally ill and mental patients.
- e) They were like psychotherapists and religious healers.

15) In the sentence “This is hardly a satisfactory place to leave the issue, and not only because psychotherapy itself is [...]” (paragraph 3), this refers to:

- a) the efficacy of religious healing
- b) the psychotherapy analogy
- c) religious healing and emotional distress
- d) emotional distress and mental illness
- e) forms of psychotherapy

16) The sentence “Likewise, most religions develop [...]” (paragraph 3) expresses:

- a) hypothesis
- b) cause
- c) reason
- d) similarity
- e) contrast

17) According to the text, the effectiveness of religious healing depends on:

- a) The nature of problems, how they are defined in cultural practice and their successful resolutions.
- b) Different forms of healing and successful resolution.
- c) Systems of healing practice, the nature of problem and different forms of healing.
- d) How problems are defined and different forms of healing and its goals.
- e) Successful resolution and systems of healing practice.

18) In the sentence “[...] it necessarily fails insofar as it is a treatment more of lifestyle than of symptoms” (paragraph 4), the underlined words mean:

- a) to the degree that
- b) in a different way
- c) besides
- d) except
- e) moreover

19) When the author states that “[...] most religions develop some stance toward human suffering [...]” (paragraph 3), he means:

- a) Religions in general are not concerned with human suffering.
- b) The development of most religions depends on human suffering.
- c) Most religions are concerned with human suffering.
- d) Human suffering is a well-known concept.
- e) Religion is the only possible relief to human suffering.

20) Mark the sentence that best summarizes the author’s idea in the last paragraph:

- a) He believes that most religions develop some stance toward human suffering.
- b) He thinks it is important to develop explicit systems of healing practice.
- c) He does not believe that religious healing depends on the nature of problems.
- d) He thinks that efficacy of religious healing depends on the manner in which it defines its goals and that it is a treatment more of lifestyle than of symptoms.
- e) He believes that there is a lack of analytic specificity and a repertoire of hypotheses about how healing works.