MESTRADO E DOUTORADO EM SAÚDE PÚBLICA 2015

Prova de Inglês

Sexta-feira, dia 17 de outubro de 2014

09h00 – 12h00
PART 1

Please answer questions 1 to 10 with reference to Text 1. There is one and only one correct answer to each question.

Q1. According to Paragraph 1,
A. Pharmacies have closed shop to protest the importation of overseas physicians in some parts of Brazil
B. A quarter of the Brazilian population has no health insurance
C. Health care in Brazil has improved since the protests of June 2013
D. The Brazilian Constitution of 1988 guarantees access to public health services for all

Q2. Which of the following criticisms of Brazil's technocratic model of care at childbirth is NOT presented in Paragraph 2?
A. Doctors may be inappropriately trained
B. Women are passively subjected to impersonal interventions
C. Potentially dangerous procedures, such as caesarian sections are overused
D. Health workers tend to strive to prolong the time to birth

Q3. Which of the following statements are true according to Paragraph 4?
A. Childbirth in a hospital is now in principal available to all women in Brazil
B. There is good communication between prenatal and childbirth care in the public sector in Brazil
C. In the private sector in Brazil, nulliparous pregnant women are not allowed to undergo a caesarean section
D. In Brazil, women must be accompanied by a family member during childbirth in both the private and the public sector

Q4. Which of the following positions or actions has NOT been taken by feminists in relation to childbirth issues in Brazil, according to Paragraphs 6 and 7?
A. Promoting family planning initiatives
B. Advocating a woman's right to choose to terminate a pregnancy
C. Using biomedicine to justify traditional gender relations
D. Occupying senior positions in public health and hospital management

Q5. The word 'lay' in Paragraph 8 could be replaced by which of the following without substantially altering the meaning?
A. secular
B. hierarchical
C. theocratic
D. authoritarian

Q6. Paragraph 9 states that the 'very name [of the Stork Network] desexualizes reproduction.' Which of the following would be an adequate explanation of the reasoning behind this argument?
A. Childbirth is a private unique experience that should not be seen in terms of a network
B. Abstract technical terms such as 'stork' and 'conceptus' alienate women from their own bodies
C. The reference to the childish myth of storks delivering babies detaches childbirth from the act of sexual intercourse
D. The name does not place due emphasis on the newborn child and the mother's responsibility for caring for it
Q7. Paragraph 10 argues that
A. as more people are lifted out of poverty in Brazil, there is more call for high-tech procedures such as caesarian section
B. the perceived prestige of technology is on the decline in Brazil
C. newly prosperous groups in Brazil are spending more on luxury consumer goods than on basic childcare needs
D. the likely future increase in levels of poverty in Brazil will lead to greater ignorance with regard to the benefits of recent technological advances in the field of childbirth care

Q8. It can be inferred from Paragraph 11 that the author believes that
A. comprehensive health care is incompatible with democracy
B. the universality of the SUS is not guaranteed by the wording of the Constitution
C. there is little scientific evidence for women's rights
D. race, gender, social class and sexuality all contribute to health inequalities

Q9. The verb *broaden* in Paragraph 12 could be replaced by which of the following without substantially altering the meaning?
A. abandon
B. narrow
C. expand
D. feminize

Q10. The phrase 'back to the future' in the title is picked up in the conclusion by
A. skepticism with regard to the human-rights agenda
B. the role that traditional herbal remedies will play in future medical practice
C. the author's belief that there is a need to return to the radicalness of the 1980s
D. the fact that Brazil is turning its back on high-tech medicine
Reinventing delivery and childbirth in Brazil: back to the future

- Estela M. L. Aquino

1. The demonstrations that took the streets in Brazil in June 2013 brought health care to the center of public debate. The protests exposed the limits of the Brazilian Unified National Health System (SUS): despite expanding care coverage enormously, it is unable to assure service quality and suffers from chronic underfunding and management shortcomings. Moreover, the model of health care financing accentuates social inequalities. The poorer majority finds difficulty enjoying the universal right to public health services stipulated in the 1988 Federal Constitution. Meanwhile, 25% of Brazilians hold private health insurance, but benefit from substantial tax waivers by the State, which – although sustained by taxes paid by the population at large – finances access to generally better-quality care for a privileged minority. The SUS also suffers the adverse effects of (mis-)trained health professionals, especially physicians unprepared for primary care, as laid bare by the closed-shop reaction to the Mais Médicos (More Physicians) program, which imported foreign doctors into underserved areas of Brazil.

2. These problems take on specific configurations in the technocratic model of care at childbirth, which is characterized by the primacy of technology over human relations and a purported value neutrality. The model rests on the idea that women are to remain passive, immobile during childbirth, while they undergo interventions by unknown health personnel to shorten the time to birth. Unnecessary and harmful procedures are used to the maximum, as dictated by the reigning mercantile logic and medical (mis-)training. This is most visible in the growing epidemic of caesarean sections.

3. The results of the Birth in Brazil survey have confirmed at the national level the panorama described in local studies and condemned by women's movements and movements to humanize childbirth. They constitute compelling evidence of socioeconomic, racial and regional inequalities in care at childbirth.

4. The technocratic model figures differently in the SUS and in private 'supplementary care', accentuating inequalities in the quality of hospital delivery, which has attained universal coverage. In public services, there is often a disconnect between antenatal care and care at childbirth, facilities repeatedly denying admission, and routine use of episiotomy and oxytocin. In private services, most deliveries are by scheduled caesarean, even among first-time mothers. In both sectors, the right to information is not assured nor is women's autonomy respected, their bodily integrity is violated and their legally-assured right to a companion is denied, making childbirth lonely, unsafe and painful.

5. Measures to change this situation have reflected political and ideological struggles in the health field over alternative models of care since Brazil introduced the Women's Comprehensive Health Care Program (PAISM) in 1983, as the outcome of converging proposals by the sanitary and feminist movements.

6. Feminism aspires to overcome the 'mother-and-child' approach and incorporate the notion of women as subjects, going beyond their specific reproductive role and assuring a broader approach to health care. The humanization of childbirth is framed by the broader umbrella of sexual and reproductive rights, which include the guarantee of safe maternity, contraception and abortion.

7. Health is central to the feminist agenda, which criticizes the biomedicine that provides grounds on which to justify hierarchical gender relations. Concretely, feminists have worked to occupy monitoring and social control instances of public policy and militant activism in management positions.

8. However, organized action by conservative and religious forces is growing in parliament...
and government, and threatening the lay State. In the Ministry of Health, these groups' influence has resulted in policy backpedaling and a strengthening of the 'mother-and-child' approach.

9. Introduction of the *Rede Cegonha* (Stork Network) strategy represents, symbolically and materially, a downgrading of both the feminist agenda and construction of the SUS. Its very name desexualizes reproduction, placing the emphasis on the conceptus. It disconnects care at childbirth from the national Policy of Women's Comprehensive Health Care (PNAISM) and reinforces the “mother-and-child” approach in policy priority-setting. It obscures unsafe abortion in a context of strongly declining fertility.

10. The symbolic dimension is no minor issue if the present model of public financing is maintained. Poverty reduction is fostering inclusion for social groups anxious to consume goods and services, for instance, childbirth by cesarean section. The distortions may be heightened by the induction of “new consumers”, who perceive access to technology as a sign of social prestige and modernity.

11. What are in dispute are different projects of society, as regards construction of the SUS and gender equity in health. It is in this scenario that the opportunities to change care at childbirth emerge. The solutions are not purely technical, but essentially political. Changes cannot be achieved without reinstating the project of a democratic SUS and the health sector reform's guiding principles of universality, comprehensiveness and equity, as written into the Constitution. It is essential to defend the lay, democratic and plural State and to emphasize the intersection among gender, social class, race/ethnicity and sexuality in producing/reproducing social inequalities in health. It is imperative to assure that care is humanized on the basis of scientific evidence, but also on the basis of women's rights, in order to redefine care practices and interpersonal relations.

12. It is inspiring to revisit the 1980s and their radicalness, so as to re-politicize health needs and once again broaden the agenda for formulation and implementation of public policies directed to women.
PART 2

Please answer questions 11 to 20 with reference to Text 2. There is one and only one correct answer to each question.

Q11. The WHO is
A. World Heart Day
B. the World Health Organization
C. a relative pronoun
D. Dr. Oleg Chestnov's medical qualification

Q12. The word 'cut' in Paragraph 1 could be replaced by which of the following without substantially altering the meaning?
A. sever
B. reduce
C. raise
D. eradicate

Q13. According to Paragraph 2,
A. in the 21st century, communicable diseases are no longer the main cause of early mortality
B. 30% of the world's population will be eating no salt by the year 2025
C. stroke and heart disease are unrelated to sodium intake
D. Dr. Oleg Chestnov has mental health problems

Q14. According to Paragraph 3,
A. processed foods contain 80% salt
B. sodium is a glutamate
C. human sodium intake comes mostly from salt
D. condiments are not used in most parts of the world

Q15. Paragraph 4 states that, according to the WHO,
A. people need around a teaspoon of salt a day
B. daily intake of salt should not exceed 5 grams
C. hypertension causes people to consume more salt
D. the food prepared in an average household contains less than 5 grams of salt

Q16. Paragraph 4 also suggests that
A. children need less salt than adults
B. lead in salt can cause heart disease
C. children who eat a lot of salt have more energy than those who do not
D. the WHO recommends processed foods as vital source of NaCl

Q17. In Paragraph 5, Dr. Chestnov
A. accuses the food industry of working too closely with the WHO
B. recommends that we always add a pinch of salt to homemade cooking
C. thinks that there are more effective ways national governments can improve the general health of the population than reducing the intake of salt
D. remarks that nearly all our food contains salt
Q18. The retailers mentioned in Paragraph 6 are
A. companies that sell food directly to the consumer
B. food processors
C. factories that manufacture food
D. arable farmers

Q19. Which of the following recommendations for individuals and families is NOT explicitly mentioned in Paragraph 7?
A. Boycotting fast-food restaurants
B. Giving children mostly unprocessed foods
C. Not placing salt and other condiments on dining tables
D. Using less than one teaspoon of salt per day in cooking

Q20. According to Paragraph 8, it can be inferred that
A. even small quantities of iodine can be harmful to health
B. iodine is important for cognitive growth in children
C. iodized salt is not available in developing countries
D. sodium iodide is less harmful than sodium chloride and should be consumed in large quantities
World Heart Day 2014: salt reduction saves lives


1. On World Heart Day, held 29 September, WHO is calling on countries to take action on the overuse of salt by implementing WHO's sodium reduction recommendations to cut the number of people experiencing heart disease and stroke, and, in turn, save lives.

2. Non-communicable diseases, including heart disease and stroke, are the leading causes of premature death in the 21st century. WHO is supporting governments to implement the "Global action plan to reduce non-communicable diseases" that comprises nine global targets, including one to reduce global salt intake by a relative 30% by 2025. "If the target to reduce salt by 30% globally by 2025 is achieved, millions of lives can be saved from heart disease, stroke and related conditions," says Dr Oleg Chestnov, WHO Assistant Director-General for Non-communicable Diseases and Mental Health.

3. The main source of sodium in our diet is salt. It can come from sodium glutamate and sodium chloride, and is used as a condiment in many parts of the world. In many countries, 80% of salt intake comes from processed foods such as bread, cheese, bottled sauces, cured meats and ready-made meals.

4. Consuming too much salt can lead (or contribute) to hypertension, or high blood pressure, and greatly increase the risk of heart disease and stroke. On average, people consume around 10 grams of salt per day. This is around double WHO's recommended level from all sources, including processed foods, ready-made meals and food prepared at home (less than 5 grams or under one teaspoon per day). WHO recommends that children aged 2 to 15 years consume even less salt than this, adjusted to their energy requirements for growth.

5. "Salt is in almost everything we eat, either because high levels of salt are found in most processed and prepared foods, or because we are adding salt when we prepare food at home," adds Dr Chestnov. Dr Chestnov said that reducing salt intake is one of the most effective ways for countries to improve population health, and urged the food industry to work closely with WHO and national governments to incrementally reduce the level of salt in food products.

6. WHO's evidence-based strategies to reduce salt consumption include: regulations and policies to ensure that food manufacturers and retailers reduce the levels of salt in food and beverage products; agreements with the industry to ensure that manufacturers and retailers make healthy food (with low salt) available and affordable; fostering healthy eating environments (that promote salt reduction) in public places such as schools, hospitals, workplaces and public institutions; ensuring clear food labelling so consumers can easily understand the level of salt in products; implementing WHO's recommendations on the marketing of foods and non-alcoholic beverages to children.

7. Strategies for individuals and families to reduce salt intake include: reading food labels when buying processed food to check salt levels; asking for products with less salt when buying prepared food; removing salt dispensers and bottled sauces from dining tables; limiting the amount of salt added in cooking to a total maximum amount a fifth of a teaspoon over the course of a day; limiting frequent consumption of high salt products; guiding children's taste buds through a diet of mostly unprocessed foods without adding salt.

8. In countries where iodine deficiency needs to be addressed, all salts should be iodized. Even consuming small amounts of adequately iodized salt will still provide the additional health benefits associated with iodine, ensuring proper cognitive development in children.
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Sexta-feira, dia 17 de outubro de 2014
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