Sociology 190: Life and Death in the U.S. Spring 2013 Midterm Examination #1

Na	ame:		
Ha	arvard ID:		
TF	F:		
Di	rections:		
	ease read these instructions carefully actly:	; we will deduct points if you do not comply with them	
1.	Write your full name, Harvard ID n	number, and TF's name at the top of this page.	
2.	answer FIVE of the six questions. Ye we will grade and count only #1-5,	tions. Each question is on a separate page. You need to You should answer <i>only</i> FIVE (5). If you answer all six, and you will have made bad use of your limited time. The t be graded (you may rip it off to use it, but leave the rest	
3.	On every page except the scrap p THIS NOW.	aper, write your Harvard ID and name at the top. DO	
4.		tion you are not answering. If you start writing on it, put a be clear to the graders which question you are choosing	
5.	A good answer will refer to readings or lectures where relevant (you can mention a name or the title or just the article's topic). Your answer should be as organized, clear, and concise as possible. Remember we are NOT expecting a full essay; 1-2 paragraphs should be sufficient for each question. You are not required (or even encouraged) to use all the space provided to answer a question. Make sure to write legibly.		
6.	Please raise your hand to speak with	h a TF if you have any questions.	
		Good luck!	
	F	or graders' use only.	
	Question 1:	Question 4:	
	Question 2:	Question 5:	
	Question 3:	Question 6:	

Question	#1

Name:	
Harvard ID:	

familiar ones. Ex under (a) the adap	s a neurological condition in which a person is unable to recognize faces, ever a replain whether, in your opinion, this condition would be considered a disease ptation standard of health and (b) the normality/statistical standard of health. Since each of these two standards of health.
_	

Question	#2

Name:			
Harvard	d ID:		

What is meant by saying that socioeconomic status is a "fundamental cause of disease?" Explain why, if you take this idea seriously, you might become pessimistic about the prospects for ever eliminating disparities in health status between various socioeconomic groups.			

Question #3

Name:	
Harvard ID:	_

Consider Emily Martin's argument in <i>The Woman and the Body</i> . (a) Briefly describe her argument about the difference between how medical texts describe menstruation and how they describe spermatogenesis (the creation of sperm). (b) Briefly explain how the metaphors we choose to describe female reproduction might affect patients and physicians.

Question #4

Name:	
Harvard ID:	

A friend of yours claims that though we are living longer than a century ago, we are also spending more of our lives suffering from chronic diseases, and so we have not achieved much, after all. (a) Define the "Compression of Morbidity" paradigm. (b) Based on the evidence about that paradigm presented in lecture and the readings, do you agree or disagree with your friend? Why or why not?

Question #5

Name:			
Harvard	d ID: _		

Below is a table taken from the reading on "Birth Outcomes for Arabic-Named Women." Please *briefly* answer three things: (a) What, broadly, is the major research finding that this table shows? (b) Explain why you do or do not think the research approach (i.e., the method used to study this issue) provides compelling evidence for the claimed finding (e.g., in what way was this study methodologically clever or robust, or not?). And (c) what is the relevance of this finding in terms of the broad claim that social factors can affect health?

Please note: We are looking for a discussion of the research findings indicated by the table, not a description of the statistics. You do not need to talk about how the statistics were calculated, the meaning of p values or confidence intervals, etc.. Moreover, a discussion of the statistics without placing it in the greater context of what the findings mean for the social determinants of health does not fully answer the question.

Mother's Race, Ethnicity, or Nativity	Relative Risk	p Value	95% Confidence Interval
All Women	1.00	.850	0.97–1.02
All Foreign-born Women	1.00	.912	0.97-1.04
Non-Hispanic White	1.00	.853	0.96-1.05
Non-Hispanic Black	1.00	.899	0.93-1.07
Asian and Pacific Islander	1.03	.331	0.97-1.10
Native American	1.19	.313	0.85-1.66
Hispanic	0.99	.592	0.95-1.03
Arabic Named	1.34	.022	1.04-1.73
Infant's given name is ethnically distinctive	2.25	.003	1.29-3.90
Infant's given name not ethnically distinctiv	e 1.16	.318	0.87-1.54

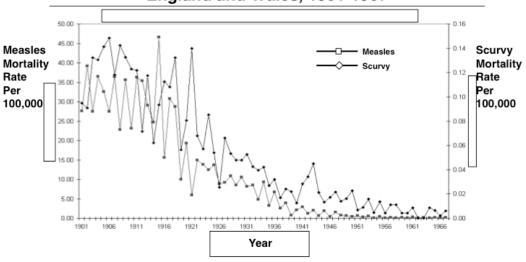
Use the back of this page if you need more space, and put an arrow here:

Question #6

Name:	
Harvard ID:	

- (a) Are the data in the below graph more compatible with (1) the discovery and implementation of treatment for measles in the 1920s, or (2) broad, socioeconomic changes in modern society. Why?
- (b) How does your answer to the foregoing relate to arguments we have reviewed (e.g., in the readings by Cutler, Preston, Bailar, etc.) that recent increases in our life expectancy are largely attributable to advances in medical care?

Mortality Rate for Measles and Scurvy, England and Wales, 1901-1967



Use the back of this page if you need more space, and put an arrow here:

Scrap Paper **NOTHING ON THIS PAGE WILL BE GRADED**