THE SOCIAL CONSTRUCTION OF HEALTH PRACTICE TEST (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Women with supportive partners tended to have less medical intervention and fewer cases of postpartum depression.

A. Women with supportive partners

B. Women without partners

C. Women with high socioeconomic status

D. Women with longer labor

2. According to the social model, what primarily disables people with impairments?

A. It is the individual's impairment that disables them.

B. It is a combination of impairment and barriers equally.

C. Genetic factors determine disability wholly.

D. The society's barriers disable them.

3. Which statement accurately contrasts the medical and social models of disability?

A. Medical model sees disability as pathology; social model sees barriers in society as disabling.

B. Medical model focuses on social barriers.

C. Social model attributes disability to individual's impairments alone.

D. Disability is purely a medical concept in both models.

4. Define medicalization and provide a historical example.

A. Medicalization is turning nonmedical problems into medical issues; for example childbirth becoming primarily medical with hospital births.

B. Medicalization is reducing medical roles in society.

C. Medicalization is expanding natural births at home.

D. Medicalization is a purely theoretical concept with no real-world example.

5. Which statement best describes the role of culture in health beliefs and patient care?

A. Culture has no effect on patient care.

B. Culture determines genetic susceptibility.

C. Culture is only relevant to non-biomedical care.

D. Culture shapes illness interpretation, treatment preferences, adherence, and communication styles.

6. How can social capital influence health outcomes?

A. Through social ties providing support, resources, and information that can improve or worsen health outcomes.

B. It has no measurable effect on health.

C. Through genetic inheritance alone.

D. Only through formal healthcare access, not social networks.

7. What is the impact of medical narratives on patient empowerment?

A. They have no impact.

B. They always empower patients.

C. Paternalistic narratives empower patients.

D. Positive stories can empower, while paternalistic narratives can disempower patients.

8. From a social constructionist perspective, which statement describes power dynamics in patient-practitioner interactions?

A. Patients hold complete authority over all decisions.

B. There is no power differential in these interactions.

C. Clinicians' beliefs are always patient-centered.

D. Practitioners hold epistemic authority; patient knowledge may be discounted, and labels shape legitimacy.

9. Which statement best defines health equity versus health equality?

A. Equality provides the same resources regardless of need.

B. Equality accounts for differing needs.

C. All groups are guaranteed identical health outcomes.

D. Equity accounts for unequal starting points and aims to level opportunities.

10. Which set of health issues is central to life in low-income nations according to the material?

A. Noncommunicable diseases

B. Infectious diseases, high infant mortality, scarce medical personnel, and inadequate water and sanitation

C. Mental health disorders

D. Injuries from accidents

Answers

1. A
2. D
3. A
4. A
5. D
6. A
7. D
8. D
9. D
10. B

Explanations

1. Women with supportive partners tended to have less medical intervention and fewer cases of postpartum depression.

A. Women with supportive partners

B. Women without partners

C. Women with high socioeconomic status

D. Women with longer labor

Support from a partner provides emotional comfort and practical help that reduces stress during pregnancy, labor, and the postpartum period. This social support acts as a protective buffer: calmer, more supported mothers cope better with labor, may experience fewer distress-related triggers for medical interventions, and are less at risk for postpartum depression after birth. The presence of a supportive partner encourages better mood, sleep, and caregiving balance, all of which contribute to healthier outcomes for both mother and baby. In short, the protective effect of partner support directly explains why these women tend to have fewer interventions and fewer cases of postpartum depression. Other scenarios—such as lacking support or focusing on factors like socioeconomic status or labor length—don't inherently capture that same buffering effect on both physical and mental health in the postpartum period.

2. According to the social model, what primarily disables people with impairments?

A. It is the individual's impairment that disables them.

B. It is a combination of impairment and barriers equally.

C. Genetic factors determine disability wholly.

D. The society's barriers disable them.

In the social model, disability comes from society's barriers rather than from the impairment itself. An impairment is a difference in function, but what disables someone are the ways environments, policies, and attitudes block participation—things like inaccessible buildings, lack of accommodations, rigid rules, and stigma. When those barriers are removed or reduced, people with impairments can participate more fully, showing that the disabling factor is the social context. So the society's barriers are the primary source of disablement. This view contrasts with models that locate disability in the person's impairment or attribute it to genetics, and it also moves beyond any notion of an equal mix by focusing on changing the environment to enable inclusion.

3. Which statement accurately contrasts the medical and social models of disability?

A. Medical model sees disability as pathology; social model sees barriers in society as disabling.

B. Medical model focuses on social barriers.

C. Social model attributes disability to individual's impairments alone.

D. Disability is purely a medical concept in both models.

Disability is understood through where the problem is located: inside the person or in the surrounding world. The medical model treats disability as a problem in the individual—an impairment or pathology that needs diagnosis, treatment, or rehabilitation. The social model shifts the focus to society, arguing that barriers in the environment—architectural inaccessibility, lack of accommodations, and stigma—are what disable people with impairments. So the best statement captures this contrast: disability as a medical issue within the person, versus disability arising from societal barriers that exclude or hinder participation. The other options mix up this distinction or misattribute where disability comes from: one implies the medical model centers on social barriers; another says disability under the social model comes from the impairment alone; and another claims disability is purely medical in both models.

4. Define medicalization and provide a historical example.

A. Medicalization is turning nonmedical problems into medical issues; for example childbirth becoming primarily medical with hospital births.

B. Medicalization is reducing medical roles in society.

C. Medicalization is expanding natural births at home.

D. Medicalization is a purely theoretical concept with no real-world example.

Medicalization is the process by which everyday life or nonmedical problems are redefined and treated as medical issues, often under the authority of medical professionals and institutions. A classic historical example is childbirth, which shifted from mostly home-based, community-supported births to hospital births overseen by doctors, with anesthesia and other medical interventions becoming routine. This illustrates how social forces—professional power, technology, and institutions—shape what is considered a medical problem and how it should be treated. The other options don't capture this idea: it isn't about reducing medical roles, it isn't about expanding home births, and it isn't just a theoretical concept—there are clear real-world shifts like hospital birth that demonstrate medicalization.

5. Which statement best describes the role of culture in health beliefs and patient care?

A. Culture has no effect on patient care.

B. Culture determines genetic susceptibility.

C. Culture is only relevant to non-biomedical care.

D. Culture shapes illness interpretation, treatment preferences, adherence, and communication styles.

Culture shapes how people understand illness, what treatments they prefer, how likely they are to follow prescribed care, and how they communicate with healthcare alike. This interconnected influence explains why the statement is best: illness interpretation varies across cultural backgrounds—some see illness as a spiritual imbalance, others as a biomedical issue—so patients may seek different explanations and pathways to care. Treatment preferences are also culturally guided, with some individuals favoring traditional remedies or complementary therapies in addition to or instead of biomedical treatments. Adherence is affected by beliefs about medications, dosing, side effects, and the involvement of family or community in decision-making. Communication styles are shaped by language, health literacy, and expectations about physician authority or patient autonomy, influencing how much information patients want and how they express concerns. Other options miss these nuances. Culture does not determine genetic susceptibility—the biology is not culture-based, even though culture can influence how genetics are understood or acted upon. And culture is not limited to non-biomedical care; it affects all aspects of care, including how patients perceive, accept, and respond to biomedical treatments, as well as how they interact with clinicians.

6. How can social capital influence health outcomes?

A. Through social ties providing support, resources, and information that can improve or worsen health outcomes.

B. It has no measurable effect on health.

C. Through genetic inheritance alone.

D. Only through formal healthcare access, not social networks.

Social capital shapes health by the resources people can access through their social networks. When you have strong social ties, you gain emotional support, practical help (like transportation or reminders to take medications), and information about healthy behaviors, local services, or how to manage illness. These network resources can make it easier to prevent disease, cope with health problems, and navigate healthcare systems, which can improve outcomes. At the same time, networks can sometimes promote unhealthy norms or spread misinformation, or place burdens on individuals, which can worsen health. Genetics play a role in some health traits, but they don't capture how social interactions and community resources affect health in daily life. Health outcomes aren't determined only by formal healthcare access; the information, support, and norms circulating within social ties matter and can amplify or mitigate those formal avenues. So, social capital influences health through the support, resources, and information people obtain from their networks, with potential to improve or worsen outcomes depending on the network dynamics.

7. What is the impact of medical narratives on patient empowerment?

A. They have no impact.

B. They always empower patients.

C. Paternalistic narratives empower patients.

D. Positive stories can empower, while paternalistic narratives can disempower patients.

Narratives in healthcare shape how patients see their own role in care. When medical stories validate patient experiences, explain what's happening in clear terms, and highlight collaboration and success in self-management, patients tend to feel more capable and confident to participate in decisions, ask questions, and follow through with plans. This sense of control and competence is empowerment. Conversely, stories that put the clinician in sole control—speaking in a directive, dismissive, or non-explanatory way—can undermine autonomy, trust, and willingness to engage. Patients may feel like passive recipients rather than active partners, which can reduce motivation to participate in care. So the impact depends on how the narrative is framed: Positive stories can empower patients, while paternalistic narratives can disempower them.

8. From a social constructionist perspective, which statement describes power dynamics in patient-practitioner interactions?

A. Patients hold complete authority over all decisions.

B. There is no power differential in these interactions.

C. Clinicians' beliefs are always patient-centered.

D. Practitioners hold epistemic authority; patient knowledge may be discounted, and labels shape legitimacy.

Power dynamics in patient-practitioner interactions, from a social constructionist standpoint, hinge on clinicians holding epistemic authority—the ability to define what counts as legitimate medical knowledge—and on how patient knowledge can be discounted. Diagnostic labels and classifications do more than describe illness; they shape which explanations are credible, whose experiences are believed, and what treatments are considered legitimate. This creates an asymmetry where the clinician's expertise and the legitimacy conferred by labels steer the interaction, often marginalizing patient perspectives. That perspective aligns with the statement that practitioners hold epistemic authority, patient knowledge may be discounted, and labels shape legitimacy. In contrast, equal power, exclusive patient authority, or universally patient-centered clinician beliefs don't reflect how knowledge and legitimacy are constructed in medical practice.

9. Which statement best defines health equity versus health equality?

A. Equality provides the same resources regardless of need.

B. Equality accounts for differing needs.

C. All groups are guaranteed identical health outcomes.

D. Equity accounts for unequal starting points and aims to level opportunities.

The main idea being tested is fairness in how health resources and opportunities are distributed, accounting for that people don't start from the same place. Health equity focuses on recognizing unequal starting points—like differences in income, geography, or access to services—and aiming to level the playing field by directing resources where they're most needed. That's why the statement about equity accounting for unequal starting points and seeking to level opportunities is the best fit. By contrast, health equality means giving everyone the same resources regardless of need. That can leave gaps where some groups face bigger barriers, because sameness of resources doesn't address differing circumstances. Expecting identical health outcomes for all groups isn't the goal of equity, since outcomes are influenced by many factors beyond resource allocation. A simple example helps: providing the same number of clinics to two neighborhoods would be equality, but if one neighborhood has higher need or greater barriers, equity would distribute more clinics or support there to help achieve more comparable health outcomes.

10. Which set of health issues is central to life in low-income nations according to the material?

A. Noncommunicable diseases

B. Infectious diseases, high infant mortality, scarce medical personnel, and inadequate water and sanitation

C. Mental health disorders

D. Injuries from accidents

In low-income nations, the health landscape is shaped by a heavy burden of infectious diseases and weak health systems. Infectious diseases are a major driver of illness and death because prevention, vaccination, diagnosis, and treatment options are often limited. High infant mortality arises from gaps in prenatal and postnatal care, malnutrition, and vulnerable living conditions, all of which are linked to broader resource constraints. Scarcity of medical personnel and health facilities means fewer doctors, nurses, and midwives to reach rural communities and provide essential services like immunizations, maternal care, and timely treatment. Inadequate water and sanitation further amplify disease transmission, especially diarrheal illnesses, which disproportionately affect children and contribute to overall health declines. While other health issues exist, this combination—infectious disease burden, weak care capacity, and poor WASH infrastructure—best captures the central health challenges described for life in low-income nations.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://socialconstructionofhealth.examzify.com

We wish you the very best on your exam journey. You've got this!