

## Health Promotion Exam 1

### MULTIPLE CHOICE QUESTIONS

1. Advocacy for health promotion is:
  - a. Creating programs for the vulnerable and marginalized groups
  - b. Giving a voice to the voiceless
  - c. Representing the community in a court of law
  - d. Ensuring that women have adequate access to health services
  
2. Which of the following shows that communication fosters relationships in health promotion?
  - a. Relationships should be spontaneous
  - b. Communication for relationships should be systematic
  - c. An intrinsic relationship between the promoter and client should be withheld
  - d. Communication is for health education and not for relationships
  
3. Empowerment means:
  - a. Giving power to withstand rigorous exercises
  - b. Increasing the options for healthy choices
  - c. Educating the community on health issues
  - d. Donating resources to the community's underprivileged
  
4. Community capacity is:
  - a. All the space of the particular community
  - b. The number of people in the community that have an education
  - c. The ability of the community to care for themselves
  - d. The assets in the community that are used to improve the community's quality of life.
  
5. The following are roles for community health advisors EXCEPT:
  - a. Practicing community culture in order to understand their ways
  - b. Building individual and community capacity
  - c. Advocate for individual and community needs
  - d. Assuring that people get the services they need
  
6. When creating a community preventive service program, what should be done?
  - a. Involve other service agencies in the program
  - b. Use the supplies present since the supplies demanded by the community are not available
  - c. Ask for a license from the administration since the program will prevail in the community
  - d. It would be prudent to put up curative services first in order to stabilize the community
  
7. Which of the following statement best describes health
  - a. A relative state of being
  - b. The total state of physical and psychological well-being
  - c. The state of functioning well physically, mentally, socially and spiritually
  - d. Being free from sickness or infirmity
  
8. Virtue-based Reasoning is:

- a. Deontological
  - b. Ontological
  - c. Teleological
  - d. Utilitarian
9. The level of prevention that occur when a defect or disability is permanent or irreversible is
- a. Primary prevention
  - b. Secondary prevention
  - c. Tertiary prevention
  - d. Quarterly prevention
10. The type of crisis that occur as a toddler moves from preschooler and schooler age is:
- a. Situational crisis
  - b. Developmental crisis
  - c. Family crisis
  - d. Sickness crisis
11. All the following are individual models/theories EXCEPT:
- a. Theory of Reasoned Action
  - b. Social cognitive theory
  - c. Interaction model of client health behavior
  - d. Social Capital theory
12. Which of the following is not a multilateral government agency
- a. WHO
  - b. UNICEF
  - c. Red Cross
  - d. The World Bank
13. The ability of a person to function at optimum level is primarily dependent on:
- a. Inner resources of the person
  - b. Considerate, expert nursing care
  - c. High quality medical treatment
  - d. A solid treatment system
14. Which exercise would you mainly recommend for adolescents?
- a. Competitive sports, which improves agility and coordination
  - b. Stretching exercises, which are important to muscle and bone structure
  - c. Aerobic exercises, which lowers cardiovascular function
  - d. Body building exercises, which raise cardiovascular function
15. The type of intervention level that focus on social action and social planning to create new settings (organizations, networks, partnerships) to produce change in organizations and redistribute resources that affect health is:
- a. Individual intervention level
  - b. Organizational intervention level
  - c. Community action intervention level
  - d. Institutional change intervention level

16. The approach of health promotion that encourage individuals to take responsibility for their own health and choice healthier lifestyles is:
- Medical approach
  - Behavior approach
  - Educational approach
  - Empowerment approach
17. The model /theory whose fundamental building blocks are attitudes and subjective norms is:
- Theory of Reasoned Action
  - Social Cognitive theory
  - Interaction model of client health behavior
  - Relapse prevention model
18. Characteristics of health information include all the following EXCEPT:
- Realistic
  - Cheap
  - Accessible
  - Measurable
19. The type of law created over years by a series of judicial decisions is:
- Common law
  - Constitutional law
  - Statutory law
  - Societal law
20. In social cognitive theory, the capability of processing and transforming transient experiences into internal models that guide further actions is:
- Fore thought
  - Symbolization
  - Vicarious learning
  - Self-regulation

## SHORT ANSWER QUESTIONS

- Outline the eight global trends and directions in health promotion (8 marks)
- List five areas of Health promotion identified in the Ottawa charter (1986) (5 marks)
- State the 3 basic strategies for Health promotion action according to priority used to promote community action (6 marks)
- State the three factors influencing the implementation and development of health policies (6 marks)
- State the four major characteristics of health promotion advocacy in relation to its definition (8 marks)
- Outline the principles of ethics (7 marks)

## LONG ANSWER QUESTIONS

- Discuss the OPT/Evaluate model sequence of steps for administering health education program (20 marks)
- Discuss controversial ethical dilemma in health care delivery relating to health promotion (20 marks)

