MCAT Diagnostic Test Review Session
This passage was written in 1989, relatively early in the AIDS crisis.

Outreach workers communicating with Black and Latino women face several uphill battles in changing behavior with respect to HIV and AIDS transmission risk factors. The most important being the apparent perception by minority women that AIDS is a “gay white man’s problem”. The statistics are sobering: over the next six years, the number of AIDS cases among women is expected to increase 300 – 500%, and among those women who contract AIDS through sexual activity, 77% are Black or Latina. Among IV (intravenous) drug users in New York City, the prevalence rate is nearly 50%, with 20% of those whose primary sexual partner is an IV drug user having the disease. Among women in this category, 80% are Black or Latina. Yet when surveyed, minority women at all socioeconomic levels seem to disregard the risk that AIDS poses. A survey of Black college student women showed that less than a quarter insist that their partners use condoms even though 94% knew that condoms could prevent the spread of AIDS.

Populations of poor minority women who live with especially difficult circumstances, often outside the law due to prostitution, drug use, or other circumstances, have always lived with risk. They must prioritize time and attention on the risk of AIDS relative to other concerns such as protecting their children, securing financial resources, and often simply acquiring basic needs such as food, clothing, and shelter for the night. Subjects interviewed in temporary women’s housing often express a sense of helplessness about changing their external circumstances, doom any outreach efforts based on proactive efforts made by these women.

In addition to perception problems, outreach workers must also recognize the cultural contexts in which they operate. Simplistic government messages (e.g. “Just say no”) fail entirely because they ignore the reality in which AIDS is spread. Among IV drug users in NYC, a network of surprisingly tight-knit communities exist in which users provide both emotional and tangible support for one another. Outreach workers may communicate all they want about how “needle sharing” is bad, but they must recognize that the act of sharing is a fundamental form of social support that exists (and is seen as good) in all social networks. When attempting to get women to insist their partners use condoms to reduce the sexual spread of HIV, outreach workers must recognize that in some minority communities, especially traditional Catholic Latino communities, women are not expected to take control of sexual situations and decisions. Simply walking into a store and purchasing condoms risks no small amount of social censure for being seen as a “loose” woman. Cultural norms dictate that women are supposed to enter marriage as virgins, with little to no knowledge about sexual practices or behaviors.

1. The women discussed in the passage prioritize safe sex practices and AIDS risk reduction below more immediate survival needs in accordance with:

   A) Piaget’s stages.
   B) Kohlberg’s stages.
   C) Freudian defense mechanisms.
   D) Maslow’s hierarchy.

2. The poorer women discussed in the passage most likely lack:

   A) self-esteem.
   B) self-efficacy.
   C) self-worth.
   D) an understanding that AIDS is sexually transmitted.

3. A person who is well-known in his local subculture of IV drug users is highly regarded by his fellow addicts and receives support in the manner mentioned in the passage. This support is best described as:

   A) cultural capital.
   B) social capital.
   C) an instance of social reproduction.
   D) deviance from the majority culture but a norm in the subculture.

4. A Latina woman from a traditional household avoids purchasing condoms for her boyfriend because she worries that she will be labeled “loose” as described in the second paragraph. This woman is attempting to avoid what phenomenon?

   A) A looking-glass self
   B) Formal social sanction
   C) Depersonalization
   D) Stigmatization
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**MCAT 2015 Pre-Req**

**Next Step Suggests:**

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- Psychology: 1 semester
- Sociology: 1 semester
- Statistics: 1 semester
- Humanities: 1-3 semesters
Outreach workers communicating with Black and Latino women face several uphill battles in changing behavior with respect to HIV and AIDS transmission risk factors. The most important being the apparent perception by minority women that AIDS is a “gay white man’s problem”. The statistics are sobering: over the next six years, the number of AIDS cases among women is expected to increase 300 – 500%, and among those women who contract AIDS through sexual activity, 77% are Black or Latina. Among IV (intravenous) drug users in New York City, the prevalence rate is nearly 50%, with 20% of those whose primary sexual partner is an IV drug user having the disease. Among women in this category, 80% are Black or Latina. Yet when surveyed, minority women at all socioeconomic levels seem to disregard the risk that AIDS poses. A survey of Black college student women showed that less than a quarter insist that their partners use condoms even though 94% knew that condoms could prevent the spread of AIDS.

Key terms: Black and Latino women, gay white man’s problem

Opinion: author thinks that minority women disregard the danger that AIDS poses

Populations of poor minority women who live with especially difficulty circumstances, often outside the law due to prostitution, drug use, or other circumstances, have always lived with risk. They must prioritize time and attention on the risk of AIDS relative to other concerns such as protecting their children, securing financial resources, and often simply acquiring basic needs such as food, clothing, and shelter for the night. Subjects interviewed in temporary women’s housing often express a sense of helplessness about changing their external circumstances, dooming any outreach efforts based on proactive efforts made by these women.

Key terms: sense of helplessness

Cause and effect: having a difficult life with many other things to worry about reduces the ability that some women have to focus on or worry about AIDS

In addition to perception problems, outreach workers must also recognize the cultural contexts in which they operate. Simplistic government messages (e.g. “Just say no”) fail entirely because they ignore the reality in which AIDS is spread. Among IV drug users in NYC, a network of surprisingly tight-knit communities exist in which users provide both emotional and tangible support for one another. Outreach workers may communicate all they want about how “needle sharing” is bad, but they must recognize that the act of sharing is a fundamental form of social support that exists (and is seen as good) in all social networks. When attempting to get women to insist their partners use condoms to reduce the sexual spread of HIV, outreach workers must recognize that in some minority communities, especially traditional Catholic Latino communities, women are not expected to take control of sexual situations and decisions. Simply walking into a store and purchasing condoms risks no small amount of social censure for being seen as a “loose” woman. Cultural norms dictate that women are supposed to enter marriage as virgins, with little to no knowledge about sexual practices or behaviors.

Opinion: author thinks that outreach efforts need to be aware of social context in which AIDS is spread – the social support between IV drug users, or the sexual shaming that exists in some traditional communities

1. The women discussed in the passage prioritize safe sex practices and AIDS risk reduction below more immediate survival needs in accordance with:

A) Piaget’s stages.
B) Kohlberg’s stages.
C) Freudian defense mechanisms.
D) Maslow’s hierarchy.

D is correct. Maslow’s hierarchy of needs outlines how people prioritize basic physiological needs (food, clothing, shelter) over other needs in life such as safety or love.

A: Piaget outlined the stages of cognitive development and applies to children and adolescents, rather than the adult female populations discussed.
B: Kohlberg outlined stages of moral reasoning addressing how people reason their way through moral questions, and showed how this reasoning develops from children to adults. This process is not directly relevant to the needs asked about in the question.
C: Freud developed the idea that the unconscious mind can develop defense mechanisms to protect the ego from anxiety or from situations with which a person cannot cope. Decisions about prioritizing immediate needs are not relevant to ego defense mechanisms.
2. The poorer women discussed in the passage most likely lack:

A) self-esteem.
B) self-efficacy.
C) self-worth.
D) an understanding that AIDS is sexually transmitted.

B is correct. The passage tells us that for poorer minority women, there is a sense of powerlessness about changing the external realities of their lives. This feeling of an inability to make change is best described as a lack of self-efficacy.

A, C: While the women may have a diminished sense of self-worth or self-esteem, nothing in the passage directly states this. Rather the passage focuses on a sense of helplessness where women feel they can’t make changes.
D: The only discussion in the passage relates to perceptions that AIDS is a disease of gay white men, and not a problem for minority women. There is no discussion about misperceptions about how AIDS is transmitted.

3. A person who is well-known in his local subculture of IV drug users is highly regarded by his fellow addicts and receives support in the manner mentioned in the passage. This support is best described as:

A) cultural capital.
B) social capital.
C) an instance of social reproduction.
D) deviance from the majority culture but a norm in the subculture.

B is correct. The passage says that IV drug using subcultures have their own values, roles, and status allocations and that this social network provides its own forms of emotional and tangible support. Social capital is the benefit one receives from one’s social networks, thus the person discussed in the question is receiving social capital as a consequence of his membership in this subculture.

A: Cultural capital is a social asset (not money) that helps provide social mobility beyond simple monetary resources. Examples of cultural capital include: a style of dress, a university education, a manner of speaking, or specialized knowledge.
C: Social reproduction involves the transmission of ideas, values, and behaviors between generations that lead the younger generation to reproduce the social status or structures of their parents.
D: While the specific behaviors of IV drug users would fit the description in choice D, the question is asking about the general notion of benefitting from one’s social contacts.

4. A Latina woman from a traditional household avoids purchasing condoms for her boyfriend because she worries that she will be labeled “loose” as described in the second paragraph. This woman is attempting to avoid what phenomenon?

A) A looking-glass self
B) Formal social sanction
C) Depersonalization
D) Stigmatization

D is correct. A stigma is extreme disapproval of a person based on some behavior or quality of that person. Typically, a culture (or sub-culture) will stigmatize a person based on overt physical deformations (physical disability), deviant personal traits (drug addiction), or deviation from accepted norms of the ethnic group (being a “loose” woman in a traditional Latino subculture).

A: The looking-glass self is the notion that we construct our identity out of our interpersonal interactions and the perceptions of others. This is not something that one can necessarily avoid – it is simply one sociological construct for understanding how we build our sense of self.
B: An American woman would not face some formal sanction for being perceived as “loose”. A formal sanction is typically a rule enforced by a government, like a fine or imprisonment. While there are formal sanctions against the IV drug use and prostitution discussed in the passage, the question is only asking about “loose” sexual behavior generally, not overtly illegal activity.
C: Depersonalization is a symptom of serious mental illness (although it can happen to anyone, repeated instances are suggestive of a dissociative disorder) in which a person feels like she has stepped outside of herself and is watching herself act, with no sense of control over her behavior.
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