

## Centro de Ciências Humanas, Letras e Artes

I - 47.1

#### DEPARTAMENTO DE LETRAS MODERNAS

## Teple - TESTE DE PROFICIÊNCIA EM LÍNGUA ESTRANGEIRA (LÍNGUA INGLESA)



INSTRUÇÕES: você vai ler dois textos em língua inglesa. Esses textos são seguidos de questões discursivas e objetivas. Responda às perguntas somente com informações contidas no texto.

# <u>Atenção</u>: para efeito de correção, somente serão consideradas as respostas escritas à caneta e em língua portuguesa.

**TEXTO** sidade Estadual de Maringá

#### Rise in use of contraception offers hope for containing global population

More women than ever use family planning, says the UN, and having one child fewer could dramatically curtail the global population by 2030

The number of women using contraceptives in developing countries has soared to record levels in recent years, such that projections for global population growth could be cut by as much as 1 billion over the next 15 years.

The latest figures by the UN show more women than ever now use family planning, with some poorer regions recording the fastest pace of growth since 2000.

In 2015, an estimated 64% of married women, or women living with a partner, aged between 15 and 49, were using modern or traditional forms of family planning. In 1970, the rate was 36%.

The population division of the UN's Department of Economic and Social Affairs (Undesa) predicts high rates of contraceptive use in Africa over the next 15 years; a region with the largest demand

but least access to modern contraceptives. Undesa's projections for global population range between 8 billion and 9 billion by 2030.

"The UN projections of population growth already give us an idea of the impact that increased access to family planning could have. If by 2030 the average family size is just one child fewer, then by 2030 the world population is estimated to be approximately 8 billion rather than 9 billion", said Jagdish Upadhyay, head of reproductive health commodity security and family planning at the UN population fund (UNFPA).

"Evidence shows that women who have access to family planning choose to use family planning, often resulting in smaller families, higher educational achievements, healthier children and greater economic power as well as influence in their households and communities", said Upadhyay.

"If all actors can work together to provide women in every country with the means, which is their right, to voluntarily exercise yet another right to freely determine their family size, then we are likely to see a significant slowing of global population growth".

In Nigeria, one of the countries predicted to see the biggest population growth over the next few decades and with a contraceptive prevalence rate of 16%, an increase of one percentage point in the use of modern contraceptives would mean about 426,000 more women would be using family planning.

Upadhyay said many countries, particularly those in west Africa which has a high unmet need for contraception, could potentially reap the demographic dividend: a boost to the economy that occurs when there are growing numbers of people in the workforce relative to the number of dependents.

However, he cautioned that despite the successes of the past 40 years, huge, and sustained, investment in family planning is needed to keep up with demand and meet the needs of women who are unable to access services.

Julia Bunting, president of the Population Council, said: "To impact population projections will require real commitment from countries like Nigeria to invest in high quality, voluntary family planning programmes to expand access to contraceptives. The timing, scale and pace of those efforts will determine the magnitude of impact on population projections".

According to Undesa figures, 142 million married women or those living with a partner, who would like to avoid pregnancy and use a modern form of contraception, are unable to access them. When single women are included, the number rises to 225 million.

Africa has the highest unmet need, with an estimated 33% of women using contraceptives in 2015. East, central and south Africa are expected to increase coverage over the next 15 years, but over that time its large youth population will be reaching reproductive age.

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Sarah Onyango, a senior adviser for service delivery at the International Planned Parenthood Federation, said continued increases in contraceptive use could have an impact on population figures, but the trend requires more detailed analysis.

"Over the next 15 years, we're going to see growth in contraceptive use and demand because an increasing number of women of reproductive age will require contraceptive services", she said.

"Right now, the population of Africa is generally young people –almost 50% of the population are youths. If current trends in contraception use continue, we will probably see some shifts in population."

Fonte: Adaptado de: <http://www.theguardian.com/global-development/2016/mar/08/rise-use-contraception-global-population-growth-family-planning> Acesso em: 08 de mar. 2016.

1-. Em língua portuguesa, responda às questões abaixo, referentes ao **Texto 1**. (VALOR: 2,3)

A). Qual a mudança na estimativa de crescimento populacional para o ano de 2030 se a taxa de natalidade for de um filho a menos por família? (VALOR: 0,7)

B). Quais os benefícios de se fazer um planejamento familiar de acordo com Jagdish Upadhyay? (VALOR: 0,8)

C). O que é necessário para que países como a Nigéria tenham uma redução demográfica significativa? (VALOR: 0,8)

2-. Assinale com um **X** apenas a(s) assertiva(s) cuja(s) informação(ões) possa(m) ser confirmada(s) pelo **Texto 1**. (VALOR: 1,2 – 0,3 cada)

- A). ( ) O uso do planejamento familiar tem crescido em regiões mais pobres e diminuído em países desenvolvidos desde os anos 2000.
- B). ( ) A Nigéria é o país com o maior crescimento demográfico no mundo atualmente.
- C). ( ) Parte das mulheres que gostaria de usar métodos contraceptivos não tem acesso a eles.
- D). ( ) Apenas um terço das mulheres africanas utilizaram métodos contraceptivos no último ano.

3-. Considerando os aspectos linguísticos do **Texto 1**, marque verdadeiro (**V**) ou falso (**F**) nas seguintes alternativas: VALOR: 1,5 - 0,3 cada

- A). ( ) No excerto "a region with the largest demand **but** least access to modern contraceptives" a palavra em destaque indica oposição entre as orações anterior e posterior a ela.
- B). ( ) No excerto "but the trend requires more **detailed** analysis" a palavra em destaque qualifica o substantivo *analysis* que vem a seguir.
- C). ( ) No trecho "investment in family planning is needed to keep up with demand and meet the needs of women who **are unable to** access services" a expressão em destaque poderia ser substituída por *cannot*.
- D). ( ) Em "East, central and south Africa are expected to increase coverage over the next 15 years, but over that time **its** large youth population will be reaching reproductive age" a palavra em destaque se refere a *next 15 years*.
- E). ( ) No trecho "Over the next 15 years, we're going to see growth in contraceptive use and demand because an increasing number of women of reproductive age will require contraceptive services" as expressões em destaque indicam ações futuras.

## TEXTO 2

#### Is crying good for you?

If you feel down, surely it's best to let it all out and shed a few tears?

Well, not always, according to some studies

Have a good cry, let it all out - who doesn't think it is healthy to shed a few tears?

An analysis of 140 years of media articles on crying shows that a whopping 94% extol its virtues. Cancer, asthma and high blood pressure have all been linked (tenuously) to not crying enough, while a Huffington Post blog last week urged men to cry more because it "releases pain" and "helps individuals to heal".

#### The solution

Crying from emotion, be it sadness, anger or joy, is said to be exclusively human, although it is also claimed that elephants tear up. Opinions on crying are culturally determined. The Toraja in Indonesia think that crying – unless done by a bereaved person – is unhealthy, causing mental health problems and early death.

A study of 5,000 people in 35 countries led by Professor Ad Vingerhoets, a psychologist from Tilburg in the Netherlands and author of the book Why Only Humans Weep: Unravelling the Mysteries of Tears, found that, on average, woman cried between 30 and 64 times a year, compared with men's six to 17 times. Vingerhoets suggests that testosterone may inhibit men from crying, whereas women's higher prolactin levels may promote it. Prolactin levels are higher in pregnancy, when crying can be more frequent.

Consistent science is missing from the study of adult crying, and scientists have failed to determine whether it is a good thing. Distress, which activates the sympathetic nervous system and makes people feel agitated, is thought to be resolved faster when the parasympathetic system is triggered. Surveys find that 60% to 70% of people say that crying makes them feel less tense – but they are usually recalling an episode some time ago.

In laboratory studies where crying is induced, people actually report feeling more distressed. A study from the University of California at Berkeley showed 150 women a clip from the film Steel Magnolias, in which a mother is crying at her daughter's funeral. A total of 33 cried and 117 did not. Those who cried felt more pain and distress for a longer period of time. The authors argued that crying created a state of greater distress, which took longer to recover from.

Crying is often associated by helplessness and may make people feel better only if it helps to resolve the situations. Studies show that comfort from one person in particular, as opposed to a group, does make people feel that crying was a good idea. If crying is associated with shame, then it may not make you feel better – but the answer to "Should you have a good cry?" has to be yes – and try not to feel bad about it.

Fonte: Adaptado de: <http:// http://www.theguardian.com/lifeandstyle/2016/mar/06/is-crying-good-for-you >. Acesso em: 06 de abril de 2016.

4-. Tendo em vista o **Texto 2**, qual o resultado do estudo realizado pelo professor Ad Vingerhoets e quais suas explicações para esse resultado? (VALOR: 1,5)

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5-. Com base no **Texto 2**, marque verdadeiro (**V**) ou falso (**F**) nas seguintes alternativas: VALOR: (1,5 - 0,3 cada)

- A). ( ) De acordo com o texto, doenças como câncer, asma e hipertensão acometem mais homens que mulheres.
- B). ( ) Embora o choro de emoção seja um comportamento exclusivamente humano, há quem afirme que elefantes também choram.
- C). ( ) Para o povo da etnia Toraja, na Indonésia, o choro é saudável, a menos que sua causa seja o luto.
- D). ( ) O estudo realizado na Universidade da Califórnia aponta que o choro associado à vergonha nem sempre resulta na sensação de bem-estar.
- E). ( ) A pergunta do título é respondida afirmativamente, no último parágrafo do texto.

6-. Traduza o excerto abaixo, retirado do **Texto 2**. Observe que além da correspondência de sentido com o texto de partida, seu texto traduzido deve ter fluência, coesão e coerência. (VALOR: 2,0)

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Universidade Estadual de Maringá