

2025年度  
武庫川女子大学 大学院  
看護学研究科 看護学専攻  
博士後期課程【前期募集】入学試験

## 解答例

貸与した辞書のみ持ち込み可

科 目	英 語 ( 第 1 問 )	この問題を選択した場合は、右欄に○をつけて下さい。	
受験番号		氏 名	一般選抜 ・ 社会人特別選抜 (いずれかに○をつける)

### 第 1 問

次の英文を読んで、問いに答えよ。

① Qualitative research is recognised as ‘the word science’. It relies heavily on words or stories that people tell us as researchers. Qualitative research focuses on the social world instead of the world of nature. It is ‘a form of social inquiry’ that looks at how individuals ‘make sense of their experiences and the world in which they live’.

(中略)

② Increasingly, qualitative research is receiving interest in the areas of patient-centered care and evidence-based practice in health care. This is mainly because qualitative inquiry can cultivate great understanding of the beliefs, attitudes and behaviours of the patients and consumers. This in-depth understanding allows health professionals to better accommodate health interventions to suit the needs of the consumers. For example, HIV/AIDS is a global public health concern and antiretroviral therapy (ART) has saved many lives worldwide. However, non-adherence to ART is still a huge issue in most parts of the world. Qualitative research can contribute greatly to our understanding of the non-adherence of combination ART. Qualitative inquiry provides a unique means for understanding the complex factors that influence adherence.

(中略)

③ Quantitative data can be very useful in explaining public health issues, especially the cause and extent of disease. However, quantitative data may mask people’s experience and their interactions with others. Quantitative data have less power to allow an in-depth understanding of the contextual issues that have in recent times become a major concern in public health. Researchers can move beyond ‘snapshots of “what” or “how many” to “how and why things happen as they do”’. Qualitative research offers knowledge that allows us to understand people and this understanding can lead to the provision of sensitive and appropriate health and social care to those peoples and their communities.

問1 下線部①を和訳せよ。

質的研究は「言葉による科学」として認識されている。質的研究は、人々が研究者である私たちに語る言葉やストーリーに大きく依拠する。質的研究は自然の世界ではなく、社会的世界に焦点を当てている。質的研究は「社会的調査の一形態」であり、個人がどのように「自分の経験や自分の住む世界を意味づけるか」に注目する。

問2 下線部② ‘Increasingly, qualitative research is receiving interest in the areas of patient-centered care and evidence-based practice in health care.’ の理由は何か。本文の該当箇所を和訳せよ。

質的研究は、患者や消費者の信念、態度、行動を深く理解することができる。そして、このような深い理解によって、医療専門家は患者のニーズに合った医療介入をより適切に提供することができる。

問3 下線部③ ‘Quantitative data’ の利点と欠点は何か。本文の該当箇所を和訳せよ。

1) 利点：公衆衛生上の問題、特に疾病の原因や程度を説明するのに役立つ。

2) 欠点：人々の経験や他者との相互作用を覆い隠してしまう可能性がある。

出典：Pranee Liamputtong. 『Qualitative Research Methods』 5th edition, pp.xi-xiv, Oxford University Press, 2020.

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**第2問**

次の英文を読んで、問いに答えよ。

Worldwide, an estimated 1.3 billion ① people live with a disability — “long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” according to the 2006 UN Convention on the Rights of Persons with Disabilities. People with disabilities too often die earlier and have poorer health than those without disabilities. With the ageing of the population their number grows annually, yet progress in tackling inequity and improving inclusivity has been disappointingly limited.

② . Having a disability is associated with twice the risk of developing other conditions such as stroke, diabetes, depression, obesity, asthma, or poor oral health, according to WHO. Hannah Kuper and colleagues analyse the association between disability and increased mortality in people with disability. They estimate that people with disabilities face a median life expectancy reduction of 13.8 years, reaching 23.1 years in low-income countries. Such health inequities have been linked to the unfair conditions faced by people with disabilities, including stigma, discrimination, poverty, and barriers in the health system itself. Acting on these factors is key to reducing the life expectancy gap and the health inequities that people with disabilities face.

(中略)

Beyond an inclusive health system, society as a whole can be disability inclusive. According to UNICEF children with disabilities are 42% less likely to have foundational reading and numeracy skills and 49% more likely to have never attended school compared with children without disabilities. Importantly, education is a key determinant of health and mortality. Inclusive schools and provisions for those with special educational needs and disability are essential steps towards equity for children with disabilities. In turn, this could improve employment equity. Indeed, according to UN data, people with disabilities are more likely to experience unemployment than people without disabilities, with rates of up to 90% in some low-income and middle-income countries, as well as experiencing more financial hardship. Inclusivity in all of society can substantially reduce social isolation and increase mental wellbeing. Inclusion can come from the accessibility of public transport, buildings and spaces, representation in society, such as employment in customer-facing roles, media, and politics, and improving disability awareness and education. Importantly, including people with disabilities in decisions on building an inclusive society is key.

問1 下線部①は、2006年に国連総会で採択された条約ではどのように示されているか。本文中の該当箇所を和訳せよ。

障害者には、長期的な身体的、精神的、知的又は感覚的な機能障害であって、様々な障壁との相互作用により他の者との平等を基礎として社会に完全かつ効果的に参加することを妨げ得るものを有する者を含む。

問2 下線部②の health inequities の例として挙げられている2点を和訳せよ。

- WHOによると、障害があると、脳卒中、糖尿病、うつ病、肥満、喘息、口腔衛生不良などの他疾患につながるリスクが2倍になる。
- Hannah Kuperらは、障害と平均余命の関連を分析し、障害のある人においては平均余命の中央値が13.8年短く、低所得国では23.1年に達すると推定している。

問3 disabilityが教育や雇用の面で及ぼす影響について、具体的に述べられている箇所をそれぞれ和訳せよ。

- 教育：ユニセフによると、障害のある子どもたちは、障害のない子どもたちと比較して、基礎的な読解力や計算能力がある可能性が42%低く、一度も学校に通うことがない可能性が49%高い。
- 雇用：国連のデータによると、障害のある人は障害のない人に比べて失業を経験する割合が高く、一部の低所得国および中所得国では失業率が最大90%に達しており、経済的困難もより多くの人が経験している。

Reprinted from The Lancet Public Health, Volume 9, Disability inclusivity: time to step up by The Lancet Public Health., 2024, with permission from Elsevier.



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### 第1問

次の文章は「Obstetric Violence」について書かれたものである。英文を読み、以下の問いに答えよ。

Mistreatment is a broad term that refers to any form of behavior that is unprofessional, harmful, indifferent, rude, neglectful, or disrespectful and can include more severe acts, such as abuse; moreover, mistreatment can include violence against women. ① Examples of mistreatment might include ignoring someone's needs, failing to provide adequate care, providing biased care, and treating someone with disrespect or hostility. Of note, abuse is a more severe form of mistreatment that involves intentional harm, whereas mistreatment can refer to any behavior that is harmful or disrespectful, whether it is intentional or not.

The term "mistreatment in healthcare" has been used for pregnant patients and entails neglect and emotional (verbal), physical, and even sexual mistreatment. Patients who are mistreated can suffer and ② feel that [ they lost some of their value as human beings ] and describe it as the experience of being powerless, ignored, and treated with carelessness and non-empathy.

Reports of disrespect, mistreatment, and abuse during maternity care are widespread. It is estimated that 13% to 28% of female patients seeking any kind of gynecologic healthcare had experienced abuse in healthcare in their lifetime.

③ Childbirth and its associated circumstances can be experienced as a traumatic event and cause posttraumatic symptoms or even full posttraumatic stress disorder (PTSD). Approximately 1 of 20 women with vaginal delivery was found to have PTSD. Bad memories of deliveries and induction of labor were among the causes of PTSD.

(中略)

④ It encompasses being ignored by healthcare providers; having requests for help refused or not responded to; being emotionally abused (verbal), such as being shouted at or scolded by healthcare providers; having the patient's privacy violated; and being threatened with withholding of treatment or being forced to accept treatment, including performing procedures that are unnecessary, unindicated, or without informed patient consent. Healthcare providers should raise awareness about any mistreatment or discrimination of pregnant patients, promote respectful and patient-centered unbiased care, provide an ethical framework for all healthcare personnel, and work toward systemic change to prevent any mistreatment of patients.

問1 下線部①を和訳せよ。

虐待（酷使、不当な扱い）の例には、誰かのニーズを無視すること、適切なケアを提供しないこと、偏ったケアを提供すること、誰かを無礼または敵意を持って扱うことなどがある。

問2 下線部②の feel が指している部分を [ ] 枠で囲み、和訳せよ。

[ they lost some of their value as human beings ]

人間としての価値の一部を失った（ように感じる）。

問3 下線分③を和訳せよ。

出産とそれに関連する状況は、トラウマ的な出来事として経験され、心的外傷後症状、あるいは完全な心的外傷後ストレス障害（PTSD）を引き起こす可能性がある。

問4 下線部④の It encompasses が指すものを全て和訳せよ。

医療従事者に無視される、助けを求めても拒否される、または応じてもらえない、医療従事者に怒鳴られる、叱られるなどの精神的虐待（言葉による）を受ける、患者のプライバシーが侵害される、治療の差し控えを脅迫される、または不必要な、必要とされない、インフォームド・コンセントのない処置などの治療の受け入れを強要されること

Reprinted from American journal of obstetrics and gynecology, Volume 230, Frank A. Chervenak, Renee McLeod-Sordjan, Susan L. Pollet, Monique De Four Jones, Mollie R. Gordon, Adriann Combs, Eran Bornstein, Dawnette Lewis, Adi Katz, Ashley Warman, Amos Grünebaum, Obstetric violence is a misnomer, S1140-S1143, 2023, with permission from Elsevier.

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**第2問**

次の英文を読み、以下の問いに答えよ。

According to the WHO, more than 2 billion cases of diarrheal disease are reported globally each year, which result in more than 2 million annual deaths. Diarrheal disease affects children aged less than 5 years disproportionately: in Latin America alone, diarrheal disease causes more than 75 000 annual deaths in children aged less than 5 years. Diarrheal disease also has numerous chronic consequences in children, such as decreased growth, undernutrition, and impaired cognitive development.

Inadequate access to water, sanitation, and hygiene (WASH) are known risk factors for diarrheal disease. Nevertheless, WASH infrastructure is inequitably distributed worldwide and remains a global health challenge. ①More than 40% of the global population experiences water scarcity, and even among those who do have access to water, approximately 23% (1.8 billion) use a fecally contaminated drinking water source. Furthermore, in 2015, only 39% of the global population had access to safe sanitation services (eg toilets and latrines). These unsafe water and hygiene conditions are responsible for nearly 90% of diarrheal deaths globally, and the health impacts of investment in WASH interventions are well documented. Importantly, it is anticipated that climate change will compound these existing human health risks via degradation of freshwater sources and impacts on water security. In some regions of the Amazon, populations are already reporting challenges with water security due to increasing flooding.

Although Peru was very successful in achieving the 2015 Millennium Development Goal (MDG) indicators for water access, it was not as successful for sanitation. The 2030 Sustainable Development Goals (SDGs), which build upon the MDGs, include an enhanced focus on access to quality water, sustainable sanitation, and ending open defecation (SDG6). Furthermore, the SDGs have a pledge to 'leave no one behind', and countries have committed to prioritizing marginalized populations, including children, women, and Indigenous Peoples. Consequently, the WHO/UNICEF Joint Monitoring Programme created SDG-indicators in water access, sanitation, and hygiene to help identify populations that should be prioritized to meet national SDG targets. Current policies in Peru for Drinking Water and Sanitation include Programa Nacional de Saneamiento Rural (National Sanitation Rural Program), which aims to supply water and sanitation to communities from the four basins in the Peruvian Amazon that are home to several Indigenous Amazonian communities. Additionally, the Ministry of Housing conducts the PIASAR – Programa Integral de aguay saneamiento rural (Rural Global Water and Sanitation Program), which has collaboration and support from the Inter-American Development Bank.

Previous studies conducted in Peru have revealed a high prevalence of diarrhea in children aged less than 5 years, particularly in rural and remote areas. Of note, one study in the Peruvian Amazon reported a prevalence of diarrhea as high as 50% for Indigenous children. Given the previously reported high burden of diarrheal disease among Indigenous children in Peru, as well as the ambitious and regionally targeted focus of the SDGs, it is critical to understand current WASH indicators in Indigenous communities in Peru in order to identify and prioritize public health interventions.

問1 本文中に記載されている下痢性疾患により子どもたちに表れている慢性的な影響について、該当箇所を和訳せよ。

decreased growth = 発育不良、成長不全  
 undernutrition = 栄養不良、低栄養  
 impaired cognitive development = 認知発達障害

問2 下線部①を和訳せよ。

世界人口の40%以上が水不足を経験しており、水を利用できる人でも約23%（18億人）が糞便で汚染された飲料水源を利用している。

問3 本文中に記載されているペルーで行われた下痢性疾患に関する調査結果が具体的に書かれている箇所2つについて、該当箇所を和訳せよ。

- 特に、農村部や遠隔地において、5歳未満の小児に下痢の有病率が高い
- 先住民の子どもたちの下痢の有病率が50%に上る（達する）

出典：Torres-Slimming PA, et al., Diarrheal disease and associations with water access and sanitation in Indigenous Shawi children along the Armanayacu River basin in Peru. Rural Remote Health, 23(3), 2023.