

Enrollment No. :

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(MOOCs) IDC

Paper : MOOCIDC2013

( Economics of Health & Education )

Full Marks : 50

Pass Marks : 20

Time : 2 hours

( Question carries 1 mark each )

Please tick (✓) the correct answer

Use of correction fluid is prohibited \*\* Multiple ticks will be treated as incorrect.

**1. Health economics mainly studies**

A. Production of consumer goods

C. Behaviour of firms

B. Allocation of health resources

D. Price theory

**2. Education is considered an**

A. Inferior good

C. Luxury good

B. Investment in human capital

D. Intermediate good

**3. Human capital refers to**

A. Stock of machines

C. Gold reserves

B. Skills, knowledge, and health of people

D. Natural resources

**4. The most common measure of health status is**

A. Inflation rate

C. GDP

B. Mortality rate

D. Interest rate

**5. Infant mortality rate refers to deaths of children below**

A. 1 year

C. 5 years

B. 2 years

D. 10 years

**6. Public goods in health include**

A. Medicines

C. Hospital beds

B. Vaccination programmes

D. Surgical instruments

**7. The demand for healthcare services is often**

A. Perfectly elastic

C. Derived demand

B. Perfectly inelastic

D. Independent

**8. Externalities in health refer to**

A. Government subsidies

C. Private costs only

B. Benefits or costs to third parties

D. Tax exemptions

**9. WHO stands for**

A. World Health Office

C. World Health Organization

B. World Humanitarian Organization

D. World Help Office

- 10. Education increases productivity through**  
 A. Higher consumption  
 C. Price control  
 B. Improved skills and knowledge  
 D. Reducing imports
- 11. The literacy rate measures**  
 A. Years of schooling  
 C. Number of teachers  
 B. Reading and writing ability  
 D. Education expenditure
- 12. In economics, health care is seen primarily as a**  
 A. Consumption good  
 C. Luxury good  
 B. Merit good  
 D. Public bad
- 13. Merit goods are**  
 A. Goods harmful to society  
 C. Goods society wants to provide regardless of ability to pay  
 B. Goods with high income elasticity  
 D. Market goods only
- 14. The Human Development Index (HDI) does NOT include**  
 A. Health  
 C. Income  
 B. Education  
 D. Inflation
- 15. Life expectancy measures**  
 A. Average years a person is expected to live  
 C. Highest age in a population  
 B. Age of retirement  
 D. Adult literacy
- 16. A major source of health financing in India is**  
 A. Private expenditure  
 C. UNESCO  
 B. WHO grants  
 D. IMF loans
- 17. The production function of education includes**  
 A. Teachers, students, infrastructure  
 C. Banks and money supply  
 B. Cars and machines  
 D. Exchange rates
- 18. Health is considered a capital good because**  
 A. It increases leisure  
 C. It reduces taxes  
 B. It adds to productivity  
 D. It increases imports
- 19. Primary education refers to**  
 A. College education  
 C. Technical education  
 B. Schooling from Class I-V  
 D. Postgraduate education
- 20. Adverse selection in health insurance occurs when**  
 A. Healthy people buy more insurance  
 C. Prices fall  
 B. Sick people are more likely to buy insurance  
 D. Everyone gets free insurance
- 21. Moral hazard in insurance refers to**  
 A. People becoming more careful  
 C. Companies reducing premiums  
 B. People taking more risks after being insured  
 D. Hospitals offering free services
- 22. Health equity means**  
 A. Equal income for doctors  
 C. Fair access to health services  
 B. Equal distribution of machines  
 D. Equal wages for all
- 23. The primary objective of public health is**  
 A. Profit maximization  
 C. Export promotion  
 B. Promotion of population health  
 D. Market expansion

24. **Opportunity cost in education refers to**  
 A. Cost of books  
 C. Teacher salaries  
 B. Wages foregone while studying  
 D. Government grants
25. **The education sector exhibits**  
 A. Increasing returns to human capital  
 C. No returns  
 B. Decreasing returns to human capital  
 D. Negative returns
26. **Cost-benefit analysis in education compares**  
 A. Books and uniforms  
 C. Teachers and labs  
 B. Costs of schooling with expected future gains  
 D. Income and tax rates
27. **A public health externality is best shown by**  
 A. Personal medical bills  
 C. Hospital fees  
 B. Herd immunity from vaccination  
 D. Doctor salaries
28. **The demand for education depends on**  
 A. Opportunity cost  
 C. Parental income  
 B. Expected returns  
 D. All of the above
29. **Universal health coverage aims at**  
 A. Insurance for only rich  
 C. Access to essential health services for all  
 B. Free healthcare for government employees  
 D. Private sector growth
30. **The main provider of public education in India is**  
 A. Private institutions  
 C. Coaching centres  
 B. Government schools  
 D. NGOs only
31. **A health production function relates**  
 A. Doctors and nurses  
 C. Education years to wages  
 B. Inputs like medical care to health outcomes  
 D. Agriculture to GDP
32. **Preventive care includes**  
 A. Surgery  
 C. Hospitalization  
 B. Immunization  
 D. Dialysis
33. **Curative health services aim to**  
 A. Prevent future diseases  
 C. Teach first aid  
 B. Treat existing illnesses  
 D. Improve nutrition
34. **The main indicator of educational attainment is**  
 A. Movie attendance  
 C. Birth rate  
 B. Average years of schooling  
 D. GDP per capita
35. **Mass vaccination is considered a**  
 A. Private good  
 C. Consumer durable  
 B. Merit and public good  
 D. Luxury good
36. **A major challenge in education financing is**  
 A. Shortage of textbooks  
 C. Excessive foreign investment  
 B. High opportunity cost  
 D. Low tariffs
37. **The health care market is different because**  
 A. Patients and doctors share equal information  
 C. Prices are always fixed  
 B. Patients have less information than providers  
 D. No uncertainty exists

- 38. Education contributes to economic growth by**  
 A. Reducing consumption  
 B. Reducing population  
 C. Increasing human capital  
 D. Lowering imports
- 39. The elasticity of demand for healthcare is typically**  
 A. High  
 B. Low  
 C. Zero  
 D. Negative
- 40. Public expenditure on health in India is**  
 A. Very high  
 B. Among the lowest compared to many countries  
 C. Same as Japan  
 D. Increasing to 20% of GDP
- 41. The market for health insurance suffers from**  
 A. Perfect information  
 B. Information asymmetry  
 C. No risk  
 D. Zero competition
- 42. A major benefit of education is**  
 A. Lower wages  
 B. Higher productivity and earnings  
 C. Lower skill level  
 D. Higher unemployment
- 43. Non-monetary benefits of education include**  
 A. Social status  
 B. Cultural understanding  
 C. Better health behaviour  
 D. All of the above
- 44. A health outcome indicator is**  
 A. GST rate  
 B. Morbidity rate  
 C. Trade deficit  
 D. Saving rate
- 45. The role of the government in education includes**  
 A. Ensuring equity and quality  
 B. Eliminating all private schools  
 C. Increasing trade  
 D. Funding only universities
- 46. In cost-effectiveness analysis, outcomes are measured in**  
 A. Money terms  
 B. Quantity of life years or health units  
 C. GDP  
 D. Inflation
- 47. Health insurance reduces**  
 A. Risk of financial loss  
 B. Overall health needs  
 C. Production cost  
 D. Literacy rate
- 48. Dropout rates in education are affected by**  
 A. Poverty  
 B. Poor school quality  
 C. Child labour  
 D. All of the above
- 49. The health sector suffers from**  
 A. Perfect competition  
 B. Market failures  
 C. Uniform information  
 D. No externalities
- 50. Investment in education is justified because**  
 A. It reduces leisure  
 B. It increases human capital and long-term growth  
 C. It increases government debt  
 D. It lowers life expectancy