

**Victorian Certificate of Education  
2020**

SUPERVISOR TO ATTACH PROCESSING LABEL HERE

**STUDENT NUMBER**

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**HEALTH AND HUMAN DEVELOPMENT**  
**Written examination**

**Thursday 19 November 2020**

**Reading time: 3.00 pm to 3.15 pm (15 minutes)**  
**Writing time: 3.15 pm to 5.15 pm (2 hours)**

**QUESTION AND ANSWER BOOK**

**Structure of book**

<i>Number of questions</i>	<i>Number of questions to be answered</i>	<i>Number of marks</i>
13	13	100

- Students are permitted to bring into the examination room: pens, pencils, highlighters, erasers, sharpeners and rulers.
- Students are NOT permitted to bring into the examination room: blank sheets of paper and/or correction fluid/tape.
- No calculator is allowed in this examination.

**Materials supplied**

- Question and answer book of 28 pages
- Additional space is available at the end of the book if you need extra space to complete an answer.

**Instructions**

- Write your **student number** in the space provided above on this page.
- All written responses must be in English.

**Students are NOT permitted to bring mobile phones and/or any other unauthorised electronic devices into the examination room.**

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**Instructions**

Answer **all** questions in the spaces provided.

**Question 1 (4 marks)**

- a. Using **one** example, outline why health and wellbeing is said to be dynamic. 2 marks

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- b. Outline **one** benefit of optimal health and wellbeing as a resource nationally. 2 marks

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**TURN OVER**

**Question 2 (12 marks)**

Stewart is a 58-year-old father of three. Stewart and his wife own and manage a cafe. He spends his spare time with his children and close network of friends. Stewart has recently experienced depression and has had to take some time off work to focus on his condition and receive medical care. This has had significant impacts on his mental, social and emotional health and wellbeing. He has experienced depression in the past and has a number of strategies to assist with the recovery process. Stewart and his family have private health insurance (hospital and extras).

- a. Other than treatment in a public or private hospital, list one health service that Stewart could access that is covered by Medicare and one health service that could be accessed through private health insurance.

2 marks

Medicare \_\_\_\_\_

Private health insurance \_\_\_\_\_

- b. Identify two advantages and two disadvantages of private health insurance.

4 marks

Advantage	Disadvantage

- c. Explain how Stewart's current situation may have an impact on his emotional health and wellbeing.

2 marks

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**Question 2 – continued**

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- d. Explain how Stewart's emotional health and wellbeing could have an impact on his social and spiritual health and wellbeing.

4 marks

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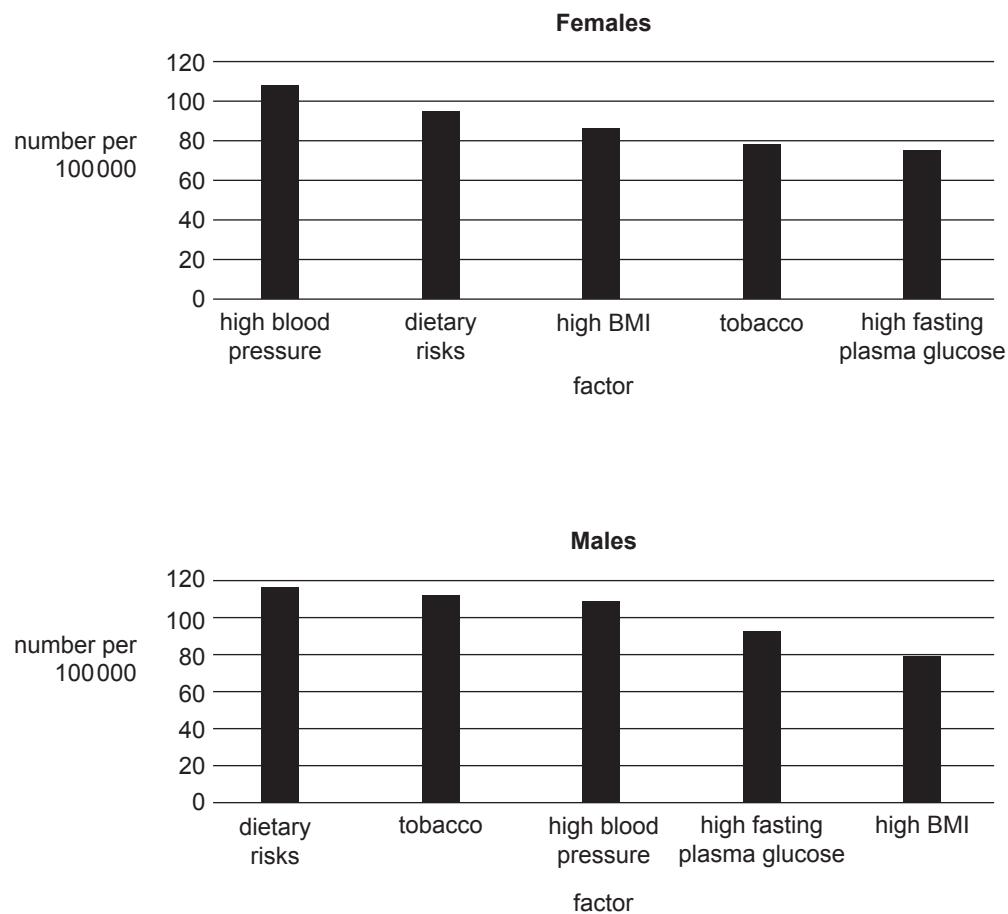
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**Question 3 (9 marks)****Five leading factors contributing to deaths in Australia, 2017**Data: Institute for Health Metrics and Evaluation (IHME), <[www.healthdata.org](http://www.healthdata.org)>

- a. From the graphs above, select **one** example that represents a biological factor.

1 mark

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**Question 3 – continued**

- b. List two variations in health status that exist between males and females in Australia. Explain how the differences in factors that are evident in the graphs on page 6 could contribute to these variations. 4 marks

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2. \_\_\_\_\_

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- c. High body mass index (BMI) and dietary risks are both major contributing factors in the deaths of males and females in Australia.

Describe two ways in which the *Australian Dietary Guidelines* could be used to bring about dietary change and decrease death rates. 4 marks

1. \_\_\_\_\_

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2. \_\_\_\_\_

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**Question 4 (6 marks)**

Overall, Australian children aged 14–18:

- get 41% of their energy from discretionary foods
- get 13% of their energy from added sugars and 13% from saturated and trans fats (with the latter exceeding the 10% recommended limit)
- have an intake of sodium well above the level of adequate intake.

Source: adapted from Australian Institute of Health and Welfare, *Nutrition across the life stages*, cat. no. PHE 227, AIHW, Canberra, 2018, p. 50

- a. Use two examples from the information above to explain the impact on the long-term health status of Australians.

2 marks

1. \_\_\_\_\_

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2. \_\_\_\_\_

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**Question 4 – continued**

- b. Explain two challenges that can have an impact on an individual's ability to make dietary changes. 4 marks

1. \_\_\_\_\_

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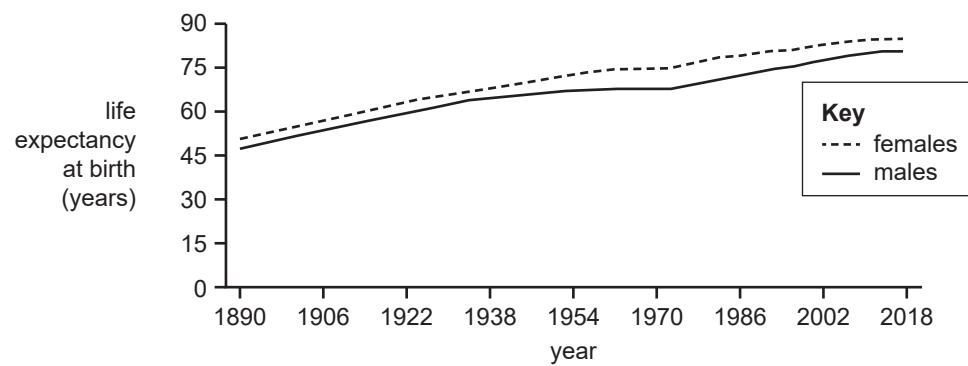
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2. \_\_\_\_\_

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**Question 5 (4 marks)****Life expectancy at birth (years) by sex, 1890–2017**

Source: adapted from Australian Institute of Health and Welfare, *Deaths in Australia*, cat. no. PHE 229, AIHW, Canberra, 2019; ABS 2014a, ABS 2014b, ABS 2015, ABS 2016, ABS 2017, ABS 2018a

- a. Identify two trends that are evident in the graph above. 2 marks

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

- b. Select **one** trend from part a. and provide **two** reasons for this trend. 2 marks

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**Question 6 (8 marks)**

The United Nations established the Sustainable Development Goals (SDGs) in 2015. These goals are underpinned by the three dimensions of sustainability, which are social, environmental and economic.

- a. ‘End extreme poverty’ is one objective of the SDGs.

Identify two other objectives and explain why each objective is important.

4 marks

1. \_\_\_\_\_

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2. \_\_\_\_\_

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- b. Describe social sustainability.

2 marks

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- c. Explain how social sustainability underpins the achievement of the objective ‘End extreme poverty’.

2 marks

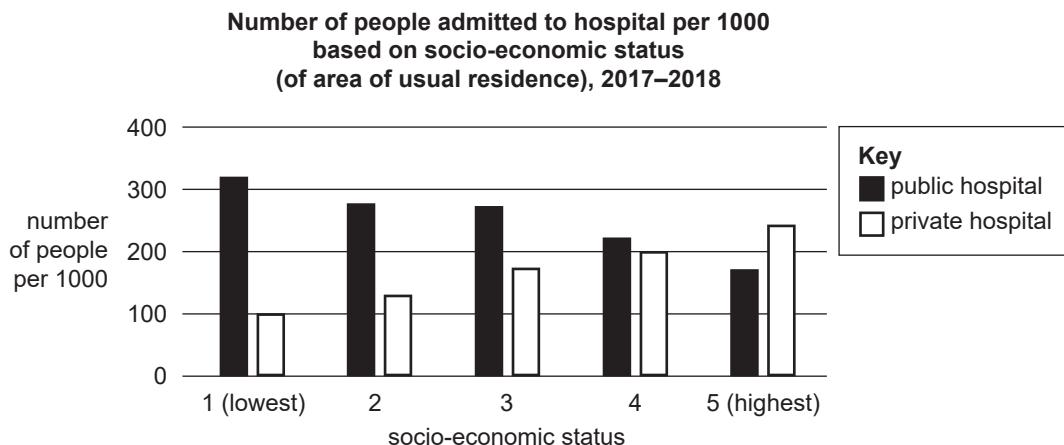
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**Question 7 (11 marks)**

Source: adapted from Australian Institute of Health and Welfare,  
<[www.aihw.gov.au/reports-data/myhospitals/themes/hospital-access](http://www.aihw.gov.au/reports-data/myhospitals/themes/hospital-access)>

- a. Outline **one** relationship between socio-economic status (SES) and the use of private and public hospitals that is evident in the graph above. 2 marks

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- b. Explain the benefits of private hospital use to Australia's health system in relation to sustainability and access. 4 marks

Sustainability

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Access

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**Question 7 – continued**

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- c. Identify **two** differences in health status between high and low SES groups.

2 marks

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- d. Identify one environmental factor and explain how it might contribute to **one** difference identified in part c.

3 marks

Environmental factor \_\_\_\_\_

Explanation \_\_\_\_\_

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**Question 8 (6 marks)****Aboriginal and Torres Strait Islander Sexual Health [ASH program]**

The WA [Western Australian] AIDS Council works to provide holistic and culturally appropriate services for and with Aboriginal and Torres Strait Islander communities in the metropolitan area and rural and remote areas of Western Australia.

The principles of the program we provide are:

- Holistic Health – Physical well-being, social, emotional and cultural well-being [for] the whole of community.
- Self determination – Aboriginal and Torres Strait Islander people involved in all aspects of health care delivery – planning and development, implementation and evaluation.
- Right for Aboriginal and Torres Strait Islander people to choose different models of health care with health programs tailored to fit the needs of the broader Aboriginal and Torres Strait Islander community groups.
- Health care services are culturally appropriate and are accessible.

We provide tailored HIV/AIDS education and prevention knowledge and training in Aboriginal and Torres Strait Islander community organisations and non-Aboriginal organisations.

We encourage and pursue joint initiatives with Aboriginal agencies and non-Aboriginal agencies with the aim of increasing capacity of ongoing appropriate interagency responses and commitment.

Source: Western Australian AIDS Council, <<https://waaids.com/item/12-ash-project.html>>

- a. Explain how the ASH program can lead to improved health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.

3 marks

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**Question 8 – continued**

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- b. Identify one principle of the social model of health and explain how it is reflected in the ASH program. 3 marks

Principle \_\_\_\_\_

Explanation \_\_\_\_\_

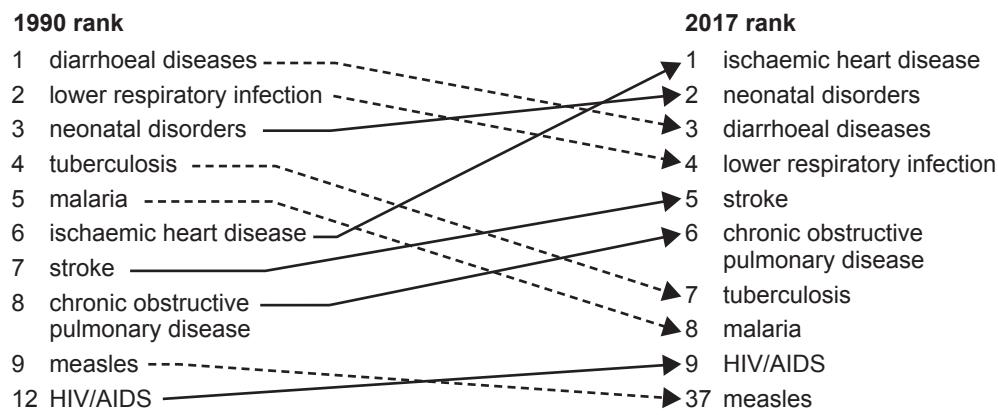
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**Question 9 (8 marks)**

**Ranking of diseases in low-income countries,  
both sexes, all ages, per cent of total deaths**



Source: Institute for Health Metrics and Evaluation (IHME), <[www.healthdata.org](http://www.healthdata.org)>

- a. Outline **two** characteristics of a low-income country. 2 marks

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- b. Use **one** of the diseases listed in the diagram above to explain how the global distribution and marketing of tobacco may have contributed to the change in the percentage of total deaths in low-income countries between 1990 and 2017. 2 marks

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**Question 9 – continued**

- c. The percentage of total deaths due to tuberculosis and malaria decreased between 1990 and 2017.

Select **either** tuberculosis **or** malaria by ticking (✓) the appropriate box:

tuberculosis

malaria

Explain how the biomedical and social models of health may have led to a reduction in the percentage of total deaths caused by your selected disease between 1990 and 2017.

4 marks

Biomedical \_\_\_\_\_

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Social \_\_\_\_\_

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**Question 10 (11 marks)**

Country	Life expectancy at birth 2018	Under-five mortality rate (deaths per 1000 live births)	Maternal mortality ratio 2017	Access to basic drinking water services (%) 2017	Access to basic sanitation services (%) 2017	Total fertility (live births per woman) 2018	GNI per capita (US\$) 2018
Afghanistan	64	62	638	67	43	4.5	550
Australia	83	4	6	100	100	1.8	53 250
Mexico	75	13	33	99	91	2.1	9180
Italy	83	3	2	99	99	1.3	33 770
Fiji	67	26	34	94	95	2.8	5860

Sources: UNICEF, *The State of the World's Children 2019: Children, food and nutrition: Growing well in a changing world*, UNICEF, New York, 2019, pp. 192, 193, 196, 197, 200, 201, 240 and 241 (all except GNI per capita); The World Bank, GNI per capita, Atlas method (current US\$), <<https://data.worldbank.org/indicator/NY.GNP.PCAP.CD>>

- a. Identify one country that would be considered a middle-income country and use data from the table above to justify your response.

2 marks

Country \_\_\_\_\_

Justification \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b. Using data from the table above, discuss how access to basic drinking water and basic sanitation services could have an impact on health status.

3 marks

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**Question 10 – continued**

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- c. Describe how poverty and inequality and discrimination based on sex could have an impact on health status and health and wellbeing.

6 marks

Poverty \_\_\_\_\_

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Inequality and discrimination based on sex \_\_\_\_\_

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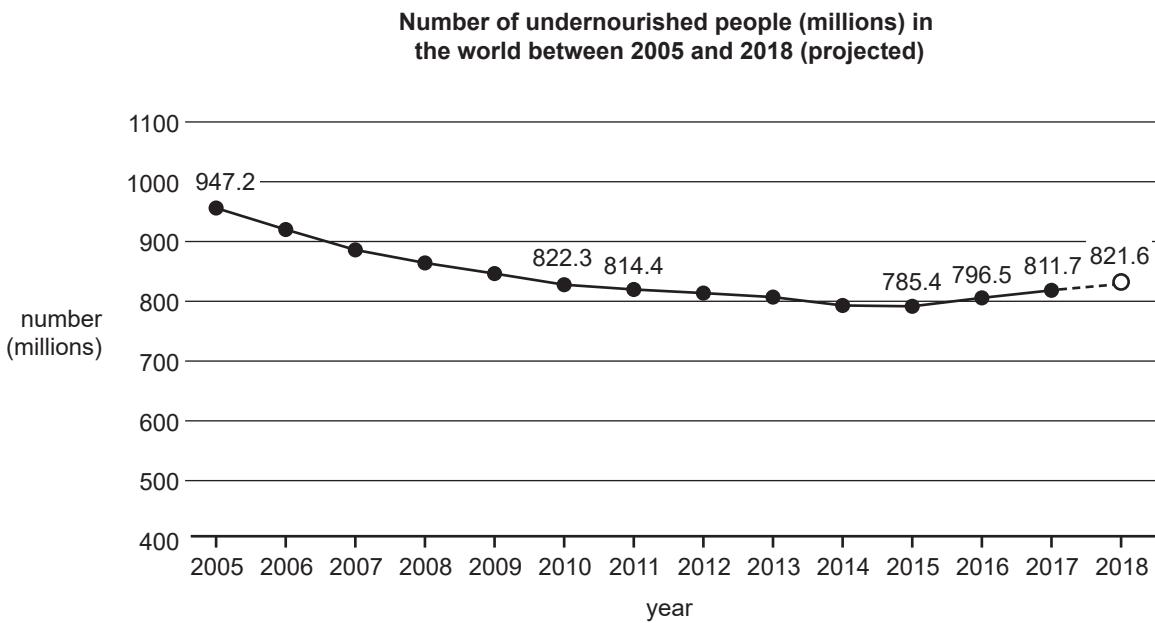
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**Question 11 (8 marks)**

Consider the following three sources relating to global trends and other factors.

**Source 1**

Source: adapted from FAO, IFAD, UNICEF, WFP and WHO, *The State of Food Security and Nutrition in the World 2019: Safeguarding against economic slowdowns and downturns*, Rome, FAO, 2019, p. 6; licence CC BY-NC-SA 3.0 IGO

**Source 2**

In Yemen, home to Moteab and his family, protracted conflict ... turned daily life into a ‘living hell’. His father’s job, transporting goods in a wheelbarrow, provided the family with the bare minimum of food – bread for breakfast, vegetables, usually potatoes, for lunch and anything left over for dinner.

By the time Moteab turned 2 years old, the combination of poverty and protracted conflict left him in a struggle for his life ... After [Moteab had suffered] seven months of repeated illnesses with vomiting, diarrhoea and weight loss, his mother was directed to a free health centre in Abs, where [Moteab] was diagnosed with SAM [severe acute malnutrition].

Moteab is just one of the 400 000 children in Yemen who suffered from SAM in 2018.

Source: UNICEF, *The State of the World's Children 2019: Children, food and nutrition: Growing well in a changing world*, UNICEF, New York, 2019, p. 116

**Question 11 – continued**

**Source 3****What do young people think about healthy eating?**

‘We lack money here to stay healthy ... Our family is unable to find good jobs.’ *Girl, 16, India*

‘Meat is not available. We have money to buy meat, but the place is too far away.’ *Girl, 14, Ghana*

‘Unhealthy food is easier to come by.’ *Boy, 17, USA*

‘If I work ... to have money, then I will buy food for my family.’ *Boy, 13, the Sudan*

Source: UNICEF, *The State of the World's Children 2019: Children, food and nutrition: Growing well in a changing world*, UNICEF, New York, 2019, pp. 26 and 27

Use information from all three sources and your own knowledge to discuss:

- how global trends and other factors have an impact on achieving SDG 2 ‘Zero hunger’
- the relationship between SDG 2 and **two** features of SDG 3 ‘Ensure healthy lives and promote wellbeing for all at all ages’.

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Question 11 – continued

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**Question 12 (7 marks)**

Over a million Rohingya refugees have fled violence in Myanmar in successive waves of displacement since the early 1990s ...

The Rohingya are a stateless Muslim minority in Myanmar. The latest exodus began on 25 August 2017, when violence broke out in Myanmar's Rakhine State, driving more than 742 000 to seek refuge in Bangladesh. Most arrived in the first three months of the crisis ... The vast majority reaching Bangladesh are women and children, and more than 40 per cent are under age 12. Many others are elderly people requiring additional aid and protection. They have nothing and need everything.

Source: UNHCR, The UN Refugee Agency, 'Rohingya emergency',  
<[www.unhcr.org/en-au/rohingya-emergency.html](http://www.unhcr.org/en-au/rohingya-emergency.html)>

- a. According to the Ottawa Charter for Health Promotion, peace and shelter are prerequisites for health.

Explain why each of these prerequisites must be available for the Rohingya people to improve or maintain their health and wellbeing.

4 marks

Peace \_\_\_\_\_

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Shelter \_\_\_\_\_

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**Question 12 – continued**

- b. Explain the implications of mass migration, some of which are evident in the information on page 24, for health and wellbeing. 3 marks

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**Question 13 (6 marks)**

Worldwide more than 140 000 people died from measles in 2018, according to new estimates from the World Health Organization (WHO) and the United States Centers for Diseases Control and Prevention (CDC). These deaths occurred as measles cases surged globally, amidst devastating outbreaks in all regions.

Most deaths were among children under 5 years of age ...

...

M&RI [Measles and Rubella Initiative] is a global partnership founded by the American Red Cross, the CDC, the United Nations Foundation, UNICEF and WHO, that is committed to achieving and maintaining a world without measles [and] rubella ... Founded in 2001, the Initiative has helped vaccinate over 2.9 billion children and save over 21 million lives by increasing vaccination coverage, improving disease response, monitoring and evaluation, and building public confidence and demand for immunisation.

Source: World Health Organization, 'More than 140 000 die from measles as cases surge worldwide', joint news release, 5 December 2019

- a. Identify and describe **one** WHO strategic priority that is reflected in the information above. Use **one** example from the information above to support your response.

3 marks

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- b. Explain how the Measles and Rubella Initiative could promote human development.

3 marks

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## **Extra space for responses**

**Clearly number all responses in this space.**

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An answer book is available from the supervisor if you need extra space to complete an answer. Please ensure you write your **student number** in the space provided on the front cover of the answer book. **At the end of the examination, place the answer book inside the front cover of this question and answer book.**