



2012 Health and Human Development GA 3: Examination

GENERAL COMMENTS

Students answered most questions on the 2012 Health and Human Development examination.

Students are reminded to indicate clearly where they have continued their answers on the back pages of the Answer book. Students should use the number of lines provided and the marks allocated for each question as a guide to the depth and length of response required.

Many students ignored the stimulus materials in Section B, Questions 3bii. and 7b. or did not use the given data to answer the question adequately. Students are reminded that a good answer addresses the question, provides the necessary detail in a concise way, answers all parts of the question and uses relevant data where required.

SPECIFIC INFORMATION

Note: Student responses reproduced in this report have not been corrected for grammar, spelling or factual information.

This report provides sample answers or an indication of what the answers may have included. Unless otherwise stated, these are not intended to be exemplary or complete responses.

Section A

Question 1

Marks	0	1	2	Average
%	31	31	38	1.1

The mental dimension of health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.

Question 2

Marks	0	1	2	Average
%	43	37	21	0.8

The glycaemic index is a dietary tool that helps consumers choose between foods containing carbohydrates. It is a ranking of foods containing carbohydrates based on their overall effect on blood glucose levels. Foods are ranked from 1 to 100; foods with a low GI provide sustained energy for a longer period of time.

One mark was awarded if students simply stated what the glycaemic index is, without giving an explanation.

Many students were unable to state what the index is. Many suggested that the index related to food rather than specifically to carbohydrate. The effect on blood glucose levels was not known by many students.

Question 3a.

Marks	0	1	2	Average
%	24	39	36	1.1

The Pharmaceutical Benefits Scheme (PBS) is a Federal Government-funded scheme that subsidises the cost of a wide range of prescription medications, providing Australians with access to necessary and cost-effective medicines at an affordable price.

Question 3b.

Marks	0	1	2	Average
%	26	40	34	1.1

Subsidised drugs would enable all who require them to maintain their health as they are more likely to be able to afford the drugs. The PBS safety net protects individuals and families from large overall expenses for PBS-listed medicines.

Below are two high-scoring examples that show different ways of approaching the question.

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By providing subsidised medication to all Australians this improves the life expectancy of individuals and thus health status because many illnesses can be effectively treated with medications eg influenza, and therefore reducing the mortality rate due to preventable diseases.

Australians who require essential medicines to treat or cure their chronic conditions, such as asthma, can obtain such medicines due to reduced cost, therefore prolonging life expectancy as they are prevented from dying from such conditions.

Question 4a.

Marks	0	1	2	Average
%	18	37	44	1.3

The following are two possible answers to this question.

- Sugar contributed to between 23% and 24% of the total energy intake in children. One possible short-term consequence may be that this level could lead to inadequate intake of other nutrients (vitamins, minerals and protein), therefore their diet would not be balanced. A long-term consequence could be that overweight may occur, which is a risk factor for, for example, cardiovascular disease and diabetes mellitus type 2.
- The likelihood that the recommended intake for calcium and magnesium would not be met could have long-term consequences for low bone density, which is a risk factor for osteoporosis in later life.

One mark was awarded for a link with dietary recommendations and one mark for a consequence for health. When referring to diabetes, students needed to specifically name diabetes mellitus type 2 to be awarded a mark.

Question 4b.

Marks	0	1	2	3	4	Average
%	22	23	33	12	11	1.7

Possible answers included the following.

The surveys provide information on food intake data for what Australians are eating to

- enable the government to develop food and nutrition policies, such as the dietary guidelines and the Australian Guide to Healthy Eating
- provide data for comparison with dietary guidelines to guide future revisions of National Health goals and targets
- check that nutrition education campaigns are effective
- provide information to nongovernment organisations such as Nutrition Australia and the Heart Foundation to develop consistent education campaigns and materials.

Question 5

Marks	0	1	2	3	Average
%	53	7	13	27	1.2

Provide leadership on matters critical to health

Possible areas

- leadership, awareness and commitment
- drink-driving policies and countermeasures
- availability of alcohol
- community action

Monitor the health situation and assess health trends

Possible areas

- monitoring and surveillance
- health services response

Set norms and standards and promote and monitor their implementation

Possible areas

- marketing of alcohol
- pricing policies

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- reducing the negative consequences of drinking and alcohol intoxication

One mark was awarded for identifying one World Health Organization (WHO) core function, and one mark for each of two relevant target areas from the list in the question. Many students were unable to answer this question.

Question 6

Marks	0	1	2	3	Average
%	38	21	26	15	1.2

Following are examples of possible answers.

- Improving health services in villages: working with existing community health systems to encourage better nutrition and better health through such things as immunisation and sanitation; for example, health workers encourage mothers of young infants to attend monthly meetings where they can weigh and measure their babies. If they are underweight, they are given food supplements. While improving nutrition is the main aim, the program offers other assistance; for example, registering births so a birth certificate is received to enable the children to be enrolled in primary school and to grow up to become productive, well-educated and able to earn an income.
- Working with a local nongovernment organisation, women are provided with money and equipment such as polybags to grow their own vegetables after an earthquake destroyed their crops and they had lost their source of income. Growing vegetables provides a cash crop that helps families pay school fees and buy seeds to grow more vegetables and earn more money.

Many students were unable to answer this question. When asked to describe a program, the following points should be included: who is running the program (for example, AusAid would work with the Indonesian Government or with a nongovernment organisation, such as CARE Australia), where the program is being run, what the goals are, how the program is being run and the expected outcomes. Simply stating 'education' does not describe a program. Students could have drawn on their knowledge of types of aid to help them answer this question – for example, AusAID would work with the Indonesian Government directly (bilateral aid) – or their knowledge of nongovernment organisations.

The following are examples of high-scoring responses.

AusAID could implement a microfinance program in Indonesia that provided sole providers of family with small monthly money grants. This project aims to increase people's ability to have informed control over financial decisions. Firstly when providing the loans, AusAID workers would give an education seminar with the people to teach vital skills of money managing such as budgeting and some business training. Secondly AusAID employed business workers to brainstorm business prospects with the individuals, this helped them gain knowledge and generate income from small businesses and market stalls. This assisted Indonesian people to gain life skills, knowledge and resources to generate an income and contribute to the economic growth of the country helping to reduce poverty in Indonesia.

AusAid could work with Indonesian schools to grow gardens that provide children with nutritious food to alleviate poverty by breaking the cycle, and also with agriculture skills which they can use to earn a decent income/employment prospects later in life. AusAid could oversee the project and provide gardening equipment and seed. This would encourage Indonesian children to attend school instead of work elsewhere, helping them to climb out of poverty.

Question 7a.

Marks	0	1	Average
%	13	87	0.9

Any of

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development.

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Question 7b.

Marks	0	1	2	Average
%	18	29	54	1.4

Following are examples of possible answers.

Goal 1 – Eradicate extreme poverty

- The program helped Sarah buy seeds and fertiliser to grow a wider variety of crops to provide for her family's needs and have some left to sell for income.
- Through the program, Sarah joined a savings and loans group to help her manage her finances.

Goal 3 – Promote gender equality and empower women

- The program worked with women like Sarah to help them become able to sell grains in order to earn money to spend on family needs.
- She joined a savings and loans group to help her manage her finances.

Goal 7 – Ensure environmental sustainability

- Sarah is helping to manage the local borehole and water pump so the wider community can benefit from access to a reliable water source. (If this goal was chosen there was only one possible response.)

Question 8a.

Marks	0	1	Average
%	15	85	0.9

Federal Government

Question 8b.

Marks	0	1	2	Average
%	37	44	18	0.8

Australian taxpayers contribute indirectly to the cost of Medicare through

- a Medicare levy, presently 1.5% of taxable income
- higher income earners may have to pay a 1% surcharge in addition to the Medicare levy if they do not have private health insurance
- general taxation.

Question 8c.

Marks	0	1	2	Average
%	48	24	27	0.8

Following are examples of possible answers.

- Behavioural: many males choose not to visit a doctor regularly, present later at health services for health problems, and ignore screening and preventative health care.
- Social: Culturally, men are less likely to access health services as they see it as a sign of weakness if they are ill (macho image).
- Social: Men are less likely to use health care services as they often ignore health promotion messages. They may therefore be less informed and knowledgeable about signs and symptoms that may require a doctor to check.

Many students did not use the stimulus material to help them answer this question.

Question 8d.

Marks	0	1	2	Average
%	13	34	54	1.4

Possible examples of health services that may be claimed are: GP consultations, eye tests at participating optometrists, services delivered by a practice nurse on behalf of a GP, some diagnostic procedures (for example, X-rays and blood tests), part of treatment by a specialist while being treated in a private hospital.

Many students simply wrote doctors or hospitals but these were not acceptable; services, treatments or consultations needed to be mentioned.



Services that are not claimable through Medicare include: dental treatment, physiotherapy, osteopathic treatment, ambulance services.

Section B

Question 1a.

Marks	0	1	2	Average
%	28	44	27	1

Cardiovascular disease is any disease of the circulatory system, namely the heart (cardio) or blood vessels (vascular). This includes heart attack, angina, stroke and peripheral vascular disease (circulatory disease).

Question 1b.

Marks	0	1	2	3	Average
%	7	12	23	59	2.4

Examples of each of the costs are as follows.

- Direct cost: medicines – for example, cholesterol-lowering drugs, blood pressure regulation drugs; allied health costs – dieticians and expenses of diagnostic tests.
- Indirect cost: costs to employers and employees through sick leave, foregone earnings due to premature death.
- Intangible cost: emotional and social effects on family and friends, reduced quality of life, feelings of being a burden on others.

Many students were able to get full marks for this question.

Question 1c.

Marks	0	1	2	3	Average
%	36	27	21	17	1.2

Possible answers included the following.

- Eating a fibre-rich diet that includes soluble fibre helps to lower blood cholesterol levels. This lowers the risk of plaque build-up in the arteries, thus not decreasing blood flow through the heart and maintaining healthy cardiovascular function.
- Consuming a nutrient-dense diet rather than an energy-dense diet will assist in maintaining a healthy weight, which reduces the risk of heart disease as maintaining a healthy body weight is a protective factor against cardiovascular disease.

Many students did not answer this question well. Students should write out LDL (low-density lipoprotein) in full to show they know what the acronym stands for.

The following are examples of high-scoring responses.

High consumption of trans and saturated fats, such as chips, deep fried foods can cause obesity and therefore cardiovascular disease, so to reduce the risk of cardiovascular disease and thus improve cardiovascular health, a nutritious and balanced diet must be consumed including plenty of fruit and vegetables to prevent obesity.

Nutrients such as fibre and polyunsaturated fats/monounsaturated fats are protective nutrients for cardiovascular health. Fibre helps a feeling of fullness so prevents overeating, reducing the risk of obesity which is a risk factor for CARDIOVASCULAR DISEASE. Polyunsaturated fats act to lower LDL Cholesterol in the blood [builds up plaque], so a high cholesterol level puts added strain on the blood vessels and the heart.

Question 1d.

Marks	0	1	2	3	4	Average
%	24	16	28	13	18	1.9

Determinants are broad causal pathways, while factors are expansions of the determinant. For example, social determinants and factors that relate to the determinant include education, employment, housing, food security and access to services. Factors related to the biological determinant include body weight (not obesity), immune status, birth

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weight, blood pressure, blood cholesterol and glucose tolerance. Factors related to the behavioural determinant include tobacco use, alcohol use, physical activity, dietary behaviour and sexual practices.

Possible examples of answers follow.

Socioeconomically disadvantaged

- Determinant 1: behavioural – a diet low in fruit and vegetables and high in fats and sugars may lead to a person becoming overweight, which is a risk factor for cardiovascular disease.
- Determinant 2: social – less likely to be able to afford a range of healthcare services such as GPs and specialists, therefore may not be able to get specific advice on weight maintenance. This can increase the risk of obesity, which is a risk factor for cardiovascular disease.

Aboriginal and Torres Strait Islander people

- Determinant 1: social – limited education about diet. Those living in remote areas may not have access to education services that can provide advice on diet in order to maintain a healthy weight. They may rely on high-fat, low-fibre foods, which can lead to obesity/a person becoming overweight, which is a risk factor for cardiovascular disease.
- Determinant 2: behavioural – alcohol intake. A high intake of alcohol can lead to obesity/a person becoming overweight, which is a risk factor for cardiovascular disease.

Living in remote areas of Australia

- Determinant 1: social – access to doctors and hospitals. Without access to doctors and hospitals, people are unable to have regular blood and cholesterol level checks. As high blood pressure and/or high blood cholesterol levels are risk factors for cardiovascular disease, access to monitoring and advice are important.
- Determinant 2: behavioural – limited physical activity incorporated into daily life may lead to a person becoming overweight/obese, which is a risk factor for cardiovascular disease.

Many students did not gain marks for their answers. Many did not name the determinant as listed in the study design and instead listed a factor.

Question 2a.

Marks	0	1	Average
%	66	34	0.4

Possible answers included the following.

- Body mass index (BMI): a measurement determined by dividing weight in kilograms by height in metres squared; a measure over 30 means a person is obese.
- Waist circumference: above 88 cm for women and above 102 cm for men places individuals at increased risk of being obese.

Many students did not gain any marks for this question. Many simply wrote BMI or waist measurement, but the question asked for an outline of a measurement.

Question 2b.

Marks	0	1	2	Average
%	35	40	25	0.9

Following are examples of possible responses.

- In all age groups the percentage of males more likely to be overweight is higher than the percentage of females.
- In all age groups there is a higher percentage of males overweight than females.
- The percentage of obesity in the 18–24 and 75+ age groups is higher for females than for males.
- There is a higher percentage of overweight males compared with the percentage of overweight females in all age groups.

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Many students were unable to correctly read the data. Percentages were used in the graph, so a statement about the number of men or women was inappropriate.

Question 2c.

Marks	0	1	2	3	4	Average
%	30	5	17	24	25	2.1

The following are examples of possible responses.

- Develop personal skills: teach how to use the Australian Guide to Healthy Eating and cook simple meals to maintain a healthy weight.
- Create supportive environments: iPhone app to help people choose appropriate foods; provide for activity groups and walking tracks to encourage physical activity.
- Build healthy public policy: develop policy about nutritional and health claims on food labels, or policies about banning the advertising of high-fat, high-sugar foods during prime-time television for children.
- Reorient health services: move from treatment to prevention – that is, GPs providing dietary advice and lifestyle suggestions as part of general consultations.
- Strengthening community action: joining together to push for walking/cycling tracks in the local area or developing a lobby group to push for fewer fast food outlets in the local community.

Question 3a.

Marks	0	1	2	Average
%	38	48	13	0.8

The following are examples of possible responses.

- Advertising, marketing and selling goods around the world.
- Boundaries between countries are reduced or eliminated, allowing individuals, groups and companies to act on a global scale.
- Through increasing technology there are decreased barriers to communication, and trade and transport between countries, which makes it easier for companies to market and sell their goods and services to all parts of the world.

Many students were unable to provide an acceptable answer to this question. Many students focused on companies like McDonalds setting up in developing countries. Students should be careful of making generalisations, as fast food companies may be discouraged to open in the poorest areas of developing countries – there are very low profits as people do not have the money to spend on these foods.

The following is an example of a high-scoring response.

Global marketing is the selling of products by multinational companies in developed and developing countries as a result of reduced trade barriers and increased communication technologies, it allows multinational companies to sell products such as tobacco, alcohol and processed food in developing countries due to lost revenue on the sales of these products are being discouraged in developed countries.

Question 3bi.–ii.

Marks	0	1	2	3	4	Average
%	10	34	33	18	6	1.8

3bi.

Possible risk factors where global marketing may play a role are: alcohol use, tobacco use, overweight/obesity.

3bii.

Examples of possible answers are listed below.

- Alcohol use: in many developed countries there are policies restricting the sale of alcohol to young people, taxes are placed on the sales of alcohol and there may be fines for driving while under the influence of alcohol. These policies may decrease income for alcohol producers and marketers, so they try to offset their loss of income by marketing in countries where there are no regulations and laws around alcohol consumption. In developing countries, money may be raised through the sale of alcohol products, which helps fund government priorities through raising tax income for use in other areas of governance.



- Tobacco use: as developed countries use policies to decrease the access to tobacco – for example, taxes, laws about smoking in public places, public health programs, plain packaging, restricting sales to minors to decrease morbidity and mortality – then increased marketing in developing countries may be made to overcome losses in developed countries where there are no advertising restrictions, taxes or health warnings.
- Overweight/obesity: developed countries may have advertising programs that show ‘healthy’ options, restrictions on advertising in children’s prime-time television and government guidelines for food choices to maintain healthy weights, whereas developing countries may not be able to afford these approaches.

The following is an example of a high-scoring response. This student has used the data to shape their answer. The inclusion of the percentage of DALYs for all income levels would enhance the answer.

The global marketing and selling of alcohol has a negative impact on all high, low and middle income countries. Low income countries have approximately 1% of global DALYs associated with alcohol and individuals are less likely to be educated on the risks of alcohol and thus drink to hazardous levels. Also because it is usually sold at low prices in low income countries. However high income countries and individuals are more likely to be educated and have a knowledge of the risks of alcohol and therefore would drink sensibly. Middle income countries may or may not be educated on the risks of alcohol.

Question 4a.

Marks	0	1	2	3	4	Average
%	38	21	20	13	8	1.3

Many students used the Healthy Living Pyramid developed by Nutrition Australia or the Dietary Guidelines, not the Australian Guide to Healthy Eating.

The following are examples of possible answers.

- Both models recommend eating a wide variety of foods.
- The Australian Guide to Health Eating suggests eating mostly breads and cereals, which differs from the recommendations made by the Heart Foundation.
- Both recommend the inclusion of water each day and the inclusion of vegetables, wholegrains, fruit, nuts and seeds.
- The Australian Guide to Healthy Eating does not make reference to choosing healthier fats and oils, which is recommended by the Heart Foundation.
- The Australian Guide to Healthy Eating provides a picture of the foods and the proportion in which they should be eaten, which provides a better guide to which foods to eat and quantities of food.
- The Australian Guide to Healthy Eating provides information on the quantities of each food or sample serving sizes that should be eaten, which is not provided in the advice from the Heart Foundation.
- The Australian Guide to Healthy Eating recommends serving ranges for different ages and takes into account individual preferences through Sample A and B diets.

The following is an example of a high-scoring response.

The Heart Foundation first off is a non-government program and the Australian Guide to Healthy Eating (AGHE) is a government initiative. The Heart Foundation’s guidelines are not specifically described for example ‘choose healthier fats and oils’ – this does not provide consumers with which products contain healthy fats, however the AGHE makes use of a food selection model that shows ‘extra foods’, highlighting to ‘eat sometimes or in small amount’ and provides pictures of the foods like french fries to allow consumers to visually pinpoint which foods to avoid. The Heart Foundation also only vaguely indicates to ‘eat a variety of foods’ yet the AGHE highlights and displays on a food selection model pie chart which foods should be eaten and the amount that should be consumed, for example, it shows foods such as breads and pasta as the largest section on the pie indicating that they should make up 40% of a person’s daily dietary intake, providing approximately proportions required to reach optimal health

Question 4b.

Marks	0	1	2	Average
%	19	43	39	1.2

- Lowering the intake of these foods may mean that a person will not be overweight/obese, which reduces the risk of cardiovascular disease, type 2 diabetes and some cancers.
- Sugary and fatty foods contribute to a person’s kilojoule intake. Limiting the intake of these foods helps to maintain a healthy weight.

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The following is an example of a high-scoring response.

By limiting intake of sugary, fatty and salty takeaway meals and snacks this will reduce the risk of obesity may lead to type 2 diabetes and/or cardiovascular disease. Thus the individual may experience an ideal weight and not be overweight/obese.

Question 4c.

Marks	0	1	2	3	4	Average
%	30	18	27	21	4	1.5

The following are possible answers to this question.

- Monounsaturated: lowers the level of low-density lipoprotein without lowering the level of high-density lipoproteins, which reduces the risk of build-up of plaque in blood vessels, thus decreasing the risk of cardiovascular disease.
- Polyunsaturated: provides essential fatty acids (omega-3 and omega-6) for the body. Omega-3 is important for blood circulation for protection against heart disease and for joint mobility. Omega-6 is important for maintaining a healthy immune system and for normal functioning of the brain, spinal cord and retina of the eye, regulation of blood pressure and blood clotting, and has a greater lowering effect on triglycerides.

Many students were unable to name two healthier fats or oils. Many students listed lowering low-density lipoproteins (LDL) and raising high-density lipoproteins (HDL) for each of the fats; the fats differ in their effects on health. It is important that students write out LDL/HDL in full to show they know what these acronyms mean.

Question 4d.

Marks	0	1	2	Average
%	43	33	24	0.8

The following is a possible approach to answering this question: The advice is very general and a lot of extra information is needed to make choices as to what are healthier fats and oils, sugary, fatty and salty takeaway meals and snacks. You have to know what is a healthier fat or oil and may need to understand the differences between fats to help make a choice. 'Try to limit...' does not help you understand how to limit sugary, fatty foods.

Many students were unable to provide a conclusion; many just described the advice provided by The Heart Foundation. Many students confused dietary advice with health advice but dietary advice was the core of the question. A conclusion could be made that restricting advice to diet does not recognise that physical exercise is also important for maintaining a healthy weight.

Question 5a.

Marks	0	1	2	3	4	Average
%	9	15	33	26	16	2.3

The following is an example of a possible answer.

The Round Loo program is likely to be sustainable for the following reasons.

Affordability (either of)

- The cost of taking part in the program is low (\$10) and it is subsidised by WaterAid Australia; people can learn how to build the Round Loo and then sell it to communities. In return for building the toilets, they earn money to buy food.
- This program may not be affordable as people who are living in extreme poverty may not be able to afford even the \$10 contribution. WaterAid Australia provides funds to employ a community leader and some of the materials needed to build the toilets. If funding for the project stops, it may not be able to be sustained.

Appropriateness (either of)

- In 2008, 2.6 billion people had no access to a hygienic toilet, so if sanitation was to be increased then a program needed to be introduced to meet the needs of communities. The Round Loo program was low-cost and open to all community members who wanted to participate, and they were taught about hygiene in the local language.
- The program meets the needs of the community and is delivered in a culturally appropriate way using local people and music to convey the message of hygiene. It is effective in getting people to think about washing their hands and using a toilet.

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Many students answered this question well.

Question 5b.

Marks	0	1	2	3	4	5	6	Average
%	18	13	18	20	16	10	6	2.6

The following is a possible approach to answering this question.

The 'poo' song provides a message in the local language about hygiene to help people learn about washing their hands before they eat, and that using toilets means fewer flies spreading diseases. When the communities follow these directions, their health status should increase as there will be fewer deaths and/or cases of illness caused by non-communicable diseases.

If the communities have better health they are able to take part in building the toilets and selling them to raise money to provide them with food. This would help them be able to attend school, take a part in their local communities, expanding their choices in creating an environment where they can lead productive lives. If people are able to expand their choices, learn how to maintain their health by preventing disease through having access to toilets and able to access food, then they will be able to meet their needs and influence the ability to meet the needs of the next generations.

Many students were unable to explain the interrelationships between health, human development and sustainability. Some students did not explain any interrelationships. Too many students gave the definitions for the elements but did not know how to apply them using the stimulus materials given for the question.

Question 6a.

Marks	0	1	2	Average
%	57	28	14	0.6

Any two of

- to assist developing countries to reduce poverty and achieve sustainable development in line with Australia's national interest
- to support the achievement of the Millennium Development Goals
- to help people overcome poverty in developing countries
- promoting stability and prosperity in our region and beyond
- focus areas on where Australia can make a difference and where resources can be most effectively and efficiently deployed
- to build stronger communities in developing countries and more stable governments.

Question 6b.

Marks	0	1	2	Average
%	69	20	11	0.4

The following are examples of possible answers.

- Delivering aid through nongovernment organisations brings benefits from those organisations' specialist expertise and extends the reach and impact of the aid, particularly in geographic areas where Australia has no presence on the ground.
- Nongovernment organisations are able to focus on small community-based activities to which direct governments may not have access.
- Providing more funds through global programs is an effective and efficient use of Australian funds.
- Engaging with nongovernment organisations better informs and strengthens aid programs.

Many students did not attempt this question.

Question 6ci.-ii.

Marks	0	1	2	3	4	5	Average
%	24	38	10	12	10	6	1.7

6ci.

World Vision, Red Cross, Tabitha Foundation, CARE Australia, Oxfam, Save the Children, TEAR Australia



6cii.

The following is an example of a possible answer.

Save the Children, in conjunction with AusAID, is providing families with plastic pots (polybags) to grow vegetables for household use and teaching families how to make organic fertiliser. Assistance is given to matriarchal families, families with children and families with pregnant women. This program will promote global health by addressing micronutrient deficiencies and eliminating hunger. The focus on females will empower them to take control of their lives and develop their capabilities and skills, promoting sustainable human development.

Sponsor a Child and Forty-hour Famine are not examples of programs, they are a way for nongovernment organisations to raise money to enable them to fund specific programs. If these were chosen no marks were awarded. Some students listed a nongovernment organisation in part i. but did not use that organisation to answer part ii. as the question asked. Simply saying the program is education without further explanation was not awarded any marks. When describing a program students should focus on the aim of the program, who it focuses on, how the program will run, where the program will be offered and the expected outcomes. Most students did not link the program to global health; these students could have drawn on the Millennium Development Goals.

The following is an example of a high-scoring response.

AusAID provides funds to Care Australia's literacy program in China. This program works with up to 20 women in rural and remote communities to improve their literacy skills to further qualify them in being health workers. It allows them to provide their communities with trained access to primary health care services (health education, curative care). This helps to improve health globally within the Chinese developing region. By enabling people to get health care it provides them with a healthy and decent standard of living and allows them to enhance their capabilities in terms of reaching optimal health. This health knowledge is able to be passed down to future generations to enable them to use the skills to ensure that health care is provided to communities for generations to come ensuring sustainable human development.

Question 6d.

Marks	0	1	2	3	4	5	6	Average
%	10	2	8	13	22	22	24	4

The following table shows examples of appropriate answers.

Type of Aid	Description	Example
Humanitarian or emergency	Short-term aid given after an emergency; for example, an earthquake, tsunami, flood, drought	After Mount Merapi erupted in Indonesia, ash covered the farming land and people were unable to grow food, so short-term food relief was provided
Bilateral	Aid given by one government to another	Aid given to develop infrastructure like roads, bridges, schools, water wells; for example, in Indonesia
Multilateral	Aid given by developed countries to international bodies such as the World Health Organization, World Bank	Aid provided to the World Health Organization to help fund the World Food Program or Roll Back malaria program

Most students provided relevant responses, but floods in Queensland and fires in Victoria were not acceptable examples of humanitarian or emergency aid by AusAID.

Question 7a.

Marks	0	1	2	Average
%	19	27	53	1.4

Following is a possible approach to answering this question.

Afghanistan is a high-mortality strata developing country. The life expectancy is low, the Under-5 mortality rate per 1000 people is very high and maternal mortality is high, which supports high mortality strata.

Students needed to select a developing country – Afghanistan, Bhutan, Burkina Faso, Chad – or no marks could be awarded. Many students were able to state that the developing country was Strata E or D, given the statistics.

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Question 7b.

Marks	0	1	2	3	4	5	6	Average
%	19	11	19	18	16	8	8	2.6

Factors included: income, gender equality, global marketing, peace, education, physical environment, access to health care, political stability.

A possible way of answering the question is provided below.

Access to health care: immunisation is difficult to access in Afghanistan compared to Australia, as shown by the number of people in Afghanistan with tuberculosis – 337/100 000 compared with 8/100 000 in Australia, where immunisation is readily available. Lack of availability of maternal and child health services in Afghanistan may be shown by the level of maternal mortality – in Afghanistan it is 1400/100 000, while in Australia it is 8/100 000.

Political stability: Afghanistan has an unstable government, with conflict evident, while Australia has a stable political environment. The lack of stability may be reflected in the fact that life expectancy in Australia is 87 years, compared with 68 years in Afghanistan.

Many students did not use the data in their answer and instead discussed the data in terms of maternal health, for example. To answer the question well students should have used the data given in the stimulus material to support their answer.

The following is an example of a high-scoring response.

Chad, a developing country doesn't have access to primary health care systems and therefore are less likely to have the children immunised against communicable diseases (measles, diphtheria) increasing the under five Mortality rates associated with infectious and parasitic diseases. However Australia does have access to primary health care and immunizations are government funded reducing the risk of children having communicable diseases accounting for a much lower U5MR in Australia than in Chad.

Chad suffers from a lack of education facilities therefore people do not have health related knowledge such as safe sex increasing adult mortality associated with sexually transmitted diseases (HIV/AIDS). Unlike Chad Australia has government funded public education systems and therefore all children acquire health knowledge (safe sex, condom protection) and as a result have lower adult mortality rates than Chad from sexually transmitted diseases.