

STUDENT NUMBER  Letter

# HEALTH AND HUMAN DEVELOPMENT

## Written examination

Thursday 3 November 2022

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>
14	14	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 26 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.**

### Instructions

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

#### Question 1 (8 marks)

	Share of births attended by skilled health staff (2017)	Maternal mortality ratio (no. of maternal deaths per 100 000 live births) (2017)
<b>Australia</b>	96.7%	6
<b>Ghana</b>	78.1%	308
<b>Haiti</b>	41.6%	480

Data: adapted from M Roser and H Ritchie, 'Maternal mortality', 2013,  
published online at <<https://ourworldindata.org>>

- a. Haiti is classified as a low-income country.

Identify **two** characteristics, other than those listed in the table above, that could be used to classify a country as low-income.

2 marks

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- b. Using data from the table above, outline the relationship between access to skilled health staff and maternal mortality.

2 marks

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c. Identify two aspects of social sustainability and outline the role of each in reducing the maternal mortality ratio in low-income and middle-income countries.

4 marks

Aspect 1 \_\_\_\_\_

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Aspect 2 \_\_\_\_\_

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**Question 3** (6 marks)

- a.** Outline **two** aspects of the National Disability Insurance Scheme (NDIS). 2 marks

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- b.** Describe how the NDIS promotes health and wellbeing in terms of both equity and access. 4 marks

Equity \_\_\_\_\_

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Access \_\_\_\_\_

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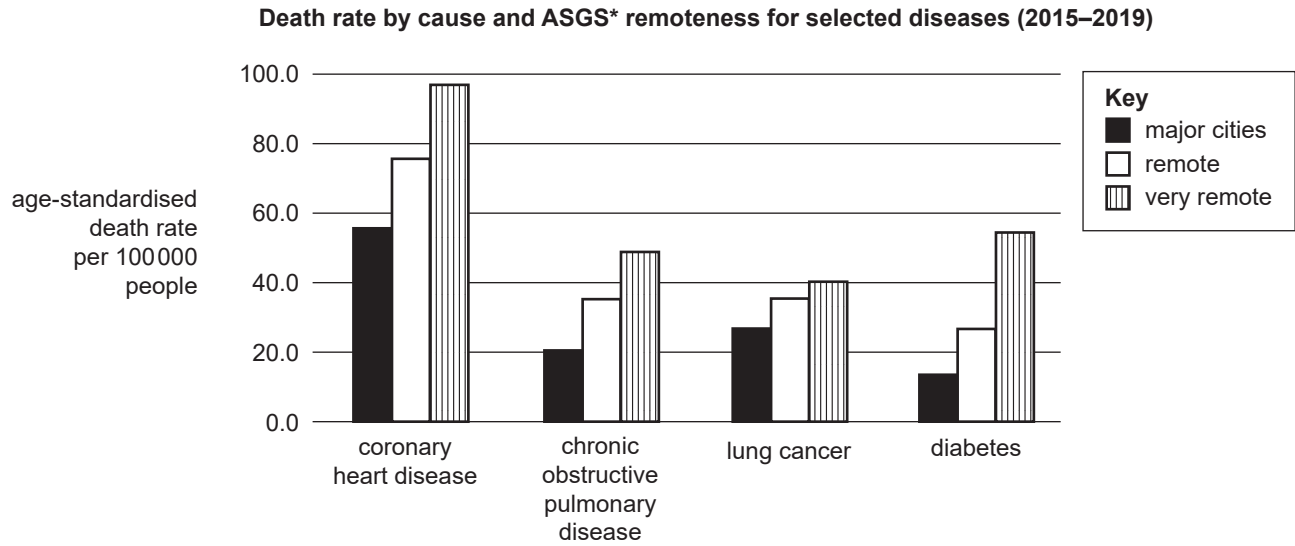
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**Question 4 (5 marks)**



Source: adapted from National Rural Health Alliance, 'Rural Health in Australia: Snapshot 2021', <[www.ruralhealth.org.au/rural-health-australia-snapshot](http://www.ruralhealth.org.au/rural-health-australia-snapshot)>

\*The federal Department of Health and Aged Care uses Australian Bureau of Statistics (ABS) data to classify remoteness, with the unit of measure being the Australian Statistical Geography Standard (ASGS) – Remoteness Area.

a. Identify a trend that is evident in the graph above.

1 mark

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b. Using one disease shown in the graph on page 6, explain two sociocultural factors that contribute to the trend identified in **part a**.

4 marks

Disease \_\_\_\_\_

Sociocultural factor 1 \_\_\_\_\_

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Sociocultural factor 2 \_\_\_\_\_

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**Question 6** (6 marks)

According to the World Health Organization (WHO), more than 80% of the world's 1.3 billion tobacco users live in low-income and middle-income countries.

- a. Identify two reasons why manufacturers of tobacco might target their marketing at low-income and middle-income countries. 2 marks

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

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

- b. Explain how the global marketing of tobacco in low-income and middle-income countries may influence burden of disease. 4 marks

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**Question 7** (14 marks)

Before joining an Oxfam-supported savings group, Francisco struggled to put food on the table for his family. Now, he knows how to manage money and chase his dreams ...

Despite spending long hours cultivating his rice paddy, Francisco never seemed able to get ahead ...

Francisco couldn't afford his own harvesting machine so he would borrow a neighbour's machine, and pay his way with rice ...

Francisco's fortunes changed when he joined an Oxfam-supported Saving for Change group [funded by] the Department of Foreign Affairs and Trade Australia NGO Cooperation Program ...

Saving for Change group members like Francisco and his wife Anita save towards the dream of their choice – anything from a tractor to education or kitchen utensils. They can access their savings to soften the impact of stressful events, such as illness or food shortages ...

[Francisco] explains, 'Every week, my wife puts \$10 into her group and I put \$5 into mine ... My dream for when we get to the end of the first cycle of Saving for Change is that I want to build a new house.'

Francisco's children used to experience malnutrition. 'Before I was involved in the groups,' he explains, 'I found it difficult to buy food.'

But things have improved.

[He says,] 'We can see that our children have a strong physique and don't get sick like before.'

Source: Oxfam Australia, 'How your donation is making dreams come true in Timor-Leste', 9 September 2019, <[www.oxfam.org.au/2019/09/how-your-donation-is-making-dreams-come-true-in-timor-leste/](http://www.oxfam.org.au/2019/09/how-your-donation-is-making-dreams-come-true-in-timor-leste/)>

- a. Outline **one** reason why the Australian aid program involves partnerships like the one between the Australian Government and Oxfam, as described in the information above.

2 marks

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- b. Explain how Oxfam's 'Saving for Change' program promotes health and wellbeing, and human development.

6 marks

Health and wellbeing \_\_\_\_\_

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Human development \_\_\_\_\_

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Question 7 – continued  
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**Question 8** (4 marks)

Education and shelter are prerequisites for health as determined by the WHO.

Explain why education and shelter are prerequisites for health.

Education \_\_\_\_\_

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Shelter \_\_\_\_\_

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**Question 9** (4 marks)

Describe how the overconsumption of alcohol has an impact on **two** indicators of health status.

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**Question 10** (8 marks)

**headspace campaign [‘Take a Step’] empowers Aboriginal and Torres Strait Islander young people to manage mental health**

headspace Bunbury is proud to join with communities across Australia in a landmark campaign that empowers Aboriginal and Torres Strait Islander young people to take charge of their ... wellbeing. ... the ‘Take a Step’ [campaign] ... encourages Aboriginal and Torres Strait Islander young people to recognise the signs that something’s not right – and provides small, practical steps towards feeling better.

...  
‘Take a Step understands the need to think about Aboriginal and Torres Strait Islander wellbeing holistically, considering the ways our culture, identity, place and spirituality can make us feel strong.’

...  
... ‘Take a Step’ television and radio advertisements [are] broadcast nationally and in select cinemas. A suite of print and online resources [community-based chat feature, videos and culturally appropriate fact sheets] for young people, and for family and friends with a young person in their lives, are also available ...

‘Take a Step’ is an initiative of headspace and funded by the Department of Health and Aged Care and Minister for Indigenous Australians.

Source: headspace, ‘Take a Step headspace Campaign’, 25 August 2021, <<https://headspace.org.au/headspace-centres/bunbury/take-a-step-headspace-campaign/>>; © Headspace National Youth Mental Health Foundation Ltd

- a.** Outline the dimension of mental health and wellbeing. 2 marks

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- b. Identify and describe two action areas of the Ottawa Charter for Health Promotion that are reflected in the 'Take a Step' campaign and explain how they are evident.

6 marks

Action area 1 \_\_\_\_\_

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Action area 2 \_\_\_\_\_

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**Question 12** (8 marks)

- a. One of the Australian Government's aid priorities is 'effective governance: policies, institutions and functioning economies'.

Source: Department of Foreign Affairs and Trade, 'Private sector partnerships',  
<[www.dfat.gov.au/development/who-we-work-with/private-sector-partnerships](http://www.dfat.gov.au/development/who-we-work-with/private-sector-partnerships)>

Using two examples, explain the role of this Australian aid priority in improving health and wellbeing. 4 marks

Example 1 \_\_\_\_\_

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Example 2 \_\_\_\_\_

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- b. 'Education and health' is another one of Australia's aid priorities.

Explain how this Australian aid priority works towards achieving Sustainable Development Goal (SDG) 5, 'Gender equality'.

4 marks

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**Question 14** (10 marks)

Consider the following three sources relating to the link between dietary intake and Australia's health status.

**Source 1**

Jenna is 10 years old and lives with her mother and younger brother. Jenna eats a cereal with a high sugar content for breakfast. On her way to school, she passes two fast-food outlets and a bus stop that has an advertisement for soft drinks. In the morning, Jenna has a class about the importance of healthy eating. She buys lunch from the school canteen. After school, she plays soccer and wins an 'encouragement' award sponsored by a local fast-food outlet. When she gets home, she watches her favourite television show, during which time she sees advertisements for fried chicken and a chocolate bar. Jenna's mother comes home from work and wants to provide a healthy dinner for her children. She selects a commercially prepared cottage pie from the freezer. The front of the package states that it contains 100% organic Australian beef and no artificial colours.

**Source 2****Obesity trends in Australia**

- 16.7% of Australians aged 2 to 17 years are overweight and 8.2% are obese\*
- 20.2% of boys aged 16 to 17 years are overweight and 10.7% are obese\*
- [Being overweight] has increased from 10.2% (1985) to 20.6% (2014) among Australians aged 7 to 15 years\*
- 67.0% of Australian adults are overweight or obese†
- Severe obesity has risen from 4.9% to 9.4% among Australian adults over the past 20 years†

Source: Obesity Evidence Hub, \*'Obesity trends in Australian children', <[www.obesityevidencehub.org.au/collections/trends/australian-children](http://www.obesityevidencehub.org.au/collections/trends/australian-children)>, and †'Obesity trends in Australian adults', <[www.obesityevidencehub.org.au/collections/trends/adults-australia](http://www.obesityevidencehub.org.au/collections/trends/adults-australia)>











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