

# VCE Health and Human Development

## Written examination – End of year

### Sample questions

These sample questions are intended to demonstrate how new aspects of Units 3 and 4 of VCE Health and Human Development may be examined. They do **not** constitute a full examination paper.

#### Question 1 (2 marks)

Describe emotional health and wellbeing.

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#### Question 2 (2 marks)

Describe an interrelationship between the spiritual and social dimensions of health and wellbeing.

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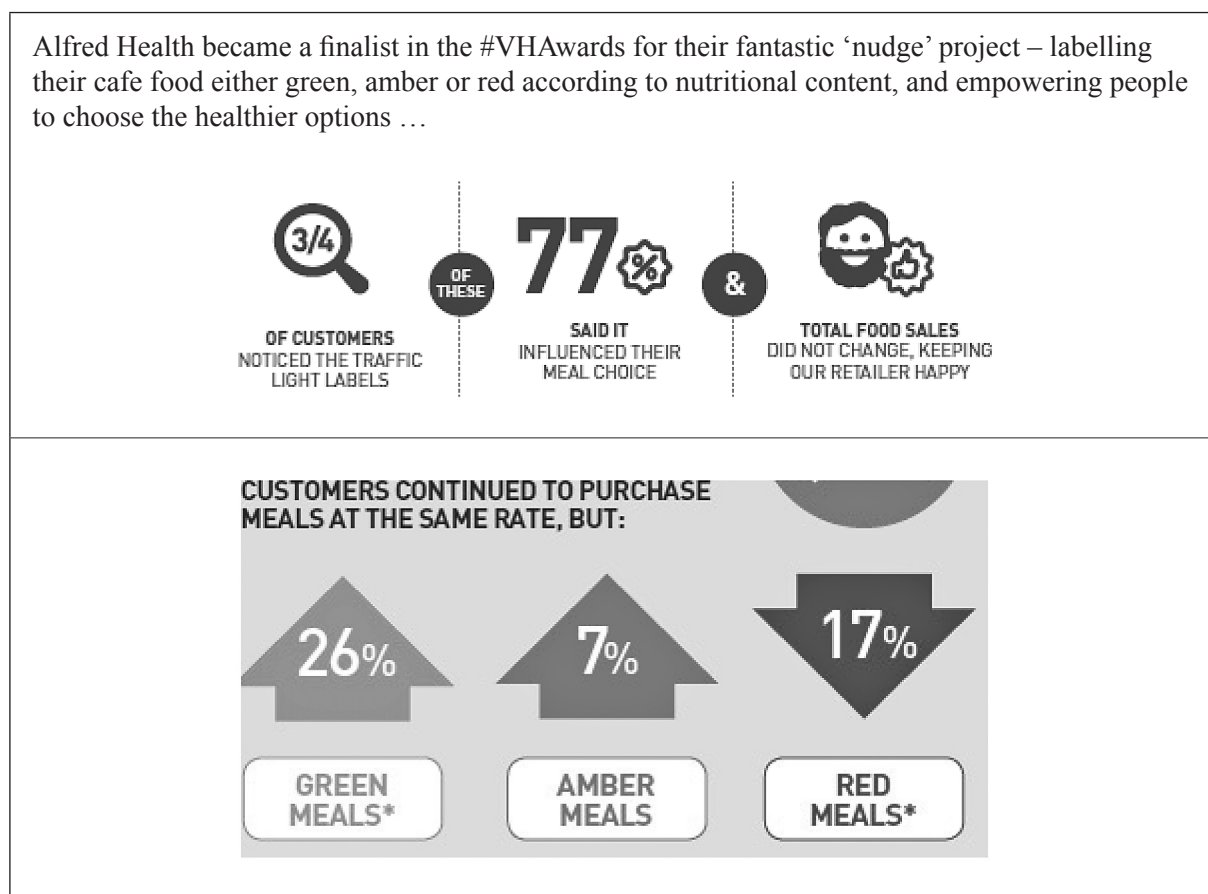
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**Question 3** (10 marks)

**Source 1**

The VicHealth Awards are presented annually to Victoria’s best health and wellbeing promotion projects.



Sources: text from VicHealth on Facebook, <www.facebook.com/VicHealth/>; both graphics from Alfred Health, ‘Food for thought: Encouraging healthy choices’ infographic, <www.alfredhealth.org.au/>

**Source 2**

The Heart Foundation has presented the following data about obesity rates in Australia.

**Change in obesity status over time (% obesity by time period)**

	<b>1995</b>	<b>2007/2008</b>	<b>2011/2012</b>	<b>2014/2015</b>
<b>Obesity (total)</b>	18.7%	24.8%	27.5%	27.9%
<b>Obesity (males)</b>	18.6%	25.6%	27.5%	28.4%
<b>Obesity (females)</b>	18.9%	24.0%	27.5%	27.4%

Source: Heart Foundation website, ‘Overweight and obesity statistics’, <www.heartfoundation.org.au/>

**Source 3**

The CSIRO Healthy Diet Score is a scientifically validated food survey designed to assess compliance with the 2013 *Australian Dietary Guidelines* and the ‘Australian Guide to Healthy Eating’.

The ‘Fruit, Vegetables and Diet Score’ report presented the following data for the period May 2015 to October 2016.



Source: CSIRO website, ‘Report warns Australian diets lacking in fruit and vegetables’, news release, 3 April 2017, <www.csiro.au/>

Selecting evidence from the sources presented and using your understanding of dietary change, draw conclusions about the impact of dietary initiatives on the health and wellbeing of Australians, and the challenges faced by organisations that are focused on bringing about dietary change in Australia.

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**Question 5** (8 marks)

A media release from the office of Hon. Jane Prentice MP, Assistant Minister for Social Services and Disability Services, claimed that there are ‘4.3 million people with disability in Australia and only 460 000 of those people are expected to be eligible for the NDIS’.

- a. Describe the National Disability Insurance Scheme (NDIS). 2 marks

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- b. Analyse how the NDIS promotes health and wellbeing in Australia. Your response must include a discussion of access, equity and sustainability. 6 marks

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**Question 6** (12 marks)

The graph below shows changes in the rank of the major causes of death between 1907 and 2000.

Cause of death	1907		2000	
	Per cent deaths	Rank	Per cent deaths	Rank
circulatory diseases	20.0	1	38.6	1
respiratory diseases	14.3	2	8.9	3
infectious diseases	12.6	3	1.3	5
cancer	7.8	4	28.1	2
injury and poisoning	4.9	5	6.1	4
other	40.3		17.1	
<b>Total</b>	100.0		100.0	

Source: Australian Institute of Health and Welfare (AIHW), *Mortality over the twentieth century in Australia: Trends and patterns in major causes of death*, Mortality surveillance series no. 4, cat. no. PHE73, AIHW, Canberra, 2005, p. 20

- a. From the table above, identify the cause of death that shows the greatest decrease between 1907 and 2000. Discuss how the biomedical and social models of health could have contributed to a reduction in death rates.

6 marks

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- b.** To what extent could low-income and middle-income countries improve their health status by implementing the actions of the ‘old’ public health system from countries like Australia? 6 marks

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**Question 7 (7 marks)**

Oxfam Australia is a non-government organisation involved in aid and development. Its 2014 ‘Close the Gap’ campaign included the ‘30 for 2030 Challenge’ pledge<sup>1</sup>.

By taking the 30 for 2030 Challenge, I pledge to collect 30 names and contact details in support of Aboriginal and Torres Strait Islander health equality by 2030.

We call on the Australian Government to:

- Commit to providing adequate and long-term financial resources to achieve Indigenous health equality;
- Invest in real partnerships, including increased Aboriginal and Torres Strait Islander participation and control around health service delivery; and
- Address critical social issues of housing, education and self-determination that contribute to the health crisis affecting Aboriginal and Torres Strait Islander Peoples.

Source: Oxfam Australia website, pledge form for ‘30 for 2030 Challenge’, <[www.oxfam.org.au/](http://www.oxfam.org.au/)>

<sup>1</sup>**pledge** – a solemn promise, commitment or undertaking

- a.** Describe **two** other examples of how individuals could take social action to improve health and wellbeing.

4 marks

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- b.** The social action described above aimed to promote health and wellbeing.

Justify Oxfam Australia taking social action for Indigenous health and wellbeing.

3 marks

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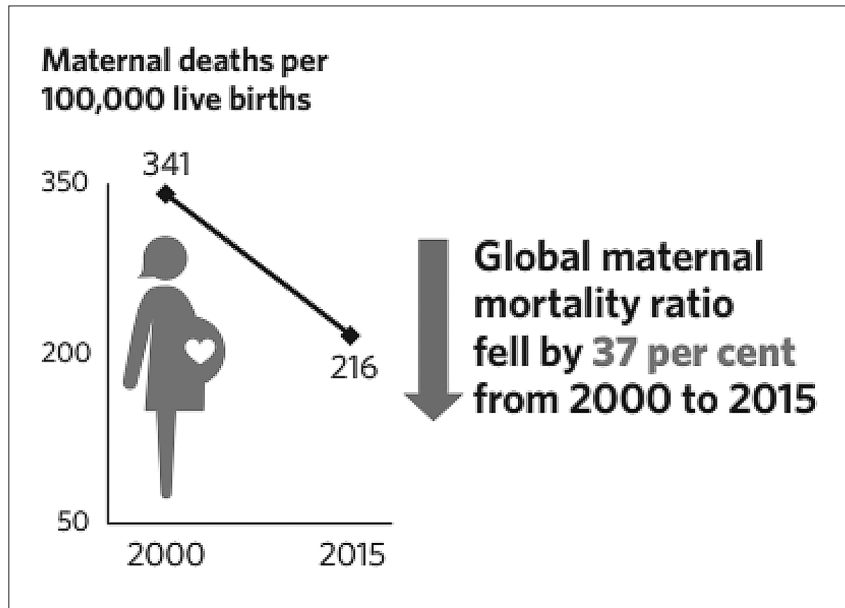
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**Question 8** (5 marks)

Reducing global maternal mortality to fewer than 70 per 100 000 live births is one of the features of Sustainable Development Goal (SDG) 3, ‘Good health and wellbeing’.

The image below illustrates the change in the number of maternal deaths between 2000 and 2015.



Source: infographic icon from thenounproject.com; in Lois Jensen (ed.), *The Sustainable Development Goals Report 2017*, United Nations publication issued by the Department of Economic and Social Affairs (DESA), p. 4; © 2017 United Nations

a. What is meant by maternal mortality?

1 mark

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b. ‘Collaborative action aiming to reduce maternal mortality is more effective when the collaboration addresses the relationship between SDG 3 and other SDGs.’

With reference to **one** other SDG, to what extent do you agree with this statement?

4 marks

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**Question 9** (8 marks)

Consider the National Rural Drinking Water Supply Programme that has been implemented in Benin, a country located in the west of Africa.

**Water for all in Benin**

‘We have only one well that provides water to the whole village. During the dry season, each household can carry only a 30-litre basin of water for three days. Sometimes, we have to go right to Savalou, kilometres away to do our laundry and bring back a can of water.’

Angèle Zodjilou, a mother of five, recounts the ordeals of women in Tatonougo village, in the central hills region of Benin. As of 2014, about 68.1 per cent of people in Benin had access to potable<sup>1</sup> water ...

Lack of drinking water in the rural area presents numerous challenges, especially during the dry season. Children suffer from waterborne diseases like diarrhoea and cholera. Girls drop out of school to trek kilometres every day to fetch water.

...

**Sustainable and equitable access**

In response, the Government of Benin has launched the National Rural Drinking Water Supply Programme. The objective of the project, which started in January 2016 with the support of UNDP [United Nations Development Program], is to increase the rural water supply rate to 70 per cent in 2017 and help to achieve Sustainable Development Goal 6.

More than 300 villages in 54 of the country’s 77 communes will be equipped with manually operated pumps that provide water to close to 80 000 people. Border zones with neighbouring countries have been given priority, particularly schools and health centres.

**Community engagement**

The villagers play an important role in maintaining the pumps. Residents pay 5000 Fcfa (about US\$50) to the town hall each month. The money is used to buy spare parts and to make repairs.

In Tatonougo, where villagers alternated visits to the well every two days to prevent water from becoming a source of conflict, relief is noticeable now that water is within reach.

Source: ‘Water for all in Benin’, UNDP report, 6 October 2017, <<https://reliefweb.int/report/benin/water-all-benin>>;  
© Elsie Assogba/PNUD Benin and Latifou Dakin/VNU

<sup>1</sup>**potable** – safe to drink

Use your understanding of the features of effective aid programs to evaluate the National Rural Drinking Water Supply Programme in promoting health and wellbeing and human development.

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