

STUDENT NUMBER

Letter

# HEALTH AND HUMAN DEVELOPMENT UNITS 3 AND 4

## Written examination

Reading time: 15 minutes

Total writing time: 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 22 pages.
- Additional space is available at the end of the book if you need extra paper 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. Write using blue or black pen.

**Question 1** (6 marks)

**a.** Describe the term socioeconomic status. 2 marks

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**b.** According to Australia’s Health 2016, compared to people from higher socioeconomic backgrounds, people from lower socioeconomic backgrounds are

- 1.6 times as likely to have arthritis
- 1.3 times as likely to have asthma
- 2.2 times as likely to have coronary heart disease
- 2.6 times as likely to have diabetes

Source: Australian Institute of Health and Welfare

Identify **two** biological factors and explain how they may contribute to two of the variations in health status and burden of disease between lower and higher socioeconomic groups in Australia listed above.

4 marks

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**Question 2** (6 marks)

Seasonal influenza is an acute respiratory infection caused by influenza viruses which circulate in all parts of the world.

Seasonal influenza is characterized by a sudden onset of fever, cough (usually dry), headache, muscle and joint pain, severe malaise (feeling unwell), sore throat and a runny nose. The cough can be severe and can last 2 or more weeks. Most people recover from fever and other symptoms within a week without requiring medical attention, however, influenza can cause severe illness or death especially in people at high risk.

Source: Adapted from: [https://www.who.int/news-room/fact-sheets/detail/influenza-\(seasonal\)](https://www.who.int/news-room/fact-sheets/detail/influenza-(seasonal))

- a. Using the information from the case study above, explain the global benefits of the pursuit of optimal health and wellbeing as a resource. 3 marks

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- b. Using the example of someone suffering from seasonal influenza, describe the interrelationships between the dimensions of health and wellbeing. 3 marks

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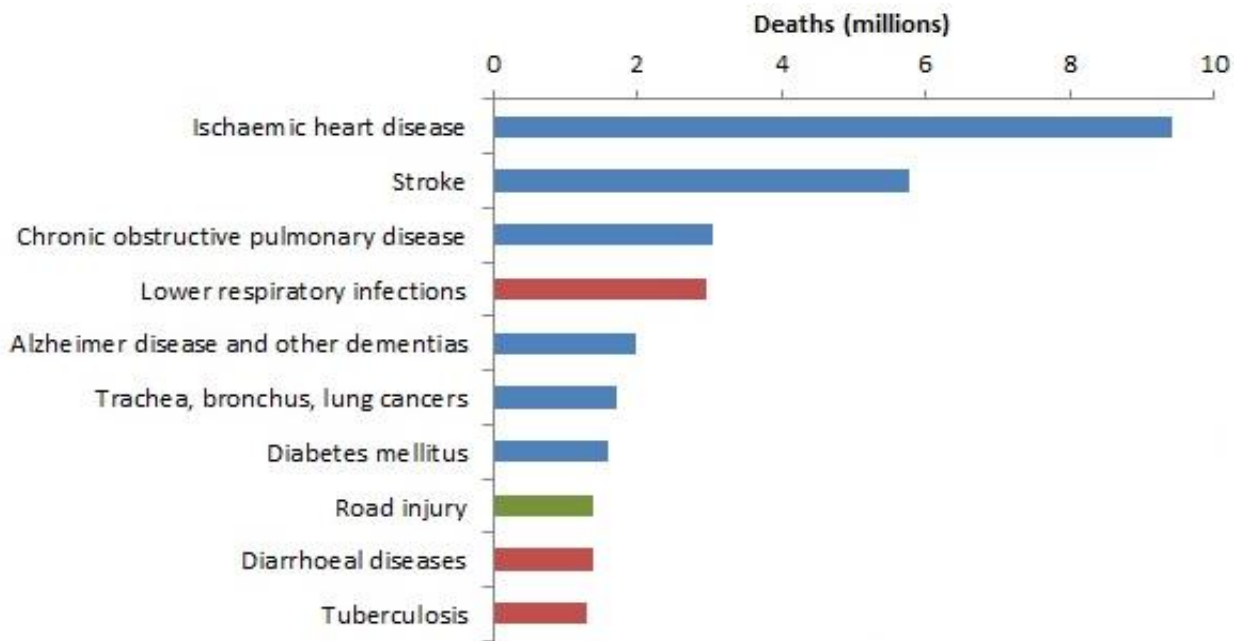
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**Question 3** (8 marks)

**Top 10 global causes of deaths, 2016**



Source: Global Health Estimates 2016: Deaths by Cause, age, Sex by Country and by Region, 2000–2016. Geneva, World Health Organisation, 2018.

**a.** Sustainable resources and a stable ecosystem are prerequisites for health.

**i.** Briefly explain what is meant by the WHO prerequisite for health ‘sustainable resources’.

1 mark

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**ii.** Using the graph above explain how sustainable resources could promote health status for low-income countries.

3 marks

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**Question 3** – continued

**b. i.** Describe environmental sustainability. 1 mark

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**ii.** Outline how a stable ecosystem could contribute to environmental sustainability. 3 marks

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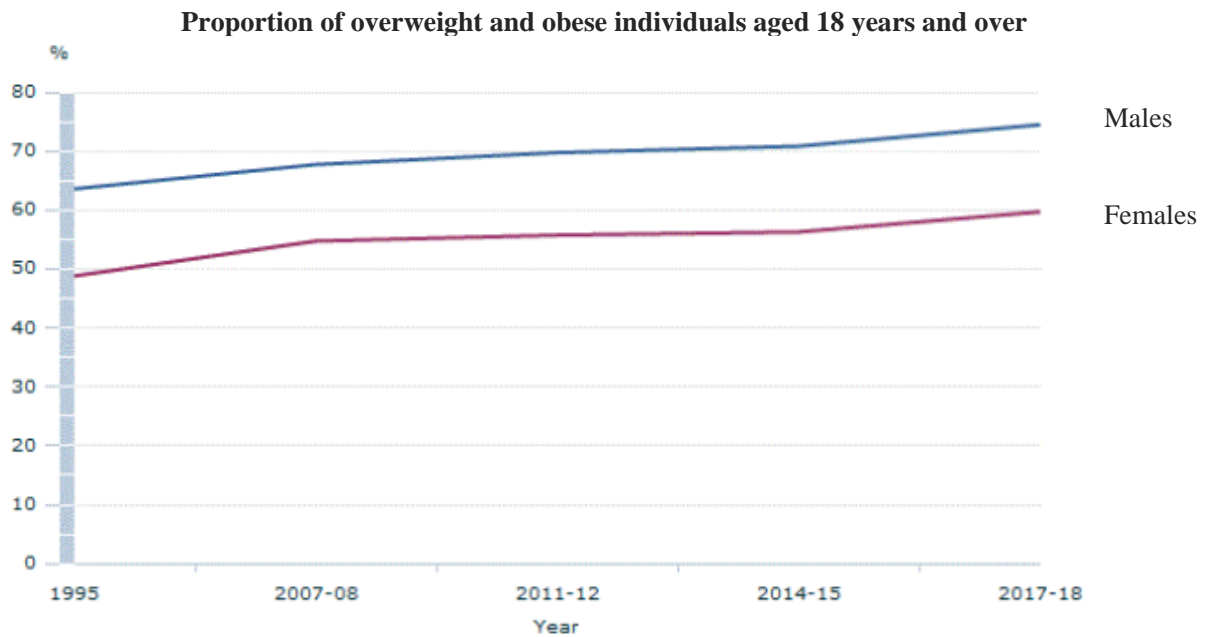
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**Question 4** (10 marks)

Consider the following four sources relating to variations in health status between males and females in Australia.

**Source 1**



Source: Australia Bureau of Statistics

**Source 2**

**Consumption of alcohol in quantities that could pose a health risk (%)**

		2001	2004-05	2007-08	2011-12
<b>Consumption of alcohol in quantities exceeding lifetime risk</b>	<b>Males</b>	29.0	32.2	30.2	28.9
	<b>Females</b>	8.5	11.7	11.7	10.1
<b>Consumption of alcohol in quantities presenting a risk/high risk to health in long-term</b>	<b>Males</b>	13.1	15.2	15.0	13.3
	<b>Females</b>	8.5	11.7	11.7	10.1

Source: Australia Bureau of Statistics

**Source 3**

**More than 9 in 10**  
 People killed at work in Australia are men

Source: Australian Institute of Health and Welfare

**Source 4**

Females born in 2015-17 can expect to live 4.1 years longer than males – 84.6 years (females) compared with 80.5 years (males).

Source: Australian Institute of Health and Welfare

**Question 4** – continued



**Question 5** (7 marks)

There are many reasons why Australia’s health status has improved since 1900.

- a.** In relation to funding and access, analyse how Medicare has contributed to an improvement in Australia’s health status since 1900.

4 marks

Funding \_\_\_\_\_

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Access \_\_\_\_\_

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- b.** Analyse how the biomedical approach to health has contributed to a reduction of premature deaths due to cardiovascular disease in Australia since 1900.

3 marks

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**Question 6** (8 marks)

- a.** Compare and contrast the information provided by the Healthy Eating Pyramid and the Australian Dietary Guidelines in the promotion of healthy eating in Australia. 4 marks

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- b.** Draw conclusions as to why individuals may find it challenging to improve their dietary behaviour, despite the Australian Dietary Guidelines and the work of Nutrition Australia. 4 marks

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**Question 7** (10 marks)

The Guluman Centre is located in a remote Indigenous community 640 km from Darwin and includes preschool, childcare and playgroup services.

The Guluman Kitchen Garden Program is part of the Stephanie Alexander Kitchen Garden Classroom. Children at the centre have been learning how to grow plants from seeds and cook food using vegetables they have grown and picked from their garden. Children have been involved in regular maintenance and upkeep of the garden.

All the additional ingredients required for the recipes were made available at the community store, to encourage families to re-create meals at home.

The children have produced a cookbook of the recipes they cooked, to share with their community.

Source: adapted from [https://www.kitchengardenfoundation.org.au/content/remote-guluman-centre-grows-kitchen-garden-program?utm\\_source=publiclist&utm\\_medium=newsletter&utm\\_campaign=gulumancentre](https://www.kitchengardenfoundation.org.au/content/remote-guluman-centre-grows-kitchen-garden-program?utm_source=publiclist&utm_medium=newsletter&utm_campaign=gulumancentre)

- a. Identify and describe **two** action areas of the Ottawa Charter reflected in the information above and explain how they are evident. 6 marks

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**Question 7** – continued

**b.** Evaluate the capacity of this program to improve the health and wellbeing of Indigenous Australians.

4 marks

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**Question 8** (12 marks)

The following table shows a range of indicators for various countries.

	Male life expectancy at birth	Gross national income per capita (\$)	Under 5 mortality rate (per 1000 live births)	Access to an improved water source (%)	Adult mortality from CVD, cancer, diabetes (%)	Health expenditure per capita (\$)	Change in mortality rate from obesity (per 100,000) 1990–2017
Ghana	62	3880	48	80	20.8	145	+43
Ukraine	68	8960	9	97	24.7	584	+24
Central African Republic	52	600	116	66	23.1	25	+22
New Zealand	80	30,750	6	97	10.1	4018	–20
Lesotho	52	3680	81	78	26.6	276	+90

Sources: Collated from data sourced from WHO, Our World in Data and World Bank

- a. Identify the country which would most likely be classified as a low-income country from the table above.

Explain your choice using data related to one social, one economic, and one environmental characteristic featured in the table.

4 marks

Country selected \_\_\_\_\_

Social characteristic \_\_\_\_\_

\_\_\_\_\_

Economic characteristic \_\_\_\_\_

\_\_\_\_\_

Environmental characteristic \_\_\_\_\_

\_\_\_\_\_

Discuss how global distribution and marketing of tobacco may have had an impact on the any of the data displayed in the table.

3 marks

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**Question 8** – continued

- c. i.** Identify one dietary risk which contributes to any of the indicators listed in the table. 1 mark

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- ii.** Explain how the dietary risk identified in **part c.i.** contributes to health status and burden of disease. 4 marks

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**TURN OVER**

**Question 9** (6 marks)

**a.** What is poverty? 1 mark

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**b.** Explain the spiritual dimension of health and wellbeing. 1 mark

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**c.** Compare how differences in poverty may impact the spiritual health and wellbeing of populations in low- and high-income countries. 4 marks

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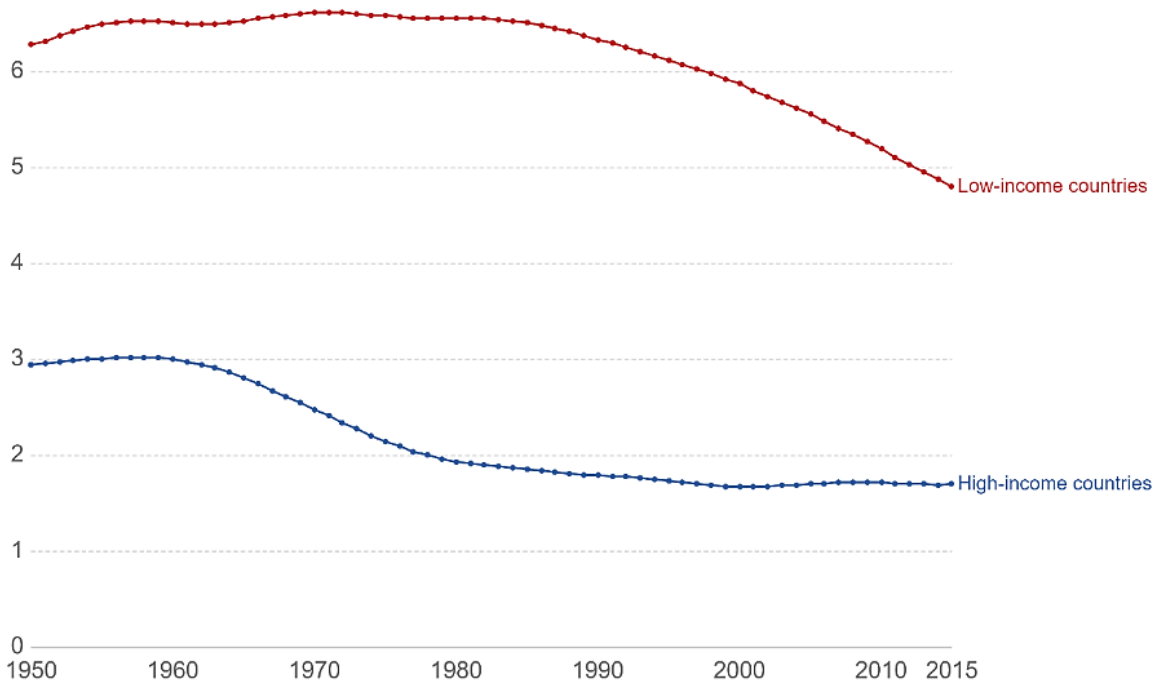
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Question 10 (2 marks)

Fertility rate in a high- and low-income country, 1950–2015

Children per woman



Source: UN Population Division (2017 Revision) OurWorldInData.org/fertility-rate • CC BY  
Note: Children per woman is measured as the total fertility rate, which is the number of children that would be born to the average woman if she were to live to the end of her child-bearing years and give birth to children at the current age-specific fertility rates.

Source: <https://ourworldindata.org/fertility-rate>, Author: Max Roser

Using information, outline a trend in the graph above.

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**Question 11** (4 marks)

The following table shows the Human Development Index (HDI) for two countries.

Country	Human Development Index
Country A	0.434
Country B	0.938

- a.** Outline **two** likely differences between country A and country B based on their respective HDI. 2 marks

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- b.** Describe **one** advantage and **one** disadvantage of using the HDI to measure the human development of countries. 2 marks

Advantage \_\_\_\_\_

\_\_\_\_\_

Disadvantage \_\_\_\_\_

\_\_\_\_\_



**Question 12** (4 marks)**Poor nations hosting most refugees worldwide, need more Western help: UN**

Developing countries, not rich Western nations, are bearing the brunt of the world’s refugee crisis and are hosting most of the record 70.8 million displaced people who have fled war and persecution, the United Nations said on Wednesday.

Half of the world’s forcibly displaced are children and the 2018 total is the highest in nearly 70 years, the UN refugee agency said in its annual flagship report, *Global Trends*.

But the global figure, which comprises 25.9 million refugees, 41.3 million people uprooted within their homelands, and 3.5 million asylum-seekers, is “conservative”, it said.

“When you say Europe has a refugee emergency, or the United States, or Australia – no. Most of the refugees are in fact in the country next to where the war is, and unfortunately that means mostly in poor countries or in middle-income countries,” the UN refugee agency stated.

Source: Adapted from Reporting by Stephanie Nebehay; Editing by Gareth Jones *Our Standards: The Thomson Reuters Trust Principles*

Using the information provided, analyse the implications of mass migration on health and wellbeing.

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**Question 13** (13 marks)

The Ruben Centre is found in the capital of Kenya, in one of Nairobi’s largest slums, Mukuru. The Mukuru slums are home to over a million people, living in very basic housing. They have limited access to safe drinking water, sanitation and consistent electricity.

The Centre has become a hub for offering opportunities for all, particularly women and children, as often they are the most marginalised and have the greatest influence on the health of their families and communities. Various government sectors and non-government organisations (NGOs) support the services offered on the site. The Centre relies heavily on grants, donations and NGO placement to operate these services. Corporate sponsorships, volunteers and internships also support the services to continue operating.

Within the grounds of the Ruben Centre there are services such as microfinancing, financial and legal services from various government departments and NGOs. These are offered as support for the women to address some of the inequalities and discrimination which exist. The knowledge gained is often passed on and more women are understanding their rights and entitlements.

The health centre offers a range of services, which include: outpatient services, nutrition services, asthma clinic, child welfare clinic, antenatal clinic, cervical/breast cancer screening, laboratory services, ambulance services, TB clinic, dental care, reproductive health and has a well-equipped pharmacy. In addition to this, the Ruben Health Centre has a maternity unit which started in May 2018 following a feasibility study in the community. The maternity services rendered are free.

This has seen a significant reduction in maternal and neonatal deaths in addition to the improved health in mothers and children as they continue to attend check-ups and information sessions focused on the women’s health ( such as family planning) and others that aim to keep the whole family healthy.

Also, on site is ‘The Baby Care Centre’, established as a measure to respond to the high rates of malnutrition among children under five. This was attributed to the fact most mothers with young children were not working or earning a livelihood because they had no safe place to leave their babies. This allows mothers (particularly single mothers) to go and work while they leave their children in a secure, safe and child friendly place. The children are fed during the day (funded by NGO school feeding program) and are given space to develop their physical and social skills. Initially developed by an NGO it is now run with local women as the carers.

Source: Adapted from Ruben Centre webpage: <https://www.rubencentre.org/health-department>

- a. Identify one objective of the Sustainable Development Goals (SDGs) relevant to the case study and explain its importance.

2 marks

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**Question 13** – continued

- b.** Describe **two** key features of SDG 3 – ‘Good health and wellbeing’ and give an example for each from the case study. 4 marks

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- c.** SDG 5 – ‘Gender equality’ places significant value on ensuring women and girls have the same opportunities as men and boys in all facets of life.  
Using two examples from the case study, outline the relationship between SDG 3 and SDG 5, illustrating the collaboration between the health sector and other sectors in working towards health-related goals. 4 marks

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- d.** Identify and explain one priority of the World Health Organisation (WHO) which relates to the case study and explain how the chosen priority is addressed using examples from the case study. 3 marks

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**Question 14** (4 marks)

Number of tourists visiting Pacific Island small states\* in 1995 and 2016

<b>1995</b>	<b>2016</b>
544, 155	1.29 million

\*These include Fiji, Samoa, Solomon Islands, Nauru, and Vanuatu

Source: <https://ourworldindata.org/tourism>

Analyse both the positive and negative impacts of increased tourism to the health and wellbeing of people in low- and middle-income Pacific countries such as those listed in the information above

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**END OF QUESTION AND ANSWER BOOK**



