The main purpose of this 2014 examination report is to provide feedback to teachers and candidates about performance on the examination along with suggestions to improve future answering techniques. The examiners’ comments are not meant to be an informal expansion of the course. They do, however, comprise specific observations from individual marking examiners regarding each question and necessarily repeat and re-emphasise several previous report comments. Candidates are therefore advised to read this, and previous, reports carefully to avail themselves of the recommendations and directions given.

The total number of candidates who presented for this year’s external assessment was 1046, a very slight increase from 2013.

It was apparent again this year that candidates must be reminded about a number of important points. These include:

i. Read the exam instructions and write in the booklets as directed.

ii. Allocate time very carefully – follow the suggestions on the paper. Candidates must clearly differentiate between the requirements of 10, 20 and 30 minute questions.

iii. Read each question carefully in order to write completely relevant answers rather than everything and anything about a general topic. Candidates must ensure that they address the particular criterion being assessed.

iv. Provide accurate, up-to-date, specific information rather than broad generalisations. Phrases such as ‘and so on’ or ‘etc.’ should not appear and do not convince the examiner that knowledge extends past what is written.

v. Avoid writing sexist or racist remarks or making value judgements, which are completely inappropriate and waste valuable time that should be used for writing specific content and theory. Candidates should not use personal pronouns such as ‘I, you, we’ unless their personal opinion is specifically sought.

vi. Do not regurgitate information prepared for different questions, the answer written must be directly relevant to the question posed and the criterion assessed.

vii. Choose examples carefully to make sure they are appropriate to the nature of the questions asked.

viii. Write something relevant, even if it is minimal, for each criterion.

Other points candidates should note include:

• A calculator and a ruler should be taken into the exam to ensure accuracy with data.

• Writing out the question from the examination paper at the start of an answer is an unnecessary waste of time.

• Understand what is being asked and do just that. ‘Detail’ means more than list, name or mention whereas ‘list’ means don’t write a couple of paragraphs.

• Writing clearly in black or blue biro in preferable.

• Using liquid paper and highlighters or ruling margins is a waste of time. Candidates should not write notes to the examiner nor write their name.
Labelling questions clearly is vital.

Each answer should start on a new page, and a line should separate each paragraph or section of a question to assist with the clarity of information. Make it as easy as possible for the reader to understand what is written.

A separate booklet must be used for each section. ( Mentioned twice in case this point was missed the first time!)

Candidates are reminded that there is a degree of sophistication expected in a pre-tertiary subject. Poor spelling, incorrect grammar and lack of punctuation continued to be a problem this year and often made it difficult for examiners to ‘sift’ through the answer for the relevant content. Some candidates used an emotional style of writing in their answers which is not appropriate. Candidates who deconstructed the question and answered each element sequentially tended to rate the highest.

The marking examiners acknowledge this exam was very well-balanced with questions that enabled candidates to demonstrate their knowledge and understanding. There were some specific concerns, however, about the inadequate length and depth of answers provided. Candidates need to be prepared to provide more specific information on subject related matters.

Although the standard of answers varied it should be noted that formal writing skills continue to be important with higher ratings generally awarded to grammatically correct, concise answers that directly answered the question being asked as well as the criterion being assessed. Candidates cannot afford to ‘pad out’ answers and expect to gain higher ratings. Equally important, however, is the ability to thoroughly explain a concept – many candidates tended to provide a summarised response. Examiners were keen to see candidates demonstrating the ability to apply their knowledge while directly answering the question asked in order to complete their studies with an award that accurately reflects the candidate’s ability as well as the course taught.

**Question 1**

a) Per 100,000 population.

b) (i) Males in North West Tasmania with 195.7 notifications per 100,000 population.
   (ii) Females in Southern Tasmania with 410.8 notifications per 100,000 population.

c) Trend steadily rose from 1999 until 2011 following a small decrease from 1998 to 1999. The overall increase was from 82.4 notifications per 100,000 population to 361.6 notifications per 100,000 population.

d) It could have been noted that:

   • Tasmanian and Australian notification rates have both increased from below 90 notifications per 100,000 population to above 340 notifications per 100,000 population.
   • Tasmanian rates have usually been slightly lower than the Australia national average by approximately 20 notifications per 100,000 population.
   • Tasmanian notifications have spiked on two occasions whereas the Australian rates rose at a more even rate.
   • Both rates have decreased below the previous year’s figures during the 15 years - Australia’s rate dropped by 21.5 notifications per 100,000 population in 1999 whereas Tasmania experienced drops in notifications in both 2009 and 2011.
Generally this question was answered quite well and gave most candidates a positive start to their exam experience.

Unfortunately some candidates did not include sufficient data to validate their observations. Having to write the rate of ‘notifications per 100,000 population’ appeared to be too onerous for some respondents and a variety of shortcuts were taken. Some of these shortcuts, however, made the answer either incorrect or indecipherable. One unfortunate mistake that was made by a number of candidates was to use a ‘%’ sign as the rate which resulted in an incorrect response.

Question b) was open to interpretation therefore three different answers were acceptable. While the anticipated correct answer was males in the north west and females in the south it was also correct to have compared region to region and male to female. Markers remained open to each candidate’s interpretation of this question.

The word ‘trend’ that had proven in previous years to be misunderstood was, this year, usually interpreted correctly and better answers appropriately incorporated words such as increased, jumped, steadily rose, spiked or declined.

**Question 2**

This question gave candidates the opportunity to expand on their favoured definition of health although unfortunately many chose to quote the ‘out dated’ 1946 WHO definition! Another common error was mistaking the physical environment for the physical component or dimension of an individual’s health.

In reference to ‘a population’ there was the occasional response that described a specific population such as people living in LDCs or the Aboriginal population however most generalised about of the Australian community.

Overall, both the physical and political environments were identified appropriately although many candidates fell short of writing enough explanation on the examples.

A common response in reference to the physical environment included mention of bike tracks and/or gyms but, unfortunately, failed to acknowledge the more vital importance to the whole population of adequate housing, clean drinking water or basic sanitation. The weather, pollution, workplace safety, general infrastructure, access to health care, climate change, war zones, sustainable farmland, tsunamis, parks and pools, as well as school facilities were also mentioned.

Better responses about the political environment made mention of the different levels of government – Federal, State and Local and also included the work and co-funding of NGOs. Provision of personnel, resources, support, policies, legislation, regulations, research, immunisation programs, Medicare, the PBS, hospitals and health care facilities including community based services, ambulances and the AFDS were included in answers.

The broader answers that recognised the complex interactions between the multiple physical and political factors that impact on a population’s health status tended to receive higher marks than answers that only listed random examples suitable for individuals or select subgroups of the population.
Question 3

This question was answered by approximately 80% of candidates.

Writing a brief introduction to the answer that contained a general description of risk taking and who qualifies as an adolescent was included by the majority of candidates. Some interesting/incorrect origins and wordings were proposed for definitions e.g. it was the WHO in 1947 who claimed that ‘risk taking is any action that results in gain or loss.’ The misspelling of adolescents and adolescence was also observed frequently while marking this section.

Contributing factors were easily identified with peer pressure the most common reason while adolescent brain development ran a close second. The negative influences were mentioned more often than positive influences such as seeking employment or qualifications, social gain or personal growth. Thrill seeking, adrenaline rush, experimentation, addiction, fun, habit, money and rebellion were all correctly mentioned.

The discussion of two strategies used to reduce harm in specific situations required candidates to relate these strategies to the course content. Simplistic answers such as ‘nominate a designated driver and have something to eat if you’re going out drinking’ was inadequate. Likewise ‘Say no or carry a condom if you’re sexually active’. Using specific examples related to skill building, active decision-making, channelling negative activities to positive actions, using protective behaviours such as resilience, connectedness, assertiveness or coping strategies to minimise harm while in a supportive environment was viewed more favourably.

Outlining one or more community-based strategies used by adolescents to manage risk taking behaviours proved the most challenging point in Question 3 as many answers confused a strategy with a service. Headspace and The Link are not strategies, they are services. Candidates needed to describe the programs, support groups and professionals employed at these agencies and identify the interactions adolescents could have with them rather than just naming the building itself. Participation in team sports, church groups, drama, music, and dance groups were mentioned as were health promotion and community based campaigns, events and organisations such as Breath of Life Festival, RYDA, QUIT, AA, Kid’s Helpline, Lifelink and Red Frog. Legislation related to driving, smoking, drinking and the illegal drugs was also outlined by some candidates.

This question appeared to be chosen as the easier option but often, seemingly, with little theoretical knowledge available to construct an answer that reflected course content.

Question 4

This question was addressed by approximately 20% of candidates. Many candidates wrote everything they could remember about their chosen issue without referring back to the specific dot points.

The more common topics chosen included smoking, binge drinking, general alcohol use, obesity, and depression. Respondents also chose self-harm, gambling, anorexia, bulimia and body image.

Candidates who had selected a low profile issue found it difficult to provide evidence to substantiate that their issue was even an issue, so consequently got off to a bad start. Better answers were about a
high profile issue, provided a clear definition of what constitutes a health issue, and could relate their topic to relevant statistics and the criteria that made it a high profile issue.

Higher order answers identified appropriate personal intervention options that reflected the issue chosen. Suitable future interventions and the analysis of the success rate of all practical interventions appeared to be a more challenging task.

As this question was assessed by Criteria 1, answers needed to demonstrate an understanding of health and the factors that influence the health of an individual, however many answers appeared to come from an NHPA perspective and therefore overlooked the individual to focus more universally. Perhaps this confusion arose because of the wording of the second dot point which included the word community. This was the only point of negative critique raised by the markers about the wording and construction of Section A of the 2014 Health Studies exam paper.

Question 5

(a) 19122 influenza notifications
(b) Pertussis 18699 to 38573
Measles 75 – 193
(c) (i) Pertussis notification rates have more than doubled from the average 5 year rate (2006-10) of 18699 compared to the 2011 notifications of 38573. An overall increase of 19874 notifications, or 85.6/100,000 notifications – 172.7 (increase of 87/1/100,000).
(ii) Significance – Notifications for Pertussis is one of only two diseases to have more than doubled. In 2011 Pertussis took over from Influenza as the most frequently occurring notifiable disease. Or Vaccine preventable disease therefore a number must not be vaccinated or most diseases showed a decrease while pertussis had a significant increase
  • Influenza 5 year average 19122 - Pertussis 18699
  • 2011 – Influenza 27075 - Pertussis 38573
(d) There are a number of diseases that appear to be becoming less prevalent including: (1 point for disease, 1 point for notifications, 1 point for /100,000 population, 1 point overall decrease notifications, 1 point overall decrease /100,000pop)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Notifications</th>
<th>Rate per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningococcal disease 279-241</td>
<td>38</td>
<td>1.3 to 1.1/100,000 population</td>
</tr>
<tr>
<td>Mumps 281-153</td>
<td>128</td>
<td>1.3 to .7/100,000 pop</td>
</tr>
<tr>
<td>Malaria 552 – 411</td>
<td>141</td>
<td>2.6 to 1.8/100,000 pop</td>
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<tr>
<td>Syphilis 2561-2491</td>
<td>70</td>
<td>11.9 to 11.1/100,000 pop</td>
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<tr>
<td>Hep B 6983 – 6853</td>
<td>130</td>
<td>32.4 to 30.6/100,000 pop</td>
</tr>
<tr>
<td>Hep C 11714 – 10279</td>
<td>1435</td>
<td>54.5 to 46.4/100,000 pop</td>
</tr>
<tr>
<td>Tuberculosis 1235-1219</td>
<td>16</td>
<td>5.7 to 5.5/100,000 pop</td>
</tr>
</tbody>
</table>
(e) Notification rates may not always be accurate. (Any 2)
  • As awareness increases then individuals get tested more therefore there appears to be an increase in incidence whereas it may just be more people seeking treatment
  • Females – more likely to take preventative action at doctors therefore there may be many male untreated incidences that have not been reported
• Lack of access to health care may mean many diseases go unreported
• May have the disease but not gone to doctor therefore no notification
• Improved testing may allow for increase
• May not even know they had the disease
• Number may increase but rate per 100,000 population may stay same or decrease

On the whole, candidates answered the data questions well. Some candidates thought the data was Global rather than Australian and therefore brought in Global Health issues. For Question 5(e) a range of ideas were accepted as long as there were two.

Question 6

This question was very open-ended and should have allowed candidates to use strategies from health issues they had studied. However, many struggled with a lack of depth clearly obvious.

• The question asked for initiatives to tackle ‘a specific health problem’ but some candidates included a number of health problems. The better marks were given to candidates who tackled just the one health problem.
• At least 2 strategies were required and if only 2 were provided, they required significant depth to show how each influenced health and who they were targeting.
• Examiners accepted a wide range of answers as long as they linked to a specific health problem.
• Candidates were not required to give a C3 type answer if using a NHPA. The better answers introduced their health issue briefly and then gave a variety of initiatives, programs and actions that tackled the risk factors associated with the issue.
• Better answers reflected an understanding that a range of actions – both individual and community are required to influence health outcomes. i.e. a multi-pronged approach
• Better answers also recognised whether their health issue/problem had decreased as a result of the programs e.g. CVD has decreased significantly as has smoking but Obesity on the rise particularly in low SES groups hence the need for low cost alternatives e.g. community gardens. Some used an example like smoking and were able to show how smoking rates have significantly decreased thanks to a multi-pronged approach to reducing its incidence.
• Some candidates had clearly prepared for a disadvantaged group answer but did not link their information to the question.
• Some candidates wanted to talk about Medicare and PBS however few marks were given unless it was linked to the question or a specific health problem.
• A number of candidates used the same information for this question and Q7 which was fine as long as they clearly directed their information at the question.
• Many candidates could identify initiatives but did not clearly show how they influenced the health of the individuals targeted.
• Some used an example like smoking and were able to show how smoking rates have significantly decreased thanks to a multi-pronged approach to reducing its incidence.

Australia has a world class health system that is holistic in its approach and has a strong focus on prevention of disease, promotion of health and protection of individuals. Our health care system which involves both Government and non-government organisations recognises that a multi-pronged approach that involves both the individual and the community has the greatest chances of achieving
positive physical, social and emotional, mental and spiritual health for all Australians. This multi-pronged approach involves the use of a range of actions including:

- Technology
  - Transmyocardial revascularisation (for CVD)
- Laws
  - No smoking in pubs and clubs, in cars with children, plain packaging
- Government policies and initiatives
  - Increased taxes for cigarettes
  - Free Mammography and bowel cancer screening
- Support groups
  - Beyond Blue
  - Cancer Council
  - Quitline
  - Jenny Craig and other weight loss programs
  - Active Launceston
- Use of role models
  - Geoff Huegill
  - Magda Szubanski
  - Michelle Bridges
  - Mel B
- Awareness campaigns
  - Slip slop slap, seek and slide
  - Swap it, don’t stop it
  - Real mates don’t let their mates drink drive
  - eg Que sera sera or Boy at Train station (calls to Quitline increased 400% in the ensuing 3 weeks when this Ad was first released)
  - Heart Foundation Tick
  - Stephanie Alexander Kitchen Foundation Program
  - Jump Rope for Heart
- Research
- The media in a range of forms
  - Newspaper
  - Facebook, internet
  - Wrist band
  - Pamphlets
  - Mantherapy.com
  - Packaging on cigarettes
- Alternative and complementary/allied therapies

Other examples included:
- Increased taxes.
- Laws – no smoking in pubs and clubs, age restrictions.
- Support groups such as Quitline.
- Improved technology – nicotine patches.
- Hypnosis.
- Aggressive advertising campaigns.
• General change in social attitudes towards smoking.
• Cigarette packaging photos.

A general statement was required to explain how these might influence the health of individuals e.g. support groups provide assistance and care to those with the health issue as well as support for those caring for people with the health issue.

**Question 7**

A significant majority of candidates chose this question. Surprisingly, a number of candidates were not aware that there are now 9 NHPAs. Many candidates recognised that prevention strategies could also be curative/treatment strategies but the better answers included at least one good strategy for each making strong links to the risk factors. Better answers also recognised the effectiveness of the prevention/treatment/cure options and were able to explain using statistics about their effectiveness.

**NHPA**

*What is the health issue/risk factors/who most at risk/stats to back up*

*Why is it a priority?* Cost, increasing numbers, preventable (prove), Aging population, shrinking tax base, leading cause of morbidity and mortality, premature death, disability, DALYs

*Preventative strategy* (could be individual or community) – would be good to see links being made between the two.

Use of awareness campaigns including special days/weeks (specific examples)
Use of positive role models (specific examples)
Support groups
Government policies, laws (specific examples)
Research (specific examples)
Lifestyle choice (individual)
Technology – (specific examples e.g. Apps)

*Curative/treatment strategy* – remembering that NHPAs like Dementia do not have a cure but do have a range of treatment options

Technology – (specific example – e.g. Lap band for bariatric surgery, specific drugs, machinery, surgery, other technology linked to NHPA)

Government initiative – laws, increased taxes, (smoking)
Support Groups – Quit line and all associated products
Allied therapies
Alternative therapies
Changes to life style
Treatment plans – e.g. asthma management plan

**Question 8**

Less than 10% of candidates chose this question with very few knowing their group in detail. Often candidates did not make links between reasons for disadvantage and health outcomes. Better answers included the following:

- Described the group
Why disadvantaged specifically?

How disadvantaged in terms of poorer health outcomes? (stats)

Candidates choosing to do Aboriginals and Torres Strait Islanders as their disadvantaged group need to know that only 24% if Indigenous people live in Rural and Remote areas but of that 24% around 85% live in very remote areas. Therefore a statement like ‘most Indigenous people live in remote areas’ is incorrect.

Concerns may have been related to/caused by any/some of the following. The better answers backed up with health statistics e.g. reduced life expectancy, higher rates of suicide or mental health issues, higher rates of the NHPAs

- Racism and discrimination
- Language barriers
- Lack of access to health services
- Lack of education
- Cost of health services
- Fear and ignorance
- Occupation
- Socio-economic status
- Government policies.

Detail strategies this group may have used or may use to advocate for these concerns

Examiners accepted a variety of ways that individuals could advocate for their health concerns including:

- Awareness campaigns – Dream Time at the ‘G’, NAIDOC week,
- Support Groups – using them to advocate for the needs of individuals
- Protests and public meetings
- Lobbying politicians & other influential community members
- Letters to the editor
- Use of Facebook, Twitter and other social media to get message across
- Use of shows like ‘a Current Affair’ to fight for your cause and raise awareness about issues.

Outline a government strategy (local, state or federal) which has attempted to reduce the inequality.

Most related their strategy to the Social Justice Principles of equity (fairness), diversity (acceptance of differences) & supportive environments (caring communities) and were able to explain how their strategy aimed to reduce inequalities.

Candidates need to realise that not every strategy is a Government strategy. Examiners were very lenient in allowing a variety of strategies even if they were not direct government strategies but had some connection through, for example, funding. Eg 49% of Salvation Army funding comes from the Government so even though it is a NGO we allowed it.

- Technology- NBN – allowing greater access to information and services for R&R groups, online services such as Mantherapy.com, Beyond Blue to assist with the high rates of mental health issues in R&R areas.
o Government policies and initiatives - ‘Dry Areas’ in some territory communities to reduce influence of alcohol, National Sorry Day, Close the Gap, Centrelink benefits, scholarships for Indigenous doctors and Rural Scholarships for Doctors,

o Support groups – Aged Care Facilities, Wesley Mission, Salvation Army, Royal Flying Doctor Service, Breast screen bus

o Use of role models – Nova Peris (Indigenous Parliamentarian)

o Awareness campaigns – ‘Take 30’, ‘Swap it Don’t Stop it’

o Research initiatives.

Overall, Section B was a fair assessment, allowing the better candidate to shine and offering weaker candidates the opportunity to address each criterion. With this in mind it was therefore extremely disappointing to see the occasional submission of blank pages for assessment, and even in some cases blank booklets, when writing a few relevant sentences could have earned the candidate some precious marks.

Question 9

A  i) Middle Africa/37%
   ii) Overall percentage for developing world is 18%. Middle Africa figure is 19% greater than this amount.

B  The other 25% is made up of married women in the 15-49 year age group who do not have a need for modern contraception. They are either pregnant or trying to fall pregnant or do not use contraception or use contraceptive methods that are not considered modern.

C  To receive full marks candidates needed to identify an African Region and an Asian region and give their respective figures for modern contraceptive use and unmet need for modern contraception (one mark for each region). Answers then needed to make a valid comparison between the figures of each region (two marks).
   For Instance: The modern contraceptive use figure for East Asia is 88% whereas the modern contraception use in Middle Africa is 7%. Modern contraceptive use in East Asia is 81% greater than that in Middle Africa. The unmet need for modern contraception is 3% in East Asia and 37% in Middle Africa. Middle Africa has an unmet demand for modern contraception that is 34% greater than East Asia.

Question 10

Most candidates were able to identify a communicable disease or a nutritional deficiency (malaria, HIV/AIDS, diarrhoea, malnutrition and tuberculosis were the most popular) but many answers provided only basic information. Detailed and comprehensive answers were few and far between. Many candidates struggled to identify why their condition was a health issue and gave broad sweeping statements instead of specific reasons and evidence/statistics. Many candidates also provided very inaccurate data which again demonstrated a lack of understanding in this area.

Most candidates could identify some preventative, curative and treatment strategies but again answers regularly failed to provide depth and display a detailed or comprehensive understanding of this content area.
Comprehensive answers were able to identify why a particular condition was a significant health issue and were able to support these statements with accurate and specific evidence. They discussed in detail preventative, curative and treatment strategies and they were able to show a strong understanding of how these strategies worked and the impact that they had.

While some candidates did do well in this question, responses on the whole lacked depth and often didn’t display and understanding of the content.

**Question 11**

**Question 11** included three dot points and these were each weighted equally in the marking process.

**Dot point 1**

Candidates were asked to select one MDG and discuss the progress that a specific country has made towards achieving that goal. Unfortunately to begin with many candidates did not identify a specific country and as such they didn’t answer the first dot point accurately. Those that did identify an appropriate LDC usually were able to make a statement on this country’s progress but again, the depth of these responses varied considerably across the board.

Better answers:
- identified an MDG and provided a relevant example of an LDC.
- were able to demonstrate their understanding of this content by providing specific evidence of a nation’s progress. This information often related to the targets that are associated with each MDG.
- comprehensive answers were able to identify the specific figures that a country was aiming to achieve within a targeted MDG and they were then able to make a conclusive statement about their country’s progress based on the likelihood of these points being attained.

**Dot point 2**

On the whole this dot point was answered quite well with most candidates being able to provide relevant examples of specific programs that are working towards achieving the MDGs. Some candidates provided more than one program as examples which was problematic as the question specifically asks candidates to ‘...select a program’. In these circumstances the strongest example was assessed.

Better answers:
- were able to make specific links between a program and an MDG.
- outlined the impacts that have been made by this program and how this has influenced the achievement of the MDG being discussed.

**Dot point 3**

This was probably the weakest section of this question as many candidates showed a limited understanding of the elements of PHC. Some answers were quite vague and many were unable to make obvious and relevant links between Primary Health Care and the Millennium Development Goals.
Better answers:
• provided an accurate descriptor of one PHC component.
• were able to clearly outline how the programs that are being run as part of a PHC program would also influence the achievement of the MDGs.
• provide specific examples to support their claims.

Poorer answers seemed to know either the MDG’s or PHC but could not show a strong understanding of both.

Approximately 50% of candidates chose to answer this question.

**Question 12**

Question 12 also included three dot points and these were each weighted equally in the marking process.

**Dot point 1**
• Question specifically asked for two examples of assistance that aid organisations provide in an LDC. Answers that simply gave an outline of 2 of the 4 types of aid missed the mark.
• Better examples of assistance included;
  o Improving access to safe water and sanitation through the provision of wells and other infrastructure and programs.
  o Providing education and training to improve farming techniques so as to increase crop quality and yields to improve nutrition levels.
  o The provision of disease reduction strategies such as Insecticide Treated Nets or immunisations to reduce the prevalence of such conditions.
  o Providing health education to increase community knowledge of conditions such as HIV/AIDS, diarrhoea or malaria etc.
  o Providing specific emergency assistance after natural or man-made disasters.
• It was clear that most candidates had an understanding of aid and were able to talk about it in a general sense but many lacked specific points to support their answers with detail.
• Some candidates interpreted this question differently and the two types of aid described were either multilateral, bilateral or unilateral aid or aid given by and an NGO. These answers could not be marked as incorrect.

**Dot point 2**

Candidates also produced a wide range of answers for this dot point. It was clear that many candidates didn’t have strong understanding of the importance that targeting women has in the delivery of aid.

Better answers:
• identified that women were generally the primary care givers in LDC’s and as such any assistance given to them usually flowed on through the family, thus increasing the value of the aid provided.
• identified that aid provided to improve the status of women has the greatest potential to bring about long lasting, positive change to economies, communities and families.
• provided accurate statistics and information about the impact that improving the status of women has on the economy and community.
Dot point 3

Again this dot point produced a wide range of responses. While most candidates were able to identify a specific example of a program that aimed to improve an aspect of PHC, a number of candidates did not provide a great deal of detail to support their example. A significant number of responses also showed a limited understanding of PHC. Many didn’t accurately identify the element that they were discussing and also could not make a valid link to the example that they highlighted.

Better answers:
- clearly identified at least one specific program and accurately described how it improved an aspect of PHC.
- showed a clear understanding of a PHC component.
- demonstrated their more detailed understanding by giving more than one example.
- didn’t repeat the information that they used to answer the previous dot points.
### Award Distribution

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### Student Distribution (SA or better)

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<td>This year</td>
<td>28% (240)</td>
<td>72% (603)</td>
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<td>Previous 5 years</td>
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