# Health Studies
### Course Code: HLT315113

As in previous years it was apparent that candidates must be reminded about a number of important points. These include:

- Allocate time very carefully – follow the suggestions on the paper. Candidates must clearly differentiate between the requirements of 10, 20 and 30 minute questions.
- Read each question carefully in order to write completely relevant answers rather than everything and anything about a general topic.
- 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.
- 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.
- Do not regurgitate information prepared for different questions. The answer written must be directly relevant to the question posed.
- Choose examples carefully to make sure they are appropriate to the nature of the questions asked.
- Write something relevant, even if it is minimal, for each criterion.
- Note the criterion being assessed by the question to ensure answer addresses that particular criterion.
- Black or blue pen is preferable to the use of a pencil.
- Answers must be written in the appropriate booklet for that answer.

Candidates should also note:
- A calculator and a ruler should be taken into the exam to ensure accuracy with data.
- Re-writing the question at the start of an answer is an unnecessary waste of time.
- What is being asked and do just that. 'Detail' means more than list, name or mention whereas 'list' doesn't involve writing several paragraphs.
- Using liquid paper, decorating answers with highlighters or ruling margins is not the wisest use of exam time.
- Notes to the examiner should not be written and neither should the student's name.
- Numbering questions clearly is vital, especially when a choice is offered.
- Longer answers should be written using the formal register of language, for example incorporating paragraph breaks and using of capitals correctly.
- Acronyms should only be used after the term has been written in full followed by the abbreviation in brackets.

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 uncover the relevant detail. Some candidates used an emotional style of writing in their answers which is not appropriate. Students who deconstructed the questions and who answered each element sequentially tended to rate the highest.

## Section A

### Question 1

Overall, this section was done well. Part a) had a variety of answers, with not many actually answering the question directly from the heading at the top. Many students put parts of this answer down, but not all.

Some students did not get full marks due to failing to distinguish between states and territories.

A number of students also struggled with Part d) where they were asked to discuss the overall trend. Many discussed what was happening with each state, each year and did not describe the trend at all.

a)  What does the above graph reflect? (1)

*Reflects the rate of young people aged 10-17 years under supervision on an average day for all states and territories between the years 2010-11 and 2014-15.* **(1 mark)**

b)  Which state has shown the smallest change between 2010 and 2015? Use supporting data. (2)

*Queensland* **(1 mark)** *- 2010-11 rate of 30 per 10, 000 down to 29 per 10, 000 in 204-15 = Total change of 1 per 10, 000 over the period.* **(1 mark)**

c)  Compare and contrast the rate of young people under supervision in Tasmania with those of the other State/Territories. Use data to support your answer. (3)

*Young people in Tasmania aged 10-17 under supervision in 2010-11 had a rate of 50 per 10, 000, the second highest behind Northern Territory (52 per 10, 000).*

*By 2014-15 the rate had dropped to 20 per, 10, 000 for Tasmania, the fourth highest behind NT, ACT, WA and Qld.*
*Tasmania had the biggest fall in rate (30 per 10, 000) of young people aged 10-17 under supervision on an average day between the years 2010  (50 per 10, 000) and 2015 (20 per 10, 000).*

d)  Discuss the overall trend in the rate of young people under supervision between 2010 and 2015. In your answer, highlight any state or territory that does not follow this trend. (4)

*The overall trend of young people under supervision between 2010 and 2015 is towards a reduction in the number of young people aged 10-17 under supervision on an average day for each of the states and territories. (1 mark) NSW, WA Tasmania and ACT all experienced a reduction each year in the reported period. Qld, SA and VIC had only one year each where a fall did not occur.*

*Qld increased from 28 per 10, 000 to 30 per 10, 000 down to 29 per 10, 000 in the years 2012 to 2015. SA had a slight increase in 2013-2014 from the previous year (21 per 10. 000). Vic had a slight increase between 2013-2015.*

*Northern Territory is the only State/Territory that did not follow the trend. In 2010-11 a rate of 52 per 10, 000 was reported. This increased to 62 per 10, 000 then 65 per 10, 000 in the following two years. The rate then dropped to 52 per 10, 000 still above the rate for 2010-11.*

## Question 2

Overall, this question was answered very poorly. Issues associated with the Political Environment were often vague and in a large number of answers, there was then no link made from the example used to the Dimensions of Health.

Better answers indicated an example of the Political Environment (eg funding cuts for hospitals) and then detailed the effects this would have on the four dimensions of health and how these linked to one another.

Many students discussed 3 dimensions of health or 5 dimensions of health and many of these answers were taken directly from the Cambridge VCE text which is not matched to what the Health Studies course outline states.

Many answers attempted to list a political Issue and then went on to talk purely about that issue in varying levels of depth, with no links to the Dimensions of Health.

The dynamic nature of health often means that changes to one of the dimensions or determinants can have a flow-on effect, potentially influencing multiple elements, positively or negatively. Identify one issue associated with the **Political Environment** and detail how this may influence an individual's overall health.

Possible issues may include but are not restricted to
1. Alcohol, tobacco and / or other drug use
2. Accident and injury including dangerous driving
3. Sexual health
4. Mental health – e.g. depression and mood disorders, eating disorders, self harm, anxiety disorders etc.
5. Diet, nutrition and sedentary lifestyles
6. Sun safe behaviours.

| Criteria | Standard (From HLT315113 Course Document) | Sample examples of Evidence |
|---|---|---|
| Rating C | A student demonstrates an understanding of:<br>• at least two components of health<br>• the interactions between the components of health<br>• the impact that determinants have on the health of an individual. | • *Outlines one aspect of the Political Environment.*<br>• *Able to demonstrate an understanding of how the political environment impacts on at least two components of an individual's health with respect to their highlighted issue*<br>• *Is able to identifies a basic example of an interaction between the Dimensions of Health, in some Dimensions.* |
| Rating B | A student demonstrates an understanding of:<br>• most or all components of health, but their work lacks extensive supporting examples<br>• the interactions between the Dimensions of health and is able to elaborate on these with examples across most Dimensions<br>• the impact that Determinants have on the health of an individual and is able to give examples across most Determinants. | • *Identifies an appropriate example of an issue associated with the Political environment. (ie decision to build a new hospital)*<br>• *Discusses the impact that the issue has on the health of an individual and is able to give detailed supporting examples across all Dimensions.*<br>• *Is able to identifies and discusses interactions between the Dimensions of Health in most Dimensions* |
| Rating A | A student demonstrates an understanding of:<br>• all components of health, and their work includes rich and extensive supporting examples<br>• the interactions between the components of health, and is able to elaborate on these with many examples across all components<br>• the impact that determinants have on the health of an individual and is able to give many examples across all determinants. | • *Identifies a strong example of an issue associated with the Political Environment. (i.e. funding for health care services such as hospitals, medical research, decisions to build infrastructure eg sporting and recreation fields or schools.*<br>• *Comprehensively discusses the impact that their chosen issue has on the health of an individual and is able to give rich and extensive supporting examples across all Dimensions.*<br>• *Is able to identifies and discuss the interactions that exist between the Dimensions of Health associated with this issue. Is able to elaborate on these points with examples across each Dimensions. (i.e. improvements to Physical Health (inc examples) lead to better Social Health (inc examples)* |

## Question 3

Question three had less responses than question 4. Again, this question was answered relatively poorly. The majority of students could list an issue, but struggled to profile or give accurate data to support its significance.

The strategies an individual might use to minimise potential risk was quite well answered but only made up a third of the overall answer.

Some students gave relevant community services examples, but had limited knowledge of the programs they had in place to reduce the harm associated with the risk they had outlined.

As in previous questions, a large number of students supplied information that may have been correct, but was not relevant to the question!

The Tasmanian State Government intends to commit $2 million to combat negative risk taking among teens. Choose a current **adolescent health issue** and imagine you are a member of a youth services group that wishes to access part of this funding.

In order to do so, you must:
- Produce a profile of your chosen issue and include data to highlight its importance.
- Identify the key factors influencing its popularity amongst teens and how to move forward in helping those effected or at risk of being effected.

Dot point 1: Profile of a current health issue: Issues could include, but are not limited to:

1. Alcohol, tobacco and / or other drug use
2. Accident and injury including dangerous driving
3. Sexual health
4. Mental health – e.g. depression and mood disorders, eating disorders, self harm, anxiety disorders etc.
5. Diet, nutrition and sedentary lifestyles
6. Sun safe behaviours.

Issue needs to be profiled, including relevant, current statistics.

Dot point 2: Candidates needed to address each section of this dot point.
- Key factors influencing its popularity amongst teens
- How to help those effected by or at risk of being effected by (Strategies to reduces risk)

| Rating | Standard | Sample examples of Evidence |
|---|---|---|
| Rating 'C' | A student: <br> • identifies a health issue (e.g. drugs and alcohol) and profiles the issue with an outline of some key features <br> • uses some data to highlight its importance <br> • demonstrates a sound/basic understanding of the reasons teens participate in this health issue. <br> • Outline a strategy to help those effected (Risk reduction strategy) | • *Identifies an adolescent health issue and profiles the issue with an outline of some key features. Provides some basic data that highlights the importance of the issue.* <br> • *Demonstrates a basic understanding of the key factors/reasons why this issue is so prevalent among teens. Includes some examples to support this.* <br> • *Demonstrates a sound understanding of the risk reduction strategies (both personal and/or community) to help those effected or at risk of being effected. Is able to give basic examples to support their discussion.* |

| Rating 'B' | A student:<br>• identifies a health issue and profiles the issue with a detailed outline of key features<br>• includes more than one piece of data that highlights the importance of the issue<br>• demonstrates a detailed understanding of the reasons teens participate in this health issue<br>• demonstrates a detailed understanding of the strategies (both personal and/or community) to help those effected or at risk of being effected | • *Identifies an adolescent health issue and profiles the issue with a detailed outline of key features. Includes data that highlights the importance of the issue.*<br>• *Demonstrates a detailed understanding of the key factors/reasons why this issue is so prevalent among teens. Includes strong examples to support this.*<br>• *Demonstrates a detailed understanding of the risk reduction strategies (both personal and/or community) to help those effected or at risk of being effected. Is able to give strong examples to support their discussion.* |
|---|---|---|
| Rating 'A' | A student:<br>• identifies a health issue and profiles the issue with a comprehensive outline of key features<br>• includes multiple pieces of data that highlight the importance of the issue<br>• demonstrates a comprehensive understanding of the reasons teens participate in this health issue<br>• demonstrates a comprehensive understanding of the strategies (both personal and/or community) to help those effected or at risk of being effected | • *Identifies an adolescent health issue and profiles the issue with a comprehensive outline of a wide range of key features. Includes multiple pieces of data that highlight the importance of the issue.*<br>• *Demonstrates a comprehensive understanding of the key factors/reasons why this issue is so prevalent among teens. Includes rich and extensive examples to support this.*<br>• *Demonstrates a comprehensive understanding of the risk reduction strategies (both personal and/or community) to help those effected or at risk of being effected. Is able to give rich and extensive examples to support their discussion.* |

## Question 4

Question 4 was the more popular of the two either/or Personal Health questions. There were a variety of standards in answering this question. Most students were able to accurately identify a personal health issue. There were varying levels of depth in the ability of students to profile and supply data/evidence.

Many students did a better job of answering the next two sections and overall, this question was answered better than Q3. Most students were able to discuss a strategy that an individual could use to minimise potential risks associated with their chosen risk and similar to Q3, the majority of students could discuss a community service but with varying levels of understanding on what the community service actually provided. Those students who answered these 2 sections of the questions better, discussed the strategy and then how it could be implemented in depth. Many students discussed more than one strategy, but did not give much info which was a disadvantage as they were asked to discuss ONE.

Students who answered the community services section well, could name up the service, discuss what it offered and also where the service was available and to who.

Identify and profile a personal health issue that you have focussed on this year.

• Outline a range of features and evidences that highlight the importance of this issue.
• Discuss one strategy that an individual might use to minimise the potential risk associated with this issue.
• Discuss the importance of community services in reducing the harm associated with this issue.

Dot point 1: Outline and Profile a personal health issue:  Issues could include, but are not limited to:

1.  Alcohol, tobacco and / or other drug use
2.  Accident and injury including dangerous driving
3.  Sexual health
4.  Mental health – e.g. depression and mood disorders, eating disorders, self harm, anxiety disorders etc.
5.  Diet, nutrition and sedentary lifestyles
6.  Sun safe behaviours.

Issue needs to be profiled, including relevant, current statistics and link these to why this makes it an important issue.

Dot point 2: **ONE** strategy that an **individual** might use to minimise the potential risk associated with this issue- this needs to link the issue discussed in the first dot point.

Dot point 3:  Discuss the importance of **community** services in reducing the harm associated with this issue.  This also needs to relate to the specific health issue discussed in dot point 1.

| Rating | Standard | Sample examples of Evidence |
|--------|----------|------------------------------|
| Rating 'C' | A student: <br>• identifies a health issue (e.g. drugs and alcohol) and profiles the issue with an outline of some key features <br>• Outlines **one** strategy that an individual might use to minimise the potential risk associated with this issue <br>• Briefly discusses the importance of community services in reducing the harm associated with this issue. | • *Identifies an adolescent health issue and profiles the issue with an outline of some key features.  Provides some basic data that highlights the importance of the issue.* <br>• *Demonstrates a sound understanding of one individual risk reduction strategy that relates to a health issue chosen.  Uses basic examples to support their discussion.* <br>• *Demonstrates a sound understanding of the community services that are associated with their chosen health issue.  Is able to provide basic examples to highlight the role that they play in reducing the harm associated with the issue.* |
| Rating 'B' | A student: <br>• identifies a health issue and profiles the issue with a detailed outline of key features <br>• Outlines **one** strategy that an individual might use to minimise the potential risk associated with this issue <br>• Briefly discusses the importance of community services in reducing the harm associated with this issue. | • *Identifies an adolescent health issue and profiles the issue with a detailed* <br>• *outline of key features.  Includes data that highlights the importance of the* <br>• *issue.* <br>• *Demonstrates a detailed understanding of one individual risk reduction* <br>• *strategy that relates to the health issue chosen.  Uses a range of relevant* <br>• *examples to support their discussion.* <br>• *Demonstrates a detailed understanding of the community services that are* <br>• *associated with their chosen health issue.  Is able to provide strong* <br>• *examples to highlight the role that they play in reducing the harm* <br>• *associated with the issue.* |
| RATING 'A' | A student: | • *Identifies an adolescent health issue and profiles the issue with a comprehensive outline of a wide range of key features.* |

| | |
|---|---|
| • Identifies a health issue and profiles the issue with a comprehensive outline of key features<br>• Outlines **one** strategy that an individual might use to minimise the potential risk associated with this issue<br>• Briefly discusses the importance of community services in reducing the harm associated with this issue. | *Includes multiple pieces of data that highlight the importance of the issue.*<br>• *Demonstrates a comprehensive understanding of one individual risk reduction strategy that relates to the health issue chosen.  Uses a wide range of relevant examples to support their discussion.*<br>• *Demonstrates a comprehensive understanding of the community services that are associated with their chosen health issue.  Is able to provide extensive and varied examples to highlight the role that they play in reducing the harm associated with the issue.* |

## Section B

### Question 5

Overall this question was done reasonably well and with many students scoring highly.

Students need to take care with the data and use quick measures (measure up the bar or draw a line across as a minimum) rather than close guesses (these were usually higher than the real figure was and students lost marks by being inaccurate). Using time wisely by crossing out incorrect answers is sufficient and students don't need to use their time using correction fluid.

Generally students found questions A (i), (ii) and B easier and performed well in these questions. Students found question c more difficult to answer.

(a)  (i)  which was the only State/Territory to see a decrease in spending **during the period** reported? Quote supporting data          (2 marks)
NT (1 mark) from approx. $2900 (data stated needed to be within $100 =  ½ mark, 0 marks for above $100 varience - ) to $2800 pp **or** reduction of $100 pp (1 mark). ½ mark reduction of $ pp omitted.

(ii)  which State/Territory had the largest growth in health expenditure per person between 2003 and 2014? Quote supporting data.              (2 marks)
TAS (1 mark) approx. $2100 pp to $3000 pp or increased by $900 pp (1 mark). ½ mark reduction of $ pp omitted.

(b)  Discuss the general trend in Australian Government health spending per person between 2003 and 2014. (2 marks)

Overall increase in funding (1 mark), larger increase between 03/04 and 08/09 then 08/09 and 13/14 or all states (except NT) had an increase in funding across the whole time – NT decreased between 08/09 and 13/14 (1 MARK) and ½ mark may have been awarded for correct use of data as evidence (this wasn't required as it wasn't asked for).

(c)  Using both graphs provided, discuss the relationship between Australia and State/Territory government funding of health expenditure between 2003 and 2014. Use data to support your answer.        (4 marks)

A great deal of variety was accepted but a general statement about Australian Government Funding and State and Territory funding relating to each other or a similarity was expected for example increasing per person or that the Australian Government funds expenditure on health care and nearly double/higher than the States and Territories with the exception of NT              (1 mark).

Marking – 1 mark for general statement and 1 mark for supporting data × 2 (any correct).

Example:
General trend is the same (1 mark) with funding increasing overall in all states between 2003 and 2014. Example: NSW increased from $1300 pp in 03/04 to $1600 pp in 13/14 (1 mark)

## Question 6

- Identify **one** National Health Priority Areas, citing current supporting data
  - o    - Correctly named NHPA e.g. Cancer Control
  - o    - supporting data (any relevant data within the last 5 years)

- Outline the importance of promotion in addressing this NHPA.
  - o    Correct connection to the NHPA
  - o    Connection to reducing impact of the NHPA either individually and/or community
  - o    There were varied approaches to this part of the question
    - ▪    Detailing health promotion programs
    - ▪    Detailing what the health promotion programs were attempting to achieve and how that benefitted.

- Discuss how technology and innovation are assisting in the prevention, cure and treatment of this NHPA
  - o    Prevention
  - o    Cure and Treatment
  - o    Focussed on how the tech/innovation helps? I.e. mammograms may help with early detection therefore reducing the impact of the cancer and therefore reducing the treatment.

Improving the current state of our National Health Priority Areas (NHPA's) will require a combination of interventions from individuals, State and Federal Governments

Overall this question was answered quite well with students providing good information on their chosen NHPA.

Very common for students to not use the correct NHPA names ie. Cancer Control, Cardiovascular Health. Some students were not able to address the components of each question however and wrote a great deal of detail on the NHPA (dumped information) but did not address the whole question so were not able to achieve full marks. Many students also ignored the actual question e.g. technology dot point and only wrote about treatment or prevention. Some students used treatments (technology) like lap bands for CVD or Diabetes – but in reality there are better fitting ones for their issue. The majority of students chose to write about obesity and CVD - Many students had 2 in 3 adults are obese (should say overweight or obese). Some campaigns and data used were quite old. Most people just gave examples of health promotion and did not outline importance at all. Same with dot point 3 (how technology and innovation assist) – many just wrote about prevention, cure and treatment and ignored the technology and innovation part. Wording put a few off and they only talked about television, social media and how these helped with prevention.

Better answers addressed each dot point of the question. Many students wrote down a rehearsed version of their NHPA with no reference to the importance of health promotion (but merely gave examples) or to how technology and innovation assist, rather just their rehearsed examples of health promotion events/programs.

## Question 7

Those experiencing disadvantage often do so multiple levels and as a result usually have poorer health outcomes.
- Outline a range of factors that contribute to the disadvantage experienced by **one** group that you have focussed on this year.
  - o    Determinants impacting upon a disadvantaged group.
  - o    This was completed quite well, students in many cases were able to provide excellent data and evidence on how the determinants impacted upon the disadvantaged group.

- Discuss the subsequent impact that these factors have on the ability of members of this group to achieve an optimal sate of health
  - Impact on health

- Identify and explain the importance of supportive environments made available to this group citing current supporting data.
  - Supportive environments – examples of strategies, initiatives, organisations set up and why it is important.
  - Students often ran out of time and attempted to answer this in a sentence.
  - Giving examples of supportive environments was required, not what could or should be done.

- Relevant data for any part of the question

Most students chose this question to answer. Most students were able to answer sufficiently. Indigenous Australians was a very popular choice others included Rural and remote, Homeless, Low SES, Men. Generally Disabled and Elderly and incarcerated were poorly done.

There were a range of answers for the first dot point, but most combined the first two points. Some students related to the dimensions and determinants and how each impacted. Most were quite general when referring to optimal health, but better answers related to specific conditions and included statistics in their answers.

Many lacked the detailed discussion and examples, Students struggled at times to write a sufficient amount to outline/discuss and identify and explain. These all require elaboration and at times students were unable to provide enough information. Many students did not discuss the actual impacts on health.

Students need to be very careful with language around racist comments and writing their responses in a judgemental fashion – 'getting a ''proper'' education', e.g. no ''they all have poor sanitation''. It's because teachers don't educate disabled students that they can't get jobs'. Many students were quite stereotypical in their depiction of Indigenous health in Australia in particular ie. Most aboriginals drink regularly, don't want to access healthcare, don't want to go to school, live with violent partners. Many students also said 'no access' when in reality it should be 'limited access'.

Supportive environments did not include data – but most could give examples of supportive environments better answers explained the importance. On the whole 'Close the Gap' was not written about well.

Statistics were sometimes written incorrectly due to expression e.g. ''Non-Indigenous are living 11 times longer than Indigenous''.  There were a handful of students using very old statistics on Indigenous health – Life Expectancy 20 years less than non-indigenous.

### Question 8

Demonstrate your understanding of Australia's Current Health Care System and how it meets the social justice principles by:

- Explaining the components that make up Australia's Current Health Care System.
  - Public and private (MBS, PBS, private health) – what they cover, how they are funded
  - Levels of Government and the sectors of the health care system they provide

- Outlining how alternative and complementary health care services may impact on the health of Australians

- Detailing how the current health care system aims to meet the varying needs of the Australian population, in particular those groups experiencing disadvantage.
  - How it aims to meet the varying needs – free or subsidised health care, available to all citizens, how it is funded (link to SJP's and helping disadvantaged)
  - MBS – affordable health of all – access and equity.

Less than 20% of students attempted this question. Many students who did managed it very well. There were a big range of answers.

Generally those that answered this question could explain the current health care system and talked about private health and public health including Medicare and PBS. Better answers gave good details of these components. Many students discussing 'individuals' instead of people.

Last dot point varied – better answers talked about SJP and related to Health Care System and poorer answers talked about specific groups and tended to talk about supportive environments.

Many students made no reference to alternative and complementary healthcare services or were unclear of their role and how they may enhance an individuals' health. Poor answers did not include alternative and complimentary info. Had some varied responses here. A few talked about Private health being alternative health and Medicare and PBS is complementary health. Weaker students skipped dot point on complementary and alternative health. Good explanation of SJPs worked well.

## Section C

- Despite years of advice to the contrary, students continue to write in pencil.
- Some students writing was very difficult to read, not necessarily because it was untidy writing but because of the style. Students need to be reminded that legibility is very important.
- This section of the exam proved to be a tough one for many students with a number of papers showing no attempt at either the 20 min or 30 min questions. (more students avoided the 20 minute aid question).
- Some students made data errors from one country to another further highlighting the importance of taking a ruler and highlighter pen into the exam.
- A number of students spent quite a bit of time writing a summary at the end of their answer. If there was no new information included it did not get a mark. Therefore this is a waste of time and could be used more usefully elsewhere

### Data Overview

Overall this was very easy data with many candidates gaining an 'A'. Some students were thrown by the Koranic Non/Standard education column but overall students tackled the questions well.

While normally reasons (from outside knowledge) are not expected for data a range of reasons in Question 3 were accepted.

| Question 9 | Answer | Points |
| --- | --- | --- |
| What does the information in the table show? | Percentage of girls who have undergone FMG (as reported by mothers), by mother's level of education | 1 point for total answer |
| Which countries show evidence of Koranic/non standard education? Use data | Mauritania 59%, Djibouti 27% and Somalia 43% <br> No data = half points | 1-2 egs = 1 pt <br><br> 3 egs = 2 pts |
| What does the data tell us about the relationship between a mother's level of education and rates of FGM? | Overall trend is the higher the mother's education the less FMG of girls. <br> Overall trend is the higher the mother's education the less report FGM of their daughters | 1pt |
| | Eg Guinea Bissau 49% with no education compared to only 9% with secondary or higher education <br> Plus any other country that reflected the same trend (with data to back up | 1pt or 2pts |
| | Possible reasons included: | 1 or 2 points |

| | | |
|---|---|---|
| | <ul><li>Higher education means more knowledge and less reliance on cultural history,</li><li>Cultural beliefs,</li><li>Koranic education compared to non-Koranic education</li><li> women have more say in their own destiny when educated</li><li>May realise that it is not needed for health reasons nor does it make women more marriageable?</li><li>Education helps with understanding the risk associated with FGM therefore less likely to have it done</li></ul> | |
| Of the date reported in the table, highlight a county and its results that are not reflective of the general trend. Use data to support. | Sudan<br>Somalia | 1 pt |
| | | |

## Question 10 (C2) (20 marks)

After peaking at just over $5 billion in 2012-13, Commonwealth aid spending is scheduled to fall to $3.8 billion next financial year, a record low of .22% of Australia's GNI.

- Outline the different forms of foreign aid

  - o   Many candidates found this question very difficult with a number not even attempting to answer it
  - o   Good answers were rare and overall there was only a 50% pass rate.

    Students were given marks for referring to a variety of different aid types with the better answers providing specific Australian examples. A number of students confused Multi-lateral aid with NGOs

    *Bilateral aid* is the assistance given by a government directly to the government of another country. It is when the capital flows from a developed nation to a developing nation. It is often directed according to strategic political considerations as well as humanitarian ones.

    *Multilateral aid* is assistance provided by governments to international organizations like the World Bank, United Nations and International Monetary Fund that are then used to reduce poverty in developing nations.

    *NGOs* refer to non-government organisations such as OXFAM, World Vision, Red Cross, and Onegirl. While these organisations receive sometimes receive some funding, most comes through public donations.

    *Volunteers* refers to people who volunteer their time to go to LDCs to assist with teaching English, trades, build facilities such as toilets and access to safe water

    Aid may be also classified based on urgency into emergency aid and development aid.

    *Emergency aid* is rapid assistance given to a people in immediate distress by individuals, organisations, or governments to relieve suffering, during and after man-made emergencies (like wars) and natural disasters. It is often distinguished from development aid by being focused on relieving suffering caused by natural disaster or conflict, rather than removing the root causes of poverty or vulnerability. Examples of emergency aid include: food, water, shelter, peace troops, medical personnel and provisions, removal of bodies

    *Development aid* is aid given to support development in general which can be economic development or social development in developing countries. It is distinguished from humanitarian aid as being aimed at

alleviating poverty in the long term, rather than alleviating suffering in the short term. Examples of developmental aid include: training locals to become specialists in fields such as farming, engineering, teaching, rebuilding infrastructure such as schools, homes, hospitals, roads, electricity, improving governance, improving laws that encourage and allow for social justice.

*Heavily indebted poor country (HIPC)* Initiative was initiated by the International Monetary Fund and the World Bank in 1996, following extensive lobbying by NGOs and other bodies. It provides debt relief and low-interest loans to cancel or reduce external debt repayments to sustainable levels. To be considered for the initiative, countries must face an unsustainable debt burden which cannot be managed with traditional means. Assistance is conditional on the national governments of these countries meeting a range of economic management and performance targets. Government funds freed from debt repayment must be re-directed into poverty-reduction programs including good governance and social justice.

- **Discuss Australia's role in the provision of foreign aid**

    Very few candidates had a real understanding about Australia's role in foreign aid, particularly the Australian Government through DFAT. However, a number of students worked around this by using Australian NGOs and were given credit for this. A number of students included aid to New Zealand (earthquake), France (bombings) and Victoria (fires). The first two were accepted because the question did not specifically state aid to LDCs but LDC examples should be encouraged.

    Better answers included some of the following:

    Australia's aid is delivered through DFAT – Department of Foreign Affairs and Trading. The purpose of the aid program is to promote Australia's national interests by contributing to sustainable economic growth and poverty reduction. Aust aid focuses on two development outcomes: supporting private sector development and strengthening human development. This includes improving infrastructure, trade, agriculture, fisheries and water, effective governance, education, health, humanitarian aid and disaster risk reduction, gender equality and empowering women and girls. It delivers its aid in a number of different ways through the following methods. Much of Australian aid has a strong PHC focus with recent programs.

    **Bilateral partnerships** – 90% of Australia Bilateral aid is distributed in the Indo-Pacific area because it is believed that this is where we can make the most difference. Eg between Indonesia and Australia

    **Multilateral organisations** - Multilateral organisations are also able to deliver programs where Australia does not have a significant presence or where bilateral assistance is not possible. For example, the World Food Program, IMF, and World Bank

    **Non-government organisations (NGOs)** –. The aid program directly funds more than 200 Australian, local and international civil society organisations and non-government organisations (NGOs) across the globe. Red Cross, OneGirl, Caritas

    **Private sector partnerships** – works with private companies – education, agriculture

    **Whole of government** - Other Government Departments delivering Australian Official Development Assistance include:
    o   The Australian Centre for International Agricultural Research, which works to improve the productivity and profitability of the agricultural sector in the Indo-Pacific region through international agricultural partnerships
    o   The Australian Federal Police, which undertake activities in the region aimed at establishing, developing and monitoring peace, stability and security.

- **Discuss how a reduction in Australia's aid funding may impact a developing country's access to PHC and the possible effects this may have on the health of the community**

Students should be able to make a clear link between PHC and health outcomes. This proved to be a challenge for many students. The question asked for students to apply their knowledge of PHC and then consider how reduction to aid money would impact this.

o In 2016–17, Australia will provide $3.8 billion in Official Development Assistance (ODA). Aid has fallen from a high of .35% GNI to an expected 0.21 per cent in 2018-19.
o Australia's foreign aid to Africa has been cut by 70 per cent and the contribution to Indonesia nearly halved, in 2015
o The aid budget for sub-Saharan Africa has now dropped dramatically, with contributions falling from $186.9 million to $93.9 million. "*Seventy per cent cuts to aid programs in Africa, where it has 18 of the poorest countries in the world*". *This means a hugely successful program that was going to help 750,000 people this year — most of them women and children — with basic things like water and sanitation and vaccinations, is off the table.*"
o What it means is *less children get vaccinated, less girls go to school, less women get empowered through work and a job,*"
o Reduction in aid similar to Global Financial Crisis which greatly impacted donor country's ability to continue with aid. Aid cuts resulted in many countries *reversing the progress they had made towards achieving the MDGs*
o Wealthy countries agreed in 2000 to donate .7% of their GNI to aid. Few countries have achieved this and so many countries are still suffering.  SDGs focus on sustainability but countries cannot be sustainable until they are able to achieve the WHO basics including peace, shelter, education, food, income, sustainable resources, stable eco-system and social justice and equity.
o *PHC focuses on Safe water and sanitation, Food and nutrition Immunisation, Maternal and child health including promotion of family planning Curative care for treatment for common diseases and injuries Essential drugs Health education ie educating parents about the causes of ill health and providing ways of promoting good health Community development – improving governance, peace keeping, building hospitals, schools and other facilities*
o It is clear that a *reduction in funding will mean less programs such as the above and an increase in diseases such as diarrhoea, HIV/AIDS, malaria, cholera – less healthy children*
o *Less money for clearing landmines limits agricultural land and people's ability to grow food for an income and to eat – malnutrition, despair*
o *Less social justice meaning child brides, sex trade trafficking, girls taken out of education, decreased economy, increases HIV, IMR and MMR*
o Education is the key to breaking the poverty cycle – reduction in access to this area will be detrimental to a country' growing out of the poverty cycle
o Increased levels of corruptions as governments and others fall back into time honoured traditions which have benefited a few
o *Reduced access to medical facilities and personnel and training meaning increasing numbers of women having babies without skilled birth attendants leading to fistula, high MMR and IMR*
o *Less funding to build improved access to water therefore more waterborne diseases such as diarrhoea.*
o *Less funding for humanitarian disasters* which have a far greater impact on LDCs, further limiting their **ability to break out of the poverty cycle. (*death, disease, loss of income, fear, anguish, mental health issues*)**

Eg Foreign aid cuts by the Coalition government in Australia have robbed funding from eye clinics in Pakistan. According to the charity which runs them, these clinics would otherwise have screened 1200 premature babies for early treatment of preventable blindness. Among the programs hit in south and west Asia by the cuts was the "Pakistan Australia Prevention of Avoidable Blindness". The $5.5 million, five-year project began in 2013, operated in hospitals in Faisalabad and Lahore, and was run by the Fred Hollows Foundation, the organisation set up by the famed Australian eye surgeon. "In line with the Aid Investment Plan, this program concluded in 2015".

## Question 11

Environmental factors are a primary cause of the significant burden of death, disease and disability in developing countries.

- Identify and discuss two major environmental determinants and how they influence the health of individuals living in a developing country that you have focussed on this year. Provide evidence to support your answer.

Many students misinterpreted the question as a C3 – Health Issue question and launched straight into Malaria, HIV/AIDS without linking to environmental factors. Students who linked Malaria to lack of access to safe water or mosquitos as part of the Physical Environment managed to get around this quite nicely. A number of students did not link back to a developing country and others did not bring in all aspects of health.

Some of the best answers looked at climate change, and land degradation and linked these in with lack of water and lack of food. A number of students used lack of safe water & sanitation as their 2 environmental influences. While these were correct, they reduced the number of examples required for a 30 minute question.  Other common themes included overcrowding, natural disasters, war,

Better answers included
o   Good answers should bring in their countries health and economic indicators or similar to reflect 'health'…. Using comparisons with MDC. eg LE, IMR. GNI, MMR
o   Developing country – name it? Describe why LDC
o   Economic environment - Poverty is the biggest cause of ill health in LDCs, Trade issues
o   Physical environment – war/natural disasters, landmines, lack of safe water
o   Social/cultural environment – lack of social justice for women – discuss impact… girl effect, refugees
o   Political environment – corruption/ money spent on health, education, war, dictatorship

## Question 12

In September 2015 world leaders adopted a series of goals known as the Sustainable Development Goals (SDGs)

- Briefly explain the purpose of the SDGs

Some excellent answers here with students who knew 2 SDGs very well and linked them with some great 'solve it' examples. Some students did get confused with the MDGs and the SDGs indicating that there were 17 MDGs and now the SDGs were more focussed with 8 but on the whole this question produced much stronger answers than Qu 11.  There were a number of very good strategies for achieving the SDGs some of which are included at the end of this document.

Better answers included some of the following:

o   On September 25th 2015, countries adopted a set of goals to end poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda. Each goal has specific targets to be achieved over the next 15 years.
o   SDGs aim to get developing countries to a level of basic health including peace, shelter, food, education, income, sustainable resources, stable ecosystem, social justice and equity
o   They aim to help countries become less reliant on aid – ie more sustainable by training locals, providing education, improving governance
o   Strong focus on the provision of PHC as this is affordable and more sustainable and also has a strong rural/village focus which is where much of the poverty lie

## How have they evolved from their predecessors, the MDGs?

The 8 MDGs were initiated in 2000 with the goal for achievement 2015.  Substantial progress has been made regarding the MDGs. The world has already realized the first MDG of halving the extreme poverty rate by 2015. However, the achievements have been uneven. The focus is now on building a sustainable world where environmental sustainability, social inclusion, and economic development are equally valued. Sustainable Development Goals (SDGs) will carry on the momentum generated by the MDGs and fit into a global development framework beyond 2015.

Top 10 Differences between the MDGs and the SDGs.

1. **Zero Goals:** The MDG targets for 2015 were set to get us "half way" to the goal of ending hunger and poverty, with similar proportional goals in other fields. The SDGs are designed to finish the job – to get to a statistical "zero" on hunger, poverty, preventable child deaths and other targets.
2. **Universal Goals:** The MDGs were in the context of "rich donors aiding poor recipients." Since then the world has changed dramatically. Inequality is the issue, and this applies to rich and poor countries alike. The SDGs will then be a set of goals applicable to every country.
3. **More Comprehensive Goals:** There were 8 MDGs. SDGs have 17 "Focus Areas" that go beyond the symptoms of poverty, to issues of peace, stability, human rights and good governance.
4. **Addressing THP Pillars:** SDGs see as crucial for the sustainable end of hunger: *empowering women, mobilizing everyone, and partnering with local government.* The SDGs address these critical elements (to date) much more effectively, with far stronger gender goals, people's participation and government "at all levels."
5. **Inclusive Goal Setting:** The MDGs were created through a top-down process. The SDGs are being created in one of the most inclusive participatory processes the world has ever seen– with face-to-face consultations in more than 100 countries, and millions of citizen inputs on websites.
6. **Distinguishing Hunger and Poverty:** In the MDGs, Hunger and Poverty were lumped together in MDG1 – as if solving one would solve the other. So much has been learned about nutrition since that time, and the SDGs treat the issue of poverty separately from Food and Nutrition Security.
7. **Funding:** The MDGs were largely envisioned to be funded by aid flows – which did not materialize. The SDGs put sustainable, inclusive economic development at the core of the strategy, and address the ability of countries to address social challenges largely through improving their own revenue generating capabilities.
8. **Peace Building:** Over the past 15 years, we've seen that peaceful, reasonably well governed countries prosper. After 2015, experts predict that the *majority of those in extreme poverty will live in conflict-affected states.* The inclusion of peace-building is thus critical to the success of ending hunger and poverty — yet was totally ignored in the MDGs.
9. **Data Revolution:** The MDGs said nothing about monitoring, evaluation and accountability – the SDGs target by 2020 to "increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts."
10. **Quality Education:** The MDGs focused on quantity (eg, high enrollment rates) only to see the quality of education decline in many societies. The SDGs represent the first attempt by the world community to focus on the *quality of education* – of learning – and the role of education in achieving a more humane world: "education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture's contribution to sustainable development."

- Discuss two SDGs that you have focussed on this year, the strategies being adopted to achieve them and how they aim to influence the health of individuals living in developing countries.

  (Any two examples that reflect any of the targets – possibly linked to PHC, NGOs – must be able to explain how they improve health ie indicators eg LE)

  No Poverty
  - Eradicate extreme poverty (people living on less than $1.25 a day)
  - Reduce at least by half the proportion of people living in poverty in all its dimensions
  - Implement social protection systems and measures for all, and achieve substantial coverage of the poor and the vulnerable
  - Ensure that all men and women have equal rights to economic resources, as well as access to basic services, ownership, and control over land and other forms of property, inheritance, natural resources, appropriate new technology, and financial services
  - Build the resilience of the poor and those in vulnerable situations, and reduce their exposure to climate-related extreme events and other economic, social and environmental shocks and disasters

## Zero Hunger
- End hunger and ensure access by all people to safe and nutritious food all year round
- End all forms of malnutrition and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons
- Double the agricultural productivity and the incomes of small farmers, respecting the environment and the biodiversity of each region
- Prevent problems such as drought, floods and other disasters
- Protect the variety of species of seeds, crops and farm animals and fairly distribute the benefits of these resources
- Increase investment in rural infrastructure, agricultural research, technology development, and plant and livestock gene banks to improve agricultural productive capacity in developing countries
- Correct and prevent trade restrictions and distortions in world agricultural markets
- Adopt measures to ensure the proper functioning of food commodity markets and their derivatives to help limit extreme food price volatility

## Good Health and Well Being
- Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- End preventable deaths of newborns and children under five years old
- End the epidemics of AIDS, tuberculosis, malaria, and combat hepatitis, water-borne diseases, and other communicable diseases
- Reduce by one-third pre-mature mortality from non-communicable diseases
- Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- By 2020 halve global deaths and injuries from road traffic accidents
- Ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs
- Achieve universal health coverage, access to quality health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
- Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination
- Increase health financing and the recruitment, development and training of the health workforce in developing countries
- Strengthen the capacity of all countries for early warning, risk reduction, and management of national and global health risks

## Quality Education
- Ensure that all girls and boys complete free, equitable and quality primary and secondary education
- Ensure that all girls and boys have access to quality early childhood development, care and pre-primary education
- Ensure equal access for all women and men to affordable quality technical, vocational and tertiary education, including university
- Increase by x% the number of youth and adults who have relevant skills, including technical and vocational skills, for employment and entrepreneurship
- Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples, and children in vulnerable situations
- Ensure that all youth and at least x% of adults, both men and women, achieve literacy and numeracy
- Ensure all learners acquire knowledge and skills needed to promote sustainable development, including through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity
- Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, inclusive and effective learning environments for all
- By 2020 expand by x% globally the number of scholarships for developing countries

- Increase by x% the supply of qualified teachers, including through international cooperation for teacher training in developing countries

## Gender equality
- End all forms of discrimination against all women and girls everywhere
- Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual exploitation
- Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilations
- Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies
- Ensure women's effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life
- Ensure universal access to sexual and reproductive health and reproductive rights
- Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources
- Enhance the use of enabling technologies, in particular information communication technologies (ICTs), to promote women's empowerment
- Adopt and strengthen policies and legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

## Clean Water and Sanitation
- Achieve universal and equitable access to safe and affordable drinking water for all
- Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation
- Improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials
- Substantially increase water-use efficiency and ensure sustainable withdrawals and supply of freshwater to address water scarcity
- Protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes
- Expand international cooperation and support to developing countries in water and sanitation related activities, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies
- Support and strengthen the participation of local communities for improving water and sanitation management

## Some good examples of aid agencies working and specific projects in LDCs included:

- **OneGirl** – Melbourne based – Sierra Leone and Uganda – working on getting girls to schools with Launch Pad, School Awesomeness, Business Brains, Education Scholarships through programs such as 'Do it in a Dress' and 'Run like a Girl'
- **Salvation Army** – Child Sponsorship programs
- **Water Fountains** – Ethiopia
- **Big Brother Foundation** – India – helping Rural Women and Children with their education, job and other issues.
- **Merci Ships** - Mercy Ships uses hospital ships to deliver free, world-class health care services, capacity building and sustainable development aid to those without access in the developing world. Founded in 1978, Mercy Ships has worked in more than 70 countries providing services valued at more than $1 billion, with more than 2.5 million direct beneficiaries. Each year, more than 1,200 volunteers from over 40 nations serve with Mercy Ships. Professionals including surgeons, dentists, nurses, health care trainers, teachers, cooks, seamen, engineers, and agriculturalists donate their time and skills to the effort. Mercy Ships seeks to transform individuals and serve nations one at a time.
- **Caritas** –
- **CAMFED -** is a non-profit organization dedicated to eradicating poverty in Africa through the education of girls and the empowerment of young women.

- **Heifer International -** is a charity organization working to end hunger and poverty around the world by providing livestock and training to struggling communities.
- **Play Pumps -** is a specifically designed and patented roundabout that drives a conventional borehole pump while entertaining children. The revolutionary pump design converts rotational movement to reciprocating linear movement by a driving mechanism consisting of only two working parts. Playing on a roundabout or merry-go-round has always been fun for children, so there is never a shortage of 'volunteers'. As the children spin, water is pumped from underground into a Polyethylene tank, standing seven meters above the ground. A simple tap provides easy access for the mothers and children drawing water. Excess water (overflow) is directed from the storage tank back down to the borehole.
- **Plumpy Nuts -** The high-energy peanut-based paste, invented by a crusading French paediatrician, includes skimmed milk powder, sugar, vegetable fat and vitamins and minerals. It does not need clean water to swallow; it does not need to be cooked or refrigerated, and it stays fresh after opening. It can also be given to any child in the most advanced stage of malnutrition, anywhere, by anyone. Experts say the paste has "radically" changed the care of severely malnourished children in developing countries. Importantly, it has allowed them to be treated in their homes, rather than in hospitals, and it has "drastically" reduced their mortality rates. Now, with increased supply in the developing world, experts suggest that Plumpy' Nut, alongside generic versions of the product, could become Africa's "home-grown" cure for severe acute malnutrition. It could even, they add, be used to prevent it. This is no small feat: malnutrition is a major killer of children under five, accounting for around one million deaths annually, but affecting an estimated 20 million children worldwide. Unicef, the world's biggest buyer of high-energy peanut paste, bought enough last year to feed two million children, a 15-fold increase over the past eight years, and the highest amount on record. Nearly half of that came from African suppliers.
- **1000 day project -** is a tailored program of nutritional support for families during the first 1000 days of life. Working in targeted, remote areas of Lao. Good nutrition in the 1000 days between a woman's pregnancy and her child's second birthday sets the foundation for all the days that follow.
- **TOMS -** While traveling in Argentina in 2006, TOMS Founder Blake Mycoskie witnessed the hardships faced by children growing up without shoes. Wanting to help, he created TOMS Shoes, a company that would match every pair of shoes purchased with a new pair of shoes for a child in need. One for One®. We've given over 60 million pairs of shoes to children in need, teaching us 60 million lessons. Since 2006, people like you have helped us achieve this amazing number – and it's leading to bigger and better things, like giving different types of shoes based on terrain and season, or creating local jobs by producing shoes in countries where we give.
  - TOMS® Shoes are always given to children through humanitarian organizations who incorporate shoes into their community development programs.
  - **The gift of sight** TOMS® Eyewear launched in 2011, and has helped restore sight to over 400,000 people in need. We give sight in 13 countries, providing prescription glasses, medical treatment and/or sight-saving surgery with each purchase of eyewear. Not only does a purchase help restore sight, it supports sustainable community-based eye care programs, the creation of professional jobs (often for young women) and helps provide basic eye care training to local health volunteers and teachers.
  - **Clean water -** TOMS Roasting Co. launched in 2014, and has helped provide over 335,000 weeks of safe water in 6 countries. With each purchase of TOMS Roasting Co. Coffee, we work with our Giving Partners to provide 140 litres of safe water (a one week supply) to a person in need. By supporting the creation of sustainable water systems, we are able to help provide entire communities with access to safe water, which leads to improved health, increased economic productivity, job creation and access to education
  - **Safer birth** In 2015, TOMS Bag Collection was founded with the mission to help provide training for skilled birth attendants and distribute birth kits containing items that help a woman safely deliver her baby. As of 2016, TOMS has supported safe birth services for over 25,000 mothers. With every bag you purchase, TOMS will help provide a safe birth for a mother and baby in need. One for One®.