



PRACTICE QUESTIONS FOR VCE

HEALTH AND HUMAN DEVELOPMENT

Unit 4: Area of Study 1
Health and wellbeing
in a global context

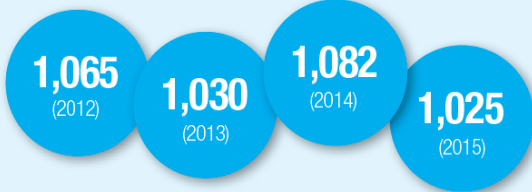
SET 3

Question 1 (4 marks)



HIV in Australia: 2017

Key statistics



Following a rise in HIV in 2012, **new HIV diagnoses have stabilised** over the years 2012–2015.



Of the estimated **25,313 HIV-positive people** in Australia at the end of 2015, around **2,619 (10%)** were unaware of their status.



The stabilisation of new diagnoses since 2012 comes after years of increased HIV testing alongside efforts to encourage **earlier access to HIV treatments**.



In 2015, 29% of new HIV diagnoses were **diagnosed late**, emphasising the ongoing importance of **regular HIV testing**.



Highly effective HIV treatment means that **AIDS death and illnesses are now rare**.

Source: Australian Federation of AIDS Organisations (AFAO), 2017, <https://www.afao.org.au/wp-content/uploads/2017/04/HIV-in-Australia-2017.pdf>

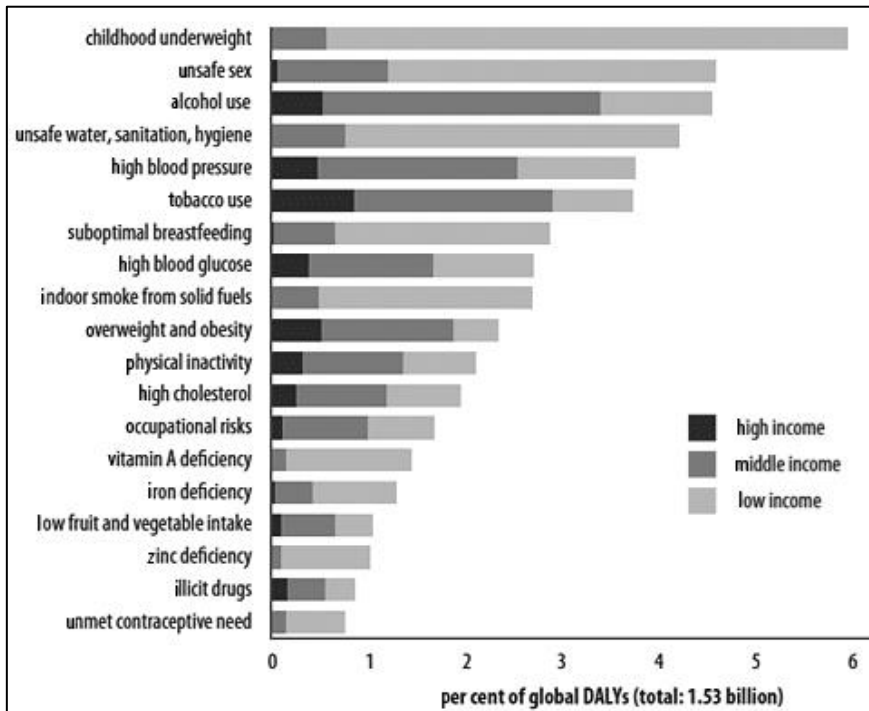
Australia has a very low prevalence of HIV compared to many middle- and low-income countries.

Explain **two** factors that could account for this difference.

Question 2 (8 marks)

Consider the following three sources relating to the effect of alcohol on health and wellbeing.

Source 1



Source: <https://epianalysis.wordpress.com/2012/02/28/alcohol/>, posted in 2012 under a Creative Commons Attribution-Share Alike 3.0 license. Full terms at <https://creativecommons.org/licenses/by-sa/3.0/deed.en>

Source 2

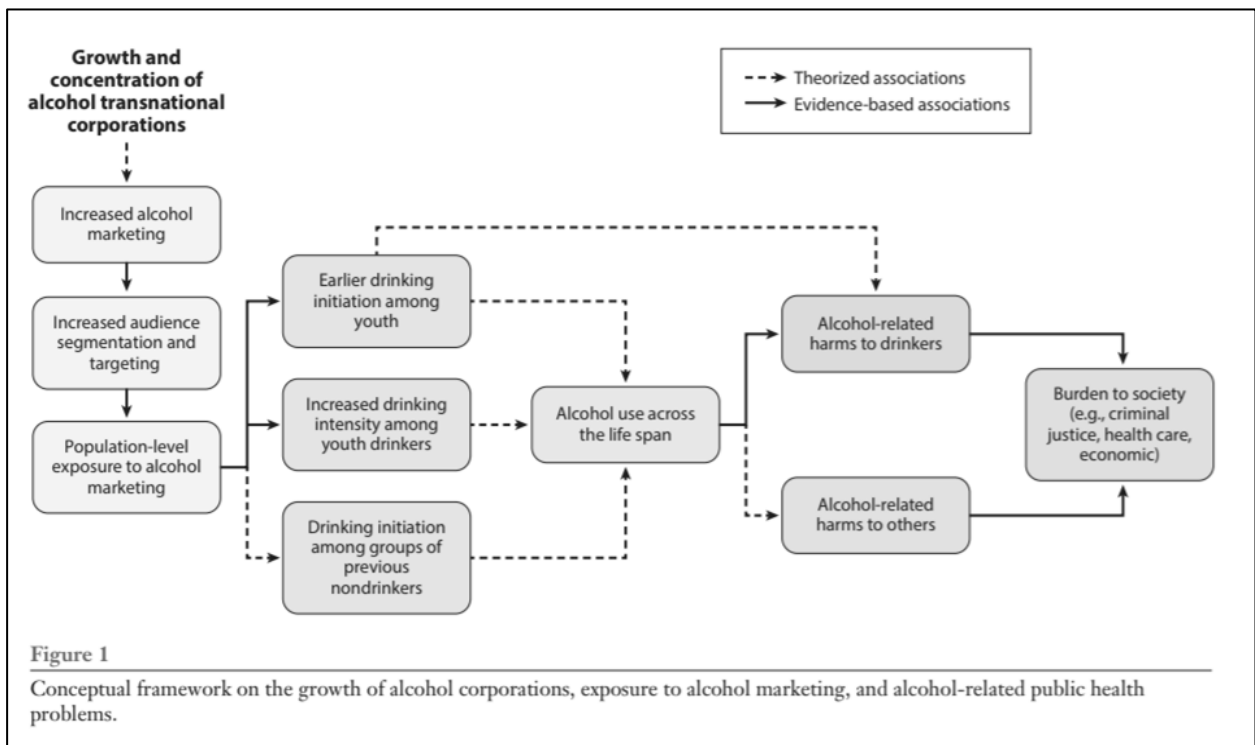


Figure 1
Conceptual framework on the growth of alcohol corporations, exposure to alcohol marketing, and alcohol-related public health problems.

Source: <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-040617-014711>

ANSWERS

Question 1

Sample response

Poverty: People in low- and middle-income countries are less likely than those in high-income countries (e.g. Australia) to afford contraception or high-quality education, which can help prevent unprotected sex and reduce the risk of contracting HIV.

Inequality and discrimination: Often in low- and middle-income countries (less so in high-income countries such as Australia), there are cultural traditions that result in decreased rights and less education for women, which can result in unprotected sexual intercourse. This can, in turn, increase the risk of contracting HIV.

Mark allocation: 4 marks

- 1 mark for explaining each factor (up to 2 marks)
- 1 mark linking the factors to the differences between Australia and low- and middle-income countries (up to 2 marks)

Question 2

Sample response

Increased global marketing of alcohol has a negative impact on health and wellbeing, as shown by the 3.3 million deaths globally (Source 3). Increased consumption of alcohol is linked to increased risks of obesity, type 2 diabetes, cardiovascular disease and liver disease.

Source 1 suggests that low- and middle-income countries have far more disability-adjusted life years (DALYs) as a result of alcohol use than high-income countries.

Low-income countries are likely to be exposed to increased alcohol marketing due to a lack of education around safe drinking and a lack of policies to restrict availability. As Source 2 suggests, this can lead to earlier drinking and increased risk of lifelong drinking. Low-income countries would experience significant DALYs from alcohol misuse due to less access to health care compared with high-income countries.

Middle-income countries experience the most DALYs from alcohol misuse (Source 1). Like low-income countries, middle-income countries are likely to be lacking policy and regulations regarding marketing of alcohol and alcohol use. These countries are more likely to be targeted by global marketing because they have income to spend on alcohol. As suggested in Source 2, this is likely to be in the form of population-level exposure, again targeting young people who are likely to lack education and rules to prevent excessive intake.

High-income countries also experience DALYs from alcohol misuse (Source 1), and while it is lower compared than in middle-income countries, it is still a significant contributor to DALYs compared to other risk factors. Many high-income countries have policies and laws in place that restrict the key areas outlined in Source 2; for example, age restrictions can prevent early initiation of alcohol consumption.

Global marketing of alcohol has a negative impact on health and wellbeing in all countries, but it is more significant in low- and middle-income countries than in high-income countries.

Mark allocation: 8 marks

<p>7–8 marks</p>	<p>Response includes:</p> <ul style="list-style-type: none"> • reference to all sources • an in-depth understanding of the impact global marketing of alcohol has on health and wellbeing • an understanding of global marketing across all three categories of countries (low-, middle- and high-income) • a clear synthesis of ideas.
<p>5–6 marks</p>	<p>Response includes:</p> <ul style="list-style-type: none"> • reference to most sources • an understanding of the impact global marketing of alcohol has on health and wellbeing • reference to global marketing across all three categories of countries (low-, middle- and high-income).
<p>3–4 marks</p>	<p>Response includes:</p> <ul style="list-style-type: none"> • reference to some sources • a statement about the impact global marketing of alcohol has on health and wellbeing • reference to global marketing in more than one of the three categories of countries (low-, middle- and high-income).
<p>1–2 marks</p>	<p>Response includes</p> <ul style="list-style-type: none"> • reference to one source • an address of either a high-, middle- or low-income country.
<p>0 marks</p>	<p>Question not attempted, or answer supplied is not relevant to the question</p>