

2018 VCE Health and Human Development examination report

General comments

This was the first year for the revised study design, *VCE Health and Human Development 2018–2022*, and most students were able to show their understanding of the key knowledge and key skills. Questions that required students to recall their knowledge were generally answered better than those requiring the higher-level skill of applying knowledge to unfamiliar situations. This was particularly evident in responses to Questions 8c., 10c., 11a., 11b. and 12.

Question 4 was an extended-response question and required students to read and analyse multiple sources of data and synthesise this to provide a response related to the National Disability Insurance Scheme (NDIS). This question provided students with an opportunity to show their ability to provide depth in analysis and synthesis and most students were able to show some level of skill.

Areas of strength included responding to questions that required the recall of subject-specific literacy such as descriptive questions, the dimensions of health and wellbeing and the characteristics of low-income countries. For example, Questions 3b., 9 and 13.

The areas of greatest challenge related to the application of the concepts of the ‘old’ public health, ‘new’ public health, Ottawa Charter, interrelationships between the Sustainable Development Goals (SDGs), the increasing impact of obesity at a global level (particularly in low and middle-income countries), taking social action and the concepts of sustainability. Common errors often related to a lack of careful reading of the question and not answering exactly what was being asked.

Students are reminded of the need to read questions carefully, consider the mark allocation, take time to plan their responses so they are clear and address all parts of the question being asked. When extra space is used at the end of the examination, students should clearly indicate that a response is continued.

Specific information

Note: Student responses reproduced in this report have not been corrected for grammar, spelling or factual information.

This report provides sample answers or an indication of what answers may have included. Unless otherwise stated, these are not intended to be exemplary or complete responses.

The statistics in this report may be subject to rounding resulting in a total more or less than 100 per cent.

Question 1a.

Marks	0	1	2	Average
%	12	36	52	1.4

Most students could outline the difference between life expectancy and health-adjusted life expectancy. Life expectancy measures the quantity in years that a person is expected to live, taking into consideration that current conditions do not change, whereas health-adjusted life expectancy measures the number of years a person is expected to live in good health.

Question 1b.

Marks	0	1	2	3	4	Average
%	35	14	22	12	17	1.6

Many students found this question difficult. Where students understood and selected an example of policy and practice relating to the 'old' public health, they were able to explain the example and how it contributed to Australia's health status over time. Common errors included the selection of an example representing the 'new' public health rather than 'old' public health and failing to link the example provided to the contribution to Australia's health status. These students did not answer the question being asked.

The following is an example of a possible response.

The 'old' public health focused on the physical environment and its impact on mortality and morbidity. Government policy such as the *Public Health Act* brought about funding for improvements in water and sanitation, nutrition and housing conditions. This resulted in decreases in waterborne and infectious diseases such as diarrhoea and cholera, and respiratory diseases such as influenza and pneumonia. Better nutrition led to improved immune systems, enabling individuals to fight and recover from infectious diseases. As a result of decreasing the burden of disease in Australia, life expectancy increased and infant mortality rates decreased over time.

Question 2a.

Marks	0	1	2	Average
%	38	41	21	0.9

This question was answered reasonably well, with many students being able to explain the 'new' public health. The most common error was not providing sufficient detail in the explanation and this prevented many students from being awarded full marks.

The following is an example of a high-scoring response.

'New' public health relates to the social model of health and involves focusing on the broader social, economic and environmental determinants that influence health rather than biological alone. It has a large focus on health promotion and the prevention of disease.

Question 2b.

Marks	0	1	2	3	Average
%	58	18	14	10	0.8

Many students found the application of an example of 'new' public health to improvements in health status difficult, with many selecting an example of a biomedical approach. Where students could identify one example of the 'new' public health, they were often able to explain it but not discuss how it could have contributed to improvements in life expectancy over time. Students who

chose other health campaigns such as SunSmart, Road Safety or Quit were better able to answer this question.

The following is an example of a high-scoring response.

New public health may have contributed to health status improvements in many ways, one being through health promotion campaigns. By promoting healthy behaviours and educating people on the effects of unhealthy behaviours such as smoking, people gain a greater level of health literacy, empowering them to take control of and improve their own health. By knowing the adverse effects of smoking, people are less likely to smoke, reducing prevalence of cardiovascular disease and improving life expectancy.

Question 3a.

Marks	0	1	2	Average
%	13	19	68	1.6

Most students were able to explain why the concept of health and wellbeing is dynamic.

The following is an example of a high-scoring response.

Health and wellbeing is considered to be dynamic as it is always changing. Sam's health and wellbeing, particularly physical, dropped because he broke his leg, but will rise again as he recovers, continually changing.

Question 3b.

Marks	0	1	2	Average
%	5	27	68	1.7

This question was well answered, with the majority of students able to show their understanding of spiritual health and wellbeing.

The following is an example of a high-scoring response.

Spiritual health and wellbeing refers to the values, beliefs and ideas that arise in the conscience of humans. Additionally spiritual health relates to a person having a guiding sense of purpose and meaning within their lives.

Question 3c.

Marks	0	1	2	Average
%	15	24	61	1.5

Most students were able to use the information provided in the question to explain why optimal spiritual health and wellbeing could still be achieved. The most common error was not applying this information in the response.

The following is an example of a high-scoring response.

Sam may still have optimal spiritual health and wellbeing because he is still able to, and is, watching the team play. Therefore, the fact that he is still part of the game as a spectator may mean that he still feels a sense of belonging. He will likely be cheering for his team-mates and thus feel a sense of purpose, meaning that his spiritual health and wellbeing is still optimal.

Question 4

Marks	0	1	2	3	4	5	6	7	8	Average
%	10	19	23	21	15	8	4	1	0	2.6

Student responses were scored on the interplay between:

- how the response was structured
- how well the stimulus material had been understood, connected and synthesised
- how the stimulus material had been used to support the analysis of how the NDIS can promote health and wellbeing
- the discussion of how health and wellbeing is a resource individually and nationally.

Overall, students found the question challenging. Common errors were responses that provided information about the NDIS in general but made no mention of or connected with the stimulus material, or responses that focused on one piece of stimulus material at the expense of all others. Some students focused their discussion almost entirely on the contribution of the NDIS to optimal health and wellbeing as a resource individually without reference to it being a resource nationally.

Responses that did not score well tended to restate the stimulus material rather than analyse it, make broad statements about optimal health and wellbeing with limited reference to the NDIS and make general statements about optimal health and wellbeing as a resource, often focusing only at the individual level.

The following is an example of a possible response.

The NDIS is an initiative by the Commonwealth Government to provide support for Australians with a disability, their families and carers. According to the information provided, the most common forms of disability that are funded under the scheme are autism and intellectual disabilities.

The NDIS aims to promote optimal health and wellbeing, which is a resource individually and nationally. The scheme has managed to achieve this for many participants but not all. School to 14-year-old participants registered the lowest level of satisfaction, with less than 50% of participants indicating the NDIS was not helping them with their daily living, relationships or social, community and civic participation. However, the highest level of satisfaction was indicated in the 0 to before school group, followed in general by those aged 25 years and over.

The contribution of the NDIS to promote optimal health and wellbeing as a resource individually is also evident in the information relating to Anna and Daniel. As a parent with a child suffering from autism, the NDIS provided Anna with an opportunity to connect with workshops designed for parents to develop their knowledge of autism and ways to best support their child. This could contribute to improved emotional and mental health and wellbeing for Anna at an individual level. Anna may increase her understanding of autism and be equipped with skills to help Daniel. This could reduce Anna's levels of stress or anxiety that can often stem from caring for a child with a disability, promoting optimal mental health and wellbeing. Funding to provide a backyard playground for Daniel could also improve his physical and mental wellbeing as it will allow him to participate in activities to improve his imagination.

Individually, optimal health and wellbeing provides greater choice for people. The NDIS has been successful in increasing choice and control for over 60% of participants aged 15 to 24 and over 25 years. Optimal health and wellbeing also means people can work and improve their lives. However, only 20% of participants indicated that the NDIS has helped them with work.

Optimal health and wellbeing reduces the risk of illness and premature death, which increases the ability of individuals to live free from pain and spend more time going to school or work, spending time with family and friends, running a household and living independently. This has been achieved for many participants receiving the NDIS, with more than half of the participants indicating that the

NDIS had helped them with daily living, relationships and social, community and civic participation. By providing support for daily living, the NDIS is contributing to optimal mental and emotional wellbeing. Support with relationships helps develop optimal social health and wellbeing and supporting social, community and civic participation has the potential to promote optimal social, mental and spiritual health and wellbeing.

Populations with higher levels of optimal health and wellbeing experience economic benefits, such as higher average incomes and less absenteeism from work. Social benefits include improved life expectancy and less strain on the health system. Therefore, it is evident that the NDIS has made a contribution to achieving optimal health and wellbeing which is a resource individually and nationally.

Question 5a.

Marks	0	1	2	3	Average
%	24	24	27	25	1.6

Many students identified a relevant sociocultural factor but struggled to explain how the factor selected could account for the differences in Indigenous and non-Indigenous health status. Specific links to results from the health survey were necessary and many responses indicated the need for students to read the question carefully.

The following are examples of possible responses.

Sociocultural factor: unemployment

- Indigenous Australians are four times more likely to be unemployed compared to non-Indigenous Australians. Risk factors associated with unemployment include higher rates of smoking and alcohol intake. Alcohol is kilojoule-dense, which could contribute to higher rates of obesity for Indigenous people compared to non-Indigenous people. Smoking is a risk factor for lung and mouth cancers and also heart disease, for which the rates are higher for Indigenous people compared to non-Indigenous people.

Sociocultural factor: income

- Indigenous Australians are more likely to be employed in low-skill jobs resulting in lower incomes compared to non-Indigenous Australians. This could lead to poor food security, resulting in the consumption of cheaper foods that are more likely to be high in fat, salt and sugar, which is a risk factor for overweight, obesity and cardiovascular diseases, all of which are more common in Indigenous Australians compared with non-Indigenous Australians.

Other sociocultural factors students could have discussed included:

- socioeconomic status
- access to healthcare
- food security.

Question 5b.

Marks	0	1	2	3	4	Average
%	26	18	25	17	14	1.8

Many students found this question difficult. Students needed to use information from the survey, link this to a relevant dietary guideline and then discuss how the dietary guideline selected could assist in improving Indigenous health.

The following are examples of possible responses.

- Indigenous Australians have higher rates of obesity compared to non-Indigenous Australians in almost every age group. Australian Dietary Guideline 1 states ‘To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs’. By being physically active, consuming nutritious foods and drinks, and eating according to energy needs, rates of obesity in the Indigenous population could decrease.
- Australian Dietary Guideline 2 advises people to ‘Enjoy a wide variety of nutritious foods from the Five Food Groups every day and drink plenty of water’. An emphasis is placed on nutrient-dense foods that are high in fibre and promote satiety. Following this guideline could help reduce the incidence of obesity, heart disease and diabetes/high sugar levels among Indigenous people.

Question 6a.

Marks	0	1	2	3	4	Average
%	6	13	30	24	27	2.5

Many students were able to locate the links between the program and social wellbeing but found the relationship between the program and emotional health and wellbeing more difficult to describe.

The following is an example of a high-scoring response.

The Koori Community Kitchen is open for community members ‘to meet and have a chat’ with other members, assisting them in forming meaningful and satisfying relationships and promoting social health and wellbeing. By meeting and talking to others, individual can discuss issues or concerns they may have, helping them to manage emotions and promote emotional health and wellbeing.

Question 6b.

Marks	0	1	2	3	4	5	6	Average
%	18	6	14	24	28	7	3	2.8

Many students were able to identify the action areas of the Ottawa Charter and apply their understanding to the example provided. However, a common error was students not providing a description of the action area in addition to its application. Students are reminded to read questions carefully and answer what is being asked.

Examples of possible responses included:

- Create supportive environments: A supportive environment provides opportunities for individuals to build links in a socially and culturally sensitive manner that promotes positive health and wellbeing. The program coordinated by Peninsula Health provides a space ‘to meet and have a chat with other community members in a culturally friendly environment’ and therefore reflects a supportive environment.
- Strengthening community action: This action area focuses on building links between individuals and the community and communities working together to achieve a common goal and to promote health and wellbeing. The local Koori community is working with Peninsula Health to ‘promote a healthier wellbeing’, which reflects strengthening community action.
- Develop personal skills: The building of life skills and information through health promotion and education is the focus of this action area. Developing knowledge and skills allows people to make informed choices that impact their health and wellbeing. This program provides

opportunities for members of the Koori community to build their cooking skills and is therefore developing personal skills.

- Reorienting health services: This action area refers to shifting the focus from a biomedical approach that emphasises the diagnosing and treatment of illness and disease to one of health promotion. This is evident as the Koori community kitchen is being coordinated by Peninsula Health and can assist in preventing mental health issues and diet-related diseases.

Question 7a.

Marks	0	1	2	Average
%	1	17	82	1.8

Most students were able to select an example of a low-income country and use the information in the table to justify their selection.

The following is an example of a high-scoring response.

Low-income country: *Niger*

Justification: Niger has a low human development index of 0.353, suggesting low level of knowledge, income (GNI) and likelihood of a long and healthy life. Additionally mean years of schooling is only 1.7 years which typical of a low-income country and disease rates are high at 49.1 chronic respiratory death per 100,000 rates compared to 27.8 in Australia.

Question 7bi.

Marks	0	1	2	Average
%	45	30	25	0.8

Many students were unable to provide a description of the Human Development Index (HDI). Common errors related to the lack of accurate wording when referring to the dimensions and/or indicators.

The following is an example of a high-scoring response.

The HDI is a tool developed by the United Nations to rank countries based on their social and economic development. It has 3 dimensions (a long and healthy life, knowledge & a decent standard of living) and 4 indicators (life expectancy at birth, mean years of schooling, expected years of schooling and GNI per capita).

Question 7bii.

Marks	0	1	2	Average
%	33	33	34	1

Often students repeated the information they had included in responses to Question 7bi. or were able to outline either a disadvantage or an advantage, but many struggled to do both.

The following is an example of a high-scoring response.

Advantage: The HDI is a more comprehensive measure of human development (HD) compared to other indicators such as GNI.

Limitation: It is still based on averages so the HDI does not provide an indication of the inequalities that exist between countries.

Question 7ci.

Marks	0	1	Average
%	62	38	0.4

Some students were able to identify a relevant feature of Sustainable Development Goal (SDG) 3, however, many were unable to recognise the relevant features of SDG 3. Students could select from:

- reduce the incidence of non-communicable diseases
- ensure universal health coverage
- ensure access to reproductive health services
- address conditions such as tuberculosis and other communicable diseases
- introduce the WHO Framework Convention on Tobacco Control.

Question 7cii.

Marks	0	1	2	3	Average
%	29	43	18	9	1.1

Many students struggled to provide the necessary understanding to be awarded full marks. They needed to connect at least one component of SD4 'Quality education' to a specific feature of SDG 3. A common error was discussing education as a broad concept rather than a specific component.

The following is an example of a high-scoring response.

SDG 4 Quality education addresses the importance of girls and boys around the world having equal access to high quality education from primary to tertiary levels of education to attain the vocational skills needed for meaningful employment. When girls and boys around the world have access to high quality education, they are likely to have higher levels of health literacy and be aware of the importance of safe sexual practices, which can reduce the risk of these children contracting STD's such as HIV aids, reducing the spread of HIV aids and assisting with the achievement of key feature 'end epidemics of communicable disease' in SDG 3.

Question 8a.

Marks	0	1	2	Average
%	34	32	34	1

Many students were able to identify multilateral aid as the type of aid represented although some students struggled to provide a description.

The following is an example of a high-scoring response.

Multilateral aid occurs when many donate their funds and resources to an international organisation such as WHO or World Bank. For example, the World Bank and NHLP used combined resources to help establish well in Zarshakh.

Question 8b.

Marks	0	1	2	Average
%	40	29	31	0.9

Where students had an understanding of human development, they could provide an example of how the program could promote it.

Possible answers included:

- This program helps Afghan farmers obtain water for irrigation so they can grow vegetables and fruit that is being used to feed their families and to sell. When people have access to nutritious food they are more likely to have better health and wellbeing. When people are healthy, they are able to work and earn an income, promoting a decent standard of living and have more choices over decisions affecting their life.
- With improved access to vegetables and fruits, people are more likely to experience improved health and wellbeing and better immunity to disease. When people are healthy they can attend school or work and are more likely to become involved in political and community life. Good health and wellbeing and an educated community allows people to make decisions that meet their needs and empowers them to lead productive and creative lives, improving human development.

Question 8c.

Marks	0	1	2	3	4	Average
%	41	21	24	7	8	1.2

Many students found this question challenging. Many students discussed how the program would promote health and wellbeing in general but were unable to link the program to any of the specific features of SDG 3. A common error was the assumption that the program was providing safe water for drinking rather than the provision of water for agriculture.

The following is an example of a possible response.

This program ensures families in Afghanistan have water to grow their crops. This has contributed to the growing of vegetables and fruit, which has provided families and the community with food to eat. With access to fruit and vegetables, neonatal and under-5 mortality rates may be reduced. Mothers will be better nourished during pregnancy, which will provide newborns with a better start to life and greater immunity to diseases. This could reduce maternal mortality. With adequate nutrition, children will also have better immune systems and adequate growth, which will help reduce the rates of disease and illness, and under-5 mortality rates.

Question 8d.

Marks	0	1	2	3	4	Average
%	41	12	20	13	14	1.5

Many students struggled with this question, with many students not attempting it. Students who named the features of effective aid were better able to answer the question.

The following are examples of high-scoring responses.

Example 1

The HNLP program is transparent and accountable as the World Bank is transparent about the \$190 million grant that was funded by the project as well as \$5500 that is given directly to farmers such as Azim to assist them. The program is accountable and transparent and therefore successful as Afghan communities can directly see where the funds are going. Additionally, the program has ownership amongst Afghan farmers who have adopted the program as it specifically targets the issue of water scarcity as well as them being involved in the administration of the program. Therefore it is successful as farmers are involved in the program and meets their specific needs.

Example 2

The NHLP program is sustainable. For example it is socially sustainable as it involved the installation of water pumps and skills in agriculture that can be passed onto successive generations, meeting the needs for current generations and future ones. Additionally, it is environmentally sustainable through solar power and hence will be able to last for many years, increasing effectiveness of the program. The NHLP program is also results focussed and meets the needs of the people and this is evident in their focus on Zarshakh, one of the most water deficient villages in Paghman district in Afghanistan. The program has responded to the need for clean water and farming practice and has worked with the villagers to achieve positive results. Ultimately, making the program more successful in its aim.

Question 9a.

Marks	0	1	2	Average
%	10	31	59	1.5

Most students provided an explanation of discrimination for full marks.

The following is an example of a high-scoring response.

Discrimination is unjust treatment and the violation of rights of an individual due to factors such as their age, ethnicity, religion, gender, sexual orientation or socioeconomic status.

Question 9b.

Marks	0	1	2	Average
%	24	37	39	1.2

Many students explained how discrimination could contribute to differences in health status and burden of disease, although a common error was not linking their example to the impact on health status or burden of disease.

The following is an example of a possible response.

Discrimination often results in social exclusion, reducing access to education and employment and increasing rates of poverty. Poverty reduces access to food, water, sanitation and healthcare, which can lead to higher rates of maternal and under-five mortality.

Question 10a.

Marks	0	1	2	Average
%	49	37	13	0.7

Where students understood the work of the World Health Organization (WHO), they were able to link an example from the information provided.

Possible responses included:

- By developing a set of recommendations to successfully tackle childhood and adolescent obesity in different contexts around the world, all countries will have a framework of action that can be implemented to reduce the levels of obesity in children and adolescents. This will contribute to good physical health and wellbeing by reducing the risk of type-2 diabetes, cancers and heart disease.
- The work of the WHO reflected in the information is to develop policies to assist countries to take action to promote health and wellbeing. This will support all countries in implementing a framework for action to successfully reduce the level of childhood and adolescent obesity.

Question 10b.

Marks	0	1	Average
%	67	33	0.4

Students who had an understanding of the WHO priorities were able to identify an example from the information provided. Possible responses included:

- non-communicable diseases
- health-related SDGs.

Question 10c.

Marks	0	1	2	3	4	5	6	Average
%	26	23	25	14	8	3	1	1.7

Many students were unable to show the relationship between the global marketing and distribution of processed foods in high-income, middle-income and low-income countries to obesity. Common errors were overlooking the need to discuss obesity as an issue in each of high-income, middle-income and low-income countries, and assuming that processed food options are cheaper for families in low-income countries.

The following is an example of a possible response.

Child and adolescent obesity has traditionally only been an issue for high-income countries and rates have continued to increase over the last 20 years. Fast-food outlets have become more common and advertising continues to target children. However, the rates of childhood obesity in middle-income countries are now overtaking the rates in high-income countries. Obesity rates are also increasing in low-income countries. This has largely occurred as a result of global distribution and marketing. Large multinational fast-food companies have aggressively marketed foods high in carbohydrates and fat to middle-income and low-income countries where there is less understanding of the health and wellbeing effects of these foods and less money for health promotion and prevention services. Along with this has been the migration of families from rural areas to the larger cities in search of work. This has shifted the reliance on traditional nutrient-dense foods grown on farms to those that are energy dense, which has resulted in increased rates of childhood obesity in these countries. Childhood obesity is a risk factor for diseases such as cardiovascular diseases and cancer.

Question 11a.

Marks	0	1	2	3	4	5	6	Average
%	24	21	24	14	11	4	2	1.9

Students who understood the principles of effective health promotion or the challenges associated with bringing about dietary change were able to explain why the taxing of soft drinks is not the only solution to the obesity epidemic. Some students provided a description of the action areas of the Ottawa Charter without linking to obesity. Overall, this question was not answered well.

The following is an example of a high-scoring response.

There are several factors that contribute to addressing a health issue such as obesity epidemic, often involving broader determinants of health. According to the Ottawa Charter for Health Promotion there are five key areas in addressing health, with taxing soft-drinks really only dealing with 'Build healthy Public policy'. Although an increase in price will act as a deterrent for the purchase of such drinks, other factors must also be considered. Create supportive environments: the government should work towards making environments such as schools and workplaces more promoting of health and wellbeing, discouraging presence of vending

machines with soft drinks or saturated foods. Additionally strengthening community action is important to bring many organisations together to work towards a common goal effectively such as manufacturers lowering sugar content. It is also important to develop personal skills to inform people about risk factors for obesity and prevent these through exercise skills and cooking skills. Reorienting health services should also prevent obesity before it occurs.

Question 11b.

Marks	0	1	2	3	4	Average
%	43	14	22	10	10	1.3

This question was not well answered by many students. Common errors related to the provision of examples that were not relevant to addressing childhood obesity or were broad without being linked to how they might be effective in reducing childhood obesity.

Possible responses included:

- People could show support for a social change campaign by signing online petitions that advocate for an increase in the cost of sugary drinks or changes to advertising practices on television or other ways to reduce the exposure of sugary drinks to children and adolescents. Gathering community support can be a powerful way to show the government and manufacturers that this issue is important.
- People could find out more about the effects of sugary drinks on children and adolescents and raise awareness at schools, in the community or through social media outlets. They could use these avenues to gain support and lobby governments and drink manufacturers to take action to reduce the availability of sugary drinks to children and adolescents. Collective action is often effective in bringing about changes in policy.

Other examples of social action that could have been described/justified included:

- People could use their purchasing power.
- Students could implement a social enterprise activity.
- People could lobby governments or decision makers about the types of foods sold at sporting events.
- People could volunteer time to provide coaching and sporting activities.

Question 12a.

Marks	0	1	Average
%	73	27	0.3

While students showed they had an understanding of the priorities of Australia's aid program, many struggled to provide the accurate wording. Many students did not attempt this question.

Students could have selected from:

- infrastructure, trade facilitation and international competitiveness
- agriculture, fisheries and water.

Question 12b.

Marks	0	1	2	3	Average
%	59	25	12	4	0.7

Where students knew the features of Australia's aid program they were able to show a link to the initiative provided. However, this question was not well answered and many did not attempt it.

The following is an example of a high-scoring response.

The above initiative reflects the features of Australia's Aid program as it aims to reduce poverty of neighbours such as Fiji by increasing their capacity to trade and undergo economic growth and hence improve their GNI. Additionally, it provides Fijians with machinery + required infrastructure to produce chocolate, improving competitiveness. The initiative also promotes economic sustainability in the indo-pacific region and upholds Australia's responsibility to assist as a high income country.

Question 12c.

Marks	0	1	2	3	Average
%	53	21	15	11	0.9

Many students struggled to apply their understanding of the implications of tourism to the initiative provided. A common error was failing to link examples from the initiative to their discussion. A number of students did not attempt this question.

The following is an example of a high-scoring response.

Increased world trade and tourism can have both positive and negative impacts on health and wellbeing. In the Adi initiative, increased tourism led to a rise in the Fiji economy and as a result, created jobs for people to work in factories and creating new demand for farmers. Could lead to increased sense of purpose, promoting spiritual health and wellbeing proving income through trade for the Fijian government to put towards health promoting services to decrease morbidity and improve health and wellbeing.

Question 12di.

Marks	0	1	Average
%	66	34	0.4

Many students were able to describe sustainability as meeting the needs of the present without compromising the ability of future generations to meet their needs.

Question 12dii.

Marks	0	1	2	3	Average
%	43	33	18	6	0.9

Where students understood the dimensions of sustainability they were able to apply this to the initiative provided.

The following is an example of a high-scoring response.

By the Australian investing in Adi Chocolates, this promotes the annual income for Fiji and as a result, improves economic sustainability. Additionally, by supporting the company, Australian Government indirectly maintains jobs and keeps employment rates high, increasing social sustainability. Furthermore, the money Australian gov. invests now will help promote the growth of Adi chocolates in the future, providing for the future generations also.

Question 13

Marks	0	1	2	Average
%	17	35	48	1.3

This question was generally well answered, with most students understanding the concept of peace. A common error was not expanding the relationship of peace to either health status or a dimension of health.

There were many possible responses. Examples included:

- When people live in a peaceful environment, without the threat of war or violence, there is less chance of being injured and suffering premature death, promoting physical health and wellbeing.
- Without the threat of war or violence, there is a greater opportunity for food security. Water sources used for drinking and farming can be maintained, which allows crops to be grown and clean water to be available, reducing communicable diseases and improves physical health and wellbeing.
- When a country experiences peace, infrastructure such as healthcare facilities are more likely to be available, which enables people to seek diagnosis and treatment if they become ill or to access health promotion information, all of which assists in promoting physical health and wellbeing.