**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 3 Outcome 1, Task 1a – Structured Questions

**Teacher Advice**

This task has been developed within the scope of the Study Design and **has been designed to be easily divided into two tasks worth 25 marks each (see below for where the SAC is divided into two parts).** **To complete the SAC in one part (worth 50 marks), simply delete the cover sheet for part 2.**

The relevant dot points from the Study Design for this task are:

***Key knowledge***

* Concepts of health and wellbeing (including physical, social, emotional, mental and spiritual dimensions) and illness, and the dynamic and subjective nature of these concepts
* Benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally
* Prerequisites for health as determined by the WHO including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity

Q 1 – 4

* Indicators used to measure and understand health status: incidence, prevalence, morbidity, burden of disease, disability-adjusted life year (DALY), life expectancy, health-adjusted life expectancy (HALE), mortality (including maternal, infant and under 5) and self-assessed health status **This dot point may be assessed in both 25 mark tasks.**
* Health status of Australians and the biological, sociocultural and environmental factors that contribute to variations between population groups including:

– males and females

– Indigenous and non-Indigenous

Q 5 – 9

– high and low socioeconomic status

– those living within and outside of Australia’s major cities

* The contribution to Australia’s health status and burden of disease of smoking, alcohol, high body mass index, and dietary risks (under-consumption of vegetables, fruit and dairy foods; high intake of fat, salt and sugar; low intake of fibre and iron).

***Key skills***

* Explain the dynamic and subjective nature of the concepts of health and wellbeing and illness
* Describe interrelationships between dimensions of health and wellbeing
* Explain the individual and collective importance of health and wellbeing as a resource

Q 1 – 4

* Describe global benefits of the pursuit of optimal health and wellbeing
* Identify the WHO’s prerequisites for health and explain their links to improved health outcomes
* Describe and apply indicators used to measure health status **This dot point may be assessed in both 25 mark tasks.**
* Use data to describe and evaluate the health status of Australians
* Analyse patterns in morbidity and mortality in Australia over time

Q 5 – 9

* Analyse health information to explain factors that contribute to variations in health status between population groups.

**Student preparation**

Students should be adequately prepared with regards to all relevant key knowledge and key skill dot points before sitting the task. Teachers should read through SAC tasks prior to students completing the task to ensure all relevant content has been addressed.

As well as having an understanding of key knowledge points and the ability to carry out the key skills, students should be able to explain or define all words within the dot points.

When presented with data, the data should be used at some stage in the related answers. This shows a greater level of understanding of data as opposed to making generalised comments.

If a question asks for similarities or differences between population groups, students should make reference to both groups in their answer.

Students should be aware of the difference between health status and factors affecting health status. If a question is about health status, students should link their answer back to a health status indicator or a particular condition. For example, socioeconomic status is an example of a sociocultural factor, not an aspect of health status.

When students are asked to link to health and wellbeing, the dimensions (physical, social, emotional, mental and / or spiritual) should form the basis of the response.

**Creating one 50 mark task**

This SAC has been created to allow simple conversion into 1 x 50 mark task - simply delete the cover sheet for Part 2.

**Time**

This SAC has been developed to be completed in a 60 minute timeframe. Teachers may want to add reading time to simulate the end-of-year examination. It can also be split into two tasks (worth 25 marks each) if smaller tasks are preferable. If so, these tasks should be completed in a 30 minute timeframe.

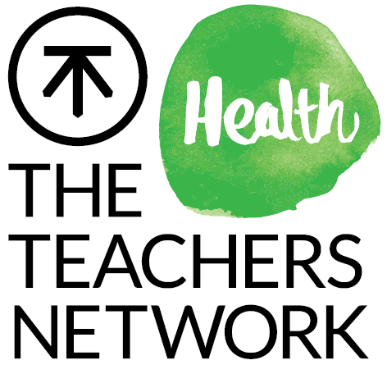
**Materials**

Students only require a pen to complete this task.

**Conditions**

This task should be completed under test conditions. It has been written to reflect the end-of-year examination and provides valuable practice for the skills required to succeed in the examination.

Students should not have access to any notes, mobile phones, calculators or any other electronic device.

**HEALTH AND HUMAN DEVELOPMENT**

Unit 3 Outcome 1, Task 1a (Part 1)

Structured Questions

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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• Students are NOT permitted to bring into the assessment room: blank sheets of paper and/or white out liquid/tape.

• No calculator is allowed in this assessment.

**Materials supplied**

• Question and answer booklet.

• Additional space is available at the end of the booklet if you need extra paper to complete an answer. Ensure any extra space used is labelled clearly with the question number.

**Instructions**

• Write your **name** and **student number** in the space provided above on this page.

• All written responses must be in English.

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**devices into the assessment room.**

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**Question 1** (10 marks)

Social and spiritual are two dimensions of health and wellbeing.

1. Using an example that relates to each, briefly explain the difference between social and spiritual

health and wellbeing. 4 marks

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1. Explain how optimal social health and wellbeing can act as a resource for individuals. 2 marks

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1. Using an example, explain why social health and wellbeing is said to be subjective. 2 marks

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1. Using an example, explain why spiritual health and wellbeing is said to be dynamic. 2 marks

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**Question 2** (5 marks)

1. What is meant by illness? 1 mark

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1. Explain two ways that reducing illness can act as a resource globally. 4 marks

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**Question 3** (8 marks)

1. Briefly explain what is meant by social justice. 1 mark

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1. Explain how social justice can promote two dimensions of health and wellbeing. 4 marks

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1. Identify another prerequisite and use it to show how two dimensions of health and wellbeing can

interrelate. 3 marks

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**Question 4** (2 marks)

Identify what DALY stands for and briefly explain it as an indicator of burden of disease.

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**HEALTH AND HUMAN DEVELOPMENT**

Unit 3 Outcome 1, Task 1a (Part 2)

Structured Questions

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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• Question and answer booklet.

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**Question 5** (7 marks)

The following graph shows life expectancy in Australia for males and females between 1890 and 2017.

Source: AIHW, 2019.

1. What is meant by ‘life expectancy’ as a health status indicator? 1 mark

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1. Using data, outline the difference in life expectancy between males and females over time. 2 marks

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1. Identify one biological factor and one sociocultural factor and explain how each may have contributed

to the difference outlined in part b. 4 marks

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**Question 6**  (4 marks)

According to the AIHW (2018), in 2014–15, 50% of adults and 32% of children ate insufficient serves of fruit, and 93% of adults and 95% of children ate insufficient serves of vegetables.

1. Explain one way that low intake of fruit can impact the health status of adults in Australia. 2 marks

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1. Explain one way that low intake of vegetables can impact burden of disease for children in Australia. 2 marks

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**Question 7**  (2 marks)

Briefly explain a difference in relation to how high intake of salt and high intake of fat contribute to cardiovascular disease.

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**Question 8**  (8 marks)

Those outside major cities have higher mortality rates than those living within major cities. Those living outside major cities are also more likely to smoke than those within major cities.

1. What is meant by ‘mortality’? 1 mark

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1. Identify the indicator that focusses on the mortality of children under the age of 1. 1 mark

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1. Briefly explain two ways that higher rates of smoking contribute to the difference in mortality rates for

those living outside of major cities and within major cities. 2 marks

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1. Besides exposure to environmental tobacco smoke, identify two environmental factors and explain

how each can contribute to differences in mortality rates for those living outside major cities compared

to those living within major cities. 4 marks

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**Question 9**  (4 marks)

1. Briefly explain what is meant by ‘dairy foods’ and provide one example. 2 marks

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1. Explain how low intake of dairy foods can contribute to disease. 2 marks

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**END OF QUESTION AND ANSWER BOOKLET**

**Extra space for responses**

**Clearly number all responses in this space.**

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**Answer Guide**

Please note that these answers are a guide only and do not represent every possible correct answer.

1. a. Students receive one mark each for showing an understanding of social and spiritual health and wellbeing for a total of two marks and another two marks for providing an example that relates to each. Examples worth four marks include:

* Social health and wellbeing relates to the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations whereas spiritual health and wellbeing relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings. An example of social health and wellbeing could be having strong and supportive family relationships. For spiritual health and wellbeing, it could be feeling a sense of purpose in relation to a person’s career.
* Social health and wellbeing relates to the quality of relationships that a person has with others. This includes having respectful intimate relationships with friends. Spiritual health and wellbeing on the other hand, relates to concepts such as hope, peace, a guiding sense of meaning or value, and reflection on your place in the world. An example of this is realising that people don’t have control over everything that happens in their life.

b. Students receive two marks for linking an aspect of optimal social health and wellbeing to how it can act as a resource for individuals. Examples worth two marks could be:

* Having meaningful relationships with close friends can give an individual options in terms of people they can talk to when issues arise in their lives. This can assist in dealing with these issues and getting back to important activities such as studying, working or caring for children.
* Having quality relationships with workmates, family members and friends can mean that there is less conflict in a person’s life. This can assist in decreasing levels of stress which enhances a person’s overall quality of life.

c. Students receive one mark for showing an understanding of what ‘subjective’ relates to and another mark for using an appropriate example relating to social health and wellbeing. For example:

* Social health and wellbeing is said to be subjective as it means different things to different people as a result of varied feelings and opinions. For example, a teenager might see optimal health and wellbeing as having a wide range of friends whereas an older person may view it as having a few close friendships.
* The meaning of social health and wellbeing can be influenced by an individual’s feelings and personal experiences. For example, one person may place greater emphasis on romantic relationships whereas another might place greater emphasis on relationships with family members.

d. Students receive one mark for showing an understanding of what ‘dynamic’ relates to and another mark for using an appropriate example relating to spiritual health and wellbeing. For example:

* Spiritual health and wellbeing can change quickly. For example, a person might lack a sense of purpose in life and then may get a new job that contributes to a sense of purpose.
* Spiritual health and wellbeing can change over time. A person may feel a sense of peace and harmony in their life and then experience an event such as relationship breakdown which can reduce their level of peace and harmony.

1. a. Students receive one mark for making one point about what illness relates to. For example:

Illness relates to how an individual experiences disease or injury.

b. Students receive two marks for each way they explain that a reduction in levels of illness can act as a resource globally for a total of four marks. Answers worth two marks include:

* Reducing illness means that more people are able to participate in the society in which they live by working or gaining an education. This means that more people can contribute to the economy of their country which can promote global trade and assist in reducing poverty worldwide.
* Reduced levels of illness can promote world peace and security. By being in better health, people can work to ensure their needs are met and are less likely to have to resort to criminal activities to survive.
* When people experience reduced levels of illness, they are more likely to be satisfied with their lives. This can reduce tensions between countries and assist in preventing conflict, which promotes health outcomes such as increasing life expectancy and reducing the risk of injuries.
* Reducing illness can promote confidence as people feel more confident and have more faith in themselves. This can contribute to the development of new industries as people are willing to take a chance. This can assist in promoting trade around the world and contributing to economic development.
* Reduced levels of illness would mean that there are lower levels of disease. This means that people are leading healthier lives. This can mean that there is a reduced risk of transmission of communicable diseases on a global scale.
* Reduced levels of illness mean that people are better equipped to access resources they need. This can increase the likelihood of people using resources in a sustainable manner which can mean these resources are available for future generations.

1. a. Students are awarded one mark for showing an understanding of what social justice means. Examples worth one mark include:

* Social justice relates to equal rights for all, regardless of personal traits such as sex, class and income, ethnicity, religion, age or sexual orientation.
* Social justice means that all people are treated fairly, including those from minority groups such as ethnic minorities and those with disabilities.
* Social justice exists when all people have equal access to resources such as food, water, shelter, education, employment and community participation.

b. Students receive two marks for linking an aspect or example of social justice to a dimension of health and wellbeing for a total of four marks. Students should be encouraged to link to two different dimensions for each answer. Answers worth two marks include:

* If all people can access education, they are more likely to meet people their own age. This can enhance relationships and promote social health and wellbeing.
* Being able to access resources such as food and water can assist all people in maintaining a strong immune system which can reduce the risk of infectious diseases and promote physical health and wellbeing.
* Social justice means that all people, including minorities, are able to move around freely. This enhances opportunities for social interaction which can mean that people can discuss issues they are facing in life which can build resilience which enhances emotional health and wellbeing.
* If all people can access adequate income, they are more able to afford shelter which can promote feelings of security and decrease levels of stress (mental health and wellbeing).
* If all people experience equal rights, they are more likely to experience a sense of belonging to the community in which they live which promotes spiritual health and wellbeing.

c. Students receive one mark for identifying another prerequisite of health and two marks for using it to show two links between two dimensions of health and wellbeing. Students can choose any dimensions for their answer, but must show a two way relationship to be eligible for full marks. Answers worth three marks include:

* Peace - peace can mean that there is no armed conflict which can reduce the risk of injuries (physical). With fewer injuries, people are more likely to experience lower levels of stress which promotes mental health and wellbeing. With lower levels of stress, individuals are more likely to prioritise looking after themselves by eating well which can promote a healthy body weight (physical).
* Food – adequate food intake promotes the functioning of the immune system which reduces the risk of disease and enhances physical health and wellbeing. Absence of disease allows people to socialize with their friends which promotes social health and wellbeing by enhancing relationships. Positive relationships can provide opportunities to be physically active when socializing (by going swimming, for example) which can promote levels of fitness (physical).
* Equity – If people are treated fairly, they are more likely to feel connected to their community which enhances spiritual health and wellbeing. When people feel connected to their community, they are more likely to experience positive self-esteem which is mental health and wellbeing. With a positive self-esteem, people are more likely to work towards their purpose in life which further promotes spiritual health and wellbeing.
* Income – Income can develop resilience by being used for counselling and other support services which enhances emotional health and wellbeing. Resilience can mean that people are more likely to feel good about their ability to recover from adverse situations which enhances mental health and wellbeing. Positive mental health and wellbeing allows individuals to think clearly which can mean that they are better able to recognize and respond to the emotions they experience which promotes emotional health and wellbeing.

1. Students receive one mark for identifying what DALY stands for and another mark for showing an understanding of what it relates to. Note that students do not have to memorise any specific definition, but must show an accurate understanding of DALY by including some reference to both fatal and non-fatal outcomes. For example:

* DALY stands for Disability-Adjusted Life Year. DALY combines YLL and YLD and therefore includes the impact of both fatal and non-fatal conditions.
* DALY stands for Disability-Adjusted Life Year where one DALY equals one year of healthy life lost through premature death, illness, disease or disability.

1. a. Students must briefly explain life expectancy for 1 mark:

Life expectancy relates to the number of years a person can expect to live if death rates don’t change.

b. Students receive one mark for outlining the difference in life expectancy over time between males and females and another mark for the correct use of data for a total of two marks. Answers worth two marks include:

* Male life expectancy has been lower than female life expectancy in each year by around 3-5 years.
* Females have had a higher life expectancy than males over time. For example, in 1890, it was around 3 years higher for females.

c. Students receive one mark for each factor they correctly identify and another mark for linking each to the difference in life expectancy between males and females for a total of four marks. Answers worth two marks include:

Biological:

* Glucose regulation: males are more likely to experience impaired glucose regulation than females. This increases the risk of type 2 diabetes which contributes to premature death and a lower life expectancy.
* Body weight: Males are more likely to be overweight and obese than females which can lead to conditions such as cardiovascular disease or type 2 diabetes which can contribute to lower life expectancy.
* Genetics: Males are more likely to store fat around the abdomen than females. This increases the risk of premature death from conditions such as cardiovascular disease which contributes to lower life expectancy.
* Blood pressure: Males are more likely to have hypertension than females which increases the risk of heart attack, premature death and lower life expectancy.

Social:

* Occupation: Males are more likely to work in dangerous occupations such as farming than females. This increases the risk of injury and death, contributing to a lower life expectancy among males.
* Unemployment – Males often experience more significant impacts as a result of unemployment than females. This can increase the rate of mental health issues and self-harm which contribute to higher rates of suicide and lower life expectancy as a result.
* Peer group: Males are more likely to be influenced by friends who may encourage risk-taking activities. This can contribute to injury deaths and a lower life expectancy compared to females.
* Gender stereotypes – Males are more likely to be expected to be tough or ‘macho’ compared to females. This can mean that they are less likely to access health care when issues arise which limit treatment options once a diagnosis is made, increasing the risk of death and contributing to a lower life expectancy.

1. a. Students must link low intake of fruit to the health status of adults in Australia for two marks. For example:

* Fruit is high in fibre which provides feelings of fullness. Not eating enough fruit can therefore contribute to weight gain among adults and higher incidence of obesity-related conditions such as type 2 diabetes.
* Under-consumption of fruit can mean that the intake of some vitamins is deficient which can affect immune system function and increase the incidence of infectious diseases among adults.
* Fruit contains anti-oxidants which can reduce the risk of conditions such as cancer. Under-consumption can mean that anti-oxidant intake is low which can increase mortality rates from some cancers among adults.

b. Students must link low intake of vegetables to the burden of disease among children in Australia for two marks.

* Vegetables are high in fibre which provides feelings of fullness. Not eating enough vegetables can therefore contribute to weight gain among children which can contribute to depression which can lead to an increase in YLD.
* Under-consumption of vegetables can mean that the intake of some vitamins is deficient which can increase the incidence of neural tube defects among children such as spina bifida. This can contribute to DALY for children.
* Vegetables contain anti-oxidants which can reduce the risk of conditions such as cancer. Under-consumption can mean that anti-oxidant intake is low which can increase the DALY contributed by some cancers among children.

1. Students receive one mark for explaining how each substance can increase the risk of cardiovascular disease for a total of two marks. Note that salt does not contribute to weight gain and this should not be awarded marks. There are numerous ways that high intake of fat can contribute to cardiovascular disease. Answers worth one mark include:

* Salt intake increases sodium consumption. Sodium draws fluid away from cells and increases blood pressure which can increase the risk of heart attack and stroke.
* Salt intake contributes to higher blood pressure which forces the heart to work harder. This can contribute to conditions such as heart failure.
* Fat contributes to weight gain which is a significant risk factor for cardiovascular disease.
* Fat can increase the levels of low-density lipoprotein (LDL) cholesterol which can narrow the arteries and increase the risk of heart attack and stroke.

1. a. Students receive one mark for stating that mortality relates to death.

b. Students receive one mark for identifying ‘infant mortality’ or ‘infant mortality rate’.

c. Students receive one mark for each answer they provide relating to how smoking contributes to the difference in mortality rates for those living outside major cities compared to those living within major cities for a total of two marks. Answers worth one mark include:

* Higher rates of smoking outside major cities contributes to higher rates of cancer than for those within major cities. These cancers can lead to premature death and contribute to the lower life expectancy experienced outside major cities.
* Higher rates of smoking increases blood pressure and increases the risk of heart attack and stroke for those outside major cities. These can lead to death which contributes to a lower life expectancy compared to those in major cities.
* Smoking damages cells in the lungs which can contribute to respiratory conditions such as emphysema. This would be more common among those outside major cities which contributes to lower life expectancy compared to those in major cities.
* If pregnant women living outside major cities are more exposed to tobacco smoke, they are more likely to have low birthweight babies than those within major cities. This can contribute to higher rates of child deaths and lower life expectancy.

d. One mark is awarded for each environmental factor that is identified and another mark for explaining how it contributes to differences in life expectancy for those living within and outside of major cities for a total of four marks. Examples worth two marks include:

* Climate / landscape: Areas outside major cities are often more prone to natural disasters such as bushfires, compared to those in major cities. These events can contribute to premature death.
* Access to recreation facilities: Those living outside of Australia’s major cities may not have as much access to recreation facilities as those in major cities. This can increase body weight by not encouraging physical activity. Increased body weight can increase the risk of cardiovascular disease and premature death.
* Access to health care: Those in rural and remote areas may not be readily able to access health care compared to those in major cities. This can mean that conditions such as cancer go undiagnosed and untreated. This can mean that when a diagnosis is made, treatment options are limited which increases mortality rates.
* Access to supermarkets: People living outside of Australia’s cities often have more difficulty in accessing resources such as supermarkets due to geographical factors when compared to those in major cities. This can contribute to food insecurity which may force people to rely on processed foods that are energy dense. These foods can then lead to weight gain and higher rates of conditions that can cause death such as type 2 diabetes.
* Road quality: Roads are often unsealed and / or of lower quality outside major cities compared to those found in major cities. This can increase the risk of car crashes in these areas and increase mortality rates due to injuries.

1. a. Students receive one mark for briefly explaining what is meant by dairy foods and another mark for a correct example for a total of two marks. For the explanation, an answer could be:

Dairy foods relate to foods made using the milk from an animal (or mammal).

Examples of dairy foods include:

* Milk
* Cheese
* Yoghurt
* Butter
* Cream
* Ice-cream

Note that these examples are not all necessarily high in calcium, but are all classified as dairy foods.

b. Students receive two marks for explaining how low intake of dairy can contribute to disease. Note that students can make links to colorectal cancer, cardiovascular disease or type 2 diabetes, however as the causal factor between low intake of calcium and these diseases is not completely understood, it will be difficult for them to provide enough detail for two marks. It is possible for students to use two of these diseases and receive two marks. Answers worth two marks include:

* Many dairy foods are high in calcium. Low intake can therefore mean that bones are not as strong as they should be which can lead to higher rates of osteoporosis.
* The calcium in dairy is required to build strong teeth. Underconsumption of dairy often means teeth are not as strong as they could be, increasing the risk of dental caries.
* Optimal dairy consumption has been shown to decrease the risk of cardiovascular disease, therefore low intake increases the risk. Low intake of dairy has also been shown to increase the risk of colorectal cancer.

**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 3 Outcome 1, Task 1a (Part 1) – Structured Questions

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 4 |  |  |
| 1.b. | 2 |  |  |
| 1.c. | 2 |  |  |
| 1.d. | 2 |  |  |
| 2.a. | 1 |  |  |
| 2.b. | 4 |  |  |
| 3.a. | 1 |  |  |
| 3.b. | 4 |  |  |
| 3.c. | 3 |  |  |
| 4. | 2 |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**

**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 3 Outcome 1, Task 1a (Part 2) – Structured Questions

**Marking sheet**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 5.a. | 1 |  |  |
| 5.b. | 2 |  |  |
| 5.c. | 4 |  |  |
| 6.a. | 2 |  |  |
| 6.b. | 2 |  |  |
| 7. | 2 |  |  |
| 8.a. | 1 |  |  |
| 8.b. | 1 |  |  |
| 8.c. | 2 |  |  |
| 8.d. | 4 |  |  |
| 9.a. | 2 |  |  |
| 9.b. | 2 |  |  |
| TOTAL | 25 |  |  |

Overall comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: This assessment is a school-based assessment. It is therefore a preliminary result only. The total result for all School Assessed Coursework in the study will be statistically moderated against the GAT and the end-of-year examination results.**