**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 1, Task 1c

Structured Questions – Case Study Analysis

**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 – 3

* 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 4 – 8

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

Q 1 – 3

* 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 4 – 8

* 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 skills 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 1c (part 1)

Structured Questions – Case Study Analysis

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



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• 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** (13 marks)

Paul is a 56-year-old father of three. He usually works with his wife in their family nursery and spends his spare time with his children and close network of friends. Paul has recently experienced depression and has had to take some time off work to deal with his condition, which has had significant impacts on his mental, social and emotional health and wellbeing. He has experienced depression in the past and has a number of strategies to assist with the recovery process.

1. Use the case study to explain how illness can be considered dynamic and subjective. 4 marks

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1. Use Paul’s situation to explain how mental and social health are interrelated. 2 marks

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1. Explain what is meant by emotional health and wellbeing. 1 mark

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1. Explain how Paul’s emotional health and wellbeing may have been impacted by his current situation. 2 marks

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1. Explain how individuals like Paul returning to an optimal level of health and wellbeing could act as a resource for:
2. Paul (i.e. the individual) 2 marks

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1. The country 2 marks

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**Question 2** (10 marks)

The World Health Organisation has identified nine prerequisites for health as outlined in the Ottawa Charter. Three of these are:

* Equity
* Education
* Food
1. Briefly explain what equity relates to and provide one example that reflects this concept. 2 marks

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1. Explain two ways that equity can promote health and wellbeing in Australia. 4 marks

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1. Explain how education can promote health status in Australia. 2 marks

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1. Explain why food is a prerequisite for health and wellbeing. 2 marks

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**Question 3** (2 marks)

Outline the difference between infant and under 5 mortality.

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**HEALTH AND HUMAN DEVELOPMENT**

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

Structured Questions – Case Study Analysis

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



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**Question 4** (3 marks)

Briefly explain what is meant by biological factors and provide two examples. 3 marks

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**Question 5** (4 marks)

Alcohol is the third largest contributor to burden of disease of all the risk factors in Australia, contributing significantly to both fatal and non-fatal outcomes, a number of which are caused through weight gain.

Besides contributing to weight gain, briefly explain one way that alcohol consumption can contribute to:

YLL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Question 6** (7 marks)

According to the AIHW (2019), compared to non-Indigenous children, indigenous children:

1. are 1.8 times more likely to be born with low birthweight
2. have twice the rate of DALY
3. are more than twice as likely to die before their 5th birthday
4. are more likely to experience serious injury.

1. Explain what is meant by DALY. 1 mark

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1. Based on the information provided, draw a conclusion about health status for Indigenous children

compared to non-Indigenous children. 2 marks

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1. Identify two sociocultural factors and explain how each may contribute to one or more of the differences

presented above. 4 marks

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**Question 7** (5 marks)

The following graph shows the maternal mortality rate (or ratio) per 100 000 women who gave birth in 2012 -2016.

Source: Adapted from ABS, National Maternal Mortality Data Collection, 2018.

\* ‘Inner regional’ refers to towns in rural Australia such as Ballarat, Bendigo and Shepparton.

^ ‘Outer regional’ refers to locations outside of these rural towns where the land is less densely populated.

# ‘Remote and Very remote’ refers to areas that are a significant distance from capital cities and regional centres and have a relatively small population density.

Inner and outer regional and remote and very remote areas are all classified as being ‘outside Australia’s major cities’.

1. Briefly explain maternal mortality as a health status indicator. 1 mark

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1. Using data, draw a conclusion about maternal mortality for those in and outside of Australia’s major

cities. 2 marks

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1. Briefly explain one reason for the conclusion drawn in part b. 2 marks

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**Question 8** (6 marks)

1. Briefly explain the body mass index. 1 mark

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1. What is meant by ‘high body mass index’? 1 mark

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1. Explain how high body mass index contributes to health status and burden of disease in Australia. 4 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 for showing an understanding of each concept (i.e. subjective and dynamic) and another mark for using an appropriate example from the case study to illustrate each for a total of four marks. For example:

Dynamic

* Illness is considered dynamic as it changes over time. For example, Paul experienced depression in the past and then recovered, meaning his level of illness would have improved. He then experienced another episode which would have increased his level of illness.
* Illness is dynamic as it is constantly changing. For example, Paul is experiencing depression at the moment which could increase his level of illness, however, he has strategies to deal with the condition which could decrease his level of illness.

Subjective

* Illness is subjective as it is influenced by a range of factors including age, past experiences and pain threshold. For example, Paul has experienced depression in the past and has strategies to deal with this condition, so he may experience a lower level of illness than someone who is experiencing it for the first time.
* Illness is influenced by a range of factors and therefore means different things to different people. For example, someone like Paul, who has close connections to his family, may experience a lower level of illness compared to someone who is socially isolated.

b. Students receive one mark for linking mental to social health and wellbeing and another mark for linking social to mental health and wellbeing. If the student does not draw on information from the case study, no marks should be awarded. Examples worth two marks include:

* Paul’s mental health has deteriorated due to his depression. This can mean that he has had to stop working which may decrease his opportunities for social interaction which impacts his social health and wellbeing. As Paul is not working at the moment, he may be spending more time with his children which may enhance his relationships with them. This may improve his self-esteem if they are supporting him adequately.
* Paul has good connections with his family which can assist in reducing the impact of his depression by elevating his mood. As Paul is feeling depressed, he may not spend as much time with his friends which can impact these relationships.

c. Students receive one mark for explaining what is meant by emotional health and wellbeing:

* Relates to the ability to recognise, understand and effectively manage emotions and use this knowledge when thinking, feeling and acting.
* Emotional health and wellbeing is about the positive management and expression of emotional actions and reactions as well as the ability to display resilience.

d. Students receive two marks for linking Paul’s current situation to his emotional health and wellbeing. Examples worth two marks include:

* Paul’s condition may mean that he is not able to respond to his emotions as he normally would. This could mean that he over- or under-reacts in various situations, such as the interactions with his family.
* Paul may develop his resilience by accepting the way he is feeling. This can mean that he recovers from his depression faster and can assist him in accurately identifying the emotions he is experiencing.
* As Paul is experiencing depression, he may not be able to focus as clearly on his thoughts and feelings. This may mean that he is not able to accurately identify his emotions.

e. i. Students receive two marks for explaining how returning to optimal health and wellbeing can act as a resource for Paul. Students do not necessarily have to link to a dimension of health and wellbeing, but rather, how it can improve the quality of his life. If students link to health and wellbeing, they must not double dip by using an answer similar to that used previously for this question. Answers worth two marks include:

* If Paul returns to optimal health and wellbeing, he can return to work. This can increase the family income so Paul can provide resources for himself and his family such as food, education and leisure activities.
* Optimal health and wellbeing can mean that Paul can complete activities that give him a sense of purpose in life such as spending time with family and friends. Being able to participate in the life of the community can assist in creating a positive cycle of health and wellbeing.
* Improved health and wellbeing can mean that Paul can focus on further improving his health and wellbeing by exercising and eating well. This can further improve his mood and his physical fitness.

ii. Students receive two marks for explaining how returning to optimal health and wellbeing can act as a resource for the country. Although the question relates to one person, students can discuss the impact of health and wellbeing improving across the population. Students do not necessarily have to link to a dimension of health and wellbeing, but rather, how it can improve the quality of Australian lives. If students link to health and wellbeing, they must not double dip by using an answer similar to that used previously for this question. Answers worth two marks include:

* If Paul returns to optimal health and wellbeing, the government will potentially save money through reduced health care and medication costs. This can mean that more money is available for other needs such as social security and public housing.
* Optimal health and wellbeing can reduce stress and anxiety in the community. This can assist in improving the lives of many by reducing violence and crime, and promoting social participation.
* If people like Paul experience optimal health and wellbeing, productivity will improve. This increases the tax revenue the government collects which can assist in providing services such as public education.
1. a. Students receive one mark for showing an understanding of the prerequisite ‘equity’ and another mark for using an appropriate example. Answers worth two marks include:
* Equity relates to providing more support for disadvantaged people such as the disabled. An example could be providing more social support for those with disabilities.
* Equity means that there are minimum levels of income and resources that all people should have access to. An example would be providing free housing for those who can’t afford adequate shelter.
* Equity means assisting those who need it first, before providing support for those more fortunate. An example is providing more social security for the unemployed.

b. Students receive two marks for adequately linking equity to a dimension of health and wellbeing. If an answer makes a very brief link to a dimension, one mark can be awarded. Note that students can link to any dimension/s of health and wellbeing. Answers worth two marks include:

* Equity can mean that people feel more connected to their world as they feel more valued. This can assist in promoting feelings of belonging which promotes spiritual health and wellbeing.
* Equity can reduce levels of stress as all people have an opportunity to access basic resources such as food and shelter. This can reduce anxiety which promotes mental health and wellbeing.
* If all people can access a minimum standard of living, more people will be able to access basic medical care. This can work to treat common conditions which reduces symptoms of disease (physical health and wellbeing).
* If people experience equity, then disadvantaged groups are less likely to experience discrimination. This can encourage people to participate more in social activities, improving social health and wellbeing.
* Equity can provide all people with a basic standard of living. This can mean that people are more likely to participate in experiences such as work and education. This promotes emotional health and wellbeing by promoting emotions such as pride and happiness.

c. Students receive two marks for linking education to a health status indicator for two marks. For example:

* If people are educated about the importance of cancer screening, they may be more likely to access these services which can decrease mortality rates as more cancers can be treated early.
* Educated people are more likely to understand the benefits of not smoking and eating a healthy diet. This can reduce the incidence of conditions such as cardiovascular disease.
* Education increases income as the population are able to work more productively. This increases taxation revenue which can be used for medical care which can treat many conditions and reduce morbidity rates.

d. Students receive two marks for explaining why food is important for health and wellbeing. Students can link to any aspect of health and wellbeing. Students can discuss either having adequate amounts of food or not having enough food to be eligible for marks. Answers worth two marks include:

* Without adequate food, people may have to spend their day trying to find nourishment. This can mean that there is less time to devote to health promoting activities such as sleeping.
* Adequate food provides people with energy. This means they can access other resources such as employment and education which provides a sense of purpose in life.
* Adequate food reduces levels of stress as people know they can eat when hungry. This assists in reducing levels of stress as people are not concerned about where their next meal is coming from.
* Food is required to sustain bodily functions. Without adequate food, the tissues of the body will eventually stop functioning which can result in death.
1. Students receive one mark for showing an understanding of each concept for a total of two marks. If students discuss infant and under 5 mortality *rates*, one mark can be awarded. An answer worth two marks is:

Infant mortality relates to a death between birth and the first birthday whereas under 5 mortality relates to a death between birth and the fifth birthday.

1. Students receive one mark for correctly explaining what is meant by biological factors and two marks for providing two examples for a total of three marks. For example:

Factors relating to the body that impact health and wellbeing, such as genetics and blood pressure.

1. Students receive two marks for linking alcohol consumption to YLL and two marks for linking it to YLD for a total of four marks. Answers worth two marks include:

YLL

* Alcohol is filtered through the liver. Excessive consumption can cause scarring of the liver tissue and liver disease which can contribute to premature death and YLL.
* Long term alcohol consumption increases the risk of cancer including stomach and colorectal cancer. These conditions can cause premature death and contribute to YLL.
* Alcohol use can contribute to fatal injuries, especially if the person drives a car whilst under the influence, contributing to YLL.

YLD

* Alcohol is a depressant and may increase the risk of depression. Depression is a leading cause of YLD in Australia.
* Alcohol consumption during pregnancy can contribute to foetal alcohol spectrum disorder (FASD). FASD can have lifelong impacts on behaviour and cognition which contributes to YLD.
* Alcohol use can impair motor control. This can contribute to injuries from falls which contribute to YLD.
1. a. Students receive one mark for explaining what DALY relates to. Note that students do not have to memorise any specific definition, but must show an accurate understanding of DALY. For example:

One DALY is equal to one year of life lost due to premature death or one healthy year of life lost due to illness, disease and / or disability.

b. Students receive one mark for their conclusion and another mark for drawing on the information provided. For example:

Indigenous children experience poorer health status than non-Indigenous Australians. For example, Indigenous children are more likely to experience serious injury and die before their fifth birthday.

c. Students receive one mark for each relevant sociocultural factor they identify and another mark for linking it to any of the differences identified in the stimulus material. Note that if students discuss environmental factors, no mark should be awarded. Answers worth two marks include:

* Access to health care - Indigenous Australians are more likely to experience cultural barriers to health care when compared to the rest of the population. This can mean that a baby’s development is not monitored as much as it is for non-Indigenous women, meaning that interventions are not put in place if the baby is small, contributing to lower birth weight babies.
* Early life experiences – Indigenous babies are more likely to be exposed to tobacco smoke in the uterus than non-Indigenous Australians. This increases the risk of low birthweight.
* Health literacy – Indigenous people often have lower levels of health literacy than non-Indigenous Australians. This can contribute to fewer Indigenous children having access to health care when required. This can mean that conditions go untreated for longer, contributing more DALY in the long run.
* Access to health care – Indigenous Australians are less likely to be able to access culturally appropriate health care compared to non-Indigenous Australians. This can contribute to lower levels of preventative health care such as immunisation which can lead to higher rates of disease and DALY.
* Socioeconomic status - Indigenous Australians are more likely to live in lower socioeconomic conditions than non-Indigenous Australians. This could contribute to poorer food security. This can contribute to poorer immune system function and a greater chance of contracting, and dying from, infectious diseases.
* Income – Indigenous Australians have lower average incomes than non-Indigenous Australians. This can mean that housing is less adequate contributing to higher levels of injuries and therefore DALY from causes such as falls and electric shocks.
* Education – Indigenous Australians have lower levels of education than non-Indigenous Australians. This can mean that Indigenous parents are not as aware of health promoting behaviours such as using booster seats for children when driving. This can increase the risk of serious injuries among children.
1. a. Students receive one mark for briefly explaining what maternal mortality relates to. Note that students do not have to provide a specific definition, but they should state that it relates to death that occurs as a result of pregnancy, childbirth or associated treatment. For example:

The death of a women due to pregnancy, child birth or associated treatment.

b. Students receive one mark for their conclusion and another mark for the correct use of data:

Those living outside major cities are more likely to die from maternal causes than those in major cities. For example, around 6 women die in major cities per 100 000 women giving birth compared to around 11 in inner regional and remote and very remote areas and around 8 in outer regional areas.

c. Students receive two marks for explaining one reason that may account for a higher rate of maternal mortality outside major cities compared to main major cities. Answers worth two marks include:

* Those living outside major cities often find it more difficult to access health care compared to those in major cities. This can mean that if issues arise during pregnancy or childbirth, they may go untreated which can increase the risk of the mother dying.
* Those living outside major cities often have lower socioeconomic status compared to those in major cities. This can mean that health literacy rates are lower and mothers may not be as aware of when and how to access health services. As a result, conditions associated with pregnancy (such as pre-eclampsia) may go undiagnosed, contributing to higher maternal mortality rates.
1. a. Students receive one mark for briefly explaining body mass index (BMI). Examples worth one mark include:
* Body mass index is a height to weight ratio that can be used to classify people as underweight, healthy weight, overweight or obese.
* Body mass index is a measure calculated by the formula weight (kg) / height (m) 2.

b. Students receive one mark for stating that a high body mass index is indicated by a score of 30 or more.

c. Students receive two marks for linking high body mass index to health status and another two marks for linking it to burden of disease. Each answer should include a reference to a particular condition to be awarded full marks. Answers worth two marks include:

* High body mass index is a key risk factor in Australia for a range of conditions including some cancers and type 2 diabetes which is a leading cause of mortality in this country. This contributes to a lower life expectancy than would otherwise be possible.
* High body mass index is a risk factor for hypertension. Hypertension increases the risk of heart attack and stroke which can increase mortality rates.
* High body mass index places extra strain on the joints. This can contribute to arthritis which is a leading cause of YLD in Australia.
* High body mass index increases the risk of mental health problems such as anxiety and depression. These conditions contribute significantly to YLD and DALY in Australia.

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 1, Task 1c (Part 1) – Structured Questions – Case Study Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 4 |  |  |
| 1.b. | 2 |  |  |
| 1.c. | 1 |  |  |
| 1.d. | 2 |  |  |
| 1.e.i. | 2 |  |  |
| 1.e.ii. | 2 |  |  |
| 2.a. | 2 |  |  |
| 2.b. | 4 |  |  |
| 2.c. | 2 |  |  |
| 2.d. | 2 |  |  |
| 3. | 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.**

**HEALTH AND HUMAN DEVELOPMENT - 2019**

Unit 3 Outcome 1, Task 1c (Part 2) – Structured Questions – Case Study Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 4. | 3 |  |  |
| 5. | 4 |  |  |
| 6.a. | 1 |  |  |
| 6.b. | 2 |  |  |
| 6.c. | 4 |  |  |
| 7.a. | 1 |  |  |
| 7.b. | 2 |  |  |
| 7.c. | 2 |  |  |
| 8.a. | 1 |  |  |
| 8.b. | 1 |  |  |
| 8.c. | 4 |  |  |
| 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.**