**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 4 Outcome 1, Task 1b – Data Analysis

**Teacher Advice**

This task has been developed within the scope of the Study Design. Please note that VCAA advice states that for 2020, this SAC task must be completed as **one task** and not split into 2 x 25 mark tasks. This task has been written to allow it to be split into 2 x 25 mark tasks as some schools may choose to use it as a practice SAC in 2021, when it can again be split into 2 x 25 mark tasks.

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

***Key knowledge***

* characteristics of high- , middle- and low-income countries
* similarities and differences in health status and burden of disease in low- , middle- and high-income countries, including Australia

Q 1 – 2

* factors that contribute to similarities and differences in health status and burden of disease, including access to safe water; sanitation; poverty; inequality and discrimination (race, religion, sex, sexual orientation and gender identity); and global distribution and marketing of tobacco, alcohol and processed foods
* the concept and dimensions of sustainability (environmental, social, economic) and its role in the promotion of health and wellbeing
* the concept of human development, including advantages and limitations of the Human Development Index
* implications for health and wellbeing of global trends including:

Q 3 – 6

* climate change (rising sea levels, changing weather patterns and more extreme weather events)
* conflict and mass migration
* increased world trade and tourism
* digital technologies that enable increased knowledge sharing.

***Key skills***

* describe characteristics of high-, middle- and low-income countries
* evaluate data to analyse similarities and differences between countries in relation to health status and burden of disease

Q 1 – 2

* analyse factors that contribute to health status and burden of disease in different countries and discuss their impact on health and wellbeing
* compare health data and other information to analyse reasons for health inequalities within and between nations
* explain sustainability (environmental, social, economic) and its importance in the promotion of health and wellbeing in a global context

Q 3 – 6

* explain the Human Development Index and evaluate its usefulness in measuring human development of countries
* analyse the implications for health and wellbeing of particular global trends.

**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**

**For 2020, this task should be completed as one 50 mark task and therefore the cover sheet for Part 2 should be deleted.** In 2021, schools can choose to complete the task as 2 x 25 mark tasks if they wish.

**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 4 Outcome 1, Task 1b (Part 1)

Data Analysis

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



• Students are permitted to bring into the assessment room: pens, pencils, highlighters, erasers, sharpeners and rulers.

• 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** (16 marks)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Country** | **Life expectancy (males)** | **Life expectancy (females)** | **GNI per capita (US$)**  | **Adult mortality – risk of dying between 15 and 60 per 1000 people (male)** | **Adult mortality – risk of dying between 15 and 60 per 1000 people (female)** |
| Australia | 81 | 85 | 53 230  | 77 | 45 |
| Algeria | 70 | 74 | 4 220 | 106 | 84 |
| Latvia | 69 | 79 | 14 570  | 225 | 84 |
| Niger  | 58 | 61 | 390 | 263 | 235 |

Source: World Health Organization and World Bank data, 2020.

1. Briefly explain what is meant by ‘GNI per capita’. 1 mark

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1. Using data, outline the relationship between GNI per capita and female life expectancy. 2 marks

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1. Outline two ways that income and / or poverty may contribute to the relationship outlined in part b. 4 marks

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1. Besides differences in sex discrimination (i.e. gender inequality) and those shown in the table, outline

two characteristics of middle-income countries compared to high-income countries. 2 marks

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1. Identify the country that would most likely be classified as low-income according to the World Bank

and justify your choice. 2 marks

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1. Briefly explain how sex discrimination (i.e. gender inequality) may contribute to the difference in

female mortality rates between Australia and Niger. 2 marks

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1. Outline a similarity in health status between Australia and a country of your choice as shown in the

table. 1 mark

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1. Besides those shown in the table, outline two variations in health status between Australia and

low-income countries. 2 marks

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**Question 2**  (9 marks)

Tobacco and processed foods are both increasingly being marketed in low- and middle-income countries.

1. Discuss why people in low-income countries may be susceptible to the marketing of tobacco. 3 marks

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1. Outline two ways that the marketing of tobacco may contribute to health status in a country. 2 marks

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1. Explain how global marketing of tobacco may influence mental health and wellbeing. 2 marks

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1. Briefly explain how the marketing of processed foods may influence burden of disease in

middle-income countries. 2 marks

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**HEALTH AND HUMAN DEVELOPMENT**

Unit 4 Outcome 1, Task 1b (Part 2)

Data Analysis

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



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**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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**Question 3**  (9 marks)

The following graph shows the number of refugees (in millions) from their region of origin over time.

Source: Adapted from World Bank data, 2019.

1. Using data, compare the number of refugees coming from low-income countries compared to

high-income countries over time. 2 marks

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1. Approximately, how many refugees were their globally in 2018? 1 mark

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1. Briefly explain two ways that becoming a refugee may impact health and wellbeing. 4 mark

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1. Besides impacts related to becoming refugees, briefly outline one way that conflict can affect health

status. 2 marks

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**Question 4** (7 marks)

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| --- | --- | --- | --- | --- | --- |
| **Country** | **Under 5 mortality rate (per 1000 live births)** | **% of deaths caused by non-communicable diseases** | **GNI Per capita (US$)** | **Proportion of females aged 25 and over with at least some secondary education (%)** | **Expected years of schooling** |
| Australia  | 4 | 90 | 53 250 | 90.0 | 22.1 |
| Cambodia  | 28 | 64 | 3 597 | 15.1 | 11.3 |
| Congo | 88 | 28 | 5 804 | 46.7 | 11.6 |
| Jordan  | 16 | 78 | 4 200 | 82.0 | 11.9 |
| Norway  | 3 | 87 | 80 640 | 96.1 | 18.1 |

Source: World Bank and Human Development Report 2019.

1. Identify the country that would have the lowest Human Development Index based on the information

provided and justify your choice. 2 marks

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1. Outline two limitations of the HDI as a measure of human development. 2 marks

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1. Briefly explain how the difference in the proportion of females aged 25 and over with at least some

secondary education could contribute to differences in human development between Australia and

Congo. 3 marks

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**Question 5** (5 marks)

Two dimensions of sustainability are social and economic sustainability.

1. Identify and briefly describe the other dimension of sustainability. 2 marks

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1. Briefly explain why social sustainability is an important consideration is promoting health and

wellbeing globally. 3 marks

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**Question 6** (4 marks)

Levels of tourism have increased globally over time and predictions indicate that it will continue to increase into the future.

1. Briefly explain how increased tourism can promote health and wellbeing in low-income countries. 2 marks

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1. Briefly explain how increased tourism can negatively impact health and wellbeing in low-income

countries. 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 for briefly explaining GNI per capita. Answers worth one mark include:
* GNI per capita relates to the total income of a country divided by the population of that country.
* GNI per capita relates to the average income of a country.

b. Students receive one mark for outlining the relationship between GNI per capita and another mark for the correct use of data. For example:

As GNI per capita increases, so does female life expectancy. For example, Niger has a GNI per capita of $390 and a female life expectancy of 61, Algeria has a GNI per capita of $4 220 and a female life expectancy of 74 and Australia has a GNI per capita of $53 230 and a female life expectancy of 85.

c. Students receive two marks for explaining each way that income and / or poverty may contribute to the relationship between GNI per capita and female life expectancy for a total of four marks. Note that these responses can link to any relevant factor and do not have to be aligned with those identified in the Study Design. Students should make some comparison between high and low incomes or high and low levels of poverty to be eligible for full marks. Answers worth two marks include:

* Poverty often means that people in lower-income countries cannot afford education. This means that they are less likely to understand the risks associated with unsafe sex which increases rates of HIV/AIDS. HIV/AIDS can cause premature death and contribute to lower female life expectancy compared to countries with lower levels of poverty.
* Higher incomes mean that people are more able to afford health care compared to those with lower incomes. This means that many conditions can be effectively treated which can reduce the risk of premature death and contributes to higher female life expectancy.
* Higher levels of poverty can mean that more people experience food insecurity compared to countries with lower levels of poverty. This can mean that immune system function is decreased in lower income countries which can mean that infections are more likely to cause death, contributing to lower female life expectancy.
* Higher incomes mean more people live in high quality housing compared to those with lower incomes. This means that people are less likely to rely on solid fuels in their house which can decrease mortality rates due to respiratory diseases, which contributes to higher female life expectancy.
* Females living in poverty are more likely to be forced into marriage at an early age compared to females in countries with lower levels of poverty. If a female is married at a young age, she is more likely to become pregnant and die as a result of pregnancy and childbirth which contributes to the lower female life expectancy in these countries.
* Higher incomes can mean that people are more able to access safe water and sanitation compared to those with lower incomes. This can reduce the risk of diseases such as cholera and dysentery which reduces the risk of premature death and contributes to a higher female life expectancy.

d. Students receive one mark for each characteristic of middle-income countries compared to high-income countries they outline for a total of two marks. Note that if no comparison is provided, a maximum of one mark can be awarded. Answers worth one mark include:

* Middle-income countries often have lower levels of access to safe water and sanitation compared to high-income countries.
* High-income countries usually have lower levels of gender inequality compared to middle-income countries.
* High-income countries often have better access to social security compared to middle-income countries.
* Middle-income countries often have less developed health systems compared to high-income countries.
* High-income countries often have higher access to technology compared to middle-income countries.
* Middle-income countries usually have higher population growth compared to high-income countries.
* High-income countries often have better housing than those in middle-income countries.
* Middle-income countries often have poorer quality infrastructure compared to high-income countries.
* High-income countries are more likely to participate in global trade compared to middle-income countries.
* High-income countries generally produce more carbon dioxide than middle-income countries.

e. One mark is awarded for identifying ‘Niger’ and another mark for the justification. Note that the justification must relate to GNI per capita to receive a mark. For example:

Niger would be most likely to be classified as low-income as they have the lowest GNI per capita of all countries in the table.

f. Students receive two marks for explaining how sex discrimination / gender inequality can contribute to the difference in female mortality rates between Australia and Niger. Answers worth two marks include:

* Sex discrimination in Niger may mean that some females do not have the opportunity to attend school. This can contribute to poverty which can mean that health care is not accessible. This can mean that conditions go untreated, increasing the risk of premature death compared to Australia, where education levels are higher and poverty levels lower.
* Sex discrimination can mean that women in Niger do not have a say in relation to if and when they have sex with their husband, compared to Australia where levels of sex discrimination are lower. This can mean that they are more exposed to HIV/AIDS which increases mortality rates.
* Sex discrimination can mean that women don’t receive adequate nourishment in Niger, compared to Australia. This can mean that immune system function is compromised, contributing to higher rates of mortality due to infectious diseases, compared to those who are not discriminated against.
* Sex discrimination can mean that women do not have a say in relation to if and when they get married or have children. This can mean that more girls experiencing discrimination get married and become pregnant before their bodies are equipped to deal with it. This increases the rate of maternal mortality in countries like Niger, compared to Australia.

g. Students receive one mark for outlining a similarity between Australia and a country of their choice in relation to health status. Note that GNI per capita is not a health status indicator. Data does not have to be included in the response to be eligible for a mark. Answers worth one mark include:

* Female life expectancy is four years higher than male life expectancy for both Australia and Algeria.
* Female mortality rates are lower than male mortality rates in both Australia and Niger.

h. Students receive one mark for each variation in health status they outline between Australia and low-income countries for a total of two marks. Students should ensure they do not double dip. For example, if they use differences in rates of infectious diseases for their first answer, a mark should not be awarded for a difference in a specific infectious disease (such as measles, HIV etc) for their second answer. Answers worth one mark include:

* Australia has a lower U5MR than low-income countries.
* Australia has lower rates of infectious diseases than low-income countries.
* Low-income countries generally have a lower prevalence of obesity than Australia.
* Australia has lower maternal mortality rates than those in low-income countries.
* Low-income countries have higher rates of injury than in Australia.
1. a. Students receive three marks for discussing why those in low-income countries may be susceptible to the marketing of tobacco. Students can make three brief points or fewer points with more information. An answer worth three marks could be:

Many low-income countries do not have strict measures in place that reduce the ability of tobacco manufacturers to market their products. For example, low-income countries often allow the advertising of tobacco products and do not place high taxes on these products. This means that tobacco companies can use a range of techniques to influence the population such as sponsorship of community events, advertising on television and selling single cigarettes which makes them more affordable for young people. This can make people in low-income countries susceptible to tobacco marketing.

An answer worth two marks could be:

Growing economies mean that there is an increasing proportion of the population in many low-income countries with increasing incomes. This can mean that people in low-income developing countries have more money available for these products.

Answers worth one mark include:

* Lower levels of education in low-income countries can mean that people aren’t as aware of the dangers of tobacco compared to those in high-income countries.
* Lack of strict laws concerning tobacco and alcohol make developing countries more susceptible.
* Taxes may be minimal which makes the products cheaper in developing countries which can enhance their appeal.
* Many tobacco products marketed in low-income countries are perceived to be popular in western cultures which can enhance their sales.

b. Students receive one mark for each link they make between the marketing of tobacco and health status for a total of two marks. Answers worth one mark include:

* Tobacco use can contribute to an increased incidence of lung cancer.
* Tobacco use can contribute to reduced life expectancy due to premature death from tobacco-related diseases.
* Tobacco use can contribute to higher rates of low birthweight babies and under 5 mortality.
* Tobacco use increases the prevalence of cardiovascular disease.
* Tobacco use can increase morbidity rates due to respiratory diseases.

c. Students receive two marks for explaining how the global marketing of tobacco may influence mental health and wellbeing. Students can make two brief links or one links with more detail. Answers worth one mark include:

* If a person develops a smoking-related disease, it can increase feelings of stress and anxiety.
* The person may experience increased stress if they are aware that they are increasing their risk of many diseases.

An answer worth two marks could be:

If a person spends money on tobacco, they may not have enough money left to spend on resources that improve life such as food and adequate shelter. This may cause unnecessary worry which contributes to poorer mental health and wellbeing.

d. Students receive two marks for explaining how the marketing of processed foods can influence burden of disease in middle-income countries. Students can make two brief links or one link with more discussion. Note that students should specify the type of processed foods they are referring to when making links to diseases (e.g. energy dense, high in sugar, high in salt or a particular brand of food such as McDonalds or Coca-Cola). Answers worth two marks include:

* Processed foods such as KFC, are often energy dense. If people in middle-income countries turn to these foods instead of healthier, traditional diets, they may gain weight. If obesity levels increase, more people will experience cardiovascular disease which may increase rates of premature death and YLL.
* Processed foods are often more expensive than traditional foods. If people in middle-income countries consume processed foods, they may have less money available for resources such as health care. This can mean that conditions go untreated and lead to premature death which can increase DALY.
1. a. Students receive two marks for comparing the number of refugees coming from low-income countries compared to high-income countries over time. Data must be used correctly to be eligible for two marks. For example:

The number of refugees coming from low-income countries was around 11 million in 1990 and this number gradually decreased until reaching around 4 million in 2006. The number has then gradually increased until reaching around 15 million in 2018. The number of refugees coming from high-income countries has been fairly stable, close to 0.

b. One mark is awarded for identifying around 26 million (can accept either 25 or 26 million).

c. Students receive two marks for each link they make between becoming a refugee and a dimension of health and wellbeing for a total of four marks. If the link is not adequately explained, one mark can be awarded. Answers worth two marks include:

* Those fleeing their home country may be doing so due to persecution. By moving to another country, they may experience lower levels of stress and anxiety which promotes mental health and wellbeing.
* Refugees often end up living in refugee camps which may lack the infrastructure required to provide essential resources such as safe water. This can increase the risk of infections and impact physical health and wellbeing.
* If people are forced to flee their homes, they may end up in refugee camps for a period of time. They may feel that they are not working towards their purpose in life during this time which can affect spiritual health and wellbeing.
* Migrants may experience language barriers in their new country. This can contribute to high levels of stress which impacts mental health and wellbeing.
* Those fleeing their homes may be forced to walk long distances to seek refuge. They may have to carry young children which can contribute to musculoskeletal issues which impacts physical health and wellbeing.
* Children who flee with their parents may lose touch with their friends. This can mean that relationships suffer, impacting social health and wellbeing.
* Refugees may experience a range of emotions such as frustration and anger. They may learn to appropriately process these emotions which may enhance emotional health and wellbeing.

d. Students receive two marks for explaining how another impact of conflict may impact health status. If students simply identify an aspect of health status (e.g. mortality rates may go up), then one mark can be awarded. Answers worth two marks include:

* The fighting may mean that people are killed or injured by explosions or being shot. This can increase the prevalence of injuries and increase mortality rates.
* Infrastructure such as electricity grids may be destroyed. This can mean that people can’t heat or cool their houses which can increase the risk of dying prematurely from exposure, especially for those who are elderly, therefore increasing mortality rates.
* People may be forced into poverty as they may be unable to work. This can contribute to food insecurity which can increase the incidence of infectious diseases as they are less able to fight them off.
* Rape is often used as a tool of war. This can have significant psychological impacts on the victims which can contribute to a higher prevalence of mental health issues.
1. a. Students receive one mark for identifying ‘Cambodia’ and another mark for the justification. For example:

Cambodia has the lowest GNI per capita and expected years of schooling so would have the lowest HDI based on the information provided.

b. Students receive one mark for each limitation of the HDI they outline for a total of two marks. Answers worth one mark include:

* The HDI only reflects selected aspects of human development and therefore does not capture the richness and depth of human development.
* The HDI, although moving beyond economic indicators, is still based on averages and, therefore, does not provide an indication of the inequalities that exist within countries.
* No survey data are collected in the HDI, so people’s feelings about their lives and issues facing communities are not reflected
* Collecting data is complex and the reliability of data for measuring human development remains a challenge.
* In some situations, the concept of human development has been equated with the three dimensions of the HDI, which neglects key aspects of human development including freedom, choices and capabilities.

c. Students receive three marks for including three pieces of information relating to how the difference in the proportion of females aged 25 and over with at least some secondary education could contribute to a difference in human development between Australia and Congo. Note that at least two differences in the level of human development experienced must be included to be eligible for three marks. Answers worth three marks include:

* Less secondary education in Congo may mean that women have fewer choices in relation to their employment than those in Australia. This can also contribute to lower incomes for females in Congo compared to Australia. This can mean that women in Congo are less able to afford the resources required for a decent standard of living such as adequate housing and basic health care.
* More secondary education for females in Australia can mean that they are more empowered than women in Congo. This can mean that those in Australia are more likely to be able to participate in decisions affecting their lives such as if and when they get married. It can also mean that females in Australia are more likely to be able to participate in the life of the community by receiving paid employment or entering into politics.
1. a. Students receive one mark for identifying ‘environmental sustainability and another mark for briefly explaining it for a total of two marks. For example:

Environmental sustainability relates to ensuring the natural environment is used in a way that will preserve resources into the future so future generations can also use them to meet their needs.

b. Students receive three marks for including three pieces of information that explain why social sustainability is an important consideration in promoting health and wellbeing globally. Students can discuss this in relation to the absence or presence of social sustainability and must include at least one link to a dimension of health and wellbeing in a global context to be eligible for three marks. Answers worth three marks include:

* Social sustainability is important for the promotion of health and wellbeing globally as it means that all children, regardless of where they live, will have access to quality education. With education, comes greater employment prospects. This means that when they are adults, they are more likely to secure meaningful employment which can assist people all over the world in working towards their purpose in life and promoting spiritual health and wellbeing globally.
* Currently, many people do not have their human rights upheld, especially females and those from minority groups. This contributes to significant inequalities between people around the world. If all people have their rights upheld, then fewer people would be the victim of discrimination such as forced labour, which can assist in reducing levels of stress and promoting mental health and wellbeing globally.
* Social sustainability means that all people in need can access social security. This means that those who are unable to work can still access the resources they need to lead a decent life such as housing and health care. This means that all people can receive treatment for health conditions when they arise which can reduce symptoms and promote physical health and wellbeing globally.
1. a. Students receive two marks for linking an aspect of tourism to a positive impact on health and wellbeing. Answers worth two marks include:
* Increased tourism can boost the economy of a country. This can mean that more money is available for services such as health care which contributes to people having symptoms of disease treated, promoting physical health and wellbeing.
* Tourism can promote understanding between people from different countries and cultures. This can promote feelings of connectedness to the world which can promote spiritual health and wellbeing.
* Tourism can contribute to more jobs. This can provide a sense of meaning and purpose in life, promoting spiritual health and wellbeing.
* People working in tourism may experience a sense of pride in their local region. This can promote feelings of self-esteem which promotes mental health and wellbeing.

b. Students receive two marks for outlining a negative impact on health and wellbeing as a result of tourism. Answers worth two marks include:

* Increased tourism can place added strain on infrastructure such as sanitation systems, which can reduce the ability to access clean water. This can increase the risk of infectious diseases impacting physical health and wellbeing.
* More people travelling overseas can increase the risk of infectious diseases crossing international borders. This can increase levels of stress if people are more concerned about disease outbreak.

**HEALTH AND HUMAN DEVELOPMENT - 2020**

Unit 4 Outcome 1, Task 1b (Part 1) – Data Analysis

**Marking sheet**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Marks available** | **Marks awarded** | **Comments** |
| 1.a. | 1 |  |  |
| 1.b. | 2 |  |  |
| 1.c. | 4 |  |  |
| 1.d. | 2 |  |  |
| 1.e. | 2 |  |  |
| 1.f. | 2 |  |  |
| 1.g. | 1 |  |  |
| 1.h. | 2 |  |  |
| 2.a. | 3 |  |  |
| 2.b. | 2 |  |  |
| 2.c. | 2 |  |  |
| 2.d. | 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 4 Outcome 1, Task 1b (Part 2) – Data Analysis

**Marking sheet**

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

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