Mentone Girls’ Grammar School



**VCE Unit 3/4**

**SAC COVER SHEET**

Student Name: Panayiota Matheou Tutor Group: 11B

Subject: HHD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject Teachers: S Fordyce-Voorham/S Cairns

SAC Title: Unit 4 OC 1 (50 marks)

Date of completion: August 25 Allowed Materials: Black or Blue Pen only

Conditions:- This Sac is completed in one by 75 minute lesson under examination conditions. Five minute reading will be included to replicate the final examination.

|  |  |
| --- | --- |
| Student Declaration    *The attached work is entirely my own, except where duly credited. Any assistance I received prior to its completion by any party was in strict accordance with the rules and guidelines as stipulated by the College and the VCAA. I understand that the submission of part, or all, of someone else’s work without due credit constitutes plagiarism, as does the use of other students’ notes/work and I accept the consequences which follow.*  ***Please be aware: At Unit 3 / 4 marks are subject to external moderation by the VCAA***     |  | | --- | |  |   Student’s Signature: Date: |



**HEALTH AND HUMAN DEVELOPMENT**

Unit 4 Outcome 1

Name Panayiota Matheou



• 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.

**Question 1** (10 marks)

The Gender Inequality Index (GII) reflects gen­der-based disadvantage. It shows the loss in potential human development due to inequality between female and male achievements. It rang­es from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions.

Adapted from: [http://hdr.undp.org/en/indicators/68606#a](http://hdr.undp.org/en/indicators/68606#a )

1. Using data, outline the relationship between GII and time. 2 marks

the number of the gender inequality index (GII) has decreased over time, in malawi from around 0.7 in 1995 to around 0.58 in 2019. it was highlighted in australia that in 1995 the GII had decreased from 0.17 to around 0.1 in 2019, whereas in armenia there was a severe decrease from 0.48 in 1995 to around 0.24 in 2019.

1. Explain two ways that gender inequality may contribute to variations in health status between Malaw and Australia. 4 marks

* sex: equal opportunities for both women and women regarding education and an equal pay for work are evident in high-income countries such as australia, where individual’s generally experience high levels of gender equality. increased levels of gender equality accounts for improved health status for women and children, creating lower levels of poverty.
* race: in low-income countries such as malaw, people with a different race may be discriminated against. This may be due to a lack of education possibly eliciting a fear of people who look different, leading to unjust treatment.

The World Bank income classification system places Malawi in the low-income group and Australia in the high-income group.

1. On what basis are these classifications made? 1 mark

The world bank has classified counties according to their gross national income (gni) per capita,

1. Besides differences in gender equality and health outcomes, outline three characteristics of low-income countries compared to high-income countries. 3 marks

* political systems determine the action made by the government when supporting their country, in low-income countries it is more likely that there is a lack of political stability and prone to wars, whereas in high-income countries there are stable political systems.
* having a lack of access to safe water and sanitation, may not be available in low-income countries due to high levels of poverty, however, safe water and sanitation is abundantly available to those in high-income countries.
* low-income countries have a lack of access to health care, no health system, and low rates of immunisation, whereas high-income country’s health care is accessible, affordable, and equitable, with existing health systems and higher rates of immunisation.

**Question 2**  (9 marks)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Life expectancy at birth - Males** | **Life expectancy at birth - Females** | **Infant mortality rate (per 1000 live births)** | **Literacy rate (%)** | **Access to safe water (%)** |
| **Bangladesh** | 70.9 | 74.6 | 25.1 | 73.9 | 97 |
| **Tanzania** | 63.6 | 67.2 | 37.6 | 77.9 | 57 |
| **Australia** | 81.5 | 85.4 | 3.1 | 100\* | 100 |
| **Haiti** | 61.8 | 66.2 | 49.5 | 61.7 | 69 |

\* assumed rate

Source: <http://hdr.undp.org/en/countries/profiles/>

1. Using data, draw a conclusion about health status between Australia and the other countries shown. 2 marks

in australia there is a higher life expectancy at birth for both males (81.5 years) and females (85.4 years) compared to bangladesh (70.9 years for males and 74.6 years for females). the access to safe water in haiti was at 69% a decreased rate compared to australia with a rate of 100%. the infant mortality rate in tanzanier is greater than bangladesh and australia with a rate of 37.6 (per 1000 live births).

1. Using data, briefly explain how differences in access to safe water may contribute to the difference in infant mortality rates between Australia and Tanzania. 3 marks

communities in low-income countries such as tanzania are more likely to have a lack of access to safe water with an access of 57%, this contributes to an increased burden of disease and for the community. the lack of access to clean water in proximity may mean that women and children have to carry heavy loads for long distances, increasing musculoskeletal conditions and increasing YLD’s. if contaminated water is consumed, this then increases the risk of water-borne diseases such as cholera, leading to increased YLL’s and an increased infant mortality rate. australia has a well-established and reliable water supply, although interruptions to this supply are sometimes experienced in some remote indigenous communities, resulting from natural disasters and floods.

1. Besides safe water, identify two factors and explain how each may contribute to the difference in infant mortality between Australia and Tanzania. 4 marks

* poverty: low-income countries such as tanzania generally have more rates of people living in poverty than high-income countries such as australia, contributing to the differences in health status and burden of disease. the lack of food increases malnutrition, leading to death from hunger and increased infant mortality rates.
* sanitation: people in low-income countries have more unsanitary conditions than those in high-income countries. having poor sanitation in a community can weaken the immune system, making individuals more prone to contacting communicable diseases such as typhoid fever, increasing the incidence of similar diseases which may contribute to a higher infant mortality rate.

**Question 3** (6 marks)

At least 33,000 children in parts of Tigray, Ethiopia, are severely malnourished and face imminent death as conflict increases famine threat.

These children are among more than 2.2 million in northern Ethiopia who are acutely food insecure, including at least 140,000 in Tigray who are already facing famine-like conditions. In the last month alone, we have seen a four-fold increase in weekly admissions of children for treatment of severe acute malnutrition. UNICEF projects that 56,000 children under five in Tigray will need treatment this year for severe acute malnutrition – almost six times higher than the average annual caseload for the region.

Source: <https://www.unicef.org/press-releases/least-33000-children-parts-tigray-ethiopia-imminent-risk-death-conflict-increases>

1. Explain how malnutrition in Tigray could impact the level of human development experienced. 2 marks

the lack of food increases malnutrition, leading to death from hunger and increased infant mortality rates. children lacking the consumption of food, reduces the functioning of the immune system and therefore unable to defend their body in contradiction of diseases.

1. Besides contributing to malnutrition, explain two ways that conflict in Tigray may influence health

and wellbeing. 4 marks

* people in tigray may be living in the constant fear and a state of anxiety, decreasing resilience levels. individuals may struggle to manage emotions effectively when in helpless situations such as conflict or war, impacting emotional health and wellbeing.
* individual’s lost sense of belonging may have been from the force to flee their homes and family behind. people who have fled tigray by becoming refugees may struggle to see a purpose and meaning in their life when travelling to or in another country, impacting spiritual health and wellbeing.

**Question 4**  (5 marks)

Identify the dimension of sustainability that each of the following represents

1. Ensuring adequate levels of education for current and future generations. 1 mark

social sustainability

1. Promoting job creation. 1 mark

economic sustainability

1. Achieving gender equality and ensuring this continues into the future. 1 mark

social sustainability

1. Using natural resources in a way that ensures they are available for use in the future. 1 mark

environmental sustainability

1. Ensuring average incomes continue to rise in line with inflation. 1 mark

economic sustainability

**Question 5** (6 marks)

Consider this information from the World Bank (2021) and then answer the question that follows.

The past year has been one of the toughest in recent history, due to the harsh health, economic, and social impacts of the COVID-19 crisis.  The impacts have been felt everywhere, with no country spared. Yet, they have not been felt the same way by everyone.

One of the most unfortunate and potentially most damaging effects of this crisis will only be visible in the longer run: The impacts of the widespread and unprecedented disruption in learning. As schools around the world closed to contain the spread of the virus, a whopping 1.6 billion children saw their education disrupted. The disruptions have been most severe in countries with the lowest Human Capital Index\* to begin with, widening the gap with richer countries.

\* Human Capital Index — a measure of the knowledge, skills, and health that people accumulate over their lives. Human capital is a central driver of sustainable growth and poverty reduction.

Using the information provided and your knowledge of characteristics of various income groups, explain why the impacts of COVID-19 ‘have not been felt the same way by everyone’.

6 marks

the impacts on children from COVID-19 can affect students in high-school as learning content may be difficult at home compared to at school where it may be easier. students are online maybe enjoying learning content and having time to them self, whereas at school that may not happen as coming home to do homework may take up all the time for a high school student completing VCE. 1 .6 billion children having their education interrupted not only impacts of social health and wellbeing by not being able to see their friends, however it also creates a lack of motivation when attending classes. In high-income countries such as Australia and the USA, online classes held on zoom or a way that teachers can teach when not at school by delivering content to students. Students in low- and middle- income countries may not have access to computers and therefore not attending any classes at all as contracting the risk of COVID-19 is greater if going to school in person compared to learning online, where the resources may not be accessed easily. Having an unprecedented disruption in learning is common in high-income countries as being online or going to school has been a repeated measure for a country made by a government, however those in low-income countries are not able to learn at all, decreasing the risk of having future opportunities in careers.

**Question 6**  (4 marks)

The marketing of tobacco in low- and middle-income countries has increased over time.

1. Briefly explain how the marketing of tobacco contributes to burden of disease in low- and

middle-income countries. 2 marks

people in low- and middle- income countries are more likely to smoke more cigarettes as they are often sold individually and therefore more accessible, potentially leading to atherosclerosis and an increase in DALY’s. those that are less educated are more likely to start smoking from a young age, which reduces the life expectancy in low- and/or middle- income countries. there are also likely to be more people who will be breathing in second-hand tobacco smoke, meaning people are likely to suffer from respiratory diseases such as asthma, which decreases the health adjusted life expectancy for these countries.

1. Outline two reasons why the marketing and distribution of tobacco is generally more successful in

low-income countries than high-income countries. 2 marks

low-income countries have been specifically targeted by manufactures of tobacco, therefore contributing to an increase in non-communicable diseases in these countries. as smoking rates have decreased in many high-income countries, the global distribution and marketing has increased in low-income countries in attempt to make up lost revenue experienced in high-income countries and to increase global sales. these countries often do not have strict laws or regulations such as no labelling laws, no regulations, and no taxes on imported goods, which makes it easier for manufacturers in high-income countries to sell their brand of tobacco and tend to make a lot of sales in low-income countries.

**Question 7**  (10 marks)

The Human Development Index (HDI) was created by the United Nations.

1. Complete the following table relating to the HDI. 6 marks

|  |  |  |
| --- | --- | --- |
| **Dimension** | **Indicator** | **Explanation** |
| long and healthy life | Life expectancy at birth |  |
| Knowledge | expected years of schooling | The number of years a person entering the education system can expect to receive. |
| mean years of schooling | the average number of years of education achieved by those ages twenty-five years and over. |
| a decent standard of living | gross national income per capita |  |

1. Evaluate the usefulness of the HDI in measuring human development. 4 marks

the human development index is not only a measure of the level of human development in a country, however, it also considers various advantages and limitations for a population. it acknowledges and address the broader socioeconomic factors impacting human development, although it is not one dimensional, it combines dimensions of health, education and living standards.