

2024 ASSESSMENT REPORT

HLT315118 HEALTH STUDIES

General Comments

The 2024 Health Studies exam was well-received, with many students achieving good results across all three sections. High-achieving students showcased excellent knowledge and the ability to apply their understanding to a variety of question types, effectively utilising relevant examples and data to support their extended answer responses. However, weaker students often provided generalised answers that were repetitive and contained inaccuracies. Teachers are encouraged to introduce students to a balanced mix of question types that challenge high performers while providing clearer scaffolding to assist weaker students in structuring accurate and detailed responses. Strengthening opportunities for data interpretation and emphasising real-world application of theoretical knowledge will further support diverse learner needs and maintain high standards of assessment.

Many students performed well in Criterion 8, demonstrating the importance of accurately reading both the questions and the data provided. Success in this criterion relies heavily on students identifying that the answers are in the data itself. Lower-performing students often misread graphs, misinterpreted questions, or failed to provide data when explicitly required. Weaker responses tended to be long-winded rather than concise, with key instructions such as “provide the percentage difference” frequently overlooked and the term “trend” often misunderstood. To improve, students should focus on precise, data-supported answers and ensure they carefully address all aspects of the question.

In regard to Criterion 4, it is important for students to remember that Section A focuses on *Introduction to Health/Personal Health*, with an emphasis on the individual and issues affecting personal health. Stronger students demonstrated a solid understanding of health issues relevant to young people, such as anxiety and depression, accidents and injuries and drug and alcohol use, which are leading causes of morbidity and mortality in this demographic. Topics like lung cancer or heart disease, while significant, are more appropriate for Section B, *Introduction to Health/Australian Health*. Similarly, risk-taking should be understood as a cause of health issues rather than a health issue itself. Additionally, Section C *Introduction to Health/Global Health*, is generally focused on least-developed countries unless otherwise specified and responses should align with this context.

Section A

Question 1

Criterion 8

Students who achieved an A rating for Criterion 8 in Section A excelled in presenting data clearly and concisely, prioritising clarity over extensive explanations about its implications. These students demonstrated a strong understanding of the three distinct data sets provided in the graph, accurately identifying the "ever smoking and vaping" trend. Furthermore, they showcased their comprehension of Question d) by correctly calculating and providing the percentage

difference, rather than merely reporting the raw data. Students should carefully review the points allocated for each question. As a general guideline, for a question worth 3 points, students should provide 3 distinct pieces of data to achieve full marks. Many students dropped to a B rating due to providing insufficient data. C standard responses often resulted from students misreading or misinterpreting the question.

- a) Some students did not re-write the heading for Figure 1 as required and many omitted the date.
- b) A number of students failed to use the 2017 data as instructed. However, some correctly identified the difference between the 2014 and 2022–23 data, successfully providing three pieces of information to achieve full marks.
- c) A significant number of students scored zero by incorrectly using the orange "ever smoking and vaping" data instead of the correct dataset.
- d) While most students performed well overall, some omitted the required percentage change in their responses.

Solutions

- a) **What does the graph represent? -/1**
Ever smoking and ever vaping over time among Australian secondary school students, 1996-2022/2023.
- b) **Use data to describe vaping between 2014 and 2022/23. -/3**
Between 2014 and 2022/23, vaping increased from 13.2% in 2014 to 13.5% in 2017 and 29.9% in 2022/23.
- c) **Discuss the trend for ever smoking and ever vaping from 1996 – 2022/2023. Include data to support your answer. -/3**
From 1996 to 2022/23, the proportion of individuals who had ever smoked decreased from 58.1% in 1996 to 13.5% in 2022/23. In contrast, the proportion who had ever vaped rose from 13.2% in 2014 to 29.9% in 2022/23.
- d) **What is the percentage change in the rates of ever smoking from 1996 to 2022/23 and the percentage change in the rates of ever vaping, as well as ever smoking and vaping, from 2014 to 2022/23? Indicate whether each change is an increase or decrease. -/3**
The rate of ever smoking decreased from 58.1% in 1996 to 13.5% in 2022/23, a decrease of 44.6 percentage points. The rate of ever vaping increased from 13.2% in 2014 to 29.9% in 2022/23, an increase of 16.7 percentage points. The rate of ever smoking and vaping increased from 8.4% in 2014 to 12.3% in 2022/23, an increase of 3.9 percentage points.

Question 2

Criterion 1

- a) Students frequently wrote excessive responses, including unnecessary definitions of dimensions, Social Justice Principles (SJPs) and even rephrasing the question. Many students acknowledged the interaction between dimensions of health but did not provide specific examples (e.g., "exercise releases endorphins"). Stronger responses linked dimensions explicitly, demonstrating understanding (e.g., "A fitness regime can improve physical fitness, which boosts confidence, enabling better communication with friends and acquaintances").

Example: Physical, mental and social aspects of health are interconnected, with changes in one dimension influencing the others. A person with cancer experiences physical symptoms like fatigue, pain and side effects from treatment, which can lead to mental health challenges like anxiety, depression, or low self-esteem. Poor mental health may result in withdrawal from social interactions, reducing the support that is crucial for coping with illness. Equally, engaging in social support, like cancer support groups, can improve emotional well-being, reduce feelings of isolation and provide strategies to manage physical symptoms.

- b) Numerous responses focused on global political environments rather than relevant Australian examples (e.g., laws or health funding). In some instances students used Donald Trump's upcoming presidency as an example of poor political environment. It is worth noting that emotive and personal opinions are not relevant or accurate. High-quality answers referenced Australian laws (e.g., driving regulations) or health initiatives (e.g., PBS-listed medications) and explained their impact on health (e.g., "Accessing PBS-listed medication reduces the impact of chronic conditions, improving quality of life").

Example: The political environment can significantly impact an individual's health. For instance, the availability and accessibility of healthcare services are influenced by government policies. In a system with strong healthcare policies, individuals may have better access to preventive measures and timely treatments, contributing to improved overall health outcomes.

- c) Many students struggled to list all SJPs. Definitions were often vague and examples lacked specificity, with general events like "NAIDOC Week" being cited instead of clear, detailed examples.

Equity example: In education, equity might mean providing additional resources or support to students with disabilities to ensure they have the same opportunities for learning and success as their peers.

Supportive environment example: A workplace committed to supportive environments for employees with disabilities may offer accessible facilities, flexible work arrangements and reasonable accommodations to ensure that everyone can contribute effectively.

Diversity example: Diversity in Australia is implemented through policies, programs and initiatives that promote inclusion and respect for cultural, social and individual differences. The country embraces multiculturalism through anti-discrimination laws, support for minority groups and cultural awareness campaigns. Programs like Reconciliation Action Plans foster inclusion of Aboriginal and Torres Strait Islander peoples. Educational institutions and workplaces often implement diversity training and inclusive practices to ensure equitable opportunities for all.

Question 3

Criterion 4

Students who approached this question through a risk-taking lens or chronic condition perspective often struggled to address the question fully. Stronger responses focused on mental health disorders and their potential to lead to outcomes like suicide or self-harm.

Presenting data specifically about young people was challenging for many students. Additionally, some listed multiple strategies rather than explaining one in sufficient detail. Again, it is important to read the question and follow the instructions. Providing more than what is asked for does not mean a higher mark.

Question 4

Criterion 1

This was the most popular of the two questions.

Many students did not define risk-taking accurately, confusing negative risks with negative outcomes.

Risk-taking refers to engaging in behaviours or activities that involve uncertainty and the potential for both loss and gain. It is a natural part of development, where young people explore new experiences, test boundaries and make decisions that may result in positive outcomes, such as personal growth or skill acquisition, or negative consequences, such as harm or setbacks. These behaviours are influenced by developmental stages, social contexts and environmental factors.

Responses often described risk factors (e.g., low self-esteem, early exposure) instead of factors increasing the likelihood of negative outcomes (e.g., drug/alcohol use, spontaneous decision-making).

Several factors can increase the likelihood of a negative outcome from risk-taking in young people, including:

- 1) **Lack of Experience:** Limited ability to assess risks accurately or anticipate potential consequences.
- 2) **Impulsivity:** Acting without fully thinking through the consequences, often driven by emotions or peer pressure.
- 3) **Peer Influence:** Increased likelihood of risky behaviours when encouraged or normalised by friends or social groups.
- 4) **Substance Use:** Alcohol or drug use impairs judgment and decision-making, increasing the risk of negative outcomes.
- 5) **Limited Parental or Adult Guidance:** A lack of supportive or supervising relationships may lead to poorly informed decisions.
- 6) **Mental Health Issues:** Conditions like anxiety, depression, or low self-esteem can lead to risk-taking as a coping mechanism.
- 7) **Environmental Factors:** Access to risky situations or activities, such as unsafe neighbourhoods or lack of recreational options, can heighten exposure to potential harm.
- 8) **Unrealistic Optimism:** Overconfidence in one's ability to avoid negative consequences or underestimating the severity of risks.
- 9) **Social and Cultural Norms:** Expectations or pressures within a community that encourage risk-taking without emphasising safety or balance.
- 10) **Poor Communication Skills:** Difficulty in expressing concerns or negotiating boundaries, leading to riskier situations.

While students seemed knowledgeable about their chosen topics, their understanding of general risk-taking theory was limited. Key concepts—such as defining risk, distinguishing positive and negative risks and explaining why young people take risks—were weak.

A **positive risk** is an action or behaviour that involves uncertainty but has the potential to lead to beneficial outcomes, such as personal growth, learning, or achieving goals. Examples of positive risks include trying out for a sports team, taking on a leadership role, or speaking up in a group discussion. These risks, while potentially challenging, often build confidence, skills and resilience. In contrast, a **negative risk** refers to behaviours that carry a high likelihood of harmful or adverse outcomes, such as physical danger, emotional harm, or long-term negative consequences. Examples include driving under the influence, engaging in unsafe relationships, or skipping important responsibilities. The difference between the two lies in the nature of the outcomes: positive risks foster growth and development, while negative risks are more likely to result in harm or setbacks.

Stronger responses incorporated data, described the specific risk in detail and referenced health promotion programs or laws.

In Australia, young drivers aged 17 to 25 are disproportionately involved in road fatalities, accounting for approximately 25% of all road deaths despite representing only 10–15% of the licensed driver population. ([Key Statistics - Young Driver Factbase](#)).

This over-representation is linked to various risk-taking behaviours, including speeding, driving while fatigued and driving under the influence of alcohol or drugs. For instance, nearly 80% of provisional (P-plate) drivers and 55% of learner drivers aged 16–17 reported engaging in some form of risky driving in at least one of their ten most recent trips ([Australian Institute of Family Studies](#)).

Additionally, the presence of peer passengers can exacerbate these behaviours, as young drivers are five times more likely to be involved in a crash when carrying young adult passengers, due to factors like distraction and peer pressure ([RoadSense](#)).

These statistics underscore the critical need for targeted interventions and education to promote safer driving habits among young Australians.

Question 5

This question was attempted by few students.

Stronger responses began with a definition of health and systematically unpacked each health dimension, highlighting their impact on overall wellbeing. Weaker responses were brief, lacking key terminology to describe dimensions fully. Some focused on factors that lead to good health (e.g., "eating a balanced diet or physical activity leads to good physical health") rather than defining what good health entails.

Describe how the physical, social, mental/emotional and spiritual health components of health contribute to an individual's overall health.

1) Physical Health

- **Definition:** Refers to the functioning of the body and its systems, including physical fitness, nutrition and absence of illness.
- **Contribution:** A healthy body supports energy levels, daily functioning and resilience to physical challenges.

2) Social Health

- **Definition:** Refers to the ability to form and maintain positive relationships and effectively interact with others.
- **Contribution:** Social connections foster support networks, reduce stress and promote a sense of belonging, enhancing overall well-being.

3) Mental Health

- **Definition:** Refers to the state of cognitive and psychological well-being. It involves how we process information, think and make decisions.
- **Contribution:** Good mental health enhances cognitive functioning, stress resilience and decision-making, supporting overall well-being and reducing risks of mental illness.

4) Emotional Health

- **Definition:** Refers to the ability to recognise, understand and manage one's emotions and respond appropriately to the emotions of others.
- **Contribution:** Strong emotional health fosters effective emotion management, positive relationships and stress reduction, promoting stability and personal fulfillment.

5) Spiritual Health

- **Definition:** Encompasses a sense of purpose, connection to beliefs or values and understanding of life's meaning.
- **Contribution:** Spiritual health provides inner peace, guides behaviour and fosters hope and motivation, which contribute to overall harmony.

Explain how physical, socio-cultural and political environments can influence an individual's health.

Descriptions of environmental factors and their impact on health were often incomplete, with few providing clear examples. While some international issues were relevant, stronger answers prioritised Australian contexts.

Physical Environment

- **Definition:** Refers to the natural and built surroundings in which an individual lives. Access to clean air, water and safe housing impacts physical health (e.g., reducing risk of disease). Availability of recreational spaces supports physical activity and mental well-being. Hazardous environments (pollution, unsafe work conditions) pose risks to health.
- **Example:** Living in a highly polluted urban area may lead to respiratory illnesses.

Socio-Cultural Environment

- **Definition:** Cultural practices can influence health behaviours, such as dietary choices or approaches to healthcare. Social support networks promote mental and emotional health. Discrimination or exclusion can lead to poorer health outcomes.
- **Example:** A supportive family structure may encourage healthy lifestyle choices, while social isolation could increase stress levels.

Political Environment

- **Definition:** Refers to government policies, laws and access to healthcare systems.

Policies on healthcare access, public health campaigns and education influence health outcomes. Political stability fosters better health systems, while instability may disrupt healthcare delivery. Inequality in resource distribution can lead to disparities in health.

- **Example:** Universal healthcare policies can improve access to necessary medical services, reducing preventable diseases.

Stronger answers:

- highlighted how the physical, socio-cultural and political environments collectively shape an individual's health
- referred to the interconnected nature of these factors and the importance of addressing them for better health outcomes.

Provide one (1) example for each environment to highlight a negative influence.

Physical Environment

- **Negative Influence Example 1:** High levels of air pollution in urban areas, such as those caused by bushfire smoke or industrial activity, can increase the risk of respiratory illnesses like asthma and bronchitis.
- **Negative Influence Example 2:** Limited access to green spaces in urban settings reduces opportunities for physical activity, negatively impacting physical and mental health.

Socio-Cultural Environment

- **Negative Influence Example 1:** Social exclusion or discrimination experienced by Aboriginal and Torres Strait Islander peoples can lead to higher rates of mental health issues such as depression and anxiety.
- **Negative Influence Example 2:** Cultural stigma around mental health in some communities may prevent individuals from seeking professional help, exacerbating untreated mental health conditions.

Political Environment

- **Negative Influence Example 1:** Gaps in Medicare coverage for certain treatments can limit access to essential health services, particularly for people with chronic conditions.
- **Negative Influence Example 2:** Inadequate funding for rural healthcare services leads to disparities in access to medical care for Australians living in remote areas, contributing to poorer health outcomes.

Section B

General Feedback

Many students struggled with accurately understanding and using key terms, such as "burden of disease", which impacted the accuracy of their responses. The frequent omission of recent Australian statistics weakened arguments and misunderstandings about concepts like telehealth and mobile cancer screening clinics, which were incorrectly classified as "alternative health", further highlighted gaps in knowledge. Additionally, the term "socio-economic" was often misused in place of the correct term "socio-cultural environment". To achieve top marks, clarity and accuracy in terminology are crucial. Stronger responses consistently incorporated precise terms,

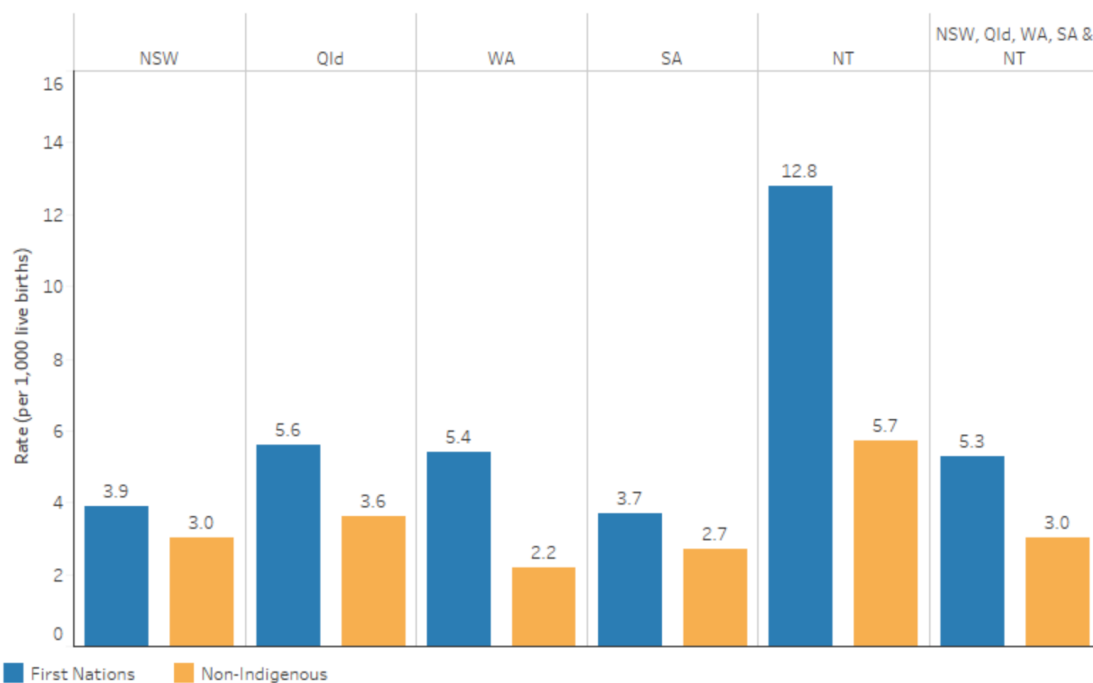
clear definitions and recent Australian statistics, which strengthened relevance and credibility. They also included appropriate, specific examples and detailed, contemporary strategies supported by relevant data, demonstrating a thorough understanding of the topic. In contrast, weaker responses lacked detail, misinterpreted questions, or failed to link strategies and examples to specific outcomes. To enhance performance, students should focus on providing evidence-based responses, aligning with question requirements and maintaining clarity in their answers. This approach will improve the depth and overall quality of future responses.

Question 6

Criterion 8

Most students demonstrated a solid understanding of the graph and correctly identified the term trend, but many either forgot to include units or incorrectly used "%" as the unit. Common errors included failing to include the rate of measurement (per 1,000 live births) and misinterpreting Question 6C by summing all columns instead of using the provided combined data.

Figure 1.20.1: Infant (aged under 1) death rates, by jurisdiction and Indigenous status, NSW, Qld, WA, SA and the NT combined, 2017–2021



Source: Table D1.20.4. AIHW National Mortality Database.

- a) **What trend is evident in the data? Provide relevant data to support your answer. -/3**
 First Nations deaths are higher than non-indigenous deaths across every state and territory.
 NSW – 3.9 per 1000 live births to 3.0 per 1000 live births
 QLD – 5.6 per 1000 live births to 3.6 per 1000 live births
 WA – 5.4 per 1000 live births to 2.2 per 1000 live births
 SA – 3.7 per 1000 live births to 2.7 per 1000 live births
 NT – 12.8 per 1000 live births to 5.7 per 1000 live births
 The same trend is evident when the figures from all states and territories are combined and averaged 5.3 per 1000 live births to 3.0 per 1000 live births

- b) **Which two (2) states or territories showed the smallest difference in infant mortality rates between First Nations and Non-Indigenous Australians? Include relevant data to support your answer. -/4**

NSW 3.9 to 3.0 with a difference of .9 and SA 3.7 to 2.7 with a difference of 1.

- c) **What is the combined difference in total mortality rates per 1,000 live births between First Nations and Non-Indigenous Australian infants across all states and territories? Include relevant data to support your answer. - /3**

- NSW difference of 0.9
- QLD difference of 2.0
- WA difference of 3.2
- SA difference of 1.0
- NT difference of 7.1
- Total of 14.2 deaths per 1000 live births

Question 7

Criterion 2

This section was generally well-answered, with many students demonstrating a good understanding of the topics. Stronger responses stood out by clearly defining key terms and effectively linking examples to the impacts of health literacy, health promotion and Medicare on health outcomes. However, in Question 7b), some students selected high-profile health issues, such as those that are leading causes of morbidity and mortality in Australia, instead of focusing on the intended emerging or low-profile issues. Students should aim to address the specific requirements of the question to achieve higher marks.

- a) **Why is health literacy important? Provide one (1) example to illustrate how individuals with higher health literacy are better equipped to make informed decisions about their well-being. -/4**

Health literacy empowers individuals to make informed decisions about their health, navigate healthcare systems and critically evaluate health information. For example, it enables people to interpret food labels for healthier choices and engage in community initiatives, promoting informed decision-making and proactive health promotion.

*Stronger responses gave examples, such as linking literacy levels to understanding food nutrition labels and reducing risks of obesity or CVD.

- b) **Briefly describe one (1) example of a low profile or emerging health issue that individuals in Australia currently face. -/2**

Endometriosis is a low-profile health issue affecting approximately 1 in 9 Australian women by the age of 44. This condition involves tissue similar to the uterine lining growing outside the uterus, causing pain, infertility and other complications. Despite its significant impact, awareness and timely diagnosis remain limited, highlighting the need for increased education and support.

Students often named inappropriate health issues (e.g., diabetes, obesity). *

Better responses included emerging issues like endometriosis, whooping cough or vaping with justifications.

c) Why is health promotion important? -/2

Health promotion is important because it empowers people to prevent illness, improve quality of life and address factors influencing health. It raises awareness of specific health issues affecting Australians, such as obesity, mental health and chronic diseases, leading to healthier communities and reduced healthcare costs.

*Answers were often vague and general. High-quality responses used specific examples to support explanations.

d) What is Medicare? -/2

Medicare is Australia's public healthcare system that provides free or subsidised access to essential medical services, including doctor visits, hospital care and some medications. It ensures all Australians have access to affordable healthcare, regardless of income or location.

*Students frequently wrote more than necessary for a 2-mark question. Generally, responses were well-written and demonstrated a strong understanding of Medicare and the Australian healthcare system.

Question 8

Criterion 4

Overall, most students were able to name and briefly describe a chronic health condition, such as Type 2 Diabetes or Cardiovascular Disease and addressed both parts of the question effectively by including relevant prevention and treatment or cure options. Stronger responses stood out by incorporating both personal and community prevention strategies, providing a well-rounded approach to the topic. Weaker responses, however, often failed to define, describe, or explain the condition in question and in some cases, selected issues that were not suitable for the question. A common weakness across many responses was the lack of supporting detail or data, particularly when providing evidence to reinforce the burden of the health issue. Including these elements would greatly enhance the depth and quality of responses.

Criterion 2

Handwriting legibility remains a concern and should be addressed to ensure responses are clear and easy to read. Students are encouraged to avoid casual language, such as "...to name a few" or "...the list goes on", as it detracts from the professionalism of their answers. Spelling errors and humorous phrasing, like "Maninjuacockal" or casual references such as "expensive groceries" being named as low-profile health issues, highlight the need for greater attention to detail. Overall, the questions were fair and well-structured, providing opportunities for students across a range of abilities to demonstrate their knowledge and skills effectively.

Question 9

The majority of students chose to answer this question instead of Question 10, with most successfully identifying a group within Australia experiencing health inequalities. However, weaker responses focused solely on the health issues faced by the group, failing to discuss the determinants that lead to these inequalities. Stronger responses explicitly mentioned health determinants, explained reasons for the inequalities and provided specific, well-detailed strategies such as Close the Gap, RFDS, Purple Bus and Shower Bus. These responses clearly linked strategies to specific health outcomes and included supporting statistics to highlight their impact. Some students chose groups like "race/people from other races," which were too broad and

lacked the necessary detail. To improve, students should ensure their answers are focused, specific and supported by evidence to avoid vague or overly general responses.

Question 10

This question was not answered as well as others, with many students confusing "risk factors" with "risky behaviours", possibly due to overlapping content from the Personal Health Unit. Commonly identified risk factors included smoking, lack of physical activity and poor diet, which were often linked to various health issues. Stronger responses clearly discussed individual risk factors and their contributions to specific health conditions, supported by relevant data. These responses also included specific health promotion examples, such as named organisations, rather than relying on broad strategies like "education". Many students accurately identified a health promotion campaign and a political influence example, but weaker responses lacked depth and failed to make clear connections to positive health impacts. Areas for improvement include avoiding outdated health promotion strategies and focusing more on determinants of health rather than general health dimensions. Providing data and detailed, contemporary strategies would strengthen future responses.

Section C

Question 11

Criterion 8

This was handled effectively as the questions were straightforward. Students who achieved an A standard provided concise, accurate and relevant responses.

- Generally, well answered.
- Several students did not give all FOUR answers.
- On the compare and contrast section, students often compared, but didn't contrast. Must include the contrast (increase) for full marks.
- Many doubled up on the cause and did NOT bring a calculator thus miscalculating an accurate % difference. Must be different causes of death, not a different age group for full marks.

Solutions

- Which cause of death had the largest percentage decrease in the 30 – 49 age group? Provide data to support your answer. -/2**
 - HIV/AIDS 38.45% – 18.30% – 20.15% from 2000 to 2019
- Identify the causes of death in the 30-39 years age group that are NOT in the top 10 causes for 50-59 years age groups. -/2**
 - maternal conditions
 - interpersonal violence
 - self-harm
 - other malignant neoplasms.
- Making reference to the data in both graphs, compare and contrast the trend of tuberculosis deaths. -/2**
 - 30-40yo: 9.43% – 12.23% = 2.8% increase
 - 50-59yo: 7.19% – 8.07% = 0.88% increase.

- d) Identify four (4) causes of death that have increased from 2000 – 2019. Provide the age group, the percentage and the percentage difference. -/4

| Cause | Age group | % 2000 | % 2019 | % difference |
|------------------------------|-----------|--------|--------|--------------|
| Tuberculosis | 30-49 | 9.43% | 12.23% | 2.8% |
| Lower respiratory infections | 30-49 | 2.93% | 4.05% | 1.12% |
| Road injury | 30-49 | 2.84% | 5.46% | 2.62% |
| Stroke | 30-49 | 2.48% | 3.10% | 0.62% |
| Haemorrhagic stroke | 30-49 | 2.48 | 3.10 | 0.62 |
| Ischaemic heart disease | 30-49 | 2.37 | 3.29 | 0.92 |
| Interpersonal violence | 30-49 | 2.17 | 3.43 | 1.26 |
| Ischaemic heart disease | 50-59 | 7.52 | 8.41 | 0.89 |
| Tuberculosis | 50-59 | 7.19 | 8.07 | 0.88 |
| Lower respiratory infections | 50-59 | 5.73 | 5.82 | 0.09 |
| Diabetes mellitus | 50-59 | 3.56 | 4.31 | 0.75 |
| Road injury | 50-59 | 2.82 | 4.33 | 1.51 |
| Cervix uteri cancer | 50-59 | 2.29 | 2.49 | 0.2 |

Question 12

Criterion 3

- a) Several students made errors regarding the implementation year of the Sustainable Development Goals (SDGs), incorrectly stating a year other than 2015. Additionally, many students just listed the first six SDGs and failed to explain the overarching focus or aim of the SDGs. The responses lacked depth, or discussion of the broader purpose of addressing global challenges such as poverty, inequality and climate change.
- b) Most responses effectively outlined how a specific component of Primary Health Care (PHC) can improve health. However, some students discussed health improvements in general terms, without specifically addressing the context of people in Least Developed Countries (LDCs). Stronger answers provided an outline of PHC, including its core principles and offered specific examples of how specific PHC components, such as immunisation programs or access to clean water, directly improve health outcomes in LDCs.
- c) While most students successfully identified a type of foreign aid, there were notable inaccuracies in their definitions of the aid types. Furthermore, many responses neglected to fully elaborate on the final point about "addressing global challenges". Stronger answers clearly defined the type of foreign aid, provided examples and linked their explanation to addressing pressing global challenges such as climate change, humanitarian crises or global health disparities. This demonstrated a deeper understanding of the role of foreign aid in a global context.

Solutions

- a) **What are the aims Sustainable Development Goals (SDGs) and when were they implemented? -/2**

The Sustainable Development Goals (SDGs), launched by the United Nations in 2015, aim to tackle global challenges and achieve sustainable development by 2030. They focus on eradicating poverty, promoting equality, improving education, fostering economic growth, combating climate change and ensuring peace and justice.

b) How can Primary Health Care improve the health of people in Least Developed Countries? Use one example to support your answer. -/3

- a brief description of PHC
- a specific PHC and a brief description of it e.g. Health education – educating people about the causes of ill health and providing ways of promoting good health
- an example of the PHC in action – e.g. Onegirl educating women in rural communities about the importance and concept of menstrual hygiene and its impact on overall health.

c) Define one (1) type of foreign aid and provide one (1) example. Why is this aid beneficial in addressing global challenges.

Humanitarian aid provides assistance to people in crisis situations, such as natural disasters or armed conflicts. For instance, during the Syrian refugee crisis Médecins Sans Frontières offered essential support like shelter, food and healthcare to displaced individuals.

Humanitarian aid addresses immediate needs, preserves human dignity and fosters stability and resilience in crisis-affected regions.

Bilateral aid refers to the direct assistance provided by one government to another, typically in the form of financial aid, technical expertise or development projects. For instance, Australia's provision of aid to Pacific Island nations for infrastructure development and capacity-building initiatives. Bilateral aid fosters partnerships between countries, promotes sustainable development and contributes to poverty reduction and economic growth in recipient nations.

Question 13

Criterion 4

- **Briefly describe a current global health issue.**
- **What statistical evidence indicates the significance of this health issue?**
- **Outline prevention and treatment strategies that have been used to try and address this issue.**

This question did not specifically require students to address an issue impacting those in a Least Developed Country (LDC); it asked for a 'Global Health Issue'. Some students either misunderstood or took advantage of this and chose to discuss an Australian health issue instead. Consequently, they could therefore, reuse their issue and information from Section B. However, these students could only provide Australian health data, not global data.

Some students referenced data from Question 11, which is an acceptable and resourceful approach.

Prevention and treatment responses were generally strong, but students need to focus on using precise terminology and providing clear, specific examples of implementation. Additionally, they should explain how these strategies benefit people in LDCs and incorporate more statistical evidence to strengthen their responses. Stronger responses provided a well-rounded description of the global health issue, addressing causation, signs and symptoms, at-risk groups and health impacts. These responses were supported by 2–3 relevant statistics to demonstrate the severity of the issue. Prevention and treatment strategies were clearly described, directly related to the health issue and included detailed explanations of how they improve health outcomes in LDCs. These answers also integrated supporting statistics to enhance their credibility and depth.

Example of what might be covered when answering this question Global Health Issue

- **What is malaria?**

Malaria is a serious and potentially fatal disease caused by *Plasmodium* parasites, transmitted through bites from infected female *Anopheles* mosquitoes. Symptoms include fever, chills, headache, fatigue and severe cases leading to complications such as anaemia and cerebral malaria.

- **Statistical Evidence Demonstrating Significance**

241 million cases globally, 627,000 deaths, with the African region accounting for 94% of cases. Children under five account for 67% of deaths. Highlights the economic burden and effects on vulnerable populations, including delayed education and workforce participation.

- **Prevention Strategies**

- Insecticide-Treated Bed Nets (ITNs): Reduce mosquito bites and malaria transmission, particularly effective for pregnant women and children.
- Indoor Residual Spraying (IRS): Kills mosquitoes resting on treated surfaces in areas with high mosquito density.
- Intermittent Preventive Treatment in Pregnancy (IPTp): Prevents maternal malaria and protects newborns during antenatal care.
- Seasonal Malaria Chemoprevention (SMC): Administers antimalarial drugs to children under five during peak transmission seasons.

- **Treatment Strategies**

- Timely diagnosis: Rapid diagnostic tests (RDTs) and microscopy ensure prompt confirmation of malaria cases.
- Effective case management: Treating confirmed cases with appropriate medications and monitoring to prevent complications.
- Addressing drug resistance: Emphasis on complete treatment courses to avoid resistance.

- **Community Engagement and Education**

- Involves health education, promoting the consistent use of preventive measures (e.g., bed nets) and encouraging prompt treatment for symptoms.

Question 14

Criterion 3

This question was generally not answered well. Many students provided simplistic responses, merely stating that disasters have a greater impact in LDCs compared to MDCs due to a lack of resources, without further elaboration or analysis. While some students demonstrated a general understanding of aid and its long-term impacts, their responses lacked depth and specific examples to support their points. For the third dot point, many students simply repeated the two negative impacts mentioned in the question—dependency and misallocation of resources—without expanding on these ideas or providing additional insight.

- **Discuss the impact a natural or man-made disaster can have on a least developed country (LDC) compared with that of a more developed country.**

Stronger responses effectively listed and compared resources, infrastructure and preparedness between LDCs and MDCs. These comparisons highlighted critical factors such as access to food, clean water and shelter post-disaster, the resilience of infrastructure to withstand environmental challenges and the availability of emergency response teams, trained medical

professionals and governmental funds to support those in hardship. Additionally, these answers discussed the capacity of MDCs to rebuild to higher standards, reducing the risk of future events.

- **Outline the role of international aid for LDCs immediately after these disasters.**

The role of international aid was addressed comprehensively, emphasising its immediate impact after a disaster and including specific examples of its positive effects on individual health. For instance, WaterAid initiatives were cited, such as providing access to safe water and sanitation by deploying water tankers and sanitation stations. These efforts significantly reduce the risk of waterborne diseases like cholera, typhoid and diarrhea, thereby mitigating malnutrition and dehydration and lowering indicators such as infant mortality rates (IMR), maternal mortality rates (MMR) and under-five mortality rates (U5MR). Furthermore, these improvements enhance productivity, enable individuals to work and allow children to continue their education.

- **Using examples, discuss the negative impacts aid can have, including dependency, misallocation of resources and other potential issues that can arise as a result.**

Negative impacts of aid were well-articulated, addressing issues such as the distortion of local economies, corruption and mismanagement, political and strategic influence, the undermining of local governance and cultural and social challenges. Examples were provided to illustrate how these negative impacts manifest, offering a balanced perspective on the complexities of aid in disaster situations.

Question 15

Criterion 3

There was confusion in some students' responses regarding the specific Sustainable Development Goal (SDG) being addressed. For example, many students referred to SDG 1 but appeared to be discussing SDG 4. There was a general lack of detailed information about the selected goal, with little reference to its aim or specific targets.

Several strategies mentioned were not clearly linked to the SDG or the chosen country and only a few students discussed how these strategies improved the quality of life for people in their chosen country, as required by the final part of the question.

Much of the data provided was inaccurate and while many potential health indicators were listed, they were often unsupported by relevant or accurate data.

Despite these shortcomings, some students identified innovative strategies implemented in LDCs, including initiatives such as School Meal Cambodia, Cordaid, LifeStraw, Plumpy'Nut, WaterAid, Ready-to-Use Therapeutic Food (RUTF) and programs supported by the World Food Programme (WFP). However, these examples were not always effectively connected to the SDG or their broader impact on health and quality of life.

Select one (1) Least Developed Country (LDC) you have studied this year

Provide a brief profile of the country and include five (5) health indicators.

- Stronger answers demonstrated a comprehensive understanding of a chosen country and its context. These responses began with a detailed profile of the country, including its geographic location, historical causes of poverty, key resources and its vulnerability to natural disasters or

history of political instability. This provided a solid foundation for discussing the country's health challenges and priorities. Better answers also clearly identified and explained five health indicators, supporting the explanations with relevant statistics. These indicators were not just listed but analysed in relation to the country's specific context, enhancing the depth of their response.

Explain the importance of one (1) Sustainable Development Goal (SDG) from goals 1-6 as a global initiative.

- In better answers the Sustainable Development Goal (SDG) was thoroughly explained, with a clear description of its aims, targets and its potential impact on the health and well-being of the country's population.

Describe one (1) strategy implemented in your chosen country to achieve this SDG.

- Students who connected their chosen SDG to a specific, relevant strategy being implemented in the country gained higher marks. For example, they discussed initiatives like WaterAid's efforts to create long-term water security solutions, such as developing water catchments through guttering and water tanks, drilling boreholes and wells, installing pumps and providing education on waterborne diseases and sanitation.

Discuss how this strategy has enhanced the quality of life for people in the country.

- Importantly, these responses linked the strategy to measurable improvements in quality of life. Strong examples included reductions in waterborne diseases and malnutrition, alongside improvements in gender equality, productivity, education and general well-being. These improvements were tied to a reduction in negative health indicators, such as infant mortality rates (IMR), maternal mortality rates (MMR) and under-five mortality rates (U5MR). Supporting these claims, stronger answers consistently included specific and accurate statistics to demonstrate the effectiveness of the strategy. In summary, good answers were structured, evidence-based and demonstrated a clear connection between the SDG, the chosen strategy and its positive impacts on health and quality of life in the country.