

2022 VCE Health and Human Development external assessment report

General comments

The 2022 VCE Health and Human Development examination included questions ranging from explaining key concepts to applying knowledge, and required students to display a range of key knowledge and skills.

Questions that required the description of key concepts, including the use of appropriate examples, were generally answered well. This included responses to Questions 1a., 6a., 8, 9 and 10a.

Questions that required students to make links between concepts were not answered as well. This was particularly evident in responses to Questions 12b. and 13a.

Concepts that were well understood included those relating to characteristics of low-income countries, interrelationships between dimensions of health and wellbeing, implications of tourism, marketing of tobacco in low- and middle-income countries, mental health and wellbeing, and the prerequisites for health.

Areas that were not as well understood related to Australia's aid priorities and partnerships, social sustainability, the National Disability Insurance Scheme (NDIS) (including aspects of equity and access), sociocultural factors, features of effective aid programs and specific aspects of the Sustainable Development Goals (SDGs).

Students generally demonstrated the ability to interpret data, as was evident in responses to Questions 1a. and 4a.

Where students had to apply concepts in new scenarios, many neglected to use meaningful examples relating to the concepts in question, affecting their ability to receive full marks (e.g. Question 12b.).

Students are reminded to use the mark allocation to assist in determining how much detail is required for each response. They should read the questions carefully, plan their responses so they are clear and answer what is being asked. When extra space is used at the end of the answer book, it is important that students indicate this and label the response clearly with the question number.

Specific information

This report provides sample answers or an indication of what answers may have included. Unless otherwise stated, these are not intended to be exemplary or complete responses.

Student responses reproduced in this report have not been corrected for grammar, spelling or factual information.

The statistics in this report may be subject to rounding, resulting in a total more or less than 100 per cent.

Question 1a.

Marks	0	1	2	Average
%	37	16	47	1.1

This question was answered well, with many students able to identify two characteristics of low-income countries. Although students did not have to make a comparison to another income group, they did have to give some context in relation to their selected characteristics. For example, 'education' and 'water quality' are not accurate characteristics of low-income countries and should be phrased as 'low levels of education' or 'less access to clean water'. Examples of appropriate responses include:

- low GNI per capita / low average incomes
- poor standard of living
- low life expectancy
- higher rates of infectious diseases
- high birth rates
- reduced access to healthcare
- poorly developed industry and agriculture
- poor water quality
- low literacy levels
- low levels of educational attainment
- high unemployment
- reduced trade opportunities
- poor infrastructure/housing
- lack of social security
- reduced access to sanitation
- food insecurity
- higher levels of gender inequality
- lower levels of carbon dioxide emissions.

Question 1b.

Marks	0	1	2	Average
%	18	43	40	1.2

Most students were able to either outline the relationship between the share of births attended by skilled health staff and the maternal mortality ratio, or use the data accurately, but many did not include both requirements. When data is used, students are reminded to include the correct unit of measurement. Students should also remember that a relationship is a pattern or trend in the data and comparing two countries will not always demonstrate this.

The following is an example of a high-scoring response.

Countries with a higher share of births attended by skilled health staff, such as Australia (96.7%) results in lower levels of maternal mortality (6 per 100 000 live births). Alternatively, countries with a lower share of births attended skills staff, such as Haiti (41.6%) results in higher levels of maternal mortality (480 per 100 000 live births).

Question 1c.

Marks	0	1	2	3	4	Average
%	38	15	20	13	14	1.5

This question required students to discuss the role of two aspects of social sustainability in reducing the maternal mortality ratio in low- and middle-income countries. Students needed to be specific to show their understanding of how the aspects actually lead to lower rates of maternal deaths. Many students discussed the aspects without making a meaningful link to reduced maternal deaths.

Examples of aspects of social sustainability include:

- access to social security
- eradication of poverty
- access to employment
- low birth rates
- access to education
- access to healthcare
- access to technology
- access to legal systems
- social justice systems
- promotion of human rights
- gender equality
- safe working conditions
- peace and security.

The following is an example of a high-scoring response.

Elimination of poverty and provision of social protection systems

Through the provision of social protection systems in low and middle income countries those with low income may gain financial support which allows them to access health care. This can allow them to have skilled doctors present during birth, which reduces complications during birth and reduce maternal mortality ratios in low/middle income countries through safe deliveries.

Gender equality

Gender equality refers to males and females having the same opportunities. In low/middle income countries if females have the same opportunities for education they are able to have the health literacy to understand family planning and spacing during each births. This gives females time to fully recover from the birthing before having another baby which allows better childbirth outcomes and reduce rates of maternal mortality ratio in low/middle income countries.

Question 2

Marks	0	1	2	3	4	Average
%	6	21	49	20	5	2.0

This question required students to use information from the case study to demonstrate meaningful links between two dimensions of health and wellbeing. When students made links from the case study to dimensions of health and wellbeing without showing how the dimensions affect each other, full marks were not awarded.

The following is an example of a high-scoring response.

Patrick having joined the 'Men's Shed Association' has provided him with the opportunity to socialise with other men while working on projects, thus improving his effective communication skills (social health and wellbeing). With the ability to socialise, he is more likely to 'discuss issues' in his own life and vent his emotions of frustration as a result of his unemployment. Thus lowering his levels of stress and anxiety and improving mental health and wellbeing. Patrick being in a more positive headspace can motivate him to continue attending Men's Shed, and socialise with men through positive interactions, thus helping to form productive relationships with others, improving Patrick's social health and wellbeing.

Question 3a.

Marks	0	1	2	Average
%	41	35	25	0.9

This question required students to outline two aspects of the NDIS. Students need to ensure they are specific when describing aspects of the health system, as ambiguous answers cannot be awarded marks. The following are acceptable aspects of the NDIS.

- It covers Australians who have permanent and significant disability.
- It funds reasonable and necessary supports for participants (and their family and carers).
- It can provide assistive technology and equipment to participants.
- It can provide supports such as wheelchairs / carers / respite for carers.
- It is funded by the government through taxation.
- It supports the independence and social and economic participation of people with disability.
- It involves participants in the development of an individualised plan.
- It enables people with disability to exercise choice and control in the pursuit of their goals.
- It works to promote the ability of people to lead an 'ordinary' life.

Question 3b.

Marks	0	1	2	3	4	Average
%	29	27	25	10	8	1.4

This question required students to describe how the NDIS promotes health and wellbeing in relation to equity and access. To achieve full marks, responses needed to demonstrate how an aspect of the NDIS reflects equity or access and then make a meaningful link to a dimension of health and wellbeing. Stating that the 'NDIS can provide resources such as wheelchairs' does not necessarily demonstrate equity or access and needed to be discussed further.

The following is an example of a high-scoring response.

Equity – The NDIS provides appropriate amounts of funding to individuals based on the severity of their disability. This means that those who are more impacted by their disease receive more support, such as funding put towards carers or wheelchairs. This can promote their spiritual health and wellbeing as they may feel a deeper sense of belonging by knowing their needs are being considered.

Access – The NDIS enables individuals with disabilities to live a high quality life by being able to access education, employment or participate in community activities. This can therefore promote their social HWB because socialising with people at school or in the community can enhance their ability to develop communication skills and a strong support network.

Question 4a.

Marks	0	1	Average
%	45	55	0.6

Most students were able to identify a trend from the graph. Students are reminded that a trend relates to a pattern in the data and is not represented by a difference between two groups in relation to one disease. Responses should focus on what is shown in the graph. For example, the graph does not show the total mortality rate or the risk of developing a particular condition.

An example response could be: *As remoteness increases, the death rate for the selected conditions also increases.*

Question 4b.

Marks	0	1	2	3	4	Average
%	34	30	26	5	4	1.2

This question required students to use two sociocultural factors to explain the trend identified in part a. in relation to a selected disease. Many students used factors such as 'education' and 'health care', but then discussed geographical distance as the reason for variations in access to these resources, which is an environmental discussion and is therefore not eligible for marks. Note that this response must link to the difference in death rates due to the selected condition rather than the risk of developing it. Examples of appropriate factors include:

- SES – income, occupation, and education
- unemployment
- social isolation
- food security (discussion must be sociocultural)
- early life experiences
- access to healthcare (must be sociocultural discussion).

The following is an example of a high-scoring response.

Education – People living outside major cities can be less educated than those living in major cities. As a result, they often have less health literacy, which is the ability to understand health recommendations and promotion, including the importance of regularly seeing a GP/doctor for check-ups. Heart disease caught early may prevent death. As a result, those living more remote experience higher death rates of coronary heart disease than those living in cities.

Income – People living outside major cities often have a lower income than those living in major cities. A lower income means a higher tendency to buy cheaper, processed foods that are higher in salt, sugar and saturated fats. These energy dense foods can cause obesity which is a risk factor for coronary heart disease. As a result, more remote people have more rates of coronary heart disease, so die from it, than those in major cities.

Question 5a.

Marks	0	1	2	3	4	5	6	Average
%	12	9	19	18	21	10	11	3.0

This question required students to make meaningful links between increased tourism and health and wellbeing. Responses could include two implications with more discussion or more links with less discussion. Note that responses could focus on positive and/or negative implications of increased tourism.

The following is an example of a high-scoring response.

Increased tourism means more people are going to certain destinations, hence increasing the consumption of goods and services in that area. As such, local business owners are earning greater profit enabling them to access essential resources such as healthcare, reducing the effect of disease, thus promoting physical HWB. Increased tourism can lead to greater levels of pollution as visitors may leave rubbish on the streets and beaches, hence causing locals to feel upset that their country is being disrespected, if not dealt with appropriately, it can negatively impact locals emotional HWB. Increased tourism can mean local culture and heritage sites can be maintained, as the community feel a sense of pride teaching tourists about their beliefs, and traditions, enhancing locals self-esteem, promoting mental HWB.

Question 5b.

Marks	0	1	2	Average
%	42	32	26	0.9

This question required students to make a meaningful link from an impact of tourism to an indicator of the HDI and then outline how this change would impact the country's HDI. Students should ensure they name the indicator correctly.

The following is an example of a high-scoring response.

Expected years of schooling can be improved as the income earned by countries due to tourism, locals are able to afford sending children to school, which can increase a country's HDI.

Question 6a.

Marks	0	1	2	Average
%	10	46	44	1.4

This question was answered well, with most students able to identify at least one reason why manufacturers of tobacco might target their marketing at low- and middle-income countries. Stating that cigarettes are cheaper in low- and middle-income countries is not a relevant response as incomes are also lower, making the price difference negligible.

Relevant answers include:

- Tobacco profits have fallen in high-income countries.
- There are fewer laws in these countries (reference could also be made to a specific example, such as low tax on tobacco, few restrictions on where people can smoke, etc).
- There are lower levels of education in these countries.
- Governments of low- and middle-income countries have been slower to adopt measures to slow tobacco uptake.

- Governments of low- and middle-income countries are more likely to take revenue associated with tobacco sales than value their citizens' health.
- Marketing of tobacco is often unregulated in low- and middle-income countries.
- Tobacco sales are often unregulated in low- and middle-income countries.
- Average incomes have increased over time in many of these countries.
- There is often a desire in these countries to be more like Western cultures.

Question 6b.

Marks	0	1	2	3	4	Average
%	16	37	28	11	8	1.6

This question required students to explain how the global marketing of tobacco may influence the burden of disease in low- and middle-income countries. Students were not eligible for full marks if they simply stated that smoking increased the risk of a disease without providing any detail of how tobacco increases the risk. Answers were also required to link to DALY, YLL or YLD.

The following is an example of a high-scoring response.

People in low – middle income countries are more likely to smoke tobacco. This can cause faults in the body cells as they divide, increase the risk of lung cancer, increasing YLL in low – middle income countries. Smoking tobacco can also speed up the process of atherosclerosis which is a build up of plaque on the arteries. This is associated with heart diseases and heart attacks, increasing YLD in low – middle income countries.

Question 7a.

Marks	0	1	2	Average
%	78	15	7	0.3

Students were required to provide two pieces of information relating to one reason why Australia's aid program involves partnerships with NGOs. Many students discussed partnerships in general, which was not answering the question.

Examples of appropriate answers include:

- NGOs often have specialised skills, such as setting up savings programs like the Saving for Change program. Funding these programs extends the reach of Australia's aid program.
- A partnership with an NGO makes effective aid more likely to be delivered as the NGO is better able to focus effort and specialised resources on small, community-based development work.
- A partnership with an NGO provides specific expertise in working in emergency situations where faster and more flexible responses are needed than the structure of the Australian Government can deliver.
- NGOs often have established relationships with the communities they serve. This means that trust exists between the NGO and the community, increasing the effectiveness of programs.

Question 7b.

Marks	0	1	2	3	4	5	6	Average
%	12	15	24	21	18	7	3	2.5

Few students provided enough detail to achieve full marks. Many students were able to state aspects of health and wellbeing and human development, but high-scoring responses needed to make meaningful links between the stimulus material and these concepts.

The following is an example of a high-scoring response.

Health and wellbeing

Through the provision of food, individuals are able to support their immune system for malnutrition is lessened, decreasing the risk of illness / disease, thus promoting physical HWB. With access to farming / cultivation equipment, the levels of food insecurity is further decreased, reducing levels of stress and anxiety thus promoting mental HWB. With access to education, individuals are able to socialise amongst their classmates and create satisfying and meaningful relationships.

Human Development

'Saving for Change' allows for the provision of food amongst people experiencing food shortages, thus food insecurity. With access to food, individuals are more likely to go to school and thus having access to knowledge. With access to knowledge, they are able to expand their choices within the work community, as they are more likely to be employed with an educational degree, and thus participate in the life of the community.

Question 7c.

Marks	0	1	2	3	4	5	6	Average
%	40	9	14	15	15	6	2	1.8

Where students could identify a feature of effective aid programs, most could also show some understanding of how it is reflected in the case study and/or how the feature makes the program effective. There are a range of features that students could have used as the basis of their response, including:

- partnerships / strengthen community action
- transparency and accountability
- effective use of resources
- ownership
- sustainability
- affordability
- development of knowledge and skills of the local community
- cultural appropriateness
- focus on a significant need of the community
- education / development of personal skills
- ease of access
- results-focused / contribution to improvements in health outcomes (including those already achieved).

The following is an example of a high-scoring response.

'Saving for Change' was effective as it involved partnership between the Australian Government, as well as Oxfam, the DFAT and Trade Australia. These collaborations ensured those in need who were a part of the program achieved the most benefits by having as much funding and expertise as possible. Multiple organisations may have assisted in bringing the community together by focussing on the small community

where Francisco is from. The program was also results focussed as it achieved what it aimed to, which was to see improvements in poverty and hunger. The participants reported their children being sick less often, as well as saving for a new house, indicating the program achieved results it aimed to. Overall the program was effective.

Question 8

Marks	0	1	2	3	4	Average
%	6	14	45	24	11	2.2

This question was answered well, with most students able to provide some information relating to why education and shelter are prerequisites for health.

There are a number of concepts students could have included in their response. In relation to education, answers could include:

- increased ability to secure paid employment and therefore an income (this can then link to a number of resources that can promote health)
- increased health literacy.

For shelter, answers could link to concepts such as:

- increased security
- reduced exposure to disease-carrying organisms
- protection from extreme weather/elements.

Students should also ensure they make a link to a dimension of health and wellbeing or a health status indicator to be eligible for full marks.

The following is an example of a high-scoring response.

Education

Having an adequate education can help individuals pursue a well paying career and being able to afford additional basic needs such as food, therefore promoting the functioning of the body and its systems (physical health).

Shelter

Having adequate shelter helps individuals to have a safe place to sleep and relax to replenish the mind and lead to less stress, and therefore promote mental health and wellbeing.

Question 9

Marks	0	1	2	3	4	Average
%	11	21	29	21	17	2.1

This question was answered quite well, with most students able to demonstrate an understanding of the impact of the overconsumption of alcohol. Students were awarded up to two marks for making a meaningful link from each impact of the overconsumption of alcohol to each health status indicator.

The following is an example of a high-scoring response.

Overconsumption of alcohol may increase mortality rates as consumption of alcohol may increase risk of bad judgment such as injury, drink driving, aggression and violence leading to increase mortality rates from injury. Another indicator alcohol consumption may impact is prevalence, specifically from CVD (cardiovascular disease). Because alcohol is high in energy, if not burned through bodily functions /

systems or physical activity, it can lead to plaque build up, narrowing arteries (atherosclerosis) cause the heart to work harder to pump blood around the body which increases the risk of hypertension leading to heart attack / stroke.

Question 10a.

Marks	0	1	2	Average
%	18	37	45	1.3

This question was answered well, with most students able to provide relevant information about the mental dimension of health and wellbeing. Students received up to two marks for including two pieces of information relating to what mental health and wellbeing is. One mark could be awarded for an example of a mental health characteristic, such as self-esteem, stress, anxiety, thought patterns or confidence.

Relevant answers include:

- Mental health and wellbeing is the current state of wellbeing relating to the mind. It includes levels of stress.
- Mental health and wellbeing relates to the ability to think and process information and includes the level of self-esteem.
- Mental health and wellbeing is a state of wellbeing of the mind in which individuals can cope with the normal stresses of life and contribute to their community.

Question 10b.

Marks	0	1	2	3	4	5	6	Average
%	17	6	14	24	27	7	5	2.8

This question required students to identify two action areas of the Ottawa Charter, describe each one and explain how each is reflected in the 'Take a Step' campaign for full marks. Students are reminded to read the question carefully as many did not provide a description of their selected action areas and could therefore only receive a maximum of four marks.

The following is an example of a high-scoring response.

Develop personal skills: This action area refers to providing education to and improving the skills of participants so that they can improve their life. The "Take a step" campaign provides "practical steps" that young indigenous people can take to start to feel better. This assists people in finding ways that work for them to improve their mental health. This campaign educates indigenous youth and provides them with the skills they need to recognise signs of declining mental health and ways to get better.

Strengthen community action: This action area works to connect individuals and communities so that they can work together to achieve a common goal. In the 'Take a step' campaign, community based chat feature, videos and fact sheets are provided to young people and family and friends with a young person in their lives. This ensures that everyone in the community gets involved in improving the mental health of indigenous youth so that young people do not feel alone and so this is more achievable if everyone contributes to the campaign.

Question 11

Marks	0	1	2	3	4	5	6	Average
%	17	10	19	19	19	10	6	2.7

This question required students to analyse the relationship between the biomedical and social models of health in relation to their selected success. Common mistakes were not linking to a health status indicator or neglecting to discuss how the two models contribute to the improvement.

The following is an example of a high-scoring response.

Deaths from tuberculosis have been eliminated.

The biomedical model is an approach to health that focuses on the physical/biological aspects of disease, which involves doctors and health/medical practitioners working to diagnose, treat, and cure diseases. For tuberculosis (TB), this has involved the development of vaccines and antibiotics to reduce its effects in Australia. This has ultimately led to the success of eliminating all deaths, and hence achieving a reduced mortality from TB in Australia. The social model of health, on the other hand, focuses on the broader determinants of health, and aims to provide education and health promotion to focus on disease prevention. For TB, this may have included teaching hygiene practices (e.g. wearing a mask, washing hands), to stop the transmission of TB bacteria in the air to infect others. Therefore, together with the biomedical model of health, the social model of health also works to contribute to the overall reduction of incidence and mortality of TB in Australia.

Question 12a.

Marks	0	1	2	3	4	Average
%	55	16	17	7	6	0.9

Many students simply restated aspects of the name of the priority instead of using specific examples relating to the priority, which did not answer the question. Another common mistake was to use examples that didn't reflect this priority, such as implementing road-safety legislation. Appropriate examples related to this priority include:

- having established legal/education/health institutions
- budget development
- training public servants
- anticorruption interventions
- policies related to taxation revenue / human rights (including specific examples of these such as voting rights and gender equality)
- economic growth / decreasing national debt
- increasing incomes.

The following are examples of high-scoring responses.

Example 1

By ensuring policies that require low-income countries to have regular, transparent elections, DFAT can reduce the likelihood of corrupt dictators holding power in a country. This promotes democracy, which can enable all people to have a say in who will lead them, thus promoting a sense of belonging for citizens (spiritual).

Example 2

By ensuring that institutions such as law courts are in operation, DFAT increases the rule of law in low-income countries, dissuading potential criminals from committing crimes as they will know they can be punished with jail time. This can reduce levels of stress and anxiety (mental) for people as they will know there's less risk of crime, e.g. robbery.

Question 12b.

Marks	0	1	2	3	4	Average
%	33	34	22	7	3	1.2

This question required students to explain how the Australian aid priority 'Education and health' works towards achieving SDG 5, 'Gender equality'. Making reference to a specific aspect of SDG 5 was required for full marks. Students are reminded that 'girls completing a full course of schooling' is a part of SDG 4, 'Quality education'.

Aspects of SDG 5 include:

- ending all forms of discrimination
- eliminating violence against females
- eliminating early and forced marriage / female genital mutilation
- ensuring universal access to reproductive healthcare/rights
- ensuring female participation in society/decision-making/politics/economics
- providing equal economic rights / ownership / finance / property.

The following is an example of a high-scoring response.

With education young girls will have equal access as boys to school, enabling them to become literate and numerate, which increases their employability. Thus girls (and women) can have more opportunities to secure a high-paying job, which increases gender equality (SDG 5) as girls and women will have equal access to economic resources as men and boys, increasing their autonomy. With health young girls will be able to access sexual and reproductive services where they can procure contraception and learn family planning, achieving SDG 5 'gender equality' because they can have more agency over when or if they have children.

Question 13a.

Marks	0	1	2	3	4	5	6	Average
%	26	23	20	15	9	4	3	1.8

Many students only displayed a basic understanding of SDG 3 and SDG 1 without showing meaningful links between them. To achieve full marks, students were required to use examples to show how the achievement of SDG 3 can influence SDG 1 and how the achievement of SDG 1 can influence SDG 3. Concepts related to SDG 1 include:

- social protection / welfare payments / government assistance
- access to resources (food, shelter, water, clothing, etc.)
- ending extreme poverty
- reducing the number of families living in poverty
- reducing relative poverty
- being able to afford health care, education, etc.

The following is an example of a high-scoring response.

Good H+W means achieving universal access to healthcare such as vaccinations. If people are free from illness they are able to work and earn an income, this enables increased tax revenue by governments to invest into implementing social protection measures such as welfare payment promoting no poverty (SDG 1). No poverty means eradicating extreme poverty (those living on less than US\$1.90 per day) (SDG 1), this enables people to be able to afford health promoting resources such as nutritious food like vegetables promoting immune system strength. This reduces the risk of contracting communicable diseases such as malaria promoting good H+W (SDG 3).

Question 13b.

Marks	0	1	2	3	Average
%	23	37	29	11	1.3

This question required students to outline a form of social action and then justify it in relation to achieving SDG 1, 'No poverty'. Note that there are a number of actions students could refer to, including:

- donating to an NGO
- lobbying the government
- fundraising
- building awareness
- signing a petition
- showing support through social media
- boycotting products or organisations
- using purchasing power / purchasing ethical products.

Students are reminded that the achievement of SDG 1 requires sustainable change. As a result, donating money, food or clothing to a country or person experiencing poverty will not achieve this goal. Donating to an NGO, on the other hand, can assist in implementing programs relating to education or business development, which can assist in achieving the goal.

The following is an example of a high-scoring response.

One way of taking social action is by donating to an NGO, for example World Vision, to enable it to continue its work in poverty reduction. By donating to World Vision, an individual can help fund its programs to teach farmers in low-income countries about sustainable agricultural techniques e.g. crop rotation. These techniques enable farmers to grow crops in all seasons, thus allowing them to generate an income in all seasons, so that they can earn more than US\$1.90 a day regardless of what time of the year it is. Donating to NGOs enables them to expand and continue to implement their programs, thus supporting the 'ending of extreme poverty' (SDG 1).

Question 14

Marks	0	1	2	3	4	5	6	7	8	9	10	Average
%	15	15	21	20	13	8	5	2	1	0.3	0.1	2.7

Student responses were scored on the interplay between how well:

- the response had been structured
- the stimulus material had been understood, connected and synthesised
- the student's own understanding had been used to formulate the response
- the student understood the contribution of dietary risks to Australia's health status and burden of disease

- the student understood the importance of consuming a diet consistent with the Australian Dietary Guidelines
- the student's understanding of the challenges that make dietary changes difficult to achieve.

Most students who attempted this question gained some marks, with many showing a good understanding of dietary risks, the Australian Dietary Guidelines and challenges to dietary change.

Common errors included discussing dietary risks without making a meaningful link to health status or burden of disease, and identifying an Australian Dietary Guideline without discussing why it is important.

The following is an example of a high-scoring response.

According to source 3, "less than 1 in 10 adults meet the recommendations for daily vegetable consumption in 2017-2018". Vegetables allow people to obtain high levels of fibre, nutrients, vitamins, minerals and antioxidants. With less people consuming vegetables, there will be less consumption of fibre leading to less bulk being added to faeces. This may lead to increased prevalence of colorectal cancer, leading to increased mortality rates due to colorectal cancer for Australians. Additionally, "1.4% of the burden of disease in Australia was attributable to a diet low in fruit (source 3). Fruit is high in antioxidants, minerals, fibre and vitamins. Antioxidants remove free radicals in the body however, if Australians are consuming less fruits than recommended, free radicals would not be removed. This could lead to an increase in the prevalence of obesity (years of life lost due to disability, injury or illness) as this may lead to increased fat being stored in the body. Increased levels of obesity may contribute to an increased risk of dying from cardiovascular diseases such as heart attack (years of life lost due to premature death) due to increased pressure on the heart. According to source 2, "(being overweight) has increased from 10.2% (1985) to 20.6% (2014)" in Australia. Hence it is vital for families to coincide with the Australian dietary guidelines to reduce risks associated with the underconsumption of fruits, vegetables and fibre.

Source 1 states that Jenna "eats a cereal with high sugar content for breakfast" and source 3 suggests "7.1% of children aged 2-17 consumed sugar sweetened beverages every day". According to Australian dietary guideline 3 you should "limit the consumption of foods high in saturated fats, added sugars and alcohol". A diet high in sugar may lead to increased weight leading to higher rates of obesity, increasing levels of morbidity in Australia. It is important to adhere to the Australian dietary guideline 3 as obesity can increase the chance of getting diabetes later in life potentially decreasing the life expectancy of young Australians. Australian dietary guideline 1 suggests "to maintain and achieve a healthy body weight, be physically active and choose amounts of nutritious foods and drinks that meet your energy needs" and guideline 2 suggests "enjoy a wide variety of food from these five food groups every day and drink plenty of water". According to source 3 "7.3 of the burden in Australia in 2015 was due to poor diet". It is important to adhere to guidelines 1 and 2 to ensure people are consuming foods that are beneficial to their body and not causing harm. Individuals can decrease the likelihood of obtaining cardiovascular diseases, diabetes, certain cancers and hypertension if they consume certain foods in moderation. Additionally, it is important to consume a diet high in calcium. Calcium allows bones to remain strong and reduce the prevalence of obtaining osteoporosis.

However, these recommendations and guidelines can be difficult to achieve. For example, in source 1 "Jenna's mother comes home from work and selects a commercially prepared meal from the freezer". Preparedness and time constraints such as not having enough time to cook a fresh meal can make it difficult to achieve the guidelines and recommendations. Additionally, food intolerances may make it difficult to consume some of the foods from the five food groups causing individuals to explore alternatives. Individuals may not enjoy specific foods making them less inclined to want to consume them. Additionally, individuals tend to seek a diet high in sodium or sugar after a difficult day claiming it makes them 'feel better' despite its negative effects if not consumed in moderation. Finally, cultural influences such as being exposed to certain foods growing up may cause individuals to neglect a healthy, nutritious diet for one they enjoy and have been exposed to all their lives. Hence making it difficult to achieve the guidelines and recommendations.