

2025 VCE Health and Human Development external assessment report

Specific information

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

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

Section A

Question 1a.

Marks	0	1	2	3	Average
%	5	16	37	42	2.2

Students could have included characteristics of social health and wellbeing such as:

- relationships with family and friends
- the ability to adapt to different social situations
- a supportive well-functioning family.

Students needed to demonstrate an understanding that the term 'dynamic' means changing.

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

Social health and wellbeing (H+W) refers to the state and quality of an individual's interactions and relationships with other people, including the ability to manage and adapt appropriately to a variety of social situations. Social H+W is said to be dynamic as it is constantly changing. This could involve an individual having a wide supportive network of friends and this having optimal social H+W, but then the person moves away from such friends to a different state, hence significantly reducing this supportive network of friends, negatively impacting social H+W via such a sudden change.

As shown in this sample response, it is important to follow the expectations regarding the use of abbreviations as outlined on page 11 of the [VCE Health and Human Development 2025 Frequently asked questions](#), available on the VCE Health and Human Development study page of the VCAA website. The term should first be written out in full, with the abbreviation then noted in brackets, which can then be used for the remainder of the question.

Question 1b.

Marks	0	1	2	Average
%	45	42	13	0.7

To achieve full marks, students needed to show how physical health and wellbeing impacts on mental health and wellbeing, as well as how mental health and wellbeing impacts on physical health and wellbeing. Marks were awarded for showing the connection between the two dimensions rather than listing or naming the characteristics for each dimension. For example, the text in bold in the following examples shows the connection between the dimensions of health and wellbeing:

- When someone is free from disease or injury, they **can go to school and learn new skills, increasing their levels of self-confidence** in their own abilities.
- When they are confident, **they are more likely to want to join a sporting team or a gym**, which could help improve their levels of physical fitness.

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

If a person experiences good physical health and wellbeing (H&W), they may have a healthy body weight. This can make them have a healthy body image and self-love, which promotes mental H&W by increasing self-esteem. If a person experiences greater self-esteem, they may be more confident in their abilities, which may motivate them to join a sports team. This can help them regularly attend sports practices that help them to maintain good fitness and energy levels, thus promoting physical H&W.

Question 2a.

Marks	0	1	2	Average
%	28	47	25	1.0

Similarities include:

- both guides contain a visual representation of the five food groups
- the proportions of the five food groups recommended are the same for both guides
- both guides promote the importance of drinking water.

Differences include:

- the *Aboriginal and Torres Strait Islander Guide to Healthy Eating* includes cultural food / kangaroo / damper, which the *Australian Guide to Healthy Eating* does not
- the *Aboriginal and Torres Strait Islander Guide to Healthy Eating* is in muted/earthy tones compared to the *Australian Guide to Healthy Eating*, which is blue and green.

When outlining similarities, it was acceptable to write 'both guides' or 'both'. In relation to the differences, students were unable to access marks if they did not compare the two guides.

It should be noted that abbreviating Aboriginal and Torres Strait Islander is considered culturally inappropriate. While students were not penalised where general VCAA abbreviation conventions were followed, students should be aware that best practice is to avoid abbreviating this term.

For more information regarding the VCAA's position on the use of inclusive and respectful language, see the [Australian Government guidance](#).

Common issues included:

- stating that both guides indicate the *amount* of food that should be consumed in each group, where actually both guides specify only the *proportion* of each food group that should make up the overall diet
- not making a comparison to indicate the difference between the two guides.

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

Similarity: Both the Aboriginal and Torres Strait Islander Guide to Healthy Eating and the Australian Guide to Healthy Eating are visual tools that visually represent the proportion of each of the five food groups that should be consumed, including fruits, vegetables and legumes, meats and alternatives, dairy foods and grains.

Difference: The Aboriginal and Torres Strait Islander Guide to Healthy Eating features foods from Indigenous cultures such as bush fruits and kangaroo meat, whereas the Australian Guide to Healthy eating does not contain these cultural foods and has more generic items.

Question 2b.

Marks	0	1	2	3	Average
%	12	18	46	24	1.9

Environmental challenges could include:

- housing environment (including kitchen / storage / heating facilities)
- geographic location (living in a remote or metropolitan area)
- workplaces / work environment
- access to physical resources (groceries, fast food outlets, school canteen)
- transport
- climate (storage life of food)
- weather (impacting growth of food)
- infrastructure / built environment.

A common issue was to simply refer to a decrease in 'healthy eating' without reference to a specific nutrient or type of food. In discussing nutritional change, students needed to refer to specific nutritional and/or dietary change.

For example, an increase or a decrease in the consumption of:

- foods high in sugar
- foods high in salt
- foods high in saturated fat
- processed foods
- fruits and vegetables
- foods high in fibre
- energy-dense foods.

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

Housing: People may not have the resources to adequately prepare and cook foods, such as an oven or stove making it difficult to cook nutritious foods at home. This may mean they rely on convenient foods such as microwavable meals or takeaway, which are high in saturated fats, salt and sugar, rather than fresh produce that requires cooking making it difficult to bring about positive nutritional change.

Question 3a.

Marks	0	1	Average
%	11	89	0.9

Examples of accepted answers include:

- an individual's own perception of their health (at a given point in time)
- a subjective measurement of health status where an individual rates their own health
- an individual's own assessment of their overall health and wellbeing collected using survey data.

Question 3b.

Marks	0	1	2	Average
%	14	34	53	1.4

Students were required to identify a variation in the self-assessed health status of population A compared to population B. In stating the variation, students needed to refer to both population groups.

Students also needed to accurately use data to support the variation identified.

Common issues included:

- only referring to one population group
- not using the correct unit (percentage) when referring to the data.

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

A greater percent of population B reported their self-assessed health status as excellent/very good with approximately 60%, compared to population A who had approximately 40% of their population reporting their self-assessed health status as excellent/very good.

Question 3c.

Marks	0	1	2	3	4	5	6	Average
%	13	8	18	16	23	9	11	3.1

Students needed to:

- identify two sociocultural factors
- describe how each factor could influence health
- describe how they could lead to the variation in self-assessed health status outlined in part b.

A common issue was to only mention one population group. Students needed to refer to both population groups in order to focus on the variation between the two population groups.

Sociocultural factors could include:

- socioeconomic status
- income
- education
- occupation
- employment status
- social networks (family, peers, etc.)
- social exclusion (discrimination based on gender, culture, religion, etc.)

- social isolation
- cultural background
- food security
- early life experiences
- access to health care
- supply chains
- commercial factors
- packaging and labels.

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

Socioeconomic status (income): People in population B may have higher average incomes in comparison to population A. This may mean they are more likely able to afford nutritious foods, such as fruits and vegetables to promote immune system functioning, ... as more may be free of infectious disease contributing to a greater proportion of population B reporting their self-assessed health status as excellent/very good than population A.

Social isolation: population B may have lower levels of social isolation than population A. This may mean that population B have more supportive network of friends, and may not isolate themselves from the community as much as population A. This may lead to lower mental illness like depression among population B, contributing to a higher proportion of them reporting their self-assessed health status as excellent/very good compared to population A.

The following are extracts from high-scoring responses:

Access to health care – People in population A may have less access to health care than population B. This may be due to language barriers between healthcare professionals and patients. This may therefore lead to people in population A seeking health care less often, increasing the chance of conditions like cancer going undiagnosed and worsening. This may account for fewer people in population A rating their health as excellent or very good compared to population B.

Social networks – population B may have a larger proportion of people with developed and supportive social networks compared to population A. This may allow more people in population group B to feel a greater sense of connection and belonging in society as they feel supported and accepted by others. This could lead to more people in population B classifying their health as excellent/very good compared to population A.

Early life experiences – Population group A may have a higher proportion of people who experienced abusive or neglectful childhoods compared to population B. This may mean people in population A experience higher levels of psychological distress due to trauma, leading to fewer people in population group A classifying their health as excellent/very good compared to population group B.

Question 4a.

Marks	0	1	2	3	4	Average
%	7	20	29	21	23	2.4

Students needed to link smoking/vaping to either the dimensions of health and wellbeing (physical, social, mental, emotional or spiritual) and/or a measure of health status.

Students needed to use different health outcomes for each example.

Common issues included:

- responses that were generic, such as ‘smoking increases morbidity’ or ‘smoking increases incidence’. Students needed to provide a context, such as ‘smoking increases morbidity from lung cancer’ or ‘smoking increases the incidence of cardiovascular disease’
- referring to an impact on a health status measure but not stating whether the impact was an increase or decrease: for example, ‘impacting life expectancy’. To access marks students needed to indicate that life expectancy can be decreased by smoking/vaping.

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

Cigarettes and e-cigarettes contain carcinogens which when consumed, can cause faults in the body’s cells as they divide, which can lead to tumours. Hence increased smoking and vaping can increase the prevalence of cancer in Australia.

Cigarettes and e-cigarettes also contain harmful chemicals that lead to a build-up of plaque in the arteries, atherosclerosis, which can increase the likelihood of a heart attack. Hence, increased rates of smoking and vaping can increase mortality rates from heart attack and other cardiovascular diseases in Australia.

Question 4b.

Marks	0	1	2	3	Average
%	22	28	34	15	1.5

Students needed to demonstrate a deep understanding of how their selected initiative reflected the social model of health by explaining how the initiative aligned with one or more of the following aspects of the model:

- the model targets the broader determinants of health (environmental and sociocultural factors)
- the model focuses on the impact of lifestyle-based disease
- the model focuses on health promotion and prevention through policies and education
- the model targets whole communities
- the model addresses inequities in health status
- the Ottawa Charter for Health Promotion acts as an example for the enactment of the social model of health.

Many students used specific examples of initiatives, such as the Quit program or specific government policies relating to smoking and/or vaping, which were accepted but not required (see pages 7 and 8 of the [VCE Health and Human Development 2025 Frequently asked questions](#) for expectations around health-promotion programs). Other students used more general examples, such as use of social media or education programs to raise awareness, which were also accepted.

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

The social model of health, which incorporates the Ottawa Charter, involves health promotion programs such as the Quit program. The Quit program, through its free website provides tools, such as, recommending people to distract themselves with a video if they feel the urge to smoke. This example of helping individuals ‘Develop Personal Skills’ shows how the Quit program equips smokers with the skills to quit their smoking addiction, hence increasing the likelihood that they will persist and quit. This can reduce overall rates of smoking and vaping.

Question 4c.

Marks	0	1	2	3	4	Average
%	19	22	28	20	12	1.9

Changes that result from reducing smoking/vaping could include:

- reduced respiratory illnesses / smoking-related illnesses, such as asthma, emphysema or Chronic Obstructive Pulmonary Disease
- reduced rates of cancer (lung, mouth, breast, etc.)
- reduced rates of cardiovascular disease
- reduced rates of hospitalisation as a result of cancer / cardiovascular disease.

Some examples of how reducing rates of smoking/vaping could act as a resource for the individual could include that they are:

- able to attend work to earn an income to afford health care, nutritious foods, housing or to participate in recreational activities
- more productive at work/school, leading to better mental health and wellbeing as they are better able to concentrate and manage their workload
- not experiencing illness, which reduces costs on health care and medications, meaning they have more money for shelter, water and nutritious foods.

Some examples of how reducing rates of smoking/vaping could act as a resource for the nation could include:

- fewer people needing medication, reducing the costs associated with providing health care, such as the Pharmaceutical Benefits Scheme
- reduced rates of hospitalisation allowing money to be redirected to other priorities, such as medical research, education or infrastructure
- people can work and pay taxes to the government, which enables more money to be spent on infrastructure such as hospitals or educational facilities.

In constructing their response, students needed to link the change from reducing smoking/vaping to an example of a resource for the individual or nation. An example for the individual could be 'Reducing smoking/vaping would reduce respiratory illnesses such as asthma, which means individuals are able to attend work to earn an income to afford nutritious foods'.

The following are extracts from high-scoring responses:

Individually: If smoking/vaping rates are reduced, people are more likely have better functioning of their body systems and attend work, therefore earn an income to afford a decent standard of living and necessities such as food, shelter. Therefore, acting as a resource for individuals.

Nationally: Reducing smoking/vaping rates reduces risks of associated health conditions such as chronic obstructive pulmonary disease (COPD). This means nationally more people can experience optimal physical health and wellbeing by being free of disease and illness. This means less hospitalisation from fatal COPD conditions, reducing the strain on the health system, allowing more funds to be diverted towards infrastructure by the government, acting as a resource nationally.

Question 5a.

Marks	0	1	2	3	Average
%	53	14	19	14	1.0

Relevant World Health Organization (WHO) objectives are:

- prevent, mitigate and prepare for **risks to health from all hazards**
- rapidly detect and sustain an effective **response** to all **health emergencies**
- advance the primary health care approach and essential health system capacities for **universal health coverage**
- improve health service coverage and **financial protection** to address **inequity** and **gender inequalities**
- address health **determinants** and the main **causes of ill health**.

Students were not expected to cite one of the objectives word-for-word, but did need to use key terms from the objectives, such as those in bold above.

A common issue was students listing the terms 'promote, provide and protect', which are components of the WHO goal, not objectives.

Teachers are reminded about the [2025 WHO Goals and Objectives document](#) available on VCE Health and Human Development Teaching and learning page of the VCAA website, which outlines the intended scope of this key knowledge.

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

WHO Objective: Rapidly detect and sustain an effective response to all health emergencies. This is reflected in the source above as the outbreak of cholera, would be considered a health emergency, as it's reported in all of the countries provinces and there are more than '27055 suspected cholera cases' therefore it's impacting a large amount of people and a health emergency. The provision of vaccines for the disease could be considered as an effective response to the disease outbreak, as more than 2.1 million Zimbabweans received vaccines, thus it was effective response in tackling the health emergency.

Question 5b.

Marks	0	1	2	3	Average
%	36	21	29	14	1.2

Students needed to refer to a specific example in the case study to support their explanation.

Indicators of the Human Development Index are:

- life expectancy at birth
- expected years of schooling
- mean years of schooling
- Gross National Income per capita.

Common issues included:

- incorrectly naming the indicators: for example, 'life expectancy' instead of 'life expectancy at birth' or 'Gross National Income' instead of 'Gross National Income per capita'
- confusing the indicators of the Human Development Index with the dimensions. In these cases, students could not be awarded marks.

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

Through vaccinating 2.1 million people in Zimbabwe, this has reduced the transmission of cholera by increasing resistance to the disease and promoting immune system response to fight the disease. This will therefore reduce deaths from cholera, which will then increase the HDI indicator 'life expectancy at birth', contributing to an increase in HDI in Zimbabwe.

Question 6a.

Marks	0	1	Average
%	37	63	0.7

Accepted responses were either 'social' or 'social sustainability'.

Question 6b.

Marks	0	1	2	3	4	Average
%	43	19	20	13	6	1.2

When referring to social sustainability, students were expected to show an understanding of the ongoing nature of sustainability, which could include using language such as 'now and into the future', 'continuing', 'ongoing' or 'indefinitely'.

Examples of social sustainability could include:

- access to human rights
- access to education
- access to health care
- political empowerment
- connection to community
- building skills and capacities
- increasing equity (including gender equality)
- sustainable birth rates
- social support systems
- increasing access to technology
- peace and security
- safe and decent working conditions
- elimination of poverty
- high levels of employment.

Meaningful links to human development concepts could include:

- access to a decent standard of living
- participation in decisions affecting lives
- reaching full potential
- enhancing capabilities
- participating in the community
- long and healthy life
- productive creative lives
- expanding choices
- access to knowledge
- access to health.

Students who scored highly showed meaningful connections between social sustainability and human development concepts. In relation to gender equality, students may have stated ‘Ensuring gender equality is improved now and into the future can mean that women have more power in their own lives. For example, they can have a say in decisions such as when and who they get married to. This leads to increased say in choices and decisions that are impacting their lives (human development)’.

Common issues included:

- listing concepts of human development without demonstrating an understanding of their meaning
- not showing an understanding of the ongoing nature of social sustainability.

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

*An example of social sustainability is **gender equality**. For example, if more women are given the same opportunities as men in current and future generations, this will mean more women now and in the future will be able to get a job and earn an income to access resources required for a decent standard of living such as nutritious food, promoting human development.*

*Another example of social sustainability is **providing access to safe and decent working conditions** – Ensuring safe and decent working conditions now and into the future. This would mean fewer children were employed as part of child labour and are instead able to attend school, now and in future generations, to learn literacy and numeracy skills, increasing access to knowledge and promoting human development.*

The following are extracts from high-scoring responses:

*Social sustainability involves the development of strong **social protection systems** that can continue to support people over time. Improved access to social protection would allow people who are unable to work or are living on a low income to still be able to access financial resources allowing them to afford resources like food, water and shelter, promoting human development by allowing people to attain a decent standard of living.*

*If there is **peace and security** now and into the future, there is likely to be reduced risk of getting injured or killed in the community due to violence such as bombings. Therefore, people could lead long and healthy lives and be more likely to develop to their full potential if they are not harmed and participate in the lives of their community if they feel safe enough to do so, increasing levels of human development.*

*If countries work towards ensuring all children have **access to education** now and in the future, more children may be educated with vocational skills for employment. This could allow them to enter the paid workforce and earn a decent income, allowing them to afford a decent standard of living such as food and shelter and promoting human development.*

Question 7a.

Marks	0	1	2	Average
%	27	46	27	1.0

Students were required to link to the stimulus material provided. Students should use quotation marks when drawing on text directly from the stimulus.

Students needed to show ‘how’ the program promotes health and wellbeing by describing a meaningful link between the program and a dimension of health and wellbeing. For example, the text in bold shows the connection between the program and health and wellbeing:

- ‘Participating in cultural arts, crafts and dance’ and ‘getting to know other Koorie Kids in the area’ **can provide opportunities for children and parents with similar interests to create new friendships**, forming meaningful relationships.

- The program promotes belonging among the Aboriginal and Torres Strait Islander community as children and their parents or carers are ‘gathering with other Koorie families’ to ‘hear stories’ and ‘participate in cultural activities such as art, craft and dance’, **allowing a sense of pride in their culture, as well as a sense of connection and belonging for families in this community.**

Common issues included:

- not providing links to the stimulus material when showing understanding. Just naming the program from the stimulus material was considered insufficient
- quoting the stimulus material without drawing a connection to a dimension of health and wellbeing.

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

The VACCA’s Koorie kids Playgroup allows families to ‘gather with other Koorie families’ and get to know them. This could help children to meet new kids, helping them to create a supportive network of friends, positively impacting their social health and wellbeing.

Question 7b.

Marks	0	1	2	3	Average
%	36	31	24	9	1.1

Students needed to show an understanding of the concept of social justice and could have referred to:

- human rights:
 - promotion of rights and freedom
- access:
 - equal opportunities and resources needed to thrive
 - prerequisites for health (food, income, education)
- participation:
 - encouraged to participate in one’s community
 - voice represented
- equity (fairness):
 - address factors that cause inequality
 - provide strategies to ensure fairness
 - provide what individuals or groups require for health and wellbeing.

Students did not need to directly cite these principles but they did need to demonstrate understanding of at least one principle.

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

The program could promote social justice through equity. This is because it specifically provides support for Aboriginal and Torres Strait Islander children and families to prepare for school. As Indigenous Australians are typically more disadvantaged and receive lower education levels than non-Indigenous Australians, by supporting them the program helps to create a level playing field, promoting equity. The program also provides an opportunity for Koorie children and families to socialise with one another and join the playgroup. This promotes participation in society, promoting social justice.

Question 8

Marks	0	1	2	3	4	5	6	Average
%	20	29	22	14	8	5	2	1.9

This question was marked holistically using a rubric, with high-scoring responses expected to demonstrate the following competencies:

- a comprehensive and accurate analysis of the role of Medicare in promoting health outcomes
- use of a detailed and accurate example of how Medicare reflects sustainability
- use of a detailed and accurate example of how Medicare reflects equity

Students could use the following examples:

- Role of Medicare:
 - Australia’s universal health insurance scheme
 - clinically necessary health care
 - x-rays and pathology tests
 - eye tests
 - subsidised treatment in private hospitals
 - pays the scheduled fee for a range of healthcare services
- Sustainability:
 - subsidising the cost of necessary health care
 - increasing the Medicare levy assists in providing the necessary funds to maintain Australia’s health system
 - covering screening services to address diseases early
- Equity:
 - Medicare Safety Net
 - bulk billing
 - Mental Health Treatment Plan
 - public dental service
 - Indigenous Health Incentive.

Common issues included:

- students confusing equity with equality:
 - for example, discussing how Medicare allows all Australians to have access to health care. Equity in Medicare is demonstrated through a feature designed to cater for a particular group or to address disadvantage. Students needed to select aspects of Medicare that directly help people with greater needs or fewer resources to access health care
 - some students used the Medicare Levy Surcharge when analysing Medicare’s role in promoting equity; however, this is a tax policy that encourages the uptake of private health insurance, and is not an aspect of Medicare that improves health outcomes for those who are disadvantaged or vulnerable. The Medicare Levy Surcharge does not promote equity, because it does not change or improve the way people access Medicare services; everyone continues to have the same entitlements to care regardless of income
- not providing a link to health promotion outcomes when analysing the role Medicare plays in promoting sustainability and equity. The question required students to analyse how the examples of sustainability and equity could promote either health status or health and wellbeing.

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

Medicare is Australia's universal health insurance scheme by which the Federal government subsidises some or all of the costs of necessary health care. By only providing funds towards health services deemed necessary, the Federal government ensures that the cost of running Medicare remains sustainable into the future. This could allow for an individual with a health condition, such as cardiovascular disease, which may require numerous surgeries such as stents and heart by-pass surgery, to continue accessing free treatment in public hospitals now and into the future, reducing the likelihood that they will suffer a fatal heart attack and thereby reducing Australia's mortality rates attributed to this condition.

Medicare also promotes equity through the Medicare Safety net, which ensures that individuals who have reached a threshold amount of out-of-pocket expenses on Medicare services in a calendar year can access all further services at a reduced price, and thereby providing extra support to those with enhanced health needs. This could reduce the financial stress and anxiety of someone who requires a multitude of treatments for chronic conditions, such as type 2 diabetes, improving Australia's mental health and wellbeing.

Question 9a.

Marks	0	1	2	Average
%	34	47	19	0.9

Examples of individual and/or social action could include:

- volunteering or donating to a non-government organisation
- lobbying governments
- spreading awareness via social media
- signing petitions to take to politicians
- protesting to raise awareness.

Most students were able to outline a way of taking individual or social action.

Common issues included:

- not showing how the individual or social action would engage with the work of a non-government organisation
- not showing how the examples of individual or social action could prevent violence against women and girls.

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

People could donate to a non-government organisation that works in low-income countries to address violence against women and take individual action, as this will increase the funds available to this non-government organisation (NGO). This means the NGO may be better able to implement education programs for women so they can get an education, decreasing the risk of being forced into marriage and being physically abused, preventing violence.

Question 9b.

Marks	0	1	2	3	4	Average
%	11	14	35	23	17	2.2

Students firstly needed to identify an outcome of preventing violence against women and girls, which could include:

- reduced injuries, harm, abuse or trauma
- reduced coercive control, child marriages, sexual assault or domestic violence
- increased feelings of safety, empowerment or self-worth
- reduced stress or anxiety
- increased social connection
- reduced gender discrimination.

The outcomes then needed to be linked to two dimensions of health and wellbeing. Students needed to provide specific examples of the dimensions rather than generic statements. For example, in relation to physical health and wellbeing, the generic statement of 'complete daily tasks' was too vague. Students needed to provide a more specific example, such as undertaking physical activity.

In relation to spiritual health and wellbeing, a common example was 'increased sense of belonging', which was not clear on who or what the sense of belonging related to. Higher-scoring responses would specify belonging to their local community or cultural group, for example.

Some students discussed the impact of violence against women and girls rather than the impact of preventing violence, which did not address the question.

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

Dimension 1: The prevention of violence against women and girls could help reduce the risk of injuries or harm occurring, such as female genital mutilation. This can help reduce the risk of contracting infectious diseases such as hepatitis, helping promote the functioning of the body and its systems. This would therefore promote their physical health and wellbeing.

Dimension 2: The prevention of violence against women and girls can also mean women and girls are safe enough to attend school or work, where they can socialise with others and develop supportive networks of friends, helping to promote their social health and wellbeing.

Question 10a.

Marks	0	1	Average
%	8	92	0.9

Possible answers included:

- conflict
- war
- climate change
- rising sea levels
- violation of human rights
- natural disasters
- poverty
- civil unrest
- famine
- persecution.

Responses such as ‘fighting’ were not specific enough and could relate to fighting within a family, for example, and therefore not relate to mass migration.

Question 10b.

Marks	0	1	2	3	4	5	6	Average
%	12	13	20	22	19	10	4	2.7

This question was marked holistically using a rubric, with high-scoring responses expected to demonstrate the following competencies:

- detailed analysis of at least two implications of mass migration
- at least two detailed and meaningful links to different dimensions of health and wellbeing and/or health status

Implications associated with mass migration (positive or negative) could include any of:

- migrants may run out of money
- issues communicating due to language barriers
- insecure accommodation or housing
- living in temporary accommodation without the required resources
- inability to access health care
- migrants can be exploited without status for work
- migrants may experience racism
- inability to access education and employment
- loss of identity
- women may experience violence
- overcrowded living conditions
- living in fear for their own safety, or a greater sense of safety on arrival
- food insecurity.

Higher-scoring responses were able to analyse implications rather than just stating them. Students then needed to provide a meaningful link between the implications and health outcomes.

Common issues included:

- being too general, such as stating that mass migration ‘impacted health status’. Responses should include a specific measure of health status, such as life expectancy or burden of disease and should indicate whether the impact was an increase or a decrease
- not being specific when referring to dimensions of health and wellbeing. For example, if referring to physical health and wellbeing, students needed to indicate what aspect of this was impacted and whether the impact was an increase or a decrease
- linking the implications of mass migration to human development rather than health outcomes. This did not address the question
- discussing the impacts of the causes of mass migration, such as war, which did not address the question.

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

Mass migration generally involves many people moving together from one place to another, this could lead to the increased prevalence of infectious diseases, such as influenza, due to close proximity between large groups of people, therefore increasing the spread of pathogens and bacteria. This could lead to increased morbidity due to infectious diseases for those migrating negatively impacting health outcomes.

Mass migration could lead to people leaving their homes and countries, which can reduce their sense of belonging, as they are not familiar with new areas, they may also feel a reduced sense of hope for a positive future if they are forcefully removed from their countries and displaced, reducing levels of spiritual health and wellbeing.

Mass migration could lead to people leaving their employment or losing their jobs. This may mean that they would not be able to obtain an income and increase their stress and anxiety regarding affording daily necessities such as nutritious food and shelter. Therefore, negatively impacting their mental health and wellbeing.

Question 11a.

Marks	0	1	2	3	Average
%	12	21	44	23	1.8

The most common SDGs identified were SDG 4 'Quality education' and SDG 5 'Gender equality'. Some students identified other SDGs, such as SDG 3 'Good health and well-being' and SDG 1 'No poverty'. These were accepted; however, students generally could not explain how these SDGs were reflected in the GPE.

Students needed to show an understanding of their selected SDG through aspects such as:

- SDG 4 'Quality education':
 - all children having access to primary and secondary education
 - universal literacy and numeracy
 - qualified and trained teachers
 - inclusive and safe schools
 - access to quality pre-primary education
 - eliminate discrimination in education for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations
- SDG 5 'Gender equality':
 - end discrimination against women and girls
 - end all violence against women and girls
 - eliminate forced marriages
 - value unpaid care
 - universal access to reproductive health care and rights.

A common issue was referring to women and girls having access to education as a feature of SDG 4; this goal refers to education for both boys and girls.

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

Australia's support of the GPE assists in achieving SDG 4 Quality education. This is done through the GPE's work to provide 'lifelong learning opportunities for all'. Additionally, the GPE seeks to improve childrens access to quality teachers, promote girls education and ensure that the poorest and most marginalised children have access to education. This assists in achieving SDG 4's key features by ensuring all children can access safe, quality and affordable primary and secondary education and also assists in increasing numbers of qualified teachers.

Question 11b.

Marks	0	1	2	3	Average
%	46	29	19	6	0.9

Justifications of the Australian Government working with multilateral aid organisations could have included:

- multilateral organisations have greater influence
- increases the global reach or scale of the project
- greater access to resources, including knowledge
- shared expertise
- specialist expertise
- programs can be delivered in more than one country
- greater funding available.

A common issue was not showing an understanding of multilateral aid organisations.

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

The Australian government partners with multilateral organisations as it extends the reach and impact of Australia's aid. Australia also partners with multilateral organisations on projects such as the GPE as it combines the resources of partners. For example, multilateral organisations such as the United Nations would have specific knowledge on how to implement the GPE on a global scale, meaning more children globally can receive education from this program whilst Australian Government would be able to provide funding to achieve this. Therefore, partnering with a multilateral organisation allow aid and funding from Australian government to be implemented on a global scale by combining the knowledge/skills of multilateral organisations meaning greater positive impact can be achieved.

Question 11c.

Marks	0	1	2	3	Average
%	44	21	23	12	1.1

Features of effective aid could include:

- a focus on results
- sustainability
- transparency
- a focus on women and girls
- cultural appropriateness
- a focus on a specific need
- alignment with an action area of the Ottawa Charter
- a focus on local people
- monitoring or evaluation
- education.

Students needed to show a meaningful link between the feature of effective aid and characteristics of human development. A common issue was to list characteristics of human development, rather than showing an understanding of the characteristic.

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

Focus on Education

The GPE objective is to promote 'lifelong learning opportunities for all', this increases the effectiveness of the GPE, as once a generation receives quality education, they are more likely to educate their children, and thus contribute to a cycle of positive educational outcomes. This increases the effectiveness of the aid delivered by GPE, as programs will not have to be continuously rerun, promoting sustainability. By ensuring the poorest and most marginalised children have access to education, this assists these children in improving their literacy and numeracy skills, making them more likely to gain well paying employment later in life. This assists individuals in having financial resources to access food, water and shelter, promoting a decent standard of living.

Question 12

Marks	0	1	2	3	4	5	6	Average
%	11	5	19	22	24	12	8	3.1

For this question students needed to correctly refer to two action areas of the Ottawa Charter for Health Promotion. Students then needed to demonstrate an understanding of how the two action areas could be implemented to increase physical activity. In their response, students were required to show an understanding of health promotion through providing specific examples of the action areas. Students needed to show a meaningful link between their nominated action areas and increasing physical activity of young Australians.

The Ottawa Charter for Health Promotion action areas are:

- Develop personal skills
- Create supportive environments
- Build healthy public policy
- Strengthen community action
- Reorient health services.

Common issues included:

- discussion of what an 'individual could do' rather than how the action area could be used to increase physical activity
- not including clear links between the action area and how this would specifically increase physical activity levels. This is where students were required to show understanding of the role of health promotion.

The following are extracts from high-scoring responses:

Action area 1: Strengthen community action could involve partnership between local gyms, schools and local government to provide young people with a series of fun, free physical activity sessions tailored to their age group, that could assist in making exercise more fun. This could make young Australians more likely to engage in physical activity and do so ongoingly as they develop a positive and fun relationship with exercise.

Action area 2: Create supportive environments: This relates to creating/changing physical and sociocultural environments to promote health outcomes. This could include changing the physical environment by building more parks and walkways and playgrounds that provide more areas for young Australians to be physically active in, increasing the likelihood of engaging in physical exercise, reducing the low levels of physical activity among young Australians.

Section B

Question 1

Marks	0	1	2	3	4	5	6	7	8	9	10	Average
%	8	9	15	17	17	13	10	6	3	2	1	3.7

The assessment criteria from the examination specifications were used for developing a rubric to holistically assess this question. The expected competencies for a high-scoring response were:

- understanding, connection and synthesis of the stimulus material, with links to all four sources
- a description of how characteristics of high- and low-income countries impact access to safe water and sanitation
- an analysis of how access to safe water and sanitation contributes to differences in health status in high- and low-income countries
- an analysis of how achievement of SDG 6 contributes to the achievement of SDG 3.

Guidance regarding the knowledge contained in the question

When discussing how characteristics of low- and high-income countries contribute to differences in access to safe water and sanitation, students could have included:

- poor/high access to technology
- lower/higher levels of gender equality
- poorly/well developed infrastructure
- low/high access to housing / poor quality housing
- low/high poverty levels
- low/high average incomes or Gross National Income per capita
- high/low levels of conflict.

Students needed to use more than one characteristic to explain the differences in access to safe water and sanitation between low- and high-income countries.

Some students used low/high access to safe water and sanitation as a characteristic of low- and high-income countries. This did not address the question, as they were effectively saying low access to water and sanitation leads to low access to water and sanitation.

Students needed to analyse how access to safe water and sanitation contributes to differences in health status in high- and low-income countries. Most students were able to list health status indicators but sometimes lacked specific detail. Students needed to specify whether the health status indicator was higher or lower in high- and low-income countries. Some students used 'increased morbidity' but did not identify the cause of morbidity nor make a comparison between high- and low-income countries. A more specific response would be 'low-income countries have higher rates of morbidity from water-borne diseases, such as cholera, compared to high-income countries'.

Students needed to show an understanding of relevant aspects relating to the achievement of SDG 6 'Clean water and sanitation'. This could include any of:

- WASH (water, sanitation and hygiene)
- access to safe and affordable water
- ending open defecation
- access to sanitation
- improve water quality/treatment
- focus on expanding water and sanitation facilities in low-income countries
- participation of local communities in water and sanitation management.

Students were then required to show how the achievement of SDG 6 contributed to the achievement of key features of SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages'. Relevant key features of SDG 3 could include:

- reduce maternal mortality
- end preventable deaths of newborns and children under 5 years of age
- end water-borne disease and other communicable diseases
- reduce illness and death from hazardous chemicals and pollution
- reduce non-communicable diseases (musculoskeletal problems due to carrying water).

Guidance regarding structure and use of stimulus material

It should be noted that this is an extended-response question, rather than a written report. While the skills used in developing a written report can help students formulate an extended response (that is, unpacking the components of the question using own knowledge and linking to the stimulus material, such as the body of a written report), a formal structure including an introduction, body and conclusion is not expected. It is important that all parts of the response are insightful, provide specific information related to the assessment criteria and avoid generic statements.

Some students structured their responses around the stimulus material, discussing Source 1 followed by Source 2, Source 3 and Source 4. This approach tended to be disjointed, with responses often restating the stimulus material and incorporating little student knowledge. This structure typically did not access high marks.

High-scoring responses were structured around the three key points in the question rather than the stimulus material. This structure enabled students to incorporate the relevant sources with their own knowledge, while developing a coherent and comprehensive discussion.

Using the extended-response School-assessed Coursework (SAC) task and the associated planning tool can help build the skills required to develop a response that demonstrates the competencies of a high-scoring response.

Those students who did not refer to the stimulus material could not access the higher marks.

In writing extended responses, students should signpost the stimulus material used in their response: for example, "Globally, there are nearly 1.7 billion cases of childhood diarrhoeal disease every year" (source 3). This ensures it is clear that all sources have been used.

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

Low-income countries, such as 'Central African Republic' (source 4) may experience lower levels of average income compared to high income countries. This could contribute to the reduced ability of their governments to collect adequate amounts of taxes to put towards sanitation and safe water facilities, such as building public water fountains (Source 4). This contributes to the reduced access to safe water and sanitation in low-income countries. Further demonstrated in source 1, as the proportion of people

using safely managed water is always higher in high-income countries compared to low income countries.

Low-income countries may also be likely to experience lower levels of education compared to high-income countries. This could reduce their abilities to have the skills and knowledge required to build or find safe water sources or build sanitation facilities and therefore could lead to decreased access to safe water and sanitation in low income countries, as demonstrated in source 2, where the proportion of population using safely managed sanitation facilities in low-income countries is always lower compared to high-income countries.

Low-income countries are also likely to experience lower levels of adequate infrastructure, such as 'public water fountains' (Source 4) compared to high income countries. This could lead to poorly built or limited amounts of water sources that's safe to consume and well-built sanitation and hygienic facilities, such as flushing toilets in low-income countries, thus reducing their access to safe water and sanitation.

As demonstrated in source 1, high-income countries are likely experiencing higher proportion of the population using safely managed drinking water, at approximately 92% in 2021 compared to approximately 22% in low-income countries. This could lead to people in low-income countries more likely to consume contaminated water, due to lack of access, that is contaminated with bacteria and pathogens. This could increase their prevalence of contracting water-borne diseases such as cholera, increasing morbidity rates from such conditions in low income countries.

Low-income countries also experience lower levels of 'safely managed sanitation facilities' (Source 2) compared to high income countries. This could lead to people open defecate and contamination and spread of bacteria that causes diarrhoeal diseases contributing to 'the nearly 1.7 billion cases of childhood diarrhoeal disease' (Source 3) and increase the incidence of under-5 mortality rates due to this condition in low-income countries.

A reduced access to safe water and sanitation in low-income countries compared to high-income countries, may mean that women and girls, like Milene, must walk long distances to collect safe drinking water. This may mean they must travel long distances with a heavy load of water, such as three 20litre jerry cans with water. The heavy load that they must carry could contribute to the increased prevalence of musculoskeletal diseases and increase morbidity from this condition, for women in low-income countries.

By achieving access to safe and affordable drinking water, a key feature of SDG 6: Clean water and sanitation, less people would likely get sick from drinking contaminated water and reduce the incidence of them 'falling ill' to water-borne diseases, such as cholera, which can help end the epidemic of communicable diseases, a key feature of SDG 3: Good health and wellbeing.

By ensuring all people have access to sanitary and hygienic conditions, such as flushing toilets, they are less likely to open defecate and reduce the incidence of diarrhoeal diseases (Source 3), especially in children, which can help achieve an end to preventable deaths of children under 5, a key feature of SDG 3.

By improving water quality by reducing pollution, a key feature of SDG6, people in low-income countries, such as Central African Republic (Source 4) are less likely to fall ill to water-borne diseases and improve their immune systems, which could reduce complications during pregnancy, thus helping to reduce maternal mortality, a key feature of SDG 3.