VICTORIAN CURRICULUM AND ASSESSMENT AUTHORITY

Victorian Certificate of Education
2002

HEALTH AND HUMAN DEVELOPMENT

Written examination

Friday 15 November 2002

Reading time: 3.00 pm to 3.15 pm (15 minutes)
Writing time: 3.15 pm to 5.15 pm (2 hours)

QUESTION BOOK

Structure of book

Number of questions	*Number of questions to be answered*	*Number of marks*
5	5	85

- Students are permitted to bring into the examination room: pens, pencils, highlighters, erasers, sharpeners and rulers.
- Students are NOT permitted to bring into the examination room: blank sheets of paper and/or white out liquid/tape.
- No calculator is allowed in this examination.

Materials supplied
- Question book of 4 pages.
- One or more script books.

Instructions
- Write your **student number** in the space provided on the front cover(s) of the script book(s).
- All written responses must be in English.

At the end of the examination
- Place all other used script books inside the front cover of the first script book.
- You may keep this question book.

Students are NOT permitted to bring mobile phones and/or any other electronic communication devices into the examination room.

Question 1

Adam (aged 40) and his son Jed (aged 3) enjoy reading stories together. Jed's development is predictable for his age.

a. Explain **three** ways that reading together may contribute to the social **and/or** emotional development of Adam and Jed.

$3 \times 2 = 6$ marks

b. Describe **two** characteristics of physical development that would be expected for Jed. Discuss how these characteristics may affect his social **and** emotional development.

$2 \times 4 = 8$ marks

Total 14 marks

(suggested time: 15 minutes)

Question 2

a. Using the information provided in the table below, explain the need for the differences in protein, calcium and iron intakes for each of the groups shown.

$3 \times 4 = 12$ marks

Recommended dietary intakes (RDIs) for use in Australia (expressed as mean daily intakes) by group, 1991

	Girls 8–11 years	**Girls 12–15 years**	**Non-pregnant women**	**Pregnant women**
Protein (g)	27–39	44–55	45	51
Calcium (mg)	900	1000	800	1100
Iron (mg)	6–8	10–13	12–16	22–36

Source: Adapted from National Health and Medical Research Council 1991, Recommended Dietary Intakes for Use in Australia, Canberra: AGPS

b. Identify **one** environmental factor and **one** genetic factor and describe how they may affect the physical development of an embryo/foetus.

$2 \times 3 = 6$ marks

c. Identify and explain how **one** biomedical approach may enhance the health of a pregnant woman and her embryo/foetus.

3 marks

Total 21 marks

(suggested time: 30 minutes)

Question 3

Mental health has been identified as one of the National Health Priority Action areas. Within mental health, depression is a leading cause of illness and disability. Depression is characterised by feelings of sadness and periods of low moods. Depression has been identified by the government as the first priority for action.

a. Describe **three** examples of development that are characteristic of young adulthood.

$3 \times 2 = 6$ marks

b. Discuss how depression might impact on the physical, social and emotional health **and/or** development of young adults.

$3 \times 3 = 9$ marks

c. Outline **two** possible consequences for the community of young adults experiencing depression.

$1 + 1 = 2$ marks

Total 17 marks

(suggested time: 25 minutes)

Question 4

Diabetes is the 7th major cause of death in Australia and it is estimated to affect 1.6 million people in the next decade. The prevalence of diabetes among indigenous Australians (Aboriginal and Torres Strait Islanders) is about two to four times greater than that of non-indigenous Australians.

Source: Diabetes Fact Sheet, Commonwealth Department of Health and Aged Care (last updated August 2001)

a. Describe **three** food selection factors that may account for the prevalence of diabetes among all Australians.

$3 \times 2 = 6$ marks

b. A key goal of governments is maintaining and promoting public health. Explain how governments could redress the high prevalence of diabetes in indigenous Australians to meet this goal.

4 marks

c. Identify and describe a preventive approach that could be used to decrease the prevalence of diabetes among all Australians. Justify how this approach may be more effective than biomedical approaches in reducing the prevalence of diabetes in Australia.

$3 + 5 = 8$ marks

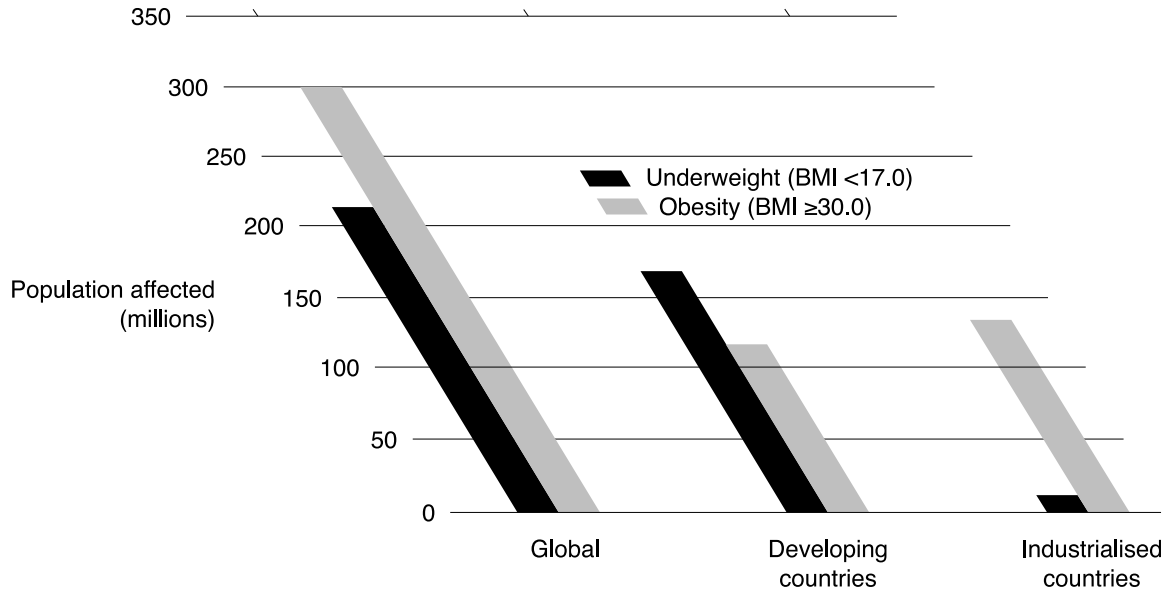
Total 18 marks

(suggested time: 25 minutes)

Question 5

Malnutrition is one of today's most serious global public health problems. Both obesity and undernutrition (underweight) contribute to this problem as shown in the figure below.

Adult population affected by underweight and obesity by level of development (estimates for the year 2000)



Source: adapted from Nutrition for Health and Development, 2000. Turning the tide of malnutrition. Responding to the challenge of the 21st century, World Health Organisation, Geneva, p. 12

a. Explain **two** reasons that may account for the global prevalence of obesity.

$2 \times 2 = 4$ marks

b. Identify **two** consequences of undernutrition for the health **and/or** development of people in developing countries.

$2 \times 2 = 4$ marks

c. The World Health Organisation (WHO) is developing strategies aimed at reducing malnutrition. Describe **one** strategy you would suggest they use to reduce the prevalence of obesity in a developing country. Explain why this strategy should be used.

$2 + 5 = 7$ marks

Total 15 marks

(suggested time: 25 minutes)

END OF QUESTION BOOK