



INSIGHT
Trial Exam Paper

2011
HEALTH AND HUMAN
DEVELOPMENT
Written examination

Sample responses

This book presents:

- correct sample responses
- mark allocation details
- tips

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SECTION A

Question 1

- a. Explain the term *glycaemic index (GI)*.

2 marks

Sample response

The glycaemic index, or GI, ranks carbohydrates according to their effect on blood glucose levels. Carbohydrates that break down quickly during digestion and release glucose rapidly into the bloodstream have a high glycaemic index. Carbohydrates that break down slowly during digestion and have slower glucose absorption into the bloodstream have a low glycaemic index. Different foods are given rankings as compared to pure glucose and categorised as having a low GI, medium GI, or high GI.

Mark allocation

- 1 mark for discussing the rate at which glucose is released.
- 1 mark for noting that the glycaemic index ranking is based on a comparison to pure glucose.

Tip

- *Students should have a thorough understanding that the glycaemic index (GI) is a measure of the effects of carbohydrates on blood glucose.*

- b. Discuss the role of the glycaemic index in the management of diabetes mellitus type 2 (commonly referred to as type 2 diabetes).

4 marks

Sample response

- The glycaemic index (GI) can be a useful tool for managing type 2 diabetes, a disease where the hormone insulin is no longer effectively regulating the amount of glucose in the blood. People with type 2 diabetes should avoid foods that rapidly increase blood glucose levels, since insulin has to work harder when there is a high level of glucose in the blood. The glycaemic index (GI) is a measure of the rate of release of glucose into the blood stream from the breakdown of carbohydrates during digestion. By selecting foods with a low GI, people suffering from type 2 diabetes can manage the rate at which glucose is released into their blood stream and, therefore, reduce the strain on insulin.

Mark allocation

- 1 mark for correctly defining diabetes mellitus type 2 (type 2 diabetes).
- 1 mark for identifying that people with type 2 diabetes should avoid foods that rapidly increase blood glucose levels.
- 1 mark for identifying that the glycaemic index (GI) is a measure of the effects of carbohydrates on blood glucose.
- 1 mark for link made between GI and type 2 diabetes (i.e., by selecting foods with a low GI, people suffering from type 2 diabetes can manage the rate at which glucose is released into their blood stream).

Tip

- *Student must have a thorough understanding of how the glycaemic index (GI) works and should ensure they understand the difference between diabetes mellitus type 1 and diabetes mellitus type 2, and also between management and prevention.*

Question 2

‘Attention has been drawn to communities of men in Australia with the poorest levels of health. Men in regional and remote regions have been recognised as a group with distinct and special needs. In most areas of health, men have poorer outcomes than women. This is also true in the rural context where men share a higher burden of disease than women.’

(Source: AIWH 2010. ‘A snapshot of men’s health in regional and remote Australia.’ Cat. no. PHE 120. Canberra: AIWH)

- a.** Explain the impact that living in a rural or remote area has on the health of men in Australia.

2 marks

Sample response

- Living in a rural or remote area can have a negative impact on the health of men in Australia. Men who live in a rural or remote area are less likely to partake in preventative health care because it may not be readily available to them, as health services may be physically further away. Also, men who live in a rural or remote area tend to have higher rates of mental health issues than men living in metropolitan areas, due to social isolation caused by living a long distance from neighbours and other people in the community. Men who live in a rural or remote area also tend to have higher rates of cardiovascular disease and diabetes due to the lack of food variety available to them.

Mark allocation

- 1 mark for each relevant impact outlined in the response, with proper rationale provided.
- b.** Identify a biological, behavioural, and social determinant and explain how each would impact the health of men in Australia who live in a rural or remote area.

6 marks

Suggested Response

Biological: Sex (Male)—Males are at risk of diseases such as bowel cancer and prostate cancer, which are high causes of morbidity and mortality in Australia. These diseases require doctors and hospital services that can be difficult to access in rural and remote areas.

Behavioural: Risk-taking behavior—Males, particularly young men, commonly participate in risk-taking behaviours such as drinking and dangerous driving. Living in a rural area means that the roads are often unsealed which increases the risk of injury and death.

Social: Physical environment—Accessibility to doctors and medical services is limited for men who live in rural and remote areas. They often have to travel long distances to access doctors and medical services. This can have a negative impact on health, especially in emergency situations. Men who live in rural or remote areas are also less likely to visit the doctor for regular checkups if they have to travel a long distances, which reduces the likelihood of early detection of diseases such as bowel cancer.

Mark allocation

- 1 mark for each relevant and correct determinant identified.
- 1 mark for each explanation of how the determinant would impact the health of men in Australia who live in a rural or remote area.

Tip

- *Remind students that the determinant must relate to health, not development. Social determinants could also include injuries relating to occupations.*

Question 3

- a. List three nutrients that play a role (positive or negative) in cardiovascular disease and explain the role of each.

6 marks

Sample response

1. Fibre—keeps the digestive system healthy by contributing to processes that regulate glucose and cholesterol levels in the blood. Ingesting fibre also extends the time a person feels satisfied or ‘full’ after it is ingested. This reduces over-eating and the chances of obesity, which is a closely linked risk factor for cardiovascular disease.
2. Saturated fat—increases the production of LDL cholesterol, which can lead to plaque formation in the arteries. This, in turn, can lead to heart attack, angina and/or stroke.
3. Monounsaturated fat—reduces the production of LDL cholesterol and increases the production of HDL cholesterol. HDL cholesterol encourages the uptake and disposal of cholesterol and prevents plaque buildup from forming in the arteries.

Mark allocation

- 1 mark for each nutrient listed that plays a role in cardiovascular disease.
- 1 mark for each explanation of the link between the nutrient and cardiovascular disease.

Tip

- *Remind students to choose nutrients for which they can easily explain the connection to cardiovascular disease. Students should look ahead and review all parts of a question before they begin to write their response. For example, **part b** of this question asks students to name a food source for one of the nutrients they chose in **part a**.*

- b.** For each of the three nutrients you listed above, identify one food source.
Use the table below.

Nutrient	Food Source

3 marks

Sample response

Nutrient	Food Source
<i>fibre</i>	<i>whole grain bread</i>
<i>saturated fat</i>	<i>butter</i>
<i>monounsaturated fat</i>	<i>olive oil</i>

Mark allocation

- 1 mark for listing a correct food source for each of the three nutrients identified in **part a**.

Tip

- *Remind students to read the question carefully. They won't get marks if they don't use the same nutrients that they listed in **part a**.*

Question 4

Define the following terms:

- Social health
- Prevalence
- Under-5 mortality rate

3 marks

Sample response

- Social health refers to the ability to interact with others and participate in the community in both an independent and cooperative way.
- Prevalence refers to the number, or proportion, of cases of a particular disease or condition present in a population at a given time.
- Under-5 mortality rate refers to the probability of a child born in a specific year or period dying before reaching the age of five, if subject to age-specific mortality rates of that period.

Mark allocation

- 1 mark for each correct definition.

Tip

- *Students should memorise the definitions in the glossary section of the Victorian Curriculum and Assessment Authority Health and Human Development Study Design.*

Question 5

Medicare is Australia's universal health care system. The three main objectives of Medicare are:

- To make health care affordable for all Australians.
- To provide all Australians with access to health care services, with priority according to clinical need.
- To provide a high quality of health care.

- For each of the three main objectives of Medicare, list an example of how Medicare attempts to meet the objective.

3 marks

Sample response

- Medicare attempts to meet this objective by providing free coverage for many services (such as eye tests every 2 years).
- Medicare attempts to meet this objective by ensuring that Australians have access to free emergency care in public hospitals and are treated according to how urgently they need attention.
- Medicare attempts to meet this objective by ensuring that all patients in public hospitals have access to full specialist care.

Mark allocation

- 1 mark for each relevant example of how Medicare attempts to meet the objective listed.

Tip

- *Students should make sure their answers are specific and should make explicit links to the relevant objective.*

- Define the term *schedule fee*.

1 mark

Sample response

Schedule fee is a term that refers to the fee set by the Australian Government for a particular health or medical service.

Mark allocation

- 1 mark for providing the correct definition.

- c. In the table below, list two health care services that are covered by Medicare and two health care services that are not covered by Medicare.

Health care services that are covered by Medicare	Health care services that are NOT covered by Medicare
1.	1.
2.	2.

2 marks

Sample response

Health care services that are covered by Medicare	Health care services that are NOT covered by Medicare
<i>1. Eye test every two years</i>	<i>1. Physiotherapy</i>
<i>2. Treatment and accommodation as a public patient in a public hospital</i>	<i>2. Ambulance</i>

Mark allocation

- 0.5 marks for each correct answer listed.

Question 6

- a. In the table below, list the three dimensions of the Human Development Index (HDI), as well as one indicator used to determine each dimension.

Dimension	Indicator

6 marks

Sample response

Dimension	Indicator
<i>long and healthy life</i>	<i>life expectancy at birth</i>
<i>knowledge</i>	<i>education rates</i>
<i>decent standard of living</i>	<i>GDP per capita</i>

Mark allocation

- 1 mark for each correct dimension listed.
- 1 mark for each correct indicator listed.

Tip

- *Remind students that the indicators for knowledge can vary. Adult literacy rates and education enrolments would also be acceptable.*

Country	Life Expectancy at birth (years)	U5MR (per 1000 live births)	HDI
Australia	81.9	6	0.937
Kenya	55.6	128	0.470
Chile	78.8	9	0.783
Japan	83.2	4	0.884
Ghana	57.1	76	0.467
Bangladesh	66.9	54	0.469

(Adapted from: UNDP 2010. 'International Human Development Indicators.')

- b.** From the data above, identify one developing country and explain why it is developing.

3 marks

Sample response

Developing country: Kenya

Explanation: Kenya is a developing country, as shown by the very low Human Development Index (HDI) of 0.470. Kenya also has a life expectancy at birth of 55.6 years, which is very low.

Mark allocation

- 1 mark for correctly identifying a developing country.
- 2 marks for providing a relevant rationale as to why the identified country is a developing country (or 1 mark for a weak rationale).
- *Note: Ghana and Bangladesh are also developing countries.

Tip

- *Tell students that they don't need to explain why the indicators are low or high, but they must use the indicators to support their verdict on which countries are developing countries.*

- c.** Give one possible reason why Bangladesh and Kenya have different life expectancies at birth but have very similar Human Development Index (HDI) values.

2 marks

Sample response

Bangladesh has a higher life expectancy than Kenya, but may have lower education levels or GDP per capita (which are also used to measure Human Development Index (HDI)). This would explain why their HDI values are very similar.

Mark allocation

- 2 marks for a detailed reasoning (or 1 mark for a simple or brief reasoning).

Tip

- *Students should ensure they fully understand the role that each of the three dimensions of Human Development Index (HDI) play in determining the HDI value for a country.*

Question 7

- a. Explain what is meant by the term *private health insurance*.

2 marks

Sample response

Private health insurance means that individuals (or families) pay a cost, or premium, to a fund, which in turn offers financial benefits for additional healthcare services that may not be covered by Medicare (e.g., physiotherapy, ambulance cover). Private health insurance can also reduce waiting time for access to services. Patients also have their choice of doctor in hospital. The types of services covered by private health insurance depend on the type of health cover the family or individual has chosen to purchase.

Mark allocation

- 2 marks for a correct explanation of the term *private health insurance*, i.e. providing at least 2 points that distinguish private health insurance (or 1 mark for a weak explanation).

Tip

- *Remind students that private health insurance can be difficult to explain, so it might be good to use examples in their response.*

- b. Opinions in the Australian community regarding private health insurance are divided; some are supporters while others are critics. Give two advantages and two disadvantages of private health insurance.

4 marks

Sample response

Advantages:

1. Private health insurance takes pressure off the already over-stretched Medicare system.
2. Private health insurance can cover extra services which Medicare doesn't (such as physiotherapy and ambulance cover).

Disadvantages:

1. Private health insurance is expensive and not an affordable option for all Australians. It is not fair that people who can afford private health insurance get better health care.
2. You may pay for private health insurance and not use it, which would be a waste of money.

Mark allocation

- 1 mark for each advantage and disadvantage listed, with justification.

Tip

- *Remind students to make their responses clear and concise.*

Question 8

- a. List two food labelling regulations, as outlined by Food Standards Australia and New Zealand (FSANZ).

2 marks

Sample response

1. Foods must be labelled with an ingredient list.
2. Foods must be labelled with a 'use by' or 'best before' date.

Mark allocation

- 1 mark for each correct regulation listed.

Tip

- *Students do not need to memorise all of the requirements, only a few of them.*

- b. Outline the role of Australian Commonwealth Government in promoting healthy eating in Australia.

5 marks

Sample response

The Australian Commonwealth Government has a major role in promoting healthy eating in Australia. The government has a vested interest in improving the diets of Australians as a means to alleviate some of the pressure on the Medicare health care system. Improvements in people's diets could also reduce the occurrence of diseases such as Diabetes Mellitus Type 2, Obesity, and Cardiovascular Diseases—all of which cost Australia millions of dollars each year. The Australian Commonwealth Government is responsible for planning health promotion programs and tools, such as the '*Australian Guide to Healthy Eating*' and the '*Dietary Guidelines for Australian Adults*'. Both of these programs aim to improve the diets of Australians. However, to do this, the government also needs a clear picture of what Australians are eating. The Australian Commonwealth Government achieves this by conducting the *National Nutrition Survey*, as well as other food consumption surveys.

Mark allocation

- 1 mark for stating the significance of The Australian Commonwealth Government role in promoting healthy eating in Australia.
- 1 mark for each relevant point listed (up to 4 points).

Tip

- *Students should try and tie in as many of the responsibilities of The Australian Commonwealth Government, as they relate to promoting healthy eating. These are listed in the VCAA Study Design for Health and Human Development.*

END OF SECTION A

SECTION B

Question 1

Read the article below about VicHealth's 'Be Active Eat Well' BAEW (Colac) project.

Small Australian town is model for community campaigns against obesity

The small town of Colac in rural Victoria is attracting national and international attention for its approach to fighting childhood obesity and reducing health inequalities.

Two hours west of Melbourne, with only 11 000 inhabitants, Colac is the site of a long-term, community-wide campaign called 'Be Active Eat Well', which is funded by the Victorian government. The campaign aims to build the community's capacity to fight childhood obesity. Its action plan was designed and implemented by local organizations, including schools; parents; and local health, housing, and government services. Key strategies include transforming canteen menus, introducing daily fruit, reducing television watching, and increasing activities after school.

In the first three years of the campaign, children in Colac had significantly lower weight (about 1 kg) and smaller waists (about 3 cm), compared with children in a nearby control area. In what the authors describe as a world first, the community-based obesity prevention campaign seemed to reduce health inequalities. In Colac, changes in weight and other measures were not related to children's socio-economic status, whereas in the control group the more disadvantaged students experienced greater unhealthy weight gain.

(Adapted from: Moynihan, R. British Medical Journal, 16 August 2010.)

- a. Briefly describe the role of VicHealth.

2 marks

Sample response

VicHealth is the Victorian Health Promotion Organisation, which is run and funded by the Victorian Government. VicHealth aims to improve the health of Victorians in areas such as smoking, overweight and obesity, physical inactivity, sun protection behaviour, social exclusion, discrimination, violence, alcohol misuse, and the links between socio-economic disadvantage and health. VicHealth aims to improve the health of Victorians through implementation of programs such as 'SunSmart' and 'Quit'.

Mark allocation

- 2 marks for a detailed and accurate description of the role of VicHealth.

Tip

- *Remind students to check that they are using VicHealth's Strategy and Business Plan 2009 – 2013, as many textbooks use the old one. As of 2011, the VCAA will only be accepting the Strategy and Business Plan 2009 – 2013.*

- b. Select one of VicHealth's values from their mission statement and discuss how this value is evident in the '*Be Active Eat Well*' case study above.

3 marks

Sample response

Value: Just

VicHealth acknowledges health as a human right and gives priority to addressing health inequalities. The '*Be Active Eat Well*' project demonstrates an improvement in health outcomes for children regardless of their socio-economic status, which addresses the health inequalities caused by socio-economic status.

Mark allocation

- 1 mark for selecting a correct value from VicHealth's mission statement.
- 2 marks for providing a relevant discussion of how it is evident in the case study.

Tip

- *Remind students to check that they are using VicHealth's Strategy and Business Plan 2009 – 2013 as many textbooks use the old one. As of 2011, the VCAA will only accept the Strategy and Business Plan 2009 – 2013.*

- c. The government promotes healthy eating using a number of different methods. Select one of these methods and discuss how it could be used in the '*Be Active Eat Well*' project above.

Method selected:

4 marks

Sample response

Method selected: Food Surveys

The Australian Commonwealth Government often uses food surveys to gain information about what people are eating. These surveys are often targeted to population groups or can be given to the whole population, such as the *1995 National Nutrition Survey*. Food surveys are often a '24 hour food recall', where participants self-report what they ate over a 24-hour period. In an initiative such as the '*Be Active Eat Well*' project, a food survey could be conducted on the population of Colac to ascertain what people are eating before attempting to change their food-related behaviour.

Mark allocation

- 1 mark for the correct selection of one of the methods listed in the *Human Health and Development Study Design*.
- 3 marks for a relevant discussion of how the selected method could be used in the '*Be Active Eat Well*' project, with justification.

Tip

- *Students could also look at the nutrient reference values, the Australian Guide to Healthy Eating, or the Dietary Guidelines for Australian Adults.*

Question 2

a. Explain how 'burden of disease' is measured in Australia.

2 marks

Sample response

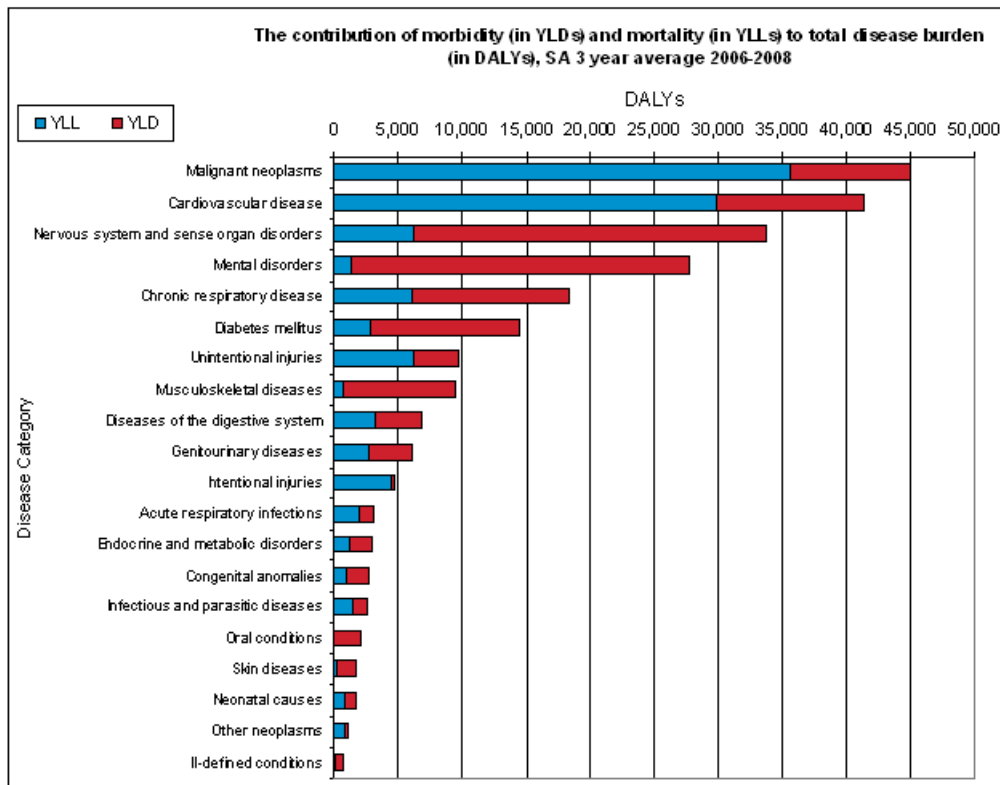
Burden of disease is measured in disability adjusted life years (DALYs), which are calculated using years of life lost due to disability or disease (YLDs) and years of life lost due to death (YLLs). YLLs and YLDs are based on life expectancy data.

Mark allocation

- 1 mark for providing an explanation of disability adjusted life years (DALYs)
- 1 mark for providing an explanation of morbidity and mortality, life expectancy, or YLLs and YLDs.

Tips

- *Students should ensure they do not mix up YLLs and YLDs. Encourage students to use technical terms (e.g., DALYs, life expectancy etc.) in their responses wherever possible.*



(Adapted from: Government of South Australia 2010. 'South Australia Burden of Disease.')

b. Mental Health is listed as one of the eight National Health Priority Areas. From the graph above, list two reasons for this.

2 marks

Sample response

1. Mental illness is one of the top two causes of non-fatal burden of disease.
2. Mental illness is one of the top five leading causes of burden of disease.

Mark allocation

- 1 mark for each correct reason provided.

Tip

- *Remind student to use direct examples from the graph whenever possible.*

- c. For mental health, describe:
- i. an indirect cost to the community.
 - ii. a direct cost to the individual.

2 marks

Sample response

- i. An indirect cost to the community could be the reduced productivity that mental illness causes due to sufferers taking time off work.
- ii. A direct cost to the individual could be the GAP payment for the psychiatrist's consultation fees to pay for the treatment of mental illness.

Mark allocation

- 1 mark for each cost described, with explanation.

Question 3

- a. Explain the Social Model of Health.

2 marks

Sample response

The Social Model of Health is a conceptual framework that aims to reduce social inequality by addressing the determinants that affect health. The framework recognises that for health gains to occur, social, environmental and economic determinants must be taken into account.

Mark allocation

- 1 mark for explaining that the Social Model of Health is a determinant-based approach.
- 1 mark for explaining that the Social Model of Health aims to reduce social inequality.

Tip

- *Remind students that this question is only worth two marks, so they don't need to discuss the A.R.E.A.S. or guiding principles to properly answer this question, especially as they feature in the next question.*

- b.** Select and explain two of the **key** principles of the Social Model of Health, using an example to explain each.
 Key principle: [1 line]
 Key principle: [1 line]

6 marks

Sample response

Key principle: Reduce social inequality

The Social Model of Health aims to reduce health inequalities caused by gender, socio-economic status, employment status, location and environmental factors (e.g., providing free exercise classes at a local park to enable individuals who cannot afford gym fees to participate in organised physical activity).

Key principle: Intersectorial collaboration

Intersectorial collaboration is about various stakeholders working together to achieve a shared goal. The different sectors could include private or government, industrial or health services and also education, welfare, environmental or other services (e.g., food manufacturers teaming up with government health departments and FSANZ to fortify flour with folate in an effort to reduce neural tube defects).

Mark allocation

- 1 mark for each key principle selected.
- 1 mark for each relevant explanation.
- 1 mark for each example provided as evidence of the explanation.

Tip

- *Students should have at least one example prepared for each of the A.R.E.A.S. of the Social Model of Health.*

The 'SunSmart Schools Program' is a VicHealth initiative which aims to reduce damage to health caused by UV exposure.

In order to become recognised, schools must

- have a written sun protection policy meeting minimum standards relating to curriculum, behaviour and the environment;
- be working to increase shade and reschedule outdoor activities to lower UV times of the day; and
- teach children about sun protection.

Evidence suggests that childhood exposure to UV radiation contributes significantly to the development of skin cancer in later life. Educating school children and reducing their sun exposure is expected to have a major impact on the future incidence of skin cancer.

(Source: Cancer Council Australia 2010.)

- c. In the table below, list the five priority action areas of the *Ottawa Charter for Health Promotion*, and provide an example of how each action area relates to the SunSmart Schools Program.

Priority action area of the Ottawa Charter	Example from the ‘SunSmart’ Schools program

5 marks

• **Sample answer**

Priority Action Area of the Ottawa Charter	Example from the ‘SunSmart’ Schools program
<i>Building Healthy Public Policy</i>	<i>‘No Hat No Play’ policy</i>
<i>Creating Supportive Environments</i>	<i>Planting trees and putting up shade sails to provide areas that are out of the sun</i>
<i>Strengthening Community Action</i>	<i>Having a working bee involving the parents and friends group to make the school more ‘SunSmart’ by putting up shade sails and planting trees</i>
<i>Developing Personal Skills</i>	<i>Teaching children about UV rays and slip, slop, slap, slide and shade</i>
<i>Reorient Health Services</i>	<i>Offer skin health checks at schools for students and their families conducted by a doctor.</i>

Mark allocation

- 0.5marks for each priority action area listed.
- 0.5 marks for each example given.

Question 4

- a. Women in developing countries often have lower life expectancies, higher rates of communicable diseases, and poorer health status than their male counterparts. Give two possible reasons for this inequality.

2 marks

Sample response

1. Women often have lower levels of education and may be less educated about health issues such as STIs and AIDS.
2. Women are highly susceptible to disease or death during childbirth in developing countries as childbirth often occurs in unsterile conditions and antenatal care is often sub-standard.

Mark allocation

- 1 mark for each correct reason given.

Tip

- *Students could also write about low income levels, inability to own property or have a job in many countries, political inequality and poverty.*

- b.** Identify and describe a program that aims to improve the health status of women in developing countries.

3 marks

Sample response

The World Bank has a program called the *Second Vietnam Rural Finance Program*, which issues microcredit loans to women for business startup. Some women borrow money for cattle to start farming businesses. The loans are usually between \$500 and \$1000. Women then sell milk, eggs or meat from the animals and use the money to build their businesses. The program enables women to have a source of income and have more power over their own lives. The program also trains women in basic business skills, providing them with some education. With extra money, the women can buy food for the family and can produce their own food through farming, which can reduce malnutrition.

Mark allocation

- 1 mark for identifying a program.
- 1 mark for describing the program.
- 1 mark for explaining how this program improves the health status of women.

Tip

- *To answer this question, students can use any program that they have studied in class.*

- c.** Discuss the effectiveness of the program you described in **part b**.

2 marks

Sample response

The program is equitable because it targets women who are often under-privileged and have a poorer health status. It is also affordable for the community long term as the women don't need to have collateral to borrow the money and only small loans are given that the women are actually able to afford.

Tip

- *Students should make sure to mention two of the elements used to evaluate programs. These could include equity, affordability or appropriateness.*

Question 5

Read the following case study.

Piecing lives together: integrated mine action in Cambodia

Nearly three decades of war have left Cambodia severely contaminated by landmines and unexploded ordnance (UXO). Landmines are devices buried in the ground that explode when triggered by a person (anti-personnel) or vehicle (anti-vehicle). They are made from metal or plastic and come in many forms, including blast, fragmentation and bounding. UXO include bombs, shells, mortars, grenades and other ammunition that failed to detonate as intended. UXO are spread throughout Cambodia. Estimates of the areas contaminated by mines and UXO vary from 460 to 4,446 square kilometres because the exact locations of the devices were not mapped; neither are there accurate records of what land has been cleared.

When demining and mine awareness education began in Cambodia in the early 1990s, about 12 people were killed or injured every day. Since 2000, casualties have occurred at a rate of about two per day. Despite knowledge of the dangers of landmines and UXO, poverty leads people to risk walking and working in uncleared areas. Farmers need to grow food and families need to collect firewood and materials for housing. Children need to travel to school. In addition, some people scavenge for metal to sell for recycling in order to make a living. The Cambodia Mine Action Centre (CMAC) is the mine clearance organisation in the project region. Unsafe areas are marked clearly to warn people of the danger. These areas are then carefully examined for landmines and UXO. Often demining teams include local men and women, who appreciate the income. De-miners undergo training and wear protective clothing to limit the consequences of an explosion. They clear the vegetation, sweep the land with a metal detector to find metal objects, and carefully prod any suspicious object. Sometimes they use dogs to smell for explosives in plastic mines, which cannot be found with the metal detector. From 2001-2005 in the project area over 150 hectares of priority land was cleared, removing more than 819 anti-personnel mines, 248 anti-vehicle mines and 670 UXO.

(Adapted & edited from: Global Education. 'Piecing lives together: integrated mine action in Cambodia.' 17 August 2010.)

Using the case study, discuss the interrelationships between health, sustainability and human development.

6 marks

Sample response

Employing locals to de-mine the areas creates a sustainable source of income that will result in better health outcomes for the community. With fewer mines, there is less chance of injuries. With the improvement in the health of locals due to less land mine injuries, people will be able to work and earn income (versus being incapacitated due to loss of limb or other injuries).

By clearing land mines, people in those areas will have more choice and control over their lives, for example, children will not need to travel as far to get to school, since they can now walk the more direct route (previously littered with unexploded land mines). This will lead to greater human development, since a greater participation in education will result in a more highly qualified population and a more sustainable source of income in the future. A sustainable source of income will allow people in the community to be trained in higher paying jobs, leading to increased job opportunities and a higher income.

By reducing injuries from unexploded land mines, the health of local children would be improved, which would enable them to go to school and receive an education. This, in turn, would allow them to have a more sustainable source of income as they would have greater job opportunities. Having a sustainable source of income and work would also make improved health care more affordable, and would increase preventative health care and overall health.

Mark allocation

- 1 mark for identifying a link between health and human development.
- 1 mark for identifying a link between human development and health.
- 1 mark for identifying a link between health and sustainability.
- 1 mark for identifying a link between sustainability and health.
- 1 mark for identifying a link between human development and sustainability.
- 1 mark for identifying a link between sustainability and human development.

Tips

- *Students must show the interrelationships. For example, if they show the link between health and sustainability, they are showing a relationship. If they then show the link between sustainability and health, they are showing the interrelationship.*
- *Remind students that they will only receive one mark for each link shown, so they should try not to repeat themselves in their response.*

END OF SECTION B

END OF SAMPLE RESPONSES BOOK