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JACARANDA KEY CONCEPTS IN VCE

HEALTH & HUMAN DEVELOPMENT

UNITS 1 AND 2 | EIGHTH EDITION

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ANDREW BEAUMONT

DR FIONA ALDERSON

LISA O'HALLORAN

KIM WESTON

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The Publishers of this series acknowledge and pay their respects to Aboriginal Peoples and Torres Strait Islander Peoples as the traditional custodians of the land on which this resource was produced.

This suite of resources may include references to (including names, images, footage or voices of) people of Aboriginal and/or Torres Strait Islander heritage who are deceased. These images and references have been included to help Australian students from all cultural backgrounds develop a better understanding of Aboriginal and Torres Strait Islander Peoples' history, culture and lived experience.

It is strongly recommended that teachers examine resources on topics related to Aboriginal and/or Torres Strait Islander Cultures and Peoples to assess their suitability for their own specific class and school context. It is also recommended that teachers know and follow the guidelines laid down by the relevant educational authorities and local Elders or community advisors regarding content about all First Nations Peoples.

The Publisher acknowledges ongoing discussions related to gender-based population data. At the time of publishing, there was insufficient data available to allow for the meaningful analysis of trends and patterns to broaden our discussion of demographics beyond male and female gender identification.

Contents

Meet our author team

Andrew Beaumont

Andrew has been teaching Health and Human Development since its inception and is passionate about promoting teaching and learning in this area. He has been involved in writing many materials including the popular Jacaranda texts, newspaper articles, sample and trial exams, SACs, study guides and course outlines. Andrew has assisted many teachers and students of Health and Human Development, including delivering his well-received preparation and revision sessions for over 15 years for a range of organisations and various teachers' associations. He also runs the Health Teachers' Network, through which he distributes resources on a weekly basis to health teachers around Australia.

Dr Fiona Alderson

Dr Fiona Alderson has taught VCE Health and Human Development for more than 15 years. She has been an active contributor to the Health Teachers' Network and has worked as an exam assessor for Health and Human Development. Fiona currently teaches at Ivanhoe Girls' Grammar School, where she shares her passion for Health and Human Development with Year 10, 11 and 12 students.

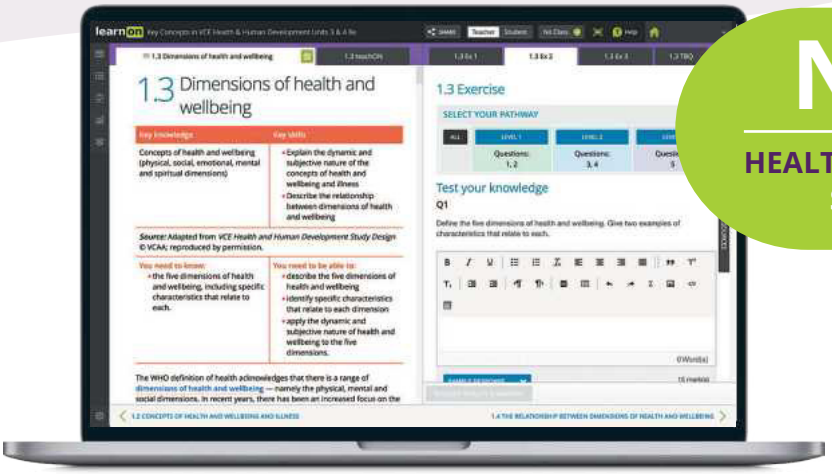
Lisa O'Halloran

Lisa has been teaching VCE Health and Human Development since 2003, firstly at Warrandyte High School and then at Genazzano FCJ College. She is an experienced exam assessor and has worked as a presenter for ACHPER since 2008, including running implementation workshops for the new Study Design.

Kim Weston

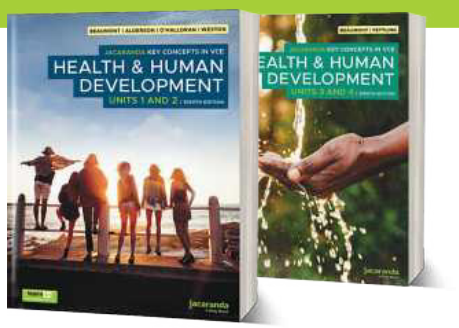
Kim has been teaching Health and Human Development since its inception and has been involved in writing many curriculum materials, including texts and study guides. Kim was until recently the Head of Home Economics and Hospitality with Exemplary Teacher status at Methodist Ladies' College.

Learning with learnON



NEW FOR

HEALTH AND HUMAN DEVELOPMENT STUDY DESIGN (2025–2029)



JACARANDA

KEY CONCEPTS IN VCE HEALTH & HUMAN DEVELOPMENT

UNITS 1 AND 2
EIGHTH EDITION

Developed by teachers for students

Tried, tested and trusted. The eighth edition of the *Jacaranda Key Concepts in VCE Health & Human Development* series, completely revised and updated, continues to focus on helping teachers achieve learning success for every student — ensuring no student is left behind and no student held back.

Because both *what* and *how* students learn matter

Learning is personal

Whether students need a challenge or a helping hand, you'll find what you need to create engaging lessons.

Whether in class or at home, students can get unstuck and progress! Scaffolded lessons use visuals and clear explanations to allow students to apply their knowledge. Differentiated question sets and Exam style questions are all supported by detailed sample responses. Automatically-marked Quick quizzes support learning and teacher-led video eLessons explain key concepts.

Learning is effortful

Learning happens when students push themselves. With learnON, Australia's most powerful online learning platform, students can challenge themselves, build confidence and ultimately achieve success.

Learning is rewarding

Through real-time results data, students can track and monitor their own progress and easily identify areas of strength and weakness.

And for teachers, Learning Analytics provide valuable insights to support student growth and drive informed intervention strategies.

Learn online with Australia's most

Everything you need for each of your lessons in one simple view

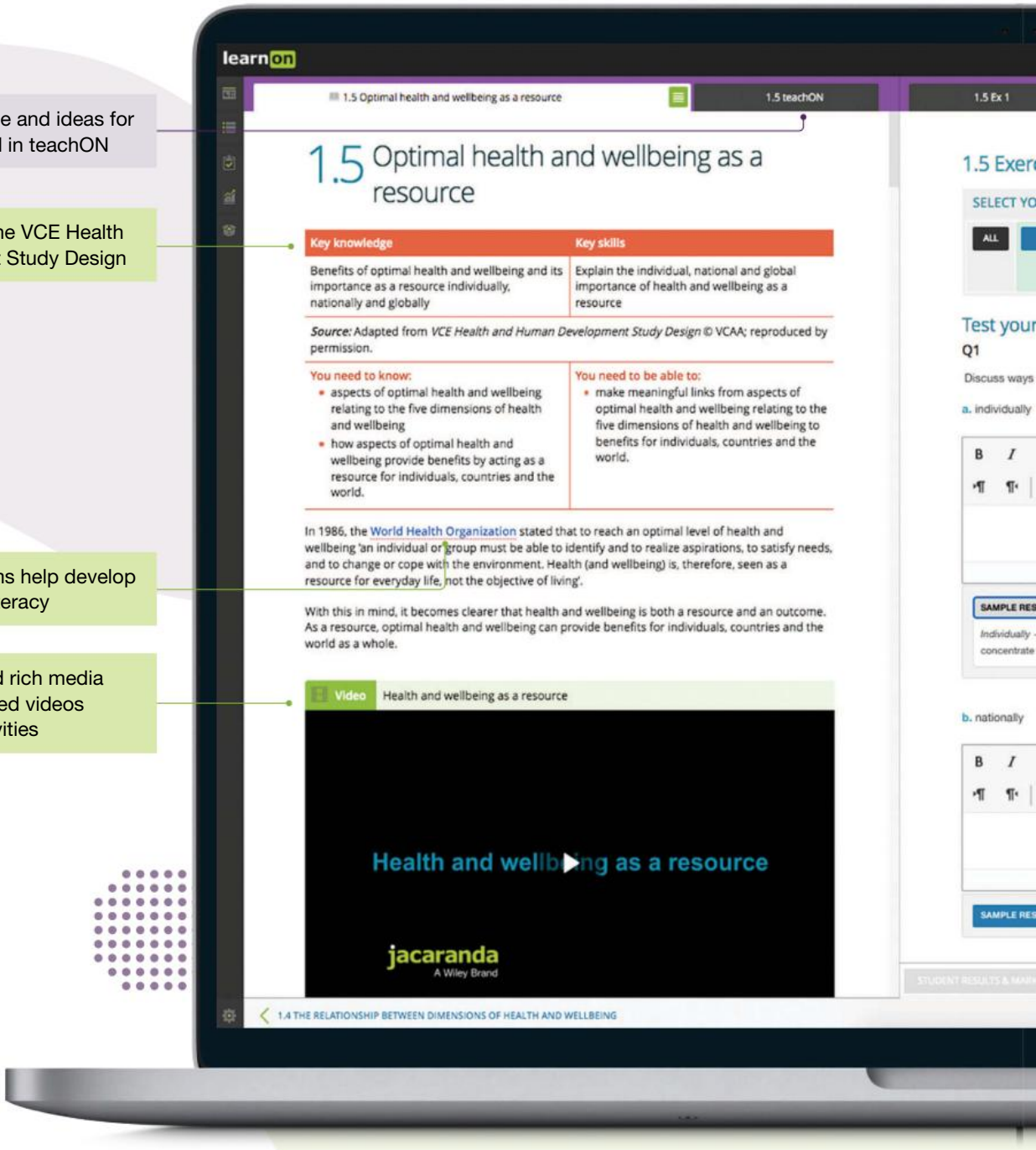
- **Trusted, curriculum-aligned theory**
- **Engaging, rich multimedia**
- **All the teaching-support resources you need**
- **Deep insights into progress**
- **Immediate feedback for students**
- **Create custom assignments in just a few clicks**

Practical teaching advice and ideas for each lesson provided in teachON

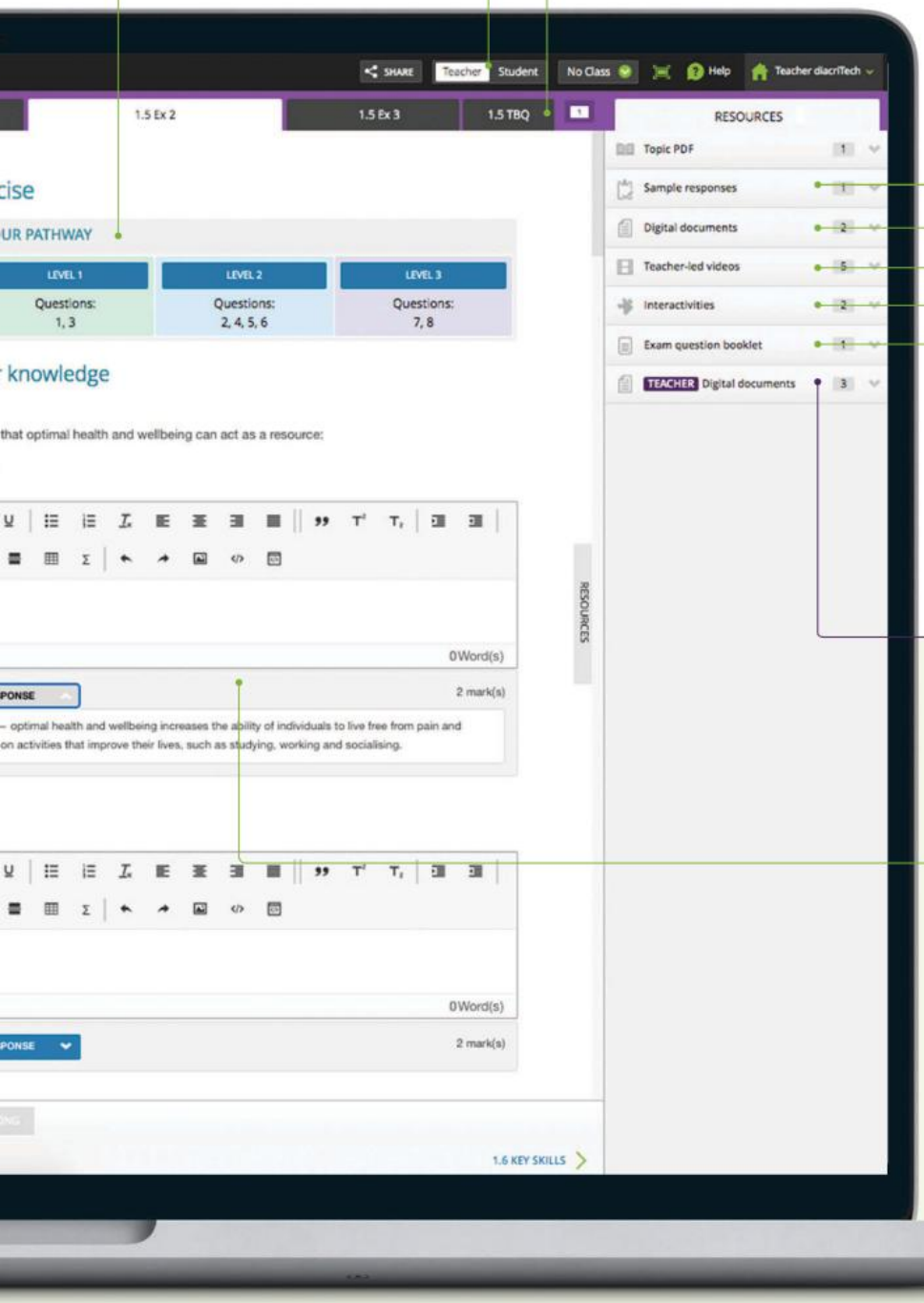
Each lesson linked to the VCE Health & Human Development Study Design

Interactive glossary terms help develop and support literacy

Reading content and rich media including embedded videos and interactivities



powerful learning tool, learnON



Differentiated question sets

Teacher and student views

Textbook questions

Answers and sample responses

Digital documents

Teacher-led videos

Interactivities

Exam question booklet

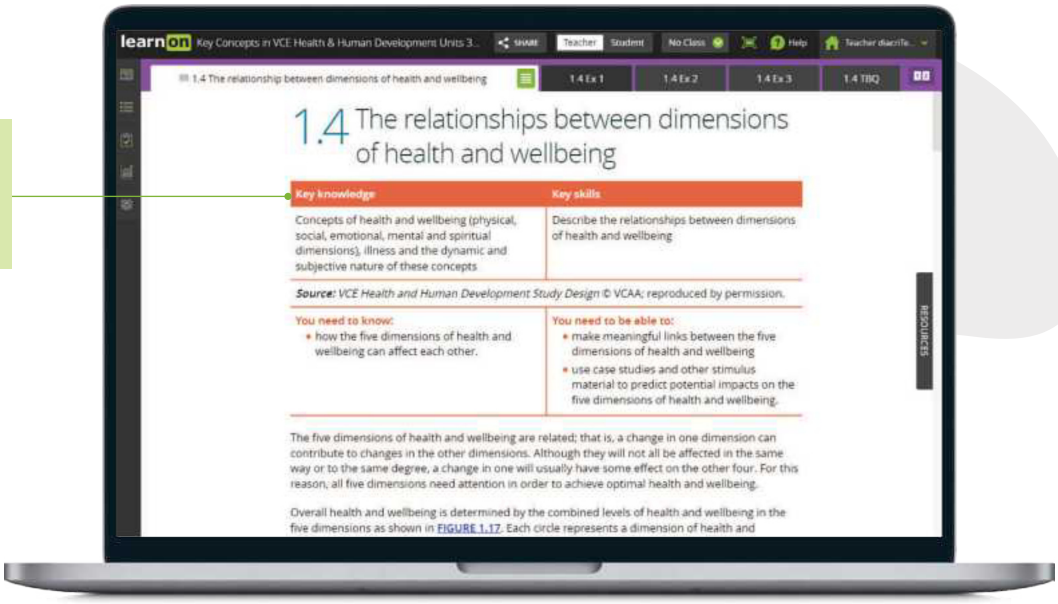
Enhanced teaching support resources

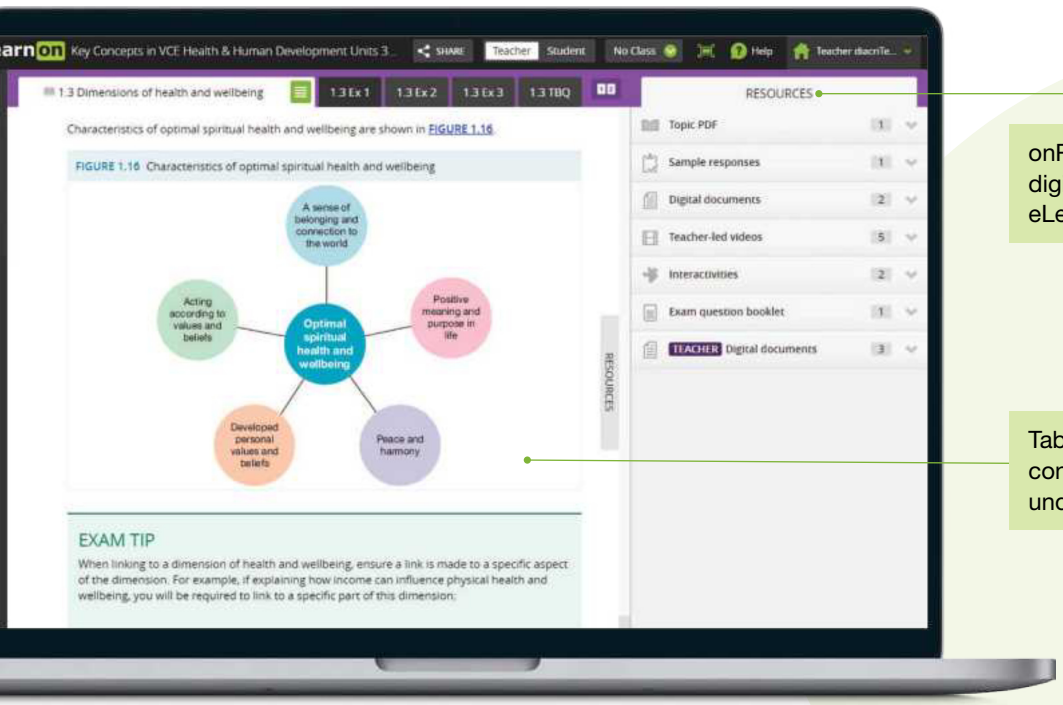
Interactive questions with immediate feedback

Online, these new editions are the complete package

Trusted Jacaranda theory, plus tools to support teaching and make learning more engaging, personalised and visible.

Each topic is linked to content points from the Key knowledge and Key skills from the Study Design.

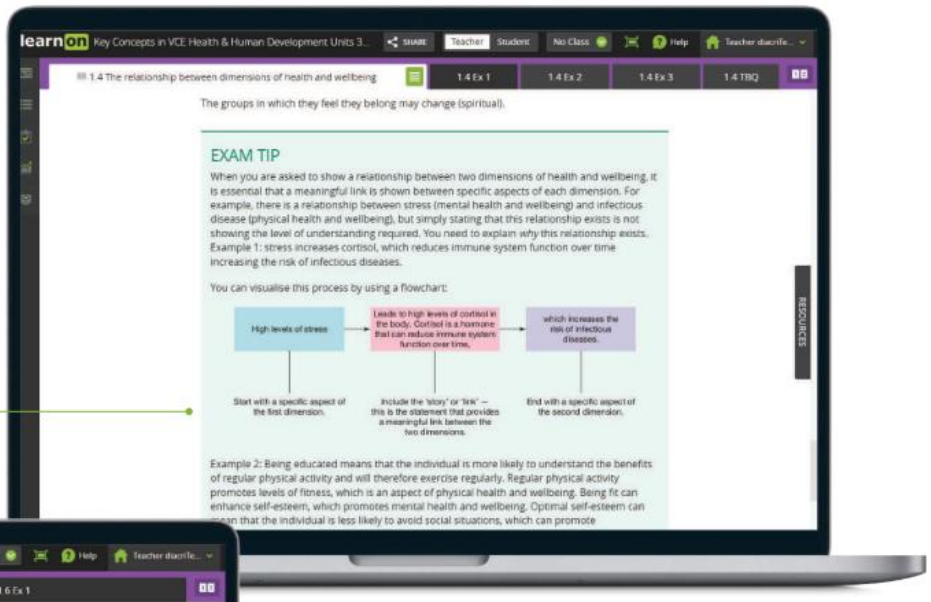


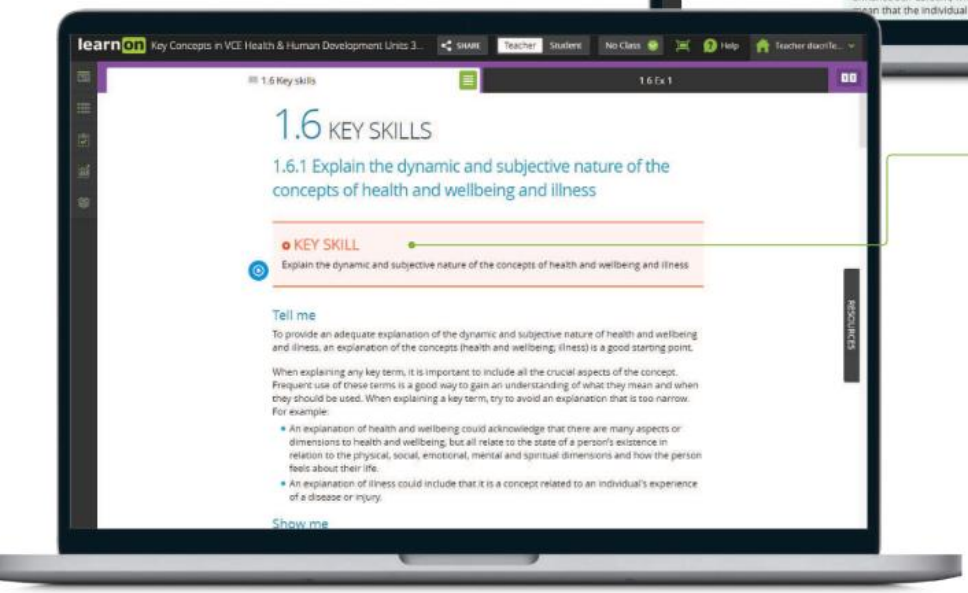


onResources link to targeted digital resources including video eLessons and weblinks.

Tables and images break down content, allowing students to understand complex concepts.

Exam tip boxes provide guidance and advice for VCE Health & Human Development exam success.



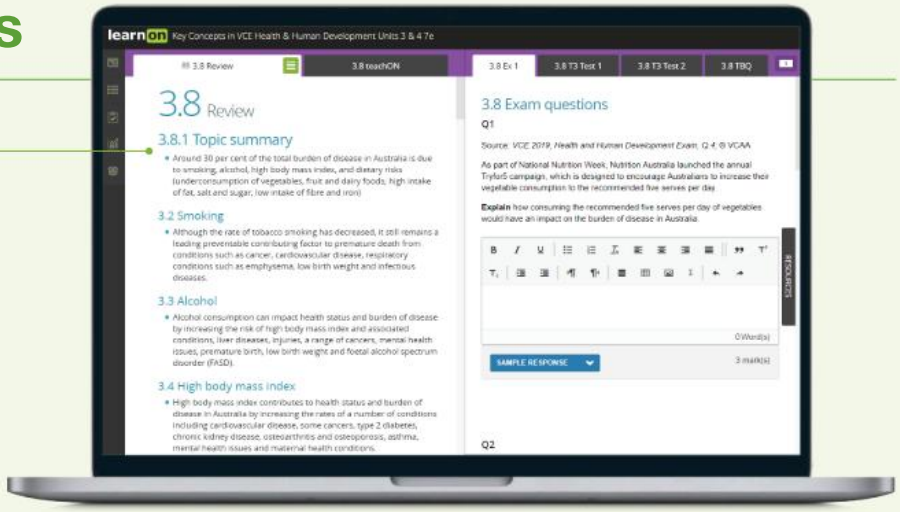


Key skills sections unpack every single key skill in the Study Design, with a video to help build skills.

- Scaffolded Extended response modelled example builds skills in every topic.
- Practice Extended response questions in every topic.

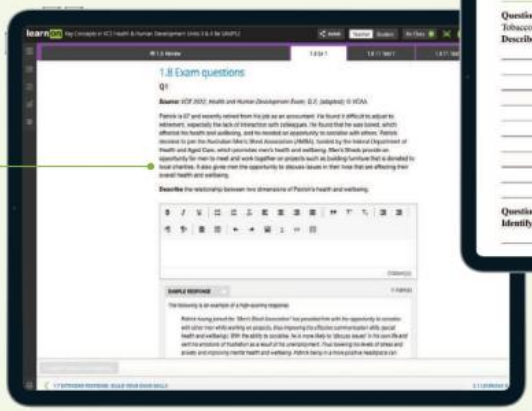
Topic reviews

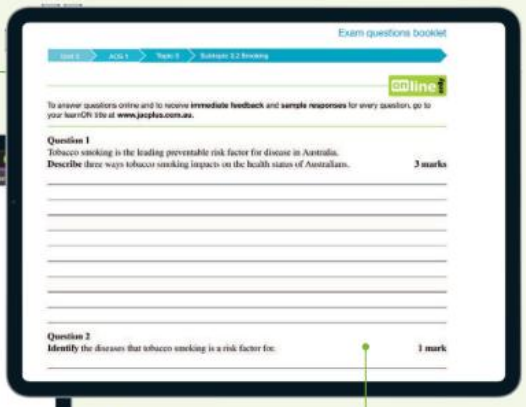
Topic reviews include summaries and topic-level review exercises that cover multiple concepts.



Get exam-ready!

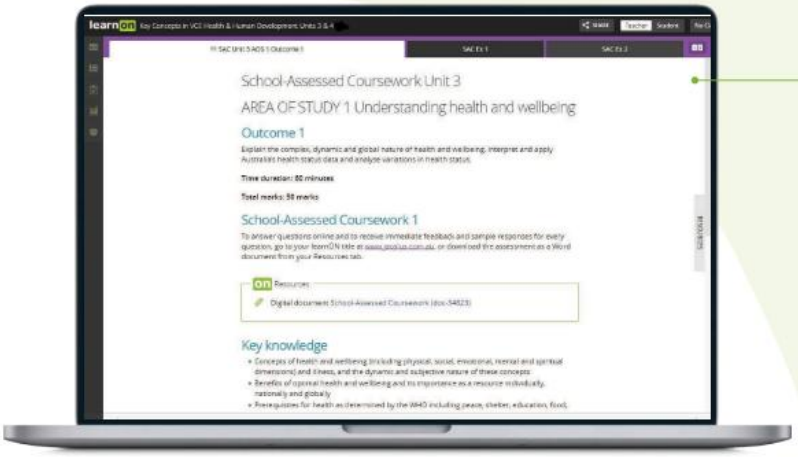
Topic-level review questions are exam-style.





Customisable practice exam question booklets are available in every topic to build student competence and confidence.

Sample SACs for every Outcome



Sample SACs for every Outcome save time and provide inspiration. Quarantined teacher-only samples are included.

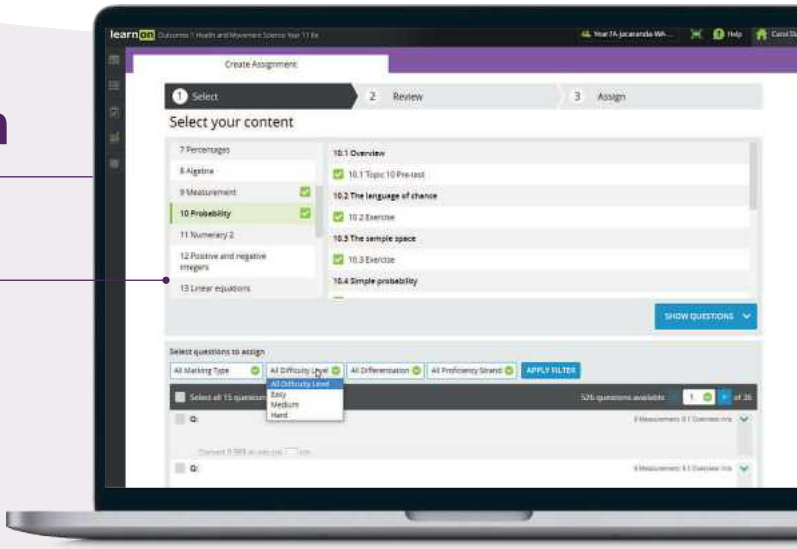
Teaching with learnON

A wealth of enhanced teaching-support resources for every lesson, including:

- work programs
- teaching advice and additional activities
- quarantined topic tests (with solutions)
- custom exam-builder with exam question filter

Customise and assign

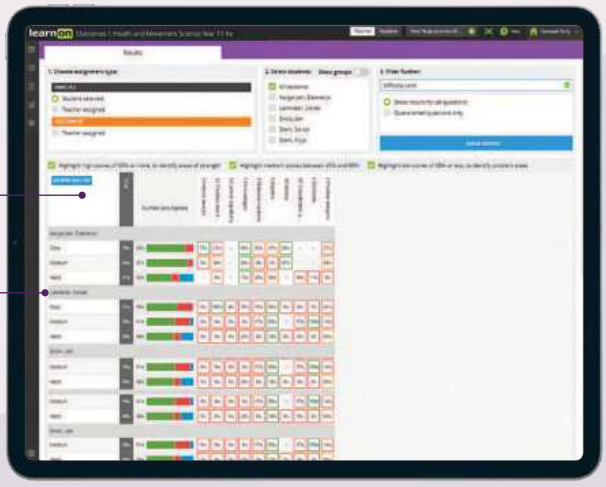
A testmaker enables you to create custom tests from the complete bank of hundreds of questions.



Reports and results

Data analytics and instant reports provide data-driven insights into performance across the entire course.

Show students (and their parents or carers) their own assessment data in fine detail. You can filter their results to identify areas of strength and weakness.



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Exam terminology

The following terms are often used in the Health and Human Development exam. Refer back to this list when answering the topic practice exam questions to ensure you understand what each question is asking you to do.

Key term	What does it mean?
Analyse	Examine the components of; look for links, patterns, relationships and anomalies
Apply	Use your knowledge in the given case study/scenario
Assess	Weigh up the value of
Comment	Make relevant remarks about
Compare	Show similarities and/or differences
Contrast	Show differences
Critique	Evaluate in a detailed and analytical way
Define	Give the precise meaning of
Describe	Provide a general description
Discuss	Give an overall account of
Draw conclusions	Make reasoned decisions or judgements
Evaluate	Make a judgement, weigh up the pros and cons
Explain	Make plain, make clear (may require reasons)
How	The way in which something happens
Identify	List, state
Illustrate	Use examples to show understanding
Justify	Give reasons and/or evidence to support a point of view
List	Make brief points
Outline	Give an overview, a brief summary
Suggest	State ideas
To what extent	Describe the degree or level to which a statement, opinion or contention is correct or valid
What	Provide information about something
Why	Give the reason for something

UNIT

1 Understanding health and wellbeing

AREA OF STUDY 1 CONCEPTS OF HEALTH

OUTCOME 1

Explain multiple dimensions of health and wellbeing, explain indicators used to measure health status and analyse sociocultural factors that contribute to variations in the health status of youth.

AREA OF STUDY 2 YOUTH HEALTH AND WELLBEING

OUTCOME 2

Interpret data to identify key areas for improving youth health and wellbeing, and analyse one youth health area in detail.

AREA OF STUDY 3 HEALTH AND NUTRITION

OUTCOME 3

Apply nutrition information, food selection models and initiatives to evaluate nutrition information.

1 Concepts of health and wellbeing

LEARNING SEQUENCE

1.1 Overview

	Key knowledge	Key skills	Subtopic
○	Various definitions of health and wellbeing: physical, social, emotional, mental and spiritual dimensions	Describe and analyse various perspectives, definitions and interpretations of health and wellbeing Explain different dimensions of health and wellbeing	**1.2, 1.3**
○	Prerequisites for health as determined by the WHO: peace, shelter, education, food, income, social justice, equity, stable ecosystem and sustainable resources	Discuss how access to prerequisites for health can promote positive health outcomes	**1.4, 1.5**
○	Youth and Aboriginal and Torres Strait Islander perspectives on health and wellbeing	Describe the subjective nature of health and wellbeing Discuss various perspectives on health and wellbeing, including those of youth and Aboriginal and Torres Strait Islander Peoples	**1.6, 1.7**

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Key terms

dimensions of health and wellbeing
dynamic
emotional health and wellbeing
emotional intelligence
equity
food security
health and wellbeing
infirmity
mental health and wellbeing
optimal health and wellbeing
pathogens
physical health and wellbeing
resilience
self-esteem
social health and wellbeing
social justice
spiritual health and wellbeing
subjective nature of health and wellbeing

Exam terminology

Analyse	examine the components of; look for links, patterns, relationships and anomalies
Describe	provide a general description
Discuss	give an overall account of
Explain	make plain, make clear (may require reasons)

on Resources

Digital document Key terms glossary (doc-41293)
Exam question booklet Topic 1 Exam question booklet (eqb-0234)

1.2 Definitions of health and wellbeing

tlvd-0270

Key knowledge	Key skill
Various definitions of health and wellbeing: physical, social, emotional, mental and spiritual dimensions	Describe and analyse various perspectives, definitions and interpretations of health and wellbeing

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You need to know:
- the WHO definition of health
- what is meant by the concept of wellbeing
- the combined definition of health and wellbeing
- the factors that influence overall health and wellbeing.

You need to be able to:
- analyse the WHO definition of health and wellbeing, referring to strengths and limitations.

Understanding the concept of **health and wellbeing** is important for gaining an accurate knowledge of how well people are living. This understanding allows areas for improvement to be identified and targeted. A deeper understanding of health and wellbeing also allows us to make predictions about the likely effect that introduced programs and strategies will have on the lives of individuals.

1.2.1 Defining health and wellbeing

Health and wellbeing, although two separate terms, are now more commonly considered together as one concept. Their individual definitions are explored in this section, and will help explain the overall meaning of the terms when used together.

FIGURE 1.1 Yoga is an activity that combines all dimensions of health and wellbeing, including the emotional and spiritual dimensions.

There has been ongoing debate about the meaning of the word health since the first commonly accepted definition was released by the World Health Organization (WHO) in 1946. It states that 'health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.'

This definition is the one most commonly used by health professionals to define health. The 1946 WHO definition was the first to consider health as being more than just the physical aspects, and recognises the other dimensions of health — social and mental. Using such a broad definition to make a judgement about whether a person is healthy or not can be difficult (see **FIGURE 1.2**). Although it has moved beyond disease and **infirmity**, it does not give everyone the opportunity to be considered healthy. For example, trying to achieve 'complete' wellbeing in even one of the dimensions identified is difficult. Some have argued that this definition makes good health unattainable for most people.

In 1986, the WHO clarified this definition of health as 'a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities'. With this in mind, the definition of health becomes more inclusive and more achievable. The focus on personal resources and physical capacities means that health is dependent on an individual's own situation. A person can be considered healthy even if they do not have 'complete' wellbeing in the dimensions of physical, social and mental health. For example, many Australians live with chronic diseases, such as type 2 diabetes, especially as they grow older. However, if these diseases are able to be managed successfully, then the person is still able to live a full life and be considered healthy.

health and wellbeing the state of a person's physical, social, emotional, mental and spiritual existence, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged

infirmity the quality or state of being weak or ill; often associated with old age

FIGURE 1.2 Would this male athlete be considered healthy according to the 1946 WHO definition? Why or why not?

The WHO definition of health makes reference to the concept of **wellbeing**. Wellbeing and health are related, and are often described as how well an individual is living. Wellbeing is strongly linked to all the dimensions of health.

As health and wellbeing are related concepts, they will be considered together as one concept in this topic and throughout this book. Health and wellbeing relates to the state of a person's physical, social, emotional, mental and spiritual wellbeing and is characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged.

An individual's health and wellbeing is constantly changing; therefore, the WHO has used the term 'state' when defining health. Health and wellbeing can be optimal one moment, but events, such as accidents, illness, relationship breakdowns and stressful incidents, can cause a person's state of health and wellbeing to rapidly deteriorate. Health and wellbeing can also improve quickly. For example, a person suffering from a migraine can be described as experiencing poor health and wellbeing. However, resting and taking medication may soon restore their health and wellbeing.

wellbeing a complex combination of all dimensions of health, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged

FIGURE 1.3 Overall health and wellbeing includes the five dimensions of health, as well as how a person feels about their life.

There are five different **dimensions of health and wellbeing**: physical, social, emotional, mental and spiritual. These will be discussed in detail in subsequent sections. However, when people discuss health and wellbeing, they are often referring to **physical health and wellbeing** or physical ill health. Although some information is available about social, emotional, mental and spiritual health and wellbeing, physical ill health is generally easier to measure, and has become the main focus of many health and wellbeing statistics.

Although the physical aspect of health and wellbeing is important, the other four dimensions should be recognised as equally important aspects of overall health and wellbeing. The Victorian government's Better Health Channel has identified a range of factors that have a major influence on an individual's overall level of health and wellbeing, and which can be seen in **FIGURE 1.4**.

dimensions of health and wellbeing components that make up an individual's overall health and wellbeing. The dimensions are physical, social, emotional, mental and spiritual.

physical health and wellbeing relates to the state and functioning of the body and its systems; it includes the physical capacity to perform daily activities or tasks

FIGURE 1.4 Factors that influence overall health and wellbeing

1.2 Exercises

1.2 Quick quiz on | **1.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 5, 7	3, 4, 6, 8	9, 10

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Test your knowledge

1. **a.** What is the 1946 WHO definition of health?
   b. Describe a strength of the WHO definition of health.
   c. What are the limitations of this definition?
2. **a.** How did the WHO clarify this definition in 1986?
   b. How did this change the way we view health?
3. Briefly explain what is meant by the term ‘wellbeing’.
4. Briefly explain what is meant by the term ‘health and wellbeing’.

Apply your knowledge

5. Devise your own definition of health and wellbeing. Share your answer with a partner.
6. Select four of the factors identified in **FIGURE 1.4** and identify ways in which they could affect overall health and wellbeing.
7. Choose eight factors from **FIGURE 1.4** that you believe are most important to your own health and wellbeing.
8. Using an example, demonstrate how health and wellbeing is constantly changing.
9. Think of a person whom you believe has good health and wellbeing. Justify why you chose this person in light of your understanding of health and wellbeing.
10. Think of a person who you would consider to have poor health and wellbeing. Justify why you believe this person experiences this low level of health and wellbeing, referring to as many of the dimensions as possible.

1.2 Exam questions

Question 1 (2 marks)
The five dimensions of health and wellbeing include physical health and wellbeing, social health and wellbeing, and mental health and wellbeing. **Identify** the two remaining dimensions.

Question 2 (3 marks)
Explain, using an example, how a person’s health and wellbeing can be optimal one moment and then could suddenly deteriorate even within that same day.

Question 3 (1 mark)
Explain why the WHO has used the term ‘state’ when defining health.

Question 4 (3 marks)
Describe and **analyse** how the concepts of health and wellbeing are related.

Question 5 (2 marks)
Outline the term ‘health’ according to the World Health Organization.

More exam questions are available in your learnON title.

1.3 Dimensions of health and wellbeing

Key knowledge	Key skill
Various definitions of health and wellbeing: physical, social, emotional, mental and spiritual dimensions	Explain different dimensions of health and wellbeing

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the five dimensions of health and wellbeing: physical, social, spiritual, mental and emotional, including examples of each.	• describe the five different dimensions of health and wellbeing and provide examples of each.

1.3.1 Physical health and wellbeing

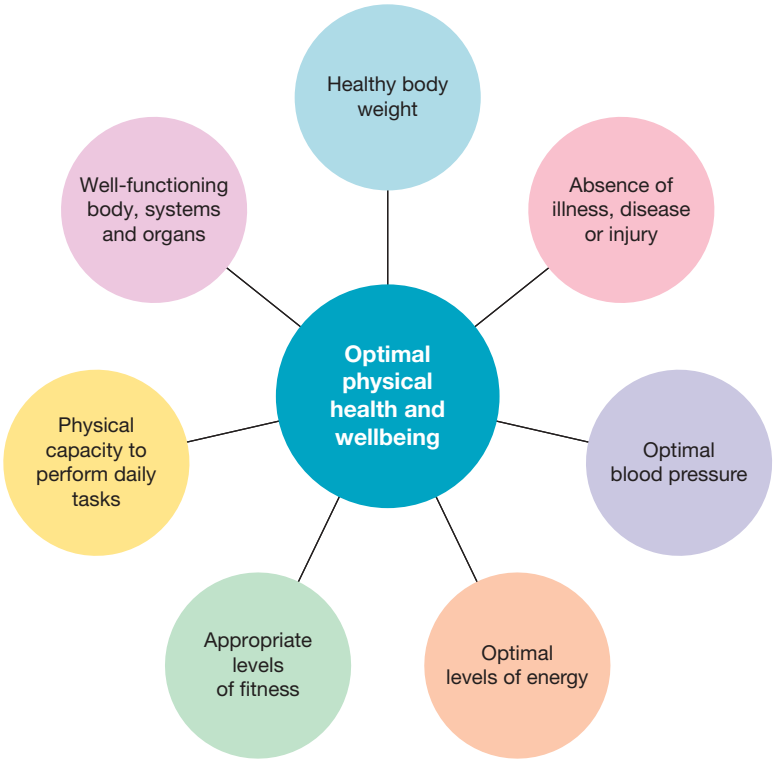
Physical health and wellbeing relates to the functioning of the body and its systems, including the physical capacity to perform daily activities or tasks. It is a state of physical wellbeing that relates to the efficient and effective functioning of the body and its systems, and in which a person is able to perform their daily tasks without physical restriction.

A person who is considered to have good physical health and wellbeing will demonstrate the following measurable physical characteristics (see **FIGURE 1.6**).

Note: When someone experiences *optimal* health and wellbeing, it is the highest level of health and wellbeing they can achieve at a particular time, taking genetics and the environment in which they live into account.

FIGURE 1.5 Physical fitness is an aspect of physical health and wellbeing.

FIGURE 1.6 Characteristics of optimal physical health and wellbeing



- *Appropriate levels of fitness.* Physical fitness means being able to complete activities such as daily chores, exercise and incidental physical activity, such as walking or riding to school, without exhaustion or extreme fatigue.
- *Healthy body weight.* A person who is physically healthy is an appropriate weight for their height.
- *The absence of illness, disease or injury and strong immune system.* A person who is physically healthy will have an immune system that is functioning adequately and capable of resisting infection and disease.

Characteristics of physical health and wellbeing that cannot typically be measured include:

- *adequate energy levels.* Physical health and wellbeing includes having enough energy to adequately carry out daily tasks, which might include school activities, socialising and a part-time job. Lack of energy usually means that the individual's body systems are not functioning adequately. This could be a result of many factors, including food intake, exercise levels, illness and stress levels.
- *Well-functioning body systems and immune system, optimal blood pressure.* Physical health and wellbeing is ultimately reliant on the functioning of the body's systems. If the systems are functioning adequately, the person will usually display other characteristics of physical health and wellbeing (such as physical fitness, normal blood pressure, blood cholesterol and energy levels, and freedom from disease).

There are many factors that can influence physical health and wellbeing, such as food intake, sleep patterns, exercise levels and genetics. Although these factors contribute to health and wellbeing, it is the overall physical state that they result in — such as a healthy immune system or a healthy body weight — that is considered to be a characteristic of physical health and wellbeing.

1.3.2 Social health and wellbeing

Interacting with other people is an essential part of being human. **Social health and wellbeing** relates to the state and quality of the interactions and relationships that an individual has with other people. It includes the ability to manage or adapt appropriately to different social situations.

FIGURE 1.7 University provides a wide variety of new social connections.

Like all dimensions of health and wellbeing, social health and wellbeing is **dynamic**. An individual can have a network of friends and a supportive family until they move away from home. In a new environment, those interactions can become more difficult, and their social health and wellbeing can suffer. However, making friends in their new environment can restore the individual's social health and wellbeing.

A person who is considered to have good social health and wellbeing will demonstrate the following characteristics.

- *Productive relationships and effective communication with others.* When an individual experiences positive relationships, they feel safe to openly express their opinions, without fear of judgement. They are also able to communicate clearly and appropriately in different situations with different groups of people, while possessing effective listening skills.
- *Supportive and well-functioning family.* A supportive family will provide a positive and safe environment to learn social skills that would be appropriate for a range of different situations, while providing opportunities for varied social interactions.

social health and wellbeing relates to the state of a person's interactions with others and includes the quality of relationships with family, friends and others in the community and the ability to manage or adapt appropriately to different social situations. It also includes the level of support provided by family and within a community to ensure that every person has equal opportunity to function as a contributing member of society. (VCAA)

dynamic continually changing

- *Supportive network of friends.* Supportive friends will encourage an individual in whatever pursuit they choose. They will also encourage each other to take on new challenges, which will further open up the friendship circle and provide opportunities for new relationships to be formed.
- *Ability to manage or adapt appropriately to different social situations.* A person who experiences positive social health and wellbeing possesses the ability to read a social setting and act accordingly. For example, young people will act and communicate very differently around older adults such as their grandparents compared to when they are socialising among school friends.

emotional health and wellbeing relates to the ability to express emotions and feelings in an appropriate way

resilience the ability to effectively deal with adverse or negative events that occur throughout life

FIGURE 1.8 Characteristics of optimal social health and wellbeing

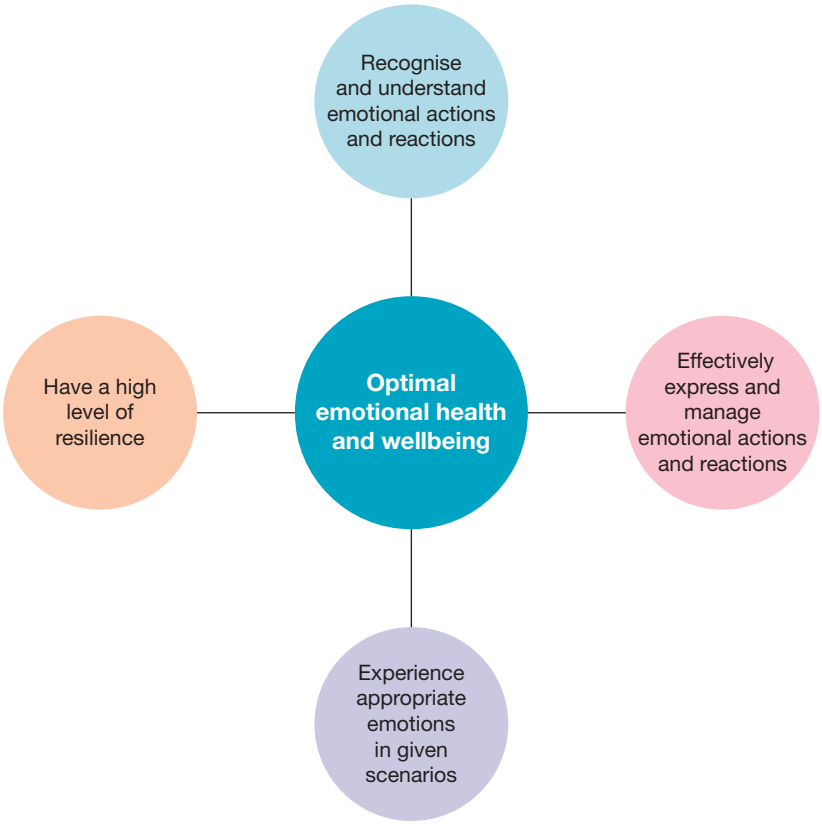
1.3.3 Emotional health and wellbeing

Emotional health and wellbeing relates to the ability to express feelings in an appropriate way. Emotional health and wellbeing is about the positive recognition, management and expression of emotional actions and reactions. It includes experiencing appropriate emotions in given scenarios, as well as the ability to display **resilience**. It is characterised by the degree to which an individual feels emotionally secure and relaxed in everyday life. People who have positive emotional health and wellbeing are usually resilient, and have the ability to recover from events such as illness, change or misfortune. Emotional health and wellbeing is different for all people — for example, a two-year-old child might express a number of different emotions in a very short period. This would be normal for a child, but inappropriate for an adult.

FIGURE 1.9 Emotional health and wellbeing is about experiencing appropriate emotions in different scenarios.

The characteristics of emotional health and wellbeing are shown in **FIGURE 1.10**.

FIGURE 1.10 Characteristics of optimal emotional health and wellbeing



A person who is considered to have good emotional health and wellbeing will demonstrate the following characteristics.

- *Recognise and understand emotional actions and reactions.* An individual who is emotionally healthy is able to recognise emotions in other people and respond accordingly; for example, by displaying a level of empathy to a person who is grieving the loss of a loved one.
- *Effectively express and manage emotional actions and reactions.* Different situations often result in different emotional outcomes. Emotional control is developed with age; for example, it is quite common for a toddler to throw a tantrum, however an adult should have developed a calmer way to deal with situations.
- *Experience appropriate emotions in given scenarios.* In an emotionally healthy person, positive experiences bring about positive emotions such as happiness, whereas negative events cause negative emotions such as sadness.
- *Have a high level of resilence.* Everyone experiences grief and sadness throughout life; however, those people who manage to recover from grief or misfortune and continue on with their lives can be regarded as experiencing optimal emotional health and wellbeing.

An individual's capacity to recognise and respond to either their own or others' emotions is also known as **emotional intelligence**. Emotional intelligence is used to guide a person's thinking and behaviour, and then act according to their environment or the situation around them.

emotional intelligence an individual's ability to recognise and respond to either their own or others' emotions

CASE STUDY

Understanding emotions is nearly as important as IQ for students' academic success

By Carolyn MacCann, University of Sydney; Amirali Minbashian, UNSW; Kit Double, University of Oxford

Published: 3 March 2020, 6.04am AEDT

The ability to understand emotions contributes almost as much to students' grades as their IQ. Past studies show two personal qualities are important for student academic success — intelligence and conscientiousness.

IQ scores explain about 15 per cent of the differences between students' grades. Conscientiousness, such as having the diligence to do enough study, explains about 5 per cent.

...

We examined the findings of more than 150 studies on the link between emotional intelligence and academic performance. These studies included more than 42 000 students and 1246 different estimations of the size of the relationship between emotional intelligence and academic performance.

…

We found that, overall, emotional intelligence explained about 4 per cent of differences in students' academic achievement. But some emotional intelligence types were more important than others.

…

The two most important emotional skills for academic success were **understanding emotions** and **managing emotions**.

Students who can **understand emotions** can accurately label their own and others' emotions. They know what causes emotions, how emotions change and how they combine. Students who can **manage emotions** know how to regulate their emotions in a stressful situation. They also know what to do to maintain good social relationships with others.

Emotion management skills accounted for 7 per cent of differences in academic performance. **Emotion understanding** skills accounted for 12 per cent. That is, understanding emotions is more important for student success than conscientiousness (5 per cent) and almost as important as students' IQ (15 per cent).

Why is emotional intelligence linked to good grades?

There are at least three reasons why we believe emotional intelligence relates to higher academic performance.

First, students with higher emotional intelligence can regulate their 'academic emotions'. Students may feel anxious about tests and performance. They may feel bored when learning required but dull material. And they may feel frustrated or disappointed when they try their hardest but still can't quite get the hang of a task.

Students who can regulate these tough emotions will achieve more. Anxiety will not impair the test performance. They can push through the boredom and frustration to master dull or difficult material. They can learn from negative feedback or failure rather than be derailed by disappointment.

Second, students with higher emotional intelligence can form better social relationships with their classmates and teachers. They can get help with schoolwork or with social and emotional needs when they need it.

Third, many non-technical academic subjects require an understanding of human emotions and social relations as an inherent part of the subject matter. Analysing universal themes of love and betrayal in Shakespeare plays requires not just verbal skills but emotional knowledge and skill. Analysing the role of charismatic leaders in the rise of fascist regimes likewise requires social knowledge and analysis.

Our results show that teachers, parents and students should focus on students' emotional skills, not just for students' wellbeing, but for their ability to succeed academically.

Source: https://theconversation.com/understanding-emotions-is-nearly-as-important-as-iq-for-students-academic-success-131212

CASE STUDY REVIEW

1. Describe how emotional intelligence is related to social health and wellbeing.
2. Describe the link between cognitive ability and emotional intelligence.
3. How does emotional intelligence impact emotional health and wellbeing?

1.3.4 Mental health and wellbeing

Mental health and wellbeing is the current state of wellbeing relating to a person's mind or brain and the ability to think and process information. It includes thought patterns, self-esteem and levels of stress and anxiety. Optimal mental health and wellbeing helps an individual to positively form opinions, make decisions and use logic. Positive mental health and wellbeing might include managing day-to-day activities with low levels of stress, having positive thought patterns and high levels of confidence and self-esteem (see **FIGURE 1.11**).

mental health and wellbeing the current state of wellbeing relating to the mind or brain and the ability to think and process information

FIGURE 1.11 The characteristics of optimal mental health and wellbeing

Low levels of stress and anxiety. If a person experiences low levels of stress and anxiety, they are less likely to become overwhelmed when faced with challenges, and more likely to stay calm and focused, such as in an examination environment.

Optimal self-esteem. This dimension of health and wellbeing also includes **self-esteem** and confidence. Self-esteem refers to how people feel about themselves. A person with positive self-esteem feels good about themself. Self-esteem influences behaviour, as people with positive self-esteem are more likely to speak their minds and behave assertively.

Positive thought patterns. Positive thought patterns are also important to achieving mental health and wellbeing. This does not mean looking for the positive in every situation, but instead involves maintaining a realistic, optimistic mindset in the face of challenges. Research has shown that optimistic and hopeful people are mentally and physically healthier than those who have a more pessimistic outlook.

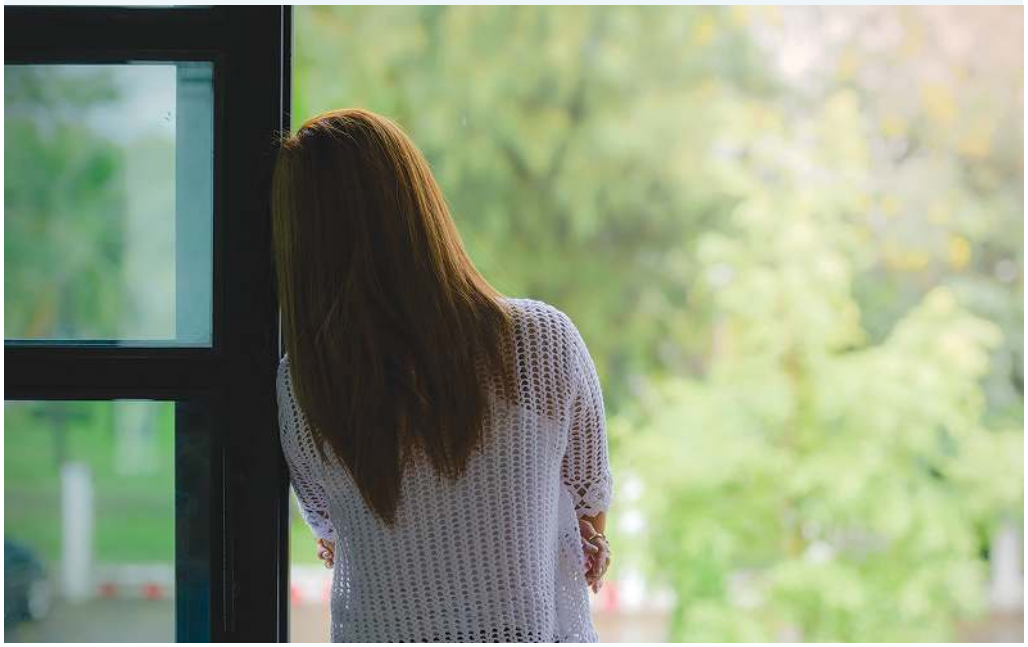
High levels of confidence. Confidence can be defined as believing in one's own worth and ability to succeed. Having confidence helps people to accept challenges, such as volunteering to give a speech, and increases their chances of success because they are not concentrating on failure. Individuals may have different levels of confidence in different aspects of their lives. Although it is based on past experiences, confidence can be affected by factors such as personal appearance or comments made by others.

Use logic and reasoning to form opinions and make decisions and ability to think and process information. A person who is able to make sound decisions, and effectively problem-solves by using logic to come up with informed opinions, is showing positive mental health and wellbeing. Positive mental health and wellbeing also helps a person to think and process information effectively.

self-esteem reflects a person's overall subjective emotional evaluation of their own worth. It is a judgement of oneself as well as an attitude toward the self.

Mental health and wellbeing is *not* the opposite of mental illness. Mental illness refers to specific, diagnosable mental disorders that affect only some people. Every person, on the other hand, experiences a level of mental health and wellbeing that can vary from day to day. Mental health and wellbeing can be affected by life events, such as breaking up with a partner, experiencing a death in the family or being dropped from a sports team.

FIGURE 1.12 Relationship break-ups can be detrimental to mental health and wellbeing.



The difference between mental and emotional health and wellbeing

Mental and emotional health and wellbeing are interrelated; however, they are not the same. Mental health and wellbeing is the ability to think and process information. It also relates to how an individual expresses their thoughts and responds to situations. Emotional health and wellbeing relates to how we express and manage our emotions.

Exams can affect a student's mental health and wellbeing by raising levels of anxiety and stress. How each student manages their emotions to cope with levels of stress and anxiety is an example of emotional health and wellbeing.

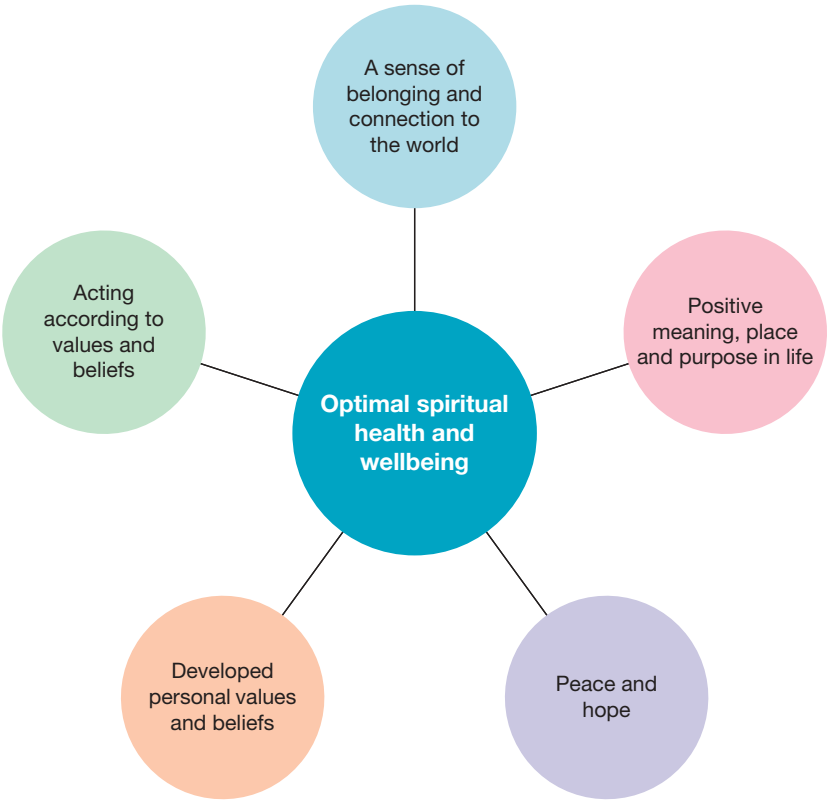
An emotionally healthy student is able to recognise emotions that contribute to stress, such as fear and worry, and plan accordingly; whereas a student who is emotionally unhealthy might be unable to manage their emotions and remain in a state of ongoing distress throughout the entire exam period.

1.3.5 Spiritual health and wellbeing

Spiritual health and wellbeing can be defined as ideas, beliefs, values and ethics that arise in the mind and conscience of human beings. It includes the concepts of hope, peace, a guiding sense of meaning or value, and reflection on a person's place in the world. Spiritual health and wellbeing can also relate to organised religion, a higher power and prayer, values, a sense of purpose in life, connection or belonging (see **FIGURE 1.13**).

spiritual health and wellbeing relates to ideas, beliefs, values and ethics that arise in the mind and conscience of human beings

FIGURE 1.13 Characteristics of optimal spiritual health and wellbeing



Sense of belonging and connection to the world. A positive sense of belonging is an important human need. When a person has a positive sense of belonging, they feel part of the society in which they live. Through this sense of belonging, people can realise their own self-worth and are therefore more likely to have positive self-esteem (which relates to mental health and wellbeing). When an individual feels they belong, they are more likely to find support in challenging times and often are able to view such challenges in a positive rather than a negative light. People may experience a sense of belonging to sporting and social clubs, a workplace or a place of worship, and various other groups, including a family or friendship group. Through these groups, people feel connected to their community. Having a feeling of belonging through being connected to others in either formal or informal groups can be a protective factor against mental disorders.

Developed personal values and beliefs and acting according to values and beliefs. Values and beliefs start to be developed during childhood, and are shaped initially by an individual's parents. Values relate to what a person thinks is important in life and are used to justify their actions. Beliefs refer to what an individual believes to be true and right, and are often derived from their experiences. Beliefs change as new experiences arise and challenge existing beliefs.

Both values and beliefs influence an individual's behaviours and choices. For example, a person who is a strong advocate of animal rights and the environment may choose to become a vegetarian, and an individual who values physical fitness will be less inclined to misuse drugs and alcohol. Refer to **FIGURE 1.14** to see an example of how beliefs influence values and values influence behaviours.

Having meaning, place and purpose in life. Finding meaning and purpose in life is a key aspect to achieving spiritual health and wellbeing. A person who lives their life according to their values and beliefs can be said to be experiencing a meaningful life. People can often find meaning in life when they have a strong sense of belonging and feel they are contributing positively to society. This can be through relationships with family and friends, or through work or other community activities, such as volunteering.

FIGURE 1.14 Beliefs form a person's values and values inform behaviours.

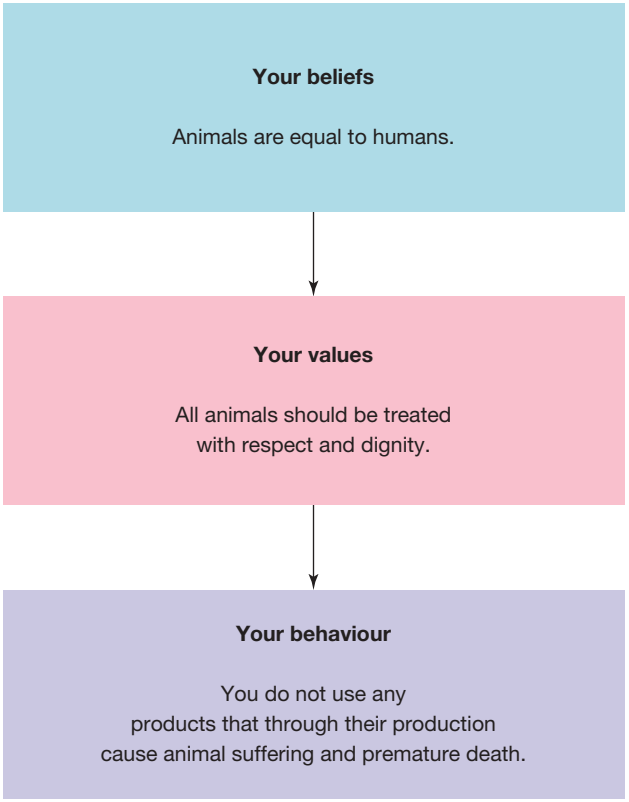


FIGURE 1.15 Yoga promotes peace and harmony and, therefore, spiritual health and wellbeing.

Experiencing peace and hope. Many people associate spiritual health and wellbeing with religion and prayer, as it provides an organised form of spirituality. However, people who are not connected to any particular religion can experience spirituality through different experiences, such as through affirmations, yoga and meditation, as well as by seeking peace through engaging with the environment, such as by bushwalking in nature. People can experience a state of peace and hope when they have positive spiritual health and wellbeing. An example is when we realise that we cannot control everything that happens in our lives, and look for the positive aspects in difficult situations.

CASE STUDY

How having five friends boosts the adolescent brain — and educational performance

By Barbara Jacquelyn Sahakian, University of Cambridge; Christelle Langley, University of Cambridge; Chun Shen, Fudan University; Jianfeng Feng, Fudan University

Published: 19 July 2023, 10.38pm AEST

As most parents of teenagers are acutely aware, there comes a time when children start prioritising their friends over their parents. While young children rely on their parents for social interactions and influences, there's a notable switch during adolescence, where the influence from peers and friends becomes more important.

Research backs up the idea that friendships are particularly important during adolescent years. They seem to protect against some problems with emotions and behaviour. Amazingly, it appears that our brains can even become synchronised with our friends'.

And in our latest study, published in eLife, we show that having roughly five friends during the beginning of adolescence is beneficial for cognition, mental health and educational performance.

Too few friends means that you have no one to interact with if some of them are busy or unavailable and too many friends means that they are probably not very closely connected to you. There is therefore a trade-off between the quantity and quality of friendships.

In addition, spending too much time on social activities may lead to insufficient time for study and thereby may lower academic performance.

Digging into data

Our results are based on a large amount of data from the Adolescent Brain Cognitive Development (ABCD) study cohort, which included 7512 participants aged 9–11 years old. The same cohort was followed-up two years later in early adolescence, with data from 4290 of the participants available. All data was quality controlled.

We found relationships between the number of close friends and mental health, social problems and cognitive measures, including memory, reading and vocabulary. We showed that approximately five close friends was the optimal number — and these associations remained consistent two years later.

…

Pandemic impact

But why are social interactions so important for the brain? Wouldn't we be better at solving problems if we weren't constantly chatting with our friends? According to one hypothesis, known as the social brain hypothesis, humans have actually evolved to manage complex social relationships. This means that facilitating social relationships is one of the brain's main tasks.

Schooling was severely affected by the pandemic lockdowns. This is continuing to impact on pupils' learning according to a UK report by education standards agency Ofsted. In addition to other areas, language — particularly students' speaking and listening skills — was negatively affected.

Source: https://theconversation.com/how-having-five-friends-boosts-the-adolescent-brain-and-educational-performance-209618

FIGURE 1.16 Friends are an important factor in children's wellbeing.

CASE STUDY REVIEW

1. Outline some reasons why you think researchers found that five close friends was the optimal amount in terms of demonstrating benefits to adolescents' mental health, cognition and academic achievement.
2. Describe the benefits to social and spiritual health and wellbeing that happen with in-person interactions, compared to the online experience of remote schooling during the pandemic.
3. Explain the possible connection between having close friend networks and achieving academic success and wellbeing, as found in the data.

EXAM TIP

If asked to describe a dimension of health and wellbeing for two marks, one mark will be awarded for the general description and another mark for the inclusion of a characteristic relevant to the dimension. If the question is about describing spiritual health and wellbeing, a characteristic such as a sense of belonging or peace and hope would be an appropriate example for the second mark.

1.3 Exercises

1.3 Quick quiz on | **1.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 4	3, 5, 6, 9	7, 8, 10

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Test your knowledge

1. Define the five dimensions of health and wellbeing and give two characteristics that relate to each.
2. Classify the following as examples of physical, social, emotional, mental or spiritual health and wellbeing.
   a. Having a sense of belonging
   b. Having good fitness levels
   c. Displaying positive thought patterns
   d. Experiencing appropriate emotions in a given scenario
   e. Having a supportive network of friends
   f. Demonstrating high levels of confidence
   g. Engaging in effective communication with others
   h. Acting according to values and beliefs
   i. Maintaining a healthy body weight
   j. Managing emotions appropriately
3. Explain how emotional intelligence is different from emotional health and wellbeing.
4. Apart from practising a religion, what are some other ways that people can develop their spiritual health and wellbeing?
5. Which dimension of health and wellbeing is usually the focus of health statistics? Explain why.

Apply your knowledge

6. Explain how you think effective communication with others and a supportive network of friends and family contribute to social health and wellbeing.
7. Using examples, explain the difference between emotional and mental health and wellbeing.
8. Using examples, describe how mental health can impact emotional health and how emotional health can impact mental health.
9. Can a person still experience spiritual health and wellbeing if they are not religious? Discuss.
10. Explain how the COVID-19 pandemic could have led to positive effects on all the dimensions of health and wellbeing for many individual Australians.

1.3 Exam questions

Question 1 (1 mark)
Briefly **describe** what is meant by social health and wellbeing.

Question 2 (1 mark)
Identify one characteristic of physical health and wellbeing.

Question 3 (2 marks)
Outline one way a person could enhance their spiritual health and wellbeing.

Question 4 (4 marks)
Identify four aspects of mental health and wellbeing.

Question 5 (4 marks)
Acting according to values and beliefs contributes to spiritual health and wellbeing. **Outline** the difference between values and beliefs, using an example in your response.

More exam questions are available in your learnON title.

1.4 Prerequisites for health — peace, shelter, education and food

Key knowledge	Key skill
Prerequisites of health as determined by the WHO: peace, shelter, education, food	Discuss how access to prerequisites for health can promote positive health outcomes

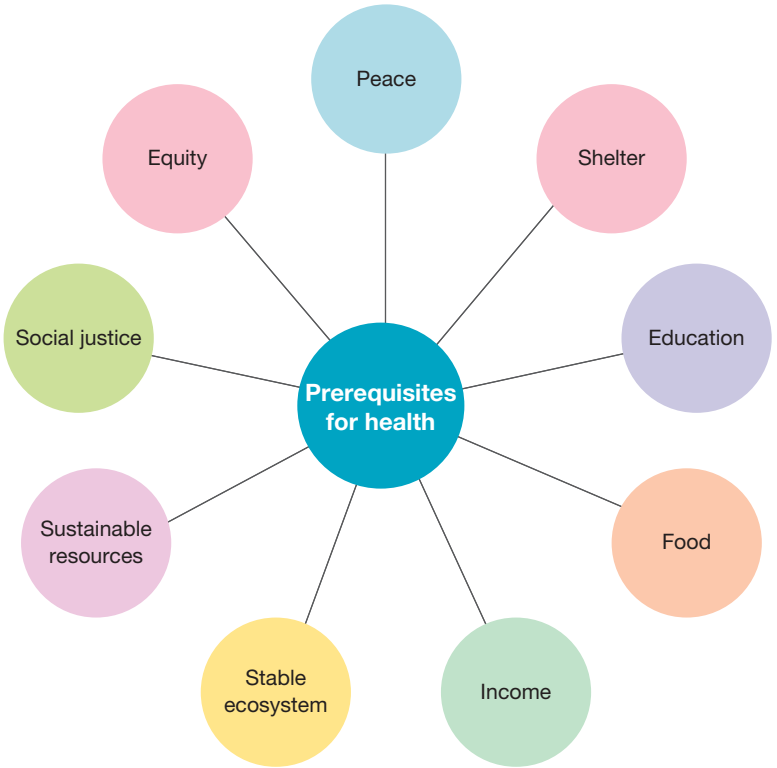
Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• why peace, shelter, education and food are prerequisites for positive health outcomes.	• explain how peace, education, shelter and food are prerequisites for achieving positive health outcomes.

In 1986, the World Health Organization held an international health conference in Ottawa, Canada. One of the key objectives of this meeting was to provide guidance to governments and other groups on how to improve the health and wellbeing of all people worldwide. The resulting document is referred to as the Ottawa Charter for Health Promotion.

The Ottawa Charter is still considered to be a highly influential document that identifies specific prerequisites or basic conditions and resources needed to improve health outcomes. Identifying these helps governments and other groups. The prerequisites are shown in **FIGURE 1.17**.

FIGURE 1.17 The prerequisites for health under the Ottawa Charter for Health Promotion



Many of these prerequisites impact each other, so individuals and communities who have access to one of them often experience an increased ability to access the others. For example, a peaceful society is more suitable for attending school to receive an education. An education increases the ability to gain meaningful employment and earn an income. An income can be used to purchase shelter and food.

The prerequisites can impact health outcomes in many ways, and it is not possible to address all impacts in this subtopic. As a result, a selection of impacts will be explored for each prerequisite.

1.4.1 Peace

Peace can be described as the absence of conflict. When a community or country is experiencing peace, there is a decreased risk of premature death, serious injury, disability and other adverse effects that are usually associated with conflict or war. Peace therefore promotes the physical health and wellbeing of all people.

How does peace promote positive health outcomes?

When communities are free from conflict, individuals can focus on building their lives and pursuing their goals without the threat of violence or injury. This sense of security allows people to engage more fully in their daily activities, whether it's going to work, attending school, or simply enjoying time with friends and family. The reduction in stress and anxiety that comes with living in a peaceful environment can have significant positive outcomes for health and wellbeing.

FIGURE 1.18 A community experiencing peace will have a preserved infrastructure including roads, public transport, education, healthcare and facilities for leisure.

A peaceful country increases the capacity of governments to provide resources and services that promote health. As resources are not being used to sustain a war effort, they can be invested in governance, education, healthcare, trade development, social security and infrastructure, all of which promote social and economic development, which in turn promotes **optimal health and wellbeing**.

1.4.2 Shelter

Shelter describes a structure that provides protection from the outside environment. Adequate shelter is a basic human right and provides a number of benefits to health. These include:

- protection from the elements
- privacy
- safety and security
- reduced risk of disease
- reduced stress and anxiety
- ability to focus on employment or education
- more time to pursue a purposeful and meaningful life.

optimal health and wellbeing the highest level of health and wellbeing an individual can realistically attain at any particular time, taking genetics and the different environments in which people live into account

How does shelter promote positive health outcomes?

Many geographical regions experience extreme weather events that contribute to hundreds of thousands of deaths each year. Adequate shelter can provide protection from such events and help in promoting mental health and wellbeing by reducing levels of stress and anxiety as exposure to extreme weather is decreased.

Protection from adverse weather can promote adequate sleep, which in turn can increase the ability to pursue employment and education in the waking hours. Adequate sleep also increases the capacity of individuals to participate in activities that add value to life, such as forming supportive social networks and participating in the life of their community. This promotes social health and wellbeing.

FIGURE 1.19 A view of slums on the shores of Mumbai, India. Adequate shelter is a basic human requirement, yet many people do not have access to it.

Adequate shelter promotes feelings of privacy, safety and security by reducing the ability of others to enter the living space of residents, and this enhances mental wellbeing by reducing stress and anxiety. Inadequate shelter, on the other hand, is a key contributor to crimes against people, including assault and theft, reducing positive health outcomes.

Shelter acts to promote positive health outcomes by providing protection against the spread of infectious diseases. Diseases such as malaria are spread by mosquitoes, which can easily target people who are not protected by adequate shelter. Children are particularly susceptible to such conditions, which can result in premature death or a reduced ability to gain an education and lead a fulfilling life.

Having adequate shelter also means that people do not have to spend energy and time searching for a place to sleep and finding protection from the elements. This allows more time to pursue employment and education. Shelter further facilitates education by providing children with a place to study and prepare for school.

Having adequate shelter can promote spiritual health and wellbeing by providing stability in an individual's life and contribute to a sense of belonging in the community in which they reside. Finally, adequate shelter also often includes other resources that can promote health and wellbeing such as toilet facilities, clean water, electricity and cooking facilities.

1.4.3 Education

Education impacts health outcomes and health and wellbeing in many ways. Education empowers individuals and increases their ability to earn an income, understand health promotion messages, exhibit healthy behaviours, and find meaning and purpose in life. As a result, educated people often have greater access to the resources required to experience high levels of health and wellbeing.

FIGURE 1.20 Education empowers individuals and improves health and wellbeing.

How does education promote positive health outcomes?

Having an education, through schooling or university, promotes increased levels of literacy. Literacy refers to the ability to read and write, and literate individuals are more likely to participate in health-promoting behaviours such as eating well, exercising regularly, maintaining social connections and accessing healthcare when required. Literacy promotes economic development and increases the chances of obtaining meaningful and well-paid employment. This promotes economic development and increases the ability of individuals to afford resources such as food, shelter and healthcare, all of which promote positive health outcomes and health and wellbeing. Meaningful employment also promotes mental health and wellbeing by improving self-esteem and provides a sense of purpose and meaning in life, which enhances spiritual health and wellbeing.

Educated individuals are more empowered to take control of their lives. Educated women for example are more likely to have a say in the decisions that affect their lives, such as if and when they get married and whether or not to have a family. This can promote mental health and wellbeing by reducing stress and anxiety and reduce the risk of the maternal issues that can occur from having babies at a young age, enhancing physical health and wellbeing.

1.4.4 Food

Adequate food intake may be promoted by **food security**, which is the state in which all persons obtain nutritionally adequate, culturally appropriate, safe food regularly through local non-emergency sources (VicHealth).

How does food promote positive health outcomes?

Food security enhances physical health and wellbeing as it increases the ability of individuals to consume the required nutrients, which is important for the functioning of the human body. It provides the energy required for individuals to complete daily tasks and reduces the risk of undernutrition. Some of the nutrients in food are important for increasing immunity to disease, promoting positive health outcomes. With food security, individuals spend less time looking for food and are less likely to experience stress because they know there is food available. This can promote mental health and wellbeing.

Access to appropriate and nutritious food helps to provide adequate levels of energy. Adequate energy increases the capacity of children to attend school and learn. Improved health and wellbeing due to adequate nutrition enables individuals to work and earn an income. This ultimately contributes to the improvement of the economy of a country.

A range of foods and the nutrients within them are essential to prevent undernutrition. Undernutrition contributes to a range of negative impacts on people, especially children, including:

- stunting — a low height for age
- wasting — a low weight for height
- nutritional deficiencies — insufficient amounts of nutrients such as protein, vitamins and minerals.

FIGURE 1.21 Food provides the energy that is required for many aspects of life, including education, physical activity and socialisation.

Stunting, wasting and nutritional deficiencies contribute to a range of physical and mental problems that can reduce the capacity for education and productive work later in life. Those who are undernourished are more likely to experience mental disabilities, poverty and premature death.

food security the state in which all persons obtain nutritionally adequate, culturally appropriate, safe food regularly through local non-emergency sources (VicHealth)

Adequate nutrition can lead to improvements in an individual's intellectual capacities. For example, optimal intake of iodine and polyunsaturated fats can promote intellectual functioning. As a result, individuals may develop the intellectual skills required for employment in later life, and the awareness or skills to access knowledge that will help them to have an increased understanding of health-related factors such as nutrition, hygiene and the symptoms of disease.

Adequate nutrition promotes optimal immune system function. The immune system works constantly to fight off **pathogens**, helping to prevent illness and promote positive health outcomes. Many pathogens are opportunistic, meaning that they are more likely to infect people who are experiencing reduced immune system function, especially children. As a result, adequate nutrition is a significant protector against premature death and poor health outcomes.

pathogens bacteria, viruses and other microbes that can cause disease

In 2022, moderate or severe food insecurity affected 29.6 per cent of the global population (2.4 billion people). This hindered their ability to lead a healthy, active life. For those people experiencing food insecurity, a significant amount of time and energy is spent trying to acquire food or money to buy food. Consequently, less time is spent on activities that promote health and wellbeing such as attending school or work, or on the pursuit of leisure activities.

Access to safe food also decreases the risk of foodborne diseases. Unsafe food containing harmful bacteria, viruses, parasites or chemical substances causes more than 200 diseases — ranging from diarrhoea to cancers. According to the WHO (2022), an estimated 600 million — almost 1 in 10 people in the world — fall ill after eating contaminated food and 420 000 die every year, impacting the ability of people to experience optimal health and wellbeing.

1.4 Activities

1. Access the **Homelessness** weblink and worksheet in the Resources tab, then complete the worksheet.
2. Access the **Food** weblink and worksheet in the Resources tab, then complete the worksheet.

on Resources

Digital documents	Homelessness worksheet (doc-32187) Food worksheet (doc-32188)
Weblinks	Homelessness Food

1.4 Exercises

1.4 Quick quiz on | **1.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 4, 5	3, 6, 7	8, 9

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Test your knowledge

1. Identify the document in which the prerequisites for health were identified.
2. Identify the nine prerequisites for health according to the World Health Organization.
3. Explain the purpose of identifying prerequisites for health.

4. Define ‘peace’.
5. Explain what is meant by ‘shelter’.

Apply your knowledge

6. Select the prerequisite from this subtopic that you believe has the greatest impact on health and wellbeing and justify your choice. Discuss your response with other class members.
7. Discuss how education may promote physical and social health and wellbeing.
8. Explain how food may impact two dimensions of health and wellbeing.
9. In this subtopic, it is stated that ‘it is not possible to address all impacts’ on health and wellbeing for each prerequisite. Using examples not provided in this subtopic, explain how peace, shelter, education and food can promote health and wellbeing.

1.4 Exam questions

Question 1 (4 marks)
Education and shelter are prerequisites for health as determined by the WHO.

Discuss why education and shelter are prerequisites for health and wellbeing.

Question 2 (2 marks)
Peace is a WHO prerequisite for health.

Describe how peace can lead to improved health outcomes.

Question 3 (2 marks)
The WHO prerequisites for health can often influence each other to help determine health outcomes.

Discuss how a potential lack of access to peace could impact on shelter and, ultimately, health outcomes for individuals.

Question 4 (3 marks)
Other than peace and shelter, **identify** three prerequisites of health and wellbeing.

Question 5 (2 marks)
Describe why shelter has been included as a prerequisite for health.

More exam questions are available in your learnON title.

1.5 Prerequisites for health — income, social justice, equity, stable ecosystem and sustainable resources

Key knowledge	Key skill
Prerequisites of health as determined by the WHO: income, social justice, equity, stable ecosystem and sustainable resources	Discuss how access to prerequisites for health can promote positive health outcomes

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• why income, stable ecosystem, sustainable resources, social justice and equity are prerequisites for positive health outcomes.	• explain how income, stable ecosystem, sustainable resources, social justice and equity are prerequisites for positive health outcomes and achieving optimal health and wellbeing.

Subtopic 1.4 explored a number of prerequisites for health and wellbeing, including peace, shelter, education and food. This subtopic examines income, social justice, equity, stable ecosystem and sustainable resources.

1.5.1 Income

Income is an underlying factor for many health outcomes. From an individual perspective, income increases the ability to afford resources such as healthcare, recreation, transport and education. From a population perspective, income increases the capacity of governments to provide:

- social services and resources such as public housing, education and healthcare
- social security
- infrastructure
- recreation facilities such as parks and gardens
- law and order.

All of these resources and services promote positive health outcomes.

FIGURE 1.22 A decent and reliable income enables individuals to participate in activities they enjoy, such as bushwalking and other outdoor pursuits.

How does income promote positive health outcomes?

Healthcare often requires a patient to make some payment. Having a decent and reliable income allows individuals to more easily afford healthcare such as immunisations, medication, checkups and surgery. As a result, many conditions can be prevented or effectively treated and this promotes positive physical health outcomes.

Having access to money means that people are better able to afford activities that they enjoy, such as recreational pursuits and socialising. This can promote mental health and wellbeing by reducing stress and anxiety. It also promotes social health and wellbeing by giving people more choices in relation to the social activities in which they participate.

Income increases the ability of people to access transport such as bicycles, motor vehicles and public transport. Transport is often required to access a range of resources such as education, employment, recreation, healthcare and food, all of which work to enhance health outcomes.

An income increases the capacity of parents to send all their children to school. Unlike Australia, in many countries it is girls who miss out on an education when financial resources are scarce. Adequate incomes mean that all children have the opportunity to attend school and achieve higher levels of education. Income and education often form a cycle so that those with higher incomes can often afford higher levels of education than those on lower incomes, and higher levels of education increase the ability of individuals to earn higher incomes. Both income and education contribute to improved health outcomes.

Governments receive income from the taxes paid by individuals and businesses. When average incomes of individuals and businesses are high, the revenue that the government has available to spend on infrastructure and services is also likely to be high. Governments are responsible for providing a range of resources and services that promote positive health outcomes and health and wellbeing:

- Public housing is an important source of shelter for many individuals, and a government with a high income is better equipped to provide it. Housing provides protection from the elements, and a sense of safety, thereby promoting physical and mental health and wellbeing.

FIGURE 1.23 For governments, adequate income allows the provision of services such as public healthcare.

- With an adequate income, governments can provide basic public health and education systems. This promotes the health and wellbeing of all people, as those in need are generally prioritised, not just those with the ability to pay.
- Social security relates to benefits provided by government to those in need. Such benefits come in many forms, including food, income, healthcare and housing. When the government provides subsidised housing to families of low socioeconomic status, they may experience decreased levels of stress and anxiety, improving their overall mental health, as well as feeling a sense of safety and belonging, improving both physical and spiritual health and wellbeing. Medicare is an example of how the government can provide affordable healthcare to Australian citizens, reducing levels of stress and anxiety in times of poor health, as they are able to access some level of healthcare to receive treatment.
- Infrastructure such as roads, telecommunications and ports (both air and shipping) promote all dimensions of health and wellbeing by increasing the ability of individuals to receive an education, gain employment, trade their goods and generate an income. Such infrastructure also increases access to other health-promoting resources such as education, food, water and sanitation, and health facilities.
- Governments can provide recreation facilities such as public pools, basketball courts, parks and gardens that work to prevent illness. Being physically active promotes physical health and wellbeing by improving fitness and maintaining a healthy body weight. Citizens can socialise in these settings, and this promotes social interaction and social health and wellbeing.
- Governments with adequate income can commit more money to maintaining law and order by providing a police force and judicial system. This assists in making sure human rights are upheld, which can reduce stress and anxiety and thereby promote mental health and wellbeing.

1.5.2 Social justice

Social justice can be defined in a number of ways, but the common underlying theme is equal rights for all, regardless of personal traits such as sex, class and income, ethnicity, religion, age or sexual orientation. Social justice means that all people are treated fairly, including women and girls in both their private and public life. Social justice includes economic justice, a key aspect of which includes the ability of all people to earn a decent wage and build material wealth. Social justice includes celebrating diversity and promoting the health and wellbeing of all people.

social justice fairness in society

The Australian government's concept of social justice reflects this understanding, defining a socially just Australia as one in which there is:

- a fair distribution of economic resources
- equal access to essential services such as housing, healthcare and education
- equal rights in civil, legal and industrial affairs
- equal opportunity for participation by all in personal development, community life and decision-making.

How does social justice promote positive health outcomes?

When society is just, all people have the same access to resources and opportunities, including:

- formal education
- meaningful employment and fair pay
- adequate shelter
- social security
- food and water
- healthcare
- recreation and leisure activities
- community participation.

The importance of these resources for health and wellbeing has already been discussed. Equality of access to these resources is an issue that continues to impact the lives of billions of people globally. Equal access to these resources means every person has the same opportunity to promote their health and wellbeing, and the outcomes of a person's life are not dictated by factors out of their control, such as ethnicity, sex or age.

1.5.3 Equity

Equity is a concept that relates to fairness and social justice, but has a particular focus on disadvantaged groups. As already discussed in this subtopic, a range of resources are required to promote health and wellbeing, and all people should have access to the resources they require for a decent standard of living.

In basic terms, equity means that disadvantaged groups are targeted to improve their quality of life and achieve minimum standards of living. All people in the community should have access to fundamental resources, and governments should implement laws and policies that ensure no person is disadvantaged in their ability to access such resources. Equity focuses on providing extra support and assistance to groups who are disadvantaged, to ensure they can reach an acceptable standard of living. For example, low-income earners are exempt from paying the Medicare levy, yet can still access the full benefits of the public health system.

equity the absence of unfair, avoidable or remediable differences

What is the difference between equity and equality?

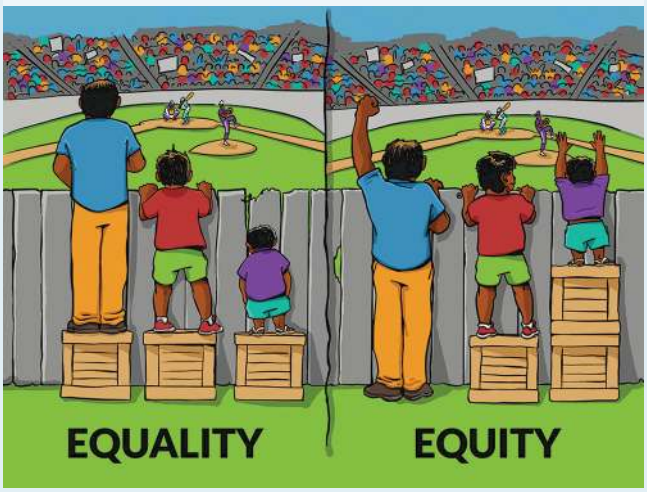
Equity and equality are two terms that are often used interchangeably and, even though they are related, they are distinct concepts. Social justice has a stronger focus on equality than equity.

- Equity relates to fairness. It is about ensuring every person can access the resources they need to lead a good life and experience a high level of health and wellbeing. Equity includes taking unfair circumstances into account, so that those who are disadvantaged are given the opportunity to participate in life on a level playing field.
- Equality relates to all things being equal. Equality is important when all people experience the same conditions such as income, education and occupation.

These concepts can be explored further by considering the financial assistance provided by the government (often referred to as social security or social protection) as an example:

- Equality would be achieved if all people in Australia received the same amount of government assistance regardless of their income, education, home ownership status, level of health and wellbeing experienced including chronic illness or disability, and access to healthcare.
- Equity is reflected when the amount of government assistance provided takes into consideration a person's specific circumstances such as income and access to resources such as employment. Equity means that those who need the most assistance receive more support.

FIGURE 1.24 A visual representation of the difference between equality and equity



1. Briefly explain the difference between equity and equality.
2. Other than social security, discuss an example that illustrates the concepts of equality and equity.
3. Explain why equity is important for achieving health and wellbeing from a population perspective.

How does equity promote positive health outcomes?

Equity relates to a need for fairness in relation to an acceptable quality and standard of living. It goes beyond enforcing laws, and ensures that all people can share in the benefits of a society. This can work to reduce feelings of segregation and thereby enhance feelings of belonging and promote spiritual health and wellbeing.

Equity promotes positive health outcomes and health and wellbeing by ensuring access to:

- education
- employment
- human rights
- resources such as healthcare.

In order to promote health, equity is a key consideration within and between generations. It also extends to issues of social justice and the sustainable use of resources. An example of equity is the provision of public housing. This is available to those people who are eligible based on their income. For example, a single person who earns less than $1100 per week may be eligible for social housing.

Equity as a concept is fundamental to health. Billions of people around the world, such as people experiencing homelessness, First Nations Peoples and those living in poverty, do not experience the same level of health as the rest of the population. Promoting equity improves opportunities for these groups and increases their ability to achieve optimal health. For example, equity means that all people can achieve a minimum level of income. This money can be used for food, shelter and healthcare, which can reduce the risk of developing disease, promoting physical health and wellbeing. It can also mean that they feel valued, which can promote self-esteem and enhance mental health and wellbeing.

1.5.4 A stable ecosystem

An ecosystem is a community that consists of all the living and non-living components of a particular area. The living components include plants, animals and micro-organisms such as bacteria, and the non-living components include weather, rocks, soil and watercourses.

A stable ecosystem occurs when balance is achieved between the environment and the species that live in an environment. Stability indicates that all living things are having their needs for food, water, shelter and reproduction met without causing detrimental effects to the natural environment. Every ecosystem will experience fluctuations in the balance or stability that it experiences, but changes should not be too pronounced to ensure stability is preserved.

FIGURE 1.25 A stable ecosystem is required to provide many resources required for human life, such as clean water.

How does a stable ecosystem promote positive health outcomes?

As living beings, humans are a part of an ecosystem. We rely on many other components of the environment to survive and experience optimal health outcomes. For example:

- Plants and animals are made up of organic matter, which is used for food and provides energy, improving physical health and wellbeing.
- Plants and animals provide opportunities for employment, such as the fishing and agriculture industries. This improves income, which can be used to enhance all dimensions of health and wellbeing.
- Predictable weather patterns contribute to effective farming, which promotes health and wellbeing by improving food security.
- Human shelter is often made from natural materials such as timber and stone.
- Clean water and air are products of the ecosystem in which we live and are vital for human survival.
- Sources of renewable energy such as water, wind and waves are increasingly important as non-renewable resources such as coal and oil reserves decline.
- Natural fibres used for clothing and other goods are derived from the ecosystem.
- Natural environments are often used as a source of relaxation and recreation. This contributes to feelings of connectedness to the natural world, which enhances spiritual health and wellbeing.
- Many substances used to manufacture medicines are sourced from the natural environment.

A balanced ecosystem means that these resources are available for human use and can regenerate as quickly as they are used. An ecosystem that is not balanced can mean that resources are used faster than they can regenerate. This can have significant impacts on human health and wellbeing by reducing the availability of essential resources for human use.

CASE STUDY

Existential threat to our survival: see the 19 Australian ecosystems already collapsing

By Dana M. Bergstrom, University of Wollongong; Euan Ritchie, Deakin University; Lesley Hughes, Macquarie University; Michael Depledge, University of Exeter

Published: 26 February 2021, 6.04 am AEDT

In what may be the most comprehensive evaluation of the environmental state of play in Australia, we show major and iconic ecosystems are collapsing across the continent and into Antarctica.

We found 19 Australian ecosystems met our criteria to be classified as 'collapsing'. This includes the arid interior, savannas and mangroves of northern Australia, the Great Barrier Reef, Shark Bay, southern Australia's kelp and alpine ash forests, tundra on Macquarie Island, and moss beds in Antarctica.

We define collapse as the state where ecosystems have changed in a substantial, negative way from their original state — such as species or habitat loss, or reduced vegetation or coral cover — and are unlikely to recover.

Ecosystems consist of living and non-living components, and their interactions. They work like a super-complex engine: when some components are removed or stop working, knock-on consequences can lead to system failure.

In investigating patterns of collapse, we found most ecosystems experience multiple, concurrent pressures from both global climate change and regional human impacts (such as land clearing).

What to do about it?

Our brains trust comprises 38 experts from 21 universities, CSIRO and the federal Department of Agriculture Water and Environment. Beyond quantifying and reporting more doom and gloom, we asked the question: what can be done?

We devised a simple but tractable scheme called the 3As:

- **Awareness** of what is important
- **Anticipation** of what is coming down the line
- **Action** to stop the pressures or deal with impacts.

In our paper, we identify positive actions to help protect or restore ecosystems. Many are already happening. In some cases, ecosystems might be better left to recover by themselves, such as coral after a cyclone.

In other cases, active human intervention will be required — for example, placing artificial nesting boxes for Carnaby's black cockatoos in areas where old trees have been removed.

'Future-ready' actions are also vital. This includes reinstating cultural burning practices, which have multiple values and benefits for Aboriginal communities and can help minimise the risk and strength of bushfires.

It might also include replanting banks along the Murray River with species better suited to warmer conditions.

Some actions may be small and localised, but have substantial positive benefits.

Other more challenging, global or large-scale actions must address the root cause of environmental threats, such as human population growth and per-capita consumption of environmental resources.

The simplicity of the 3As is to show people *can* do something positive, either at the local level of a landcare group, or at the level of government departments and conservation agencies.

Source: Adapted from 'Existential threat to our survival: see the 19 Australian ecosystems already collapsing', Dana M. Bergstrom, et al, *The Conversation*, 26 February 2021, https://theconversation.com/existential-threat-to-our-survival-see-the-19-australianecosystems-already-collapsing-154077

CASE STUDY REVIEW

1. What are some factors that are considered when classifying an ecosystem as collapsing?
2. Explain how the 3As framework is responding in the positive management of these ecosystems at risk of collapsing.
3. Describe some implications for the health and wellbeing of Australians if an ecosystem collapses.

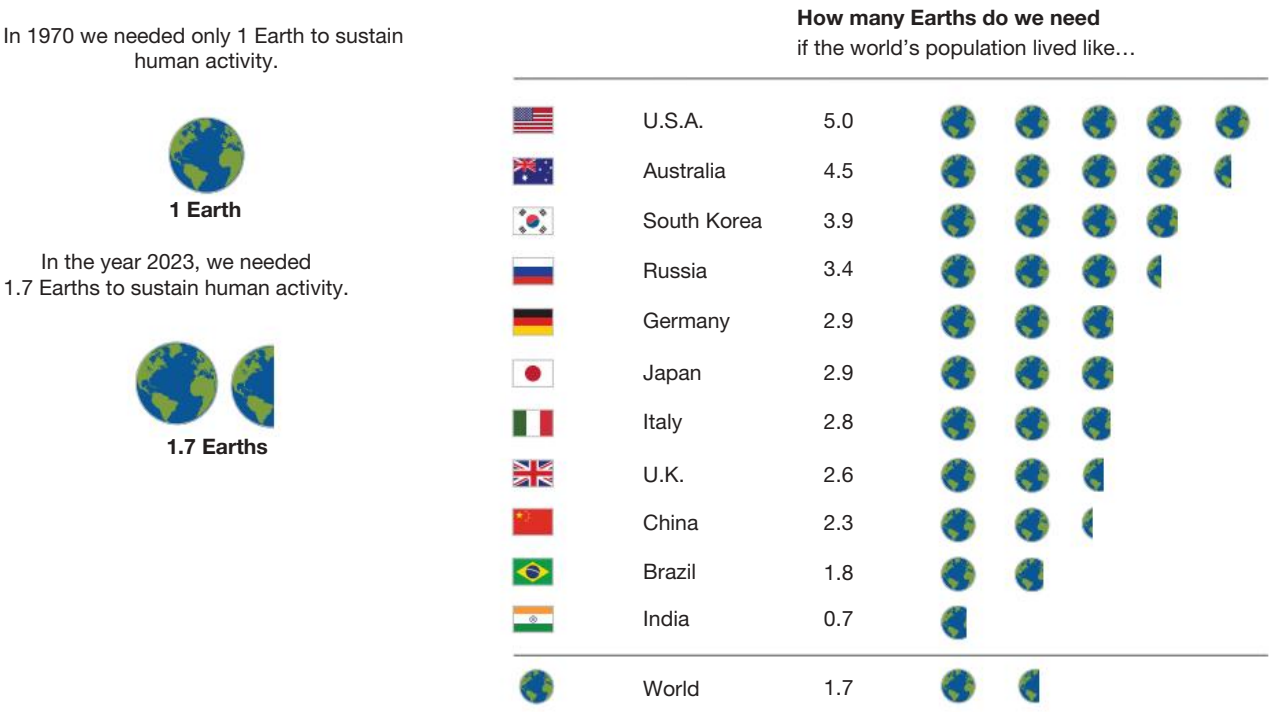
1.5.5 Sustainable resources

Sustainability is defined by the United Nations as 'meeting the needs of the present without compromising the ability of future generations to meet their own needs'. Sustainable resources therefore relate to making sure that the resources used to promote health and wellbeing in the present are still there for future generations, so they too can experience a good quality of life. Examples of materials that must be sustainable if current standards of health and wellbeing are to be maintained include natural resources such as air, water, green energy and ecosystems that can be maintained and used to promote and maintain current standards of health and wellbeing in:

- energy production
- food and water
- employment
- housing
- healthcare.

As of 2023, these resources are not being used in a sustainable manner and this poses serious threats to health and wellbeing globally (see **FIGURE 1.26**).

FIGURE 1.26 Explanation of Earth Overshoot Day, the date at which humanity's use of natural resources exceeds what the Earth can regenerate in that given year.



Many resources that are currently used for energy production, such as oil, gas and coal, can take millions of years to regenerate. So once these resources are used, they are not available for future generations. The transition to sustainable energy production such as wind and solar power will assist in satisfying energy needs into the future, allowing future generations to enjoy uninterrupted access to resources such as heating, cooling, electricity and transport.

FIGURE 1.27 Wind and solar power are examples of sustainable resources.

How do sustainable resources promote positive health outcomes?

These resources, such as adequate heating and cooling, can promote productivity at school and this in turn can promote emotions such as contentment, which enhances emotional health and wellbeing.

Sustainable food and water sources are required for human survival and optimal health and wellbeing. Agriculture currently accounts for over 35 per cent of total land use on Earth and over 70 per cent of total freshwater use. As the population of the world continues to increase, the need for fertile land and fresh water will continue to rise. Sustainable use of land and water is therefore needed to ensure that future generations have a reliable food and water supply to prevent disease and enhance physical health and wellbeing.

Fisheries are another source of food and income for billions of people around the world. Fish populations are decreasing due to overfishing and habitat destruction. If this trend continues, food availability and income generation will be negatively impacted, reducing the ability of many people to achieve optimal health and wellbeing.

Forests and other natural environments provide resources such as timber for building shelter and other structures, clean air for respiration and disease prevention, fibres used for manufacturing and clothing, and substances used for medicine production. Ensuring the sustainability of natural environments is therefore essential to provide these essential resources and promote an adequate standard of living in the future with improvements in health and wellbeing.

EXAM TIP

When making links between two or more prerequisites and health outcomes, it is important to ensure you don't 'double dip'. Double dipping is a term used in Health and Human Development to describe an answer that has used two similar responses and therefore shows limited understanding. For example, if you are required to link both income and food to health and wellbeing, each response should show a different aspect of understanding. If the first response discusses how income can be used to purchase food, which in turn provides energy, therefore promoting physical health and wellbeing, there is a risk of double dipping when making the link between food and health and wellbeing. To ensure double dipping does not occur, do not use food in the income link and instead reference another resource, such as being able to afford social activities, adequate shelter or healthcare and then link to the dimension of health and wellbeing from there.

1.5 Exercises

1.5 Quick quiz on | **1.5 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 5, 6	7, 8, 9

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Test your knowledge

1. Briefly explain the following terms and include one example that relates to each:
   a. ecosystem
   b. sustainability
   c. social justice
   d. equity.
2. Describe what is meant by a stable ecosystem and discuss why stable ecosystems are important for human life.

Apply your knowledge

3. Describe how generating an income can assist governments in promoting the health and wellbeing of a country's population.
4. Explain how having an adequate income can promote health and wellbeing of individuals.
5. Explain how a stable ecosystem may promote three dimensions of health and wellbeing.
6. Explain the difference between social justice and equity.
7. Discuss why equity is a key consideration in achieving optimal health and wellbeing globally.
8. Select two prerequisites from subtopic 1.4 and two from subtopic 1.5 and explain how they are interrelated; that is, how they can impact each other.
9. It is not possible to explain all impacts on health and wellbeing for the prerequisites covered in this subtopic. Using examples not provided in this subtopic, explain how a stable ecosystem, sustainable resources, social justice and equity may promote health and wellbeing.

1.5 Exam questions

Question 1 (4 marks)
Discuss why sustainable resources are a prerequisite for health for an individual.

Question 2 (6 marks)
a. **Describe** social justice and equity. **(2 marks)**
b. **Explain** how social justice and equity are a prerequisite for health and wellbeing. **(4 marks)**

Question 3 (2 marks)
Explain why the prerequisite of income is important to health and wellbeing for an individual.

Question 4 (3 marks)
Other than income and social justice, **identify** three prerequisites of health and wellbeing.

Question 5 (1 mark)
Identify which of the following is not a prerequisite of health and wellbeing: peace, adequate food, equality, education.

More exam questions are available in your learnON title.

1.6 Youth perspectives on health and wellbeing

Key knowledge	Key skills
Youth and Aboriginal and Torres Strait Islander perspectives on health and wellbeing	• Discuss various perspectives on health and wellbeing, including those of youth and Aboriginal and Torres Strait Islander Peoples • Describe the subjective nature of health and wellbeing

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

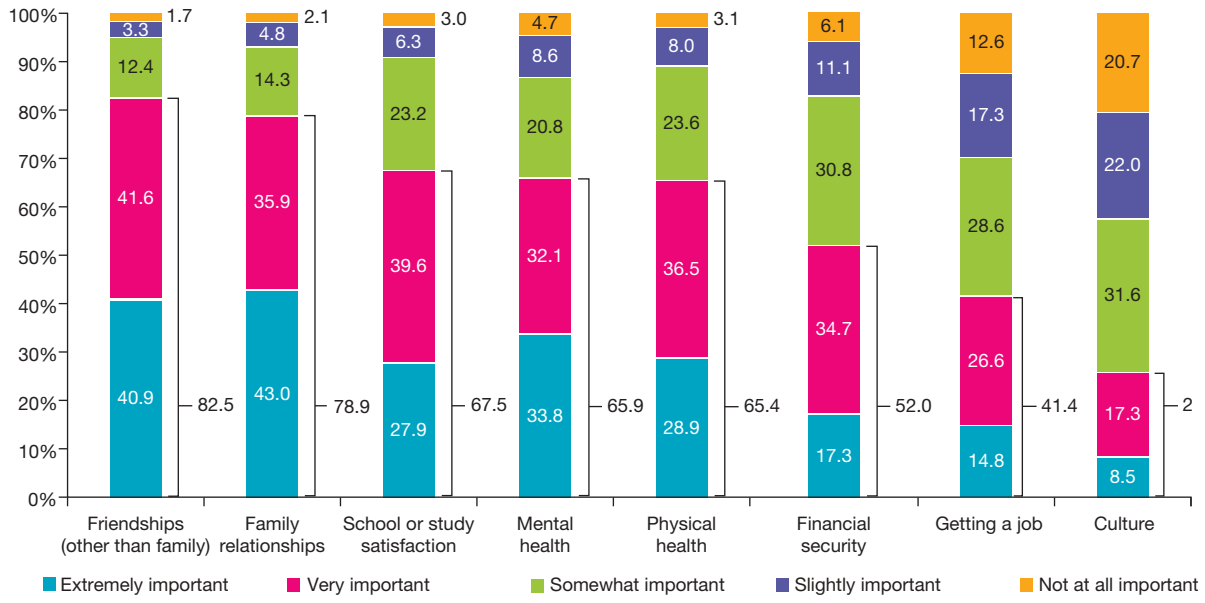
You need to know:	You need to be able to:
• different perceptions of health and wellbeing of youth • what is meant by the subjective nature of health and wellbeing.	• discuss various perspectives of health and wellbeing of youth.

The concept of health and wellbeing means different things to people as a result of a range of factors, including their stage of life. Within a particular age group, there can be both similarities and differences in how people rate aspects of their health and wellbeing. This is often referred to as the **subjective nature of health and wellbeing**, and it is influenced by personal beliefs, feelings, experiences and opinions.

When young people were asked how much they valued family relationships, financial security, friendship, getting a job, and physical and mental health and wellbeing, family and friendship relationships were the two most highly valued aspects (see **FIGURE 1.28**). This highlights the importance young people place on social health and wellbeing.

int-9209

FIGURE 1.28 What young people value



Note: Items were ranked by summing the responses for Extremely important and Very important for each item.

However, even within an age group, such as young people (aged 15–19), perspectives on health and wellbeing can vary significantly. Research undertaken by Mission Australia in 2023 with almost 20 000 participants identified many of these differences. When young people were questioned on their perspectives of health and wellbeing and what it meant to them; younger participants' thoughts

subjective nature of health and wellbeing the way in which people's view of health and wellbeing is influenced by or based on personal beliefs, feelings, experiences or opinions

were that 'health was maintained by a good diet — one that included daily servings of fresh fruit, vegetables and little junk food'. In contrast, the participants aged over 16 mentioned not only aspects relating to the physical dimension, including physical exercise, but also the social dimension of health and wellbeing. In particular, they mentioned that 'social relationships with their family and friends made them feel good and gave them a sense of wellbeing'. This demonstrates that as young people's life experience grows, they start to have a more holistic view of health and wellbeing, rather than a one-dimensional view.

Body image issues can have a significant impact on youth health and wellbeing. In a period when young people need to feel a sense of belonging and acceptance from their peers, body image becomes very important. When young people strive for an (often unrealistic) ideal body shape, it is often their mental health and wellbeing that suffers.

Mental health concerns continued to be a significant issue for young people, especially in the aftermath of COVID-19. The pandemic caused multiple stressors for young people with regard to uncertainty about the future, unemployment and financial concerns along with social-isolation issues. However, as in previous years, cyber bullying and body image concerns have also been significant stressors in line with continued use of social media platforms such as Instagram and TikTok. Such technologies can appear to amplify young people's anxieties about self-worth and body image.

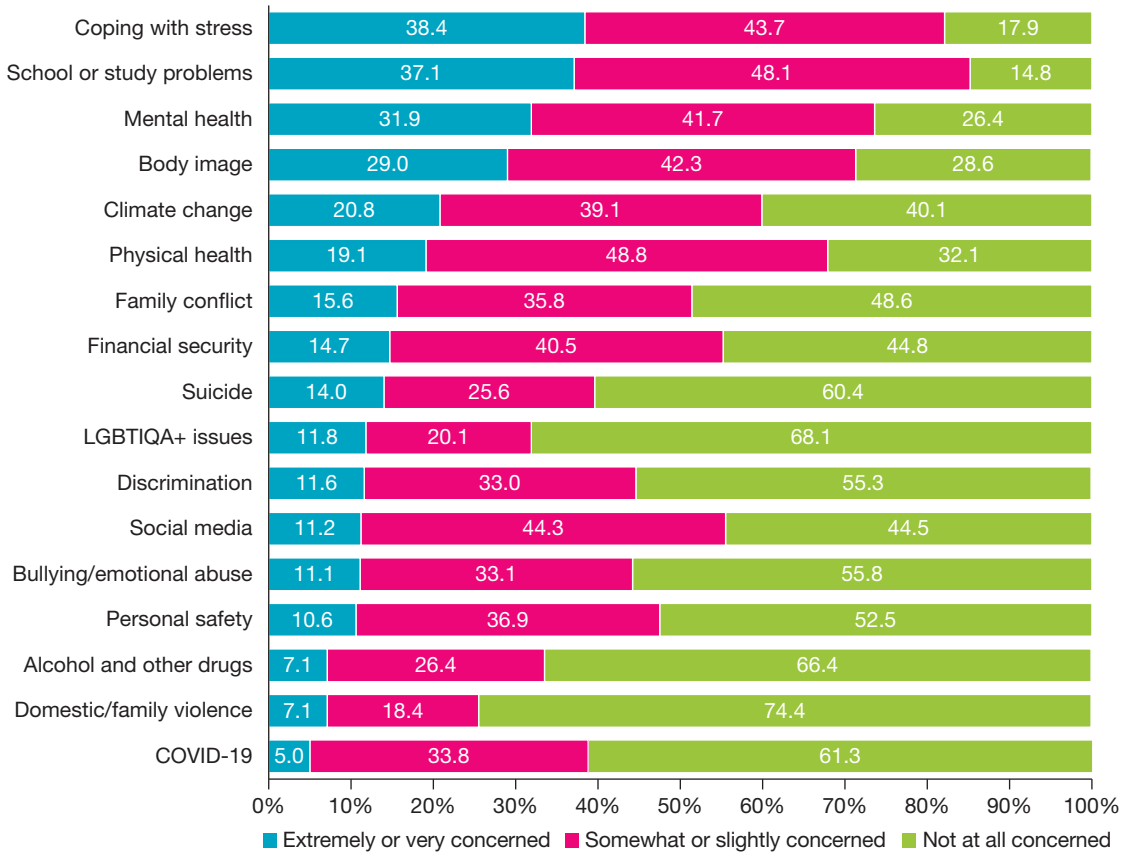
FIGURE 1.29 Social isolation was a major concern for young people during COVID-19.

Mission Australia also asked the participants to record how concerned they were about a number of different personal issues. As you can see from **FIGURE 1.30** the issues of most concern for both males and females related to the mental dimension of health and wellbeing, such as coping with stress, school or study problems, mental health and body image. The proportion of females concerned about all of these (and many of the other issues) was much higher than the proportion of males, as shown in **TABLES 1.1a** and **b**. Just over 50 per cent of females indicated that coping with stress was a major concern, as opposed to around 20 per cent of males. Females were also more concerned about school and study problems, with 47 per cent indicating this as a major concern, compared with 22 per cent of males. Youth and early adulthood are complex stages of life, with many young people experiencing pressures relating to study, work and relationships, which can culminate in high levels of stress during these years.

Overall physical health and wellbeing (fitness, body weight, reductions in ill health) is usually good in this age group when compared with older age cohorts. Issues related to mental and emotional health and wellbeing are the leading causes of concern. Mental and emotional health and wellbeing largely relies on the nature of social networks, family, friends, school, work and other relationships during youth.

int-9210

FIGURE 1.30 Issues of personal concern for young people



Note: Items were ranked by summing the responses for Extremely concerned and Very concerned for each item.

TABLE 1.1a Issues of personal concern to females

Females	Extremely or very concerned %	Somewhat or slightly concerned %	Not at all concerned %
Coping with stress	50.6	41.6	7.8
School or study problems	47.1	44.6	8.2
Mental health	40.4	43.8	15.9
Body image	39.4	44.4	16.3
Climate change	24.9	44.1	31.0
Physical health	21.2	53.3	25.5
Family conflict	19.8	40.1	40.1
Financial security	16.3	42.8	40.9
Suicide	16.0	28.4	55.5
Social media	13.8	51.0	35.2
Bullying/emotional abuse	13.3	37.1	49.5
Discrimination	12.9	37.6	49.6
Personal safety	12.2	40.8	47.0
LGBTIQA+* issues	10.2	25.5	64.3
Domestic/family violence	8.1	20.5	71.4
Alcohol and other drugs	7.8	29.5	62.7
COVID-19	5.7	40.5	53.8

Note: Items ranked high to low according to the female responses for *extremely or very concerned* for each item.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual issues.

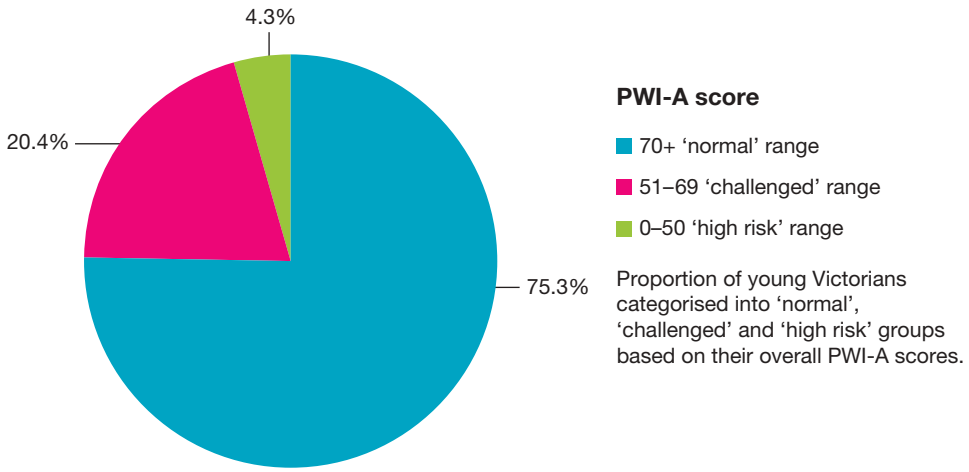
TABLE 1.1b Issues of personal concern to males

Males	Extremely or very concerned %	Somewhat or slightly concerned %	Not at all concerned %
School or study problems	22.3	54.5	23.2
Coping with stress	19.9	48.4	31.6
Mental health	17.1	41.2	41.6
Physical health	15.4	42.5	42.0
Body image	13.4	40.8	45.8
Climate change	13.0	33.3	53.7
Financial security	11.2	37.3	51.5
Suicide	8.6	20.5	70.9
LGBTIQA+* issues	8.4	12.9	78.7
Family conflict	8.1	30.0	61.9
Discrimination	7.4	26.2	66.4
Personal safety	7.0	30.9	62.1
Social media	6.8	35.2	58.0
Bullying/emotional abuse	6.3	27.2	66.5
Alcohol and other drugs	5.2	21.5	73.4
Domestic/family violence	4.7	14.4	80.9
COVID-19	3.2	23.9	72.9

Note: Items ranked high to low according to the male responses for *extremely or very concerned* for each item.
*Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual issues.

VicHealth, which is Victoria's leading health promotion agency, also conducted a survey to measure wellbeing and resilience in young Victorians aged 16–25. This survey took into consideration subjective wellbeing, which is an indication of how people feel and what they think about their own lives and personal circumstances. One thousand young Victorians participated in the telephone-based survey, which focused on seven key areas: standard of living, health, safety, future security, relationships, community connections and achievement in life. These results were formulated into a Personal Wellbeing Index (PWI) score. The study's key findings can be seen in **FIGURE 1.31**.

FIGURE 1.31 Proportion of young Victorians categorised by Personal Wellbeing Index score



Based on the results in **FIGURE 1.31**, the majority of young people interviewed were in the normal range for the Personal Wellbeing Index. VicHealth has also identified factors associated with young people who have above-average health and wellbeing. Findings suggest that these factors fit into the following categories: participation in sport and recreation, access to social support and a higher socioeconomic status background. These are compared with young people with a below average PWI, who are more likely to have limited access to social support, be unemployed, come from lower-income households and live alone. The survey also found that females were 50 per cent more likely than males to be at high risk for depression.

For further information about mental health and wellbeing of young people, refer to the **headspace** and **ReachOut** weblinks in the Resources tab.

on Resources

Weblinks headspace
ReachOut

1.6 Exercises

1.6 Quick quiz on | **1.6 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 4	5, 6, 7	3

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Test your knowledge

1. According to **FIGURE 1.28**, what are the top three things that young people value?
2. a. Use **FIGURE 1.30** to identify the top four causes of concern for young people.
   b. Of those identified in **FIGURE 1.30**, what are the three issues that young people are least concerned about?
3. Compare the gender differences in the concerns of young people shown in **TABLES 1.1a** and **b**. In your answer, include at least two examples of similarities and differences between the genders. Outline why you think these differences and similarities exist.
4. What does the term 'subjective wellbeing' mean?
5. **FIGURE 1.31** identifies that 75.3 per cent of young people were in the normal range for PWI. What does this mean?

Apply your knowledge

Complete the following two questions then share your results with the class. Analyse whether your results are similar to or different from the Mission Australia survey.

6. Rank the following values from one to five, with five being the most important, in terms of the value that you place on each one.
   - Family
   - Financial security
   - Friendship
   - Getting a job
   - Physical and mental health and wellbeing
7. There are five different dimensions of health and wellbeing (physical, social, mental, emotional and spiritual). Place them in order of importance from one to five, with number one being the most important dimension in your life.

1.6 Exam questions

Question 1 (2 marks)
Identify the two dimensions of health and wellbeing that youth are most likely to consider when assessing their own health status.

Question 2 (3 marks)
Use an example to **describe** how your perspective of health and wellbeing has changed over the past few years.

Question 3 (2 marks)
Issues of concern for youth regarding their health and wellbeing include:

- depression
- body image
- family conflict
- coping with stress
- school or study problems.

Explain one of these issues of concern and identify the dimension of health and wellbeing it is most likely to affect.

Question 4 (3 marks)
Explain using an example what is meant by the subjective nature of health and wellbeing.

More exam questions are available in your learnON title.

1.7 Aboriginal and Torres Strait Islander perspectives on health and wellbeing

Aboriginal and Torres Strait Islander readers are advised that this topic may contain images of and references to people who have died.

Key knowledge	Key skill
Youth and Aboriginal and Torres Strait Islander perspectives on health and wellbeing	Discuss various perspectives on health and wellbeing, including those of youth and Aboriginal and Torres Strait Islander Peoples

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• different perspectives of health and wellbeing of the Aboriginal and Torres Strait Islander Peoples compared to those of non-Indigenous Australians.	• discuss various perspectives of health and wellbeing of Aboriginal and Torres Strait Islander Peoples • explain why connection to the land and community are key aspects of Aboriginal and Torres Strait Islander Peoples' health and wellbeing.

Aboriginal and Torres Strait Islander Peoples are the first Australians. They have diverse social and kinship structures and cultures, as well as complex knowledge systems. Aboriginal and Torres Strait Islander Peoples view health and wellbeing in a holistic manner as reflected in this definition outlined in the National Aboriginal Health Strategy (1998).

> 'Aboriginal wellbeing means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life–death–life.'

This understanding of health and wellbeing is different from the definition we explored at the start of this topic, as culture has been added as a component of wellbeing. Culture is a foundation for Aboriginal and Torres Strait Islander Peoples' health and wellbeing. It is a protective factor for health across all stages of life. The significance of culture to Aboriginal and Torres Strait Islander Peoples is demonstrated by the use of knowledge and practices of traditional healers, which are often used alongside western medicine.

1.7.1 The importance of culture

Culture influences Aboriginal and Torres Strait Islander Peoples in many ways. These include their reasons for using health services, the acceptance of treatment and the likelihood that they will adhere to treatment. Culture also has an impact on how effective health promotion strategies are in reaching Aboriginal and Torres Strait Islander Peoples.

According to the Closing the Gap National Agreement, Aboriginal and Torres Strait Islander Peoples with a strong attachment to culture have significantly better self-assessed health status. Aboriginal and Torres Strait Islander Peoples who speak Indigenous languages and participate in cultural activities also have better physical and mental health and wellbeing.

FIGURE 1.32 Culture is a very important component of Aboriginal and Torres Strait Islander Peoples' health and wellbeing.

The National Aboriginal and Torres Strait Islander Health Plan 2021–2031 identifies the importance of culture in improving health and wellbeing. The action plan explains how culture is a core part of health and wellbeing for Aboriginal and Torres Strait Islander Peoples. It is a protective factor across the life span, and has a direct influence on the broader social determinants outcomes. The plan states that being connected to culture, family and land improves health outcomes in remote communities. It also states that residents of communities in which traditional languages and cultural practices are valued and maintained are less likely to be obese, less likely to have diabetes and less prone to cardiovascular disease than Aboriginal and Torres Strait Islander Peoples across the rest of the Northern Territory.

on Resources

Weblinks Creative Spirits
Aboriginal and Torres Strait Islander Health Plan

1.7.2 Connection to Country

Along with culture, land (or Country) is fundamental to the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. The land is the core of their existence; it is their connection and spiritual relationship to Country, which explains their identity. Land is central to health and wellbeing and when the harmony of this relationship is disrupted, ill health may occur. The following examples help to explain the connection to Country and link to improved health outcomes for Aboriginal and Torres Strait Islander Peoples.

Law and life originates in and is governed by the land. The connection to land gives Aboriginal and Torres Strait Islander Peoples their identity and a sense of belonging.

In the Murray River area, the Aboriginal people felt an affinity from the poor health of the Murray River to parts of their own health and wellbeing — both physical and mental. Aboriginal people had not been able to pass on traditional knowledge about the river, or undertake traditional activities that created a connection between them and the river. The impact on this was negative self-assessed physical and mental health and wellbeing.

Everything the local people did every day was related to being around the river. Consequently, moving further and further away from these locations and activities can be seen as harmful; and the impact is on both physical and mental health.

The land is my backbone… I only stand straight, happy, proud and not ashamed about my colour because I still have land… I think of land as the history of my nation. *Galarrwuy Yunipingu, Aboriginal musician*

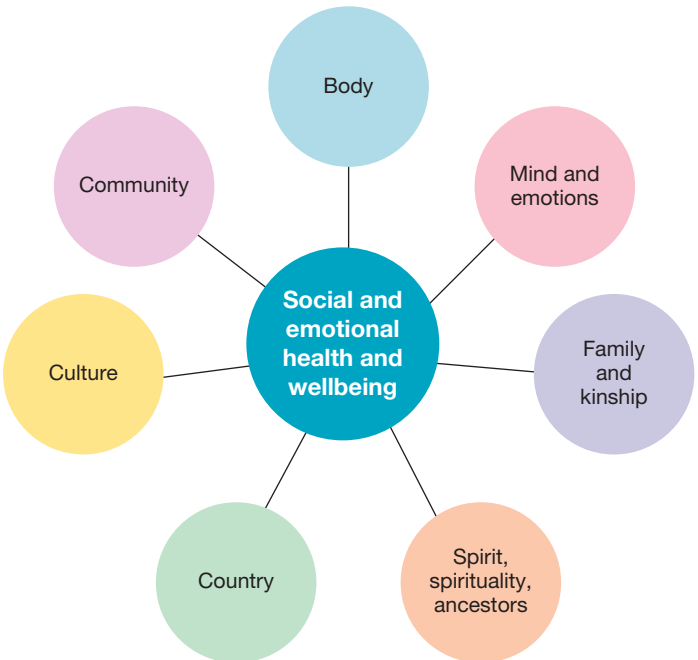
In white society, a person's home is a structure made of bricks or timber, but to our people our home was the land that we hunted and gathered on and held ceremony and gatherings. *Nala Mansell-McKenna, Youth Worker, Tasmanian Aboriginal Centre*

As seen from the above examples, the land or Country is the soul of Aboriginal and Torres Strait Islander Peoples. It has also been referred to as their 'second skin'. Aboriginal and Torres Strait Islander Peoples believe it is their duty to care for the land, and in caring for the land they are strengthening their cultures and health and wellbeing. According to the Stolen Generations report, *Bringing Them Home*, many Aboriginal and Torres Strait Islander Peoples get sick when they are removed from their Country. Research increasingly confirms the strong link between Aboriginal and Torres Strait Islander Peoples' health and wellbeing and land management. For example, through land management practices, Aboriginal and Torres Strait Islander Peoples can feel more empowered, which leads to lower stress levels and improved mental health and wellbeing.

1.7.3 Social and emotional health and wellbeing

Social and emotional health and wellbeing is a holistic concept that recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual. Social and emotional health and wellbeing are the foundations of Aboriginal and Torres Strait Islander Peoples' physical and mental health and wellbeing. Relationships between the individual, their family and their community greatly influence overall physical, mental and spiritual health and wellbeing, as shown in **FIGURE 1.33**. Positive family and community relationships affect social and emotional health and wellbeing, which is essential for Aboriginal and Torres Strait Islander Peoples to lead successful and fulfilling lives. This conception of self is grounded within a collective perspective that views the self as inseparable from, and embedded within, family and community.

FIGURE 1.33 Social and emotional health and wellbeing from an Aboriginal and Torres Strait Islander perspective



CASE STUDY

Responses to being 'locked up' – Country is home

For Graham and Gloria Friday, the best strategy for social distancing is 'going out bush', rather than staying in your house … because country is home.

If you go out bush, you might find that bush medicine to fight it. Also out bush, you don't have to worry about food in the shops, you can live off your land, fish, dugong, turtle, goanna, you can live off that. (April 9 2020)

Similarly in Barunga, one community member says their first response to being 'locked up' was to go out bush and sit down on country. Anne Marie Lee, chair of the board of the Sunrise Health Service Aboriginal Corporation says:

More people are going out camping and fishing. People spend maybe a week out there. It's a really good thing, eating that bush tucker again. People are looking more healthy. (May 11 2020)

Going bush has had the added effect of strengthening families. As people hunt and fish, they are away from the worries of town. They are well fed and access to alcohol is limited. Young people learn traditional survival skills. The health and wellbeing effects of being out bush are part of long-standing and culturally defined preventative healthcare strategies.

Some aspects of Aboriginal and Torres Strait Islander Peoples' experiences of lockdown are familiar to all Australians: the importance of socialising with extended family for social, mental and emotional wellbeing. Also, people seem to be more conscious of their health. Some community medical clinics report an influx of people getting flu vaccinations.

Yet another factor that shapes the COVID-19 experience for Aboriginal and Torres Strait Islander people in remote areas is the historical experience of being 'locked up' on missions and in prison.

The NT has the highest imprisonment rate of any state or territory. Aboriginal and Torres Strait Islanders comprise 84% (1477 prisoners) of the adult prisoner population. In 2018, the national average was 28%. Families in Borroloola have called for people to be returned home during the pandemic to ensure they are safe and away from the threat of virus infection in prison. The investment in family and making sure everyone is safe has been a driving focus for many in these communities.

Some good things, too

Perhaps, unexpectedly, there have been some positives from the COVID-19 crisis.

One of the first actions was for states and territories to nominate designated biosecurity areas. Travel to these areas was restricted to essential workers. Returning community members have to go into quarantine. This shutdown was sudden but it made some community members feel reassured. Beswick Traditional Owner, Esther Bulumbara says:

Suddenly everything stopped. It was a great shock to the Northern Territory. We thought only that overseas mob would get that. But police said everything had to close. Government mob, shire. It was lucky it was quick. If they didn't know about it, it would have gone through the Northern Territory. (April 24 2020)

The lockdown bolstered trust in government and Aboriginal organisations.

Source: https://theconversation.com/friday-essay-voices-from-the-bush-how-lockdown-affects-remote-Indigenous-communities-differently-136953.

CASE STUDY REVIEW

1. Describe, using examples from the article, how the COVID-19 lockdown has positively impacted on the social, mental and physical health and wellbeing of the Aboriginal and Torres Strait Islander Peoples.
2. Using your knowledge, discuss how the effect of the COVID-19 lockdown could have negatively affected two dimensions of health and wellbeing for Aboriginal and Torres Strait Islander Peoples.
3. How did having a strong connection to Country enhance the experiences of the lockdown for Aboriginal and Torres Strait Islander Peoples?

1.7 Activity

As a class, research the Stolen Generations. In your opinion, how has this affected the physical, social, emotional, mental and spiritual health and wellbeing of Aboriginal and Torres Strait Islander Peoples?

1.7 Exercises

1.7 Quick quiz on | **1.7 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 6	5, 7

Test your knowledge

1. Compare how the Aboriginal and Torres Strait Islander Peoples' definition of health and wellbeing is different from the WHO definition of health and wellbeing.
2. Identify why you think some Aboriginal and Torres Strait Islander Peoples may be unwilling to attend healthcare centres.
3. Describe how a strong cultural connection improves the health and wellbeing of Aboriginal and Torres Strait Islander Peoples.
4. Explain the term 'second skin' when referring to the connection Aboriginal and Torres Strait Islander Peoples feel with the land.
5. Describe how relationships between the individual and the community improve physical and mental health and wellbeing for Aboriginal and Torres Strait Islander Peoples.

Apply your knowledge

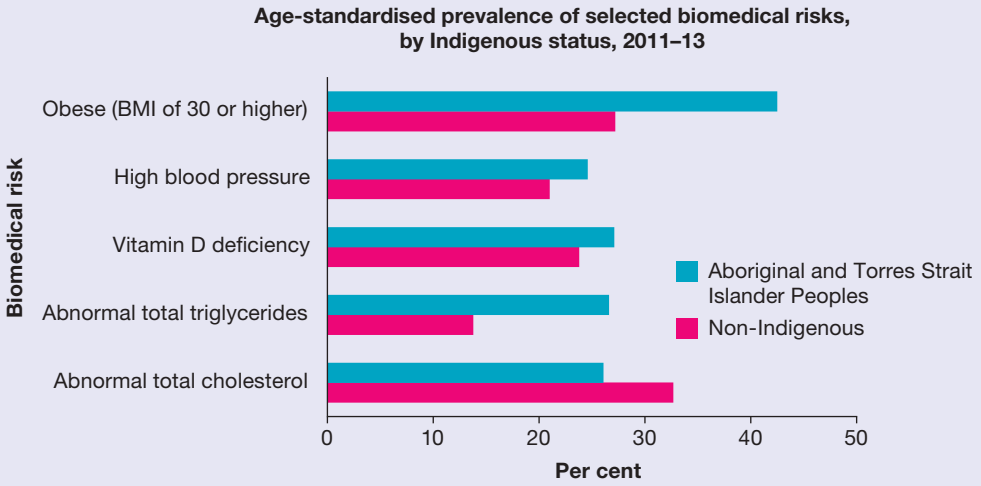
6. Briefly explain the importance of Country to the health and wellbeing of Aboriginal and Torres Strait Islander Peoples.
7. How is the practice of land management having a positive impact on the health and wellbeing of Aboriginal Peoples?

1.7 Exam questions

Question 1 (4 marks)

Explain how connectedness to culture or family can improve the health and wellbeing of Aboriginal and Torres Strait Islander Peoples' communities.

Question 2 (2 marks)



Reflecting on Aboriginal and Torres Strait Islander Peoples' perspectives on health and wellbeing, **suggest** one reason for the trend in the graph.

Question 3 (2 marks)

Identify one example of Aboriginal and Torres Strait Islander cultures, and suggest how this example affects health and wellbeing.

Question 4 (1 mark)

Connection to Country is fundamental to the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. **Identify** the dimension of health and wellbeing most associated with a sense of connection and belonging.

Question 5 (1 mark)

Study the graph in question 2. **Outline** one difference between the two groups evident in the graph.

More exam questions are available in your learnON title.

1.8 KEY SKILLS

1.8.1 Describe and analyse various perspectives, definitions and interpretations of health and wellbeing

tlvd-11280

KEY SKILL Describe and analyse various perspectives, definitions and interpretations of health and wellbeing

Tell me

As explored in this topic, different groups of people have different perspectives on the meaning of health and wellbeing. An understanding of the different definitions is required to address this key skill adequately. When analysing and describing these different perspectives, definitions and interpretations, you will be looking for the reasons behind their variance.

Show me

For example, in the first WHO definition health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.[1] This definition of health was first used by health professionals, yet seemed to be very difficult to achieve. If we were to analyse this meaning of health you were considered either healthy or unhealthy if any of these dimensions were not at an optimal state.[2] WHO has since provided clarification on this meaning to say that 'health is a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities'.[3] This explanation appears to be more inclusive and attainable, while also being dependent on individual situations, as it includes the resources that an individual has access to.[4]

1 WHO definition of health is defined.

2 Brief analysis of the meaning of the WHO definition.

3 Updated description of the WHO definition of health is provided.
4 Updated WHO definition is then analysed explaining the change and meaning.

Practise the key skill

1. Analyse the WHO definition of health, including its strengths and limitations.
2. Justify the reason for the updated WHO definition of health and wellbeing.

1.8.2 Explain different dimensions of health and wellbeing

tlvd-11279

KEY SKILL Explain different dimensions of health and wellbeing

Tell me

For this key skill, an explanation of the meaning of the term 'health and wellbeing', including the five different dimensions: physical, social, emotional, mental and spiritual, is essential. In order to provide an adequate explanation, an understanding of the definition is required.

When explaining the term health and wellbeing, it is important that all the aspects of the concept are included. For example, health and wellbeing encompasses a range of aspects including the five different dimensions: physical, social, mental, spiritual and emotional health and wellbeing.

Show me

Below is an example of the explanation of health and wellbeing.

Health and wellbeing relates to the state of a person's physical, social, emotional, mental and spiritual existence; it is characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged.

Tell me

You will also need to be able to explain each dimension of health and wellbeing. When explaining the dimension, you need to include aspects of the definition as well as examples of characteristics of the dimension.

Show me

For example, social health and wellbeing relates to the ability to form meaningful and satisfying relationships with others and the ability to manage or adapt appropriately to different social situations.[5] It includes having productive, positive relationships with others, and displaying effective communication skills such as active listening. When these characteristics and skills are present, an individual can be said to have positive social health and wellbeing.[6]

5 An explanation of social health and wellbeing is included in the description.

6 An example of characteristics that relate to social health and wellbeing is identified. You do not need to include all the characteristics as seen in the text.

Practise the key skill

3. Explain the difference between emotional and mental health and wellbeing.
4. Read the case study below and answer the following questions.

> Kate has been involved in the 'learn to row' program at her college. She has enjoyed all aspects of the program, including the challenge of learning a new skill, the increased social opportunities and the improvements to her fitness levels. Unfortunately, there are only enough spots for eight crews and Kate has been unsuccessful at making the final squad.
>
> Kate is devastated at this news, as most of her friends gained a spot in the squad. She doesn't want to go to school the following week, upon finding out the news, as she is also feeling embarrassed and ashamed. Kate feels as though she will miss out on so many experiences, while her friends immerse themselves in the program. She feels lonely and lost as she will feel left out of all their rowing discussions and social rowing events.

   a. Identify the five dimensions of health and wellbeing and briefly describe what is meant by each one.
   b. Suggest how Kate missing out on a place in the rowing squad could have an impact on the five dimensions of her health and wellbeing.
   c. What dimension of health and wellbeing do you think Kate's story is focused on? Explain.

1.8.3 Discuss how access to prerequisites for health can promote positive health outcomes

tlvd-11398

KEY SKILL Discuss how access to prerequisites for health can promote positive health outcomes

Tell me

Prerequisites are basic conditions and resources needed to improve health outcomes.

The prerequisites impact upon each other, and the ability to access one of the prerequisites can affect the ability to achieve others.

For example, when an individual has adequate access to income, they are then able to afford essential food and shelter, which in turn impact positively on health outcomes, as an individual will have consumed adequate food to provide energy for their body (physical health and wellbeing). They will also feel a sense of connection and belonging to a community and neighbourhood by having adequate safe housing (spiritual health and wellbeing).

It is important to show how the prerequisites can impact each other and to also link to health outcomes that are *positive*.

Show me

When an individual is employed, they are likely to have access to regular adequate income. This income then enables them to purchase fresh, nutritious food for themselves and their family, which ensures they receive the essential nutrients needed to reduce risk of malnutrition, increasing immune system function and improving physical health outcomes.[7]

Through this regular income, the individual is also more likely to afford adequate housing, which reduces stress and anxiety as they feel safe and secure, improving mental health and wellbeing. They are also less exposed to the elements, such as extreme heat and cold, further promoting positive health outcomes.[8]

7 Explanation of the prerequisite for health is shown and how it impacts on health outcomes. In this example, it is health status and physical health and wellbeing.
8 This example shows the link between the prerequisite of income and housing, and how this can then impact on health outcomes, specifically mental and physical health and wellbeing.

Practise the key skill

5. Education, shelter, peace and income have been identified as prerequisites for health by the WHO. Choose two of the prerequisites for health listed and discuss how they can have a positive impact on health outcomes.

1.8.4 Describe the subjective nature of health and wellbeing

tlvd-11281

KEY SKILL Describe the subjective nature of health and wellbeing

Tell me

For this key skill, a general description of the terms 'subjective' and 'health and wellbeing' is required. This includes the five different dimensions: physical, social, mental, emotional and spiritual.

An explanation of health and wellbeing is given in section 1.8.2.

Show me

Below is an example of a description of health and wellbeing.

Health and wellbeing relates to the state of a person's physical, social, mental, emotional and spiritual wellbeing and is characterised by an equilibrium in which the person feels, healthy, happy, capable and engaged.[9]

9 A definition or description of the concept of health and wellbeing is provided.

Tell me

You will also need to be able to describe the concept of health and wellbeing being 'subjective' in nature. This refers to how people experience the quality of their lives. It includes both how they feel about their lives and what they think about own personal circumstances.

Show me

For example, a description of the subjective nature of health and wellbeing could be:

The concepts of health and wellbeing are subjective, which means they mean different things to different people.[10] For example, one person may view their health and wellbeing as related specifically to physical health and their physical fitness levels, while another person may place greater emphasis on the concept of social connections and less priority on physical fitness when focusing on their own health and wellbeing.[11]

10 A description of the term 'subjective' nature of health and wellbeing is provided
11 Specific examples of the subjective nature of health and wellbeing are provided.

Practise the key skill

6. Describe what is meant by the term 'subjective'.
7. Describe the subjective nature of physical health and wellbeing.
8. Choose a different dimension of health and wellbeing and describe how this dimension could be subjective in nature.

1.8.5 Discuss various perspectives on health and wellbeing, including those of youth and Aboriginal and Torres Strait Islander Peoples

tlvd-11282

KEY SKILL Discuss various perspectives on health and wellbeing, including those of youth and Aboriginal and Torres Strait Islander Peoples

Tell me

This skill requires an understanding of the different perspectives of health and wellbeing of youth as well as Aboriginal and Torres Strait Islander Peoples. An understanding of the WHO definition of health and wellbeing is required in order to discuss different perspectives, especially of those from Aboriginal and Torres Strait Islander backgrounds.

To discuss means to give an overall account of; that is, to provide examples that best represent the idea you are trying to portray.

For example, provide multiple examples of how Aboriginal and Torres Strait Islander Peoples have different perceptions of health and wellbeing from non-Indigenous Australians, e.g. focus here on the importance of culture and community.

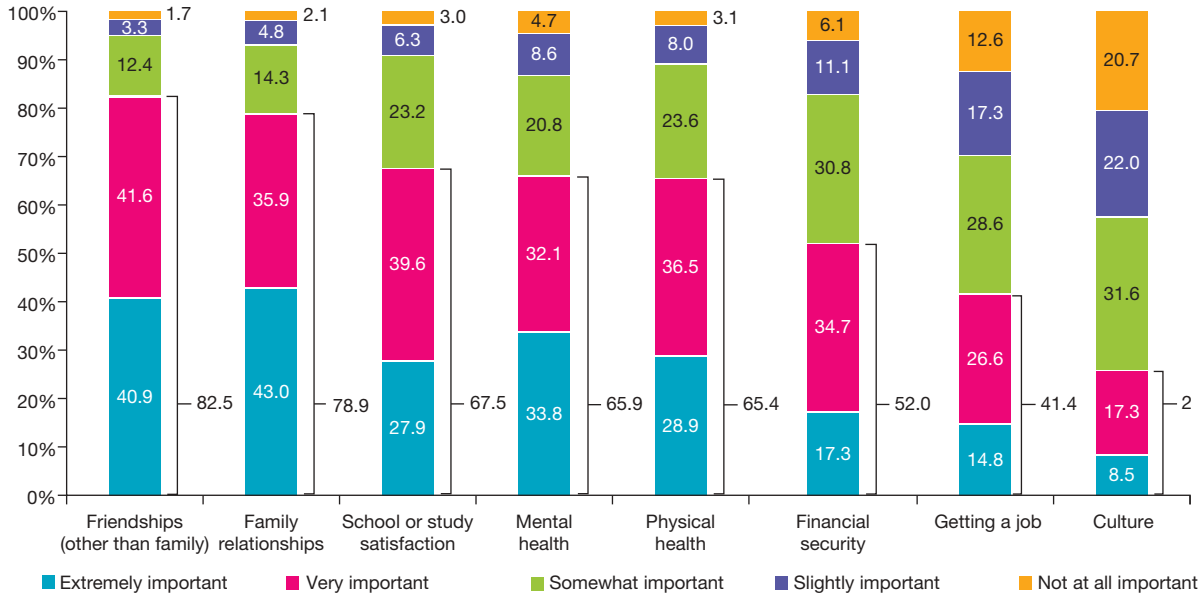
Show me

Mission Australia surveyed over 26 000 young people in 2020 and questioned them about their perspectives on health and wellbeing and what it meant to them. Younger participants thoughts were that health was maintained by a 'good diet'. In contrast, many participants over 16 mentioned not only physical aspects but aspects of the social dimension of health, such as maintaining positive relationships with family and friends, as being important aspects of their health and wellbeing.[12]

12 A discussion around the different perspectives of youth is provided.

FIGURE 1.34 shows what young people value according to the Mission Australia Youth Survey. This data can help to inform the different perspectives youth have about their health and wellbeing.

FIGURE 1.34 What young people value



Tell me

As explored in this topic, different groups of people have different perspectives on the meaning of health and wellbeing. To explore these differences, we need to have a solid understanding of the general definition of health and wellbeing.

One of the different perspectives studied is that of Aboriginal and Torres Strait Islander Peoples.

Show me

Health and wellbeing relates to the state of a person's physical, social, emotional, mental and spiritual existence and is characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged.[13]

Aboriginal and Torres Strait Islander Peoples, however, have different perspectives of health and wellbeing from the general definition shown above. To Aboriginal and Torres Strait Islander Peoples, health and wellbeing means not just the health and wellbeing of an individual but refers to the social, emotional and cultural health and wellbeing of the whole community in which each individual is able to achieve their full potential as a human being; this brings about the total health and wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life–death–life.[14]

13 The general definition of health and wellbeing is provided in order to discuss different perspectives of different groups.

14 Aboriginal and Torres Strait Islander Peoples place greater emphasis on culture and the wellbeing of the community in their perspectives of health and wellbeing, compared to the general definition.

Practise the key skill

9. Discuss, using data from **FIGURE 1.34**, some different perspectives of health and wellbeing for youth compared to younger Australians.
10. Discuss the meaning of health and wellbeing to Aboriginal and Torres Strait Islander Peoples.
11. Explain how is this definition is different from the general definition of health.

tlvd-11288

1.9 EXTENDED RESPONSE — Build your exam skills

An essential skill in the Health and Human Development course is being able to answer extended response questions. On the Unit 3 and 4 VCE Examination, there will be at least one question that will be worth around 15 marks.

Throughout this text, you will be provided with opportunities to develop this skill by practising the requirements of an extended response question. Note that the complexity of these activities will increase as we move through the course.

These questions often contain multiple requirements and all must be adequately addressed to ensure you are eligible for a high score. The first step in preparing to answer these questions is to break it down into its components.

Consider the following question:

Step 1:

> Using an example, describe the spiritual dimension of health and wellbeing, and explain how an individual who is not religious can still experience a high level of spiritual health and wellbeing. Include a relevant example of Aboriginal and Torres Strait Islander perspectives of spiritual health and wellbeing to support your response and explain how this is different from non-Indigenous perspectives.

In order to achieve a high score for this question, all parts of the question must be addressed.

You can think of these requirements like a checklist:

- Describe the spiritual dimension of health and wellbeing.
- Use an example in your description.
- Explain using examples how spiritual health and wellbeing may not necessarily relate to religion; for example, yoga practice etc.
- Be sure to include an example of Aboriginal and Torres Strait Islander perspectives of spiritual health and wellbeing to support your answer.
- You also need to explain how Aboriginal and Torres Strait Islander perspectives of spiritual health and wellbeing are different from non-Indigenous perspectives.

Step 2:

You can create your own checklist by using strokes (forward slashes) to break the question down into its parts:

> Using an example / describe the spiritual dimension of health and wellbeing, / and explain how an individual who is not religious can still experience a high level of spiritual health and wellbeing. / Include a relevant example of Aboriginal and Torres Strait Islander perspectives of spiritual health and wellbeing to support your response / and explain how this is different from non-Indigenous perspectives.

Step 3:

You can then place a tick next to each component when you feel you have adequately addressed it:

> Using an example / describe the spiritual ✓ dimension of health and wellbeing, / and explain how an individual ✓ who is not religious can still experience a high level of spiritual health and wellbeing. / Include a relevant example ✓ of the Aboriginal and Torres Strait Islander perspectives of spiritual health and wellbeing to support your response / and explain how this is different from non-Indigenous perspectives.

Practise this skill

Break each of the following questions down into its individual components.

Question 1

Using the information provided, explain two dimensions of health and wellbeing and describe how perspectives in relation to these dimensions change with age.

Question 2

Using the information provided, identify and describe three dimensions of health and wellbeing and explain how perspectives about each one are similar and/or different between Aboriginal and Torres Strait Islander Peoples and non-Indigenous Australians.

Question 3

Melbourne was forced into stage 4 lockdown restrictions during the 2020 COVID-19 pandemic.

Using the information provided and your own experiences, explain the possible effects of these stage 4 restrictions on the health and wellbeing of young Melbournians, and describe how the experience has possibly changed the health perspectives of young people.

1.10 Review

Hey students! Now that it's time to revise this topic, go online to:

Review your results

Watch teacher-led videos

Practise exam questions

Find all this and MORE in jacPLUS

1.10.1 Topic summary

1.2 Definitions of health and wellbeing

- Health and wellbeing relates to the state of a person's physical, social, emotional, mental and spiritual existence and is characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged.
- Health and wellbeing is a dynamic concept and is always changing.
- Health and wellbeing is viewed in many different ways and is therefore said to be subjective.

1.3 Dimensions of health and wellbeing

- There are five dimensions of health and wellbeing: physical, social, emotional, mental and spiritual.
- A range of factors influence how an individual views health and wellbeing, including age, gender, socioeconomic status, culture and religion.
- Physical health and wellbeing is defined as the functioning of the body and its systems; it includes the physical capacity to perform daily activities or tasks. Characteristics that relate to physical health and wellbeing include fitness levels, body weight, energy levels, and the absence or presence of disease.
- Social health and wellbeing relates to the state and quality of the interactions and relationships that an individual has with other people.
- Emotional health and wellbeing is defined as being able to recognise, understand and effectively manage and express emotions as well as the ability to display resilience. Characteristics include the ability to recognise and express a range of emotions, adequately respond to and manage emotions, and the ability to recover from misfortune.
- Mental health and wellbeing refers to the state of a person's mind or brain, and relates to the ability to think and process information. Optimal mental health and wellbeing enables an individual to positively form opinions, make decisions and use logic. Characteristics of good mental health and wellbeing include positive thought patterns, low stress levels, high self-esteem and self-confidence.
- Spiritual health and wellbeing can be defined as ideas, beliefs, values and ethics that arise in the mind and conscience of human beings. It includes the concepts of hope, peace, a guiding sense of meaning or value and reflection on a person's place in the world. Spiritual health and wellbeing can also relate to organised religion, a sense of purpose in life, connection or belonging.

1.4 Prerequisites for health: peace, shelter, education and food

- The WHO identifies nine prerequisites that each have a range of effects on health: peace, shelter, education, food, income, social justice, equity, stable ecosystem and sustainable resources.
- Peace reduces the risk of premature death and injury and increases the ability of people to work, attend school and spend time with loved ones.
- Adequate shelter provides protection from the elements, but also provides a safe place for people to spend their time and pursue activities, such as study, that promote health and wellbeing.
- Education increases the ability to earn an income and be a productive member of society. Educated individuals are more likely to experience high levels of health and wellbeing.
- Food is vital for proper human functioning. Having access to a reliable food supply also decreases the risk of disease, reduces stress and allows more time to pursue activities such as study and work.

1.5 Prerequisites for health: income, social justice, equity, stable ecosystem and sustainable resources

- Income allows individuals to purchase goods that promote health and wellbeing such as food, healthcare and adequate shelter.
- Social justice relates to equal rights for all, regardless of personal traits such as sex, class and income, ethnicity, religion, age or sexual orientation.
- Equity relates to providing more assistance to disadvantaged groups so all people can access minimum levels of income and resources that promote health and wellbeing.
- A stable ecosystem means that resources such as food and water are available for human use and can regenerate as quickly as they are used. An unbalanced ecosystem can mean resources are used faster than they can regenerate, which can have significant impacts on human health and wellbeing.
- Sustainable resources means that the resources used to promote health and wellbeing in the present are available for future generations, so they too can experience a good quality of life.

1.6 Youth perspectives on health and wellbeing

- The concept of health and wellbeing means different things to people depending on their stage of life.
- The issues of most concern to young people relate to the mental dimension of health and wellbeing, such as coping with stress, school and study problems, body image and depression.
- Overall physical health and wellbeing (fitness, body weight, incidence of ill health) is usually good in this age group when compared with older age cohorts.

1.7 Aboriginal and Torres Strait Islander perspectives on health and wellbeing

- Aboriginal and Torres Strait Islander Peoples have different perspectives on health and wellbeing, which include an emphasis on the importance of culture.
- To Aboriginal and Torres Strait Islander Peoples, health and wellbeing means not just the physical health and wellbeing of an individual, but also the social, emotional and cultural health and wellbeing of the whole community. Each individual is able to achieve their full potential as a human being, thereby contributing to the overall health and wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life–death–life.
- A connection to Country is essential to Aboriginal and Torres Strait Islander Peoples and is seen as a major contributor to optimal health and wellbeing.

on Resources

Digital document Summary (doc-41294)

1.10.2 Key terms

dimensions of health and wellbeing components that make up an individual's overall health and wellbeing. The dimensions are physical, social, emotional, mental and spiritual.
dynamic continually changing
emotional health and wellbeing relates to the ability to express emotions and feelings in an appropriate way
emotional intelligence an individual's ability to recognise and respond to either their own or others' emotions
equity the absence of unfair, avoidable or remediable differences
food security the state in which all persons obtain nutritionally adequate, culturally appropriate, safe food regularly through local non-emergency sources (VicHealth)
health and wellbeing the state of a person's physical, social, emotional, mental and spiritual existence, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged
infirmity the quality or state of being weak or ill; often associated with old age
mental health and wellbeing the current state of wellbeing relating to the mind or brain and the ability to think and process information

optimal health and wellbeing the highest level of health and wellbeing an individual can realistically attain at any particular time, taking genetics and the different environments in which people live into account
pathogens bacteria, viruses and other microbes that can cause disease
physical health and wellbeing relates to the state and functioning of the body and its systems; it includes the physical capacity to perform daily activities or tasks
resilience the ability to effectively deal with adverse or negative events that occur throughout life
self-esteem reflects a person's overall subjective emotional evaluation of their own worth. It is a judgement of oneself as well as an attitude toward the self.
social health and wellbeing relates to the state of a person's interactions with others and includes the quality of relationships with family, friends and others in the community and the ability to manage or adapt appropriately to different social situations. It also includes the level of support provided by family and within a community to ensure that every person has equal opportunity to function as a contributing member of society. (VCAA)
social justice fairness in society
spiritual health and wellbeing relates to ideas, beliefs, values and ethics that arise in the mind and conscience of human beings
subjective nature of health and wellbeing the way in which people's view of health and wellbeing is influenced by or based on personal beliefs, feelings, experiences or opinions
wellbeing a complex combination of all dimensions of health, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged

1.10 Exercises

learnon

Students, these questions are even better in jacPLUS

- **Receive immediate feedback and access sample responses**
- **Access additional questions**
- **Track your results and progress**

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EXAM TIP

Often questions require you to discuss how a particular factor affects one or more dimensions of health and wellbeing. To answer this type of question, you need not only an understanding of the factor but also an understanding of the key characteristics of each dimension of health and wellbeing.

For example, if you are asked to discuss how being a member of a sports team affects the social dimension of health and wellbeing, you need to use examples about being a member of a sports team and link these to characteristics of the social dimension of health.

A suitable response may be: Being a member of a sports team involves training and playing with other team members. This enhances social health and wellbeing as, through training and playing, you are *interacting and forming relationships* with team mates.

1.10 Exam questions

Question 1 (8 marks)

Commencing secondary school is a major milestone in a young person's life.

a. **Explain**, using examples, how the transition to secondary schooling can have an impact on young people's mental and social health and wellbeing. **4 marks**

b. **Describe** opportunities secondary schools provide to enhance physical health and wellbeing. **2 marks**

c. **How** can young people's spiritual health and wellbeing be developed at a school that is not religious? **2 marks**

Question 2 (4 marks)

Explain a difference in the perspective of health for Aboriginal and Torres Strait Islander Peoples compared to non-Indigenous Australians.

Question 3 (2 marks)

A person's state of health and wellbeing is dynamic.

Using an example, **describe** what this means.

Question 4 (6 marks)

Education and income are both prerequisites for health as identified by the WHO.

Describe how having access to one of these resources can impact the ability to access the other and **analyse** their combined impact on positive health outcomes.

Question 5 (4 marks)

Explain why sustainable resources and income are a prerequisite for health.

on Resources

Digital document	Key terms glossary (doc-41293)
Interactivities	Crossword (int-9285) Definitions (int-9286)
Exam question booklet	Topic 1 Exam question booklet (eqb-0234)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 1 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

1.4	Homelessness worksheet (doc-32187)	☐
	Food worksheet (doc-32188)	☐
1.10	Summary (doc-41294)	☐
	Key terms glossary (doc-41293)	☐

Teacher-led videos

1.2	What is health and wellbeing? (tlvd-0270)	☐
1.8	Key skill: Describe and analyse various perspectives, definitions and interpretations of health and wellbeing (tlvd-11280)	☐
	Key skill: Explain different dimensions of health and wellbeing (tlvd-11279)	☐
	Key skill: Discuss how access to prerequisites for health can promote positive health outcomes (tlvd-11398)	☐
	Key skill: Describe the subjective nature of health and wellbeing (tlvd-11281)	☐
	Key skill: Discuss various perspectives on health and wellbeing, including those of youth and Aboriginal and Torres Strait Islander Peoples (tlvd-11282)	☐
1.9	Extended response: Build your exam skills (tlvd-11288)	☐

Interactivities

1.6	FIGURE 1.28 What young people value (int-9209)	☐
	FIGURE 1.30 Issues of personal concern for young people (int-9210)	☐
1.10	Crossword (int-9285)	☐
	Definitions (int-9286)	☐

Weblinks

1.4	Homelessness	☐
	Food	☐
1.6	headspace	☐
	ReachOut	☐
1.7	Creative Spirits	☐
	Aboriginal and Torres Strait Islander Health Plan	☐

Exam question booklet

1.10	Topic 1 Exam question booklet (eqb-0234)	☐

To access these online resources, log on to **www.jacplus.com.au**

2 Measurements and indicators of health status of Australia's youth

LEARNING SEQUENCE

2.1 Overview

	Key knowledge	Key skill	Subtopic
○	Indicators used to measure health status, such as incidence and prevalence of health conditions, morbidity, rates of hospitalisation, burden of disease, mortality, life expectancy, core activity limitation, psychological distress and self-assessed health status	Draw conclusions from health data about the health status of youth in Australia	**2.2** **2.3** **2.4** **2.5**
○	The health status of Australia's youth		

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Key terms

burden of disease
chronic condition
core activities
core activity limitation
disability adjusted life years (DALY)
health indicators
health status
hospital separations
hospitalisation
incidence
life expectancy
morbidity
mortality
prevalence
psychological distress
rates of hospitalisation
self-assessed health status
years lived with disability (YLD)
years of life lost (YLL)

Exam terminology

Draw conclusions make reasoned decisions or judgements

on Resources

Digital document Key terms glossary (doc-41295)
Exam question booklet Topic 2 Exam question booklet (eqb-0235)

2.2 Self-assessed health status and life expectancy

Key knowledge	Key skill
• Indicators used to measure health status, such as life expectancy and self-assessed health status • The health status of Australia's youth	Draw conclusions from health data about the health status of youth in Australia

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by health status • what self-assessed health status and life expectancy relate to.	• identify and describe self-assessed health status and life expectancy • draw conclusions relating to self-assessed health status and life expectancy data for youth in Australia • use correct values and units of measurement • identify trends and relationships in data.

2.2.1 What is health status?

So far, the concept of health and wellbeing, and the five dimensions that contribute to health and wellbeing, have been examined. As well as exploring physical, social, emotional, mental and spiritual health and wellbeing, it is useful to be able to measure health outcomes that individuals, groups or whole populations are experiencing. Measurable aspects of health outcomes provide an ability to make judgements relating to the **health status** of individuals, groups or populations.

2.2.2 Measuring health status

Measuring health status is useful for a number of purposes. As already mentioned, it allows judgements to be made about the health outcomes of individuals, groups or populations. With this information, government and non-government organisations can take action to improve health outcomes in areas that need it, such as conditions related to Australia's high rates of obesity. It also allows trends to be identified in health status over time. This can provide valuable feedback on actions that have already been implemented. Such information can further guide interventions aimed at improving health status.

There are a number of ways of measuring health status and these measures are collectively known as **health indicators** (**FIGURE 2.1**).

Each health indicator provides specific information relating to the health status experienced. By examining a range of health indicators, a more complete assessment of health status can be made.

It can take some time for health statistics to become public — often around three years before data can be accurately collated and released. The COVID-19 pandemic further delayed data collection both nationally and globally, and as a result, some data in this text are older than would normally be expected. However, data generally change slowly, so this information is still relevant when used to make judgements about health status in Australia today.

Further, many statistics are available only for set age groups (often 12–24). When these statistics are used, it is important to remember that they include a proportion of those in the early adulthood stage.

health status an individual's or population's overall level of health and wellbeing, taking into account various indicators such as life expectancy, mortality and morbidity

health indicators standard statistics that are used to measure and compare health status (for example, life expectancy, mortality rates, morbidity rates)

on Resources

Teacher-led video Measurements of health status (tlvd-0260)

FIGURE 2.1 The health status indicators that will be explored in this topic

Australia is one of the healthiest countries in the world and Australia's youth (those aged 12–18) are among the healthiest individuals in the country. There have been constant improvements over time in most aspects of health and wellbeing. In order to adequately assess the health and wellbeing of Australia's youth, it is important to understand the methods used for reporting health status.

FIGURE 2.2 The youth stage of the lifespan is generally characterised by good health and wellbeing.

Self-assessed health status

Self-assessed health status is based on an individual's own perception of their health and wellbeing. People are asked to rate their level of health and wellbeing by choosing from one of five options:

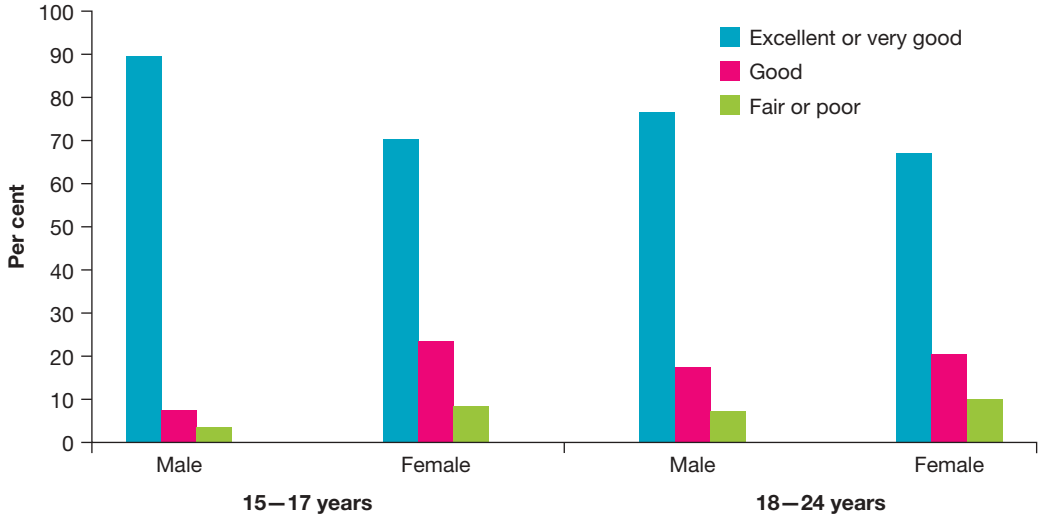
- excellent
- very good
- good
- fair
- poor.

Self-assessed health status is a subjective measure, as different people consider health and wellbeing in different ways. One person may assess their health as excellent if they are physically fit, even if their mental and emotional health and

wellbeing are poor. Another may take all five dimensions into account in forming their assessment. Young Australians generally rate their health status positively. **FIGURE 2.3** shows the self-assessed health status of young Australians at selected ages. The majority of those in both age groups rate their health status as excellent or very good, with slightly more youth aged 15–17 years rating their health status as excellent or very good compared to those aged 18–24.

int-9211

FIGURE 2.3 Self-assessed health status of young people aged 15–24 years, 2022



Source: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/2022#data-downloads.

Life expectancy

Life expectancy is one of the most common methods used to measure health status. It gives an indication of how long a person can expect to live if the current death rates stay the same. Unless stated otherwise, life expectancy data relate to a person born in the years provided. **TABLE 2.1** shows life expectancy data for people of different ages in Australia.

TABLE 2.1 Life expectancy at different ages, 1901–10 and 2020–22

	Males		Females	
Age	**1901–1910**	**2020–2022**	**1901–1910**	**2020–2022**
Birth	55.2	81.2	58.8	85.3
30	66.5	82.1	69.3	85.8
65	76.3	85.2	77.9	87.8
85	87.7	91.5	89.2	92.5

Source: Adapted from ABS and AIHW data, 2024.

According to the Australian Bureau of Statistics data shown in **TABLE 2.1**, the life expectancy of a child born in 2022 was 81.2 years for a male and 85.3 years for a female. Compare this to a life expectancy of 55.2 years for males and 58.8 years for females born between 1901 and 1910. This represents an increase in life expectancy of more than 25 years over the past century. The life expectancy of Australians is constantly improving, while death rates are decreasing.

life expectancy the number of years of life, on average, remaining to an individual at a particular age if death rates do not change. The most commonly used measure is life expectancy at birth. (AIHW, 2018)

The life expectancy for Australia's youth reflects the high figures experienced by all age groups in this country. According to **TABLE 2.2**, a male aged 12 could expect to live to 81.6 years and a male aged 21 could expect to live to 81.8 years. As life expectancy is based on averages, it increases as people get older. Some individuals will not survive infancy or childhood, and this brings the average down for life expectancy at birth. Once an individual survives these stages, the likelihood that they will live longer than the life expectancy at birth increases.

TABLE 2.2 Life expectancy for Australia's youth and early adults at different ages

Age	Males	Females
12	81.59	85.59
13	81.59	85.60
14	81.60	85.60
15	81.61	85.61
16	81.63	85.62
17	81.65	85.63
18	81.68	85.65
19	81.71	85.66
20	81.74	85.67
21	81.77	85.69
22	81.81	85.71
23	81.84	85.72
24	81.88	85.74
25	81.92	85.75

Source: Adapted from ABS, *Life Tables, States, Territories and Australia, 2020–2022*.

Although life expectancy is a valuable indicator and reflects the overall health status of a population group or country, it doesn't provide information about how sick the population is or what the leading causes of death and ill health are. As a result, other indicators are required in order to make informed judgements about health status and these will be explored in the following sections.

2.2 Activity

Access the **Life expectancy** weblink and worksheet in the Resources tab, then complete the worksheet.

on Resources

Digital document Life expectancy worksheet (doc-41296)

Weblink Life expectancy

2.2 Exercises

2.2 Quick quiz on | **2.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 3, 5	2, 4, 6, 7, 8	9, 10

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Test your knowledge

1. Outline 'health status'.
2. Explain why it is useful to be able to measure health status.
3. a. What is meant by 'health indicators'?
   b. Identify four health indicators that can be used to measure health status.
4. Explain the following health status indicators:
   a. self-assessed health status
   b. life expectancy.
5. Identify what percentage of 15- to 24-year-olds assessed their health status as 'excellent or very good' according to **FIGURE 2.3.**
6. Identify a similarity and a difference between those aged 15–17 and 18–24, as shown in **FIGURE 2.3**.
7. Using **TABLE 2.1**, explain how life expectancy changed from 1901–10 to 2020–22 for:
   a. males at birth
   b. females at birth.

Apply your knowledge

8. a. Refer to **FIGURE 2.3** and draw a conclusion about the proportion of 15- to 24-year-olds assessing their health status as 'good' and 'fair or poor'.
   b. Brainstorm reasons that may account for youth assessing their health status as 'good' or 'fair or poor'.
9. Outline one advantage and one limitation of using life expectancy in making judgements about the health status of a population or group.
10. a. Using **TABLE 2.2**, draw a conclusion about how life expectancy changes as individuals move through youth and into the early adulthood stage of the lifespan.
    b. Suggest reasons that account for this change.

2.2 Exam questions

Question 1 (2 marks)
Self-assessed health status is a reliable indicator of health status. **Discuss** this statement.

Question 2 (1 mark)
Describe what is meant by 'health status'.

Question 3 (1 mark)
Explain the term 'health indicators'.

Question 4 (2 marks)
A 15-year-old will have a higher life expectancy than a baby born today. **Explain** why this is the case.

Question 5 (4 marks)
Identify four measures of health status.

More exam questions are available in your learnON title.

2.3 Mortality

Key knowledge	Key skill
• Indicators used to measure the health status of Australians, such as mortality • The health status of Australia's youth	Draw conclusions from health data about the health status of youth in Australia

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by the mortality rate and how it is measured • what is meant by years of life lost (YLL) and how it is measured.	• identify and describe mortality and years of life lost (YLL) • draw conclusions relating to mortality and years of life lost (YLL) data for youth in Australia • use correct values and units of measurement.

In the previous subtopic, life expectancy was explored. This health indicator provides an indication of how long a person can expect to live on average, if death rates don't change. In this section, mortality will be the focus.

Mortality refers to death, particularly at a population level. There are two ways of considering mortality:

- the number or rate of deaths in a population. Mortality rates are usually presented per 100 000 population in a 12-month period
- the **years of life lost (YLL)**, where one YLL is equal to one year of life lost due to premature death.

mortality the number of deaths in a population in a given period (AIHW, 2018)

years of life lost (YLL) a measure of how many years of expected life are lost due to premature death

2.3.1 Mortality rate

The mortality rate is an indication of how many deaths occurred in a population in a given period for a specific cause or for all causes combined. Mortality rates are usually presented per 100 000 population in a 12-month period. Some mortality rates are shown in **TABLE 2.3**.

TABLE 2.3 Mortality rates by age group and sex, per 100 000, 2021

Age group	Males	Females	Persons	Male : female ratio
0–4	83.9	69.5	76.9	1.2
5–9	7.9	6.8	7.4	1.2
10–14	11.0	7.9	9.5	1.4
15–19	42.8	19.5	31.5	2.2
20–24	59.5	25.8	43.2	2.3
25–29	67.8	25.6	46.9	2.7
30–34	81.4	34.0	57.5	2.4
35–39	96.3	55.1	75.6	1.7
40–44	137.9	84.8	111.0	1.6
45–49	211.1	132.0	171.1	1.6
50–54	326.8	190.4	257.6	1.7
55–59	491.6	295.6	392.0	1.7
60–64	714.9	426.1	566.3	1.7
65–69	1102.9	667.7	877.6	1.7
70–74	1755.4	1106.3	1420.2	1.6
75–79	2969.8	1961.4	2445.9	1.5
80–84	5519.6	3889.4	4636.5	1.4
85+	14 050.6	12 421.8	13 058.4	1.1

A mortality rate of 19.5 per 100 000 means that, on average, 19.5 females in every 100 000 died in 2021 in this age group. According to the ABS, there were around 720 000 females in this age group in 2021, which equals 140 deaths.

The male : female ratio means that in 2021 an average of 2.2 males died in this age group for every female that died in this age group, meaning that males were twice as likely to die at this age compared to females.

Source: https://www.aihw.gov.au/reports/life-expectancy-deaths/grim-books/contents/grim-excel-workbooks.

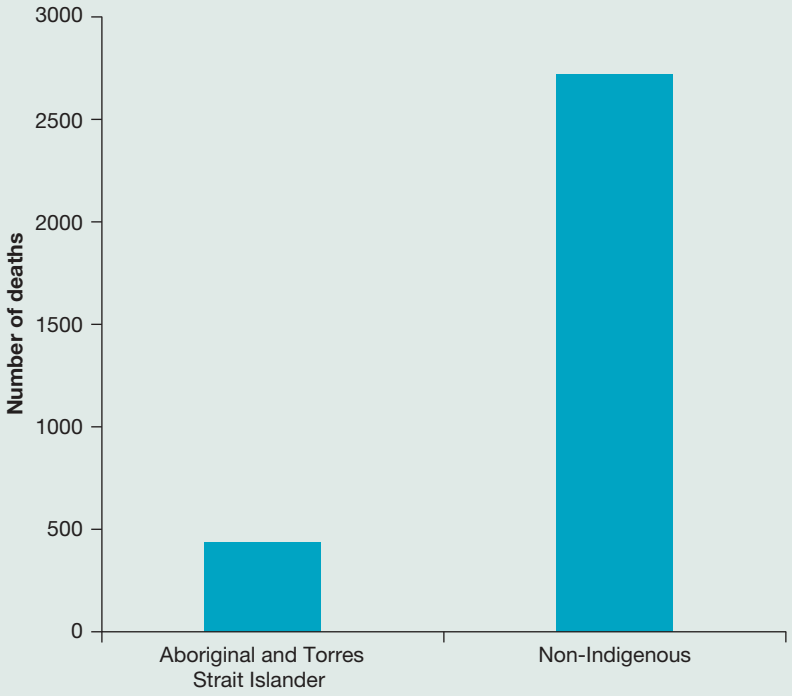
EXAM TIP

Understanding mortality rates

When drawing conclusions about causes of mortality among youth, it is important to ensure that fair comparisons are made between different groups.

Comparing the number of youth who die from a condition does not take the size of the population into account and therefore does not provide an accurate comparison. The following graph, for example, shows the number of deaths among Aboriginal and Torres Strait Islander and non-Indigenous Australians aged 15–24 in 2021.

FIGURE 2.4 The number of Aboriginal and Torres Strait Islander and non-Indigenous deaths for those aged 15–24, 2021

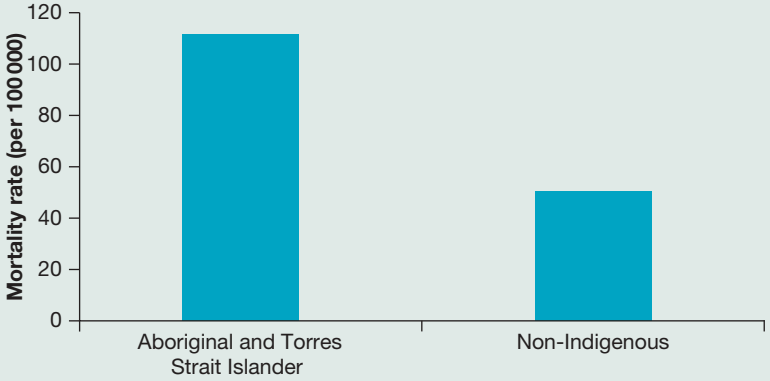


Source: Adapted from https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021#data-downloads

FIGURE 2.4 appears to show that Aboriginal and Torres Strait Islander people are better off as they have a much lower *number* of deaths. There were around 2726 deaths for non-Indigenous people in this age group, compared to around 424 for Aboriginal and Torres Strait Islander people.

However, when the size of the population is taken into account, the data show a very different story.

FIGURE 2.5 The rate (per 100 000) of Aboriginal and Torres Strait Islander and non-Indigenous deaths for those aged 15–24, 2021



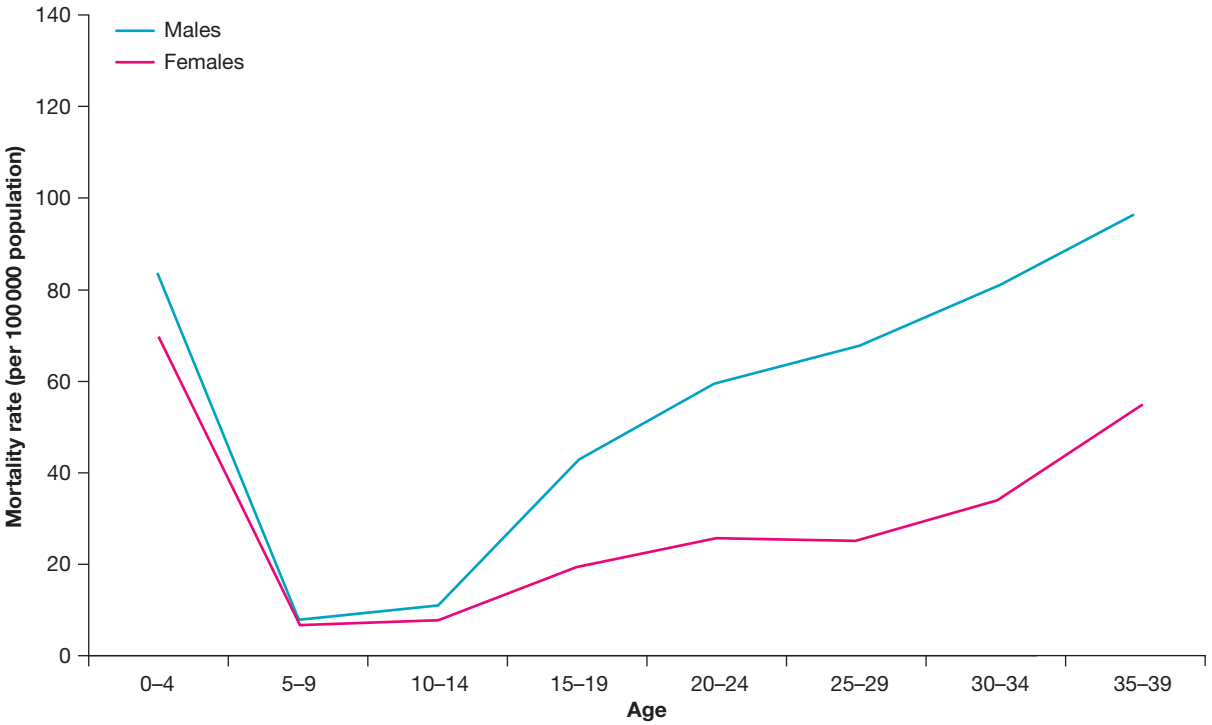
Source: Adapted from https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021#data-downloads.

When the total number of people making up each group is taken into account (the population of non-Indigenous Australians is much higher), Aboriginal and Torres Strait Islander people experience much higher *rates* of mortality. The rate for non-Indigenous people is about 50 deaths per 100 000 people, whereas for Aboriginal and Torres Strait Islander Australians the rate is about 115 deaths per 100 000 people. This difference could be missed unless the vertical axis on each graph is completely understood.

Youth has among the lowest mortality rates of all lifespan stages, second only to childhood mortality rates (see **FIGURE 2.6**).

int-9269

FIGURE 2.6 Mortality rates for infants, children, youths and early adults, 2021



Source: Adapted from https://www.aihw.gov.au/reports/life-expectancy-deaths/grim-books/contents/grim-excel-workbooks.

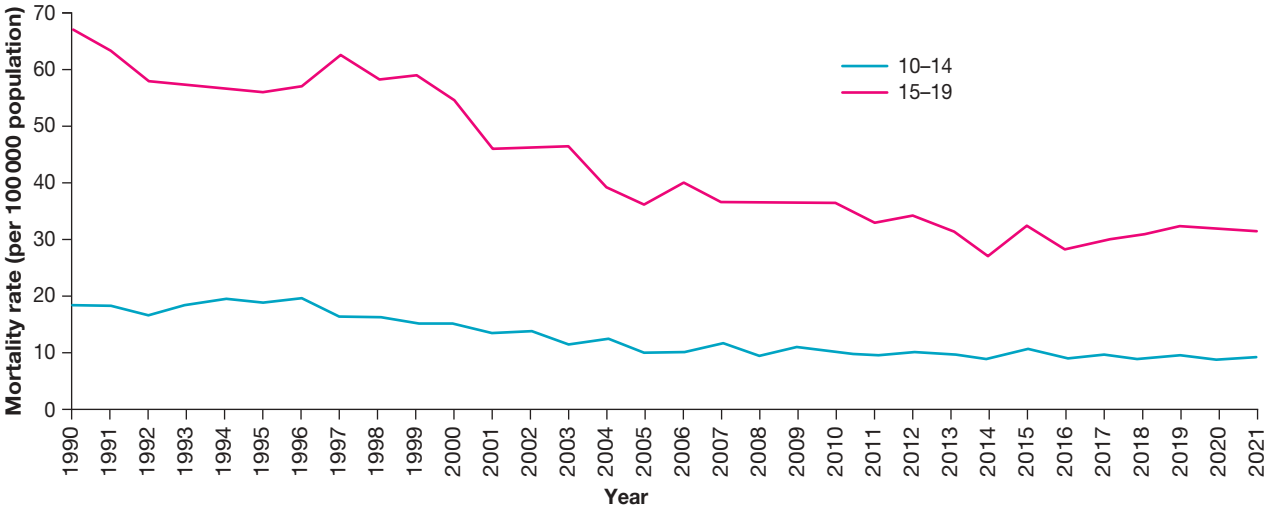
Mortality rates have also decreased significantly over time among youth (**FIGURE 2.7**). In 1990, mortality rates were around 67 per 100 000 people aged 15–19 and around 19 per 100 000 people aged 10–14. These figures had decreased in 2021 to around 30 deaths per 100 000 and 9 deaths per 100 000 for those aged 15–19 and 10–14 respectively. Advances in technology, education and medical treatment were largely responsible for these decreases.

Trends

A trend is a general movement or pattern. Sometimes trend data is valuable because it shows what has been happening to the data over a period of time. For example, the death rate for those aged 15–19 in 2021 was around 30 per 100 000. This figure may seem high considering that youth is one of the healthiest stages of the lifespan. Yet when trend data are explored, it shows that the rates have actually decreased significantly compared to years gone by (see **FIGURE 2.7**).

int-9212

FIGURE 2.7 Mortality rates for Australians aged 10–14 and 15–19, 1990–2021



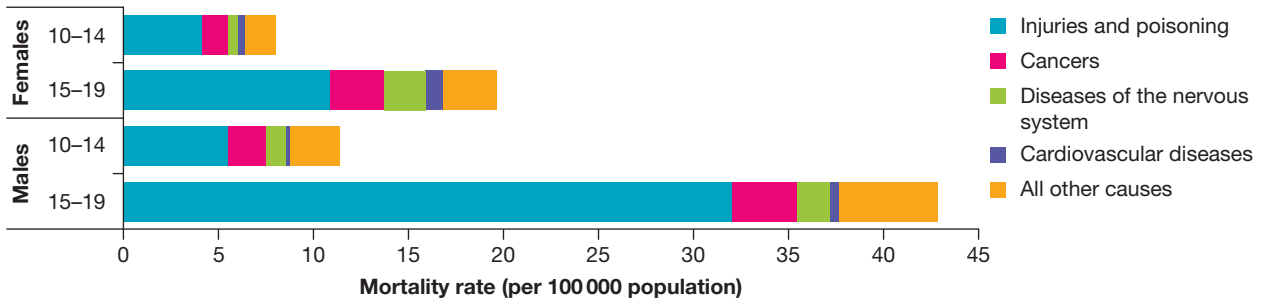
Source: Adapted from https://www.aihw.gov.au/reports/life-expectancy-deaths/grim-books/contents/grim-excel-workbooks.

Death rates are low during youth because the individuals have survived childhood (where factors associated with childbirth and genetic abnormalities are the leading causes of death) and lifestyle factors such as food intake, alcohol consumption and physical activity levels have generally not had time to have an impact on the body to the point of causing premature death.

The leading contributors to death among youth are shown in **FIGURE 2.8**.

int-9213

FIGURE 2.8 Mortality rates due to selected causes for those aged 10–19 according to sex, 2021



Source: Adapted from https://www.aihw.gov.au/reports/life-expectancy-deaths/grim-books/contents/grim-excel-workbooks.

TABLE 2.4 The leading causes of mortality among youth explained

Cause of mortality	Description	Specific links to youth
Injuries and poisoning	Injuries relate to physical trauma or damage caused to body tissues by an external force. Specifically, injuries include road accidents, intentional self-harm, drowning and violence. Poisoning occurs when a substance interferes with normal body functions after it is swallowed, inhaled, injected or absorbed.	Deaths from accidental causes such as car accidents and drowning contribute significantly to mortality rates during the youth stage. Common causes of poisoning among youth include drug overdoses and alcohol poisoning.

Cause of mortality	Description	Specific links to youth
Cancers	Cancer is characterised by the uncontrolled growth of abnormal cells. These cells can interfere with healthy cells and prevent them from carrying out their normal functions. Although the mortality rate associated with cancer is relatively low among youth compared to other lifespan stages, it is still the second leading cause of mortality for this group.	Among youth, the most common cancers include: • melanoma — cancer of the melanocytes, a type of skin cell • Hodgkin lymphoma — a form of blood cancer • testicular cancer — cancer of the testicles, therefore affecting only males.
Diseases of the nervous system	Diseases of the nervous system were the third most common cause of death among youth in 2021. The nervous system is made up of the brain, spinal cord and nerves.	Diseases affecting these structures in youth include: • epilepsy — a brain condition characterised by recurrent seizures • muscular dystrophy — a range of related conditions that cause progressive weakness and loss of muscle mass.
Cardiovascular diseases	Cardiovascular disease refers to diseases of the heart and blood vessels.	This cause of death is not common in young people, and when cardiovascular-related deaths do occur in youth, they usually arise from heart defects and genetic conditions.

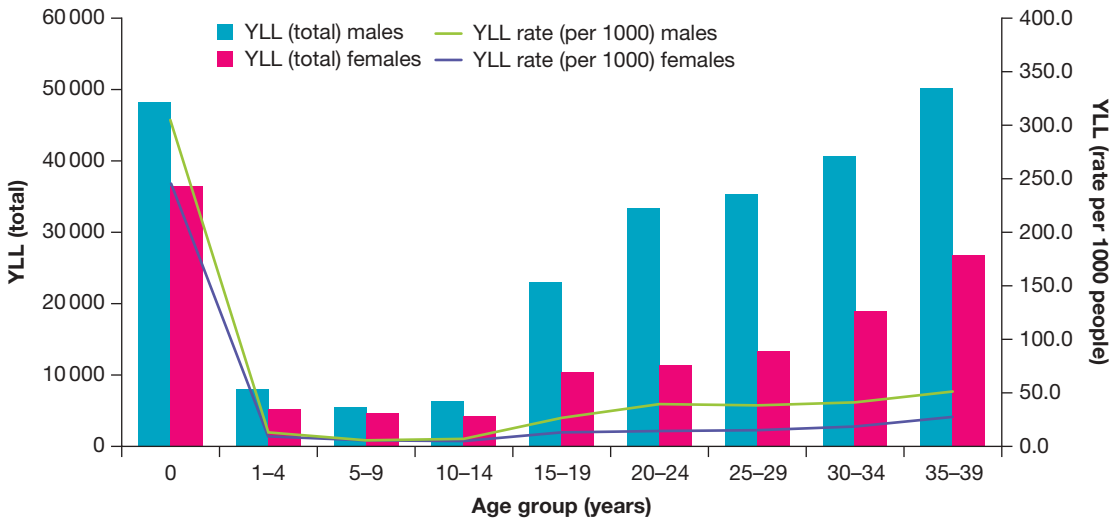
2.3.2 Years of life lost (YLL)

Years of life lost (YLL) due to premature death is another way of measuring and comparing mortality. If a person dies from a given condition 30 years before the predicted life expectancy for their age, then they have contributed 30 YLL to that particular cause of death. For example, if a 15-year-old female dies in a car crash, and life expectancy for females that age is 85, then 70 years have been added to the YLL for injuries.

FIGURE 2.9 shows the total YLL and rate of YLL per 1000 people for both males and females in different age groups in 2023. Males experience a greater number and rate of YLL compared to females in all age groups shown. Compared to other age groups, 10- to 19-year-olds experience relatively few YLL.

int-9214

FIGURE 2.9 YLL number and rate for males and females by age group, 2023



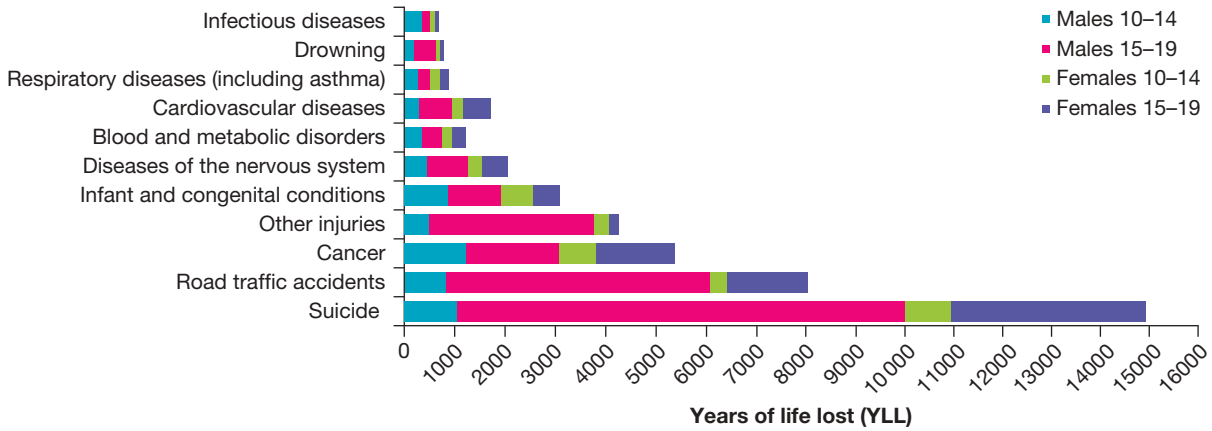
Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data.

The YLL that were caused by a range of conditions among young Australians are shown in **FIGURE 2.10**.

For Australia's youth, suicide is the leading specific cause of years of life lost, and injury-related deaths account for the top three specific causes of YLL. Cancer is the leading non-injury related cause of YLL, and the third leading contributor overall, followed by infant and congenital conditions which include brain malformations, cardiovascular defects and cerebral palsy.

int-9215

FIGURE 2.10 Years of life lost (YLL) for selected conditions by sex and age group, 2023



Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data.

TABLE 2.5 Selected causes of YLL explained

Condition	Description
Infant and congenital conditions	Infant and congenital conditions are those first occurring before or just after birth. The main causes contributing to YLL among youth are: • cerebral palsy — a condition caused by damage to the brain that occurs either during pregnancy or shortly after birth • birth defects — these result from missing or ill-formed body structures. Brain and cardiovascular defects contribute the most YLL due to birth defects for youth.
Blood and metabolic disorders	The main contributor to YLL among youth due to blood and metabolic disorders is cystic fibrosis. Cystic fibrosis is a genetic disorder that mainly affects the lungs and digestive system. As a result, breathing can be difficult and food may not be digested properly.
Infectious diseases	Infectious diseases refer to conditions that are passed on to people from the environment (including from food, water and air) or from other people. Examples that contribute to YLL among youth are COVID-19 and lower respiratory infections, which include influenza and pneumonia.
Respiratory diseases (including asthma)	The main contributor to YLL for youth as a result of respiratory diseases is asthma. Asthma is characterised by the inflammation and swelling of the airways in response to certain triggers (such as cold air, pollen, exercise and pet hair). The muscles of the airways tighten (bronchoconstriction), resulting in a narrowing of the airways that makes it difficult for the person to breathe.

2.3 Activity

Access the **Injury** weblink and worksheet in the Resources tab, then complete the worksheet.

Resources

Digital document Injury worksheet (doc-41297)

Weblink Injury

2.3 Exercises

2.3 Quick quiz on | **2.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 3, 4, 5	2, 6, 7, 8	9, 10, 11

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Test your knowledge

1. What is meant by 'mortality'?
2. Examine **TABLE 2.3** and answer the following questions.
   a. Which age group has the greatest male : female ratio for mortality?
   b. What does this number (ratio) mean?
   c. Discuss reasons that may account for the ratio identified in part a.
3. a. According to **FIGURE 2.6** how do mortality rates change for 10- to 14-year-olds compared with 15- to 19-year-olds?
   b. Suggest reasons for this change.
4. a. Describe the trend in mortality rates as shown in **FIGURE 2.7**.
   b. What factors may have led to this trend?
5. a. What are the top three broad causes of death for males and females according to **FIGURE 2.8**?
   b. For each broad cause of death identified in part a, list the specific diseases or conditions that are most likely to have caused these deaths.
6. a. Draw a conclusion about how the mortality rate due to injuries changes for those aged 15–19 compared to those aged 10–14, as shown in **FIGURE 2.8**.
   b. Discuss possible reasons for these changes.
7. a. State what the acronym 'YLL' stands for and explain what it means.
   b. Outline how YLL are calculated.
   c. If an individual dies at age 15 and life expectancy for that person is 85 years, how many YLL have they contributed?
   d. If 10 people die at age 79 and their life expectancy is 80, how many YLL have been contributed by those 10 deaths?
   e. Out of parts c and d, which scenario has had a greater impact on the community in terms of YLL? Justify your response.
8. a. Which sex contributes more YLL according to **FIGURE 2.9**?
   b. Suggest reasons for this.

Apply your knowledge

9. Discuss why death rates might be a more useful statistic than the total number of deaths.
10. Examine **TABLE 2.3** and complete the following.
    a. Graph the male : female mortality ratio across the lifespan.
    b. Using data, draw a conclusion with regard to male : female mortality rates across the lifespan.
11. Explain why mortality data is useful in addition to life expectancy data in analysing health status.

2.3 Exam questions

Question 1 (1 mark)
State the leading cause of YLL in youth.

Question 2 (1 mark)
Of the following conditions, **identify** which is more likely to cause mortality: asthma, acne, migraine or cancer?

Question 3 (2 marks)
Identify two causes of death that might be classified under 'injury and poisoning' for youth.

Question 4 (2 marks)
In 2021, the mortality rate for young people aged 15–19 was 31.5 per 100 000. Males were twice as likely as females to die between the ages of 15 and 19 (42.8 per 100 000 males compared with 19.5 per 100 000 females, respectively) (AIHW, 2022).

Outline one possible reason why males were twice as likely as females to die between the ages of 15 and 19.

Question 5 (5 marks)
Youth has lower death rates than most other life span stages. **Suggest** two reasons for this.

More exam questions are available in your learnON title.

2.4 Morbidity and burden of disease

Key knowledge	Key skill
• Indicators used to measure the health status of Australians, such as incidence and prevalence of health conditions, morbidity and burden of disease • The health status of Australia's youth	Draw conclusions from health data about the health status of youth in Australia

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by incidence and prevalence • what is meant by YLD and DALY • what morbidity (including incidence and prevalence), years lived with disability (YLD), burden of disease and disability-adjusted life years (DALY) relate to • how they are measured.	• identify and describe morbidity (including incidence and prevalence), years lived with disability (YLD), burden of disease and disability-adjusted life years (DALY) • draw conclusions relating to morbidity (including incidence and prevalence), years lived with disability (YLD), burden of disease and disability-adjusted life years (DALY) data for youth in Australia • use correct values and units of measurement.

2.4.1 Morbidity

Not all conditions end in death, so it is useful to examine the effect that non-fatal conditions have on a population. This is where morbidity data is useful. **Morbidity** refers to ill health — including disease, injury and disability — in an individual, and the level of ill health in a population. The morbidity rate therefore refers to the rate of ill health in a population in a given period.

morbidity ill health in an individual and levels of ill health within a population (often expressed through incidence, prevalence) (AIHW, 2018)
years lived with disability (YLD) a measure of how many healthy years of life are lost due to living with disease, injury or disability

There are two ways of considering morbidity:

- the number or rate of people reporting a condition (often represented as a percentage of a population, or the incidence and prevalence rates)
- the **years lived with disability (YLD)** (also referred to as 'Years lost due to disability'), where one YLD is equal to one 'healthy' year of life lost due to time lived with disease, injury or disability.

FIGURE 2.11 Many conditions, such as asthma, do not often end in death but still significantly affect the health status of youth.

incidence refers to the number (or rate) of new cases of a disease/condition in a population during a given period (usually 12 months)

prevalence the number or proportion of cases of a particular disease or condition present in a population at a given time

By using two methods, it is possible to examine which conditions are the most common and which conditions have the biggest impact on health and wellbeing.

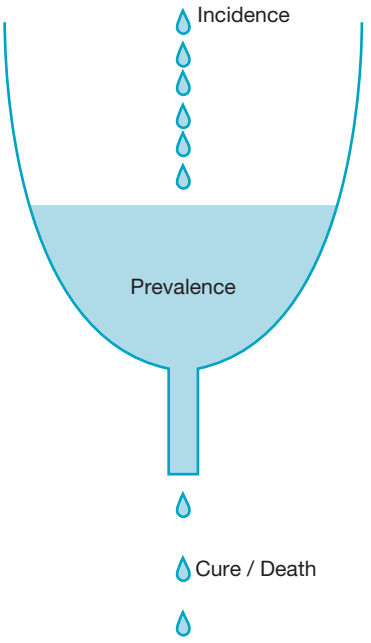
2.4.2 Incidence and prevalence of health conditions

Incidence and prevalence are two measures used to present morbidity data. **Incidence** refers to the number of **new** cases of a condition in a given period (usually 12 months) and **prevalence** refers to the **total** number of cases of a condition at a given time. Both incidence and prevalence data can be shown as the total number or the rate (often per 1000 or per 100 000 population).

Incidence data are useful for identifying which conditions are increasing in diagnosis and which ones are decreasing. This can assist governments and health organisations in allocating resources and taking action to improve the health status of Australia's youth. Incidence and prevalence (see **FIGURE 2.12**) provide two ways to look at how many people experience particular conditions. New cases add to the overall prevalence of a condition, while those who are cured or die from it reduce the number.

TABLE 2.6 shows the estimated incidence rates (per 1000) for selected age groups and conditions in 2019.

FIGURE 2.12 Incidence and prevalence



Source: www.ncbi.nlm.nih.gov/books/NBK430746/figure/article-23427.image.f1.

TABLE 2.6 Estimated incidence rates for selected conditions, per 1000 population, 2019

	Males		Females	
	10–14	15–19	10–14	15–19
Asthma	6.9	3.4	6.9	4.9
Migraine	16.5	12.7	26.5	24.3
Anxiety and depression	24.1	53.7	41.3	96.9
Eating disorders	8.1	19.3	8.5	18.4
Back and neck pain	14.0	19.7	17.1	25.1
Dental caries	428.9	519.3	437.1	520.4

Source: Adapted from http://ghdx.healthdata.org/gbd-results-tool, 2023.

As can be seen from **TABLE 2.6**, the incidence rate for asthma was 6.9 for every 1000 males in the 10–14 age bracket. If the size of the population in this age group is known, the total number of cases can be calculated (see box that follows).

Calculating the total number of new cases of a disease

In 2019, there were approximately 799 100 males in the 10–14 age group. To calculate the total number of new cases, multiply the rate per 1000 by 799.1 (as there are 799.1 groups of 1000 in 799 100) to get the total number of new cases in 2019:

$$799.1 \times 6.9 = 5513$$

So in 2019 there were approximately 5513 new cases of asthma among males in the 10–14 years age group.

TABLE 2.7 Descriptions of selected conditions shown in **TABLE 2.6**

Condition	Description
Migraine	Migraine is a neurological condition characterised by severe headaches that can be experienced from as little as once or twice a year, or as often as two or three times a week. The pain is severe, throbbing and usually on one side of the head. A migraine attack can last from four hours to three days and is associated with a spasm of the blood vessels leading to the brain.
Anxiety and depression	Anxiety is a condition characterised by extreme worry that interferes with the sufferer's daily life. Symptoms include panic attacks, physical fear reactions and attempts to avoid certain situations. Depression is a condition characterised by constant feelings of sadness and loss of interest in normal activities, for no identifiable reason.
Eating disorders	Eating disorders are types of mental illnesses and include: • anorexia nervosa — symptoms include restricted eating, weight loss and a fear of weight gain • bulimia nervosa — sufferers binge, often secretly, on high-kilojoule foods, then try to compensate by dieting, over-exercising or throwing up. Feelings of shame or loss of control often accompany the bingeing. • binge eating disorder — symptoms include bouts of binge eating (for example, eating much more than usual, to the point of discomfort, or when not physically hungry). Binge sessions can be followed by feelings of guilt, disgust and depression.
Back and neck pain	Back pain is common among youth and can be caused by poor posture, inappropriate forms of exercise and carrying heavy schoolbags.
Dental caries	Sometimes referred to as 'cavities' or 'tooth decay', dental caries occur when the tooth enamel breaks down due to excess acid in the mouth.

The prevalence, or total cases, of selected conditions is shown in **TABLE 2.8**. Statistics on prevalence can be useful for comparing the number of individuals suffering from certain conditions during a specified period. As with incidence, information about prevalence can help with allocating resources and planning for the future. It also ensures that trends can be identified over time so that the health system can adapt to cater for the changing needs of Australia's youth.

TABLE 2.8 Prevalence (total number) of selected conditions, 2019

	Males		Females	
	10–14	15–19	10–14	15–19
Asthma	93 167	70 808	83 497	78 041
Migraine	68 041	87 662	85 606	136 670
Anxiety and depression	11 726	28 311	18 506	47 235
Eating disorders	1644	5856	4687	18 290
Back and neck pain	19 818	37 283	22 384	43 828
Dental caries	175 180	202 670	172 405	196 332

Source: Adapted from http://ghdx.healthdata.org/gbd-results-tool, 2023.

Data in **TABLE 2.8** are presented as the total number of people in each age group experiencing each condition in Australia, but the rate of prevalence for each condition can be calculated if the approximate size of the population is known (see box that follows).

Calculating the rate of total cases of a disease

First, divide the population number by 1000 (or 100 000 if you want to display the rate per 100 000).

For example, in 2019 there were approximately 756 700 females in the 10–14 age group:

756 700 ÷ 1 000 = 756.7

In other words, there were 756.7 groups of 1000.

To calculate the rate, divide the number of individuals suffering from the condition by 756.7. For asthma (**TABLE 2.8**), there were 83 497 females in this age group suffering from asthma:

83 497 ÷ 756.7 = 110.3 cases per 1000 females in this age group.

TABLE 2.9 shows prevalence data for the same conditions as **TABLE 2.8**, expressed per 1000 population.

TABLE 2.9 Prevalence (per 1000) of selected conditions, 2019

	Males		Females	
	10–14	15–19	10–14	15–19
Asthma	116.6	91.9	110.3	107.1
Migraine	76.4	113.7	113.1	187.6
Anxiety and depression	14.7	36.7	24.5	64.8
Eating disorders	2.1	7.6	6.2	25.1
Back and neck pain	24.8	48.4	29.6	60.1
Dental caries	219.2	262.9	227.8	269.4

Source: Adapted from http://ghdx.healthdata.org/gbd-results-tool, 2023.

2.4.3 Years lived with disability (YLD)

Years lived with disability (YLD) (also referred to as 'Years lost due to disability') is a measure of the impact of morbidity on a group or population. YLL and YLD are equal in value, in that one YLL and one YLD are each equal to one healthy year of life lost. The difference is that YLL is caused by premature death and YLD is caused by losing healthy years of life because of living with illness, disease or disability.

It would be difficult to compare the effect of asthma on an individual with the effect of losing a leg in a car crash. They are very different conditions and would impact an individual in different ways. In order to

address this issue, the World Health Organization (WHO) has given the most common conditions a disability weight, which is an indication of the severity of the condition and how much it interferes with normal life. The disability weights are incorporated into the YLD formula, so all YLD are relative and different conditions can be compared fairly. For example, even though headaches are more common among youth than asthma, they are considered to be less severe and this contributes to asthma contributing more YLD. As asthma contributes more YLD than headaches, it is considered to have a greater impact and be a greater concern.

FIGURE 2.13 shows the number and rate of YLD from age 0 to 39. Males experience a slightly greater number of YLD up to the 10–14 age group compared to females. Females experience a greater number and rate of YLD in the 15–19 age group compared to males and the increase in mental disorders among females in this age group is largely responsible for this change. **FIGURES 2.14** and **2.15** show the breakdown of YLD for 10- to 14-year-olds and 15- to 19-year-olds according to cause in 2023.

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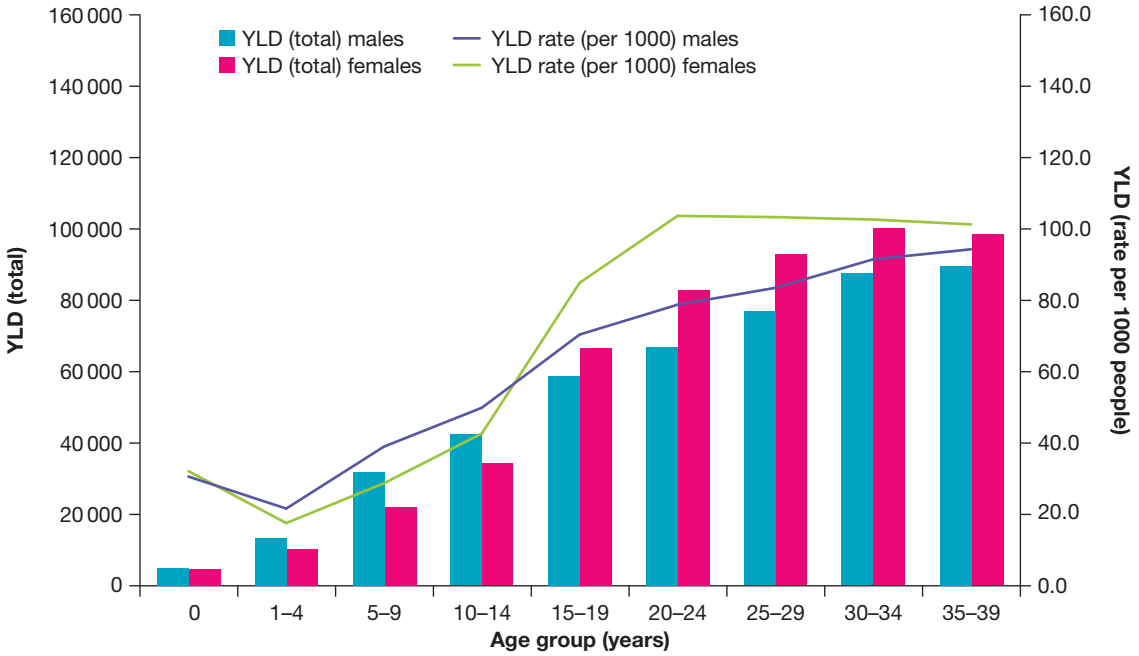
FIGURE 2.13 YLD number and rate for males and females by age group, 2023



Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data.

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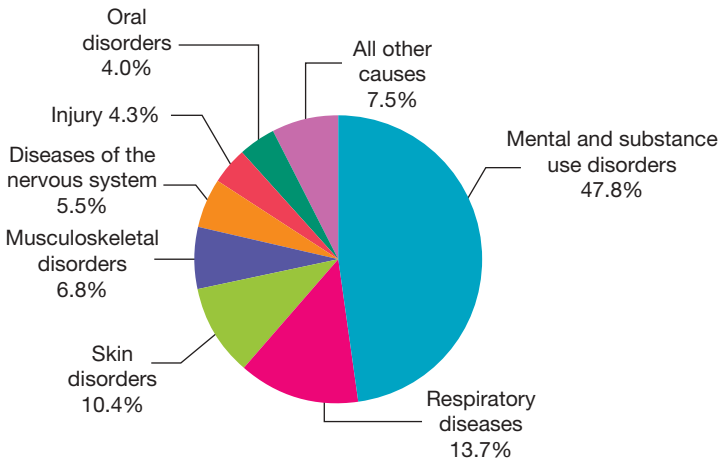
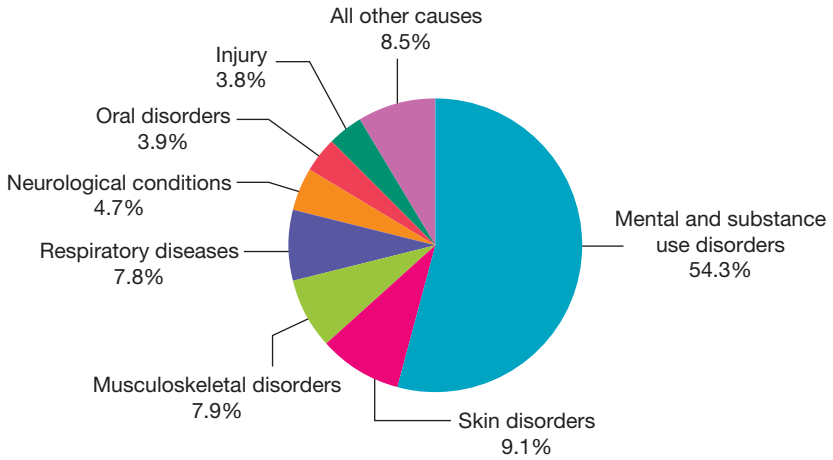
FIGURE 2.14 Proportion of total YLD for 10- to 14-year-olds due to selected conditions, 2023



Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data

int-9218

FIGURE 2.15 Proportion of total YLD for 15- to 19-year-olds due to selected conditions, 2023



Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data.

As well as being leading causes of morbidity, injuries and diseases of the nervous system are leading causes of mortality and were discussed in the previous section.

TABLE 2.10 Descriptions of selected conditions shown in **FIGURES 2.14** and **2.15**

Condition	Description
Mental and substance use disorders	Mental and substance use disorders include depression, anxiety and eating disorders, and alcohol and drug use disorders. Mental and substance use disorders are the largest contributor to YLD among youth and are therefore deemed to have the greatest non-fatal impact on health status. Mental and substance use disorders are common among youth and can be quite severe, which contributes to the high rate of YLD attributed to them.
Skin disorders	Skin disorders are the third leading contributor to YLD among youth and include acne, eczema, psoriasis and other forms of **dermatitis**. These conditions are often long lasting and, in some cases, can be severe.
Musculoskeletal conditions	Musculoskeletal conditions relate to a range of conditions affecting the bones, muscles and connective tissues (the tissues that connect bones to muscles). The most common musculoskeletal conditions among youth include: • juvenile arthritis — a group of conditions that cause joint pain and swelling in children and teens under the age of 16, for unknown reasons • back problems — include a range of conditions related to the bones, joints, connective tissue, muscles and nerves of the back, including back pain and disc disorders • joint reconstruction surgery — involves surgically rebuilding structures of the joint. Examples include shoulder and knee reconstruction surgery (see case study for more information).
Oral disorders	Oral disorders include dental caries, gum disease (including **periodontitis**) and mouth trauma.

dermatitis refers to a range of conditions characterised by irritation and/or inflammation of the skin. It usually involves itchy, dry skin or a rash on swollen, reddened skin.

periodontitis inflammation and/or infection of the gums that can cause them to pull away from the teeth and result in tooth loss

CASE STUDY

Australia endures 'epidemic' of preventable ACL injuries

John Roumeliotis' promising football career was almost over before it had begun.

At 18 years old, the Epworth teenager had already suffered three crippling injuries to his anterior cruciate ligament, commonly known as the ACL.

The third time, he hadn't even returned to playing when he snapped his ACL jumping for a mark at training two days before he was due to step back on the field in his comeback game.

'I thought it was all over,' said the Calder Cannons player, who is still hopeful of playing in the AFL.

'I didn't really know what to do with myself. I was devastated.'

These stories are not unusual. Every day on fields and courts across the country, sporting heartbreaks like this are being repeated.

New research has revealed Australia has the highest rates of ACL reconstructions in the world, and they are being reported in younger and younger athletes, some as young as seven or eight.

It is not yet clear what is causing the growing rates of ACL damage but leading knee surgeon Christopher Vertullo speculated it could be partly caused by a lack of 'free play' in a generation of children often glued to electronic devices.

Early specialisation in individual sports could also be to blame, he suggested.

Associate Professor Vertullo, the director of Knee Research Australia, said that when he began practising about 16 years ago, he rarely had to treat patients aged under 15, or visit paediatric wards.

'Now every week I have to go there,' he said.

It is a phenomenon that he finds particularly heartbreaking, as many ACL injuries can be prevented with proper agility training, yet cause devastating long-term effects, including future knee reconstructions and debilitating pain through osteoarthritis.

His suspicions of an 'epidemic' of ACL injuries was recently confirmed by a study he led that found there were almost 200 000 ACL reconstructions performed in Australia in the 15 years to 2015.

Over the same period, the number of reconstructions jumped by 74 per cent in those under 25.

But the biggest increase was seen in children aged five to 14, where the annual growth in ACL injuries was 8.8 per cent for girls and 7.7 per cent for boys.

Research out of La Trobe University in Melbourne has also identified a trend of repeat injuries in young people who undergo ACL surgery. In the 128 young people they studied who had undergone two surgeries, almost 30 per cent went on to have a third ACL injury.

The paper suggested that young people who sustained multiple ACL injuries may have to be counselled to switch to lower-risk sports.

'We feel [like the rate of repeat injuries] is too high and it is certainly concerning for their future knee health,' said lead researcher Associate Professor Kate Webster.

With the cost of ACL surgery in Australia estimated to come to $142 million each year, Associate Professor Vertullo is calling for a national prevention program to be established to teach volunteer coaches to introduce effective warm-up techniques.

'As soon as you implement it, it pays for itself,' he said.

The program is estimated to cost $2 million or $3 million, and would be delivered via an app.

Source: Dow, A, 2018 'Australia endures 'epidemic' of preventable ACL injuries', *The Sydney Morning Herald*, 22 April, www.smh.com.au/national/australia-endures-epidemic-of-preventable-acl-injuries-20180421-p4zay6.html.

CASE STUDY REVIEW

1. What does ACL damage refer to?
2. Explain possible reasons for the growing rate of ACL damage among youth in Australia.
3. Making reference to one or more health status indicators, discuss how ACL damage could contribute to health status in Australia.
4. Explain how an ACL injury could affect the health and wellbeing of youth.

2.4.4 Burden of disease

Burden of disease is a concept that combines mortality data with morbidity data so that conditions that contribute differently to death and illness can be compared.

For example, cancer causes a lot of death and illness while a chronic, or long-term, condition such as asthma causes a lot of illness but much less death. In the past, it was hard to compare these two conditions and decide where valuable funding should go. Burden of disease data was created to help overcome this problem.

Burden of disease is measured in **disability adjusted life years** (or **DALY**, pronounced 'dally'), where 1 DALY equals one year of healthy life lost due to premature death and time lived with illness, disease or injury. Using DALY, it is possible to compare the effect of different conditions equally — those that cause death, those that cause disability and illness, and those that cause both.

The fatal component of DALY is measured using YLL, which was discussed in section 2.3.2. Unlike mortality rates, YLL takes the age at death into account. So a person who dies 30 years earlier than the current life expectancy for their age has contributed 30 YLL, which is equal to 30 DALY due to fatal outcomes.

YLD, which was discussed in section 2.4.3, is used as the non-fatal component of DALY. Unlike incidence or prevalence rates, YLD takes the severity of the condition into account, so a person who has spent the last 10 years at only 'half health' has contributed five YLD, which is equal to five DALY.

By adding YLL and YLD to calculate overall DALY (**FIGURE 2.16**), this measure takes the total impact of diseases and injuries into account, not just the number of people who die from or experience a particular condition.

Although ill health generally has greater effects towards the end of life, YLD can be contributed at any stage of a person's life.

burden of disease a measure of the impact of diseases and injuries; specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. Burden of disease is measured in a unit called the DALY. (VCAA)

disability adjusted life years (DALY) a measure of burden of disease. One DALY is equal to one year of healthy life lost due to illness and/or death. DALY are calculated as the sum of the years of life lost due to premature death and the years lived with disability for people living with the health condition or its consequences. (AIHW, 2018)

FIGURE 2.16 DALY are calculated by adding the fatal (YLL) and non-fatal (YLD) impacts of disease and injury.

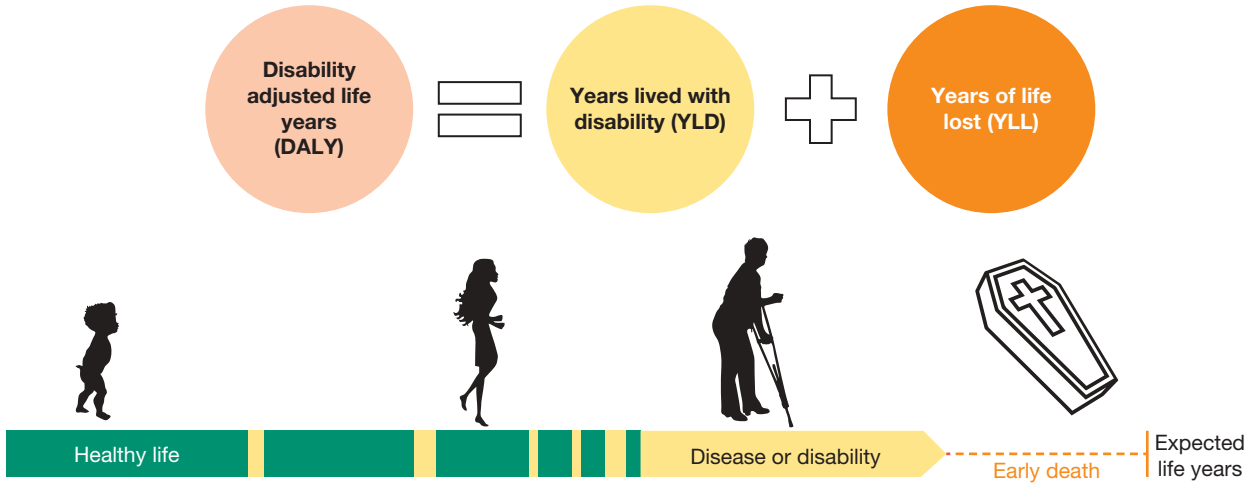
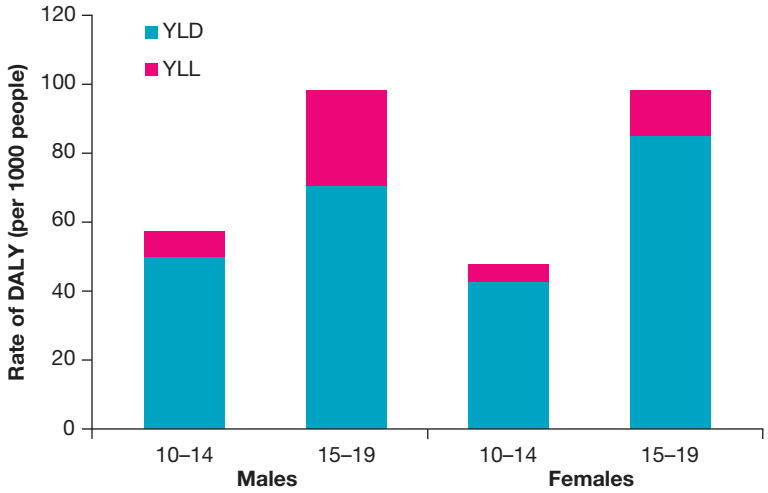


FIGURE 2.17 The rate of DALY (per 1000 people) for males and females aged 10–14 and 15–19 by the fatal (YLL) and non-fatal (YLD) contributions, 2023.



Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data.

TABLE 2.11 Ten leading causes of burden of disease and injury for 10- to 19-year-olds in Australia, 2023

	10–14		15–19	
	Number of DALY	% of total	Number of DALY	% of total
Mental and substance use disorders	36 415	41.9	67 946	42.8
Injury	7 480	8.6	28 652	18.1
Respiratory diseases	10 881	12.5	10 233	6.5
Skin disorders	7 922	9.1	11 356	7.2
Musculoskeletal disorders	5 304	6.1	9 977	6.3
Diseases of the nervous system	4 940	5.7	7 292	4.6
Oral disorders	3 026	3.5	4 815	3.0
Infant and congenital conditions	2 844	3.3	2 994	1.9
Cancer	2 121	2.4	3 650	2.3
Reproductive and maternal conditions	573	0.7	2 902	1.8
All other conditions	5 396	6.2	8 775	5.5

Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data.

'Reproductive and maternal conditions' as mentioned in **TABLE 2.11**, include issues associated with reproductive organs, pregnancy and childbirth. The main contributors for those aged 10–19 are **polycystic ovary syndrome** and **endometriosis**.

polycystic ovary syndrome a complex hormonal condition that affects around 1 in 10 females. It is characterised by irregular or no periods, excessive hair on the body or face, skin conditions, hair loss and/or stress, anxiety and depression.

endometriosis a condition that affects around 1 in 10 females. It occurs when cells that usually grow in the uterus grow around the ovaries or behind the uterus, and can lead to significant levels of pain.

Australia's youth experience a significantly greater number of YLD than YLL. According to data, in 2023 those aged between 10 and 19 had 201 118 YLD compared to 44 376 YLL, giving a total of 245 494 DALY. The top causes of DALY (with a breakdown of YLL and YLD) for this age group are shown in **FIGURE 2.18**.

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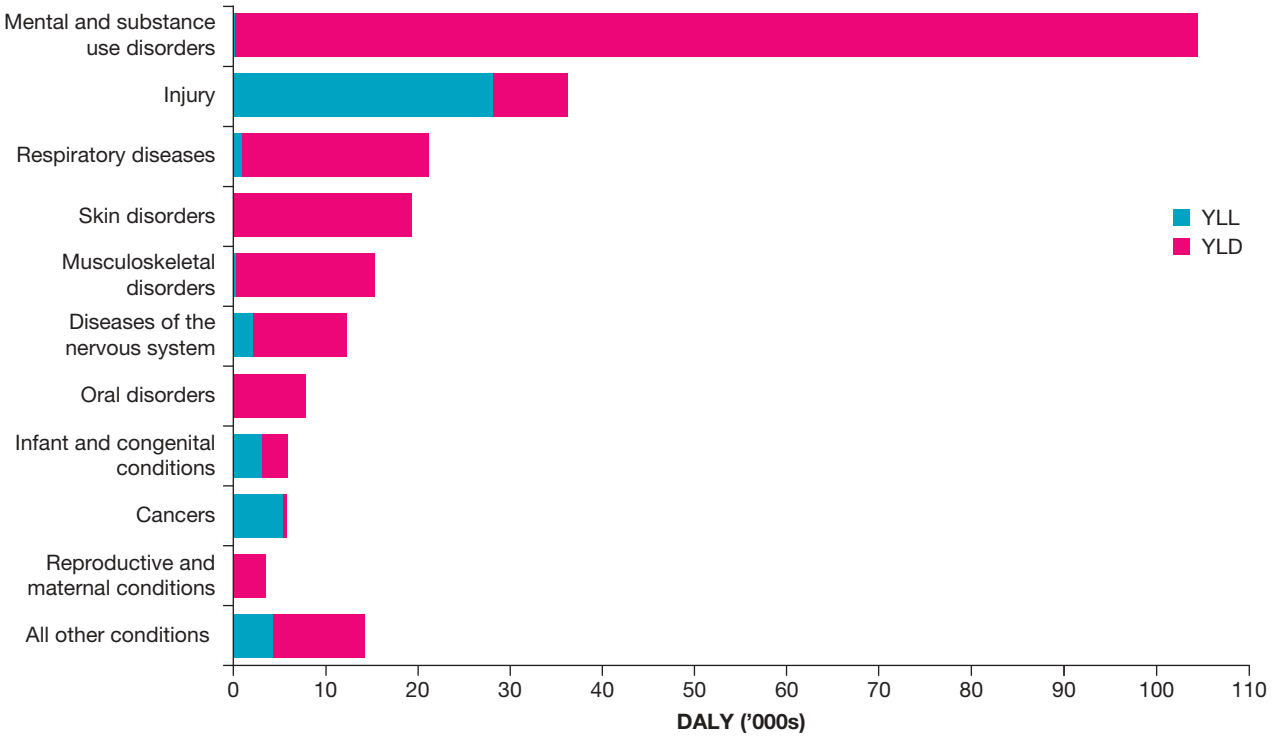
FIGURE 2.18 Burden (YLL, YLD and total DALY) for the top causes of DALY for 10- to 19-year-olds, 2023



Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data.

EXAM TIP

Using the correct unit of measurement is always important when analysing or explaining data. For example, the data in **FIGURE 2.18** show the total DALY attributable to each cause and the contribution to total DALY by YLL and YLD. The number of total DALY is shown in thousands (represented by the three zeros shown after 'DALY') and this must be reflected in the discussion. If mental and substance use disorders are stated as contributing approximately 105 DALY, this would not receive marks as the total DALY is around 105 000.

2.4 Activities

1. Access the **Health of young people** weblink in the Resources tab, then complete the worksheet.
2. Study **FIGURE 2.18**. Approximately how many DALY were contributed by:
   - **a.** mental and substance use disorders
   - **b.** injuries
   - **c.** skin disorders?

on Resources

Digital document Health of young people worksheet (doc-41298)

Weblink Health of young people

2.4 Exercises

2.4 Quick quiz on | **2.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3, 6	4, 5, 7, 10, 12	8, 9, 11

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Test your knowledge

1. a. What is meant by the term 'morbidity'?
   b. Explain why it is useful to examine morbidity data in addition to mortality data.
2. Outline the difference between incidence and prevalence.
3. State what the acronym 'YLD' stands for and explain what it means.
4. a. Describe the change in rate of YLD for males and females according to **FIGURE 2.13**.
   b. Approximately how many YLD were contributed by males and females aged 10–14 and 15–19?
5. What are the top three causes of YLD for young Australians according to **FIGURES 2.14** and **2.15**?
6. a. What is meant by 'burden of disease'?
   b. What is the unit of measurement for burden of disease?
7. What is the benefit of using DALY instead of morbidity or mortality data?

Apply your knowledge

8. If the incidence for a condition drops to 0 per 100 000 population, does this also mean the prevalence will be 0? Explain.
9. Explain how asthma can have a higher prevalence for males aged 10–14, but anxiety and depression have a higher incidence.
10. a. Identify which three conditions led to the most burden of disease as shown in **TABLE 2.11**.
    b. For each of the three conditions, explain whether you think most DALY would be attributable to YLL or YLD.
11. Explain how mental and substance use disorders can be the leading burden of disease (DALY) for young Australians when these conditions cause relatively few deaths.
12. Referring to **FIGURE 2.18**, identify:
    a. the leading contributor to YLD
    b. the leading contributor to YLL
    c. the leading contributor to DALY.

2.4 Exam questions

Question 1 (1 mark)
Discuss the impact of mental disorders on the burden of disease for youth.

Question 2 (2 marks)
Explain the term 'disability-adjusted life years (DALY)'.

Question 3 (2 marks)
Outline the difference between morbidity and mortality as measures of health status.

Question 4 (1 mark)
Briefly **explain** what 1 DALY is equal to.

Question 5 (4 marks)
Asthma is a leading cause of burden of disease for both male and female youth.

Outline how asthma is likely to contribute to burden of disease.

More exam questions are available in your learnON title.

2.5 Rates of hospitalisation, core activity limitation and psychological distress

Key knowledge	Key skill
• Indicators used to measure the health status of Australians, such as rates of hospitalisation, core activity limitation and psychological distress • The health status of Australia's youth	Draw conclusions from health data about the health status of youth in Australia

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by rates of hospitalisation, core activity limitation and psychological distress • how they are measured.	• identify and describe rates of hospitalisation, core activity limitation and psychological distress • draw conclusions relating to rates of hospitalisation, core activity limitation and psychological distress data for youth in Australia • use correct values and units of measurement.

2.5.1 Rate of hospitalisation

Exploring the rate of hospitalisation among youth provides an indication of levels of ill health that require medical treatment. Hospitalisation can occur as the result of requiring care for **chronic conditions**, where the patient is admitted to receive treatment, and emergency care that involves unforeseen events that end up requiring medical care, such as car crashes and sporting accidents. Overall, the youth stage of the lifespan is characterised by relatively low levels of hospitalisations compared to other lifespan stages (**FIGURE 2.20**).

FIGURE 2.19 Rates of hospitalisation provide important data relating to the health status of youth.

In 2021–22 there were a total of 386 389 **hospital separations** for those aged 10–19, with the majority occurring for those aged 15–19 (246 630 compared to 139 759 for those aged 10–14).

Males aged 10–14 experienced a higher rate of hospitalisation than females in the same age group. Females aged 15–19 experienced a significantly higher rate of hospitalisation than males in the same age group, largely as the result of:

- pregnancy and childbirth — there are over 20 000 hospitalisations across Australia each year due to pregnancy in the 15–19 years age group
- higher rates of mental and behavioural disorders, including eating disorders, which are significantly more common among females.

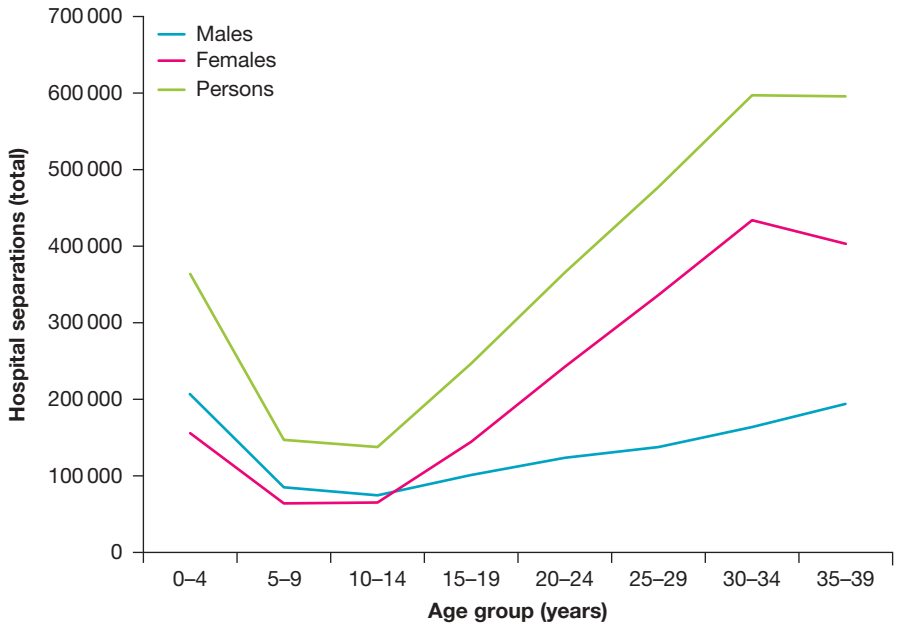
Overall, females in the 10–19 years age group were more likely to be hospitalised than males (209 826 and 176 191 separations respectively). The overall rate (per 1000) for hospitalisations is shown in **FIGURE 2.21**.

chronic condition any disease or condition that lasts a long time (usually longer than six months). It usually can't be cured and therefore requires ongoing treatment and management. Examples include arthritis and asthma.

hospital separations episodes of hospital care that start with admission and end at transfer, discharge or death

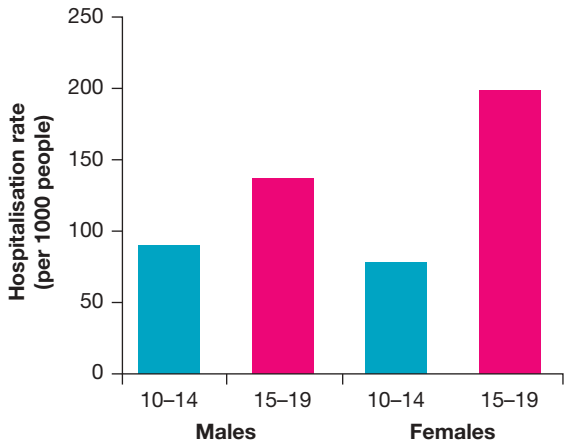
int-9270

FIGURE 2.20 Total hospital separations by age group and sex, 2021–22



Source: Adapted from https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients

FIGURE 2.21 Hospitalisation rates for males and females aged 10–14 and 15–19



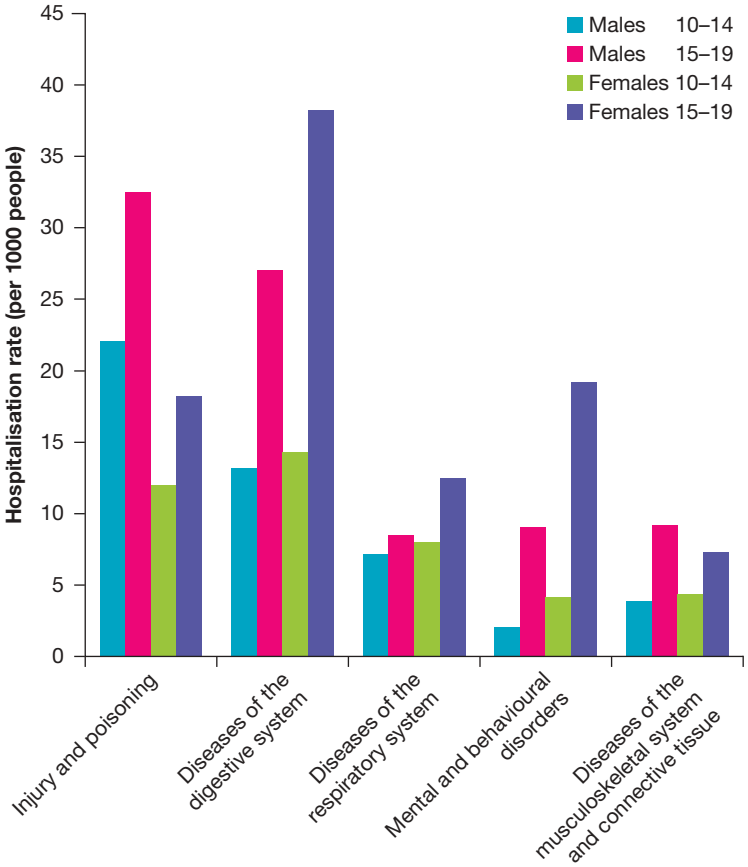
Source: Adapted from ABS data, 2020.

The five leading causes of hospitalisation for those aged 10–19 are shown in **FIGURE 2.22**.

Injury and poisoning are the leading cause of hospitalisation in the youth stage of the lifespan. Youth is a time of increasing independence and young people often have greater access to a range of settings that may be unsupervised, such as school, sporting grounds, streets and neighbourhoods. Youth is also characterised by an increase in risk-taking behaviours, particularly among boys. The peer group becomes increasingly important during this stage and risk-taking behaviour may be motivated by friends. The part of the brain that controls decision making is still developing during the youth stage. Valuing short-term gain over long-term consequences can lead to risky behaviours. As young people age, they often have more exposure to motorised transport, employment, alcohol and drugs, which also contribute to this trend. The most common forms of injury requiring hospitalisation among youth are fractures and superficial wounds such as cuts and lacerations.

int-7621

FIGURE 2.22 Top five causes of hospitalisation for those aged 10–14 and 15–19



Source: AIHW, 2017.

Diseases of the digestive system were the second most common cause of hospitalisation for 10- to 19-year-olds. The most common examples of these conditions include appendicitis (which requires the removal of the appendix) and dental surgery (including the extraction of wisdom teeth). Wisdom teeth are more likely to erupt during the later stage of youth.

Respiratory diseases were the third most common reason for hospitalisation and include conditions such as asthma and bronchitis.

Mental and behavioural problems were the fourth most common cause of hospitalisation for youth and include depression, anxiety, eating disorders and drug-induced mental disorders.

FIGURE 2.23 Dental surgery is a leading cause of hospitalisation among youth.

Diseases of the musculoskeletal system and connective tissues were the fifth most common cause of hospitalisation among youth and include muscle, joint and bone problems such as back and disc conditions, joint reconstruction surgery and treatment for arthritis.

2.5.2 Core activity limitation

Core activities relate to three main areas of life and can be seen in **TABLE 2.12**. If an individual has difficulty in any of the three core activities, they may have a **core activity limitation**. Core activity limitations can occur as the result of injury, developmental problems and chronic illness.

TABLE 2.12 The three core activities and examples relating to each

Core activity	Examples relating to the core activity
Self-care	• Bathing/showering • Dressing/undressing • Eating/feeding • Going to the toilet • Bladder/bowel control
Mobility	• Moving around away from home • Moving around at home • Getting in or out of bed or chair
Communication in own language	Understanding/being understood by strangers, friends or family, including use of sign language/lip reading

Surveys relating to core activities ask respondents whether they have difficulty or require assistance from another person or an aid (such as a wheelchair) to carry out the three core activities. Core activity limitations are classified based on whether, and how often, a person needs help, has difficulty, or uses aids or equipment with any core activities. A person's overall level of core activity limitation is determined by their highest level of limitation in any of the three core activities.

FIGURE 2.24 If an individual requires assistance from people or equipment, they may have a core activity limitation.

According to the Australian Institute of Health and Welfare, there are four main levels of core activity limitation:

- *Profound* — those who answered yes to always needing help are classified as having a 'profound core activity limitation'
- *Severe* — those who don't always need help, but may require help at times, are classified as having a 'severe core activity limitation'
- *Moderate* — those who have difficulty with the tasks are classified as having a 'moderate core activity limitation'
- *Mild* — those who simply require aids to undertake the task are classified as having a 'mild core activity limitation'.

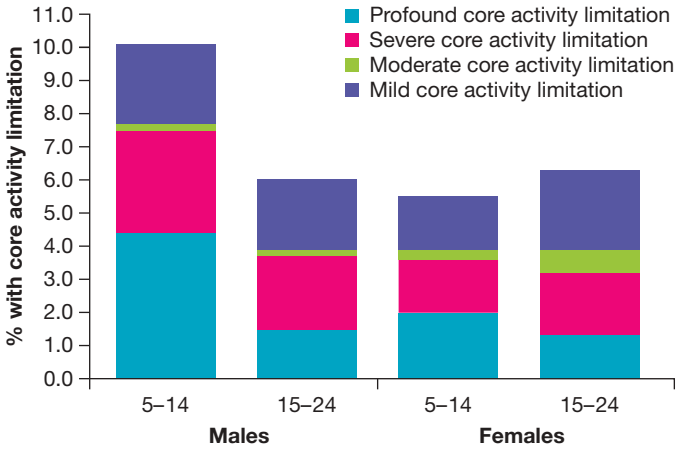
The proportion and level of core activity limitations among young people are shown in **FIGURE 2.25**. Note that the data available relate to those aged 5–24 and therefore include people in the childhood and adulthood stages of the lifespan. Although other lifespan stages are included, these data provide a reflection of the level of core activity limitation experienced by youth in Australia.

core activities relate to three main areas of life: self-care, mobility and communication

core activity limitation when an individual has difficulty, or requires assistance, with any of the three core activities

int-9271

FIGURE 2.25 Proportion of males and females with a core activity limitation for those aged 5–24, by type of limitation, 2018–19



Source: Adapted from ABS, 44300DO010_2018 *Disability, Ageing and Carers, Australia: Summary of Findings*, 2018.

Males experience a significantly higher rate of core activity limitation than females in the 5–14 age group, whereas the rate for males and females aged 15–24 are similar, with females experiencing a slightly higher rate than males. Males in the 5–14 age group experience the overall highest rate of core activity limitations and the highest level of profound limitation.

2.5.3 Psychological distress

Psychological distress relates to unpleasant feelings and emotions that have an impact on an individual's level of functioning. Measuring psychological distress can provide information about the level of mental and emotional health and wellbeing experienced.

psychological distress relates to unpleasant feelings and emotions that affect an individual's level of functioning

FIGURE 2.26 Psychological distress reflects mental and emotional health and wellbeing.

The proportion of individuals with very high levels of psychological distress can be measured using the **Kessler Psychological Distress Scale (K10)**.

The K10 is a scale of psychological distress based on the answers to ten questions about negative emotional and mental states in the four weeks prior to the interview.

1. During the last 30 days, about how often did you feel tired out for no good reason?
2. During the last 30 days, about how often did you feel nervous?
3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?
4. During the last 30 days, about how often did you feel hopeless?
5. During the last 30 days, about how often did you feel restless or fidgety?
6. During the last 30 days, about how often did you feel so restless you could not sit still?
7. During the last 30 days, about how often did you feel depressed?
8. During the last 30 days, about how often did you feel that everything was an effort?
9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?
10. During the last 30 days, about how often did you feel worthless?

The overall score is calculated by adding up the scores for each question, which results in a score from 0 (the lowest possible score) to 40 (the highest possible score). Respondents can answer:

1. None of the time (0 point)
2. A little of the time (1 point)
3. Some of the time (2 points)
4. Most of the time (3 points)
5. All of the time (4 points).

For the data provided in this section, the overall score was used to classify the level of psychological distress according to the values shown in **TABLE 2.13**.

TABLE 2.13 The classifications of psychological distress

K10 total score levels	Score
0–5	Low
6–11	Moderate
12–19	High
20–40	Very high

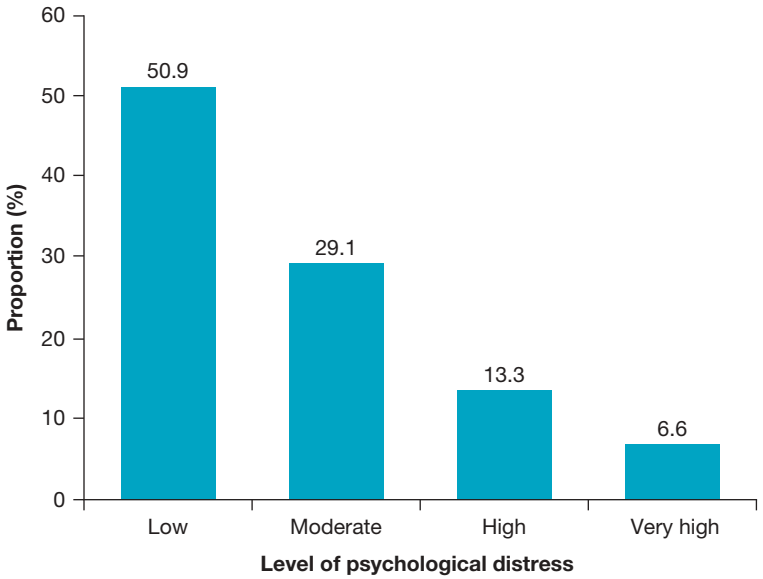
Note that the Kessler Psychological Distress Scale is not a diagnosis, but an indication of the level of psychological distress experienced. While high levels of distress are often associated with mental illness, it is not uncommon for some people to experience psychological distress, but not meet criteria for a mental disorder. A diagnosis of a mental disorder can only be made by a medical doctor.

According to the ABS, one in five (19.9 per cent) youth aged 11–17 years had very high or high levels of psychological distress, at 6.6 per cent and 13.3 per cent respectively (**FIGURE 2.27**).

The proportion of those experiencing very high or high levels of psychological distress was higher for females aged 11–15 and 16–17 than males of the same age (9.5 per cent and 16.4 per cent for females compared with 4 per cent and 10.4 per cent for males respectively). A higher proportion of 16- to 17-year-olds had very high and high levels of psychological distress compared to those aged 11–15 (11 per cent and 16.2 per cent of 16- to 17-year-olds compared with 4.8 per cent and 12.2 per cent of 11- to 15-year-olds), shown in **TABLE 2.14**.

Kessler Psychological Distress Scale (K10) a scale of psychological distress based on the answers to ten questions about negative emotional and mental states in the four weeks prior to the interview. This system classifies psychological distress as low, moderate, high and very high.

FIGURE 2.27 Psychological distress levels in 11- to 17-year-olds



Note: Most recent data available at time of publishing

Source: Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR 2015, *The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, Canberra.

TABLE 2.14 Kessler 10 level of psychological distress among 11- to 17-year-olds by sex and age group

Sex	Age group	Low (%)	Moderate (%)	High (%)	Very high (%)
Males	11–15 years	57.6	29.2	9.9	3.3
	16–17 years	53.0	29.4	11.8	5.8
	11–17 years	**56.3**	**29.3**	**10.4**	**4.0**
Females	11–15 years	49.8	28.9	14.7	6.6
	16–17 years	34.8	29.0	20.3	15.9
	11–17 years	**45.1**	**29.0**	**16.4**	**9.5**
Persons	11–15 years	53.9	29.1	12.2	4.8
	16–17 years	43.6	29.2	16.2	11.0
	11–17 years	**50.9**	**29.1**	**13.3**	**6.6**

Source: Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR 2015, *The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, Canberra.

2.5 Exercises

2.5 Quick quiz on | **2.5 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 4	3, 5, 6, 7	8, 9

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Test your knowledge

1. Complete the following table:

Concept	Explanation
Hospital separations	
Chronic conditions	
Core activity	
Core activity limitation	
Psychological distress	

2. Outline the different classifications of core activity limitation.
3. According to **FIGURE 2.25**, approximately what proportion of the population experienced a core activity limitation in each of the following groups?
   a. Males aged 5–14
   b. Males aged 15–24
   c. Females aged 5–14
   d. Females aged 15–24
4. Briefly explain how psychological distress is measured.

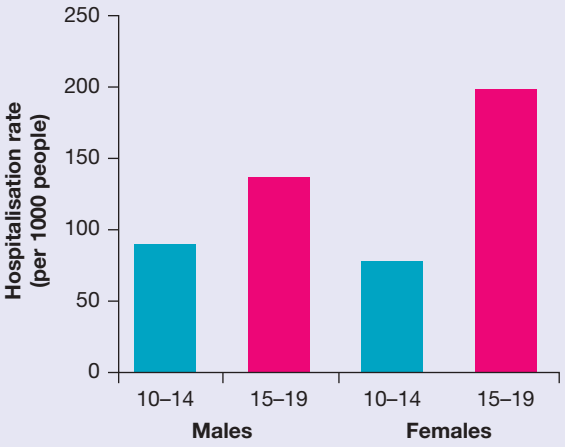
Apply your knowledge

5. a. Outline the change in the total number of hospitalisations between the ages of 0 and 39 as shown in **FIGURE 2.20**.
   b. Suggest possible reasons for the changes outlined in part a.
6. a. Outline the difference in the overall hospitalisation rate for males and females aged 10–14 and 15–19 as shown in **FIGURE 2.21**.
   b. Suggest possible reasons for the differences outlined in part a.
7. a. Outline one similarity and one difference between males and females as shown in **FIGURE 2.22**.
   b. Suggest possible reasons for the similarity and difference outlined in part a.
8. a. Which age groups (11–15 or 16–17) were most likely to experience high or very high psychological distress?
   b. What proportion of the age group identified in part a experienced high or very high psychological distress for the following groups?
      i. Males
      ii. Females
      iii. Persons
   c. In pairs, brainstorm reasons why youth may experience psychological distress.
9. Using data to support your response, write a paragraph describing the health status of Australian youth.

2.5 Exam questions

Question 1 (2 marks)

Hospitalisation rates for males and females aged 10–14 and 15–19



Source: Adapted from ABS data, 2020.

Use the data in the graph above to **draw a conclusion** about hospitalisation rates for males and females aged 15–19 years.

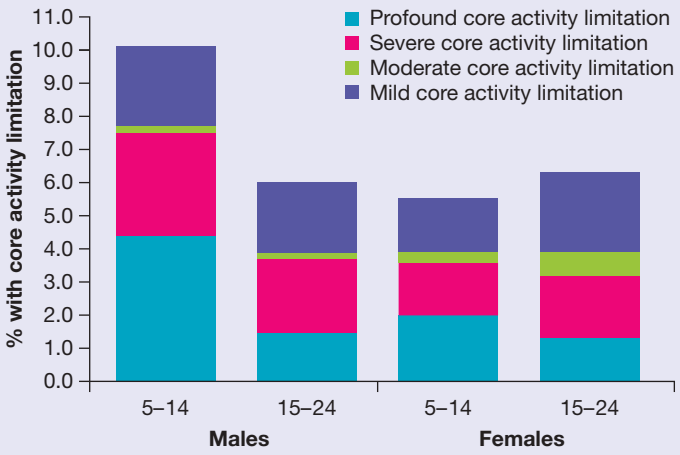
Question 2 (2 marks)

Alan is aged 14 and has a chronic illness that has left him partially deaf in one ear and unable to stand for long periods of time. He uses a walking stick to assist him with his balance and often needs assistance with putting on his shoes.

Identify a core activity Alan is experiencing a limitation in. Use an example from the case study to **justify** your choice.

Question 3 (3 marks)

Proportion of males and females with a core activity limitation for those aged 5–24, by type of limitation, 2014–15



Source: Adapted from ABS, 44300DO010_2018 *Disability, Ageing and Carers, Australia: Summary of Findings,* 2018.

Identify one similarity and one difference between males and females aged 5–24 years in relation to core activity limitations.

Question 4 (1 mark)

According to the *Mental health of children and adolescents* report 2015, one in five youth aged 11–17 years experienced high or very high psychological distress. Briefly **outline** what is meant by psychological distress.

Question 5 (2 marks)

Kessler 10 level of psychological distress among 11- to 17-year-olds by sex and age group

Sex	Age group	Low (%)	Moderate (%)	High (%)	Very high (%)
Males	11–15 years	57.6	29.2	9.9	3.3
	16–17 years	53.0	29.4	11.8	5.8
	11–17 years	**56.3**	**29.3**	**10.4**	**4.0**
Females	11–15 years	49.8	28.9	14.7	6.6
	16–17 years	34.8	29.0	20.3	15.9
	11–17 years	**45.1**	**29.0**	**16.4**	**9.5**
Persons	11–15 years	53.9	29.1	12.2	4.8
	16–17 years	43.6	29.2	16.2	11.0
	11–17 years	**50.9**	**29.1**	**13.3**	**6.6**

Source: Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR 2015, *The Mental Health of Children and Adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*, Department of Health, Canberra.

Using data from the above table, **draw a conclusion** about very high psychological distress for males and females aged 11–17 years.

More exam questions are available in your learnON title.

2.6 KEY SKILLS

2.6.1 Draw conclusions from health data about the health status of youth in Australia

tlvd-2848

KEY SKILL Draw conclusions from health data about the health status of youth in Australia

Tell me

This key skill relates to the interpretation and analysis of data. Data concerning health status are presented using a range of different measurements and an understanding of the measures commonly used will assist in developing this skill.

Show me

Measures used to present data relating to health status include:

- self-assessed health status
- life expectancy
- mortality
- morbidity (including incidence and prevalence of health conditions)
- burden of disease (including DALY, YLL and YLD)
- rates of hospitalisation
- core activity limitation
- psychological distress.

Tell me

To become proficient at data analysis, it is necessary to be able to interpret data available in the form of graphs, tables and charts. A range of activities in this topic provides the opportunity to practise this skill.

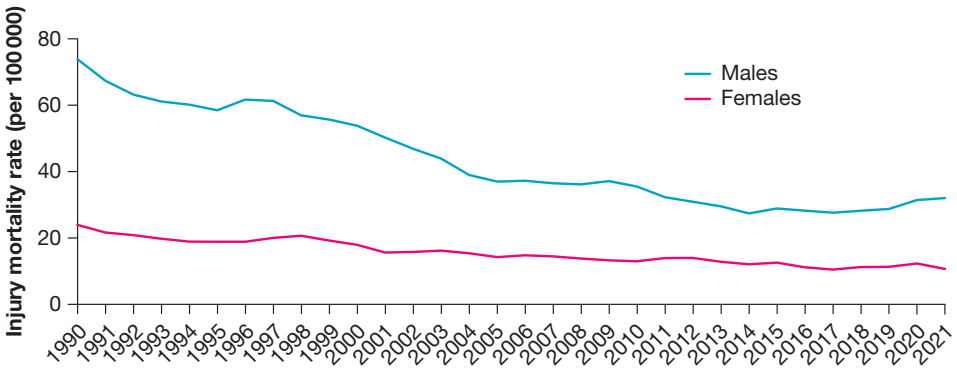
The following steps offer a systematic approach to interpreting graphs and tables:

1. **Read the title of the graph or table** — the title usually gives an indication about what information is presented in the graph. It may be located at the top of the graph or next to the figure number.
2. **Read the horizontal and vertical axes** (for a bar graph) and look at the units (for example, is it percentage, year, number, rate, proportion, amount etc.).
3. **Look at the key** if there is one — this helps identify various elements of the data.
4. **Read any notes** that relate to the data — there may be additional written information at the bottom of the graph explaining various elements of the graph. An element of the data that may not make sense may become clear after reading these notes.
5. **Look for trends, similarities and differences between the data**. This will enable a better understanding of the data that the graph is actually presenting.

Show me

FIGURE 2.28 shows the injury death rate over time for males and females aged 15–19.

FIGURE 2.28 Injury death rate over time for males and females aged 15–19



Source: Adapted from AIHW, GRIM Books, 2023.

A response to the task 'Draw two conclusions relating to injury death rates according to **FIGURE 2.28**' might include the following points.

- Males experienced poorer health status than females relating to injury death rates. According to the data, males consistently had higher death rates due to injuries between 1990 and 2021. In 2021, the rate for females was around 10 per 100 000 and for males at the same time was around 30 per 100 000.[1]
- The death rate for males decreased more than the death rate for females due to injuries between 1990 and 2021[2] The male death rate decreased by around 45 per 100 000 (approximately 75 per 100 000 in 1990 down to 30 per 100 000 in 2021). The death rate for females decreased by around 13 per 100 000 (down from around 23 per 100 000 in 1990 to around 10 per 100 000 in 2021).[3]

1 A conclusion must be drawn to ensure the question is answered.

2 Use information from the graph, such as dates, to substantiate your answer.
3 Using figures from the graph shows an ability to interpret the data and draw conclusions from it.

Practise the key skill

1. Using data from **FIGURE 2.9** (in subtopic 2.3), draw conclusions relating to health status for 10- to 14-year-olds and 15- to 19-year-olds compared with other age groups.
2. Using data from **FIGURE 2.13** (in subtopic 2.4), draw conclusions relating to health status for 10- to 14-year-olds and 15- to 19-year-olds compared with other age groups.

2.7 EXTENDED RESPONSE — Build your exam skills

tlvd-11283

2.7.1 Breaking questions into their components

In topic 1, you were provided with opportunities to break extended response questions down into their components. In this section, you will build on this skill by breaking questions down and brainstorming the sorts of things you could link to for each part. For example, consider the following question:

> Describe what is meant by burden of disease, identify leading causes of burden of disease among youth in Australia and discuss how burden of disease differs between males and females in Australia.

Step 1

This question can be broken down into the following parts:

> Describe what is meant by burden of disease / identify leading causes of burden of disease among youth in Australia / and discuss how burden of disease differs between males and females in Australia.

As can be seen, the three requirements of this question are:

- Describe what is meant by burden of disease
- Identify leading causes of burden of disease among youth in Australia
- Discuss how burden of disease differs between males and females in Australia.

Step 2

To build on this skill, it is possible to brainstorm the sorts of things that may be included in each part.

Requirement of the question	Concepts that may be included for the requirement
Describe what is meant by burden of disease	• A measure of the impact of diseases and injuries • Fatal and non-fatal contributors • DALY • YLL • YLD
Identify leading causes of burden of disease among youth in Australia	• Leading contributors to both YLL and YLD • Leading contributors to DALY • Mental health issues such as depression and anxiety • Injuries • Skin disorders
Discuss how burden of disease differs between males and females in Australia.	• Higher YLL among males and higher YLD among females • Difference in injury burden between males and females

Practise this skill

For the following questions, break each one down into its parts and brainstorm the sorts of things that could be included in each part.

1. Briefly describe two measures of morbidity and draw two conclusions relating to morbidity among youth in Australia.
2. Explain what is meant by 'psychological distress' (including how it can be measured) and discuss the strengths and weaknesses of this measure in reflecting health status of youth in Australia.
3. Using examples, explain why numerous health status indicators are required to gain a full understanding of the level of health experienced by youth in Australia.

2.8 Review

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2.8.1 Topic summary

2.2 Self-assessed health status and life expectancy

- Health status is an individual's or population's overall level of health and wellbeing, taking into account various indicators such as life expectancy, mortality and morbidity.
- Australia's youth generally experience excellent health status.
- Self-assessed health status, life expectancy, mortality, morbidity (including incidence and prevalence of health conditions), burden of disease (including DALY, YLL and YLD), rates of hospitalisation, core activity limitation and psychological distress are all used to assess health status.
- Self-assessed health status is based on an individual's own perception of their health and wellbeing. Most youth in Australia assess their health status as excellent or very good.
- Life expectancy is an indication of how long a person can expect to live; it is the number of years of life remaining to a person at a particular age if death rates do not change (AIHW, 2008).
- For a male born in 2022, the life expectancy was 81.2 years and for a female it was 85.3 years.
- Life expectancy and death rates are continually improving for Australia's youth.

2.3 Mortality

- Mortality refers to death, particularly at a population level. The mortality rates for Australia's youth are among the lowest when compared to other lifespan stages.
- YLL relates to the fatal burden of disease.
- The leading cause of death and YLL among youth is injury and poisoning, and males are more likely to experience mortality during the youth stage than females.

2.4 Morbidity and burden of disease

- Morbidity relates to ill health in an individual and levels of ill health within a population.
- Morbidity can be measured using YLD, incidence and prevalence.
- YLD relates to the non-fatal burden of disease.
- Mental and substance use disorders, respiratory diseases (including asthma) and skin disorders are the leading contributors to YLD among youth in Australia.
- DALY are used to measure burden of disease and are calculated by adding YLL and YLD.
- Mental and substance use disorders contribute most to the overall burden of disease for youth.

2.5 Rates of hospitalisation, core activity limitation and psychological distress

- Hospitalisation rates of youth provide an indication of levels of ill health that require medical treatment.
- Youth experience low levels of hospitalisation compared to other lifespan stages.
- The leading causes for hospitalisations in youth are injury and poisoning, diseases of the digestive system and diseases of the respiratory systems.
- A core activity limitation exists when an individual sometimes or always requires assistance in one or more of three areas of life: self-care, mobility and communication.
- Over 4 per cent of youth experience a core activity limitation.
- Psychological distress relates to unpleasant feelings and emotions that have an effect on an individual's level of functioning.
- Females and older youth are more likely to experience psychological distress.

Resources

Digital document Summary (doc-41299)

2.8.2 Key terms

burden of disease a measure of the impact of diseases and injuries; specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. Burden of disease is measured in a unit called the DALY. (VCAA)
chronic condition any disease or condition that lasts a long time (usually longer than six months). It usually can't be cured and therefore requires ongoing treatment and management. Examples include arthritis and asthma.
core activities relate to three main areas of life: self-care, mobility and communication
core activity limitation when an individual has difficulty, or requires assistance, with any of the three core activities
dermatitis refers to a range of conditions characterised by irritation and/or inflammation of the skin. It usually involves itchy, dry skin or a rash on swollen, reddened skin.
disability adjusted life years (DALY) a measure of burden of disease. One DALY is equal to one year of healthy life lost due to illness and/or death. DALY are calculated as the sum of the years of life lost due to premature death and the years lived with disability for people living with the health condition or its consequences. (AIHW, 2018)
endometriosis a condition that affects around 1 in 10 females. It occurs when cells that usually grow in the uterus grow around the ovaries or behind the uterus, and can lead to significant levels of pain.
health indicators standard statistics that are used to measure and compare health status (for example, life expectancy, mortality rates, morbidity rates)
health status an individual's or population's overall level of health and wellbeing, taking into account various indicators such as life expectancy, mortality and morbidity
hospital separations episodes of hospital care that start with admission and end at transfer, discharge or death
incidence refers to the number (or rate) of new cases of a disease/condition in a population during a given period (usually 12 months)
Kessler Psychological Distress Scale (K10) a scale of psychological distress based on the answers to ten questions about negative emotional and mental states in the four weeks prior to the interview. This system classifies psychological distress as low, moderate, high and very high.
life expectancy the number of years of life, on average, remaining to an individual at a particular age if death rates do not change. The most commonly used measure is life expectancy at birth. (AIHW, 2018)
morbidity ill health in an individual and levels of ill health within a population (often expressed through incidence, prevalence) (AIHW, 2018)
mortality the number of deaths in a population in a given period (AIHW, 2018)
periodontitis inflammation and/or infection of the gums that can cause them to pull away from the teeth and result in tooth loss
polycystic ovary syndrome a complex hormonal condition that affects around 1 in 10 females. It is characterised by irregular or no periods, excessive hair on the body or face, skin conditions, hair loss and/or stress, anxiety and depression.
prevalence the number or proportion of cases of a particular disease or condition present in a population at a given time
psychological distress relates to unpleasant feelings and emotions that affect an individual's level of functioning
years lived with disability (YLD) a measure of how many healthy years of life are lost due to living with disease, injury or disability
years of life lost (YLL) a measure of how many years of expected life are lost due to premature death

2.8 Exercises

Students, these questions are even better in jacPLUS

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2.8 Exam questions

Question 1 (8 marks)

FIGURE 2.29 shows the rate of DALY (per 1000 people) and contribution to total DALY by YLL and YLD for those aged 10–14 and 15–19 in 2023. DALY is a measure of health status.

a. **Identify** what DALY stands for. **1 mark**

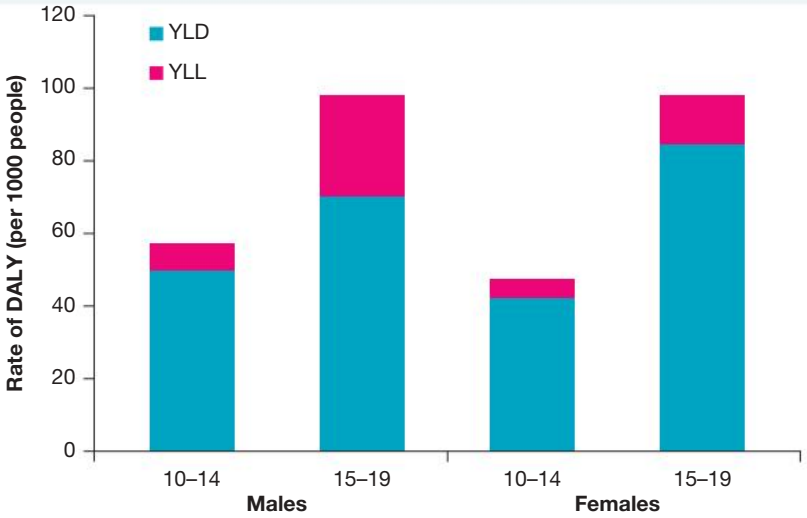
b. **What** does one DALY equal? **1 mark**

c. **Explain** what is meant by health status. **1 mark**

d. Using data from the graph, draw a conclusion relating to the health status of those aged 10–14 compared with those aged 15–19. **2 marks**

e. **Discuss** how DALY reflects the concept of health and wellbeing. **3 marks**

FIGURE 2.29 The rate of DALY (per 1000 people) and the contribution from YLL and YLD for those aged 10–14 and 15–19 in 2023



Source: Adapted from https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/data.

Question 2 (4 marks)

'Swine flu has been called a pandemic by the World Health Organization because the disease has spread to affect people in 77 countries and has caused 254 206 cases and 2837 deaths. In Victoria, with a population of about 5 million, 2420 people have been diagnosed with the disease, and 30 new cases are being diagnosed each day. Swine flu has killed 24 people in Victoria.'

From the passage provided, **identify** an example each of incidence, prevalence, mortality and morbidity.

Question 3 (1 mark)

Injuries are higher for males than females in the youth stage of the lifespan. **Suggest** a reason for this.

Question 4 (2 marks)

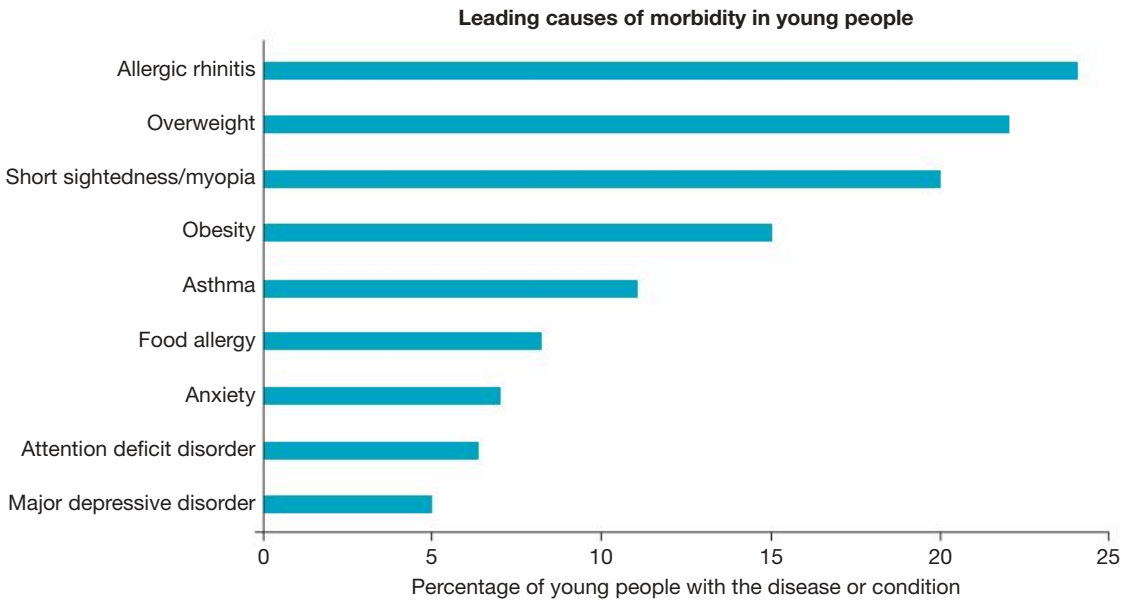
Outline what is meant by the term 'burden of disease'.

Question 5 (5 marks)

a. **Identity** the proportion of young people experiencing each of the following according to the graph: **3 marks**

- **i.** asthma
- **ii.** anxiety
- **iii.** major depressive disorder

b. **Explain** why anxiety and depression contribute more DALY than asthma, given that a greater proportion of young people suffer from asthma. **2 marks**



Source: Data adapted from AIHW, Australia's Health 2016.

on Resources

Digital document	Key terms glossary (doc-41295)
Interactivities	Crossword (int-9221) Definitions (int-9222)
Exam question booklet	Topic 2 Exam question booklet (eqb-0235)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 2 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

- 2.2 Life expectancy worksheet (doc-41296) ☐
- 2.3 Injury worksheet (doc-41297) ☐
- 2.4 Health of young people worksheet (doc-41298) ☐
- 2.8 Summary (doc-41299) ☐
- Key terms glossary (doc-41295) ☐

Teacher-led videos

- 2.2 Measurements of health status (tlvd-0260) ☐
- 2.6 Key skill: Draw conclusions from health data about the health status of youth in Australia (tlvd-2848) ☐
- 2.7 Extended response: Breaking questions into their components (tlvd-11283) ☐

Interactivities

- 2.2 FIGURE 2.3 Self-assessed health status of young people aged 15–24 years, 2022 (int-9211) ☐
- 2.3 FIGURE 2.6 Mortality rates for infants, children, youths and early adults, 2021 (int-9269) ☐
- FIGURE 2.7 Mortality rates for Australians aged 10–14 and 15–17, 1990–2021 (int-9212) ☐
- FIGURE 2.8 Mortality rates due to selected causes for those aged 10–19 according to sex, 2021 (int-9213) ☐
- FIGURE 2.9 YLL number and rate for males and females by age group, 2023 (int-9214) ☐
- FIGURE 2.10 Years of life lost (YLL) for selected conditions by sex and age group, 2023 (int-9215) ☐
- 2.4 FIGURE 2.13 YLD number and rate for males and females by age group, 2023 (int-9216) ☐
- FIGURE 2.14 Proportion of total YLD for 10- to 14-year-olds due to selected conditions, 2023 (int-9217) ☐
- FIGURE 2.15 Proportion of total YLD for 15- 19-year-olds due to selected conditions, 2023 (int-9218) ☐
- FIGURE 2.17 Burden (YLL, YLD and total DALY) for the top causes of DALY for 10- to 19-year-olds, 2023 (int-9219) ☐
- 2.5 FIGURE 2.20 Total hospital separations by age group and sex, 2021–22 (int-9270) ☐
- FIGURE 2.22 Top five causes of hospitalisation for those aged 10–14 and 15–19 (int-7621) ☐
- FIGURE 2.25 Proportion of males and females with a core activity limitation for those aged 5–24, by type of limitation, 2018–19 (int-9271) ☐
- 2.8 Crossword (int-9221) ☐
- Definitions (int-9222) ☐

Weblinks

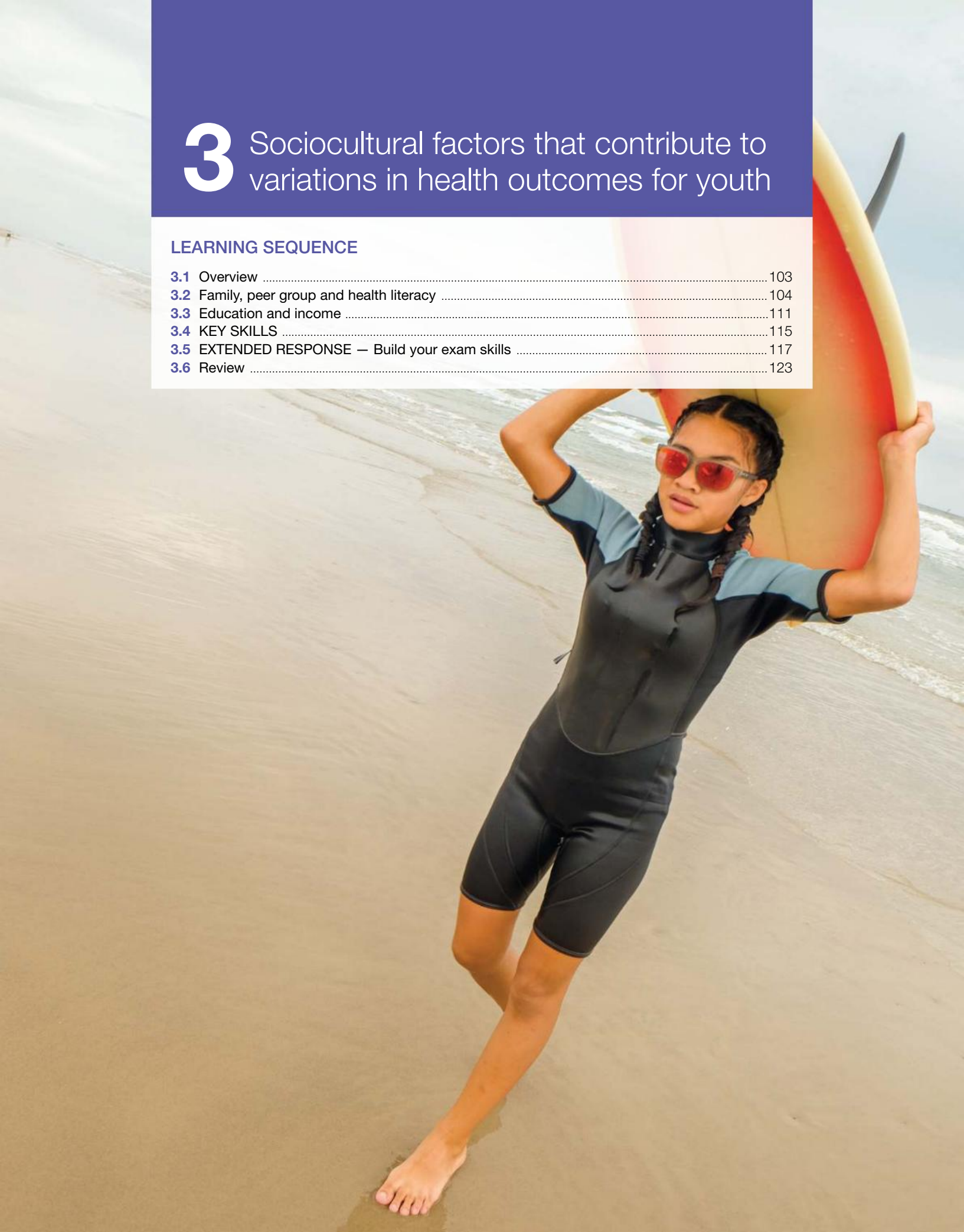
- 2.2 Life expectancy ☐
- 2.3 Injury ☐
- 2.4 Health of young people ☐

Exam question booklet

- 2.8 Topic 2 Exam question booklet (eqb-0235) ☐

To access these online resources, log on to **www.jacplus.com.au**

3 Sociocultural factors that contribute to variations in health outcomes for youth



LEARNING SEQUENCE

3.1 Overview

	Key knowledge	Key skill	Subtopic
○	Sociocultural factors that contribute to variations in health outcomes for youth, such as peer group, family, education, income and health literacy	Explain and analyse a range of sociocultural factors that contribute to variations in the health outcomes of Australia's youth	**3.2, 3.3**

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

Key terms

blended family
health behaviours
health literacy
peer influence
social gradient of health
sociocultural factors
step family

Exam terminology

Analyse examine the components of; look for links, patterns, relationships and anomalies

Explain make plain, make clear (may require reasons)

on Resources

Digital document Key terms glossary (doc-41300)

Exam question booklet Topic 3 Exam question booklet (eqb-0236)

3.2 Family, peer group and health literacy

Key knowledge	Key skill
Sociocultural factors that contribute to variations in health outcomes for youth, such as peer group, family and health literacy	Explain and analyse a range of sociocultural factors that contribute to variations in the health outcomes of Australia's youth

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

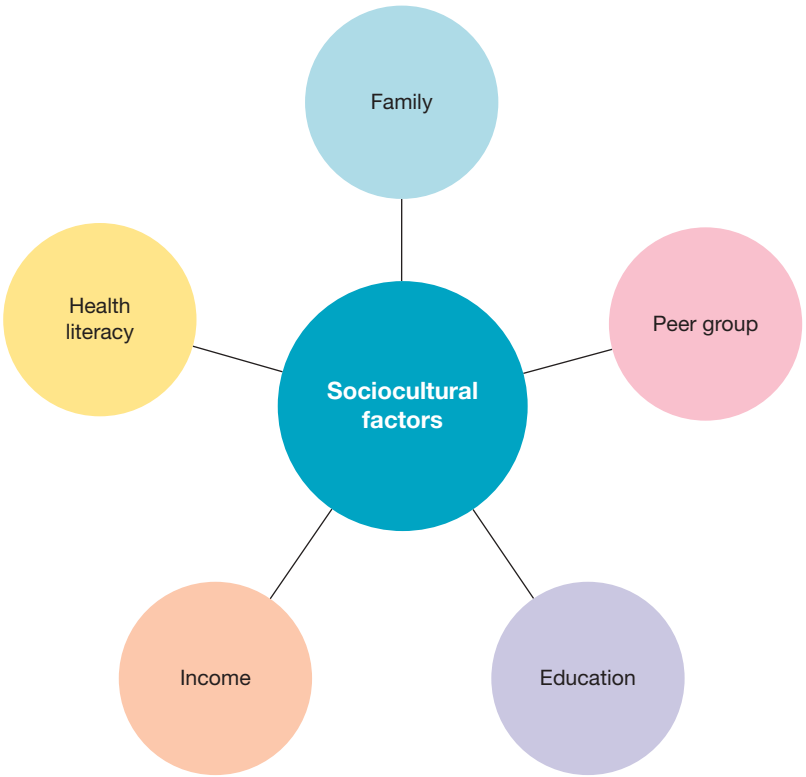
You need to know:
- what is meant by sociocultural factors
- how sociocultural factors such as the peer group, family and health literacy can have positive and negative impacts on health outcomes for youth
- what is meant by the concept of health literacy.

You need to be able to:
- explain and analyse how sociocultural factors can lead to both positive and negative health outcomes for youth
- link health outcomes to either health status or the dimensions of health and wellbeing.

Sociocultural factors help determine an individual's or population's health and wellbeing. They are considered to be anything related to the social and cultural conditions into which people are born, grow, live, work and age that can raise or lower health outcomes. According to data from the Australian Institute of Health and Welfare (AIHW), sociocultural factors help to explain or predict trends in health status and why some groups are better or worse off than others. The sociocultural factors that will be discussed are shown in **FIGURE 3.1**.

sociocultural factors the social and cultural conditions into which people are born, grow, live, work and age. These conditions include socioeconomic status, social networks, family and cultural background, food security, early life experiences, and access to affordable, culturally appropriate healthcare.

FIGURE 3.1 Sociocultural factors that have an impact on youth health outcomes



The term 'health outcomes' includes the concepts of health and wellbeing, its dimensions (physical, social, mental, emotional and spiritual) and the indicators of health status, such as life expectancy, morbidity and mortality. This topic will provide examples of links to the most appropriate dimensions and indicators when referring to the impact of sociocultural factors on health outcomes.

3.2.1 Family

The family has a crucial role in the lives of young people, as it provides the environment in which they are raised. Through daily interactions, family members can have an impact on young people's health outcomes and influence the choices they make during the transition into adulthood. Research shows that parents/guardians, relatives and family friends are important sources of support for young people when they need assistance with important issues. The family is also the main provider for many resources, such as shelter, food, clothing, emotional support and educational opportunities.

A favourable family environment, featuring close family relationships, good communication and strong parenting skills, is associated with positive health outcomes. Recent social changes have led to a more diverse range of family structures; for example, an increase in the number of single-parent families and same-sex couples. Divorce and separation are quite common among families, and many young people are being raised in two different home environments. These may include a **step family** or a **blended family**. These changes can have significant effects on young people.

FIGURE 3.2 Social and cultural changes have led to new types of family structures.

When young people have an unsettled family environment without strong parental influences, they may be more likely to engage in unhealthy behaviours. This includes unsafe sexual practices, smoking and vaping, and experimentation with illicit drugs. These are all behaviours that may cause risk to the efficient functioning of the body and therefore have a negative impact on physical health and wellbeing. An unsettled family environment and conflict can have negative effects on emotional and mental health and wellbeing, and can lead to poorer overall self-assessed health status among youth. However, changes in family structure do not always have negative effects on young people; they can often be associated with building resilience, inner strength and determination (enhancing emotional health and wellbeing), as well as increasing a young person's sense of connection and belonging (spiritual health and wellbeing). These are all factors that are associated with a positive transition into independent adult life and a reduced risk of a range of health concerns including mental disorders.

Topic 6 discusses the influence of the family on the consumption of nutritious foods and how the family can act as either an enabler or barrier to healthy eating. When a family encourages the consumption of nutritious foods, short- and long-term physical health benefits will occur. These positive impacts include weight management, which reduces the risk of obesity and related conditions such as cardiovascular disease. A nutritious diet also increases bone strength and density, and provides adequate iron to decrease the risk of anaemia, while improving overall health status.

step family a family formed after the remarriage of a divorced or widowed person that includes a child or children

blended family a family consisting of a couple, the children they have had together and their children from previous relationships

A young person's involvement in physical activity is also often influenced and encouraged by their family. It is family that often provides the resources such as transport, equipment and financial support to enable sports participation. Regular exercise and participation in either recreational or sporting groups is linked to improvements in health outcomes by positively impacting on all the dimensions of health and wellbeing and health status. This includes weight management (improving physical health and wellbeing), increased confidence and self-esteem, and lower levels of stress and anxiety (improving mental health and wellbeing). When young people engage in regular exercise, they are more likely to continue this behaviour in later life. This can have long-term effects on health status by decreasing the risk of lifestyle diseases, such as obesity, cardiovascular disease and type 2 diabetes, while also increasing life expectancy.

FIGURE 3.3 Family cohesiveness can have a positive impact on young people's health and wellbeing.

The family is the first social group to which most individuals belong and it is here that their first social interactions occur. A supportive family can teach appropriate social skills, including how to effectively communicate with others. This helps build skills in productive relationships and fosters a supportive network of friends (improving social health and wellbeing).

3.2.2 Peer group

The peer group is increasingly influential during youth. Young people often turn to their friends first for support and advice, instead of family members. Data from Mission Australia's 2023 youth survey shows friends as the first choice for support on personal matters. Teenagers are frequently influenced by their peers when making decisions about health behaviours. **Peer influence** can have a positive impact on health outcomes. For example, a group of friends who love playing soccer will influence participation in exercise — this will improve fitness levels, and promote physical health and wellbeing, while reducing the risk of conditions such as obesity and depression, improving health status.

Friendships are particularly important for young people. When youth are faced with uncertainties, it is friends who can provide a constant source of support. It is not uncommon for young people to have a wide network of friends. However, for emotional support, having a number of close friends is important. Positive and respectful friendships enhance youth mental health and wellbeing, giving confidence and self-esteem and reducing the risk of depression and mental disorders. Social health and wellbeing is also developed through increasing social networks and forming new relationships. Peers can also influence physical health and wellbeing through the encouragement of healthy behaviours, such as consumption of nutritious foods, assisting in the management of body weight and reducing the risk of obesity and other chronic conditions, thereby improving health status.

peer influence the social influence a peer group exerts on its members, as each member attempts to conform to the expectations of the group

Negative peer pressure, or peer influence, can have a significant impact on young people's health outcomes. As youth is often a stage of experimenting and taking risks, peer pressure may lead young people to take health risks and therefore decrease their health status. Binge drinking, illicit drug use, vaping and drink driving are poorer health choices that people may engage in when negatively influenced by their peers. Accidents can occur as a result, which are a significant cause of youth death and injury.

FIGURE 3.4 Positive peer pressure may come from people around you who are committed to doing well in school.

CASE STUDY

Young non-smokers in NZ are taking up vaping more than ever before. Here are five reasons why

By Lindsay Robertson, University of Otago and Janet Hoek, University of Otago

Published: 27 June 2022, 5.58 am AEST

The number of young New Zealanders aged 15 to 17 who vape every day has tripled in two years, from 2 per cent in 2018–19 to 6 per cent in 2020–21, according to the most recent New Zealand Health Survey. For young adults, aged 18 to 24, daily vaping increased from 5 per cent to 15 per cent.

While manufacturers claim vapes are lower risk alternatives for people who smoke cigarettes, many people who vape have never smoked.

…

FIGURE 3.5 Vapes have grown in popularity among young people.

Our new research helps explain why non-smokers start vaping.

Five factors that lead young non-smokers to vaping

… Our research, published in the journal *PLOS One*, is based on in-depth face-to-face interviews with 16 young adults, aged 18 to 25, who self-identified as regular vapers (from daily to at least a couple of times each month). Using a qualitative approach, we identified five factors that helped explain what had led these young non-smokers to vaping.

Two of these factors — connection and belonging, and balancing social status and stigma — were psycho-social in nature. Vaping is a highly social activity, taking place predominantly in shared flat settings or at parties. Being part of a peer group where a vape was circling helped reinforce relationships through a collective experience.

The communal nature of vaping also helped provide an entry to social groups where participants had previously felt on the periphery. For instance, one participant enjoyed how his vape piqued others' interest and acted as a conversation starter, while another explained how vaping helped him 'fit in' at parties.

The second theme, balancing social status and stigma, reflects the way vapes can become a personal fashion statement. One participant described her vape as 'sleek and […] just my kind of style'. For others, vaping offered an opportunity to impress with 'skills and tricks' they mastered when exhaling aerosol.

These attributes fostered social cachet and helped offset the perceived stigma many participants felt as non-smokers who vaped. That stigma, they believed, did not apply to people who had switched from smoking to vaping.

…

The allure of vaping

Apart from psycho-social factors, vapes attracted non-smokers by providing stimulation and engagement. Unsurprisingly, the wide variety of vape liquids that mimic confectionery or soft drink flavours attracted and maintained young adults' interest. Participants also experienced blowing clouds as whimsical, and many expressed an almost child-like fascination with the aerosol they exhaled.

Several participants vaped as a means of self-management, to relieve stress or boredom, anxiety or awkwardness.

…

Lastly, participants used rationalisations about vapes' costs and benefits relative to smoking to justify their vaping. They believed vapes offered multiple benefits, such as pleasure, connections and social cachet, without the 'costs' they associated with smoking cigarettes, including financial and long-term health harms as well as unpleasant odour and nausea.

As one participant explained, vaping 'doesn't seem anywhere near as bad as cigarettes […] I feel less guilty about using it'.

…

In light of rapidly increasing youth vaping, it is time to reconsider the widespread availability of vaping products in convenience stores and supermarkets and the use of eye-catching packaging and flavours that appeal to young people.

Source: https://theconversation.com/young-non-smokers-in-nz-are-taking-up-vaping-more-than-ever-before-here-are-5-reasons-why-185400

CASE STUDY REVIEW

1. Explain, using two dimensions of health and wellbeing, why young people might take up vaping.
2. Explain how vaping can negatively impact health status.
3. Identify and explain a strategy that could help lower the levels of those aged 18–25 regularly vaping.

3.2.3 Health literacy

Health literacy can play a significant role in determining variations in health outcomes for youth. Health literacy includes knowing how to find, use and understand health information and services. It has an impact on a young person's understanding of medical instructions, awareness of preventative health practices, and health behaviours and lifestyle choices.

When a young person has difficulty understanding medical terminology, instructions or information provided by healthcare professionals, this may result in misunderstanding diagnoses and treatment options. They may also struggle to understand medication management in terms of the dose required and instructions, which could have a negative impact on their health outcomes. Youth with low levels of health literacy may also struggle to ask questions and express their concerns to healthcare providers, compromising the care received.

health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)

When a young person has a good level of health literacy, they are able to understand the importance of preventative health practices such as COVID-19 vaccines, regular check-ups and screenings, compared to youth with lower health literacy levels who may not be aware of their importance.

FIGURE 3.6 Getting protected by a vaccine is a preventative health practice.

Other examples include:

- a lack of knowledge of the different types of preventative measures that can be taken, such as the importance of applying and reapplying sunscreen when exposed to the sun for long periods. Failure to do so can increase the chance of sun damage, and the potential for skin cancers later in life.
- understanding when and how to see a doctor and manage medications can lead to timely treatment for diseases and conditions, and decrease morbidity. A young person with high levels of health literacy would feel more confident to access appointments, and manage medications and treatment plans. This may increase confidence and decrease stress levels, enhancing mental health and wellbeing.

Health literacy can impact an individual's knowledge of healthy behaviours and lifestyle choices. Youth with lower health literacy may be less aware of the risks associated with unhealthy behaviours such as vaping and smoking, substance abuse and poor nutrition, leading to overall poorer health outcomes associated with these practices, such as respiratory conditions, asthma, injuries and accidents, and obesity. Those with lower health literacy are also less likely to take notice of and engage in health promotion activities, negatively impacting on health outcomes.

FIGURE 3.7 Health literacy helps young people to work out what is a healthier food choice by reading nutrition panels.

Finally, health literacy levels are also closely linked to socioeconomic status. Youth from disadvantaged backgrounds may have lower health literacy due to lower levels of education achieved. This can contribute to health inequalities, where certain groups of youth experience worse health outcomes than others.

In order to address these variations in health outcomes among youth, it is essential to promote health literacy through:

- formal health education programs at school
- improved communication focused on youth in healthcare settings
- development of accessible information and resources.

This will help young people make more informed decisions about their health, ultimately improving their health outcomes.

Resources

Weblink Young people and health services

3.2 Exercises

3.2 Quick quiz on | **3.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 4, 5	2, 3, 6, 7, 8, 10	9

Test your knowledge

1. Outline three ways in which the family group can influence physical health and wellbeing.
2. Describe an example of when the family group can act as a stressor to a young person.
3. Discuss how the family group can promote positive emotional health and wellbeing for an individual.
4. a. Explain what is meant by the term ‘peer influence’.
   b. How does the peer group have both a positive and negative influence on the physical health and wellbeing of young people?
5. Briefly describe an example of how an individual’s health literacy is able to improve health status.
6. Describe two known barriers that cause young people to have low levels of health literacy.
7. Explain some ways young people use the internet to enhance their health literacy.

Apply your knowledge

8. Explain, using an example, how the family can improve the health status of youth.
9. How can the peer group lead to variations in health status? (*Hint:* When linking to health status, refer to morbidity, mortality, life expectancy etc.)
10. Explain, using an example, how having a low level of health literacy in youth could negatively impact on two dimensions of health and wellbeing.

3.2 Exam questions

Question 1 (1 mark)
Families are the main provider of resources needed for health.
Identify one prerequisite for health that is likely to be provided by family.

Question 2 (2 marks)
Using an example, **discuss** how peer group can positively influence one dimension of youth health and wellbeing.

Question 3 (3 marks)
Outline the concept of ‘peer pressure’ during youth. Provide an example in your response.

Question 4 (4 marks)
Explain why it is important for young people to keep updating their health knowledge upon completion of their formal schooling.

Question 5 (3 marks)
Explain how having limited access to medical professionals could impact youth health status.

More exam questions are available in your learnON title.

3.3 Education and income

Key knowledge	Key skill
Sociocultural factors that contribute to variations in health outcomes for youth, such as education and income	Explain and analyse a range of sociocultural factors that contribute to variations in the health outcomes of Australia's youth

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- what is meant by sociocultural factors
- how sociocultural factors such as income and education can have positive and negative impacts on health outcomes for youth.

You need to be able to:
- explain and analyse how sociocultural factors can lead to both positive and negative health outcomes for youth
- link health outcomes to either health status or the dimensions of health and wellbeing.

3.3.1 Education

Many young people spend a significant amount of time in formal educational settings. Through education in schools and higher education institutions, such as universities and TAFE colleges, young people are provided with the opportunities to gain knowledge and skills that help them to enter the workforce. Educational institutions are also places where young people can form relationships and challenge themselves, which can lead to enhanced social, emotional and mental health and wellbeing. The quality of education a young person receives can be affected by the amount of resources an educational institution has at its disposal. For example, having access to advanced digital technology resources, such as 3D printing or classes in coding, can increase the opportunities available to young people in the future.

FIGURE 3.8 Educational opportunities will have a great impact on a young person's health and wellbeing.

Education is also linked with better health outcomes. Those with higher levels of education report fewer physical health concerns and better mental health and wellbeing than those with lower levels of education. The higher the level of education an individual receives, the more likely they are to take notice and act upon health promotion messages, such as participating in cancer screening programs. Educated individuals are also more likely to be aware of healthy behaviours, such as using sun protection methods and not smoking tobacco. This reflects higher levels of health literacy and will decrease the risk of related conditions, as well as morbidity rates from diseases such as skin and lung cancers.

The educational environment is also an important resource for promoting positive health outcomes. Children are taught in schools the importance of nutrition, and are also provided with opportunities for regular physical activity through Physical Education classes and competitive school sports programs. This boosts physical fitness and therefore improves not only physical health and wellbeing but all other health and wellbeing dimensions, such as social and mental health and wellbeing. People with higher levels of education are also more likely to secure better paid jobs, which can lead to lower levels of stress and more income to pay for private health insurance and nutritious food, reducing rates of morbidity from conditions such as obesity and mental health disorders.

3.3.2 Income

When discussing the impact of income on young people, we need to include family income, as this has the most influence over the money available to young people. Family income determines the type of neighbourhood in which a young person grows up and the kind of educational resources available to them. The quality of these settings is an important factor in determining health outcomes of young people.

FIGURE 3.9 Family income can determine the amount, and type, of activities young people and families can access.

For young people living in the family home and undertaking full-time education, parental income is often directly related to the amount of money they have to spend on essentials, such as food, education, transport and healthcare, as well as recreation, including dining out, music lessons, technology and an internet connection. These resources can help people maintain a healthy body, stay socially connected and access healthcare when required, which can improve health status by reducing morbidity and mortality rates.

Having adequate access to resources for life's essentials and recreation promotes the dimensions of spiritual, social and mental health and wellbeing. Feeling a sense of belonging is very important to young people, and often this involves attending different social events that require a financial commitment. Belonging to sports clubs can often be expensive, and it is the family income that is likely to determine which activities young people are able to participate in.

The type of neighbourhood in which a young person grows up is also often determined by a family's income. Compared with low-poverty neighbourhoods, high-poverty neighbourhoods have fewer high-quality public and private services, such as community centres, schools, healthcare providers and support services. High-poverty neighbourhoods are also more likely to have more crime and street violence, and a greater exposure to negative peer influences.

Socioeconomic status

As discussed in topic 1, the levels of education, income and occupation are often considered together as a person's socioeconomic status (SES). Socioeconomic factors are important influences on health and wellbeing in Australia. In general, the higher a person's income, education or occupation level, the greater their level of health. This is a concept often termed the **social gradient of health**. In general, people from lower socioeconomic groups are at greater risk of poor health, and have higher rates of illness, disability and death than those from higher socioeconomic groups.

The results from Mission Australia's *Concepts of Community* report (2016) showed that young people from different socioeconomic backgrounds across Australia have different experiences and challenges, which impact on health behaviours and health outcomes.

social gradient of health the higher a person's income, education or occupation level, the healthier they tend to be

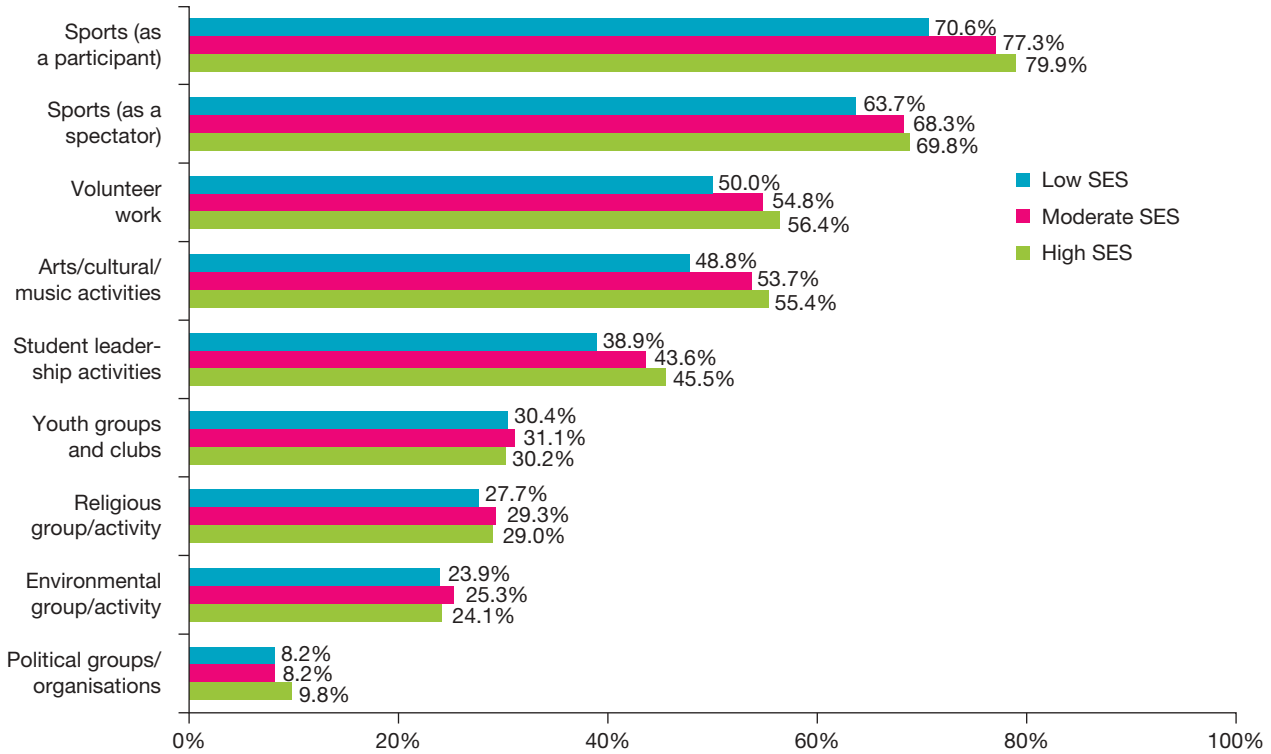
Although negative behaviour such as alcohol consumption and illicit drug use in young people has decreased or remained steady over the last decade, the most recent National Drug Strategy Household Survey found that the number of young people who were daily smokers was almost four times higher among those who lived in the lowest SES areas, compared to those from the highest SES areas (18 per cent compared to 5 per cent). However, in contrast, young people living in the highest SES areas were more likely to engage in risky drinking and to report that they had used cocaine and ecstasy in the last 12 months than those living in the lowest SES areas.

Participation within community/school groups is an important aspect of everyday life for young people, and is also associated with preventative health behaviours and therefore improved health status. Belonging to a group provides young people with a sense of purpose, confidence, resilience and, in the case of sporting groups, enhanced physical activity and fitness. Involvement in sporting and other activities has also been shown to reduce antisocial behaviour among young people. Data from the Mission Australia Youth Survey found that young people from low SES areas were less likely to be involved in each of the most common activities than young people from moderate and high SES areas (see **FIGURE 3.10**).

Involvement in activities and groups has a positive impact on health status. People who feel connected to their community experience enhanced mental and emotional health and wellbeing and are therefore less likely to suffer from mental illness than those who feel disconnected from their community. Participation in lifelong regular physical activity also assists in weight management, reducing obesity-related conditions such as type 2 diabetes and cardiovascular disease later in life and increasing overall life expectancy.

int-9224

FIGURE 3.10 Young people's involvement in activities and groups in the past year, by SES



Source: Mission Australia, *Concepts of Community: Young people's concerns, views and experiences, 2017.*
Most recent data available at time of publishing

3.3 Activity

Access the **ReachOut** weblink in the Resources tab, then complete the worksheet.

Resources

Digital document ReachOut worksheet (doc-32158)

Weblink ReachOut

3.3 Exercises

3.3 Quick quiz on | **3.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 5, 8	6, 7, 9, 10

These questions are even better in jacPLUS!

- Receive immediate feedback
- Access sample responses
- Track results and progress

Find all this and MORE in jacPLUS

Test your knowledge

1. What does socioeconomic status refer to?
2. Explain the link between level of education and health status.
3. Explain the relationship between the uptake of health promotion messages and level of education.
4. Describe how a student's positive educational experience could enhance their spiritual health and wellbeing.
5. Explain how a negative school educational experience could impact on the health outcomes of a young person.
6. Outline the relationship between income and health status.
7. Explain how the neighbourhood you live in affects your health outcomes.

Apply your knowledge

8. a. Refer to **FIGURE 3.10** and identify a relationship that exists in the data.
   b. Describe a reason for the relationship identified in part a.
9. Describe two different ways in which healthy behaviour is promoted at your school.
10. Emma is a Year 11 student. Most students in her year level are going on the school trip to central Australia in term 3. Emma had been looking forward to attending this trip; however, her father has just been made redundant, and is now unemployed. She is now unable to attend because the family cannot afford it. Explain how family income can affect Emma's health and wellbeing in relation to this example. Use all the dimensions of health and wellbeing in your response.

3.3 Exam questions

Question 1 (2 marks)
Use one example to **explain** how higher levels of education can impact mental health and wellbeing in youth.

Question 2 (1 mark)
State the relationship between education levels and awareness of health-related behaviours.

Question 3 (2 marks)
Describe how family income can impact the type of food a young person consumes.

Question 4 (4 marks)
Outline how low levels of education might lead to increased rates of overweight and obesity in youth.

Question 5 (4 marks)
Explain, using an example, how a family's low socioeconomic status could negatively impact two different dimensions of health and wellbeing.

More exam questions are available in your learnON title.

3.4 KEY SKILLS

3.4.1 Explain and analyse a range of sociocultural factors that contribute to variations in the health outcomes of Australia's youth

tlvd-11284

KEY SKILL Explain and analyse a range of sociocultural factors that contribute to variations in the health outcomes of Australia's youth

Tell me

This key skill requires an explanation and analysis of the sociocultural factors that have an impact on youth health outcomes. The focus is on the following factors: peer group, family, education, income and health literacy.

When addressing the key skill, it is important to link examples back to health outcomes, which could include either health status indicators (such as life expectancy, morbidity or mortality) or particular diseases, and health and wellbeing dimensions.

Show me

How to link to examples of health status indicators:

A house that is unsafe may not have a fence surrounding the backyard pool, which may lead to differences in life expectancy due to accidents such as drowning. Or when young people are exposed to overcrowded housing conditions, they may experience higher prevalence of depression, or potentially higher incidence of infectious diseases[1] due to lack of hygiene, caused by high demand for bathrooms and kitchen facilities.

1 Examples are made of impacts on health status indicators.

If the question asks how a factor can affect health and wellbeing, a link to a dimension of health and wellbeing should be made.

For example, an overcrowded housing environment may lead to increased noise levels and interrupted sleep, which may increase a young person's level of fatigue, reducing physical health and wellbeing, while also increasing stress levels and decreasing mental health and wellbeing.[2]

2 Links are made to impacts on dimensions of health and wellbeing.

Tell me

When explaining and analysing variations in health outcomes, you must be able to explain ways in which the impact of sociocultural factors will differ among individuals, depending on the environment in which they have grown up.

Show me

For example, a young person who has grown up in a high-income family will often have greater opportunities to enhance their health outcomes than a young person raised in a low-income environment. They will most likely have access to private health insurance, while another family may have to rely solely on Medicare, which has limitations in some aspects of health coverage. For example, dental health can often be overlooked for those who do not have private health insurance, due to the cost. This could lead to differences in health status between the two groups in relation to morbidity due to dental decay.[3]

3 This first part of the question compares health services available based on income, which is a sociocultural factor, and then links this factor to differences in health status due to morbidity and dental decay.

A young person from a high-income family may also have greater exposure to different recreational and sporting activities, whereas a young person from a low-income family may have less access, decreasing their overall access to participation in physical activity. This may lead to weight gain and a higher risk of overweight and obesity[4] compared to those who have greater access to physical activity opportunities.

4 This second example reviews access to recreational and sporting facilities based on income levels, and then links it to a risk of weight gain, overweight and obesity as the health status reference.

Show me

Consider the following example:

Michael is 17 years old and in Year 11 at school. Michael loves playing soccer with his friends at lunchtime and after school at the oval next to his house. He is also a passionate Melbourne Victory supporter, and attends matches with his father and sister on weekends. Michael plays competition soccer on Sunday mornings and also helps coach his younger sister's team. Michael is a member of the local gym, where he regularly works out with his best friend. Michael works midweek at the local supermarket and has recently been promoted to the checkouts. He is happy about this promotion as he now also receives a higher hourly wage. Overall Michael is a very happy and confident 17-year-old boy.

a. Identify three sociocultural factors that you believe would have a significant impact on Michael's health and wellbeing and health status. Family, peer group, education[5]

5 Three sociocultural factors are identified.

b. Select one of these and explain and analyse how it may affect Michael's social health and wellbeing. Family[6] has had an impact on Michael's health and wellbeing by sharing his passion for soccer. His father supports him by taking him to watch soccer games, which enhances his social health and wellbeing, as he is increasing his friendship networks by socialising with other Victory supporters and strengthening his relationship with his family.[7]

6 Family is identified as the sociocultural factor.

7 The link to social health and wellbeing is outlined clearly and two examples of social health and wellbeing are also provided.

If his father was not interested in watching soccer or had to work during these times and couldn't attend games, then Michael's passion for the game may not be as strong and he may choose more sedentary activities. This could ultimately negatively impact his health outcomes, by reducing overall fitness and increasing weight gain, reducing physical health and wellbeing.[8]

8 Analysis is provided, looking at both sides of the scenario when a family is not necessarily encouraging physical activity.

c. Using an example provided in part b, explain two ways in which this sociocultural factor may affect Michael's health status.
With his family's encouragement he plays in a regular competition, which has increased his physical fitness and strength and assisted with weight management. Michael's high levels of fitness improve his health status by reducing his risk of morbidity from obesity. Through family connections he has also been offered the assistant coach role for his sister's team, which has increased his confidence and self-esteem, reducing the risk of morbidity from depression and anxiety.[9]

9 The second part of the question focuses on health status, so the relationship with disease, obesity and other related conditions as well as mental health issues such as anxiety and depression are discussed.

Practise the key skill

1. Complete a summary table of how sociocultural factors can have an impact on young people.

Sociocultural factor	Impact on youth health and wellbeing	Impact on health status
Peer group		
Family		
Health literacy		
Education		
Income		

2. There are a range of sociocultural factors that contribute to variations in health status in young people. Explain and analyse how family and education could positively impact health status of youth.

3.5 EXTENDED RESPONSE — Build your exam skills

3.5.1 Interpreting stimulus material

tlvd-11285

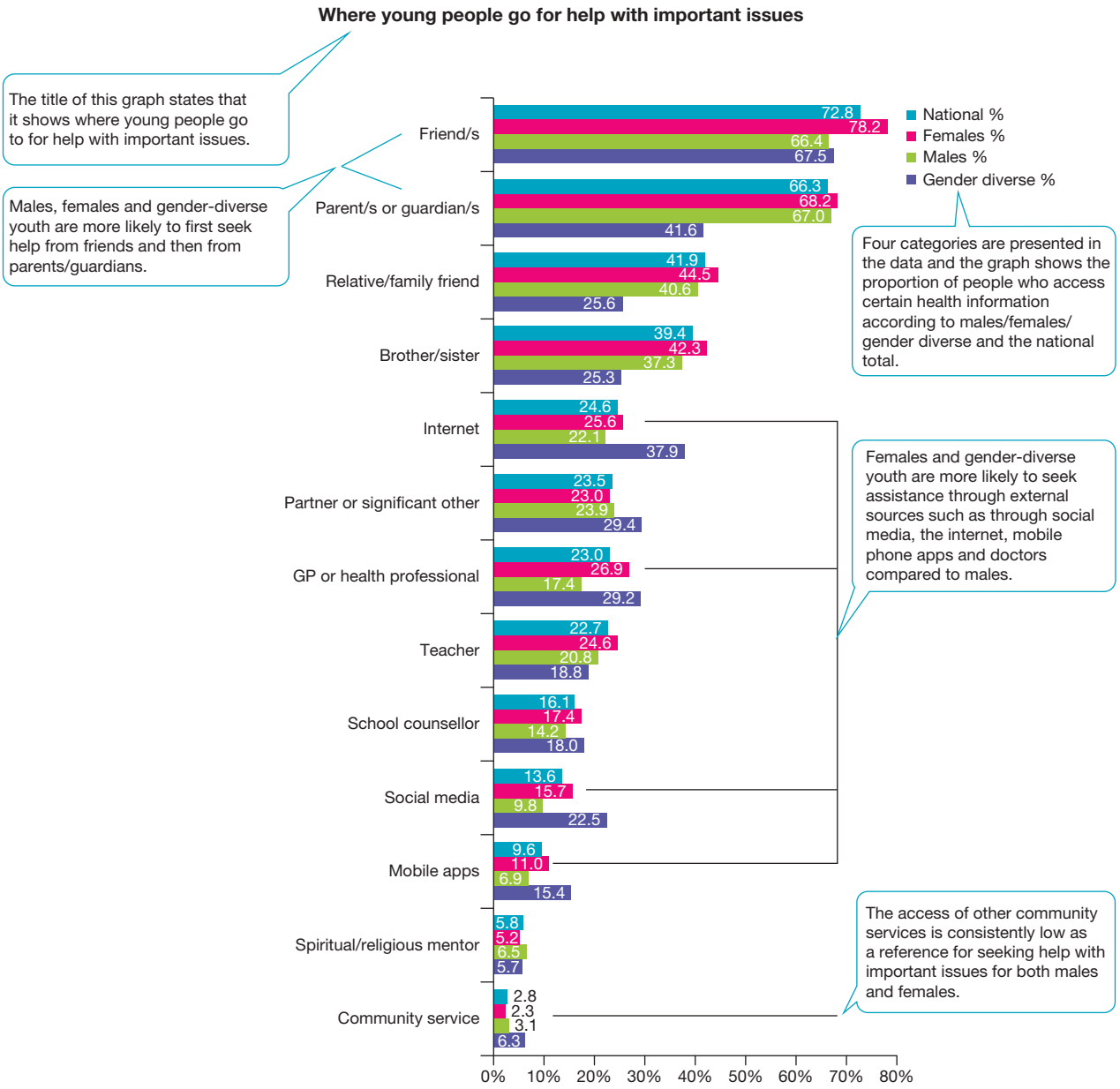
Stimulus material is designed to provide information about a relevant concept. Stimulus material can be presented in a range of formats, including infographics, graphs, tables, cartoons, maps and text, including factual and fictional case studies.

- Stimulus material in extended response questions requires interpretation to determine what the information is presenting and how it should be used in the response.
- Interpretation includes finding trends, relationships, similarities and/or differences in data, understanding case study material and interpreting the meaning of visual material such as infographics.

In this section, a number of stimulus items will be presented and interpreted.

Stimulus material 1

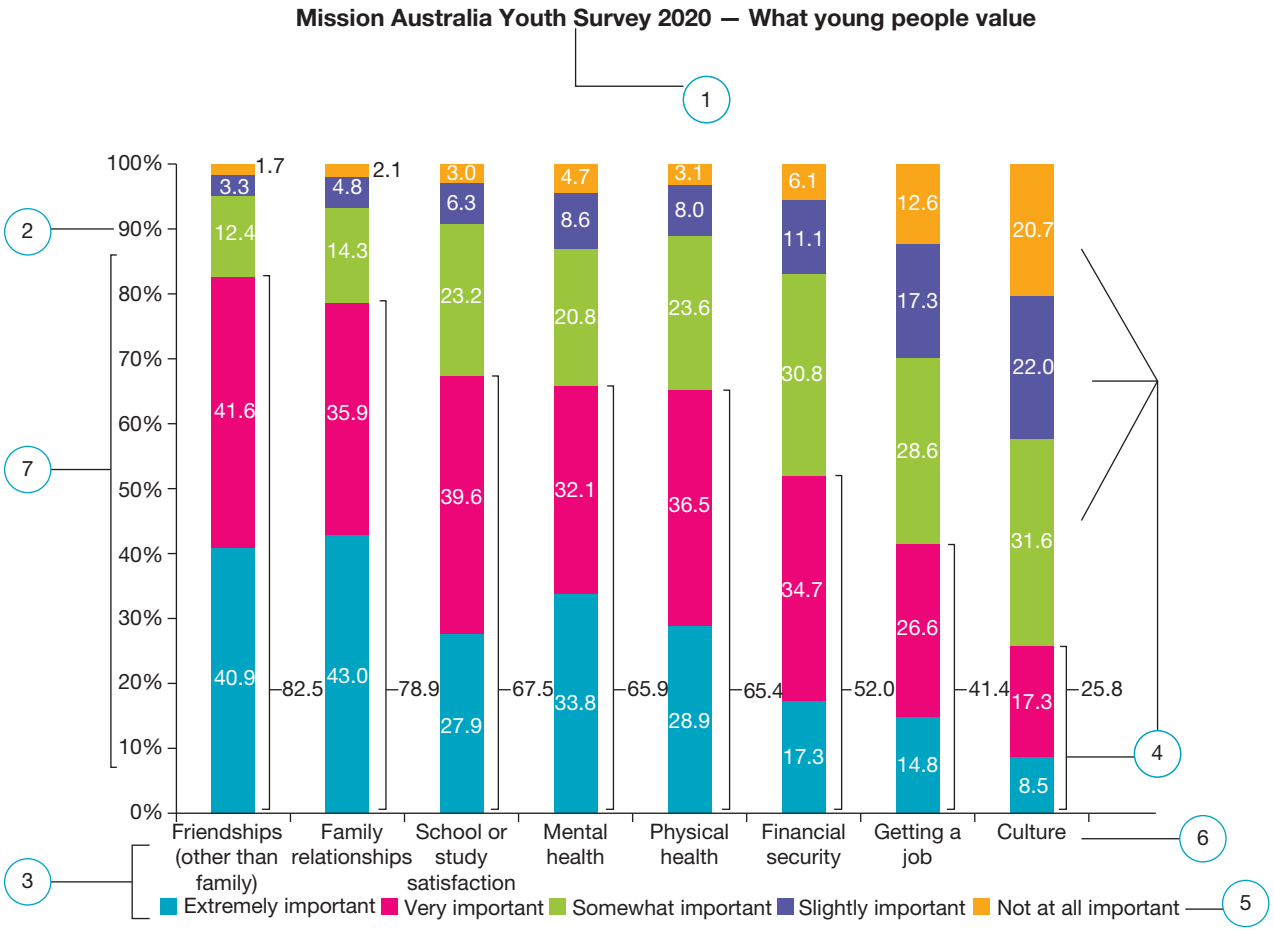
Consider the following graph:



Source: Mission Australia Youth Survey Report 2023, p. 25.

Stimulus material 2

Consider the following graph:



This graph is called a 100% stacked bar graph, where each category is divided into a number of sub-bars, showing the relative proportion of each response. The cumulative total of each bar always equals 100%. In this case, the advantage of the stacked bar graph is that it allows one aspect, such as Friendships, to be broken down into different levels of importance according to survey results.

1. The title states what the graph is about. In this case, it is what young people value according to the Mission Australia Youth Survey 2020.
2. The unit of measurement is a percentage.
3. It separates different aspects of life into levels of importance according to the Mission Australia survey results.
4. It adds together data for extremely important and very important and has organised results from most important to least important.

Further exploration of the graph shows:

5. there are five levels of importance shown in the graph: extremely important, very important, somewhat important, slightly important and not at all important
6. there are different life aspects included, which cover factors such as social relationships, mental and physical health, and economic aspects
7. the vertical axis shows that levels of importance are represented as a percentage of people.

A 100% stacked bar graph shows the contribution of a range of categories to the total. In this case, it means you can compare the results to see what young people most value and what is least important.

For example:

- Around 82% of young people consider Friendships (other than family) to be either extremely or very important.
- Family relationships was second most important to youth.
- Mental health was slightly more important than Physical health for youth.
- School or study satisfaction was considered the third-most important aspect to youth.
- Culture was least important of the factors surveyed.

Stimulus material 3

See **TABLE 3.1** — this provides similar information to the stacked bar graph but presents the data in table form, according to gender. What differences and similarities can you see between males and females according to what they value?

TABLE 3.1 What young people value by gender

Females	Extremely important %	Very important %	Somewhat important %	Slightly important %	Not at all important %
Friendships (other than family)	**44.3**	**40.1**	11.4	3.2	1.1
Family relationships	**47.8**	**34.0**	12.5	4.3	1.4
School or study satisfaction	**32.8**	**40.6**	19.7	5.2	1.7
Mental health	37.6	33.1	18.9	7.7	2.6
Physical health	28.2	36.6	24.3	8.4	2.4
Financial security	17.7	36.1	30.6	10.8	4.9
Getting a job	14.0	27.6	29.0	17.5	11.8
Culture	8.7	18.1	31.6	22.2	19.4
Males	**Extremely important %**	**Very important %**	**Somewhat important %**	**Slightly important %**	**Not at all important %**
Friendships (other than family)	**36.6**	**44.1**	13.8	3.4	2.0
Family relationships	**37.3**	**39.0**	16.3	5.0	2.5
School or study satisfaction	21.8	38.9	27.7	7.6	4.0
Mental health	28.7	31.6	23.3	9.8	6.6
Physical health	**30.1**	**37.2**	22.3	7.2	3.2
Financial security	16.3	33.4	31.1	11.6	7.5
Getting a job	15.4	25.4	28.4	17.5	13.2
Culture	7.9	16.2	32.2	22.0	21.7

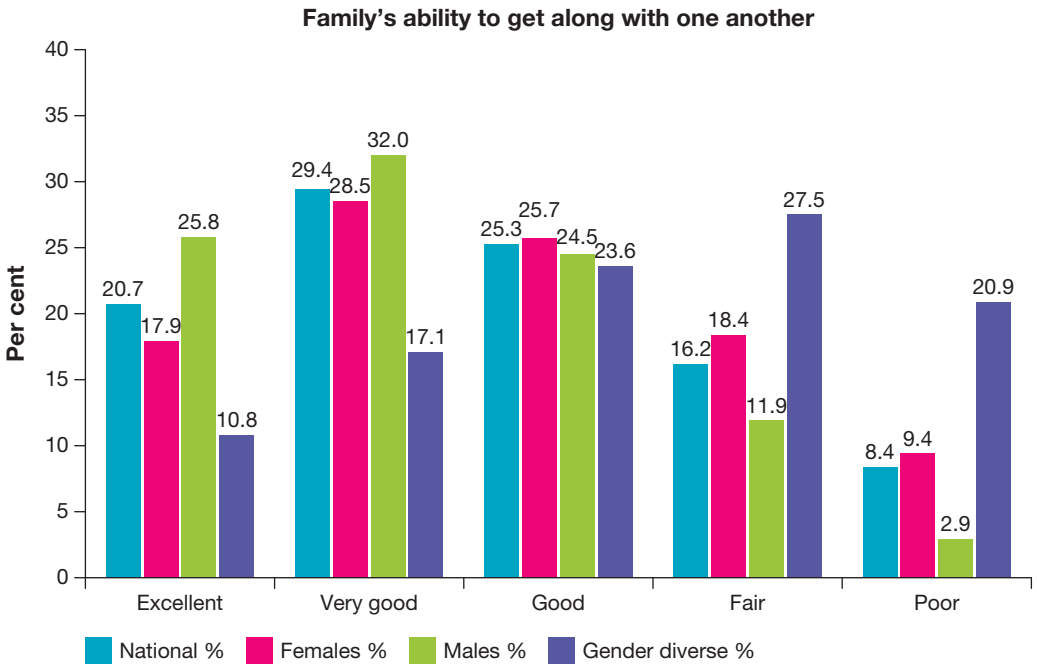
Exploration of the table shows some differences:

- 32% of females have rated School or study satisfaction as extremely important, compared to only 21% of males.
- 30.1% of males have rated Physical health as extremely important, slightly more than females, at 28.2%.
- 37.6% of females have rated Mental health as extremely important to them, quite a bit more compared to 28.7% of males.

Practise this skill

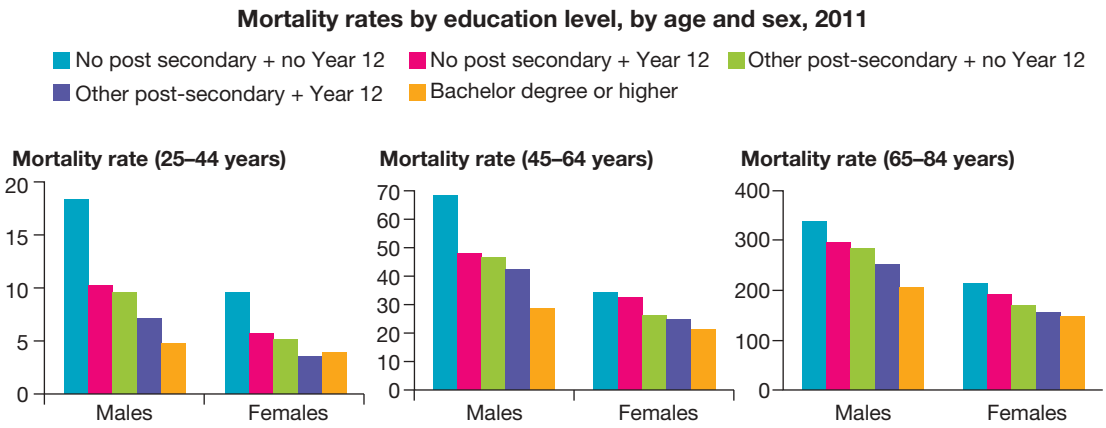
1. Interpret the following graphs and create a list of information each is presenting. Share your list with a classmate.

a. Practice stimulus 1



Source: Mission Australia Youth Survey Report 2023, p. 44.

b. Practice stimulus 2

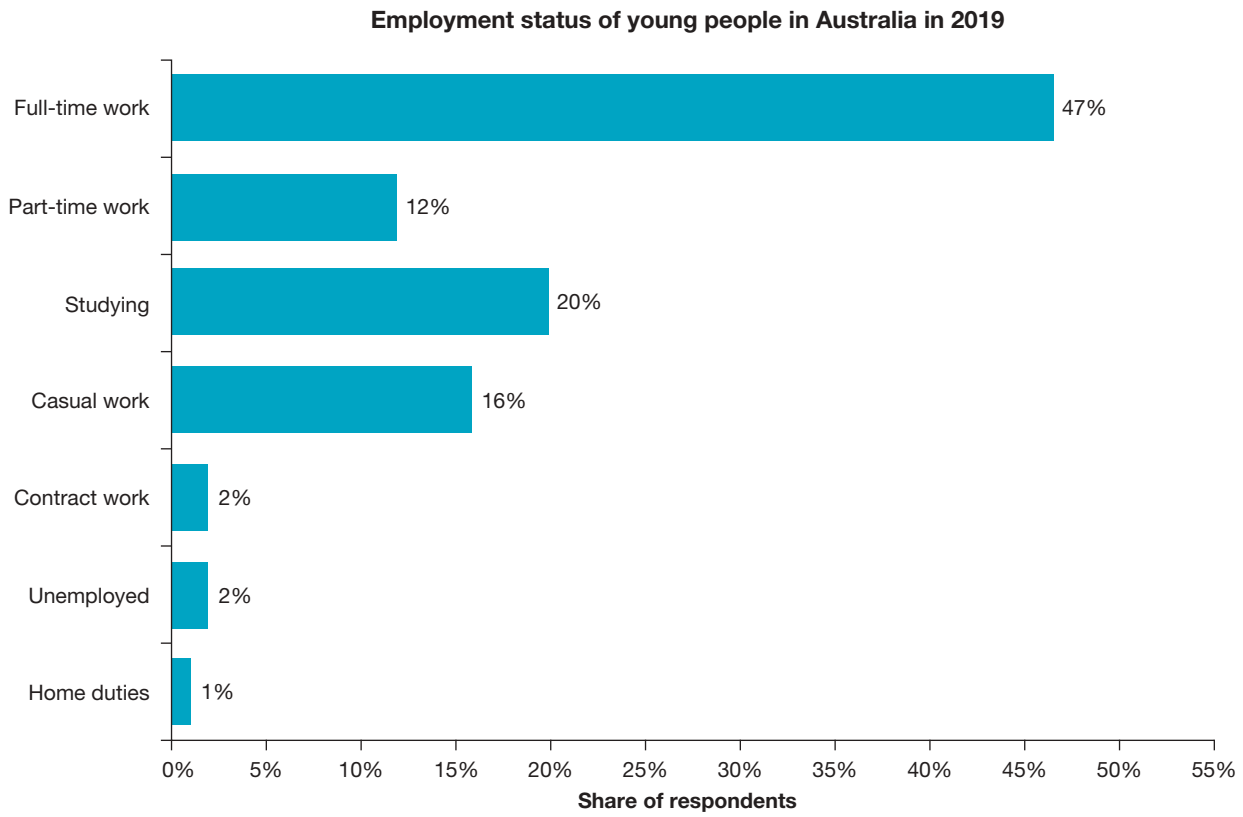


Notes

1. Rates presented as deaths per 10 000 person years.
2. Y-axis scale differs for the 3 age groups, and these cannot be directly compared

Source: Korda et al. 2019.

c. Practice stimulus 3



3.6 Review

Hey students! Now that it's time to revise this topic, go online to:

Review your results

Watch teacher-led videos

Practise exam questions

Find all this and MORE in jacPLUS

3.6.1 Topic summary

3.2 Family, peer group and health literacy

- Sociocultural factors relate to the social and cultural conditions into which people are born, grow, live, work and age. These include socioeconomic status, social connections, family and cultural influences, food security, early life experiences, and access to affordable, culturally appropriate healthcare.
- Sociocultural factors can lead to variations in health outcomes of youth, by either raising or lowering health and wellbeing and health status.
- The family is initially the most important influence on youth health and wellbeing and health status, influencing many aspects such as education, healthy eating and the importance of exercise.
- Peer groups become more influential on health outcomes as young people transition from childhood to adulthood.
- A young person's health literacy levels will impact on their health behaviours, either in a positive or negative manner.

3.3 Education and income

- The educational opportunities presented to young people can have various influences on health outcomes. Availability of resources at schools and increased opportunities enhance learning experiences. The higher the person's educational achievement, the higher their health status.
- The higher the level of education received, the more likely it is that the individual will take notice of health promotion messages and therefore undertake behaviours like participating in cancer screening programs.
- Income can act as either an enabler or barrier to health and wellbeing and health status. Income provides essential resources such as adequate housing, food, clothing, educational opportunities and access to health services.

on Resources

Digital document Summary (doc-41301)

3.6.2 Key terms

blended family a family consisting of a couple, the children they have had together and their children from previous relationships

health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)

peer influence the social influence a peer group exerts on its members, as each member attempts to conform to the expectations of the group

social gradient of health the higher a person's income, education or occupation level, the healthier they tend to be

sociocultural factors the social and cultural conditions into which people are born, grow, live, work and age. These conditions include socioeconomic status, social networks, family and cultural background, food security, early life experiences, and access to affordable, culturally appropriate healthcare.

step family a family formed after the remarriage of a divorced or widowed person that includes a child or children

3.6 Exercises

learnon

Students, these questions are even better in jacPLUS

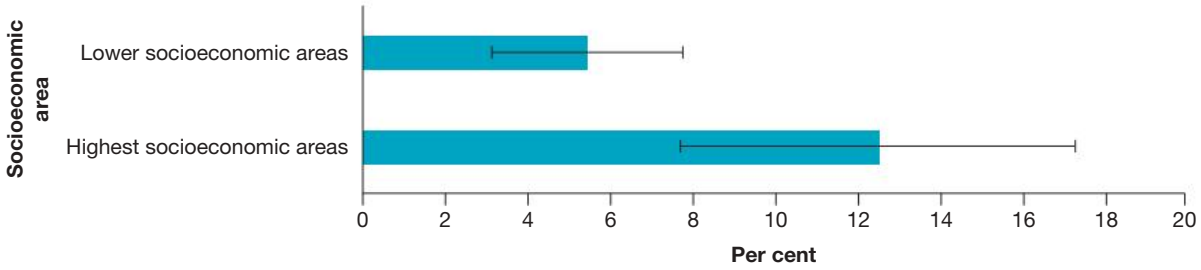
- **Receive immediate feedback and access sample responses**
- **Access additional questions**
- **Track your results and progress**

Find all this and MORE in jacPLUS

3.6 Exam questions

Question 1 (3 marks)

Children aged 5–14 who met both physical and screen-based activity recommendations, by selected population group, 2011–12



a. Using data, **outline** the relationship between socioeconomic status and the proportion of those meeting both the physical and screen-based activity recommendations. **1 mark**

b. **Explain** how the health behaviours seen in the graph could lead to variations in the health status of children from high or low socioeconomic areas. **2 marks**

Question 2 (8 marks)

Socioeconomic status includes factors such as education, income and employment.

a. **Explain**, using an example, how all three factors are related and can affect young people's health behaviours. **4 marks**

b. Choose one of these factors and **explain** and **analyse** how it can affect young people's health outcomes. **4 marks**

Question 3 (6 marks)

Danny is 15 and left school around the same time he was kicked out of home by his stepfather. He has been hanging out with a group of older people on the streets and they have introduced him to drugs. One night Danny was out with his friends and he decided to try ecstasy. After two hours he began hallucinating and started thinking his friends were out to get him. He could not control his thoughts and by the next day was in a psychiatric hospital having been diagnosed with drug-induced psychosis (a condition whereby the perception of reality is altered and people see, hear, smell and touch things that are not there). Psychosis can be treated, but many individuals may experience further episodes of psychosis in the future.

a. **Identify** three examples of sociocultural factors from the case study that have affected Danny's health outcomes. **3 marks**

b. **Explain** how Danny's family situation may affect his recovery. **3 marks**

Question 4 (2 marks)

Aaron recently turned 17 and invited a few friends over to his house to celebrate. Most of the people at the party were drinking alcohol, including Aaron. Aaron's friend, Tim, has his drivers licence and a car, and at one point, someone in the group thought it would be a good idea to go for a drive. Tim had also been drinking, and while on the road he misjudged his speed and overcorrected when going around a corner. The car crashed into the front fence of a house, setting off the air bags. Aaron suffered a fractured sternum from the impact of his seatbelt, as well as whiplash to his neck.

Using information from the case study, **explain** how peer groups can lead to variations in health outcomes.

Question 5 (3 marks)

Explain how a lack of family cohesion could affect youth health status.

on Resources

Digital document	Key terms glossary (doc-41300)
Interactivities	Crossword (int-9225)
	Definitions (int-9226)
Exam question booklet	Topic 3 Exam question booklet (eqb-0236)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 3 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

- 3.3 ReachOut worksheet (doc-32158) ☐
- 3.6 Summary (doc-41301) ☐
- Key terms glossary (doc-41300) ☐

Teacher-led videos

- 3.4 Key skill: Explain and analyse a range of sociocultural factors that contribute to variations in the health outcomes of Australia's youth (tlvd-11284) ☐
- 3.5 Extended response: Interpreting stimulus material (tlvd-11285) ☐

Interactivities

- 3.3 FIGURE 3.10 Young people's involvement in activities and groups in the past year, by SES (int-9224) ☐
- 3.6 Crossword (int-9225) ☐
- Definitions (int-9226) ☐

Weblinks

- 3.2 Young people and health services ☐
- 3.3 ReachOut ☐

Exam question booklet

- 3.6 Topic 3 Exam question booklet (eqb-0236) ☐

To access these online resources, log on to **www.jacplus.com.au**

School-Assessed Coursework Unit 1

OUTCOME 1

Explain multiple dimensions of health and wellbeing, explain indicators used to measure health status and analyse sociocultural factors that contribute to variations in the health status of youth.

School-Assessed Coursework 1 online only

To answer questions online and to receive **immediate feedback** and **sample responses** for every question, go to your learnON title at www.jacplus.com.au or download the assessment as a Word document from your Resources tab.

on Resources

Digital document School-Assessed Coursework 1 (doc-41622)

Key knowledge

- Various definitions of health and wellbeing: physical, social, emotional, mental and spiritual dimensions
- Prerequisites for health, as determined by the WHO: peace, shelter, education, food, income, social justice, equity, stable ecosystem and sustainable resources
- Youth and Aboriginal and Torres Strait Islander perspectives on health and wellbeing
- Indicators used to measure health status, such as incidence and prevalence of health conditions, morbidity, rates of hospitalisation, burden of disease, mortality, life expectancy, core activity limitation, psychological distress and self-assessed health status
- The health status of Australia's youth
- Sociocultural factors that contribute to variations in health outcomes for youth, such as peer group, family, education, income and health literacy

Key skills

- Describe and analyse various perspectives, definitions and interpretations of health and wellbeing
- Explain different dimensions of health and wellbeing
- Discuss how access to prerequisites for health can promote positive health outcomes
- Describe the subjective nature of health and wellbeing
- Discuss various perspectives on health and wellbeing, including those of youth and Aboriginal and Torres Strait Islander Peoples
- Draw conclusions from health data about the health status of youth in Australia
- Explain and analyse a range of sociocultural factors that contribute to variations in the health outcomes of Australia's youth

4 Inequalities in youth health

LEARNING SEQUENCE

4.1 Overview

	Key knowledge	Key skills	Subtopic
○	Key areas of youth health requiring health action, as indicated by health data	Identify key areas for action and improvement in youth health and wellbeing using research to interpret data Analyse factors that contribute to inequalities in the health status of Australia's youth	**4.2, 4.3**
○	Government and non-government programs relating to youth health and wellbeing	Analyse factors that influence the creation and implementation of, and access to, programs that target youth health such as equity, social justice, community values and funding	**4.4**

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

Key terms

commercial factors
community values
equity
health action
health inequalities
health literacy
health promotion
health promotion program
inequalities
protective factor
risk factor
social justice
sociocultural factors

Exam terminology

Analyse examine the components of; look for links, patterns, relationships and anomalies

Identify list, state

on Resources

Digital document Key terms glossary (doc-41354)

Exam question booklet Topic 4 Exam question booklet (eqb-0237)

4.2 Youth health and factors that contribute to inequalities

Key knowledge	Key skills
Key areas of youth health requiring health action, as indicated by health data	• Identify key areas for action and improvement in youth health and wellbeing using research to interpret data • Analyse factors that contribute to inequalities in the health status of Australia's youth

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by health inequality • why youth health is important • examples of factors that can affect youth health.	• explain the importance of addressing inequalities in youth health • use data and research to identify key areas of youth health that require action and improvement • describe factors that affect youth health.

The transition to adulthood is recognised as an important phase in the lives of all young people.

This transition happens at a time of enormous physical, intellectual, emotional and social changes that require young people to adjust to:

- a different body
- different physical and social needs
- different responsibilities and interests
- a different identity and self-image.

Why invest in youth health?

According to the World Health Organization, investing in youth health has important benefits.

Immediate benefits to youth health

- Promotion of protective factors and positive behaviours (such as good sleep habits, a balanced diet, physical activity and constructive forms of risk-taking through sport or drama) helps to optimise all dimensions of health and wellbeing.
- Encouraging prevention, early detection and treatment of youth health issues, such as mental disorders, will minimise the impact on current health status of psychological distress, morbidity, burden of disease and mortality.

Protection of health in the future

- Prevention of **risk factors** in youth (such as obesity and alcohol and tobacco use) will help set a healthy lifestyle pattern later in life. This prevents a reduction in adult health status from morbidity, burden of disease and premature mortality.

4.2.1 What are health inequalities?

During the youth stage, the body goes through changes because of puberty, and the brain develops in a way that helps the transition to adulthood. These changes lead to new behaviours and abilities.

Young people experience social, economic, political and technological changes in their world. This means they are constantly exposed to new opportunities and challenges that can improve, protect or damage their health and wellbeing.

risk factor something that increases the likelihood of developing disease or injury

These new opportunities and challenges can create differences or '**inequalities**' in health for youth.

A simple example of this might be when 'population group A' has a higher prevalence of a health condition than 'population group B'.

Health inequalities such as differences in health status or in the distribution of health risk and **protective factors** exist among young people in Australia:

- as a cohort (or group); for example, higher rates of alcohol-related injuries for youth in rural areas compared with metropolitan areas
- between young people and other age groups; for example, higher rates of mental health disorders in youth compared with adults.

FIGURE 4.1 Differences in health status within or between population groups are called health inequalities.

Identifying inequalities in youth health status

If you want to research the health of Australia's youth and explore how to address the issues they face, these three sources are a useful place to start:

- Australian Bureau of Statistics
- Australian Institute of Health and Welfare's *Australia's Health 2024* report (it is updated every 2 years)
- Mission Australia Youth Survey (where young people share their thoughts).

Each year Mission Australia, a non-government community service organisation, seeks feedback from young Australians aged 15 to 19 about the issues that concern them. The results are published in the annual Youth Survey. The information gained from this survey is used to inform government action and policy as well as the work of community organisations.

EXAM TIP

When researching or identifying health inequalities to determine key areas for improvement, look for differences in the health status indicators described in topic 2, such as self-assessed health status, morbidity, incidence, prevalence, mortality or burden of disease measured in DALY, YLL or YLD.

You can also look for personal concerns as indicated by young people themselves or the level of behavioural risks undertaken by young people. Look for differences between groups of young people, such as those who live in rural areas and those in metropolitan areas, or differences in behavioural risks between young people and older adults, for example.

A tool that can be used to determine how a young person feels about their health is the **Personal Wellbeing Index**, which is a measure of subjective wellbeing. Mission Australia asked young people to rate their happiness with their life as a whole and across seven life domains, including health, on a scale of 0 to 10. Scores for the life domains are converted into a score out of 100 to represent a person's overall subjective wellbeing.

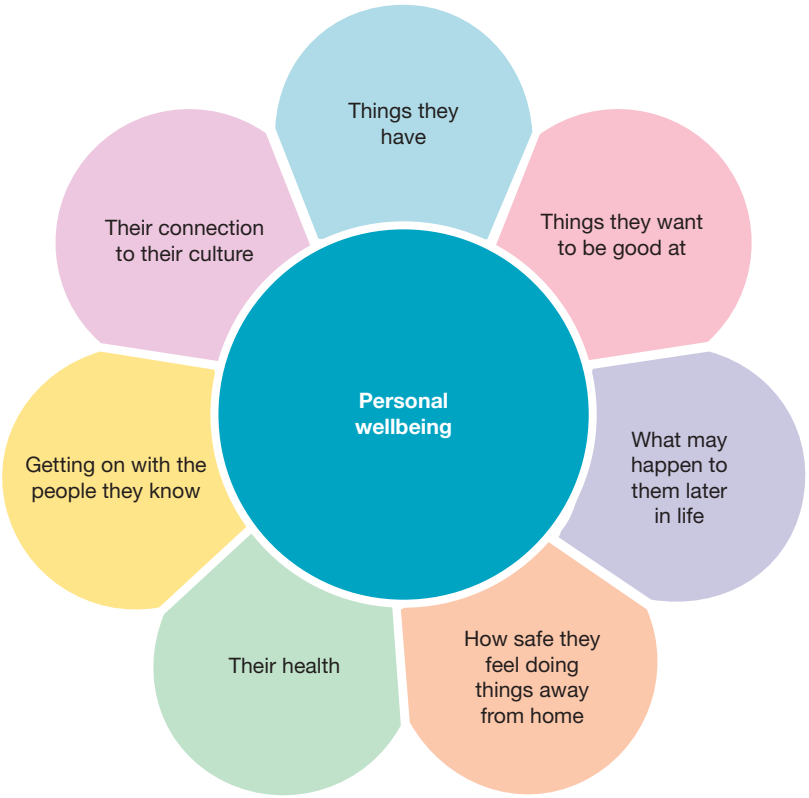
inequalities differences

health inequalities differences in health status or in the distribution of health risk and protective factors

protective factor something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk

Personal Wellbeing Index measure of subjective wellbeing

FIGURE 4.2 The Personal Wellbeing Index is a measure of subjective wellbeing



The PWI score is interpreted using the following guidelines:

70+	Person is likely to be experiencing a normal level of wellbeing
51–69	Personal wellbeing is likely to be challenged or compromised
50 or below	Very low personal wellbeing, strong likelihood of depression

The results from the 2023 Mission Australia survey are shown in **TABLE 4.1**.

TABLE 4.1 Personal Wellbeing Index result for the health domain was the lowest for young people in the Mission Australia Youth Survey 2023

	National	Females	Males	Gender diverse	Australian adults*
Personal Wellbeing Index	**68.2**	**66.8**	**71.7**	**55.7**	**75.5**
How happy are young people…					
with their health	65.9	63.3	71.1	51.7	74.2

TABLE 4.2 Mission Australia survey results relating to the biggest personal concerns experienced by young people

	National %	Females %	Males %	Gender diverse%
School-related challenges	**49.0**	**54.0**	**44.3**	**35.2**
Workload issues	23.5	25.0	21.3	18.1
Grades	9.5	10.2	8.3	6.7
Teachers or school staff	2.2	2.5	1.6	2.4
Learning difficulties	1.8	1.9	1.1	10.5
School (general)	85.8	86.8	84.7	85.2
Mental health challenges	**24.2**	**31.0**	**13.5**	**38.6**
Stress	26.2	27.8	25.7	14.3
Anxiety	17.2	18.6	14.4	11.7
Depression	8.9	8.0	10.8	13.0
Self-esteem	8.3	8.0	10.2	4.8
Diagnosed disorders	4.2	3.8	4.0	9.6
Eating disorder	3.9	4.5	1.7	5.2
Suicide and self-harm	3.4	3.1	2.7	9.6
Alcohol and other drugs	1.4	0.9	2.3	4.3
Addiction (not including alcohol and other drugs)	1.0	0.6	2.0	3.0
Mental health (general)	49.4	52.1	36.8	59.1
Interpersonal relationship challenges	**21.3**	**25.9**	**15.0**	**23.8**
Family	52.0	52.8	50.2	54.2
Friends	26.5	28.5	20.3	28.9
Abuse, conflict and very negative experiences	9.9	9.8	8.7	18.3
Pet	2.8	2.7	3.6	1.4
Significant other	2.2	1.6	3.4	2.8
Interpersonal relationship (general)	22.2	22.4	21.9	23.9
Financial and housing challenges	**4.2**	**4.4**	**3.8**	**6.4**
Employment	48.0	46.1	52.1	47.4
Housing	20.0	21.1	15.7	34.2
Cost of living	7.7	8.2	5.4	13.2
Finances (general)	20.5	20.5	20.7	18.4
Other challenges	**17.1**	**17.4**	**16.1**	**25.3**
Lack of motivation	28.2	33.5	22.6	15.2
Moving to a new environment	25.6	29.5	21.3	17.2
General health	20.4	17.2	26.4	17.9
COVID-19	7.3	7.8	7.0	2.0
Self-identity	5.8	2.6	5.0	37.1
Bullying	4.9	5.6	3.2	8.6
Discrimination	1.9	1.5	1.7	6.6
Other (includes various low frequency challenges not listed above)	8.7	5.0	14.6	7.3
Not sure/no challenges identified	**5.9**	**3.6**	**8.8**	**5.2**

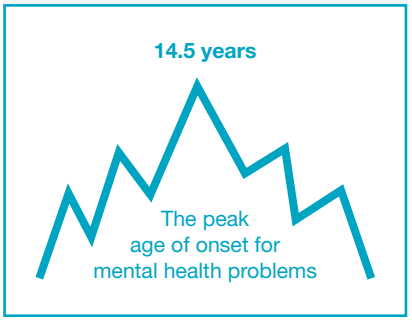
Source: https://www.missionaustralia.com.au/publications/youth-survey p. 20.
Note: Items based on content analysis of 84% of responses to this question. Items ranked high to low according to the national responses for top-level theme. The percentage figure for the top-level themes represents its proportion amongst the total responses for this question. Each of the top-level themes is made of the sub-themes listed below it. The percentage for the sub-themes represents its proportion amongst corresponding top-level theme. The percentages may not total 100% as responses may fall into multiple themes.

Health status

As discussed in topic 2, health status is an individual's or population's overall level of health and wellbeing, taking into account various indicators such as life expectancy, mortality and morbidity.

- Many young people are living with conditions such as anxiety that can significantly impact daily life. As a result, they have to show high levels of resilience, energy and resourcefulness so that they don't experience limitations on their everyday life, such as their ability to engage with school and social networks.
- Although young people are relatively physically healthy compared with other age groups, the transition through the youth stage can be marked by increases in morbidity and mortality, often associated with mental health disorders and the consequences of risk-taking and poor decision-making.
- The majority of mental health and substance use problems begin before the age of 21.

FIGURE 4.3 Mental health problems can often begin in adolescence.

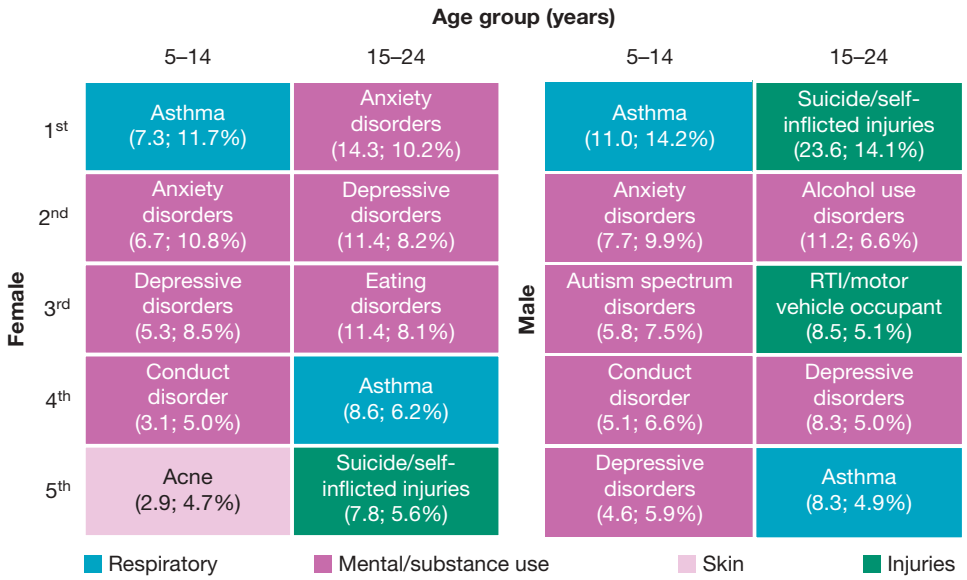


Source: https://ayph.org.uk/young-people-and-their-mental-health-is-there-a-crisis-and-is-it-the-one-we-think-it-is/

The total disease burden for a range of diseases and conditions is different across stages of youth, as well as between males and females, as shown in **FIGURE 4.4**.

int-9310

FIGURE 4.4 Leading causes of total burden (DALY '000; proportion %), by sex and age group, 2022



Health behaviours that affect current and future health

- Some young people engage in behaviours such as smoking and underage drinking.
- Vaping rates are rising.
- Major noncommunicable diseases, such as heart disease and cancer, are affected by lifestyle and behavioural risk factors that are often established during youth. These include patterns of nutrition, physical activity, sleep, obesity, stress and substance use.
- The dramatic changes occurring in the brain during youth mean that patterns of behaviour can become strongly encoded in the brain during this time.
- The development of behaviours during youth can have long-lasting impacts and can even affect the health and wellbeing of an individual's children in the future.

By promoting positive health behaviours, there are opportunities to reduce inequalities between youth. This is also important for future health, as inequalities in youth can lead to a lifetime of health inequality if not addressed.

4.2.2 Contributing factors that affect youth health status

Developmental changes

The youth stage is sometimes referred to as a time of 'storm and stress'.

Challenges can occur for young people as they are developing physically, intellectually and emotionally. This is at the same time as forming identities, building independent social networks and initiating intimate relationships. These developmental changes during the youth stage can provide opportunities for positive or negative changes in health status that are unique to this age group. The youth stage is sometimes likened to engaging a powerful engine before the braking system is fully functional.

Physical development and the brain

As the youth stage progresses, the number of nerve cells in the brain increases dramatically and is then 'pruned back' or reduced so that only the most efficient connections remain. This re-organisation and 'fine tuning' within the brain means that, over time, young people become better at weighing up risk, learning from experience and controlling impulses.

Not all young people are impulsive and most do not engage in high-risk activities. During the youth stage, it's normal to start exercising autonomy and seeking out new and exciting experiences, which are sometimes labelled as 'impulsive'. In the transition to adulthood, impulsive behaviours are often modified by an emerging sense of responsibility.

The intensity of emotions such as passion, love and lust in the youth stage means that strong friendships and relationships often develop. Heightened emotions can contribute to youth:

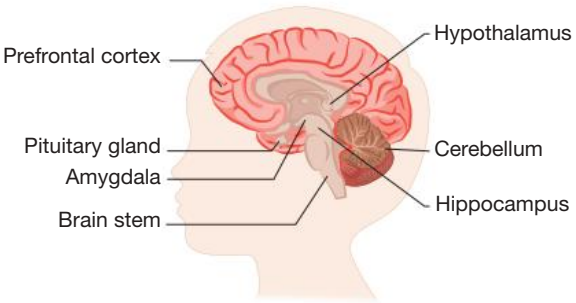
- taking risks with less fear of consequences
- placing less emphasis on negative outcomes
- having more limited attention spans and a different concept of time
- understating risks and overstating the gains of undertaking health-compromising behaviours.

In the youth stage, connections between brain cells are still being formed, and different experiences develop these connections and contribute to more complex thought patterns. Levels of dopamine increase during this stage, which can increase susceptibility to boredom, and impact learning.

It is important that the development of the brain during the youth stage is protected against physical and emotional trauma, as well as excess alcohol, drugs and gambling, as a young person's brain is susceptible to long-term addiction.

FIGURE 4.5 Parts of the brain and their functions

Prefrontal cortex
- Reasoning centre of the brain
- Helps with:
  - planning, risk assessment, organising and decision-making
  - problem-solving, reasoning and judgement
  - delayed gratification, impulse control
  - creativity and perseverance.
- Develops at a slower pace. Last area to fully develop; won't be fully developed until about age 25.



Amygdala
- Emotional centre of the brain
- Develops rapidly
- Helps with:
  - heightened emotions
  - ability to connect with others, to read people and the environment, and to react quickly in response to a perceived threat.

Emotional development

Young people seek more independence, responsibility and autonomy when establishing personal identity, self-esteem, sense of self and coping strategies for dealing with life challenges. This may have either positive or negative impacts. Identity is a sense of knowing who you are, what you believe, where you fit and where you're going. It includes being comfortable and confident in your body, and having **personal agency** and a general sense of wellbeing.

Included in the discovery of identity is the firming of sexual orientation, or sexual, emotional, romantic and affectionate attraction to members of the same sex, the other sex, or both. An increasing number of young people are reporting that they have gender identities or expressions that are different from their gender assigned at birth or from cultural norms. Growing into a gender identity that is different from those around them may increase the likelihood of a young person experiencing confusion, isolation and stress.

Social development

Peer groups become more important, and peer influences are powerful in either positive or negative health risk behaviours, although families remain significant. There is a also a change in the nature of a young person's relationships and youth must learn to balance multiple relationships that compete for their time, energy and attention. For example, they may now have several teachers and perhaps several coaches, each with different expectations and priorities. Relationships and interactions with others are important for wellbeing, social development and identity formation in the youth stage. For example, young people's experiences and social norms around gender, sexuality and intimate relationships provide a foundation for relationships in adulthood.

FIGURE 4.6 Social media has changed the way young people communicate.

Communication technologies enable social bonds in completely different ways: chat rooms, online social networks such as TikTok, Facebook and X (formerly known as Twitter), and online gaming. These technologies have dramatically expanded the size and complexity of social networks. They have changed the way youth relate to one another, increased the amount of time spent staying connected, and redefined the meaning of 'friend'. Screen time has also become a behavioural risk factor for some health issues such as overweight, stress and anxiety.

Challenges can exist when establishing and maintaining more intimate relationships while balancing other relationships with peers and family.

Sociocultural and commercial factors that contribute to inequalities in health status

We know that young people experience unequal outcomes across a range of health issues and health-related risks, from obesity to injuries caused by accidents. Health inequalities emerge as a result of the influence of external factors at this time of developmental change. These factors are sociocultural, commercial and environmental.

personal agency the ability to control your own behaviours and reactions to circumstances beyond your control, even if your actions are limited by someone or something else

social network the relationships an individual has with the people around them

Sociocultural factors

In topic 3, sociocultural factors were explained as the social and cultural conditions into which people are born, grow, live, work and age. As well as the factors you were introduced to in topic 3 (peer group, family, education, income and health literacy), they also include media, cultural background, **social networks**, and social expectations and attitudes.

According to Drug and Alcohol Research and Training Australia (DARTA), the youth stage has always posed risk factors for health and wellbeing — but most young people get through it successfully. However, DARTA suggests that youth today are exposed to social issues and risk factors much earlier. Communication of information through social media is immediate, with no 'wait-time', and worldwide trends and fads spread quickly.

Commercial factors

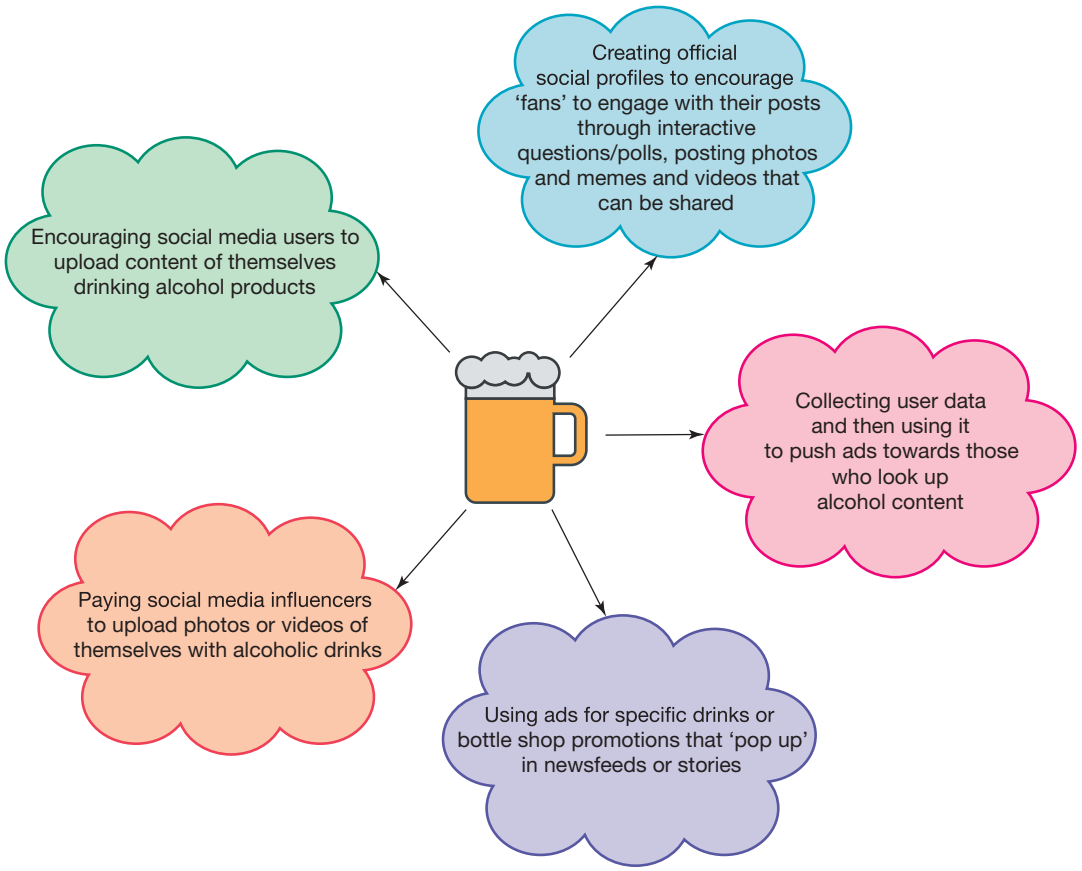
Commercial factors can have an impact on youth health through:

- product design, packaging and labelling, as well as marketing and use of the media for promotion of harmful goods. These include, tobacco, e-cigarettes, alcohol, and unhealthy foods and drinks containing salts, trans fats and added sugars
- online gaming ads in social media and on gaming platforms
- pricing and distribution of harmful goods.

DARTA research shows that youth are often specifically targeted by advertisers when marketing certain products, such as ultra-processed foods, tobacco and e-cigarette products, sugar-sweetened beverages and alcohol. The choices these companies make in the production, price-setting and marketing of products to youth can lead to diseases in later life, such as cardiovascular disease, type 2 diabetes and certain cancers, as well as hypertension and obesity. Young people can be especially at risk of being influenced by advertisements and celebrity promotion of material such as fast-food advertising or flavoured e-cigarette products. Flavoured e-cigarette products are also often sold in bright, colourful packages, individually and cheaply, which can make them even more appealing to youth.

commercial factors conditions, actions and policies of corporate organisations that impact health and wellbeing, either positively or negatively, including packaging and labelling, marketing strategies and the use of media (VCAA)

FIGURE 4.7 Social media marketing of alcohol may use the following strategies to target young adults.



Environmental factors

Environmental factors are the physical features that surround us, which can be natural or built by people; for example, related to urban design and infrastructure or housing. The Dropping Off the Edge feature box below shows the overlap between sociocultural and environmental factors. For example, some young people find access to health services can be influenced by sociocultural factors such as income, health literacy or cultural influences. Their access is also affected by environmental factors such as geographical location of hospitals and youth-friendly health services, or infrastructure for transport or sport.

The Dropping Off The Edge research program uses indicators to identify the most disadvantaged suburbs and local government areas in each state and territory in Australia. Disadvantaged suburbs are characterised by more lone-parent households and social inequalities such as low rates of education and employment, and high rates of rental stress, disability, criminal convictions and poverty. Young people growing up in these disadvantaged communities experience higher rates of **social exclusion** and enjoy few opportunities for improving their circumstances when compared with peers in more affluent suburbs. Young people in these areas also experience higher rates of childhood injuries and domestic violence and lower rates of immunisation.

Young people in disadvantaged communities are not only more likely to live in poverty but are also less likely to have access to sports clubs, libraries and other recreational and arts facilities, which those in more affluent suburbs may take for granted. Their schools are also less likely to offer extracurricular activities that enable young people to engage with others who live in different areas and have different life experiences.

For young people in low-income families, access to these activities is made difficult by not being able to afford registration fees, uniforms and other equipment, or even petrol for transport to the activities.

Affluent suburbs tend to have good opportunity structures — a combination of physical facilities and social networks that provide access to education, jobs and other opportunities. Low-income suburbs often lack these opportunity structures.

The role of health promotion

Health promotion works to prevent the negative influence of sociocultural, commercial and environmental factors on health and wellbeing.

VicHealth states that health promotion involves action to:

- inform people of what they could do to stay healthy
- address the things in the community that influence health and wellbeing the most, so that these can be supported.

Health promotion is supported by healthy public policy from the government. They use a range of methods to enforce restrictions and regulations, and promote better health and wellbeing, such as:

- bans on smoking in public spaces
- age limits for sales of tobacco, vapes and alcohol
- pill-testing programs
- public health campaigns, such as respectful relationships and road safety.

environmental factors physical features that surround us, which can be natural or built by people

social exclusion when an individual is unable to participate fully in social and economic life, such as not having a job, not receiving an adequate income, not getting a good education or not being connected to family, friends and the community

health promotion the process of enabling people to increase control over and improve their health

EXAM TIP

If a question requires you to describe a particular factor that can affect health status or create inequalities, you need to provide a one-sentence outline of the factor and then an example.

A suitable response may be:

'social network' refers to interactions, connections and relationships; for example, *whether a young person is connected to their school, family and peer group.*

TABLE 4.3 A summary of the range of factors that can interact to create inequalities in youth health

Factor	
Family	• Home settings provide: – positive and fair parenting styles that endorse connectedness, and shared norms and attitudes – shared constructive strategies and communication to cope with problems – parental interest in schooling – social support – safe supervision without excessive control or conflict – stability and routine. • Home settings can determine: – academic expectations related to amount, frequency, timing and type of homework – participation in higher education – expectations linked to behaviour, appearance and partners – how to meet different cultural expectations of extended family – ability to balance increased independence, free time and opportunity for decision-making with decreased adult supervision – what is fair and just based on gender, race/cultural background or age – health-promoting behaviour about smoking or vaping, gambling, alcohol and other drug use, relationships and sexual health, gender, culture, and health and response to violence.
Social network	• Capacity for social interaction and to: – maintain a social network of supportive friends – connect to peers at school and community – demonstrate communication and negotiation skills – belong to a peer group that is prosocial in its behaviour – consider longer-term concerns of health and wellbeing more important than peer acceptance – show respect to others whose cultural values, ethnic heritage, age, socioeconomic status, religion, and gender are different from theirs. • Personal relationships that are: – respectful – responsible, trustworthy, safe and allow feelings of attraction and desire to be expressed in appropriate ways and with responsibility for own boundaries – comfortable enough to talk to a partner about sexual activity before it occurs, including limits, contraception and condom use.
Education and income	• Participation in education provides: – opportunities to gain knowledge and skills that promote health and wellbeing and increase health literacy in areas such as nutrition, harm minimisation, respectful relationships and mental health – access to programs, teams, clubs and strategies to optimise relationships and social and spiritual health and wellbeing. • Income level can determine: – economic resources to meet basic needs, education, recreation or leisure activities – housing location, quality and stability – ability to participate in school or community activities that provide further connectedness, relationships and resources.
Media	• Portrayal in movies, television shows, on the internet and in social media of: – risk taking, self-image, body image including attitudes, images, empathy shown – behaviours and attitudes that relate to smoking or vaping, gambling, alcohol and other drug use, tanning, driving, online behaviour – relationships, sexuality, sexual health, gender, culture, promotion of stereotypes, personal or sexual violence. • Frequency and placement of messages that encourage tobacco, alcohol and other drug use and gambling or health promotion campaigns.

(continued)

TABLE 4.3 A summary of the range of factors that can interact to create inequalities in youth health *(continued)*

Health literacy	• A high level of health literacy means: – knowing how to find, use and understand health information and services – understanding medical instructions, awareness of preventative health practices, and health behaviours and lifestyle choices such as avoiding smoking, vaping or consuming alcohol.
Commercial factors	• Deliberate targeting of youth with: – increased availability, lower cost, product design, visual appeal of packaging and labelling for tobacco, alcohol and food products – marketing strategies in print or electronic media advertising for tobacco, alcohol, food products, and gambling or gaming opportunities. • Lobbying by alcohol, tobacco and food organisations to influence governments to make decisions in line with their commercial agendas.
Physical environment	• Access to: – safe surroundings in the neighbourhood, such as parks, secure housing, adequate street lighting and shade – other communities nearby and ease of accessibility to services – social infrastructure such as a range of venues for recreation and socialising, and family-related destinations including schools, medical clinics, shops and facilities for recreation – a community social network that encourages inclusion and equity – activities in the community to develop a sense of purpose, shared identity and ownership – counselling services for mental health, relationships, sexual health, alcohol and other drugs.

4.2 Activity

In small groups, design and conduct a survey to measure the Personal Wellbeing Index of your peers.

Collate the results and present them to the class.

on Resources

Weblinks Adolescent brain development and risk-taking
The adolescent brain
Mission Australia Youth Survey

4.2 Exercises

4.2 Quick quiz on | **4.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3	4, 5, 6	7, 8, 9, 10

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Test your knowledge

1. Outline the benefits of investing in good health in the youth stage.
2. What is meant by 'health inequalities'?

3. Outline an inequality that can occur within youth as a cohort and an inequality that can occur between youth and adults.
4. Identify the reasons DARTA gives for youth today being more at risk.
5. Briefly describe 'family environment' as a sociocultural factor that can affect youth health status.

Apply your knowledge

6. Why is the Mission Australia Survey a valid source of data on youth health?
7. a. Using **TABLE 4.1**, identify an inequality in the health domain of the PWI for young people in 2023.
   b. Describe a factor that might have contributed to the inequality you identified.
8. Explain how a school could be a setting that acts as either a risk or a protective factor for the health and wellbeing of young Australians.
9. Outline how commercial factors could be linked to increased gambling behaviour in young people.
10. Identify a risk or protective factor common among youth and explain how a range of factors may contribute to it.

4.2 Exam questions

Question 1 (2 marks)

Briefly **explain** how youth can be affected by multiple health inequalities.

Question 2 (1 mark)

What is meant by the factor 'health literacy'?

Question 3 (4 marks)

Rafa is new to the school and has made only a few friends as he is quite shy. He is invited to a house party where alcohol is available, and he notices quite a few in the crowd drinking and vaping. He doesn't usually smoke and doesn't know much about vapes, but tries one anyway as they smell interesting. Initially, he decides not to drink as it is against his faith. However, he changes his mind when he sees that most of the people at the party seem to be having a good time. Rafa finds the vapes make him feel sick, but he thinks the beers make him more relaxed and confident. Rafa feels guilty so does not discuss the party with his family.

Using the information provided and your own knowledge, **analyse** the factors that are influencing Rafa's health behaviour.

Question 4 (4 marks)

Top five leading causes of total burden of disease for youth aged 15–24			
Males		**Females**	
1. Suicide/self-inflicted injuries	14.1%	Anxiety disorders	10.2%
2. Alcohol use disorders	6.6%	Depressive disorders	8.2%
3. Road traffic injuries	5.1%	Eating disorders	8.1%
4. Depressive disorders	5.0%	Asthma	6.2%
5. Asthma	4.9%	Suicide/self-inflicted injuries	5.6%

Source: https://www.aihw.gov.au/reports/children-youth/health-of-young-people

a. Use the data above to **identify** a similarity and difference between the top five leading causes of burden of disease for male and female youth. **(2 marks)**
b. **Describe** a factor that could contribute to the difference in burden of disease you identified. **(2 marks)**

Question 5 (4 marks)

According to Mission Australia data, around three in ten young people were '*extremely or very concerned*' about body image (29.0%).

With the use of examples, **analyse** how developmental change and the media are factors that could have contributed to this data.

More exam questions are available in your learnON title.

4.3 Key areas of youth health requiring action and improvement

Key knowledge	Key skills
Key areas of youth health requiring health action, as indicated by health data	• Identify key areas for action and improvement in youth health and wellbeing using research to interpret data • Analyse factors that contribute to inequalities in the health status of youth

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by health action and health literacy • the key areas of youth health that require action.	• interpret data to identify health inequalities • state why health action is required for areas of youth health • link factors to differences in youth health status.

Your task in topic 5 (the next topic) will be to explore an aspect of youth health and wellbeing that requires action and then produce a detailed report, response or presentation. Some of the key areas of youth health and wellbeing requiring **health action** that you can research will be outlined in this topic. These outlines are not intended to provide you with a detailed explanation, but rather just enough information for you to decide which aspect of health and wellbeing you want to investigate.

What is health action?

Health action relates to replacing health-compromising behaviours or environments with health-enhancing behaviours or environments. The intention is to create better health outcomes.

Health action can involve:

- an individual making changes to diet and physical activity routines, giving up smoking or vaping, and improving mental health by reducing stress and improving sleep habits
- programs, laws and regulations by governments and health organisations on behalf of young people.

Individual health action requires **health literacy**. Young people need to be able to understand health information and how they can apply that information to their lives, use it to make decisions and then act on it.

EXAM TIP

If a question asks you to describe the health action that could be taken to address an inequality in health status, you need to briefly explain what health action is and suggest a specific example of someone using knowledge to make a change in behaviour, or seek resources or support to improve outcomes in relation to a health status indicator.

The requirements for health literacy include:

- knowing how to access and share health information
- being motivated to take action
- being aware of people and places that can provide healthcare
- being aware of and accepting signs of reduced health
- identifying and modifying risks
- understanding and evaluating health information
- promoting health-seeking behaviour.

health action behaviour change where health-compromising behaviours are replaced by health-enhancing behaviours

health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)

The next sections will set out the main aspects of youth health and wellbeing requiring health action. These are summarised in **FIGURE 4.8**.

FIGURE 4.8 Key areas of youth health requiring health action as indicated by health data

4.3.1 Mental health and wellbeing

Mental health and wellbeing relates to the current state of wellbeing of the mind or brain, and includes the ability to think and process information. It is important to remember that mental health and wellbeing is not the same as a mental disorder. All people experience a level of mental health and wellbeing but only some people experience a mental disorder. For those who do experience a mental disorder, youth is the lifespan stage in which it is most commonly diagnosed.

Stress

Research shows that young Australian adults are more stressed than older generations. Continued stress can lead to other problems, such as depression, anxiety or burnout. The **stress** response is a physical one: a surge of a hormone called adrenaline temporarily affects the nervous system. Stress is characterised by feelings of tension, frustration, worry, sadness and withdrawal that is of short duration. **Psychological distress** describes unpleasant feelings or emotions that you may have when you feel overwhelmed.

Anxiety

Everyone experiences anxiety at one time or another. It comes from a concern over having a lack of control over circumstances. **Anxiety** is characterised by an uneasy mental state that may be brought on by an actual or perceived threat to the safety and wellbeing of the individual.

stress a response to pressure or a threat

psychological distress relates to unpleasant feelings and emotions that affect an individual's level of functioning

anxiety uneasy mental state

Anxiety incorporates both the emotions and the physical sensations we might experience when we are worried or nervous about something. When anxiety is excessive, persists for many weeks without relief, or interferes with everyday life, an anxiety disorder may be diagnosed.

Social anxiety may cause a young person to avoid social situations because they are concerned about how others see them or about communicating in an unfamiliar group. Panic disorder occurs through a fear that something bad is going to happen and it creates a racing heart, shaking and difficulty breathing.

Depression

Everyone feels sad from time to time, but depression is more than feeling sad. **Depression** is a debilitating condition in which the feelings of sadness or worthlessness continue for an extended period. Depression is a feeling of low mood that lasts for a long time and affects your everyday life, rather than just 'feeling down'. It is a medical disorder with a biological and chemical basis.

Why is it a key area for action or improvement?

Optimal mental health in the youth stage is desirable because it affects how a young person feels, thinks, behaves and interacts with others at a time when they need to build positive social, emotional, and intellectual skills and behaviours.

Additionally, there is a strong link between good youth mental health and wellbeing and good mental health and wellbeing in adulthood. Many adults with mental health conditions have the first onset of mental health problems in childhood or youth, and prevention and early intervention are important in reducing the burden of mental health problems throughout the lifespan.

Inequalities in youth health status

Mental health issues can contribute to morbidity through anxiety and distress leading to poor functioning, depression and self-harm, and it can be a risk factor for mortality as a result of suicide. To illustrate the issue of mental health in young Australians, Mission Australia and the Black Dog Institute included this summary in their report:

- In a group of 100 young people aged between 15 and 19, 24 of those young people are experiencing psychological distress.
- Of those 24 young people, there are more females than males.
- Females were twice as likely as males to experience mental health challenges.
- A higher percentage of young Aboriginal and Torres Strait Islanders than non-Indigenous people met the criteria for psychological distress.

depression extreme feelings of hopelessness, sadness, isolation, worry, withdrawal and worthlessness that last for a prolonged period and interfere with normal activities

FIGURE 4.9 More young people are struggling to carry out their daily activities, indicating that mental health of young Australians is declining.

Source: Mission Australia Youth Survey 2023, p. 8.

Impact on different dimensions of health and wellbeing

Mental health	
Physical	• Increased cortisol (a stress hormone) levels in the body, which can increase heart rate, blood pressure and body weight • Increased feelings of fatigue and irritability, low energy and exhaustion • Panic attacks with heart palpitations, chest pain, shallow breathing
 **Mental**	• Low levels of confidence and optimism • Reduced concentration or inability to relax or be calm
 **Emotional**	• Less able to gain control of anxiety or worry, sadness or pessimism • Less able to feel adequate or happy when undertaking social activities • Reduced resilience
 **Social**	• Feeling restless, irritated or unsure can cause withdrawal or avoidance of social situations or communication with others, increasing social isolation and reducing social networks
 **Spiritual**	• Feeling overwhelmed, out of control or a sense of hopelessness and concern for the future • Reduced motivation to achieve or see meaning in life

FIGURE 4.10 Studies have found that access to and use of mobile devices at bedtime were associated with poor sleep quality, which can lead to mental and physical health and wellbeing problems — things like obesity, poor academic achievement or just daytime sleepiness.

4.3.2 Smoking and vaping

Smoking and vaping during adolescence and young adulthood create concern for the immediate health and wellbeing of a young person, as well as implications for health outcomes across the lifespan from early use of tobacco.

Smoking

Nicotine is an addictive drug inhaled in tobacco smoke. Research has shown that the symptoms of addiction (craving and withdrawal) can begin when youth are smoking as few as two cigarettes a week.

Evidence shows that young people can develop nicotine addiction on average within two months of starting to smoke, with some reporting symptoms of dependence even before they start smoking on a daily basis. Young people using nicotine can harm connections in the parts of the brain that control attention, learning, mood and impulse control.

Vaping

E-cigarettes are battery-powered devices that heat a liquid to deliver vapour that can contain nicotine or flavours. People who use these are said to be 'vaping' and inhale the vapour in the same way as smoking a regular cigarette. Australian surveys show vaping by young people has increased.

According to the Royal Children's Hospital, 'one e-liquid pod can contain as much nicotine as a packet of cigarettes'. In Australia, commercial sale by retail outlets of nicotine e-cigarettes or liquid nicotine for vaping (e-liquid) is illegal.

FIGURE 4.11 E-cigarettes threaten to undermine public health measures to reduce smoking.

FIGURE 4.12 Nicotine has a direct impact on the brain.

The brain on nicotine

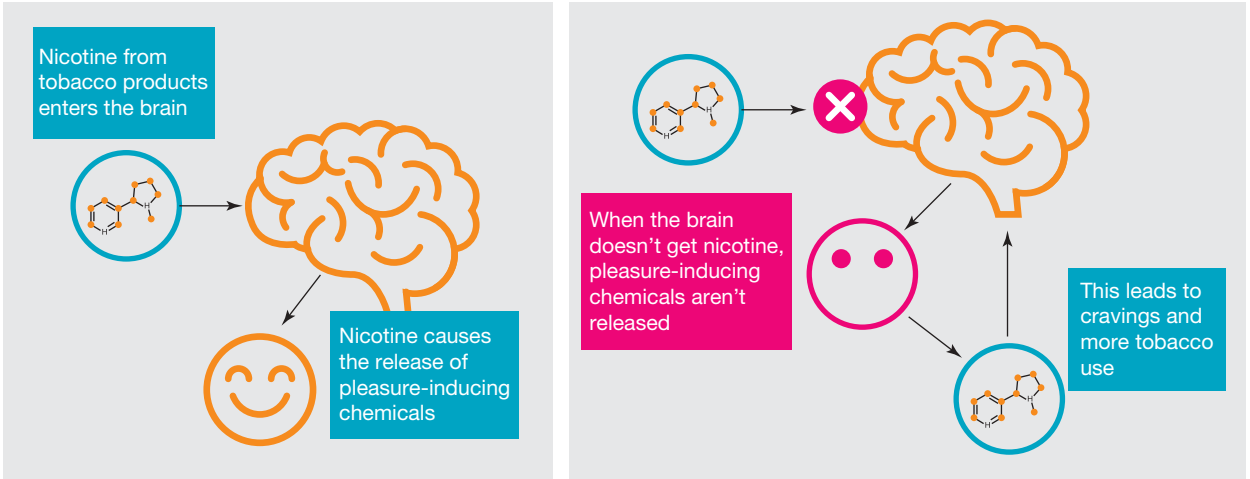
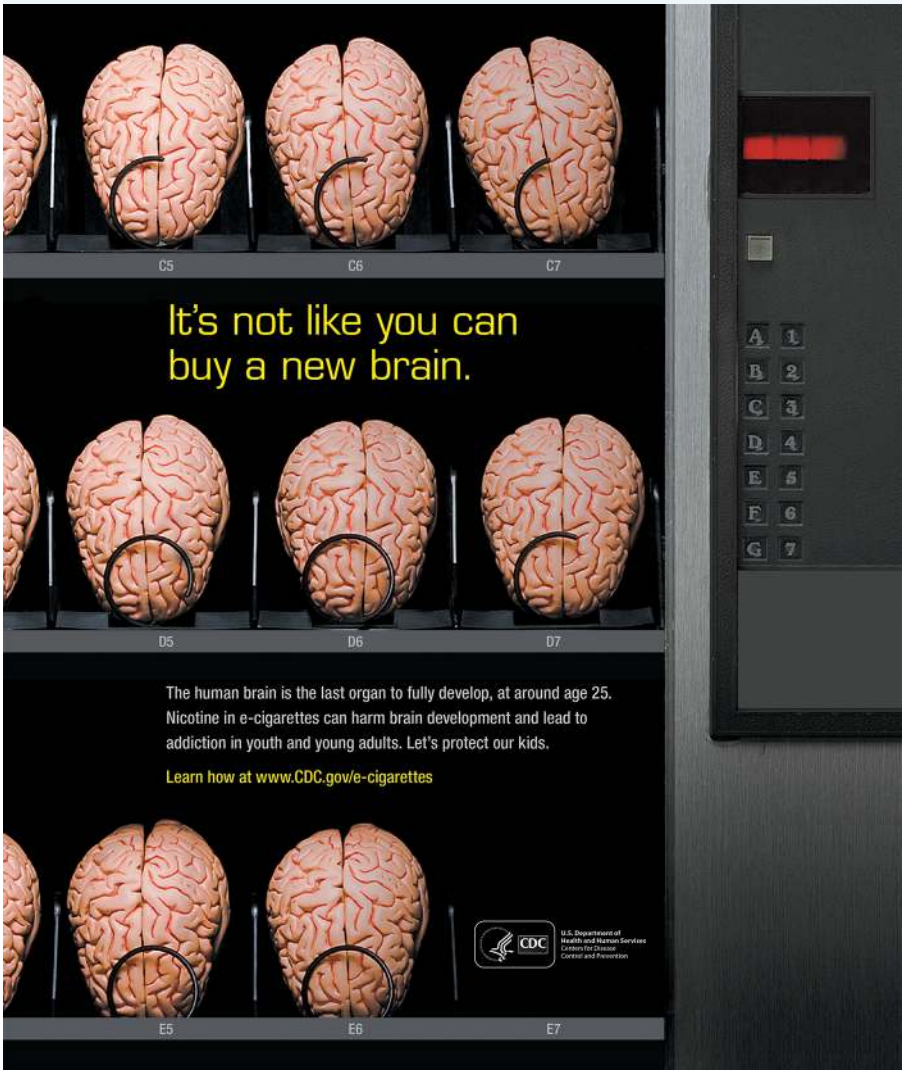


FIGURE 4.13 The rising rates of vaping in youth have caused the US CDC to launch a campaign to address the potential impact of vaping on youth brain development.



Why is it a key area for health action or improvement?

Young smokers are more likely to report suffering poorer health outcomes compared with non-smokers as a result of:

- an increase in the number and severity of respiratory illnesses
- decreased physical fitness
- potential effects on lung growth and function
- potential effects on the structure and functioning of the brain.

Nearly all tobacco use begins during youth and young adulthood; according to the WHO, 80 per cent of adult smokers began smoking before the age of 20, making youth a critical time in the development of tobacco addiction. Nicotine addiction develops rapidly in young people, with adolescent smokers reporting some symptoms of dependence at even low levels of cigarette consumption. Youth can then progress from smoking occasionally to smoking every day, so if young people can remain free of tobacco until age 18, most will never start to smoke.

Inequalities in youth health status

New findings show an upward trend in smoking in 14- to 17-year-olds for the first time in more than two decades, from 2.1 per cent smoking in 2018 to 6.7 per cent in 2022, with vaping increasing from under

1 per cent to 11.8 per cent over the same time frame. The percentage of 14-to 17-year-olds who smoke and vape has increased from 0.3% in 2018 to 4.4% in 2022.

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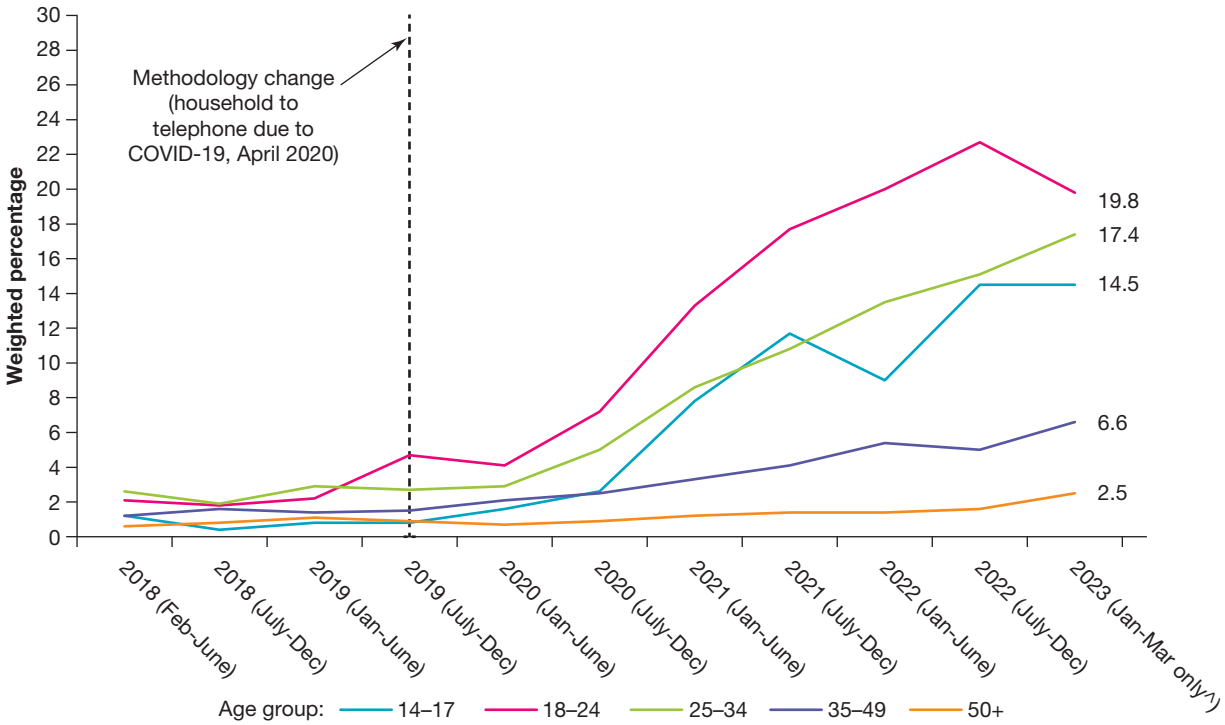
FIGURE 4.14 Six-monthly prevalence of current vaping by age group, 2018–23



Current vaping: used e-cigarettes in the past month. Error bars represent 95% confidence intervals around survey estimates.
^Data for 2023 covers three months only.

Source: Department of Health and Ageing, 2023.

EXAM TIP

When describing a trend shown in data, such as **FIGURE 4.14**, ensure that you describe the movement shown in the graph as either an increase or a decrease — for example, the six-monthly prevalence of current vaping of 18-to 24-year-olds has shown an increase from 2018 (2%) to 2023 (19.8%). It is useful to use the title of the graph in your response and to indicate the data in brackets.

Students who had vaped most commonly reported getting the last e-cigarette they had used from friends (63 per cent), siblings (8 per cent) or parents (7 per cent). Around 12 per cent of students reported buying an e-cigarette themselves.

EXAM TIP

If a question requires you to discuss how a particular factor affects health status or creates inequalities, you need to show an understanding of the factor and health status indicators.

For example, if you are asked to discuss how commercial factors contribute to inequalities in the health status of youth, you need to use examples about packaging, marketing or distribution of alcohol or e-cigarettes and link these to differences in a health status indicator.

A suitable response may be: Advertising on social media for vapes specifically targets youth. This increases their interest and the likelihood of trying vapes, inhaling nicotine vapour, which could *increase morbidity (YLD) through conditions such as asthma*.

CASE STUDY

E-cigarettes: What you need to know as parents

If you, or a parent you know, is concerned about the risks of electronic cigarette use in teenagers, the following information provides you with the facts.

WHAT ARE E-CIGARETTES? Also known as cuvies, stigs and vapes an e-cigarette is in simple terms a device that heats a flavoured liquid (popular flavours include; strawberry, watermelon, peach and creme brulee) to an aerosol which can be inhaled. The device can be disposable (often allowing for up to 600 inhalations) or it can be reusable by refilling the device with e-liquid or a pod (containing e-liquid). Recent data shows an increase in use of e-cigarettes over the past three years, with one in five students aged 16–17, trying e-cigarettes.

HOW DO THEY WORK? E-cigarettes produce an aerosol by using a battery to heat a liquid. This liquid is sometimes called 'e-juice', 'e-liquid', 'vape juice' or 'vape liquid'. The liquid used in e-cigarettes is made up of flavours, chemicals and often contains nicotine. Users inhale e-cigarette aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales it into the air.

WHAT DO THEY LOOK LIKE? E-cigarettes come in a variety of shapes and sizes. They can be as small as a USB and even look like one. They can also look like pens, highlighters or cigarettes.

WHY ARE THEY UNSAFE/RISKY/DANGEROUS? E-cigarette liquid is made up of different chemicals. These chemicals can include:

- Nicotine (although illegal without a prescription in Australia, many disposable devices that youth are using contain nicotine)
- Flavorings such as diacetyl, a chemical linked to a serious lung disease
- Volatile organic compounds
- Cancer-causing chemicals
- Heavy metals such as nickel, tin and lead

Effects of nicotine on youth:

- Nicotine can harm the developing teenage brain. The brain keeps developing until about age 25.
- Using nicotine as a teenager can harm the parts of the brain that control attention, learning, mood and impulse control.
- Each time a new memory is created or a new skill is learned, stronger connections — or synapses — are built between brain cells. Young people's brains build synapses faster than adult brains. Nicotine changes the way these synapses are built between brain cells.
- Using nicotine as a teenager may also increase risk for future addiction to other drugs.

Source: Cancer Council NSW Factsheet e-cigarettes, September 2020.

CASE STUDY REVIEW

1. Using data, identify why e-cigarettes are a key area for health action.
2. Use the information in **TABLE 4.3** to identify the factors that may contribute to young people using e-cigarettes.
3. Briefly explain how e-cigarettes impact youth health and wellbeing.

Impact on different dimensions of health and wellbeing

Smoking and vaping	
Physical	• Shortness of breath • More regular colds or flu • Increased asthma and respiratory infections
 **Mental**	• Smokers are more likely than non-smokers to develop depression over time.
 **Emotional**	• Improves mood as the brain releases dopamine, resulting in feelings of relaxation, reduction of stress and anxiety and a feeling of euphoria. Once the dopamine stops flowing, cortisol levels will rise — and the stress will return.
 **Social**	• Smoke-free venues and dislike of exposure to second-hand smoke now leaves fewer places where a smoker feels comfortable. This can create social stigma and change how others respond to a smoker as well as how the smoker feels about themself. This has been found to lead to social isolation and loneliness.
 **Spiritual**	• Research indicates that over time, people who smoke see their social contact reduce, and they became less socially engaged and lonelier, compared to non-smokers. This may affect their sense of connection and belonging.

4.3.3 Alcohol and other drugs

Youth is a stage during which many people experiment with alcohol or other drugs.

Alcohol

Although it is illegal to sell alcohol to people under 18 years of age, many young people have access to alcohol before they turn 18. For youth aged 18, to reduce the risk associated with alcohol consumption, the Department of Health and Ageing recommends not consuming more than:

- two standard drinks on any day (to reduce lifetime risk)
- four standard drinks on any day (to reduce short-term risks).

FIGURE 4.15 Youth is a stage when many people experiment with alcohol consumption at a time when they will have lower levels of self-control and are less able to identify hazards and dangers.

Many parents believe that serving alcohol at home teaches children to drink responsibly, but research indicates that children whose families refuse to serve them alcohol at home are less likely to drink in other situations.

The belief that all young people drink (despite research indicating that many don't) may cause youth to drink. Many young people believe that drinking helps them fit in, or that without alcohol they won't have the confidence to take part in social situations. Australia has a strong drinking culture, and alcohol is present in many social situations, such as at sporting events. Seeing celebrities or role models drinking can create the assumption that it's a socially desirable thing to do.

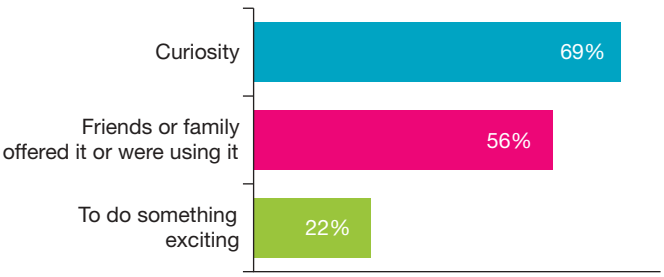
Youth living in rural areas experience disproportionately high levels of alcohol misuse and its associated burden of disease and injury. This may be due to a lack of venues for recreation, attitudes about help-seeking, economic and employment disadvantage, and less access to healthcare professionals and alcohol treatment services.

Other drugs

Many people experiment with drugs during youth. **Illicit use of drugs** can lead to a range of short- and long-term effects on health and wellbeing, such as internal organ damage (including brain damage) and depression.

Some of the common substances used during youth include marijuana, amphetamines (including ecstasy and crystal meth), cocaine and heroin.

FIGURE 4.16 Reasons why people first use drugs



Source: AIHW National Drug Strategy Household Survey 2019.

Illicit use of drugs includes:

- use of illegal drugs
- misuse or non-medical use of pharmaceutical drugs
- inappropriate use of other substances (such as inhalants).

The reasons people give for first trying illicit drugs are shown in **FIGURE 4.16**.

Why is it a key area for health action or improvement?

Youth under the age of 18 are recommended not to consume any alcohol as their bodies and brains are experiencing rapid development; in particular the hippocampus, which is the part of the brain involved in memory and learning, and the prefrontal cortex, which controls planning, judgement, decision making and impulse control. The brain continues to develop through young adulthood up until the age of around 25.

Alcohol can reduce alertness, concentration, coordination skills and problem-solving ability, promote risk-taking behaviours, including self-harm, and increase aggression. Young people under the influence of alcohol are less able to accurately assess risks to their own safety and that of others. This can lead to unsafe sex, physically dangerous behaviour, and driving or getting in a car with someone who is drunk. They will have lower levels of self-control and are less able to identify hazards and dangers. This means they can't assess the consequences of their own (or others') actions as effectively as someone who hasn't been drinking.

illicit use of drugs use of an illegal drug, which is prohibited from manufacture, sale or possession, or the misuse of a legally available drug

binge drinking consuming seven or more standard drinks for males or five or more standard drinks for females in one sitting

Excessive alcohol intake — such as **binge drinking** — during youth is associated with higher rates of injury, death and violence-related trauma, cuts and concussions.

Binge drinking can also affect brain development, such as memory, the ability to learn and verbal skills, and can increase the risk of alcohol-related problems later in life, such as alcohol dependence. Alcohol also increases mental health problems including depression, self-harm and suicide.

Inequalities in youth health status

Alcohol

- In the 2019 National Drug Strategy Household Survey (NDSHS), alcohol consumption at very high levels was more common among younger people than the general population. Specifically, people aged 18–24 (14.6%) were more likely to consume 11 or more standard drinks at least monthly than people in other age groups.
- Alcohol contributes to the three major causes of teen death: injury, homicide and suicide.
- Australian Drug Foundation data suggest that young people (including underage drinkers) living in regional Victoria routinely drink at levels that put them at a high risk of harm compared with those in metropolitan areas.
- The latest Mission Australia survey found that 28.1 per cent of Aboriginal and Torres Strait Islander young people identified alcohol and drugs as an important issue in Australia today, compared with 20.3 per cent of non-Aboriginal or Torres Strait Islander young people.

Other drugs

- In 2019, 9.7 per cent of young people aged 14–17 had used illicit drugs in the previous 12 months — significantly less than in 2016 (10.9 per cent).
- Australian Secondary Students' Alcohol and Drug (ASSAD) survey indicates that cannabis was the most used illicit substance, with 13 per cent of students aged between 12 and 17 having ever used cannabis, and 7 per cent using it in the month before the survey.
- The proportion of 14–19-year-olds who misused pharmaceuticals was 6 per cent in 2023.

Impact on different dimensions of health and wellbeing

Alcohol and other drugs	
Physical	• Alcohol can depress the central nervous system, leading to slurred speech, unsteady movement and an inability to react quickly. • Binge drinking can lead to hangovers, headaches, nausea and vomiting, and shakiness. • Opioids can slow heart rate and breathing, and provide sensations of pleasure and pain relief.
 **Mental**	• Alcohol reduces an individual's ability to think rationally, lessens inhibitions and distorts judgement. • Drugs can alter the balance of chemicals in the brain, which can increase levels of stress and anxiety, and affect concentration levels.
 **Emotional**	• Alcohol can disrupt the balance of chemical messengers in the brain and affect feelings, thoughts and behaviour. • Alcohol slows down how the brain processes information, making it harder to work out feelings and the possible consequences of actions. • Some drugs can make you feel drowsy or emotional; others can make you more alert and excitable or increase mood swings.
 **Social**	• A humiliating drinking incident such as vomiting or passing out can result in ridicule, social exclusion and other forms of bullying. • Alcohol can increase aggression and self-disclosure.

(continued)

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 **Spiritual**	• Alcohol affects the part of the brain that controls inhibition, making a person feel relaxed, less anxious and more confident after a drink. This can lead to behaviour that is not consistent with beliefs and morals.

on Resources

Weblink Alcohol damage video

4.3.4 Relationships and sexuality

During the youth stage, young people learn how to form safe and respectful relationships with friends, parents, caregivers, teachers and romantic partners. This also involves trying on different identities and roles as part of their identity formation. Peers and social networks play a big role; however, relationships with caring adults, including parents or caregivers, mentors or coaches, are also the building blocks for all other relationships.

Relationships

Respectful relationships are ones where young people experience mutual trust, honesty, good communication, understanding and consent. Unhealthy relationships, by contrast, usually have a power imbalance and the absence of consent, mutual trust, compromise or honesty. Topic 8 has more discussion on respectful relationships and signs of unhealthy relationships.

There are both benefits and challenges to relationships. A few of the positive outcomes of youth relationships include:

- enhanced interpersonal skills
- emotional support
- experience for future relationships
- identity formation
- more effective communication
- enhanced self-esteem
- increased feelings of self-worth.

At the same time, potential challenges can be:

- distraction from schoolwork
- isolation from friendship circles
- increased vulnerability to low mood and conflict
- increased risk of partner violence
- sexual health risks.

Results indicate that the use of social media is almost universal and plays a large role in the negotiation and development of sexual relationships. This may involve sending explicit messages and images, most of which appear to occur within relationships. Cyberbullying or sexting involves the use of technology or social media to harass, intimidate or threaten someone. Respectful relationships do not involve someone forcing or pressuring a young person to engage in sexual activity, including posing for sexually explicit photos.

Under Victorian law, using your mobile phone or computer to send, take or download nude or sexual images (photos, videos and more) is a crime if the image includes a person under 18. The law in Victoria says this is publishing, producing or possessing child abuse material. Threatening to send an intimate image of a person to others, if the person believes that you will carry out the threat, may also be a criminal offence.

Sexuality

Sexuality is about your sexual feelings, thoughts, attractions and behaviours towards other people. It can take time to figure out the sexuality that fits you best and your sexuality can change over time. Compared to previous generations, young people today generally have more fluid ideas about sexual orientation. This may be because they feel safer being honest about their sexual orientation as acceptance of the **LGBTQIA+** community grows. Young people today have a greater awareness of different types of sexual orientation and more language to describe it.

Sexual health

Sexual health is not only about sexually transmitted infections (**STI**s) but also about sexual relationships, safety and respect. Youth is often a time of sexual exploration, and this can have both short- and long-term effects on the health and wellbeing of young people.

According to the World Health Organization (WHO), a positive and respectful approach to relationships and sexuality is essential for sexual health, as well as the right to safe sexual experiences, free of coercion, discrimination and violence. The sexual rights of all young people must be respected and protected. Sexual health is not only about sexually transmitted infections but also about sexual relationships, safety and respect.

Unfortunately, many young people use condoms and/or contraception inconsistently. In rural areas, access to condoms is reduced for reasons such as supermarkets not stocking condoms or keeping them under the counter, very limited availability of free condoms, and a reluctance to install or maintain condom-vending machines due to vandalism.

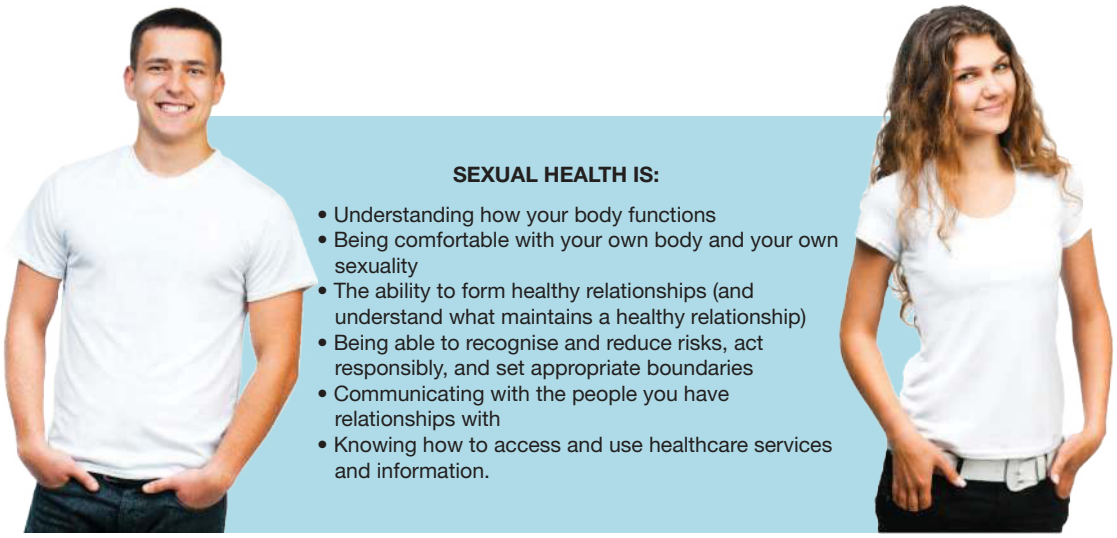
sexuality sexual feelings, thoughts, attractions and behaviours towards other people

LGBTQIA+ acronym for commonly used definitions of people who are not heterosexual: lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual, other

sexual health a state of physical, mental and social wellbeing linked to sexuality

STI sexually transmitted (or transmissible) infection

FIGURE 4.17 Sexual health is not only about sexually transmitted infections but also about sexual relationships, safety and respect.



Why is it a key area for health action or improvement?

The experiences young people have regarding their sexuality can have a significant impact on their health and wellbeing. Sometimes, people are made to feel different, are treated differently or badly because of their sexuality, or have someone in their family or social network that doesn't understand or support their sexuality. This can affect emotional and social health and wellbeing through feeling unsafe or uncomfortable, worried or isolated. Rural youth face barriers to getting help with sexual health concerns, including physical isolation, lack of public transport, lack of specialised services, fears about confidentiality and, sometimes, conservative local attitudes.

However, the National Survey of Australian Secondary Students and Sexual Health found that the internet can give youth access to reliable and confidential information in areas where questions may be too hard to ask.

Inequalities in youth health status

- The Mission Australia Youth Survey results showed that 21.3% of those surveyed indicated that interpersonal relationships were the biggest personal challenge.
- Close to half (52%) of interpersonal relationship challenges involved the respondent's family, while over a quarter (26.5%) had challenges involving their friends.
- Over two-thirds of gender-diverse young people felt they had been treated unfairly due to their gender (68.4%) or their sexuality.
- The 7th National Survey of Australian Secondary Students and Sexual Health (SSASH) 2021 data showed that 24 per cent reported at least one experience of unwanted sex.
- 20.5% of young people felt frightened of their partner in the past 12 months.
- 44.9 per cent of gender-diverse young people said they felt lonely *most of the time* or *all of the time*, almost double that of females (22.9 per cent) and nearly three times higher than males (15.3 per cent) (see **TABLE 4.4**).

TABLE 4.4 Loneliness felt by Australia's young people

	National %	Females %	Males %	Gender diverse %
None of the time	17.2	12.2	24.9	11.0
A little of the time	31.1	30.9	32.9	17.0
Some of the time	30.8	34.1	26.9	27.1
Most of the time	16.6	18.8	12.1	31.2
All of the time	4.2	4.1	3.2	13.7

Base: All respondents. National *n* = 18,991; Females *n* = 10,091; Males *n* = 7,337; Gender diverse *n* = 664
Source: Mission Australia Youth Survey 2023.

Impact on different dimensions of health and wellbeing

Relationships and sexuality	
Physical	• Increased risk of injury if relationships are not respectful or have power imbalance • Increased risk of an STI or unwanted pregnancy
 **Mental**	• Low self-esteem, negative thought patterns, stress, anxiety and depression if not accepted for, or able to express, sexuality
 **Emotional**	• Feelings of low self-worth, sadness or fear can occur if relationship is not respectful or reciprocated.

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Social	• Increased social isolation and reduced social network if unable to make friends with like-minded people and be socially connected • Relationships may not be productive or social networks may be controlled by partner
Spiritual	• Values may be compromised in intimate relationship to please a partner • Sense of belonging reduced if relationships are not productive or respectful

4.3.5 Safety

Safety refers to the condition of being protected from harm, risk, danger or injury. Examples of safety that apply to youth include safety on the road, in the water and the sun, and online.

Road safety

Road safety relates to interventions put in place to reduce the risk of crashes, death and injury caused to individuals as a result of using roads. The over-representation of young people in transport-related accidents can be linked to risky behaviours including speeding, driving when fatigued, and driving under the influence of alcohol or other drugs. Inexperienced drivers have lowered hazard perception, and the still-developing brain, combined with other factors, such as driving an older vehicle, driving at night and the presence of other young passengers, contribute to an increased risk of crashes for young drivers. In rural areas, the roads may be of poor quality, and young people may need to travel longer distances and in less safe vehicles.

Water and sun safety

Water safety refers to reducing harm on and around bodies of water, where there is a risk of injury or drowning. To be safe in or on the water requires swimming ability and familiarity with conditions such as sandbars, rips, shallow water and debris below the water surface when swimming, boating and fishing. The likelihood of risk around water goes up during the youth stage even among strong swimmers, as youth can overestimate their skills and underestimate dangerous situations or undertake other risky behaviour such as diving or jumping into unfamiliar waterways and drinking before or while swimming or boating.

FIGURE 4.18 Researchers are developing wearable items that can tell you when you've been in the sun too long and are at risk of sun damage to your skin.

Sun safety relates to protecting yourself against the risk of sun damage and skin cancer by reducing exposure to solar UV radiation. UV radiation is the most significant risk factor for skin cancer; and is responsible for at least 95 per cent of all skin cancers in Australia. Young Australians who play sport can spend quite a bit of time outdoors in unshaded venues and inadequate use of protective gear such as hats and SPF 50+ sunscreen can add to the risk.

Online safety

Online safety means understanding and identifying risks that exist online and having the skills and knowledge to protect yourself and others from harm. Online safety issues include:

- disclosure of personal information, identify theft or breaches of privacy
- unsafe communications, such as online inappropriate contact, bullying, grooming
- device addiction.

Emerging concerns relate to fake news, the impact of social media influencers and the role that online gaming may play in encouraging gambling habits in youth.

Why is it a key area for health action and improvement?

Young people are over-represented in injury statistics compared with any other age group. Land transport accidents (largely motor vehicle accidents) are the main reason for the hospitalisation of youth. Road traffic injuries, sunburn and drowning are considered to be preventable in most cases. UV radiation is capable of causing skin damage to people who spend just 11 minutes outdoors unprotected. Sun exposure in the first 10 years of life more than doubles the risk of developing melanoma skin cancer. The Cancer Council consider youth to be a priority population group for sun safety as the National Sun Protection Survey found that only 10 per cent of young people slipped on a sun protective top, 38 per cent slopped on SPF30 or higher sunscreen, 38 per cent slapped on a hat, 23 per cent sought shade and 21 per cent slid on sunglasses.

Inequalities in health status

- According to the National Drowning Report 2023, drowning deaths in the 15–24 year age group were mostly among males (83 per cent).
- In Victoria, the data show 18.9 per cent of all hospital presentations for sunburn were older adolescents 15–19 years, the most of any age group, closely followed by young adults 20–24 years (18.46 per cent) and 12.6 per cent for younger adolescents (10–14 years).
- In 2020, the AIHW found that 44 per cent of young people aged 12–17 had had at least one negative online experience in the last six months, 90 per cent of young people reported being a victim of bad behaviour online at some point, and nearly 60 per cent reported emotional or psychological impacts associated with encountering risks online.
- Data from the AIHW National Hospital Morbidity Database in 2023 show rates of hospitalisation and death caused by transport injuries differ between males and females, and between age groups. Sixty-eight per cent of transport injury hospitalisations were male, and young people aged 15–24 had the highest rate.

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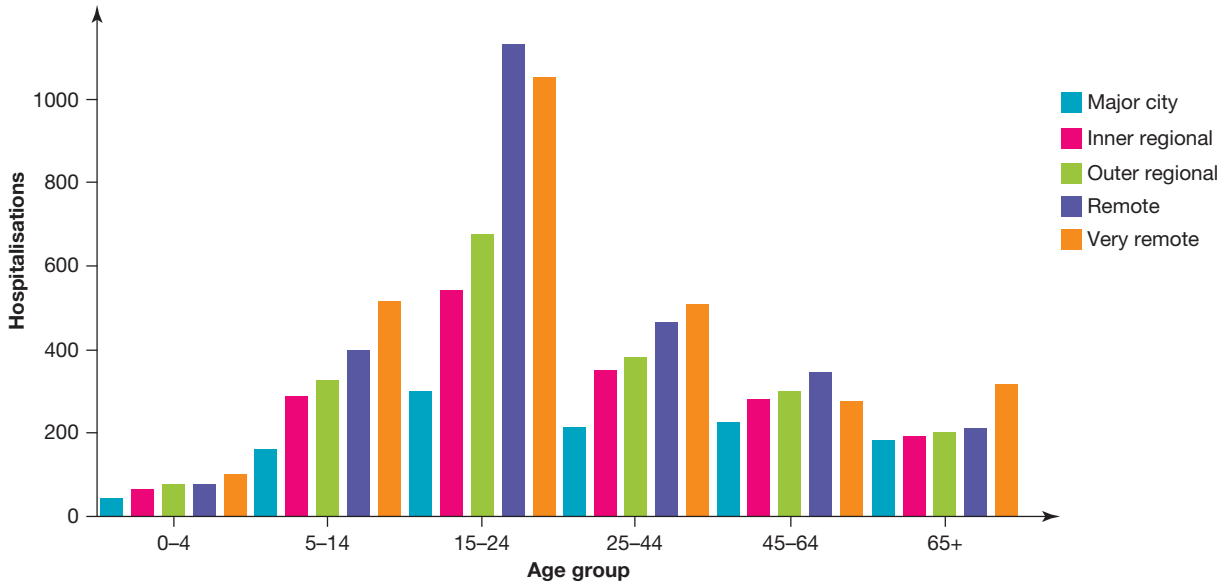
FIGURE 4.19 Transport injury hospitalisations, by remoteness and age group, 2021–22



Source: AIHW National Hospital Morbidity Database.

CASE STUDY

Safe on our roads? Teens and risky driving

A national study of young Australian drivers aged 16–17 has found that 8 in 10 P-platers and more than half of learner drivers had engaged in some form of risky driving during their ten most recent driving trips.

The most common types of risky driving by 16–17-year-olds were speeding and driving when very tired, according to the Growing Up In Australia Longitudinal Study of Australian Children.

Australian Institute of Family Studies Director Anne Hollonds said speeding, drowsy driving and driving under the influence put young people at high risk of being involved in serious crashes.

'Driving without a seat belt, or a helmet if riding a motorbike, also place young drivers at risk of being injured in a crash. The study found that one in five teens who failed to wear a seatbelt or a helmet did so on every trip, suggesting that these behaviours are already a dangerous habit for some young drivers.'

Ms Hollonds said that the most common risk novice drivers took were driving when very tired and speeding at low levels, up to 10 km/h over the limit, or moderate levels, between 10–25 km/h over the limit.

'Risky driving behaviour was, not surprisingly, more common among P-platers than among learner drivers who, with the exception of motorcyclists, were driving under adult supervision,' she said.

'However, one in six learners had exceeded the speed limit by between 10 and 25 km/h on a recent trip and one in four had driven when fatigued — two behaviours commonly implicated in serious road crashes.'

'Around half of drivers who took risks on the road reported that they had only done so on one of their ten most recent driving trips, suggesting that these acts may have been unintentional for some teen drivers.'

'However, a small group took risks on every trip. About one in five teens who failed to wear a seat belt at all when driving — or a helmet if riding a motorcycle — had done so on all of their past ten trips.'

Ms Hollonds said that teens who drank alcohol or used marijuana had a higher likelihood of engaging in all types of risky driving.

'Compared to teens that did not drink or use marijuana, those that did had odds four times higher of drink or drug driving. Alcohol use was also strongly linked with drowsy driving and speeding among 16–17-year-olds, while marijuana use was strongly related to failure to wear a seatbelt or helmet,' she said.

'Lifestyle factors, like having a job, were associated with drowsy driving, with many young people juggling work, study and other commitments and driving at night to get to and from work or to socialise.'

'Teens with high levels of conduct problems, like lying or stealing, had a higher likelihood of engaging in more intentional forms of risky driving, such as driving without a seat belt or helmet or drink and drug driving.'

'Around one in ten teens had also been the passenger of a driver who was under the influence of either alcohol or drugs.'

'Teens who had been a passenger of a driver under the influence were much more likely to drive under the influence themselves, showing that the attitudes and behaviours of parents and friends can have a strong influence on young people's driving behaviour.'

Source: https://aifs.gov.au/media-releases/safe-our-roads-teens-and-risky-driving.

CASE STUDY REVIEW

1. Using data, identify why road safety is a key area for health action.
2. Identify factors that may contribute to poor road safety for young people.
3. Briefly explain how road safety can impact youth health and wellbeing.

EXAM TIP

When discussing the risk and protective factors affecting health and wellbeing, remember the description of each term.

A protective factor is something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk. A risk factor is something that increases the likelihood of developing disease or injury.

For example, the peer group can be either a risk or protective factor. If a peer group has an inclusive culture, they will be protective for health and wellbeing through open group membership and non-discrimination based on sexual orientation or disability. However, the peer group could be a risk factor if it is characterised by violence, racism or antisocial behaviour.

Impact on different dimensions of health and wellbeing

Road safety	
Physical	• Injury such as broken limbs, spinal injury, loss of mobility or brain injury • Eye damage, redness, swelling and discomfort from sunburn • Respiratory problems from near drowning
 **Mental**	• Loss of mobility and hospitalisation from injury or extreme sunburn can increase stress and anxiety. • Reduced optimism for the future with long-term injury or skin cancer • Anxiety related to online bullying or disclosure of personal information
 **Emotional**	• Long-term or more permanent conditions such as paralysis or disabilities can affect mood and cause distress and frustration. • Changes to lifestyle and social connections due to injury or online bullying may affect levels of frustration and resilience.
 **Social**	• Hospitalisation or bed rest at home for long periods of time can make it difficult to socialise with others and form and maintain positive and healthy relationships or have ongoing communication. • Social isolation
 **Spiritual**	• Loss of mobility may reduce social interaction and sense of connection and belonging and sense of purpose. • Experiencing trauma from unsafe online behaviour may reduce sense of belonging and connection.

4.3.6 Gambling

Gambling involves risking something of value, including money, for the chance of winning something of greater value than you risked. The most common forms of gambling are card games at home or school, lottery tickets and scratchy cards, but some youth move from these to more serious types of gambling such as racing and other sports betting. Exposure to gambling occurs on TV and the internet and gambling without money can occur on apps and video games. Access to gambling can occur at any time, day or night through smartphones and tablets so gambling-like experiences can be seen as a normal part of everyday life, including sport. Commercial factors such as gambling advertisements send messages that gambling is fun and a good way of connecting in a social network by encouraging young people to message and chat, bet with friends and share gambling stories.

Why is it a key area for health action and improvement?

Gambling can be entertaining, but if it becomes a problem, it can have negative effects on mental health and physical health. Sometimes it can get in the way of doing homework or leisure or social activities. It can also put a strain on relationships with family and friends. The consequences of gambling can continue to cause negative health, social and economic outcomes in adult life. Teenagers are more likely to develop gambling addictions than older adults because the parts of their brains needed for making good, reasonable decisions have not yet been fully developed. Therefore, they can be more impulsive and less inhibited, and more prone to making poor decisions, which can lead to spending more money than they should.

Inequalities in health status

- Guardian Australia research indicates an increasing number of young people are entering adulthood with depression and anxiety, debt and relationship breakdowns because of gambling in their youth.
- Teens are two to four times more susceptible to developing a gambling problem than adults.
- Males are more likely to have gambling problems than females.
- More young males (48.2%) than females (31.3%) reported playing games with gambling components.
- Youth with gambling problems are also more likely to engage in risky or antisocial behaviour, such as alcohol and drug use, theft and graffiti.

Impact on different dimensions of health and wellbeing

Gambling	
Physical	• Decreased energy levels related to stress, worry or lack of sleep
 **Mental**	• Low self-esteem issues, stress, anxiety and depression related to losses
 **Emotional**	• Initial feelings of satisfaction, fun and excitement can change to sadness and loneliness, difficulty managing emotions connected to losses, mood changes and irritability.

 **Social**	• Initial motivation to share experiences and share with friends can become isolating and reduce social contact, in-person communication and social activity.
 **Spiritual**	• Can reduce meaning and purpose, change interests from participation and enjoyment to winning

4.3 Activity

Use an online polling tool to investigate the health and wellbeing concerns of a small group of your peers and the factors contributing to these health and wellbeing concerns.

With the results, create a podcast, Padlet wall, infographic or visual presentation to create awareness of the health inequalities and their contributing factors faced by youth.

on Resources

Weblinks Vaping and behaviour in schools: What does the research tell us?
Beyond Blue: What is mental health?
Respect your brain
Australian teens 'inundated' with gambling ads
The adolescent brain: a second window of opportunity

4.3 Exercises

4.3 Quick quiz on | **4.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3, 6	4, 5, 7	8, 9, 10

These questions are even better in jacPLUS!

- Receive immediate feedback
- Access sample responses
- Track results and progress

Find all this and MORE in jacPLUS

Test your knowledge

1. What is health action?
2. Outline why optimal mental health and wellbeing is important in the transition to adulthood.
3. Why is alcohol use of particular concern in the youth stage?
4. Explain why sexual health is not only about sexually transmitted infections.
5. What is meant by 'Young drivers are over-represented in transport-related accidents'?

Apply your knowledge

6. Justify why smoking requires health action.
7. Outline how the media may influence relationships and sexual health.
8. Discuss how commercial factors may be influencing youth gambling behaviour.
9. Identify three ways the media may have an impact on youth relationships and sexual health.
10. Research by Western Sydney University (2021) explored young people's opinions about online safety. One of the aims young people identified was: 'Importantly, we want balance between independence and

guidance — because our need for protection changes as we get older, and we need to take risks so that we can learn and grow. We also want balance between freedom and protection — because being safe should not stop us from exploring all the opportunities that being online can offer.'

a. Identify the risk factors that can make online activity unsafe for young people.

b. Identify the positive impact that safe online activity can have on their health and wellbeing.

4.3 Exam questions

Question 1 (4 marks)

The Mission Australia Survey asked young people to rate their general mental health and wellbeing on a 5-point scale, ranging from excellent to poor.

- One in three (32.4%) rated their mental health and wellbeing as excellent (10.4%) or very good (22.0%).
- Close to two in five (37.7%) selected either fair (25.4%) or poor (12.3%).
- Close to two in five (38.6%) gender-diverse respondents rated their mental health and wellbeing as poor, over double that of females (14.1%) and five times higher than males (7.0%).

a. Use the data above to **identify** one health inequality. **(1 mark)**

b. **Identify** and **describe** one factor that may be contributing to this data. **(2 marks)**

c. **State** why this key area of youth health needs action. **(1 mark)**

Question 2 (2 marks)

Use vaping as an example to **explain** why taking health action requires health literacy.

Question 3 (3 marks)

Discuss how cultural traditions could contribute to health inequalities in Australia's youth as a result of alcohol use.

Question 4 (4 marks)

In Victoria, the data show 18.9 per cent of all hospital presentations for sunburn were older adolescents 15–19 years, the most of any age group, closely followed by young adults 20–24 years (18.46% years) and 12.6% for younger adolescents (10–14 years).

Analyse how a combination of environmental and sociocultural factors may account for this inequality.

Question 5 (3 marks)

Explain how expectations and attitudes young people experience may influence their health status in relation to sexual health.

More exam questions are available in your learnON title.

4.4 Factors that influence creation, implementation and access to programs that target youth health

Key knowledge	Key skill
Government and non-government programs relating to youth health and wellbeing	Analyse factors that influence the creation and implementation of, and access to, programs that target youth health such as equity, social justice, community values and funding

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:

- what is meant by equity and social justice
- examples of community values
- why health promotion programs are important to youth health.

You need to be able to:

- describe equity, social justice and community values
- explain why equity, social justice and community values are considered when creating and implementing youth health programs
- analyse health promotion programs for funding, equity, social justice and community values.

Health and wellbeing is created when:

- we can make health-promoting choices
- we have control over our life circumstances
- we are connected to a society in which conditions support health and wellbeing.

Many young people living with health conditions do not seek or receive help. Barriers can exist for youth when seeking help for their health and wellbeing.

These barriers can include:

- stigma and embarrassment
- poor health literacy
- desire for self-management
- issues with confidentiality and trust
- feelings of hopelessness
- previous negative experiences when seeking help
- lack of money if there is a cost for services
- distance from services
- cultural needs.

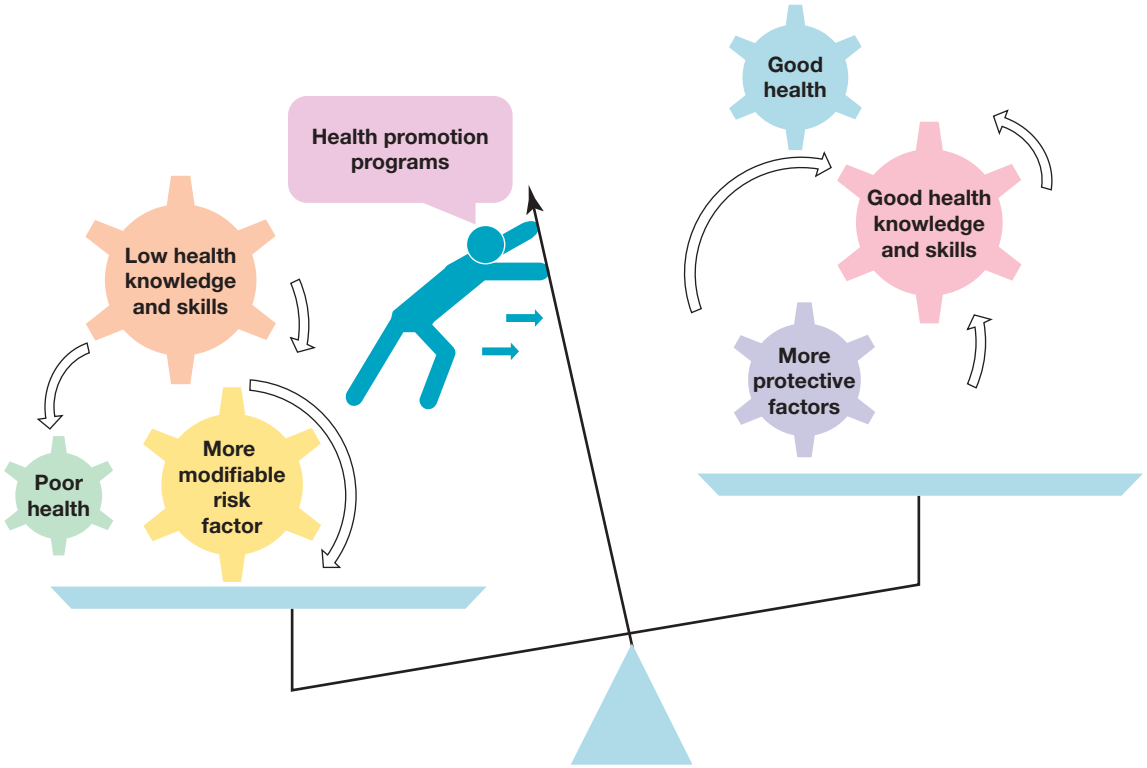
Health inequalities can be more easily avoided or overcome by empowering and supporting young people to adopt or continue health-promoting behaviour.

This requires:

- increasing awareness of protective factors through **health promotion programs**
- strengthening protective factors through government action or by early intervention
- personal health literacy
- equity
- social justice.

health promotion program program aimed at engaging and empowering individuals and communities to choose healthy behaviours, and make changes that reduce the risk of developing chronic diseases

FIGURE 4.20 Health promotion programs can tip the balance in favour of better health outcomes.



When creating and implementing youth health promotion programs, there is usually a focus on only one health area of concern at a time. It is also critical to focus on equity and social justice. Positive changes are most achievable for people who have minimal social barriers. If programs are designed to just encourage a behavioural or lifestyle change without considering the barriers some young people face, it could increase health inequalities rather than reduce them.

Health promotion programs

Youth health promotion programs are designed to engage and empower young people to take action to improve their health through:

- increasing their awareness, knowledge, attitude, skills and behaviour
- providing supportive environments with opportunities to begin, change or maintain health behaviours
- provide support to counter sociocultural and commercial factors and behaviours such as tobacco, alcohol and other drugs or violence, which contribute to the development of chronic disease and injury.

4.4.1 Equity

Health equity is achieved when everyone can attain their full potential for health and wellbeing.

Equity addresses the factors that cause inequality and provides strategies to ensure fairness. To do this requires efforts to address socioeconomic, environmental and commercial barriers to health and healthcare, and remove preventable health inequalities. Equity takes into account the effects of things such as **discrimination** and aims for an equal outcome. Equity is not about treating everyone equally but rather providing what individuals or groups require for health and wellbeing (VCAA).

Examples of equity for the health of young people include:

- providing low-cost or no-cost, basic healthcare services
- providing mobile health screening opportunities to those in rural areas
- offering free youth health seminars.

Health promotion programs aim to promote equity and reduce inequality through empowering individuals and communities. They aim to help people to increase control over the factors affecting their health — both on an individual level and within the society and environment in which we live. This means that the health promotion program resources are NOT distributed evenly or equally but are distributed in such a way that promotes equity for young people. That is, more is given to young people who need more in order to achieve the same health outcomes.

4.4.2 Social justice

Social justice relates to fairness within society. In socially just communities, issues like discrimination are not allowed to thrive. Social justice looks at inclusion and exclusion. A socially just society is necessary for health and wellbeing and cannot be achieved without the principles of:

- human rights, where society protects, respects and promotes everyone's human rights
- access, where everyone in society has access to equal opportunities and the resources they need to thrive, including the prerequisites for health and wellbeing such as food, income and education
- participation, where everyone in society is encouraged to participate in their community and to have their voice respected
- equity, which addresses the factors that cause inequality and provides strategies to ensure fairness (VCAA).

Aiming for social justice means upholding the right to health and seeking accountability in governments, corporations and individuals.

health equity when everyone can attain their full potential for health and wellbeing

equity the absence of unfair, avoidable or remediable differences

discrimination when a person or group of people is treated differently from other people, often as a result of factors such as race, religion, sex, sexual orientation or gender identity

social justice fairness in society

Social justice is a prerequisite for health, and a key component of health promotion. Good public health outcomes for young people can't be achieved without taking action to make sure all youth in a community have equal opportunities to thrive and succeed. This means that health promotion programs must have a social justice lens.

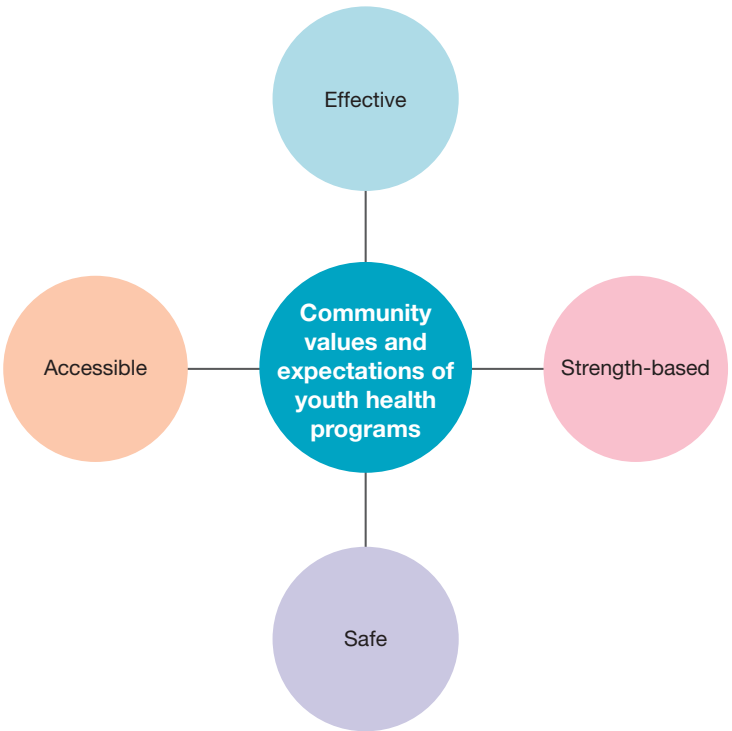
Equity means that disadvantaged groups are targeted to improve their quality of life and achieve minimum standards of living, whereas social justice represents equal rights for all, regardless of personal traits such as sex, class and income, ethnicity, religion, age or sexual orientation.

4.4.3 Community values

As adults of the future, youth are an essential part of our communities. Other members of the community, such as parents, business owners and government representatives therefore all have a stake in youth health and wellbeing.

The Australian Medical Association states that the provision of services promoting the health and wellbeing of young people is an investment, not a cost. This is because the health and wellbeing of young people shapes the future health and wellbeing of adults. Promoting optimal youth health and wellbeing, or at least tackling health and wellbeing issues in the youth stage, is socially and economically more effective than dealing with chronic problems in adulthood. To achieve this, the community expects that programs will be developed that allow youth to take action in a variety of settings based on accessible and appropriate information and resources.

FIGURE 4.21 Community values that create expectations about youth health and wellbeing services and health promotion programs



Community values and youth health promotion programs

The **values** people have can be seen in the choices they make and the expectations they have about their daily lives, government and society. The community expects that health and wellbeing programs will improve the capability of young people to

values judgements about what is important in life

take control of their lives and improve their health and wellbeing. This can be encouraged through environments that develop health literacy and empowerment, and promote protective factors.

It is common for the community to call for a health and wellbeing concern to be included in the school curriculum. Reducing the incidence of childhood obesity, implementing first aid courses, sex education, driver education, respectful relationships and sexuality, and preventing youth pregnancy have all been included or suggested as mandatory parts of the national school curriculum. This is because health promotion programs in schools and in the community improve health literacy.

Community values about youth health and wellbeing can be seen in the creation and implementation of youth health promotion programs, and they include the following:

- Programs should be developed and delivered to provide treatment, services, resources and information when and where young people need them. They should produce a benefit and achieve desired outcomes for health and wellbeing. They should also increase skills and risk management according to youth needs and concerns and have a positive impact on health status or health and wellbeing; they should be **effective**.

- Programs should be implemented in a way that puts young people at the centre of the service or program and enable resilience, help-seeking behaviour, control over and improvements to health and wellbeing. They should also advocate for positive outcomes, communication skills, increased self-esteem and self-acceptance so that youth are empowered; they should be **strength-based**.

- Programs should be implemented in a non-judgmental, confidential and respectful way, which is critical to ensuring a feeling of security and being cared for is created. Healthcare providers should consult with young people regularly about their services to make sure that their information is understandable by youth; they should be **safe**.

- Programs should be implemented fairly without discrimination based on country of birth, cultural heritage, language, gender, religious belief, age or socioeconomic, educational or family background. There is an expectation that waiting times, hours and information will be appropriate for youth; they should be **accessible**.

Sometimes there is reluctance in the community to fund programs related to sexual health or harm minimisation in relation to drug use, because of the fear that it is seen as approving of and promoting this type of behaviour.

4.4.4 Funding

Australia has a good health system and is ranked 20th in the world for per capita expenditure on preventive health (Department of Health). But, unlike medications through the PBS and health services through Medicare, there is no single source of funding for health promotion. Programs are funded by federal, state and local governments as well as community organisations.

Australia has an excellent record of accomplishment in disease prevention and health promotion. Memorable campaigns such as 'Slip Slop Slap' and 'Every cigarette is doing you damage' are examples of population-targeted health promotion. However, spending on preventive health is still low. In 2018–19, 2 per cent of total health expenditure was spent on public health and prevention, so financial commitment to health promotion remains small compared with medical services that focus on the diagnosis and treatment of health conditions.

Health promotion prevents the causes of ill health rather than focusing on treatment and cure. It keeps people out of hospital, reduces the burden on overstretched health services and allows people to live healthier, more productive lives.

community values judgements about what is important to or good for a community

Up to 38 per cent of the burden of disease could be prevented by reducing risk factors such as being overweight or obese or physically inactive, smoking, and alcohol and other drug use. According to the Australian Health Promotion Association, every $1 invested in health promotion can save over $5 in health spending and yet, for every $100 in health spending, health promotion receives 40 cents.

In late 2021, the Australian Government Department of Health launched the National Preventive Health Strategy 2021–2030 which provides a long-term approach to prevention in Australia. It outlines that the investment in preventive health will rise to be 5 per cent of total health expenditure across Commonwealth, state and territory governments by 2030.

FIGURE 4.22 Should health funding go towards prevention of ill health or to the treatment of ill health?

4.4.5 Government and non-government programs

Government agencies provide resources and programs to assist youth in taking health action.

The state and territory governments in Australia have primary responsibility for community and public health, and mental health and wellbeing programs. They often initiate programs that are implemented by non-government organisations using government resources and funding. For example, the Victorian Anti Bullying and Mental Health Initiative, a new $9.5 million investment to put a stop to bullying in schools, has elements implemented by the Alannah and Madeline Foundation, as well as the Melbourne Football Club.

With its proximity to local youth, local government could be a potentially powerful advocate on youth issues to state and federal governments. This could involve leading debates and engaging people in shared decisions about both local and global issues.

Community program organisations are non-government, non-profit organisations that are well placed to address specific health-related issues with a focus on equity and social justice. They provide support in the form of skills, information, resources and a network of people who can provide practical support and listen to the issues. They often receive government funding to achieve mutually agreed outcomes. Some examples of government, non-government or community programs designed to address key areas of youth health are outlined below.

FIGURE 4.23 Quit Victoria's 'See through the haze' program encourages youth to find out what is in their vapes.

Smoking and vaping — QUIT 'See Through The Haze'

Studies reveal many Victorians are still unaware of the risks associated with vaping. While 67 per cent of Victorian adults disagree that the dangers of vaping have been exaggerated, a third are unsure or think otherwise. Also concerning is that one in five (19 per cent) Victorian adults agree or are not sure whether e-cigarettes do not contain dangerous chemicals.

Lack of community awareness about the many poisonous chemicals in e-cigarettes, coupled with dramatic increases in vaping prevalence, prompted Quit, in partnership with the Department of Health and VicHealth, to fund a new initiative in 2023. Quit is a program of Cancer Council Victoria, an independent, not-for-profit organisation.

The new government-funded 'See Through the Haze' program is available in multiple languages. It aims to inform potential users of e-cigarettes about the many chemicals they contain, prevent vaping uptake and/or support vaping cessation. The campaign message is implemented through multiple languages in videos and an online hub.

- The 'See through the haze' campaign targets 14- to 39-year-olds. The campaign provides access to footage of a young person vaping around friends. The person exhales a cloud of aerosol, which gradually morphs to display icons representing objects containing chemicals that are also in e-cigarettes — the same as those found in biofuel, paint thinner and bug killer.
- An online hub called 'Get the facts on vaping'. It provides parents with guidance to start conversations with young people about e-cigarettes, advises on how to know if their child is vaping, and provides access to additional resources for support.

Alcohol and other drugs — ADF Local Drug Action Teams

The Australian Drug Foundation is a non-government, not-for-profit organisation that aims to minimise alcohol and drug harm. The ADF Local Drug Action Team Program is funded by the Australian government and is being implemented across Australia. The Local Drug Action Team (LDAT) Program was created to support communities to work together to prevent and minimise the harm caused by alcohol and other drugs. There are now 280 Local Drug Action Teams across Australia.

The ADF works with LDATs to help them build or extend local partnerships and develop and deliver evidence-based activities at a community level. Each new community LDAT receives $10 000.

An LDAT is a group of organisations who form a partnership to address alcohol and other drug (AOD) issues in their local community. The program emphasises building 'protective factors' in the community, working to prevent alcohol and drug issues starting in the first place.

LDATs must have a lead organisation for governance purposes, as well as at least two community organisation partners. This can be any mix of schools, educational institutions, health workers, police, community organisations, businesses or local government who unite to drive a community-led response focusing on AOD prevention.

Road Safety — TAC Safer P-Platers

Disturbing crash statistics showing Victorian P-platers are 30 times more likely to be involved in a crash prompted the creation of a youth road safety campaign — Safer P-Platers.

The Safer P-Platers program was implemented through a website with sections on night driving, drink driving, peer pressure and bad weather that cover an explanation of the risk and suggestions about how parents can support young drivers. The TAC is a government-owned organisation, funded through the TAC charge, which is a component of the payment made by Victorian motorists when they register their vehicles each year with VicRoads. VicRoads was a key contributor to this campaign, alongside the RACV.

FIGURE 4.24 The TAC website contains a message to parents: 'Everything you need to get through the red together'.

It provides access to information that supports motivation and knowledge for parents through the 'Let's get through the red together' e-learning module.

Sun safety — The SunSmart program

The SunSmart program is implemented by Cancer Council Victoria, an independent, not-for-profit organisation that receives funding from the Victorian government. It is a world-leading program that uses mass advertising campaigns and media strategies to help people know when they need sun protection. SunSmart continues to be an effective campaign, encouraging Australians to 'Slip, Slop, Slap, Seek, Slide' during sun protection times (when the UV index reaches 3 or higher). This involves a combination of sun protection measures:

- *Slip* on covering clothing
- *Slop* on SPF30 or higher, broad-spectrum, water-resistant sunscreen
- *Slap* on a broad-brimmed hat
- *Seek* shade
- *Slide* on sunglasses.

SunSmart has transformed this effective campaign into the SunSmart Global UV app. Mobile apps can be effective at circulating tailored sun protection messages to youth as they regularly use social media for seeking and sharing health information. The SunSmart Global UV app is free and available in eight languages: English, French, Spanish, Dutch, Chinese, German, Italian and Russian. It provides UV and sun protection alerts each day, with an option to create unique alerts that suit a young person's schedule and location, and a seven-day forecast of sun protection times and weather information.

To remind Victorians of the importance of sun protection habits over summer in 2024, SunSmart has also launched Victoria's 'Don't Let Cancer In' campaign, supported by the Victorian Department of Health.

FIGURE 4.25 The importance of sunscreen, hat and sunglasses are part of the Slip, Slop, Slap, Seek, Slide message.

on Resources

Digital document Safer P-platers worksheet (doc-41356)

Weblinks Safer P-platers
Mt Clear College students tackle youth vaping with video series
See through the haze

Featured program

Mental health — Live4Life

Live4Life	
What factors influenced its creation?	The Live4Life initiative was developed as a community-wide response to a reported increase in depression, anxiety, self-harm and suicide in the Macedon Ranges Shire, particularly in 13- to 14-year-olds.
How is it funded?	Youth Live4Life was established in 2015 and is a registered charity that receives some funding through government grants, as well as through donations and fundraising. In 2023, Youth Live4Life secured a $871 163 federal government grant to expand its award-winning youth mental health and suicide prevention program Live4Life interstate.

(continued)

(continued)

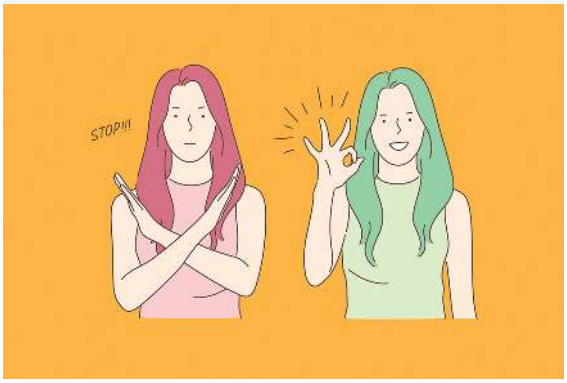
Live4Life	
How is it implemented to build health literacy?	• Youth Live4Life is being implemented to address the following factors: – barriers that prevent young people from seeking help – mental health stigma – awareness of local professional help – mental health knowledge of secondary-school-aged students, teachers, parents, carers and community members. • Implementation is building resilience through training local community members to become ***Accredited Youth and Teen Mental Health First Aid*** (MHFA) instructors to deliver the Youth MHFA course to teachers, parents, carers, first-responders and community leaders. • There is also the delivery of two age-appropriate Teen MHFA courses to all Year 8 and Year 11 students in the local areas.
How is it implemented to reflect community values, equity and social justice?	**Community value — effective** • Delivers resources and information that make communities more networked and resilient • Increases skills and knowledge based on youth needs and concerns about mental health • Has achieved a desired outcome in that more than 9 in 10 young people are having conversations about mental health with someone else and 65 per cent of young people found Live4Life useful that year; 75 per cent expect it to be useful in future • Has improved help-seeking skills, as 1 in 4 senior students have sought support for their mental health and 3 in 10 senior students have sought support on behalf of a friend • Has improved accessibility and reduced stigma around mental health, as adults say they are far more confident to support a young person with a mental health need (82 per cent feel confident after the training, up from 32 per cent). **Community value — strength-based** • Puts young people at the centre of the service or program, as student representatives from Years 9 and 10 from each participating local school are able to express interest in joining a local Live4Life Crew. • Creates youth advocates who are engaged, active and invested in the mental health education and literacy of their peers and wider community. They become mental health advocates and Live4Life ambassadors. The Crew provides young people with the opportunity to be leaders in their local area, and to advocate for mental health support and education in an ongoing and empowering way with improved communication skills, increased self-esteem and self-acceptance. **Community value — safe** • The use of youth advocates means others will have a greater feeling of security and being cared for and feel that their rights are being respected. **Community value — accessible** • It is common for the community to call for a health and wellbeing concern to be included in the school curriculum. The program delivers youth MHFA courses to all Year 8 and Year 11 students in the local areas. **It promotes equity** • Live4Life is the only mental health education and youth suicide prevention model designed specifically for rural and regional communities. **It promotes social justice** • The initiative adopts a whole-of-community approach to increase knowledge, reduce stigma and improve mental health and wellbeing service pathways appropriate for youth.

Relationships and sexuality — YACVic 'Yeah, Nah'

In 2022 the Victorian Government allocated $3.5 million to the Supporting Young People to Understand Affirmative Consent Program to provide young people with an early understanding of affirmative consent and how they can and must seek it as they become sexually active.

The implementation of the 'Yeah, Nah' program is through the Youth Affairs Council Victoria (YACVic) who will train young educators to design resources and workshops and lead affirmative consent education in communities across the Mallee and Eastern Metropolitan Melbourne. YACVic is the peak body and leading independent advocate for young people aged 12 to 25 and the youth sector in Victoria. Established in 1960, YACVic advocates for the rights of young people in Victoria to ensure they are active, visible and valued in their communities.

FIGURE 4.26 Consent must be freely given, reversible, informed, enthusiastic and specific.



The aim of the 'Yeah, Nah' program is for young people in rural and regional communities to have greater agency and control over sexual health-related issues and to build the capacity of young people to understand affirmative consent, including respect and empathy in healthy relationships. Using young people in the implementation of a program about consent education will make it meaningful, accessible and relevant.

YACVic partner agency Youth Disability Advocacy Service (YDAS) is supporting 'Get the Go-ahead' by Women's Health East, which will educate and empower disabled young people on their rights and awareness around consent.

EXAM TIP

If a question asks you to explain how a community value has influenced the creation or implementation of a health promotion program, you need to identify the value and outline its meaning and then give an example of how it could relate to a program.

For example:

Effective — the program should be focused on achieving the best possible outcomes for young people. Safer P-Platers is directed at young people in the first year of driving, which is likely to decrease risk at the time of greatest likelihood of road traffic accidents and injuries as shown by data.

CASE STUDY

Man Cave

Suicide is the leading cause of death for men aged 15–44. Sometimes, as a rite of passage, boys can be involved in risk-taking behaviour such as binge drinking or objectifying women to prove their masculinity.

The Man Cave program was created based on the belief that it is necessary and possible to limit toxic masculinity and reduce rates of anxiety and depression that often lead to the prevalence of suicide and domestic abuse. The program is funded through private donations.

The Man Cave program is implemented to support the psychological and emotional development of a boy, so he can become a healthy young man. Through workshops in schools, boys are hopefully equipped with the attitudes, beliefs and behaviours necessary for them to build respectful relationships through creating their own unique version of healthy masculinity. To do this, they consider how gender norms have shaped their perspectives, explore their personal identity, unique strengths and what their values are.

The Man Cave program consists of workshops in schools that use diverse male and non-binary facilitators to increase understanding and awareness of:

- how gender stereotypes impact attitudes and behaviour
- how to constructively express thoughts and feelings
- their values and strengths
- tools and resources to support their personal wellbeing
- what defines a respectful relationship, especially with women
- the quality of their own relationships
- the impact of their words or actions on others
- how to empathise with each other's personal stories
- how to manage and resolve conflict without violence.

The program is also involved in:

- professional development for educators
- school consulting
- Movember SpeakEasy workshops
- impact and research
- STUFF™ personal care products — buying STUFF helps fund Man Cave mental health programs.

CASE STUDY REVIEW

1. Identify the key area of health requiring improvement that the program aims to address.
2. Identify the factors that have influenced the creation and implementation of the Man Cave program.
3. Analyse how the Man Cave program supports the values of equity and social justice.

4.4 Activity

With a partner, trial the SunSmart Global UV app and write an evaluation of its likely effectiveness in improving youth health status.

on Resources

Weblinks eSafety
SunSmart
ADF
QUIT
Gambling Help Online
headspace

4.4 Exercises

4.4 Quick quiz on | **4.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 8, 9	5, 6, 7, 10

These questions are even better in jacPLUS!

- Receive immediate feedback
- Access sample responses
- Track results and progress

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Test your knowledge

1. Identify the barriers that young people can face when trying to access health services.
2. What are the characteristic actions of youth health promotion programs?
3. With the use of an example, explain the meaning of equity in relation to youth health.

4. Why is funding health promotion a good investment?
5. Explain the value 'strength based' that the community expects to be upheld in youth health promotion program delivery.

Apply your knowledge

6. Justify the focus on parents in the Safer P-Platers program.
7. Explain why local drug action teams would be well placed to improve youth health and wellbeing.
8. Explain how the 'Yeah, Nah' program could decrease inequalities for young people related to their sexual health.
9. Justify why the 'Yeah, Nah' program is considered to be strength-based.
10. DrinkWise is a not-for-profit organisation funded by major Australian alcohol producers and retailers. It states their primary focus is on bringing about a healthier and safer drinking culture in Australia. The website has a dedicated area for under 18s, which includes a range of articles to cover topics including the laws surrounding underage drinking, what to do if someone has consumed too much alcohol, and how to plan an alcohol-free party. The website includes an interactive tool that youth can use to learn exactly how alcohol impacts parts of the body, such as the brain, liver and reproductive system. Public health research and advocacy communities are sceptical about the likely effectiveness of their program.

    Debate the effectiveness of DrinkWise as a way to reduce youth alcohol use.

4.4 Exam questions

Question 1 (1 mark)
Briefly **outline** what is meant by 'accessible' as a community value relating to programs.

Question 2 (2 marks)
Describe the purpose of a health promotion program.

Question 3 (4 marks)
Describe one community program relating to youth health and wellbeing. In your description, include the name of the organisation responsible for the program and how the program could reflect community values.

Question 4 (3 marks)
The Butterfly Foundation's National Eating Disorders Support Helpline and Online Chat provides free, confidential support for anyone with a question about eating disorders or negative body image, including sufferers, carers, family and friends, teachers and employers. The helpline is staffed with trained counsellors experienced in assisting with eating disorders. The service can provide:

- personalised support and coping strategies
- information on understanding eating disorders
- guidance and treatment options
- information on available services in your area
- connections with other services and specialists.

Using an example from the program, **outline** how the National Eating Disorders Support Helpline might impact the health status of youth.

Question 5 (4 marks)
'Racism. It Stops With Me' is a national campaign to help people and organisations learn about racism and stand against it by acting for positive change. The 'Racism. It Stops With Me' campaign has developed resources to support organisations, schools, students and advocates in opposing racism and contributing towards a more inclusive society.

Analyse the impact that the 'Racism. It Stops With Me' campaign could have on youth health status and **identify** how it represents social justice.

More exam questions are available in your learnON title.

4.5 KEY SKILLS

4.5.1 Identify key areas for action and improvement in youth health and wellbeing using research to interpret data

tlvd-11405

KEY SKILL Identify key areas for action and improvement in youth health and wellbeing using research to interpret data

Tell me

This key skill requires you to identify areas of youth health that show differences within youth as a group or between youth and other age groups, or areas that are of personal concern to youth. To do this, you will need to find or be presented with data, research or articles and case studies.

This key skill requires you to use information presented (for example, in the form of tables, graphs or case studies) and combine it with your existing knowledge about health and wellbeing and health status in order to draw conclusions about health issues facing Australia's youth. You can be expected to interpret and analyse a wide range of data types, which could include tables, graphs, infographics, quotations and case studies.

Whenever you are using data, take the time to understand the information presented. If it is presented in graphical form, follow the steps shown in the key skills section at the end of topic 2 and also at the end of this topic. If it is in written form, always re-read the information carefully and look for key terms used in this topic.

The skill requires you to show that these areas of difference are important because of their impact on health status or health and wellbeing at the youth stage and therefore require action and improvement.

It is important to know that these differences are called health inequalities and to have an understanding of the concept of health inequality.

To demonstrate this key skill, you need to use data and research to:

- identify and discuss differences in health status or distribution of sociocultural, commercial or environmental factors for young people (inequalities)
- identify and discuss differences that arise from risk-taking or non-health promoting behaviours common among youth that are of concern
- outline why it is important in the youth stage.

Show me

In the following example, data on gambling is analysed and conclusions are drawn about why it is a key area for health action and improvement.

According to the Australian Secondary Students Alcohol and Drugs Survey (ASSAD), which included questions about gambling:

- When surveyed, almost one in three students aged 12–17 had gambled.
- Recent gambling was linked to tobacco, alcohol and illicit drug use.
- More than a third were also aware of advertising on radio, sporting scoreboards, websites or social media.
- 30 per cent of boys and 17 per cent of girls said they would 'definitely' or 'probably' gamble in the future.
- The Victorian Responsible Gambling Foundation states that teenagers are four times more likely to develop gambling problems than adults.
- One in five adults with gambling problems started gambling before they were 18.
- Research by Gambling Help Online suggests that about 3 to 4 per cent of teenagers will develop or are at risk of developing issues with gambling.

The data indicate that gambling is an emerging area for improvement for young Australians. When surveyed, almost one in three students aged 12 to 17 had gambled and the Victorian Responsible Gambling Foundation states that teenagers are four times more likely to develop gambling problems than adults.[1] Gambling is the act of wagering or betting money or something of value on an event with an uncertain outcome, with the intent to win more money or things of value than was wagered.[2]

1 Data is used to identify gambling as a key area for improvement in youth.

2 The characterising features of gambling are discussed.

This is important in the youth stage as it is illegal to gamble under the age of 18 and one in five adults with gambling problems started gambling before they were 18. As young people are exposed to the gambling behaviour, attitudes and beliefs of their parents and siblings, it can create a cycle of gambling behaviour across generations.[3]

3 Reasons are given for why it is of importance in youth.

This is important in the youth stage as it can increase levels of psychological distress, and a young person with a gambling problem is more likely to have depression or think about suicide, and to have lower self-esteem, than a young person without a gambling problem. Recent gambling was linked to tobacco, alcohol and illicit drug use, which can influence physical health and wellbeing. One in five adults with gambling problems started gambling before they were 18, which can affect future mental and emotional health and wellbeing.[4]

4 The reasons why gambling is considered an aspect of health and wellbeing requiring action are identified. In this case, it is due to the impact on morbidity and current and future health and wellbeing.

Teenagers are four times more likely to develop gambling problems than adults.

Practise the key skill

1. **a.** Analyse the data in the table below to identify a health-related inequality in the most important issues according to young people.
   b. Justify why it is a key area for action and improvement.

FIGURE 4.27 Most important issues in Australia today, according to young people

	National 2023 %	Females %	Males %	Gender diverse %	National 2022 %	National 2021 %
The environment	44.0	50.0	36.4	36.8	51.0	38.0
Equity and discrimination	31.4	35.3	25.5	37.9	35.9	35.4
The economy and financial matters	31.2	29.7	33.6	31.8	22.0	10.9
Mental health	30.3	37.3	21.4	24.4	33.9	34.6
Homelessness/housing	18.5	19.0	17.6	18.8	12.4	7.0
Crime, safety and violence	17.7	19.1	16.5	11.8	10.4	10.9
Alcohol and drugs	12.1	11.2	13.8	9.3	7.4	10.6
Education	7.4	8.3	6.2	6.5	7.9	6.7
Aboriginal and Torres Strait Islander issues	7.3	8.5	5.6	8.4	4.4	4.0
Politics	7.2	5.5	9.3	9.5	9.9	6.5

Note: Items are listed in order of national frequency for 2023.
Base: All respondents. National *n* = 15 556; Females *n* = 8322; Males *n* = 5961; Gender diverse *n* = 570.

4.5.2 Analyse factors that contribute to inequalities in the health status of Australia's youth

tlvd-11406

KEY SKILL Analyse factors that contribute to inequalities in the health status of Australia's youth

Tell me

You are required to demonstrate knowledge of the contributing factors related to youth health inequalities. Remember that the focus of this key skill is on youth, and any discussion should be about this age group.

The factors that are relevant include:

- developmental changes and behavioural risk factors
- sociocultural factors
- commercial factors
- environmental factors.

Developmental changes should be considered, as well as the factors that are listed in **TABLE 4.3.**

The key skill also requires a link between the factors and health status.

To do this you need to:

- describe a factor that causes the health and wellbeing of young people to differ from that of other age groups or causes groups of young people within the same country to have differing health status or optimal health and wellbeing
- explain how this factor influences a specific indicator of health status.

EXAM TIP

Remember that this key skill relates to youth. When describing a contributing factor, make sure that you provide a specific example that relates to youth. For example, when looking at the factors contributing to road transport injuries in youth, it is important to discuss the lack of driving experience and the decision-making areas of the brain that are developing at this time that make youth more vulnerable on the roads than older adults.

Show me

Consider the following example related to safety in the water:

On average, 34 young people (aged 15 to 24 years) drown every year in Australia (2002–22). Water safety refers to reducing harm on and around bodies of water, where there is a risk of injury or drowning. Males continue to be over-represented in drowning statistics. This trend is especially apparent during adolescence and early adulthood.[5] The Australian Water Safety Council identifies lack of swimming skills and water safety knowledge to be a major risk factor for drowning. Forty per cent of children do not achieve the national benchmark of swimming 50 m by the time they are 12 years old. This is not helped if youth overestimate their skills and underestimate dangerous situations.[6]

5 Inequalities are identified using data and the key area for improvement is described.

6 A factor contributing to the inequalities is analysed.

The National Drug Strategy Household Survey found swimming to be the second most likely risky activity undertaken while under the influence of alcohol. The ability of youth, particularly young males, to perceive risk can be impaired by factors such as alcohol and peer pressure. One in every five drowning deaths among people aged 15 years and over recorded a blood alcohol content (BAC) greater than or equal to 0.05%. Alcohol consumption distorts the perception of risk and removes inhibition. It impairs judgement, decision making and reaction time and reduces coordination, leading to unsteadiness, making it harder to get out of trouble, all of which are likely to increase the risk of drowning.[7]

7 Further information about the factors contributing to the inequalities is analysed.

Diving or jumping into water without checking the depth can result in spinal injuries and contribute to DALYs. Accidental drowning can result in premature death and years of life lost. More males than females experience premature death from accidental drowning in Australia across all age groups (83%; or 144 deaths compared with 30 deaths). Near drowning can increase morbidity related to pneumonia, respiratory problems and brain damage.[8]

8 Discussion is included about likely consequences for health and wellbeing and health status.

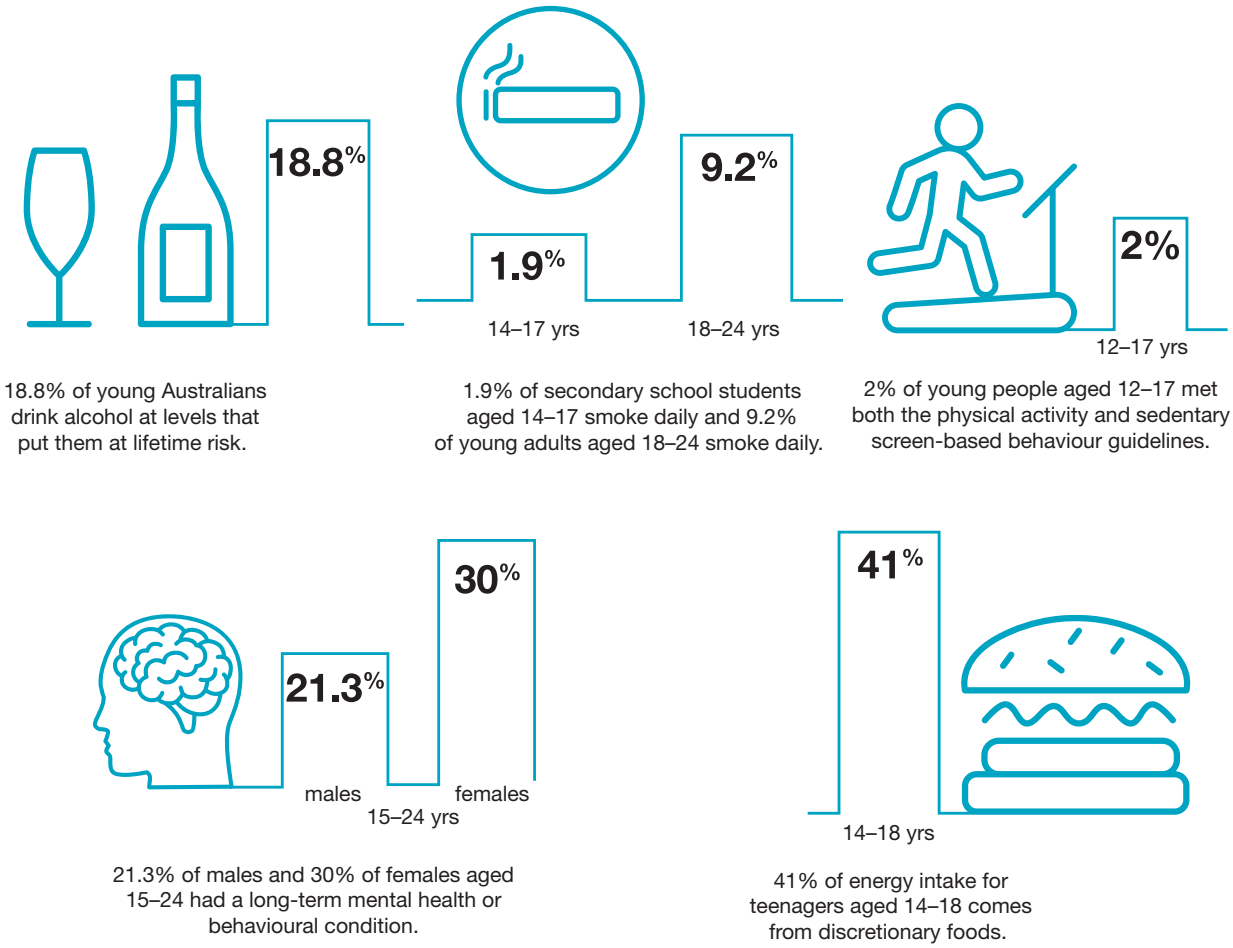
EXAM TIP

When predicting the consequences of a factor on the health status of youth, remember to use specific indicators from topic 2. For example, injury from road accidents will possibly increase the years of life lost to injury or disability while recovering or living with a spinal injury or increase a core activity limitation through lack of mobility.

Practise the key skill

2. **a.** Identify a health behaviour of young Australians shown in **FIGURE 4.28** that is a key area for action and improvement.
   b. Analyse the factors that may contribute to your chosen health behaviour.
   c. Discuss the impact of the health behaviour on the health status of youth.

FIGURE 4.28 A range of factors or health behaviours that are affecting youth health status



4.5.3 Analyse factors that influence the creation and implementation of, and access to, programs that target youth health such as equity, social justice, community values and funding

tlvd-11407

KEY SKILL Analyse factors that influence the creation and implementation of, and access to, programs that target youth health such as equity, social justice, community values and funding

Tell me

This skill requires an analysis of the role of equity, social justice, community values and funding in the development of health promotion programs to improve youth health and wellbeing. To analyse means to identify components/elements and the significance of the relationship between them, draw out and relate implications, and work out the logic and reasonableness of information.

To conduct an analysis you need to:

1. identify a youth health and wellbeing concern
2. select a health promotion program designed to address this health and wellbeing concern, and explain why it was created and who created it
3. describe what funding was used to start the program or how it will be funded in an ongoing way
4. explain how it is implemented
5. make links between the program's creation and implementation and access, equity, social justice and community values.

Show me

In the following example, the 'Check-in' app is analysed.

Coping with stress was the top-ranked personal concern for Australian youth in the 2022 Mission Australia Youth Survey Report. Forty-four per cent of youth were extremely or very concerned about coping with stress. Mental health is the third-highest personal concern for Australian youth; 38.5 per cent of youth were extremely or very concerned about mental health[9] The Check-in app was created by ReachOut Australia to help anyone who wants to check in with a friend but is concerned about saying the wrong thing or making the situation worse. The app involves four quick and easy steps, getting someone to think about where they might check in, what they might say and how they might support a friend. There is also a section showing things to consider, such as what if a friend denies there is a problem. After the conversation, a youth can go back into the app and rate how it went. The app will then give advice on the next steps in helping a friend while looking after your own mental health. The Check-in app aims to reduce worries, anxiety and distress through social connection. Health and wellbeing outcomes are a sense of calm, greater capacity to relax and regulate emotions, a sense of empathy and connectedness, and better sleep.[10]

ReachOut is funded by the Australian Government Department of Health and receives additional support from corporate partnerships, and community and philanthropic donations. The app meets community values that health services will be accessible to youth and appropriate through use of peers to check in. The app is free and readily available, which means there can be equity of access. It addresses the concerns related to mental health, anxiety and social isolation effectively and in a format young people can understand. It helps to reduce youth health inequalities, which promotes fairness. It is also responsive and strength-based and puts youth at the centre of the health action as it gives them the tools to improve the mental health of people their own age.[11]

9 A youth health and wellbeing concern is identified.

10 A health promotion program and who created it are identified. How the program is implemented is described.

11 Links are made between funding, equity, social justice, community values and implementation of the program.

Practise the key skill

3. **a.** Identify a key area of youth health that requires improvement.
   b. Identify a health promotion program designed to address this key area.
   c. Describe what funding was used to start the program or how it will be funded in an ongoing way.
   d. Explain why it was created, who created it and how it is implemented.
   e. Make links between the way the program is implemented and equity, social justice and one community value.

4.6 EXTENDED RESPONSE — Build your exam skills

4.6.1 Identifying relevant parts of the source material

tlvd-11408

In previous topics, you were provided with opportunities to break extended response questions down into their components to brainstorm the sorts of things you could link to each part and to interpret what the information is showing.

Another important skill in answering extended response questions is being able to identify the parts of the source material that are relevant to the question. Once this step is complete, you can begin to formulate a response.

Consider the following two sources relating to the health concerns and health status of young Victorians.

Source 1

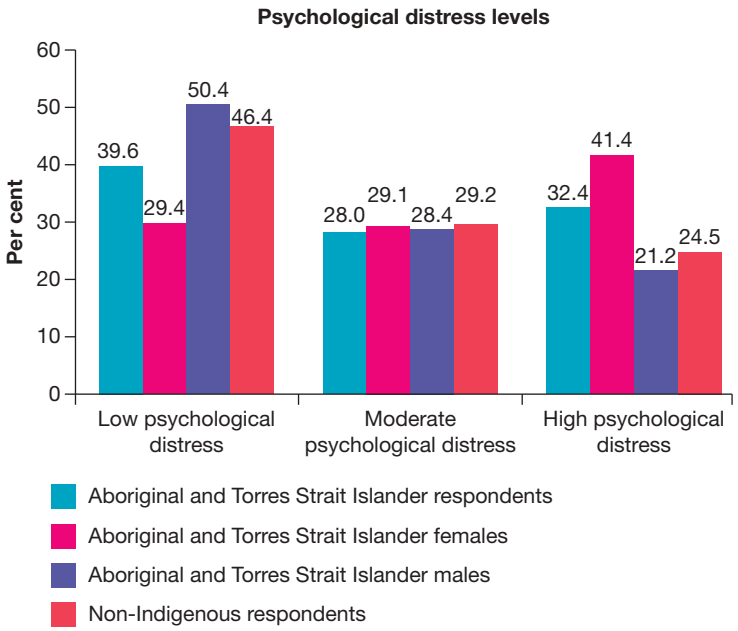
Issues of personal concern to young people

	Aboriginal and Torres Strait Islander respondents %	Aboriginal and Torres Strait Islander females %	Aboriginal and Torres Strait Islander males %
Coping with stress	32.1	44.7	17.5
Mental health	31.8	38.9	21.0
Body image	29.5	40.9	14.6
School or study problems	29.5	36.4	20.8
Family conflict	21.0	27.6	13.2
Physical health	20.6	18.9	17.7
Financial security	20.6	20.9	15.9
Suicide	19.4	18.6	15.1
LGBTIQA+ issues	17.6	7.3	15.1
Bullying/emotional abuse	17.3	18.6	11.7
Discrimination	17.3	15.7	11.8
Climate change	17.3	16.6	12.3
Social media	16.8	15.4	12.8
Personal safety	16.3	14.3	12.9
Alcohol and other drugs	15.6	11.9	13.1
Domestic/family violence	14.1	13.7	9.9
COVID-19	9.6	6.3	7.7

	Non-Indigenous respondents %	Non-Indigenous females %	Non-Indigenous males %
Coping with stress	38.4	50.6	19.9
School or study problems	37.1	47.1	22.3
Mental health	31.9	40.4	17.1
Body image	29.0	39.4	13.4
Climate change	20.8	24.9	13.0
Physical health	19.1	21.2	15.4
Family conflict	15.6	19.8	8.1
Financial security	14.7	16.3	11.2
Suicide	14.0	16.0	8.6
LGBTIQA+ issues	11.8	10.2	8.4
Discrimination	11.6	12.9	7.4
Social media	11.2	13.8	6.8
Bullying/emotional abuse	11.1	13.3	6.3
Personal safety	10.6	12.2	7.0
Domestic/family violence	7.1	8.1	4.7
Alcohol and other drugs	7.1	7.8	5.2
COVID-19	5.0	5.7	3.2

Source: Mission Australia Youth Survey 2023.

Source 2



Base: All respondents, Aboriginal and Torres Strait Islander *n* = 778; Aboriginal and Torres Strait Islander females *n* = 309; Aboriginal and Torres Strait Islander males *n* = 349; Non-Indigenous *n* = 17 453
Note: Psychological distress measured using the Kessler 6. Cut-off scores used for categories of psychological distress are as follows: low = 0 to 7, moderate = 8 to 12 and high = 13 to 24 (Hilton et al., 2008). These cut-off scores are used by the Australian Institute of Family Studies.

Using the information provided, and your own knowledge outline one similarity and one difference in the health concerns affecting Indigenous and non-Indigenous youth, a contributing factor for each and describe how these could contribute to inequalities in the health status of Australia's youth.

Step 1: In order to answer this question, the requirements of the question must first be established:

- Using the information provided from both sources and your own knowledge
- outline one similarity and one difference in the health concerns affecting Indigenous and Non-Indigenous youth
- a contributing factor for each
- describe how these could contribute to inequalities in the health status of Australia's youth.

Step 2: Highlight each of the components of the question in a different colour.

- Using the information provided from both sources and your own knowledge
- outline one similarity and one difference in the health concerns affecting Indigenous and Non-Indigenous youth
- a contributing factor for each
- describe how these could contribute to inequalities in the health status of Australia's youth.

Step 3: Read each part of the stimulus material and highlight, in the relevant colour, any information from both sources that relates to a component of the question. This is shown below.

Source 1

Issues of personal concern to young people

	Aboriginal and Torres Strait Islander respondents %	Aboriginal and Torres Strait Islander females %	Aboriginal and Torres Strait Islander males %
Coping with stress	32.1	44.7	17.5
Mental health	31.8	38.9	21.0
Body image	29.5	40.9	14.6
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LGBTIQA+ issues	17.6	7.3	15.1
Bullying/emotional abuse	17.3	18.6	11.7
Discrimination	17.3	15.7	11.8
Climate change	17.3	16.6	12.3
Social media	16.8	15.4	12.8
Personal safety	16.3	14.3	12.9
Alcohol and other drugs	15.6	11.9	13.1
Domestic/family violence	14.1	13.7	9.9
COVID-19	9.6	6.3	7.7

Similarity

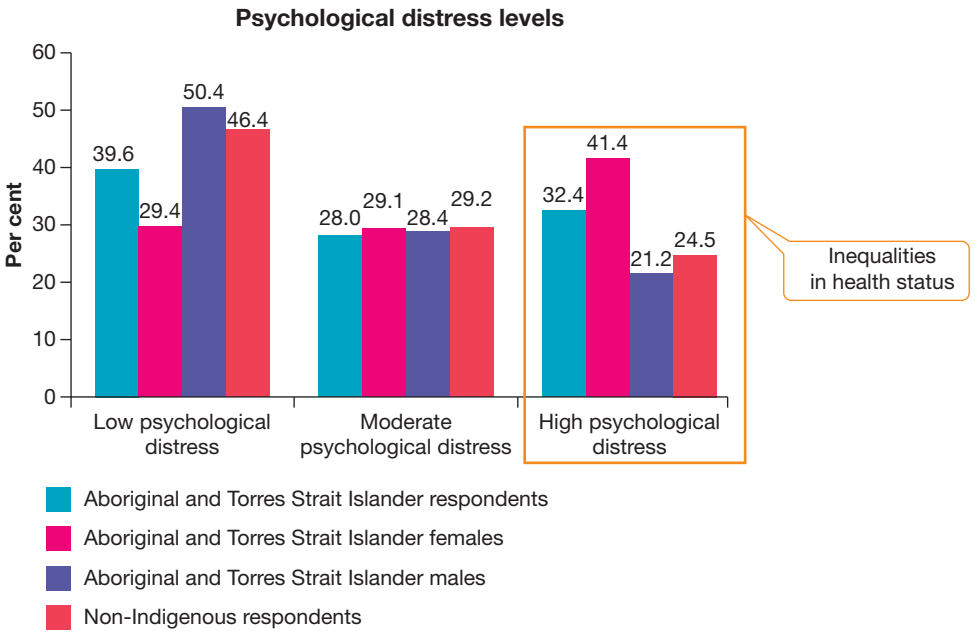
Difference

	Non-Indigenous respondents %	Non-Indigenous females %	Non-Indigenous males %
Coping with stress	38.4	50.6	19.9
School or study problems	37.1	47.1	22.3
Mental health	31.9	40.4	17.1
Body image	29.0	39.4	13.4
Climate change	20.8	24.9	13.0
Physical health	19.1	21.2	15.4
Family conflict	15.6	19.8	8.1
Financial security	14.7	16.3	11.2
Suicide	14.0	16.0	8.6
LGBTIQA+ issues	11.8	10.2	8.4
Discrimination	11.6	12.9	7.4
Social media	11.2	13.8	6.8
Bullying/emotional abuse	11.1	13.3	6.3
Personal safety	10.6	12.2	7.0
Domestic/family violence	7.1	8.1	4.7
Alcohol and other drugs	7.1	7.8	5.2
COVID-19	5.0	5.7	3.2

Similarity

Difference

Source 2



Base: All respondents, Aboriginal and Torres Strait Islander *n* = 778; Aboriginal and Torres Strait Islander females *n* = 309; Aboriginal and Torres Strait Islander males *n* = 349; Non-Indigenous *n* = 17 453
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Now, the requirements can be addressed by working out connections between the stimulus material provided.

Similarity

In Source 1, a similarity is that for both Aboriginal and Torres Strait Islander youth (32.1 per cent) and non-Indigenous youth (38.4 per cent) the greatest personal concern is coping with stress.

Contributing factor: A factor that could contribute to the similarity is that the expectations in the school setting can affect both Aboriginal and Torres Strait Islander and non-Indigenous young people.

Differences

In Source 1, a difference that is shown is that 17.3 per cent of Aboriginal and Torres Strait Islander youth are concerned about discrimination, compared to 11.6 per cent of non-Indigenous youth.

Contributing factor: A factor that could contribute to the difference is culture. Media could be affecting attitudes to, and treatment of, Aboriginal and Torres Strait Islander youth at school or in the community. It could be creating or presenting stereotypes and prejudice.

A factor contributing to this could be cultural attitudes as bullying and emotional abuse are higher for Aboriginal and Torres Strait Islander youth (17.3 per cent), compared to non-Indigenous youth (11.1 per cent).

Contribution to inequalities in health status: A high level of psychological distress is present for 32.4 per cent of Aboriginal and Torres Strait Islander youth compared to 24.5 per cent of non-Indigenous youth (Source 2).

Aboriginal and Torres Strait Islander males had higher rates of low psychological distress (50.4 per cent) than Aboriginal and Torres Strait Islander females (29.4 per cent).

Contribution to inequalities in health status: Source 1 indicates that more Aboriginal and Torres Strait Islander (17.3 per cent) than non-Indigenous youth (11.6 per cent) are concerned about discrimination, which could lower their rating of their self-assessed health status. A high level of psychological distress is also present for 32.4 per cent of Aboriginal and Torres Strait Islander youth, compared to 24.5 per cent of non-Indigenous youth (Source 2).

In the short term, Aboriginal and Torres Strait Islander young people can experience increased morbidity from sleeping problems and low levels of energy. In the long term, the effects of discrimination can contribute to higher rates of suicide in Aboriginal and Torres Strait Islander youth.

Practise this skill

Discrimination is an issue that has negative impacts on the health and wellbeing of many young Australians, which creates health inequalities. Consider the following stimulus material:

Source 1

Growing up in Australia: Teenagers' experiences of discrimination

1	**Discrimination is common among Australian teens.** One in three 14–15-year-olds reported at least one type of discrimination in 2014; and a similar proportion experienced discrimination as 16–17-year-olds in 2016.
Many teenagers experience discrimination on multiple grounds (e.g. race and sex). Among 16–17-year-olds who reported experiencing discrimination, 42% experienced multiple forms of discrimination.	2
3	**Body discrimination (due to body size, shape or physical appearance) is the most widespread type of discrimination among teens overall.** One third of teens reported body discrimination at least once between the ages of 14 and 17, a time when they are often focused on their appearance and peer approval.
Among minority groups, rates of discrimination remain particularly high. Thirty-one per cent of teenagers who spoke a language other than English at home and 34% of Indigenous teens reported racial discrimination between the ages of 12 and 17 (compared to 19% of all teens). Thirty-nine per cent of same-sex attracted teens reported sexual identity discrimination between the ages of 14 and 17 (compared to 5% of all teens).	4
5	**Females continue to report sex discrimination at a greater rate than males.** At age 16–17, around 1 in 8 females (13%) reported sex discrimination compared to 1 in 20 males (5%).
The damaging impact of discrimination on mental wellbeing is greater when experienced at older ages and over a sustained period of time. Body discrimination reported at 14–15 and 16–17 years was associated with multiple signs of poor mental wellbeing, including a higher risk of non-suicidal self-injury and suicide attempts at 16–17 years.	6
7	**Teenagers experiencing multiple forms of discrimination are at even greater risk of poor mental wellbeing.** At 16–17 years, those who were exposed to two or more discrimination types were twice as likely to injure themselves or attempt suicide compared to those who were exposed to a single type of discrimination, and four times as likely as those who didn't experience discrimination.

Source: LSAC Snapshot Series — Issue 1: Teenagers' experiences of discrimination

Source 2

One teenager's experience

Yara and her family migrated to a small town in Australia from Syria when she was thirteen years old. Early secondary school was difficult and stressful as there weren't sufficient programs for non-English speakers. She was the only student wearing a headscarf and was excluded from existing friendship groups. At fifteen, she applied for casual work at the local supermarket but was told that the job required stacking shelves, so someone stronger was preferred. After months of searching, she was employed as a dishwasher in a restaurant. The owner commented on how pretty her eyes were and her lovely smile, but laughed at her when she asked if she could be promoted to waiting tables. Yara struggled through her senior school years and withdrew from family. Her grades worsened and she lost her job at the restaurant after crying at work. She started experiencing depression and expressed suicidal thoughts in her journal.

Using information from both sources and your knowledge, discuss:

- how discrimination can create health inequalities for youth in Australia
- a health promotion program that could be implemented to reduce the inequality
- how the health promotion program could promote social justice and reflect one community value. **15 marks**

TIPS

- Identify what the question requires. This question is already broken into bullet points that show the different aspects of the question that need to be answered.
- Next, look at each source. Highlight, in the relevant colour, any information from the source that relates to a component of the question. Do this for each source.

4.7 Review

Hey students! Now that it's time to revise this topic, go online to:

Review your results

Watch teacher-led videos

Practise exam questions

Find all this and MORE in jacPLUS

4.7.1 Topic summary

4.2 Youth health and factors that contribute to inequalities

- Good health and wellbeing is important in the youth stage as it has many immediate benefits and reduces likelihood of ill health later in life.
- During the youth stage, young people are developing physically, intellectually and emotionally, while forming a sense of identity, building independent social networks and initiating intimate relationships.
- Health inequalities emerge as a result of the influence of external factors at this time of developmental change. These factors are sociocultural, commercial and environmental.
- School-related challenges, mental health-related challenges and interpersonal relationship challenges are young people's top three self-reported concerns.
- Health promotion involves action to inform people of what they could do to stay healthy and to address the things in the community that influence health and wellbeing the most, so that these can be supported.

4.3 Key areas of youth health requiring action and improvement

- Health action involves behaviour change where health-compromising behaviours are replaced by health-enhancing behaviours.
- Individual health action requires health literacy, which is a set of skills used to organise and apply health knowledge, attitudes and practices relevant when managing one's health environment.
- Many adults with mental health conditions have the first onset of mental health problems in childhood or youth, and prevention and early intervention are important in reducing the burden of mental health problems throughout the lifespan.
- Smoking and vaping during adolescence and young adulthood create concern for the immediate health of a young person, as well as for the implications for health across the life span from early use of tobacco.
- Binge drinking increases the risks associated with alcohol consumption.
- Youth is a stage of experimentation, but alcohol and drug use can have far-reaching implications for adult health.
- Sexual health is not only about sexually transmitted infections but also about sexual relationships, safety and respect.
- The experiences young people have because of their sexuality can have a significant impact on their health and wellbeing.
- Safety refers to the condition of being safe from harm, risk, danger or injury. Examples of safety that apply to youth include safety on the road, in the water and the sun, and online.
- Gambling involves risking something of value, including money, for the chance of winning something of greater value than you risked.

4.4 Factors that influence creation, implementation and access to programs that target youth health

- Health inequalities can be more easily avoided or overcome by helping young people to adopt or continue health-promoting behaviour.
- Health promotion programs, government action and personal health literacy can help reduce health inequalities. This includes having the attitude, skills and behaviour to manage risk, as well as focusing on equity and social justice to reduce social barriers.

- Making health-promoting choices and having control so that we can take health action involves awareness of risks, motivation to change, information and resources for support.
- Health promotion programs are systemic strategies to improve health, knowledge, attitude, skills and behaviour. They aim to address the sociocultural and commercial factors that influence health and modifiable risk behaviours.
- Health literacy is the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate decisions about their health and wellbeing.
- Equity is the absence of unfair, avoidable or remediable differences among groups of people.
- Social justice relates to fairness within society.
- Several programs have been implemented to address youth health and wellbeing in Australian society.
- When young people experience good health and wellbeing, they are more likely to achieve better educational outcomes, make a successful transition to full-time work, develop healthy adult lifestyles, and be more actively engaged in their community.
- Health and wellbeing services and programs for youth can be developed to meet community values and expectations that they will be strength-based, confidential, safe and accessible.

on Resources

Digital document Summary (doc-41355)

4.7.2 Key terms

anxiety uneasy mental state
binge drinking consuming seven or more standard drinks for males or five or more standard drinks for females in one sitting
commercial factors conditions, actions and policies of corporate organisations that impact health and wellbeing, either positively or negatively, including packaging and labelling, marketing strategies and the use of media (VCAA)
community values judgements about what is important to or good for a community
depression extreme feelings of hopelessness, sadness, isolation, worry, withdrawal and worthlessness that last for a prolonged period and interfere with normal activities
discrimination when a person or group of people is treated differently from other people, often as a result of factors such as race, religion, sex, sexual orientation or gender identity
environmental factors physical features that surround us, which can be natural or built by people
equity the absence of unfair, avoidable or remediable differences
health action behaviour change where health-compromising behaviours are replaced by health-enhancing behaviours
health equity when everyone can attain their full potential for health and wellbeing
health inequalities differences in health status or in the distribution of health risk and protective factors
health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)
health promotion the process of enabling people to increase control over and improve their health
health promotion program program aimed at engaging and empowering individuals and communities to choose healthy behaviours, and make changes that reduce the risk of developing chronic diseases
illicit use of drugs use of an illegal drug, which is prohibited from manufacture, sale or possession, or the misuse of a legally available drug
inequalities differences
LGBTQIA+ acronym for commonly used definitions of people who are not heterosexual: lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual, other
personal agency the ability to control your own behaviours and reactions to circumstances beyond your control, even if your actions are limited by someone or something else
Personal Wellbeing Index measure of subjective wellbeing
protective factor something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk

psychological distress relates to unpleasant feelings and emotions that affect an individual's level of functioning
risk factor something that increases the likelihood of developing disease or injury
sexual health a state of physical, mental and social wellbeing linked to sexuality
sexuality sexual feelings, thoughts, attractions and behaviours towards other people
social exclusion when an individual is unable to participate fully in social and economic life, such as not having a job, not receiving an adequate income, not getting a good education or not being connected to family, friends and the community
social justice fairness in society
social network the relationships an individual has with the people around them
STI sexually transmitted (or transmissible) infection
stress a response to pressure or a threat
values judgements about what is important in life

4.7 Exercises

4.7 Exam questions

Question 1 (7 marks)

a. **What** is meant by health action? **1 mark**

b. **Describe** two risk factors that create a need for health action to promote youth health and wellbeing. **4 marks**

c. **Outline** why young people may be more exposed to these risk factors. **2 marks**

Question 2 (11 marks)

The Koorie Youth Council (KYC) is an advocacy council led by an executive of 15 young people from across Victoria and a state-wide network. It values diversity and aims to give Aboriginal and Torres Strait Islander young people more opportunities to have a say, to support skills and leadership development, and increase their sense of wellbeing and pride.

KYC uses social media as a tool in much of its work. KYC's Facebook page informs a broader number of young people about issues of interest, as well as news about activities and opportunities to get involved. KYC uses Instagram and Twitter (X) to connect with state and national organisations in the youth sector, build relationships and promote its work at an organisational level. KYC also has a YouTube account, on which the profiles of two KYC members have been posted.

The KYC also partners with the Korin Gamadji Institute (KGI), a unique educational and training facility. The KGI, which was launched in 2011, sits at the heart of the Richmond Football Club. As well as being home to the Melbourne Indigenous Transition School and Wirrpanda Foundation, the Institute delivers a range of programs that help affirm identity and culture, while creating opportunities for Aboriginal and Torres Strait Islander youth aged between 14 and 21 years. The program connects participants to their culture and community, and provides opportunities that will empower them to help close the unacceptable economic and health gaps that exist between Aboriginal and Torres Strait Islander and non-Indigenous Australians. Richmond became the first sporting Club to present at the United Nations Permanent Forum on Indigenous Issues when a delegation went to New York in 2018.

The KYC hold an annual Koorie Youth Summit, as well as smaller-scale regional summits called 'Blackout' where they travel to regional communities.

a. **Identify** one health inequality affecting Aboriginal and Torres Strait Islander youth that might be addressed by the program above. **1 mark**

b. **Describe** two contributing factors to this inequality. **4 marks**

c. **Explain** how one community value would be met by programs run by the KYC. **2 marks**

d. **Discuss** how the program addresses the health inequality identified in part **a**. **4 marks**

Question 3 (8 marks)

'Young people, when given the opportunity, will make the right choices to behave in ways that do not negatively affect their health. It is the duty of the community to create an environment for young people where they can make the best of their lives, to stay healthy and to develop and grow up into productive, young men and women.' **Debate**.

Question 4 (8 marks)

The Australian Government has developed the National Preventive Health Strategy 2021–2030, which outlines the long-term approach to prevention in Australia over the decade. One of the targets of the strategy is 'Less than 10% of young people (14–17-year-olds) are consuming alcohol by 2030'.

a. **Justify** the government funding the Australian Drug Foundation to create a program targeting 14–17-year-olds. **2 marks**

b. **Describe** two factors that the program would have to address in its implementation. **4 marks**

c. **Outline** how the program should ensure equity in its implementation. **2 marks**

Question 5 (9 marks)

The Line is a primary prevention, social marketing, behavioural change campaign that helps young people aged 14–20 negotiate respectful relationships and consent. The campaign has articles, quizzes, clips and interviews with and for young people. Youth can also follow The Line on TikTok, Snapchat, YouTube, Instagram and Facebook. The Line is funded by the Australian Government Department of Social Services. Topics covered by The Line website include: dating, relationships, masculinity, sex, emotions and pornography.

a. **Identify** why the program might be called 'The Line'. **1 mark**

b. **Discuss** two factors The Line might be trying to address and what positive impact it might have on health status if the program is effective. **4 marks**

c. **Analyse** the information about The Line and **discuss** two community values that relate to its implementation. **4 marks**

on Resources

Digital document	Key terms glossary (doc-41354)
Interactivities	Crossword (int-9287) Definitions (int-9288)
Exam question booklet	Topic 4 Exam question booklet (eqb-0237)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 4 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

4.4	Safer P-platers worksheet (doc-41356)	☐
4.7	Summary (doc-41355)	☐
	Key terms glossary (doc-41354)	☐

Teacher-led videos

4.5	Key skill: Identify key areas for action and improvement in youth health and wellbeing using research to interpret data (tlvd-11405)	☐
	Key skill: Analyse factors that contribute to inequalities in the health status of Australia's youth (tlvd-11406)	☐
	Key skill: Analyse factors that influence the creation and implementation of, and access to, programs that target youth health such as equity, social justice, community values and funding (tlvd-11407)	☐
4.6	Extended response: Identifying relevant parts of the source material (tlvd-11408)	☐

Interactivities

4.2	FIGURE 4.4 Leading causes of total burden (DALY '000; proportion %), by sex and age group, 2022 (int-9310)	☐
4.3	FIGURE 4.14 Six-monthly prevalence of current vaping by age group, 2018–23 (int-9311)	☐
	FIGURE 4.19 Transport injury hospitalisations, by remoteness and age group, 2021–22 (int-9312)	☐
4.7	Crossword (int-9287)	☐
	Definitions (int-9288)	☐

Weblinks

4.2	Adolescent brain development and risk taking	☐
	The adolescent brain	☐
	Mission Australia Youth Survey	☐
4.3	Alcohol damage video	☐
	Vaping and behaviour in schools: What does the research tell us?	☐
	Beyond Blue: What is mental health?	☐
	Respect your brain	☐
	Australian teens 'inundated' with gambling ads	☐
	The adolescent brain: a second window of opportunity	☐
4.4	Safer P-platers	☐
	Mt Clear College students tackle youth vaping with video series	☐
	See through the haze	☐
	eSafety	☐
	SunSmart	☐
	ADF	☐
	QUIT	☐
	Gambling Help Online	☐
	headspace	☐

Exam question booklet

4.7	Topic 4 Exam question booklet (eqb-0237)	☐

To access these online resources, log on to **www.jacplus.com.au**

5 Exploring a youth health and wellbeing focus

LEARNING SEQUENCE

5.1 Overview

	Key knowledge	Key skill	Subtopic
○	The following features of one health focus relating to Australia's youth: – impact on different dimensions of health and wellbeing – data such as incidence, prevalence and trends – risk and protective factors – healthcare services and support – government and community programs and personal strategies to reduce negative impact – direct, indirect and intangible costs to individuals and/or communities – opportunities for youth advocacy and action on a personal and community level to improve outcomes in terms of health and equity	Research, collect and analyse data on one health focus relating to youth, examining its impact, management, advocacy and costs	**5.2, 5.3** **5.4** **5.5** **5.6** **5.7** **5.8** **5.9**

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Key terms

advocacy
direct costs
equity
health action
incidence
indirect costs
intangible costs
prevalence
protective factor
risk factor
trend

Exam terminology

Analyse examine the components of; look for links, patterns, relationships and anomalies

on Resources

Digital document Key terms glossary (doc-41384)
Exam question booklet Topic 5 Exam question booklet (eqb-0238)

5.2 Researching a health focus

Key knowledge	Key skill
The following features of one health focus relating to Australia's youth: – impact on different dimensions of health and wellbeing – data such as incidence, prevalence and trends – risk and protective factors – healthcare services and support – government and community programs and personal strategies to reduce negative impact – direct, indirect and intangible costs to individuals and/or communities – opportunities for youth advocacy and action on a personal and community level to improve outcomes in terms of health and equity	Research, collect and analyse data on one health focus relating to youth, examining its impact, management, advocacy and costs

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• possible data sources to identify an inequality for your health focus • how to conduct research on a health focus.	• use data and research to identify a health focus • complete a report, presentation or response about the impact, management, advocacy and costs of a health focus.

Outcome task

The outcome task requires you to research, collect and analyse data on one health focus that relates to youth.

It requires you to look at its impact, management, advocacy and costs.

This task offers an opportunity to personalise your learning and work on an area of interest as well as consolidate and apply your understanding of the key knowledge in topics 1, 2 and 3.

5.2.1 What you need to know: research a health focus

The purpose of this outcome task is to enable you to focus on one particular aspect of youth health, drawing on the key knowledge and skills covered in previous topics. In topic 4 you saw snapshots of research and data that indicate there are aspects of youth health that require action. Investigating a health focus that relates to youth involves considering health inequalities. This means differences in incidence and prevalence, levels of self-assessed health status or behavioural risks that exist among young people either as a cohort (a whole group) or between young people and other age groups.

According to the Australian Institute of Health and Welfare (AIHW) report *Australia's Health 2022*, there are other behavioural risks leading to inequalities. Too many young people are:

- overweight or obese
- not meeting physical activity or fruit and vegetable consumption guidelines
- victims of family, domestic and sexual violence
- participating in unprotected sexual activity
- experiencing severe sunburn
- experiencing discrimination.

AIHW research also indicates that there is an increase in the behavioural risk factor of youth gambling.

The latest Mission Australia survey reveals that areas of health of personal concern to young people include body image, LGBTIQA+ issues, bullying and homelessness.

To meet the requirements of Area of Study 2 — Outcome 2, you will be required to complete an investigation of one health focus that is a concern for young people or that represents an inequality in health status and look at its impact, management, advocacy and costs. You can choose to research any of the aspects listed above or an aspect of health that you identify from data sources or one that is of concern from research reports.

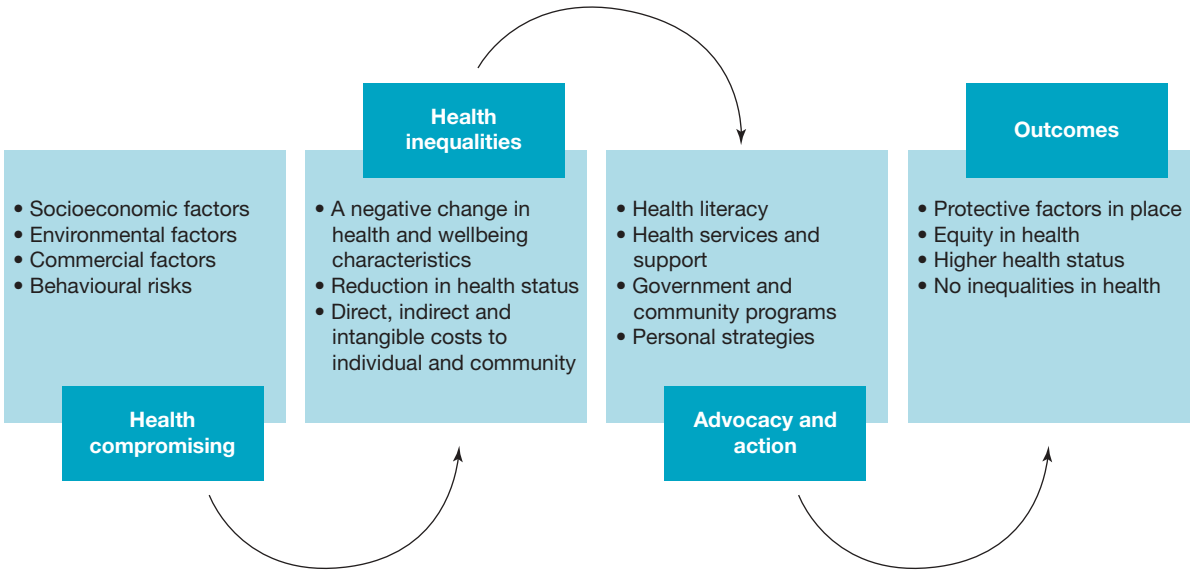
For this research task, identification of possible implications or outcomes means how **advocacy** and **health action** can be taken for a health focus.

- The role of advocacy in this case is to make sure that all young people in society are able to have their health needs met and their voice heard on health issues that relate to them.
- The intention of health action is to create better health outcomes and it requires health literacy.

Your research should investigate the health-compromising behaviours or environments (risk factors) that contribute to the health issue and health inequalities.

It should identify and evaluate the protective factors, personal strategies or actions by governments and community programs on behalf of, and by, young people aimed at improving outcomes and reducing inequalities.

FIGURE 5.1 Health action relates to replacing health-compromising behaviours or environments that create inequalities with health-enhancing behaviour or environments to produce positive health outcomes.



In this topic, you will find key knowledge worked examples of the approach to take when researching and analysing your chosen health focus. Rather than showing the approach to one particular health focus, the following examples will cover a range of health inequalities, some of which were discussed in topic 4.

Note that you do not have to annotate your writing as shown in the scaffolded examples. These are provided as a guide on how to meet the requirements of the Outcome.

advocacy promoting the interests or cause of an individual or a group of people

health action behaviour change where health-compromising behaviours are replaced by health-enhancing behaviours

TIP

Look for the Example boxes in each subtopic for a breakdown of the steps to follow.

The learnON resources include useful digital documents for this research task such as:

1. A **Research summary template** that can be used to guide and record a draft of your research as you go.
2. An **Assessment rubric** that demonstrates the success criteria linked to the outcome.
3. A **Research checklist** that can be used as a final check that you have included all required aspects to meet the outcome.

Presenting your research

The assessment of your analysis of a health focus is related to the content you produce and not your presentation. However, choosing a format that reflects your understanding of health action or advocacy is something to consider. Think about your audience and whether you are hoping to inform or persuade or a combination of both. For example, the presentation of the research could be in the form of an infographic that could be used in your school as an opportunity for advocacy or as a study tool for the class. **FIGURE 5.2** identifies possible formats for the research and includes points to note for each.

FIGURE 5.2 Things to consider for some of the possible presentation methods for your research

Short written report or research inquiry	• Use relevant sources appropriately. • Expression should be clear. • Organise coherently. • Check your work against the checklist and the rubric.
Extended response question	• You will be given a question that requires you to analyse a range of data sources, with an emphasis on annotating, synthesising and planning a response. • The response could require you to analyse and interpret a wide range of data types, such as tables, graphs, infographics, quotations and case studies. • Refer to the Key skills section for an example of how to break down an extended response question, annotate and use data sources, and plan and construct a response.
Blog	• Use short paragraphs and bullet points. • As well as the requirements of the task, your layout could include: – a header with a menu or navigation bar – main content area with blog posts and dates – sidebar with recent posts and social media profile – footer with contact information, links to a disclaimer and privacy policy, and a space for readers to reply or make comment. • Check your work against the checklist and the rubric.
Podcast	• Have a plan and a script. • Host name, podcast name and tag line — clever, cool, or witty slogan used to identify the podcast • Bumper music — short music clips used between segments and at the start • Segment — a complete part of a podcast, usually written and spoken by one or two people • Teaser — introduce all the segments to the listeners • Check your work against the checklist and the rubric.
Mind map, visual planner, graphic organiser	• Use a landscape format. • Start with a central image to represent your topic or theme and use curving lines to add main branches to it and then connect these to smaller branches. • Use single words and images. • Add colours and images. • Use sticky notes to map out your visual guide. • Check your work against the checklist and the rubric.

Annotated poster	• Use short sentences, simple words, and bullets to illustrate your points. • Text should be broken up by including graphics or photos. • Check your work against the checklist and the rubric.
Digital presentation	• Include a quiz or poll. • Organise ideas logically. Build the slides in such a way that you cover one main idea per slide. • Use diagrams, charts, graphs or other visuals that help you present your ideas. • It could also be presented as an interactive mind map with links to information and video or audio files about the information. • Highlight important keywords with the help of bold or different colours. Emphasise only the necessary ones. Animate parts of your illustrations and graphs to build your story rather than showing everything from the beginning. • Check your work against the checklist and the rubric.
Oral presentation	• Check the suggested time length with your teacher — remember, assessment is not based on the length of your presentation, but on the outcomes. • Carefully plan what you will say and how you will say it, including the pacing, your stance, tone of voice, gestures and eye contact. • Prepare and use your notes — use palm cards or perhaps your device. • Include a summary of your research findings with supporting evidence and acknowledgement of the sources as part of your assessment. • Check your work against the checklist and the rubric.

Using research and data to identify a health focus

The study of Health and Human Development requires the analysis and interpretation of health data. In your research, you will interpret and analyse tables, graphs, infographics, quotations and case studies. Analysis of data will be required when deciding on a health focus and when thinking about its impact on youth health status and health and wellbeing. Data can also be used to justify an advocacy or action plan.

FIGURE 5.3 identifies a range of data and information sources. When choosing a health focus, consider whether the data shows differences in youth health status, health concerns or behavioural risks:

- over time
- between groups of young people
- between groups of young people and other age groups.

FIGURE 5.3 Possible data and information sources for identifying a health focus

Useful data sources

- The Australian Bureau of Statistics (ABS) is Australia's national statistical agency and an official source of independent, reliable information.
- The Australian Institute of Health and Welfare (AIHW) manages a number of national health information sources. It works with state and territory governments, the ABS, other independent bodies and the non-government sector.
- The Mission Australia annual Youth Survey is open to all young people aged 15–19 who are living in Australia, and it provides a very useful snapshot of young Australians. This data informs Mission Australia's work, the work of other community groups, and government decision makers. It directly collects the views of Australian young people to produce current evidence of what's happening in their lives. This allows Mission Australia to be a powerful voice on their behalf for the services and broader policy changes that they need.
- Healthcare websites such as healthdirect and the Better Health Channel are other sources of evidence-based, reliable health information.

TIP

All features of your research and all data used must relate to young people in Australia. For the purposes of your research, this will relate to people aged from 12 to 18 years; however, some data sources will vary in the age group limits. Try to use the latest data available and don't forget to record and quote the sources you have used.

5.2.2 What you need to be able to do: demonstrate the key skill

Even though your research can be presented in many formats, the features that need to be included in order to demonstrate the key skill remain the same.

These are shown in **TABLE 5.1**.

TABLE 5.1 Features that must be included in an analysis of a health focus

Impact of the health focus	☑ Description of your health focus
	☑ Impact on different dimensions of health and wellbeing
	☑ Data such as incidence, prevalence and trends
Management	☑ Risk and protective factors
	☑ Healthcare services and support
	☑ Government and community programs and personal strategies to reduce negative impact
Costs	☑ Direct, indirect and intangible costs to individuals and/or communities
Advocacy	☑ Opportunities for youth advocacy and action on a personal and community level to improve outcomes in terms of health and equity.

5.2.3 What you need to be able to do: describe a health focus

Researching a health focus means, firstly, being clear about the nature of that health focus, and being able to summarise or describe what it is in relation to youth.

The description of your health focus could resemble a definition and be in the form of one or two simple sentences that identify:

1. typical features, signs or symptoms, and any variations
2. how it applies specifically to Australian youth.

The key knowledge worked example here relates to **homelessness**.

homelessness not having a stable or safe place to live

Definitions of homelessness vary. They can include:

- rooflessness — without a shelter of any kind, sleeping rough
- houselessness — with a place to sleep but temporarily in institutions or shelter
- living in insecure housing — threatened with severe exclusion due to insecure tenancies, eviction or domestic violence.

Example

Describing the health focus of homelessness

Homelessness Australia uses an ABS definition that emphasises a lack of one or more of the elements that represent 'home' and may include: a sense of security, stability, privacy, safety, and the ability to control your own living space. (1)

1 Typical features

According to the AIHW, some children under the age of 16 live in families experiencing homelessness, while others experience homelessness on their own. Each night this can mean youth spending the night:

1. in supported accommodation for the homeless
2. sleeping in temporary accommodation
3. couch surfing
4. sleeping on the street
5. living in severely crowded dwellings. (2)

2 How it applies specifically to Australian youth

5.2 Outcome task research

This section should:

- include the name and description of a health focus.

on Resources

Digital documents
Research summary template (doc-41651)
Assessment rubric (doc-41652)
Research checklist (doc-41653)

Weblinks
The student podcaster
How to create a mind map

5.2 Exercises

5.2 Quick quiz on | **5.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 3	2	4

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Test your knowledge

1. Identify three behavioural risks that the AIHW suggests are in need of action.
2. With the use of an example, explain what is meant by 'health action'.
3. Discuss why the Mission Australia Youth Survey is a valid source of information about the personal concerns of young people.

Apply your knowledge

4. In your own words, create a one- or two-sentence summary of **FIGURE 5.1**.

5.2 Exam questions

Question 1 (3 marks)

Identify two reliable sources of health data relating to young people in Australia and **justify** your choices.

Question 2 (2 marks)

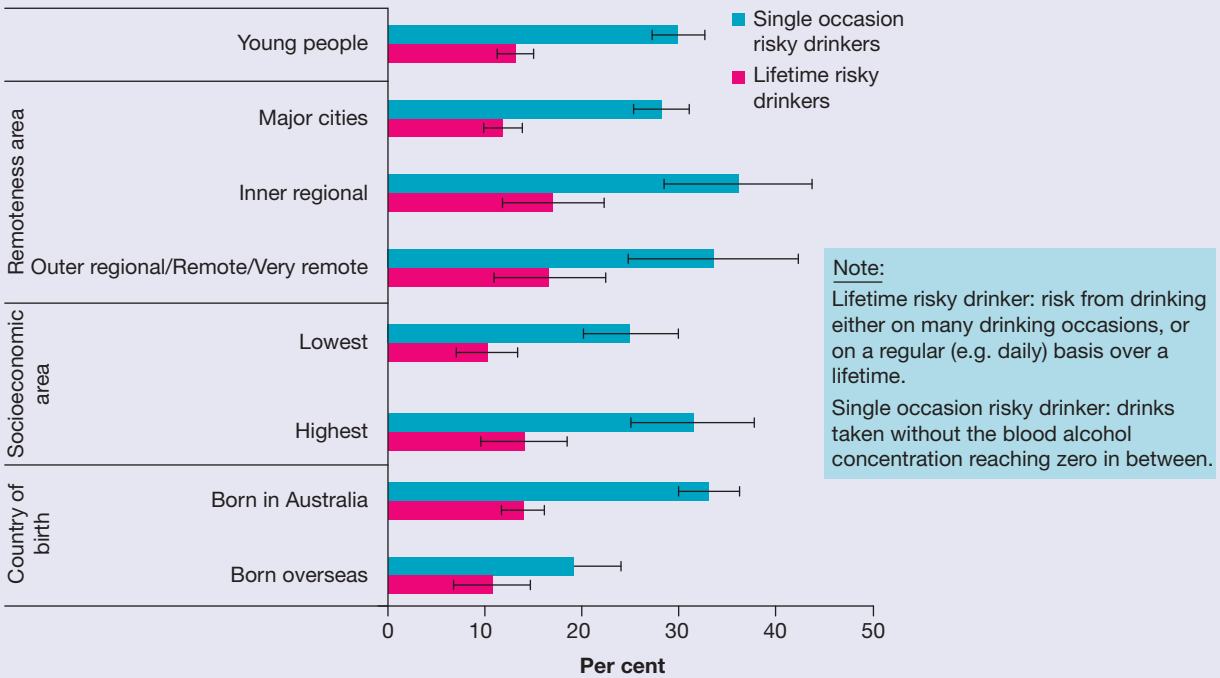
Explain what is meant by a 'health inequality'.

Question 3 (1 mark)

Describe one aspect of youth health that requires action.

Question 4 (2 marks)

Alcohol use status for young people aged 14–24, by selected population groups, 2019



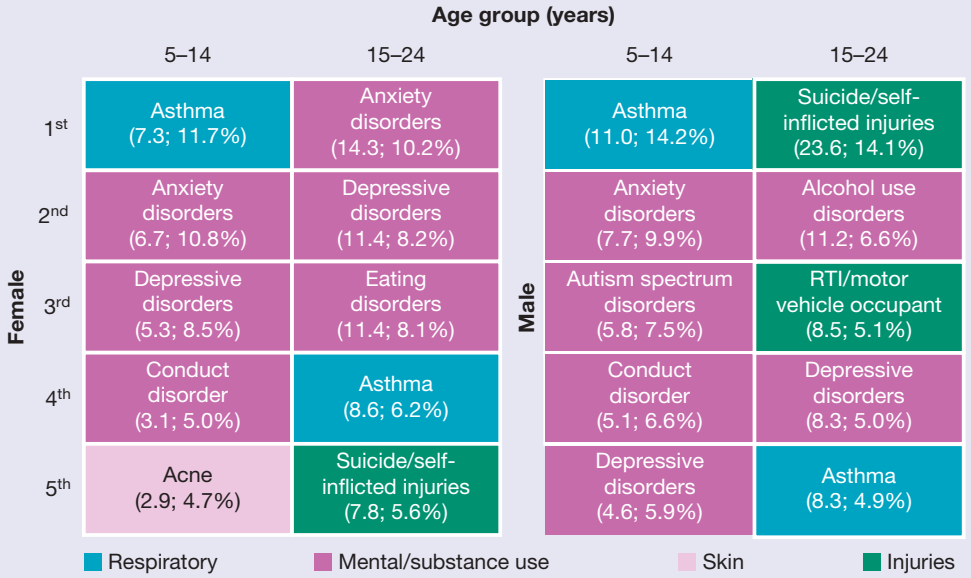
Note:
Lifetime risky drinker: risk from drinking either on many drinking occasions, or on a regular (e.g. daily) basis over a lifetime.
Single occasion risky drinker: drinks taken without the blood alcohol concentration reaching zero in between.

Source: https://www.aihw.gov.au/reports/children-youth/alcohol-tobacco-and-other-drugs

Using the data above, **explain** one reason why risky drinking in youth requires action.

Question 5 (4 marks)

Leading causes of total burden (DALY '000; proportion %), by sex and age group, 2022



Source: https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2022/contents/summary

Using data, **compare** two differences in the leading causes of disease burden in males and females aged 15–24.

More exam questions are available in your learnON title.

5.3 Impact on dimensions of health and wellbeing

Key knowledge	Key skill
The following features of one health focus relating to Australia's youth: – impact on different dimensions of health and wellbeing	Research, collect and analyse data on one health focus relating to youth looking at its impact, management, advocacy and costs

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- the characteristics of each of the dimensions of health and wellbeing.

You need to be able to:
- give examples of how a health focus can cause changes to specific characteristics of each of the dimensions of health and wellbeing
- state why the impact of a health focus is significant at the youth stage.

Outcome task

The first feature is the impact of the health focus on each of the dimensions of health and wellbeing of young people. This means linking the health focus to changes in specific characteristics of physical, mental, emotional, social and spiritual health and wellbeing. Remember that analysis also involves identifying why the timing of this impact in the youth stage is important.

This subtopic will discuss the impact of a health focus on the dimensions of health and wellbeing. The key knowledge worked example relates to **discrimination**.

5.3.1 What you need to know: dimensions of health and wellbeing

This part of the key skill builds on earlier knowledge of the dimensions of health and wellbeing in topic 1. As a starting point for analysis of this feature, it may be useful to review the characteristics of optimal health and wellbeing for each dimension (see **TABLE 5.2**). When considering the impact of your health focus, note that the key knowledge states 'different dimensions'. This means your research has to include examples of the impact on characteristics of all five dimensions.

discrimination when a person or group of people is treated differently from other people, often as a result of factors such as race, religion, sex, sexual orientation or gender identity

TIP

It is important to remember that not everyone responds the same way to the impact of health issues, so it is only possible to suggest outcomes for health and wellbeing. It is useful to use terms such as 'may', 'could' and 'more likely to' when writing about the impact.

TABLE 5.2 Characteristics of the dimensions of health and wellbeing

Physical	• Having a healthy body weight • Being free from illness, disease or injury • Having adequate energy levels • Being able to complete physical tasks adequately • Having appropriate levels of fitness • Having a strong immune system • Having well-functioning body systems and organs
Mental	• Feeling low levels of stress or anxiety • Having positive self-esteem • Being able to process information to solve problems • Having a high level of confidence • Having positive thought patterns and being optimistic • Being able to use logic and reasoning to form opinions, make decisions and solve problems
Emotional	• Recognising and understanding the range of emotions • Effectively responding to and managing emotions • Experiencing appropriate emotions in different scenarios • Having a high level of resilience
Social	• Effective communication with others • Supportive and well-functioning family • Productive relationships with other people • Supportive network of friends • Ability to manage or adapt appropriately to different social situations
Spiritual	• Having a sense of belonging and connection to the world • Having positive meaning and purpose in life • Experiencing peace and harmony • Having developed personal values and beliefs • Acting according to values and beliefs

The impact of a health focus in the youth stage can be significant. Youth experience rapid brain development and physical, intellectual, emotional and social change. This affects how they feel, think, make decisions and interact with the world around them. Your research needs to make specific reference to the significance of a health focus at the youth stage.

5.3.2 What you need to do: analyse the impact of a health focus

As part of your analysis of a health focus, you need to include:

1. how it can directly impact a young person
2. how this can negatively impact all dimensions of health and wellbeing
3. why the timing of its impact in the youth stage is significant.

Consider how the health focus would directly impact a young person. In the case of discrimination, being treated differently from other people because a young person is a different race, religion, sex, sexual orientation or gender identity may lead to them experiencing verbal abuse, bullying and violence at the hands of others who are motivated by prejudice.

Then consider how this could lead to a negative impact on health and wellbeing. One example is that even anticipating discrimination may mean a young person is afraid to go to school, and avoids social situations or social groups, leading to social isolation and less productive relationships with others, indicating poorer social health and wellbeing.

Example

Impact of discrimination on dimensions of health and wellbeing

Being treated unfairly because they have preconceived beliefs or stereotypes about what gender is and how gender 'should' look may limit the ways young people express and identify themselves, and change the way they dress or who they feel free to have a relationship with. (1)

1 How it can directly impact someone

This could mean less hope and inner peace in life or feeling disconnected and that you don't belong, reducing spiritual health and wellbeing. This could contribute to difficulty falling or staying asleep, or restless sleep and low energy and exhaustion, reducing physical health and wellbeing. It could contribute to being unable to gain control of sadness or pessimism or having resilience challenged, reducing emotional health and wellbeing. This could lead to social isolation from family through withdrawing from social interactions, reducing social health and wellbeing. This could contribute to having negative thought patterns and low self-esteem, reducing mental health and wellbeing. (2)

2 How this can negatively impact all dimensions of health and wellbeing

The youth stage is a key time for identity development. Discrimination places less value on a young person's identity and sense of self, which can lower their confidence. They may also attempt to manage their stress by engaging in behaviours that are damaging to physical health and wellbeing, such as smoking and alcohol or illicit drug use. Uncertainty about their self-expression could create stress that reduces functioning of their immune, endocrine and cardiovascular systems at a time of rapid growth and development. Health in the youth stage is a strong factor in health in the adult stage. (3)

3 Why the timing of its impact in the youth stage is significant

TIP

This section of your research about the impact of the health focus also relates to later sections on the management of the health focus. Refer back to this section when writing about health services, government programs and advocacy. If they are effective, they should improve the negative aspects of health and wellbeing.

5.3 Outcome task research

This section should:

- include the possible impacts of the health focus on a young person and each of the dimensions of their health and wellbeing
- demonstrate the importance of the health focus at the youth stage.

on Resources

Digital documents Research summary template (doc-41654)
Assessment rubric (doc-41655)
Research checklist (doc-41656)

Weblink Rob's story

5.3 Exercises

5.3 Quick quiz on | **5.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
2	1, 3	4

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Test your knowledge

1. Discuss why it is important to consider the impact of a health focus on all five dimensions of health and wellbeing.
2. What is meant by 'discrimination'?

Apply your knowledge

3. Create a mind map with a description of road safety in the centre. Add a dot point list of the impacts that road safety can have on each dimension of health and wellbeing.
4. My name is Darsh. I am in my final year of high school. I have experienced ongoing racism since I was in primary school. My first memory was in grade 3 when someone pushed me to the ground at recess as they walked past. As I picked myself up, they came up close to my face and said 'Go back to your own country'. The other kids around me laughed. I was sad and confused. My brothers and I were born in Australia, although my parents were born in India. After that, there have been many incidents of name-calling and abuse right through my secondary schooling.

   I have tried not to show how I feel or respond to others when things like this happen. I have tried to keep my fear inside. My parents don't know how much I've suffered. I used to pretend to be sick so that I could stay home from primary school to avoid the bullying. I spent those days in bed crying and feeling anxious, lost and lonely. I felt different and alone. I tried to avoid groups at school because I thought they hated me, which meant having fewer friends and more isolation. I have always had negative thoughts about who I am and don't feel very optimistic about what the future holds.

   Using examples from the case study, discuss the impact of discrimination on Darsh's health and wellbeing.

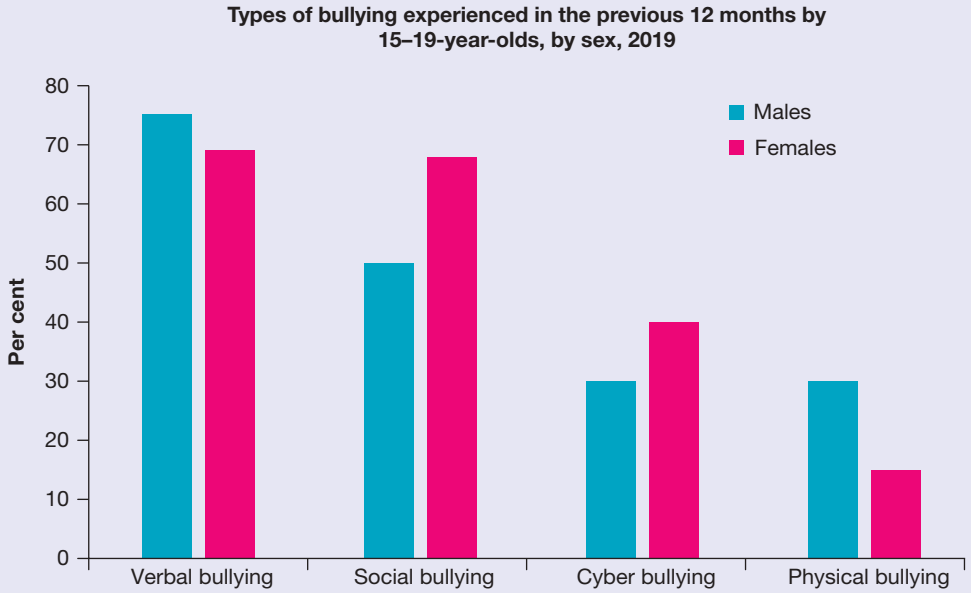
5.3 Exam questions

Question 1 (2 marks)

Explain why bullying is a form of discrimination.

Question 2 (4 marks)

The following graph shows the types of bullying experienced by young people.



Source: https://www.aihw.gov.au/reports/children-youth/negative-online-experiences

Using data from the graph, **identify** two differences in the types of bullying experienced by males and females.

Question 3 (2 marks)

Select a type of bullying from the graph and **explain** how it could negatively affect the emotional and social health and wellbeing of young people.

Question 4 (4 marks)

This question relates to the data below from the 2022 Mission Australia Youth Survey.

Experiences of unfair treatment or discrimination were reported by three in five (60.7%) gender-diverse young people. Females were more likely than males to have felt they were treated unfairly in the last year (28.0% compared with 20.3%). Among the young people who had been treated unfairly in the past year:

- Close to three times the proportion of females as males had been treated unfairly due to their gender (42.0% compared with 15.1% of males).
- A higher proportion of males than females reported they had been treated unfairly due to their race/cultural background (36.5% compared with 31.1%).
- Three quarters of gender-diverse young people felt they had been treated unfairly due to their gender (75.3%) or their sexuality (75.1%).

Using the information above, **justify** why discrimination requires action for youth health and wellbeing.

Question 5 (4 marks)

Jordie was in a pool of athletes for an elite sporting scholarship. During try-outs, he heard some of the staff making remarks about him and what they thought of his sexual orientation. He became very stressed and anxious, to the point that he lost his appetite and found sleeping difficult. Each day he felt less confident about going back. Unfortunately, he wasn't selected for a scholarship, but all of the other applicants were chosen. Jordie was extremely disappointed. He would frequently have angry outbursts at home and couldn't bring himself to continue training. He was quiet all through the club awards night, where he would usually have been in the middle of celebrations. His family were worried that he was not his usual optimistic, positive self and was now very reserved.

Using information and examples from the case study, **explain** the difference between emotional and mental health and wellbeing.

More exam questions are available in your learnON title.

5.4 Incidence, prevalence and trends

Key knowledge	Key skill
The following features of one health focus relating to Australia's youth: – data such as incidence, prevalence and trends	Research, collect and analyse data on one health focus relating to youth, looking at its impact, management, advocacy and costs

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the meaning of health status indicators, including incidence, prevalence, trend and inequality.	• collect and analyse data such as incidence, prevalence and trend data for a health focus in youth • collect and analyse data to identify health inequalities in youth for a health focus.

Outcome task

The next feature to analyse should be the impact of the health focus on youth health status.

This means arguing a case based on data such as incidence, prevalence, trends and levels of concern that young people hold.

It would be useful to identify why the health focus is of significance specifically at this stage of the lifespan by showing how it creates inequalities.

This subtopic will demonstrate the impact of a health focus on health status. The key knowledge worked example relates to **depression**.

5.4.1 What you need to know: how to collect and analyse data on a health focus

A health focus not only has an impact on health and wellbeing, but it also has an impact on health status. This part of the key skill builds on your work on health status indicators in topic 2 and it will require collection and analysis of data. Possible sources of data were shown earlier in **FIGURE 5.3**.

You need to consider any data that shows the significance of the issue, as well as differences in:

- youth health status or concerns over time
- health status or concerns between groups of young people
- health status or concerns between groups of young people and other age groups.

You may choose to collect your own data on personal concerns of young people through surveys, online polls or interviews. There is no need to collect a large number of responses. You should present a summary of your data in a table or graph, or as quotes. Remember that when you interview others, you need to have informed consent and ensure that you do no harm to the participants, researcher or community, and respect the individual's right to privacy.

depression extreme feelings of hopelessness, sadness, isolation, worry, withdrawal and worthlessness that last for a prolonged period and interfere with normal activities

TIP

Privacy

When collecting and using data, it should not require you or your interviewees to disclose personal information about health status or health behaviours.

You need to make sure that the way you collect data is consistent with school policies.

5.4.2 Incidence, prevalence and trends

The negative impact of a health focus can be measured as morbidity. As you learned in topic 2, incidence and prevalence are two measures used to present morbidity data.

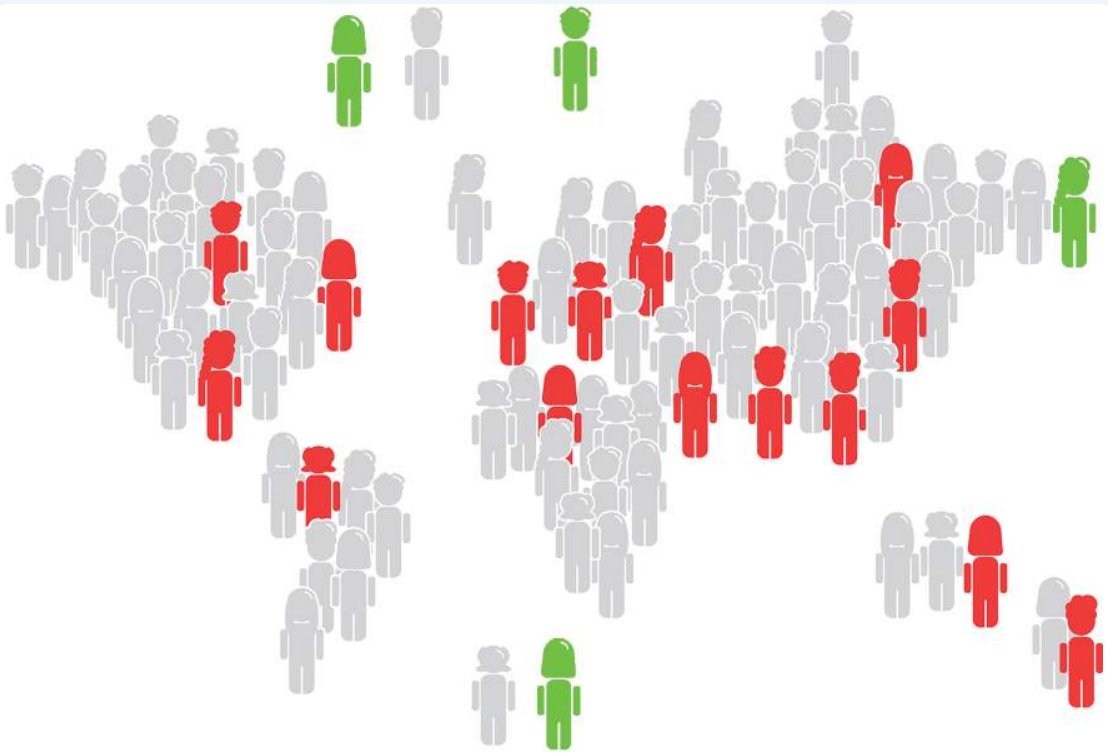
Incidence refers to the number of new cases of a condition usually in a 12-month period. It is useful for identifying which conditions are increasing and which ones are decreasing. **Prevalence** refers to the total number of cases of a condition or individuals affected at a given time. It can be useful for comparing the number of individuals experiencing a certain condition or how widespread an issue is.

The difference between the two is that prevalence includes all cases — new and existing — in the population at the specified time, whereas incidence only refers to new cases. (See topic 2 for more information.)

incidence refers to the number (or rate) of new cases of a disease/condition in a population during a given period (usually 12 months)

prevalence the number or proportion of cases of a particular disease or condition present in a population at a given time (AIHW, 2008)

FIGURE 5.4 The difference between incidence and prevalence. Incidence (new cases) are shown in green. Prevalence (total cases) is the sum of existing cases shown in red + new cases shown in green. Using this graphic, this would mean 4 (incidence) added to 15 (existing cases) for a prevalence of 19.



A **trend** is a general movement or pattern; it is the general direction in which something is developing or changing over time. In social media, trending is when a topic, hashtag or keyword becomes popular and more visible, creating bigger engagement on platforms such as X (formerly Twitter), TikTok or Instagram. Trend data is valuable because it shows what has been happening to rates of disease or death and risk factors over a period of time.

Reading graphs and tables

The following steps provide an organised way of reading graphs and tables.

1. Read the *title* of the graph. The title usually shows what kind of information is presented in the graph. It may be at the top of the graph or next to the figure number.
2. Read the *horizontal* and *vertical axes* (of a bar graph, for example) and look at the units; for instance, the units might represent a percentage, year, number, rate, proportion or dollars. Use the correct unit when referring to data (see also step 6 below).
3. Look at the *key* if there is one. This helps identify various elements of the data.
4. Read any *notes that relate to the data*. There may be additional written information at the bottom of the graph explaining various elements. An element of the data that may not make sense may become clear after reading these notes.
5. Look for *trends, similarities and differences between the data*. This will give you a better understanding of the data that the graph is actually presenting.
6. When commenting on data, try to avoid making general statements such as 'more' and instead try to use data from the graph to support your statement; for instance, use 'around 75 deaths per 100 000 compared to around 150 deaths per 100 000', making sure to refer to the correct unit of measurement.
7. You also need to include data points in your trend. What was the starting data point in the graph and what was the final data point? These will enable you to describe whether the movement is upward or downward.

FIGURE 5.5 Look for trends in the data. Is the data going up or down? Is it the same for males and females?

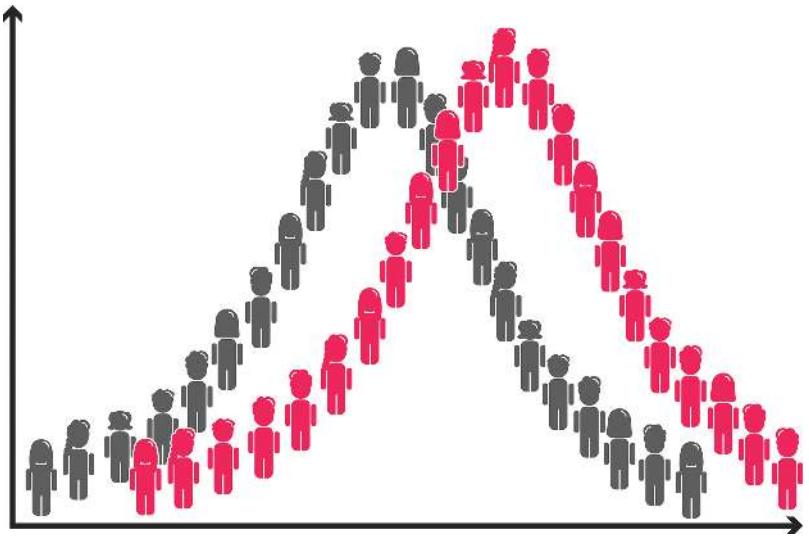
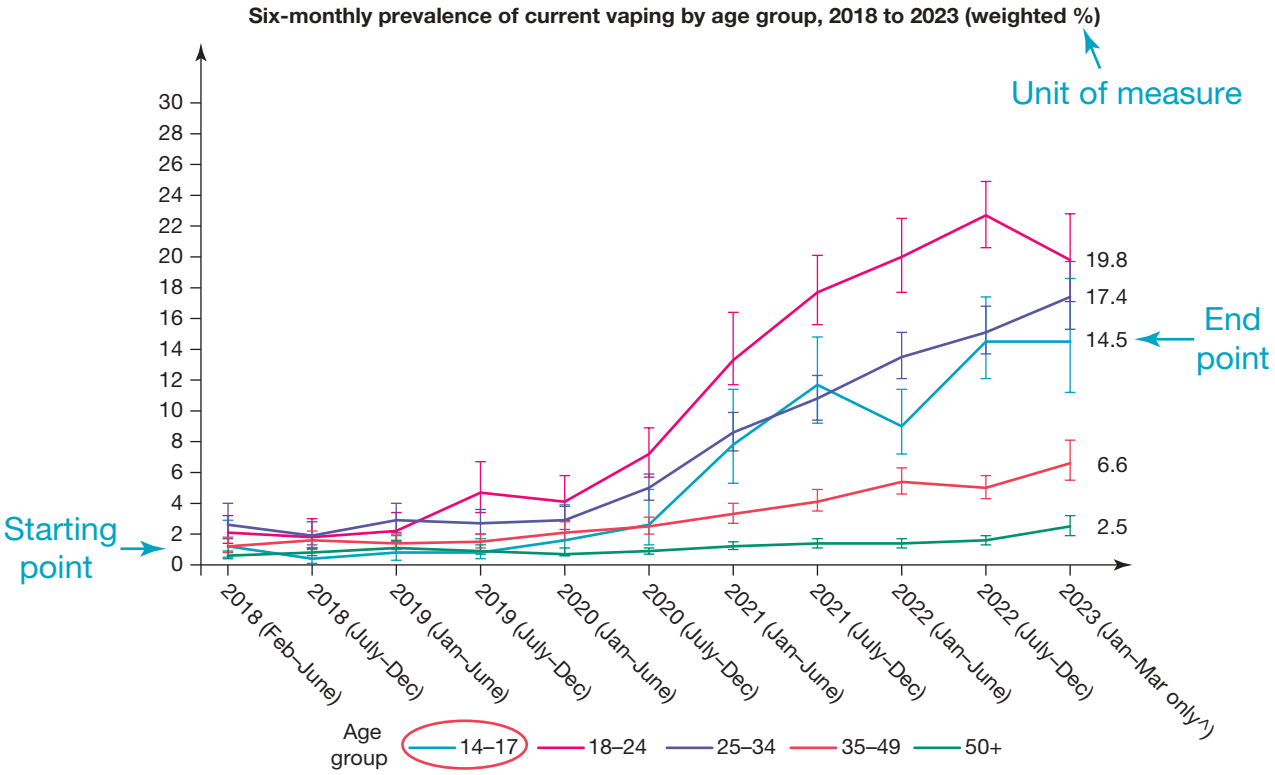


FIGURE 5.6 is an example of a graph showing trend data. The trend shown for 14- to 17-year-olds is the one relevant to youth. It is not a smooth upward movement as it shows a sharp decrease in 2021. However, the overall trend is an upward one. One description of a trend from this data would be: 'Other than a drop in 2021, the overall prevalence of vaping in 14- to 17-year-olds shows a marked increase, from 1 per cent in 2018 to 14.5 per cent in 2023.'

trend the general direction in which something is developing or changing over time

FIGURE 5.6 In health-related data, a trend can show upward (increase) or downward (decrease) movement in a disease or risk factor in the youth population. It is valuable because it shows what has been happening over a period of time.



Source: Department of Health and Aged Care, 2023.

When describing a trend, you can use any of the terms listed below.

Description: There was a ...	Movement
1. slight 2. small 3. gradual 4. steady 5. significant 6. dramatic 7. sharp 8. rapid 9. steep 10. sudden	1. rise in 2. increase in 3. decrease in 4. decline in 5. fall in 6. drop in

TIP

When describing the impact of the health focus, show knowledge of the meaning of incidence, prevalence and trends in your writing by using the terms ‘new’ or ‘newly diagnosed’ or ‘widespread’, ‘frequent’ or ‘common’.

5.4.3 What you need to do: analyse the impact on health status

To analyse the data you collect, you should consider how the health focus is affecting health status, for example:

1. the incidence or number of new cases
2. the prevalence or how widespread it is in the population
3. the trend or whether it is increasing, decreasing or remaining stable
4. how it represents inequalities (differences) and therefore needs action.

Example

Impact of depression on health status

The number of new cases, or incidence rate, for anxiety and depression was 24.1 for every 1000 males and 41.3 for every 1000 females in the 10–14 years age bracket and 53.7 for every 1000 males and 96.9 for every 1000 females aged 15 to 19 years. (2019) (1)

1 The incidence, or number of new cases

The 2020–22 prevalence rate for anxiety was 32.4 per cent for males and 45.5 per cent for females in the 16–24 years age bracket. (2)

2 The prevalence, or how widespread it is in the population

There is an upward trend in anxiety-related conditions. For females aged 15–24 years, the proportion with anxiety-related conditions increased from 18.9% in 2014–15 to 24.6% in 2017–18. For males of the same age, the rate of anxiety-related conditions almost doubled between 2014–15 and 2017–18 (7.9% to 13.9%). (3)

3 The trend, or whether it is increasing, decreasing or remaining stable

Mission Australia's 2022 report found inequalities related to anxiety in young people:

- Anxiety was an issue of personal concern to 19 per cent of young people nationally; 20.8 per cent of females and 13.1 per cent of males.
- 18.2 per cent of gender-diverse young people indicated that anxiety was a personal concern.
- The 2020–22 prevalence rate for anxiety was 22.8 per cent for males and 29.6 per cent for females in the 25–34 age bracket. (4)

4 How it represents inequalities (differences) and therefore needs action

TIP

This section of your research about the impact of the health focus also relates to later sections on the management of the health focus. Refer back to this section when writing about the health services, programs and advocacy section of your presentation. If they are effective, they can change incidence, prevalence and trends.

5.4 Outcome task research

This section should include:

- data relating to the health focus, such as incidence, prevalence and trends.

Make sure your data relate to Australian youth.

on Resources

Digital documents Research summary template (doc-41657)
Assessment rubric (doc-41658)
Research checklist (doc-41659)

5.4 Exercises

5.4 Quick quiz on | **5.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
2	1, 3	4, 5

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Test your knowledge

1. Explain the difference between incidence and prevalence.
2. Outline why trend data is useful.

Apply your knowledge

3. Surveys show that almost 19 per cent of people aged 15 to 24 years had anxiety and 14 per cent had depression in 2020–21 (ABS). Those figures steadily decline with age, where just over 7 per cent of people aged 75 years had anxiety and the same percentage had depression. In the same survey, 10.7 per cent of adults were found to be daily smokers; for those aged 18 to 24 years, it was 8.3 per cent. In the 15 to 24 years group, 83.3 per cent had never smoked, compared to 54.7 per cent in 65 years and over, and 21.7 per cent had tried vaping, compared to just under 10 per cent of adults overall.

   Using the data above, identify an inequality in the prevalence of a risk factor in young people.

4. In 2017, the Young Minds Matter survey identified that two-thirds of young people with a mental disorder said that their parents or carers knew only 'a little' or 'not at all' about how they were feeling. Australian research by headspace.org.au shows that up to 70 per cent of young women and 80 per cent of young men who experience a mental disorder receive no help at all.

   Discuss what the statistics shown above suggest about the true prevalence of youth mental disorders.

5. a. Identify whether the data shown in the graph represent incidence or prevalence.
   b. Using data, outline the change in daily smoking in young people aged 15 to 17 years.
   c. Explain why smoking remains a health focus requiring action.

Proportion of current daily smokers, 2011–12 and 2021–22

Source: https://www.abs.gov.au/articles/insights-australian-smokers-2021-22.

5.4 Exam questions

Question 1 (1 mark)
Outline why it is useful to collect incidence data.

Question 2 (1 mark)
Describe prevalence as a measure of health status.

Question 3 (1 mark)
Outline what a trend is.

Question 4 (2 marks)

Percentage of young people who reported condom availability and use

	Availability of condoms (%)	Use of condoms (%)
2021	75.0	49.3
2018	68.7	56.8
2013	66.8	59.8
2008	71.0	68.0
2002	73.3	66.4

Using data from the table, **identify** a trend that suggests sexual health is an area of youth health requiring action.

Question 5 (3 marks)
Government of South Australia data shows that, despite steady falls in South Australia's road toll over the past decade, young drivers continue to be overrepresented in road trauma statistics. 'People aged 16 to 19 make up 5 per cent of the population, but account for 12 per cent of all fatalities and serious injuries in South Australia. Also, young drivers have a significantly higher risk of death relative to the number of kilometres they drive, compared to other driver age groups.'

Source: https://www.dit.sa.gov.au/__data/assets/pdf_file/0014/112334/Young_Drivers_and_Road_Safety_Fact_Sheet.pdf

a. With the use of data, **identify** an inequality shown in the paragraph above.
b. **Describe** the potential impact of road injuries on emotional and social health and wellbeing.

More exam questions are available in your learnON title.

5.5 Risk and protective factors

Key knowledge	Key skill
The following features of one health focus relating to Australia's youth: – risk and protective factors	Research, collect and analyse data on one health focus relating to youth, looking at its impact, management, advocacy and costs

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- what a risk factor is
- what a protective factor is.

You need to be able to:
- show how risk factors contribute to inequalities in a health focus
- show how protective factors can reduce the risk of inequalities for a health focus.

Outcome task

The next feature to analyse is the risk and protective factors that relate to the health focus. This means identifying factors that can either put a person at risk of a health inequality or increase the likelihood of a positive health outcome. The timing of the influence of these factors at the youth stage is to be considered also.

This subtopic will demonstrate the impact of risk and protective factors on a health focus, including why the timing of their influence in the youth stage is significant. The key knowledge worked example relates to **vaping**.

5.5.1 What you need to know: risk and protective factors

Risk factors

A **risk factor** is something that increases the likelihood of developing disease or injury. Health risk factors can be personal characteristics and behaviours or sociocultural, commercial or environmental factors that increase the likelihood of a person developing a disease or a poorer level of health. Refer to **TABLE 4.3** in the previous topic for other detail on factors that can create risk for health in the youth stage.

vaping the inhaling of a vapor created by an electronic cigarette (e-cigarette)

risk factor something that increases the likelihood of developing disease or injury

Behavioural risk factors are those that individuals have the most ability to modify.

FIGURE 5.7 Risk factors for youth health and wellbeing

Protective factors

Protective factors shield us against exposure to risks, reduce the impact of a risk factor or change the way we respond to a risk factor. Health literacy enhances protective factors that allow us to manage stress and strengthen resilience and our ability to make health-promoting choices. Refer to **TABLE 4.3** in the previous topic for greater detail on factors that can be protective for health in the youth stage.

protective factor something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk

For example, a young person with good social and emotional skills (protective factor) can make friends easily and is consequently less likely to experience social isolation (risk factor).

FIGURE 5.8 Protective factors for youth health and wellbeing

TIP

Remember to use topics 3 and 4 to consider factors that can act as risk or protective influences, as well as any developmental changes in the youth stage. If data suggest that the health focus is increasing in incidence or prevalence, think about which risk factors explain this. Which protective factors would influence inequalities? Refer back to this section when writing about the health services, programs and personal strategies. If they are effective, they should reduce exposure to risk factors or enhance protective factors.

5.5.2 What you need to do: analyse risk and protective factors

You need to show how risk and protective factors relate to the health focus. This includes:

1. an outline of two or three risk and two or three protective factors related to the health focus
2. an explanation of why each one increases or decreases the likelihood of experiencing the health focus in the youth stage
3. linking the impact of the risk or protective factors to data.

Example

Risk and protective factors for health focus of vaping

One risk factor for young people that increases the likelihood of harm from vaping is that vapes can be easily obtained through online channels. (1)
Though restricted in Australia, vape equipment sold online can be an accessible and affordable alternative to cigarettes. (2)

1 Risk factor 1

2 Why it increases vaping

Another risk factor for young people is the influence of a parent or other family member or friend who vapes. (1)
This can promote interest and access and add to the incorrect perception that vaping is relatively harmless when compared to regular cigarettes. (2)

1 Risk factor 2

2 Why it increases vaping

Use of sophisticated marketing of a selection of novelty flavours and tastes through social media and online channels acts as a risk factor for youth. (1)
It can glamourise vaping and make it appear fun and socially acceptable. It has been suggested that social marketing draws young people to vaping, flavours encourage young people to try it and the nicotine content in vapes keeps young people coming back for more. (2)
These risk factors are significant in the youth stage as they occur at a time where youth are starting to exercise autonomy and independence, which may involve learning from new experiences. (3)

1 Risk factor 3

2 Why it increases vaping

3 Links risk factors to youth

A protective factor for vaping is connectedness to school. (1)
This can decrease the risk of harm because a sense of belonging and feeling included will mean stronger relationships and greater likelihood of following the health-promoting behaviours through curriculum content and school policy. (2)

1 Protective factor 1

2 Why it decreases vaping

Another protective factor is social support and the ability to rely on peers who favour long-term health over peer acceptance. (1)
This can decrease the likelihood of harm from vaping — if the group has a negative attitude to smoking, peer influence may deter uptake of vaping. (2)
These protective factors are important in the youth stage as they can support health-promoting attitudes and values, discourage behavioural risk factors and reverse the increasing trend in youth vaping that shows the overwhelming majority — 80 per cent — of NSW teens who use vapes are getting them from friends. (3)

1 Protective factor 2

2 Why it decreases vaping

3 Links protective factors to data

5.5 Outcome task research

This section should include:

- a concept map, summary table or discussion of the risk and protective factors and how they may contribute to the selected health focus.

on Resources

Digital documents Research summary template (doc-41660)
Assessment rubric (doc-41661)
Research checklist (doc-41662)

5.5 Exercises

5.5 Quick quiz on | **5.5 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4	5, 6

Test your knowledge

1. Identify which type of risk factor is most easily changed.
2. Explain how a young person's family could be either a risk or protective factor.
3. Discuss why schools are a setting for protective factors.
4. Explain why resilience, communication and negotiation skills are protective for youth health.

Apply your knowledge

5. Select two protective factors that could reduce youth vaping and explain why they would be effective.
6. Read the case study and then respond to the question below.

   Xanthe is 16 and in Year 11. She lives at home and has always had a good relationship with her parents, but she refuses to speak with them about her anxiety, believing that she should manage it by herself. She has had a telehealth appointment with her GP about her mental health and her increasing anxiety in the lead-up to the end-of-year exams. Xanthe is aiming for a high ATAR for university entrance but is having trouble sleeping and falls asleep in class. This is affecting her ability to complete schoolwork and her mid-year exam results were poor by her standards. The GP suggested that Xanthe speak with a school counsellor and also put her in contact with a Beyond Blue peer support line.

   Identify two risks and two protective factors affecting Xanthe.

5.5 Exam questions

Question 1 (2 marks)
Explain the difference between risk and protective factors.

Question 2 (2 marks)
Outline the impact of two risk factors that may affect youth health and wellbeing.

Question 3 (2 marks)
Outline the impact of two protective factors that would support youth health.

Question 4 (4 marks)
Kam is 15 and first tried vaping with a friend after they sneaked a vape from one of their parents. 'We had been watching videos on TikTok and it looked cool,' said Kam. He now finds the flavours of disposable vapes appealing. Kam and his friend are now addicted and vape every day. Kam says it makes him less stressed. The school has a no smoking or vaping policy, but he finds that he craves vapes while he's at school and finds it hard to calm down without them. He vapes on the way to school, in the toilets between lessons and on the way home. Kam finds it easy to buy vapes, being tall for his age, but he also has an older friend who buys them online for him. Kam has recently joined the local basketball team and is enjoying the challenge of training hard for fitness.

Use the information above to **discuss** two risk factors and two protective factors influencing Kam's vaping.

Question 5 (4 marks)
Explain how multiple risk factors can interrelate to have a negative impact on youth health.

More exam questions are available in your learnON title.

5.6 Healthcare services and support

Key knowledge	Key skill
The following features of one health focus relating to Australia's youth: – healthcare services and support	Research, collect and analyse data on one health focus relating to youth, looking at its impact, management, advocacy and costs

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what healthcare services are available to young people in Australia.	• identify healthcare services available for young people to manage a health focus • identify support available for young people to manage a health focus • explain how the services and support could help a young person reduce the impact of a health focus.

Outcome task

The next feature of your research should be an analysis of healthcare services designed to manage the health focus. Consider how they can influence the impact on health and wellbeing and improve the health status of young people.

This subtopic will demonstrate healthcare services and support that help to reduce the impact of a health focus. Topic 10 has more information on the Australian healthcare system. The key knowledge worked example relates to depression.

5.6.1 What you need to know: healthcare services

We know that health is dynamic and can be negatively affected by risk factors. Even when health is optimal, action needs to be taken to keep it that way.

Many **healthcare services** are required to deliver a high-quality health system that meets the health needs of Australians.

These services include:

- **Primary healthcare**. This includes general practice, dispensing medicines, allied health services such as psychology, counselling and physiotherapy, and community health services such as drug and alcohol centres.
- Specialist care, which provides services for those with specific or complex conditions or issues. This includes mental health services, cancer treatment, and alcohol and other drug treatment services, as well as diagnostic services such as pathology and imaging.
- Hospitals, which includes services provided to admitted and non-admitted patients, including emergency department care.

healthcare services prevention, early intervention, assessment, treatment, health maintenance and continuing care services designed to improve or maintain the health and wellbeing of individuals and communities

primary healthcare the healthcare that people seek first in their community. It includes diagnosis and treatment of health conditions and long-term care, as well as health promotion and prevention services.

TIP

Government-funded and approved health information about healthcare services and the Australian health system can be found on the websites of the Department of Health and healthdirect.

Medicare

Medicare is Australia's universal health insurance scheme. It provides Australian citizens of all socioeconomic backgrounds with access to services such as doctors' consultations and treatment in public hospitals. Many of these services are either fully or partially funded through Medicare.

Equity is also an aspect of the Medicare system. For example, it provides funding for telephone and video consultations, which can assist those living outside major cities in accessing health services. Australians have different healthcare needs; the health system must take these differences into account if it is to be equitable and fair for all people.

equity the absence of unfair, avoidable or remediable differences

General practitioners and specialist services

General practitioners (GPs) are often the first contact youth have with the health system (see topic 10 for more details). A GP has completed training in general practice and has broad knowledge and the skills to work out how to manage health issues and decide whether you need to be referred to a medical specialist or an allied health professional. A GP can help with your physical, mental and emotional health and wellbeing through check-ups, health screening and early treatment.

Services delivered by GPs include:

- diagnosis, treatment and care of young people with health problems
- promoting good physical, emotional and mental health
- check-ups and prevention of health problems
- early intervention
- managing ongoing and long-term conditions.

FIGURE 5.9 Many types of services are part of the healthcare system: GPs, psychiatrists and hospitals.

Hospital care

As a public patient in a public hospital, accommodation and treatment by doctors and specialists is covered by Medicare, including initial treatment and aftercare. Hospitals provide accident and emergency, non-surgical wards, operating theatres, intensive and coronary care, laboratories and psychiatric rehabilitation care.

5.6.2 What you need to know: healthcare support

Young people can also access a range of other healthcare support through psychologists, community groups, helplines and telephone counselling, online health services, charity groups, social workers, health-related websites and apps. Some examples of healthcare support include:

- Beyond Blue
- Kids Helpline
- headspace National Youth Mental Health Foundation
- The Salvation Army
- Youth Off The Streets
- Foundation for Young Australians
- ReachOut

- The Smith Family
- Relationships Australia
- Alcohol and Drug Foundation
- Partners in Wellbeing

5.6.3 Youth-friendly health services and support

Studies indicate that young people seek choice, independence and respect and therefore need health services to:

- offer youth workers and health practitioners that they can establish a relationship with
- be respectful
- listen to their concerns and acknowledge their rights
- have a presence in schools
- ensure confidentiality
- provide sexual health support and alcohol and drug education
- facilitate mental health consultations.

As privacy, confidentiality and anonymity are important to young people, it also means they have an expectation that health programs and information, advice or support will be available online or through digital applications. The internet and text messaging of reminders about health services can improve access to health information. They can also address some of the barriers young people experience due to lack of confidence, geographic location or embarrassment.

FIGURE 5.10 myCompass and Sleep Ninja are apps from the Black Dog Institute that young people can use to manage depression by accessing information, advice or support online or through digital applications.

However, barriers exist that prevent some youth accessing these healthcare services and support. These barriers are:

- embarrassment or not wanting anyone to find out they have a health issue
- cost
- uncertainty over access without a parent or carer
- confidentiality or privacy concerns
- concerns about being treated respectfully
- knowledge of services
- discomfort in disclosing health concerns
- accessibility of services, including transport
- characteristics of services, such as opening hours and flexibility of appointments
- not having their own Medicare card for accessing healthcare independently of parents or carers.

e-Mental Health (eMH) is the delivery of services targeting common mental health problems through online and mobile phone interactive websites, apps, sensor-based monitoring devices and computers for people with mild to moderate depression or anxiety. e-Mental Health can provide services where face-to face therapy is not available or accessible and can be used with face-to-face therapy by providing an extra level of support. These support services meet the need for privacy and confidentiality, safety and empowerment.

5.6.4 What you need to do: analyse healthcare services and support

To do an analysis of healthcare services and support, you need to show:

1. primary healthcare, specialist care or hospital access available to help a young person manage a health focus
2. what healthcare support is available through psychologists, community groups, helplines and telephone counselling, online health services, charity groups, social workers, websites or apps to help a young person manage a health focus.

Example

Healthcare services and support for depression

For a young person managing depression, quality, safe and low-cost health services to address the issue are available through Medicare. Medicare rebates are available for up to ten individual and ten group allied mental health services per calendar year to patients with an assessed mental disorder who are referred by a general practitioner (GP) under a GP Mental Health Treatment Plan. (1)

1 An example of a healthcare service to support youth

GPs also provide a range of services, including preparing a mental health plan, referring the individual to the right health professional (including specialists), and prescribing appropriate medicines and associated treatments (free if the doctor bulk bills). Mental health specialists include psychologists, psychiatrists, mental health nurses, occupational therapists, social workers and Indigenous health workers.

If an individual sees a psychiatrist as a public patient at a community health centre or a public hospital, the service is likely to be free. If they see a psychiatrist in private practice, Medicare will refund part of the psychiatrist's fee. These services are provided in a range of settings, for example, in hospital, consulting rooms, home visits and over the phone, which could be more suitable to a young person. (2)

2 Primary healthcare, specialist care or hospital access available to help a young person manage a health focus

For a young person managing depression, healthcare support is available from Beyond Blue. The website, beyondblue.org.au, provides information for young people about depression, how to recognise signs and symptoms and how to manage their mental health. Beyond Blue also provides young people with a free telephone and online counselling service, which is open 24/7, to share their experiences of depression, and point them in the direction of mental health services. (3)

3 What healthcare support is available through telephone counselling, online health services, and websites to help a young person manage a health focus

TIP

When you analyse the healthcare services and support, consider what does or could make them youth friendly and why this is important. Think about whether they promote equity. It would also be helpful to look back to the sections on risk factors that could be avoided and protective factors that could be promoted. If effective, what inequalities would these services address?

5.6 Outcome task research

This section should include a description of the healthcare services and support available for the health focus, including:

- name of the health service or health support organisation
- aims of the health service or health support organisation
- a description of how they attempt to achieve their aims.

on Resources

Digital documents Research summary template (doc-41663)
Assessment rubric (doc-41664)
Research checklist (doc-41665)

Weblink What is a GP?

5.6 Exercises

5.6 Quick quiz on | **5.6 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3	4	5

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Test your knowledge

1. According to the WHO, what is the aim of health services within a health system?
2. Identify two ways Medicare supports the health and wellbeing of young people.
3. Identify one example of healthcare support appropriate for young people and justify your choice.
4. Identify two factors that might prevent a young person using healthcare services or support.

Apply your knowledge

5. myCompass and Sleep Ninja are apps from the Black Dog Institute that young people can use to manage depression by accessing information, advice or support online or through digital applications.

   Evaluate the opportunities and limitations of apps as a form of healthcare support for youth mental health and wellbeing.

5.6 Exam questions

Question 1 (4 marks)

a. Using data from the table, **identify** a difference in the barriers that deter males and females from accessing health support. **(2 marks)**

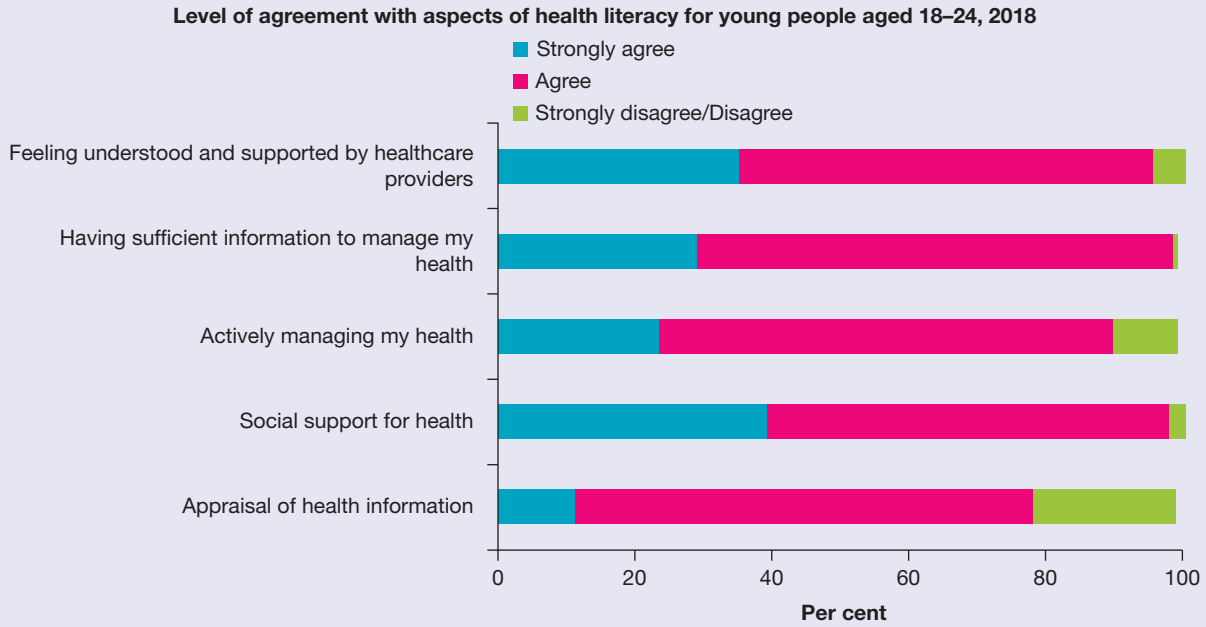
b. **Identify** one way that Medicare addresses one of these barriers to access. **(2 marks)**

Barriers that stopped or delayed young people accessing professional mental health support

	National %	Females %	Males %	Gender diverse %
Stigma or shame associated with mental illness	43.5	43.0	44.4	46.6
Concerns about confidentiality	43.4	45.5	35.8	49.4
Don't know where to go for help	34.0	36.0	27.3	38.2
Cost	24.5	25.9	16.9	41.6
Distance/location	9.8	9.3	8.6	19.7
Operating hours	5.7	5.5	5.3	10.1
Other (Key themes appearing in the other category included waitlists, accessibility issues, parental concerns, being anxious or embarrassed, COVID-19 and being lazy or mental health support being a low priority)	15.6	16.2	11.7	28.7
There were no barriers or delays to get the help I needed	17.1	16.3	20.5	13.5

Source: Mission Australia Youth Survey 2022, p. 35, https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey.

Question 2 (4 marks)



Source: https://www.aihw.gov.au/reports/children-youth/health-literacy-for-young-people

a. Using information from the graph above, **provide evidence** that healthcare services are helping youth manage their health. **(2 marks)**

b. Appraisal of health information relates to the ability to assess its quality and appropriateness. **Outline** one example of a healthcare service or support that could help a young person improve their capacity to appraise health information. **(2 marks)**

Question 3 (4 marks)

Discuss how Medicare promotes equity for young people in healthcare.

Question 4 (4 marks)

Identify and **discuss** factors that make online health support appealing to young people.

Question 5 (6 marks)

Sexual Health Victoria (SHV) is a health service that provides the following services:

- Clinics with low or no cost confidential consultations for young people under 22 that cover counselling and advice on contraception, sexual health and STIs
- Advanced training for youth and community workers
- Relationships and sexuality education for schools, teachers, parents and carers
- Research and advocacy

SHV aims to increase sexual health literacy and offers education services to further support young people to make decisions about their reproductive and sexual health and wellbeing that are right for them. It provides education resources to schools that promote knowledge about healthy, respectful relationships, personal values about relationships, gender roles, sexual orientation and intimacy without sexual intercourse.

a. **Identify** barriers that this service would overcome for young people. **(2 marks)**

b. **Identify** two dimensions of health and wellbeing that Sexual Health Victoria helps support. **Justify** your selections. **(4 marks)**

5.7 Government and community programs and personal strategies

Key knowledge	Key skill
The following features of one health focus relating to Australia's youth: – government and community programs and personal strategies to reduce negative impact	Research, collect and analyse data on one health focus relating to youth, looking at its impact, management, advocacy and costs

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• government and community programs for a youth health focus • personal strategies for a youth health focus.	• identify government, community programs to reduce the impact of a health focus • explain how programs are created or implemented to reduce the impact of a health focus and promote equity • identify personal strategies that would enable a young person to manage a health focus.

Outcome task

The next feature of your research should be to analyse how government or community programs and personal strategies would reduce the impact of a health focus. This means: how can they help a young person manage the impact of the health focus on health and wellbeing, health status indicators or costs, and increase protective factors including help-seeking or health literacy?

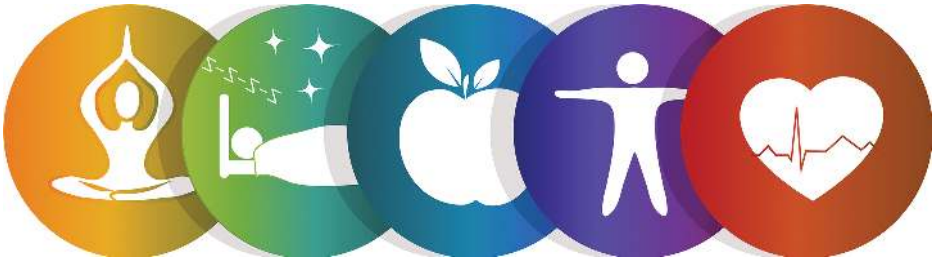
This subtopic will demonstrate how government and community programs and personal strategies reduce the impact of a health focus. The key knowledge worked example relates to **risky drinking**.

risky drinking consumption of more than two standard drinks per day (for lifetime risk of disease) and more than four standard drinks on a single occasion (for risk of injury)

5.7.1 What you need to know: government and community programs

Government and community programs are designed to assist youth in taking health action. These programs work to reduce the risk or impact of health issues and the strain on the health system by reducing direct, indirect and intangible costs. They do this by emphasising prevention of health problems and promoting healthy lifestyles. They aim to engage and empower individuals and communities to choose healthy behaviours and make changes that reduce the risk of ill health. VicHealth states that 'for every dollar invested in prevention we save $14.30 in healthcare costs'.

FIGURE 5.11 Health promotion can include a range of aspects of health.



Typical activities for health programs include:

- **Communication:** Raising awareness about healthy behaviours through public service announcements, mass media campaigns and newsletters.
- **Education:** **Empowering** behaviour change and actions through increased knowledge as a result of health education strategies such as courses, training and support groups.
- **Policy and environment:** Improved policy through laws and changes to economic, social or physical environments that encourage, make available and enable healthy choices.

Community-based programs help facilitate culturally sensitive information and services. They can be tailored to the needs of communities and programs can choose to engage trusted '**community champions**'. Community-based programs can be run by faith-based organisations and charities that encourage greater participation by local members of the community, which means they could impact health behaviours in significant ways.

empowering providing the means to achieve something

community champion a volunteer in a local community who promotes people's wellbeing

They aim to develop health literacy and resilience, reduce risk factors and increase protective factors to improve health and wellbeing.

FIGURE 5.12 Physical education in school is an example of a program that promotes physical activity.

There is an expectation that these programs will:

- increase awareness of risk factors, such as smoking, vaping, gambling and risky drinking
- promote protective factors, such as help-seeking, sun protection and respectful relationships
- create behaviour change from health-compromising, such as sedentary lifestyles, to health-enhancing, such as regular physical activity
- increase access to reliable, evidence-based health information
- create environments that support good health
- increase coping skills, such as resilience and help-seeking
- improve quality of life, and enhance self-esteem, wellbeing and belonging
- strengthen social supports
- strengthen all dimensions of health and wellbeing.

Personal strategies to reduce the negative impact of a health focus

When considering how to manage health and wellbeing, personal strategies could include:

- making changes slowly and setting realistic goals — changing too much too fast may limit your chances of success
- communicating and getting help from friends and family — ask a friend, brother or sister, parent or guardian to help you make changes and stick with your new habits
- seeking help from medical professionals — consulting with a GP helps you to identify, understand and manage your health and take more responsibility for your sexual, physical and mental health, understand your needs and act appropriately on them.
- using a therapist via SMS or web chat, or online clinics or programs
- using peer support forums and smartphone apps
- knowing your rights when it comes to your healthcare around consent and confidentiality
- learning to advocate for yourself; knowing how to look after or support your own interests, developing the confidence and skills to know how and when to speak up
- understanding risks and protective factors — understanding the effects of risk factors such as recreational drugs, alcohol, smoking or vaping, poor dietary intake and lack of physical activity. Also understanding the effects of protective factors such as taking time to relax, eat and sleep well, form strong social connections, health literacy and a supportive family environment, which will help you take charge of your own health.

FIGURE 5.13 Telehealth has made it easier to seek help when you need it.

5.7.2 What you need to do: analyse government and community programs and personal strategies to reduce negative impact

To analyse government and community programs and personal strategies, you need to show:

1. how one government program has been created to reduce the negative impact of a health focus and how the program promotes equity
2. how one community program has been created to reduce the negative impact of a health focus and how the program promotes equity
3. what action young people can take to manage a health focus themselves.

For example, the government's programs and strategies related to the use of alcohol and risky drinking are built upon three pillars: demand reduction, supply reduction and harm reduction.

The demand reduction measures are to:

- prevent the uptake and/or delay the use of alcohol
- reduce the misuse of alcohol in the community
- support people to recover from their dependence on alcohol and to reintegrate into the community.

The supply reduction (law enforcement approach) measures aim to control, manage and/or regulate the availability of alcohol.

The harm reduction measures seek to reduce the adverse health, social and economic consequences of the use of alcohol.

Example

Government and community programs and personal strategies to reduce the negative impact of alcohol

Positive Choices is an online portal to help school communities access accurate, up-to-date drug education resources and prevention programs. School staff and parents can play an important role in protecting young people from drug-related harms and empowering them to make positive choices. As teachers, school counsellors and parents are the primary sources for young people seeking advice or help for drug use issues, it is crucial they are equipped with accurate information and evidence-based harm prevention strategies. To meet this need, the Australian Government Department of Health and Aged Care funded the development of Positive Choices, an online portal that recognises cultural diversity and provides access to interactive drug education resources for school communities. The website has sections for teachers and schools, parents and families, students, culturally and linguistically diverse peoples, and Aboriginal and Torres Strait Islander Peoples. It contains facts, advice, apps, contacts and interactive tools such as quizzes and webinars. (1)

1 How one government program has been created to reduce the negative impact of a health focus and how the program promotes equity

The Youth Support and Advocacy Service runs outreach programs in various areas in Victoria. They cater for young people who have significant problems with drug and/or alcohol use. Outreach support is flexible and ensures needs-based help. YSAS drug and alcohol workers meet people in their own space and in their own community; the places where a person feels safe. The type of support available from the Outreach program includes:

- assessing a young person's needs and making a support plan with them
- offering referrals and linkages
- practical support (e.g. with Centrelink or GPs)
- family support
- information and education
- general counselling. (2)

2 How one community program has been created to reduce the negative impact of a health focus and how the program promotes equity

Personal strategies to manage risky alcohol use might include seeking help from a doctor to access alcohol services for support, information and counselling, different strategies for turning down alcohol, possibly planned in advance e.g. a signal with a friend for when it's time to leave. (3)

3 What action young people can take to manage a health focus themselves

TIP

Remember to refer to equity in this section. Don't forget to look back to the sections on risk factors that could be avoided and protective factors that could be promoted. If effective, what inequalities would these services address? How would they improve each of the dimensions of health and wellbeing?

5.7 Outcome task research

This section should include:

- a description of personal strategies that can be used
- two government or community programs for the health focus, including the following information:
  - name of the program
  - aims of the program
  - a description of how they attempt to achieve their aims.

Refer to subtopic 4.3 to consider how they will:

- improve the health literacy of young people.

Resources

Digital documents Research summary template (doc-41666)
Assessment rubric (doc-41667)
Research checklist (doc-41668)

5.7 Exercises

5.7 Quick quiz | **5.7 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1	2, 3, 4	5, 6

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Test your knowledge

1. Identify the values reflected in the Positive Choices program.
2. Outline the risk and protective factors that Positive Choices addresses or encourages.
3. Describe how the Positive Choices program promotes a dimension of health and wellbeing.
4. Discuss how the Positive Choices program supports equity.
5. The Youth Support and Advocacy Service reflects 'equity'. Discuss how it does this.

Apply your knowledge

6. Sean uses a mobile app to help him keep track of his mental health. The app provides fact sheets and information about mindfulness, sleep and physical activity. It has a feature that enables notifications and reminders.

   Explain why using the app as a personal strategy could be an effective way for Sean to manage the risk and protective factors for his mental health.

5.7 Exam questions

Question 1 (1 mark)
Outline the aim of a health program.

Question 2 (2 marks)
Identify two personal strategies that a young person could use to improve their safety around or on water.

Question 3 (3 marks)
Bite Back is a free self-guided online program from the Black Dog Institute that uses a combination of fun, interactive activities, quizzes, animations and information across nine positive psychology domains, including gratitude, optimism, flow, meaning, hope, mindfulness, character strengths, healthy lifestyle and positive relationships. Bite Back is appropriate for young people aged 12–18 years, but has a particular focus on those aged 13–16 years. It is for classroom use but allows young people to move at their own pace and focus on the aspects that interest them most. The development and delivery of Bite Back are supported by the Australian Government Department of Health.

Discuss evidence that could be used to indicate positive outcomes for youth health from the Bite Back program.

Question 4 (2 marks)
Local Drug Action Teams

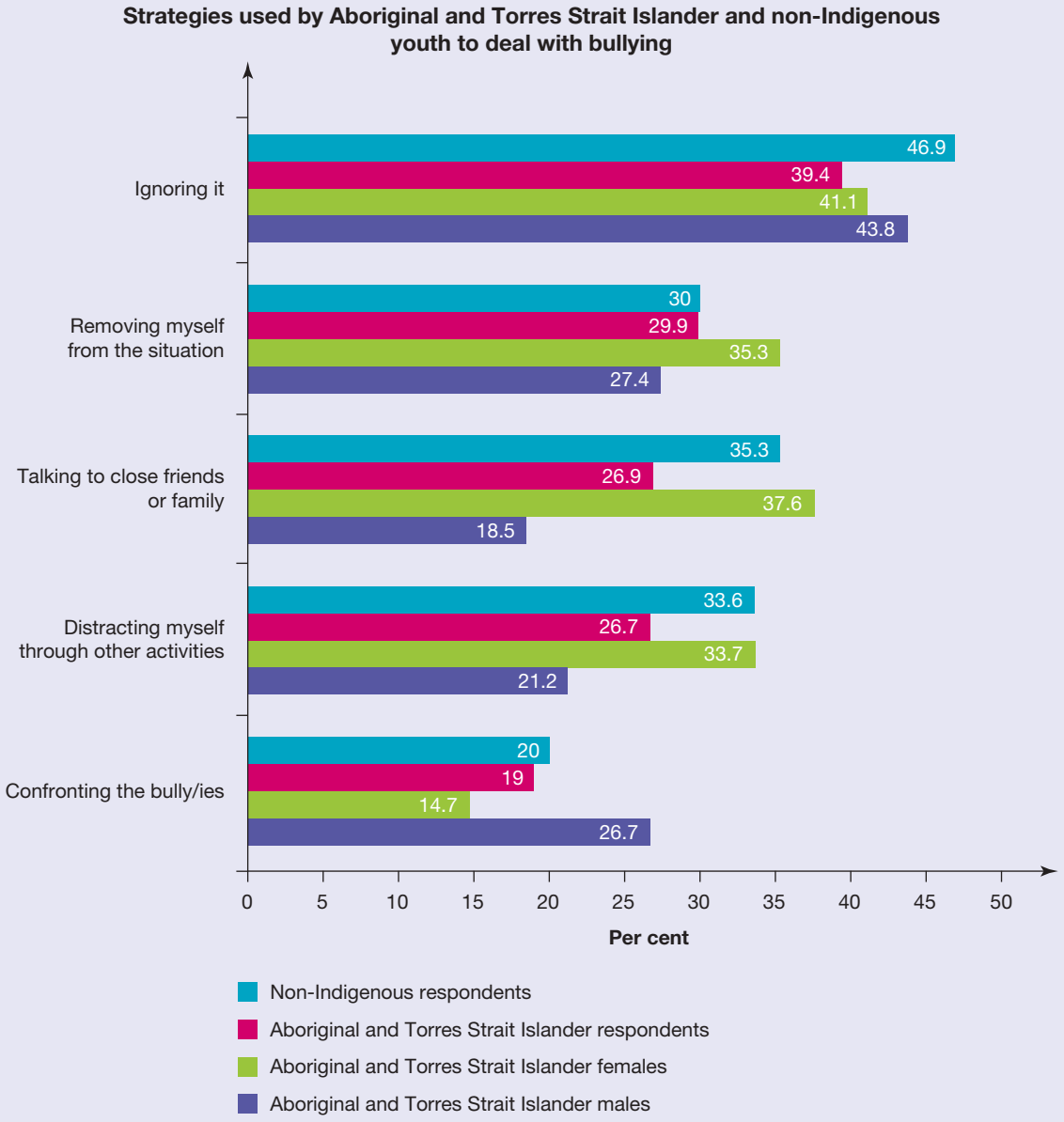
The Australian Drug Foundation (ADF) Local Drug Action Team program is funded by the Australian Government and is being implemented across Australia. The Local Drug Action Team (LDAT) program supports communities to work together to prevent and minimise the harm caused by alcohol and other drugs. There are now 280

Local Drug Action Teams across Australia. The ADF works with LDATs helping them to build or extend local partnerships and develop and deliver evidence-based activities where they matter the most — at the grassroots community level. Each new community LDAT will receive $10 000 upfront to help them through the initial phase. An LDAT is a group of organisations who form a partnership to address alcohol and other drug (AOD) issues in their local community. The program emphasises building 'protective factors' in the community, working to prevent alcohol and drug issues starting in the first place. LDATs must have a lead organisation for governance purposes, as well as at least two community organisation partners. This can be any mix of schools, educational institutions, health workers, police, community organisations, businesses or local government who unite to drive a community-led response focusing on AOD prevention.

Discuss the potential impact the program could have on the ability of youth to use personal strategies to manage their own health and wellbeing.

Question 5 (4 marks)

The following graph shows strategies that helped young people deal with bullying.



Source: Mission Australia Youth Survey 2019.

There are many personal strategies that young people choose to address discrimination in the form of bullying.

a. Using data from the graph, **outline** one difference between the personal strategies that Aboriginal and Torres Strait Islander female youth and Aboriginal and Torres Strait Islander male youth use to address bullying. **(2 marks)**

b. **Discuss** how one of the strategies outlined in part **a** could support a young person in managing their spiritual health and wellbeing. **(2 marks)**

More exam questions are available in your learnON title.

5.8 Direct, indirect and intangible costs

Key knowledge	Key skill
The following features of one health focus relating to Australia's youth: – direct, indirect and intangible costs to individuals and/or communities	Research, collect and analyse data on one health focus relating to youth, looking at its impact, management, advocacy and costs

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by direct, indirect and intangible costs.	• give examples of direct, indirect and intangible costs.

Outcome task

The next key feature to analyse should include analysis of the associated costs of the health focus to individuals and the community.

This subtopic will demonstrate analysis of the costs associated with a health focus. The key knowledge worked example relates to **illicit use of drugs**.

5.8.1 What you need to know: costs

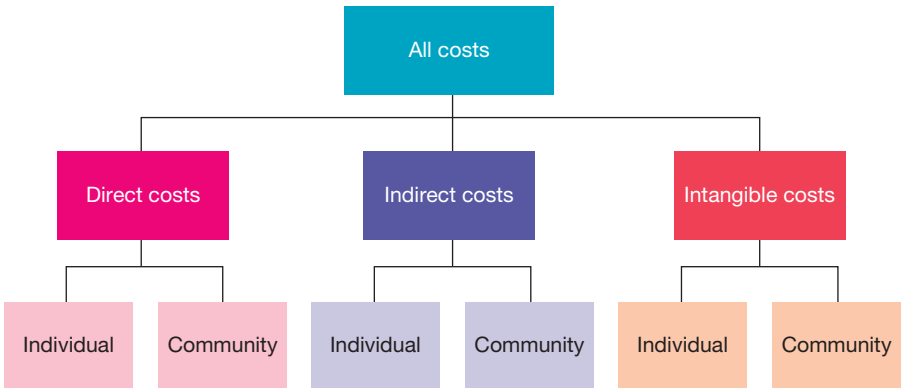
One of the negative outcomes of a health focus relates to costs to the individual and the community. Earlier subtopics have outlined the potential physical, social and emotional impact of a health focus on youth. However, reduced health and wellbeing of young people also has implications for their social network, their local community and the nation.

Some of these costs can be counted in monetary terms and others are more difficult to add up as they relate to quality of life and emotional suffering. Many of these are financial, but it is difficult to put a dollar value on many other costs.

Costs associated with disease and injury can be classified as being direct, indirect or intangible. The burden of these costs can lie with the community, the individual or both.

illicit use of drugs use of an illegal drug, which is prohibited from manufacture, sale or possession, or the misuse of a legally available drug

FIGURE 5.14 The costs that can be incurred by individuals and the community



Direct costs

Direct costs are those associated with preventing the disease or condition and providing health services to people experiencing it. These costs include all those associated with developing and implementing health promotion strategies, as well as the diagnosis, management and treatment of the condition. It is relatively easy to put a dollar value on direct costs.

FIGURE 5.15 A trip in an ambulance is a direct cost of a road accident for the individual involved.

Direct costs to the individual are those paid for by the ill person or their family. Examples include:

- fees for ambulance transport
- doctor and specialist fees not covered by Medicare
- surgery or hospital fees not covered by Medicare or private health insurance
- pharmaceuticals.

Direct costs to the community are the costs associated with implementing health promotion strategies and diagnosing and treating the condition, but which are paid for by the community. These costs are generally paid for through Medicare, the Pharmaceutical Benefits Scheme and/or private health insurance providers.

Examples include:

- doctor and specialist fees
- the costs associated with the operation of public and private hospitals, such as wages for administration employees
- the costs associated with implementing health promotion programs.

In addition to the financial costs associated with preventing, diagnosing and treating drug use, there is a wide range of hidden costs. Many of these are financial, but it is difficult to put a dollar value on many others. These costs can be classified as indirect or intangible and, like direct costs, can lie with the individual or community.

Indirect costs

Indirect costs are not directly related to the diagnosis or treatment of the disease but occur as a result of the person having the disease. When a person is sick, their life may be affected in many ways. They may not be able to work and therefore suffer loss of income. They may have to pay to have things done that they used to be able to do, such as cleaning the house or mowing the lawn. It is possible to measure some indirect costs to the individual.

direct costs costs associated with preventing the disease or condition and providing health and wellbeing services to people experiencing it. Direct costs include all those associated with developing and implementing health promotion strategies as well as the diagnosis, management and treatment of the condition.

indirect costs costs not directly related to the diagnosis or treatment of the disease, but that occur as a result of the person having the disease

FIGURE 5.16 If a broken leg stops you from working, that is an indirect cost.

Examples of indirect costs to the individual include:

- loss of income if a young person can't participate in part-time work
- days lost from school or university attendance, affecting academic progress.

Examples of indirect costs to the community include:

- loss of a member of a sporting club
- costs to the TAC to support a young person with a road transport injury.

Intangible costs

Costs can also be intangible, which means it is very difficult to put a monetary value on them. **Intangible costs** to the individual often relate to the mental and emotional side of illness and disability and could include *pain and suffering*, or *stress*.

Example: The individual may be concerned about the impact and outcome of their condition, leading to *loss of self-esteem* if they are unable to complete activities they could in the past, such as working in a part-time job or volunteering for a local charity.

Example: Intangible costs to the community could include *loss of participation in social activities* and *emotional impacts* on family, friends, work colleagues and associates within the community during the treatment of an individual who is unwell. Other people may also experience the *emotional impact of grief* in the case of the death of an individual.

5.8.2 What you need to do: analyse direct, indirect and intangible costs

To do an analysis of costs, you need to show:

1. two direct costs: one direct cost to a young person and one to the community as a result of a health focus
2. two indirect costs: one indirect cost to a young person and one to the community as a result of a health focus
3. two intangible costs: one intangible cost to a young person and one to the community as a result of a health focus.

intangible costs costs on which it is difficult to place a monetary value. They often involve emotions or feelings, for both the individual and the community.

TIP

Remember that whatever type of costs you are discussing, they must relate to a young person experiencing the health focus. Data may exist for the direct and indirect costs; however, intangible costs can be shown through case studies or quotes.

Example

Direct and indirect costs for illicit drug use

Direct costs to the individual	Direct costs to the community
• Fees associated with treatment of addiction, including medication such as methadone and therapy	• Costs associated with the operation of public and private hospitals for treatment for drug-related health problems (1)
Indirect costs to the individual	**Indirect costs to the community**
• When a young person is unwell due to drug addiction, they may need to have regular consultations requiring ongoing transport costs.	• Cost of detoxification and rehabilitation treatments (2)
Intangible costs to the individual	**Intangible costs to the community**
• Anxiety, sleep disturbance, memory and cognitive deficit, hallucinations	• Parents experience worry that their young person might die when taking drugs regularly (3)

1 Direct costs

2 Indirect costs

3 Intangible costs

5.8 Outcome task research

This section should include information about:

- the direct, indirect and intangible costs that would be reduced by your chosen programs and personal strategies.

on Resources

Digital documents Research summary template (doc-41669)
Assessment rubric (doc-41670)
Research checklist (doc-41671)

5.8 Exercises

5.8 Quick quiz on | **5.8 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 4, 5	3, 6	2

These questions are even better in jacPLUS!

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Test your knowledge

1. Briefly explain the difference between direct and indirect costs and identify an example of each relevant to illicit drug use.
2. Explain how intangible costs can affect all areas of a young person's life: personal, professional, social, family.

3. Explain the importance of health literacy in reducing health costs.
4. Discuss why it is sometimes difficult to quantify health costs.
5. Justify the advantages of reducing direct and indirect costs.

Apply your knowledge

6. Identify the following examples as either direct, indirect or intangible costs.

Example	Direct	Indirect	Intangible
Stress for family members when trying to assist a young person experiencing drug use problems			
Missing school for long periods of time due to drug use			
Family member taking time off work to help assist a young person going through drug rehabilitation			
Costs associated with implementing health promotion programs in schools about refusing drugs			
Fees associated with treatment for counselling about drug use			
Loss of self-esteem and confidence due to health issues			

5.8 Exam questions

Question 1 (2 marks)

Outline an intangible cost to an individual and an intangible cost to the community related to youth homelessness.

Question 2 (1 mark)

Outline why the true costs of a health and wellbeing focus would never fully be known.

Question 3 (2 marks)

Explain why the costs associated with implementing government health promotion strategies are direct costs to the community.

Question 4 (3 marks)

My name is Sam. My family situation is stable, but my parents split up when I was only 6 years old. I live with my mum but see my dad often. I found the divorce hard, but things improved when Mum got remarried, and I get along with my stepdad. When I was in Year 9, I got introduced to drinking at a party. Within a short time, I was also smoking marijuana with my friends. In Year 11, I had a regular girlfriend who was also into drugs, and by the time I reached Year 12, I was skipping school and sitting in my room all day alone. My family were suspicious that I was getting out of control. I stole a phone from a friend's house while at a party so I could buy more drugs but got caught eventually. Mum was upset and angry as she had to take a day off work to sort things out with the family and police. At this stage, my mum, stepdad and dad sat me down and told me to get help. I went to my GP who referred me to a youth worker in our area.

Identify the direct, indirect and intangible costs in this case study.

More exam questions are available in your learnON title.

5.9 Opportunities for youth advocacy and action

Key knowledge	Key skill
The following features of one health focus relating to Australia's youth: – opportunities for youth advocacy and action on a personal and community level to improve outcomes in terms of health and equity	Research, collect and analyse data on one health focus relating to youth, looking at its impact, management, advocacy and costs

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by 'advocacy' • what is meant by 'personal' and 'community' advocacy • what actions can be taken for advocacy.	• identify opportunities to advocate and take action for a youth health focus • propose possible outcomes of advocacy and action for health and equity.

Outcome task

Young people can experience barriers that limit their opportunities to receive appropriate resources, know and exercise their rights, and fully use healthcare services.

The next feature of your research should include an analysis of the actions that young people and the community can take to have a voice about the health focus.

This subtopic will demonstrate the opportunities for youth advocacy and action. In this subtopic, the worked example relates to **body confidence**.

body confidence accepting, and being happy with, how we look and what our bodies can do

social acceptance tolerating and welcoming the differences and diversity in others

5.9.1 What you need to know: advocacy and action

Not all youth in our community have the same opportunity to enjoy good health and wellbeing. Some face more barriers to good health than others, and sometimes those barriers are unfair or avoidable. Health equity means removing these barriers and making sure all young people have the resources and opportunities they need to make healthy decisions, take positive health action and lead healthy lives. To improve health equity, advocacy can bring opportunities for action and change.

Advocacy and action

Health advocacy involves individual and social actions to gain support for health goals. It includes getting political commitment, policy support, **social acceptance** and system backing. Social acceptance is crucial as it shows that the community is ready for change. Advocacy means believing in something and showing that belief through words and actions. Advocacy amplifies voices and is a call to action.

FIGURE 5.17 Fun runs and marathons are a common form of health advocacy, involving individual and social actions to gain support for health goals.

Aims of advocacy

- Highlight issues to the wider community
- Attract the attention of politicians and the media
- Build confidence in groups and communities
- Improve services
- Act as a catalyst for change
- Achieve justice

- Share knowledge and reduce inequalities
- Allow individuals to have their voices heard in the community on issues that are important to them
- Protect and promote rights

Youth advocacy is the process of identifying, understanding and addressing issues that are important to young people. It is important for young people to be able to advocate for their own healthcare rights and to take health action. Advocacy creates **agency** for a young person or a sense of control over their behaviour and self-belief about their ability to handle things.

Young people and advocacy

Young people offer valuable and diverse perspectives and opinions. It is important to listen to these perspectives and opinions and to provide them with a voice.

Peer-to-peer youth programs involve young people providing informal support to other young people. Programs recognise that young people value confidentiality and are more likely to discuss personal issues with their peers rather than with parents or adults, and that peers are often regarded as a more credible and non-judgemental source of information. In this way, they can improve their own health and wellbeing and that of others.

Digital advocacy relates to the techniques used to communicate about a cause online. Using social media, websites, mobile apps or email can educate the world about an issue and inspire action for change. Digital advocacy can potentially reach many people and is quick and cheap.

agency control over decisions, actions and consequences

digital advocacy use of technology to create, promote and mobilise support for a particular cause or campaign

self-advocacy speaking up for yourself about what is important to you or what you need

community advocacy influencing behaviour, opinion and practices of the public to mobilise groups and institutions that are involved in effecting change

lobbying trying to influence or persuade an organisation or government to take action

Personal youth advocacy and action

Advocacy can be personal, such as researching and communicating ideas, then writing a blog or sharing your experiences. Personal, or **self-advocacy**, means making your own health needs a priority. If young people get the right information and understand it, they are more likely to advocate and take action for their own health and wellbeing.

Community advocacy and action

Community advocacy aims to gain social acceptance by influencing the behaviour, opinions and practices of the public, to mobilise groups and institutions that are involved in making change. It aims to gain political commitment by directly influencing government policy, legislation or regulations.

Organised groups focus their efforts on influencing legislators through **lobbying** members of parliament, making submissions to government inquiries, conducting research and coordinating action. For example, Beyond Blue has a stated aim to positively influence national, state and territory policies to ensure they consider the needs of people with depression and anxiety and improve mental health and wellbeing.

FIGURE 5.18 A protest march is an example of community advocacy.

Diversity, equity and inclusion underpin programs working to support people of different races, ethnicities, religions, abilities, genders and sexual orientations. An example of effective advocacy is when the LGBTQIA+ community wanted to see the Marriage Act changed to include same-sex marriages. They advocated for change through advertising, media, petitions, government appeals and personal story sharing.

Advocacy and health outcomes

When considering the possible health outcomes of advocacy and action related to a health focus, you need to reflect on your earlier research.

- What health inequalities exist in relation to the health focus?
- What are the risk factors that contribute to it?
- What prevents young people from accessing services and programs that will help them manage the health focus?

Thinking about these questions will help you to identify the potential outcomes of the advocacy or action that you are planning.

FIGURE 5.19 To improve health equity, advocacy can bring opportunities for action and change.

Outcomes of advocacy for a health focus could include:

- lower incidence and prevalence, reducing health inequalities
- a change in the trend for data related to risky behaviour
- increased youth health literacy, protective factors and ability to take control of their own health
- changes in risky behaviour and protective factors so that young people are engaged in seeking optimal health
- more positive physical, mental, emotional, social and spiritual health and wellbeing
- greater equity and use of health services and support by young people.

It is important to realise that advocacy is a process that involves planning, action and outcomes. This requires an advocacy plan tailored to the concerns of the affected group — in this case, young people. The more you understand your topic and the issues surrounding it, the better equipped you will be to take action. An advocacy process that could involve or be used by youth is outlined in **TABLE 5.3**.

5.9.2 What you need to do: plan advocacy and action

TABLE 5.3 Steps in planning advocacy for a health focus

1. What needs to be done or changed?	Decide which of the following is needed: • an increase in awareness, empathy, understanding, respect, social acceptance about the issue • a policy created or changed • an increase in youth participation • public action • an improvement in access to resources or services for unmet needs.
2. What opportunities for advocacy and action are there?	Decide which of the following actions you can take part in: • helping others identify bias they might have • taking a stand against stigma by tweeting/posting replies to social media articles displaying bias or thanking a company or organisation for using respectful language or visuals • writing a letter or email to a TV show, radio station or celebrity for showing stigma • reporting a bias issue • arranging a face-to-face meeting with decision-makers • writing and delivering a position paper, research or policy document • doing a public presentation • creating or signing a petition • lobbying a politician • starting a program • creating a school activity • organising a public meeting • developing a social media campaign that includes a petition, blog or website • using the mainstream media through an opinion piece or letter to the editor.
3. What health outcomes are possible?	Propose the likelihood of: • changed laws and policies related to health • changed attitudes, awareness, social acceptance, respect • more effective and just allocation of health services and resources • greater confidence, control or empowerment of individuals in relation to their health • promotion of wellbeing and resilience in individuals, families and communities • increased health literacy in young people • raised awareness of the impact on health and wellbeing of risk and protective factors • young people becoming more involved in their healthcare decision-making, health policy and health initiatives • greater choice and access to effective, affordable and responsive youth health services that are cost-effective and equitable.

5.9.3 Analysing advocacy and action

To analyse advocacy or action opportunities, you need to show:

1. what needs to be done or changed in relation to the health focus
2. what opportunities exist for personal advocacy or action
3. what opportunities exist for community advocacy or action
4. what outcomes are possible for health and equity are possible if these opportunities are acted upon.

Example

Advocacy and action for body confidence

The level of body confidence needs to change in young Australians. This would involve feeling good about the way they look, and accepting and being happy with how they look and what their bodies can do. (1)

1 What needs to be done or changed

An opportunity exists for personal advocacy to improve body confidence. Many media messages and advertisements present the false and harmful notion that people will be happy and successful if they achieve a specific body 'ideal'. Accepting that media messages promote a narrow and often unattainable depiction of beauty and success is an important step. Personal advocacy and action could include asking yourself the following questions:

- How is the ad trying to persuade me to take part in or buy their product?
- Is there a representation of various genders, ethnicities, abilities, body shapes and sizes?
- Did the people in this ad reflect my ideas about what is attractive?
- Does the ad make me feel like I need to fix, change or buy something to have the 'right' look? Why or why not?
- Can I block a Facebook friend or Instagram follower who regularly makes body-shaming comments on my posts? (2)

2 Opportunities for personal advocacy or action

An example of community advocacy for body confidence is the Australian Federal Government providing $6.2 million to The Embrace Collective for their Embrace Kids program to help kids tackle body image issues. With the funding, Embrace Kids will deliver a nationwide program of educational activities and events in schools, sport clubs and the wider community. An example of community advocacy is the *Free Being Me* program, co-created by the World Association, the Dove Self-Esteem Project and body confidence experts especially for the Girl Guide and Girl Scout Movement. This is an opportunity to have an impact on the body confidence and self-esteem of young people around the world. (3)

3 Opportunities for community advocacy or action

Participants are empowered to speak out and challenge the 'image myth' in lots of different ways, boosting their body confidence and having fun at the same time. *Free Being Me* challenges participants to take the lead by taking action in their community, sharing what they have learned with their peers. (4)

4 Potential outcomes if opportunities are acted on

TIP

When thinking about advocacy or action, consider the opportunities that 'International days' play. The United Nations says these days are important because they help teach the public about important issues, get support from leaders and celebrate human achievements. For example, World Mental Health Day is an opportunity for people and communities to unite behind the theme 'Mental health is a universal human right' to improve knowledge, raise awareness and drive actions that promote and protect everyone's mental health.

In Australia, Bullying No Way Week is an example of advocacy and action that occurs every year in August. It encourages school-based communities and students to take action to find easy and workable solutions to address and prevent bullying.

5.9 Outcome task research

This section should:

- use **TABLE 5.3** as a model to propose advocacy to improve outcomes for the youth health focus.

Consider:

- what types of advocacy or action can be used to promote the interests of young people in relation to the health focus
- the aim or what it's trying to address
- the steps involved, including how young people could be a part of the advocacy.

Remember to include a bibliography that lists the range of resources you used.

Resources

Digital documents
Research summary template (doc-41672)
Assessment rubric (doc-41673)
Research checklist (doc-41674)

Weblinks
Social media negatively impacts body image
Bullying No Way Week
Advocacy explained

5.9 Exercises

5.9 Quick quiz | **5.9 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 3, 4	2	5, 6

Test your knowledge

1. How does the WHO describe advocacy?
2. Identify three aims of advocacy.
3. Use the concept of agency to explain why it is important for youth to advocate for their own health.
4. Identify two possible health outcomes of advocacy.

Apply your knowledge

5. Save the Children conducted research to better understand the day-to-day experiences of young Aboriginal people in Perth. To gain a deeper understanding, they used a research technique called Photovoice, which involved providing the participants with cameras and asking them to take photos reflecting their daily experiences. This demonstrated the issues they faced and provided results that were used in a targeted approach to develop a health promotion program for Aboriginal youth in Perth.

   Explain what type of advocacy this is and why it might be effective in improving youth mental health and wellbeing.
6. Taryn Brumfitt, an advocate for body positivity, was named 2023 Australian of the Year. After the birth of her third child, Brumfitt was determined to regain a pre-pregnancy figure, but this only led to unhappiness. Taryn decided to advocate for herself by showing evidence of her self-acceptance through a reverse 'before and after' post on social media. Her 'before' shot showed a bodybuilding image in a bikini on stage at a competition and her 'after' shot showed her with cellulite and stretch marks after giving birth.

   She now leads the Body Image Movement. Her advocacy has included:
   - the documentary *Embrace* that tackles the issue of body image and how she sees the path to body acceptance, which has been watched by millions of people in 190 countries
   - amplifying the need to promote body positivity among women for better physical and mental health
   - a documentary, *Embrace Kids*, that aims to teach 9- to 14-year-olds to respect and appreciate what their bodies can do
   - a picture book, *Embrace Your Body*, aimed at early learners, which provides an opportunity for parents, carers and teachers to help children build positive body image based on moving, respecting and enjoying their bodies
   - the Embrace Hub, a free, research-based resource for teachers, parents, children and communities designed to foster body positivity
   - the Embrace Kids Classroom Program, a free set of resources that will be rolled out to every primary and secondary school in Australia.

   a. Use one example from the case study to explain how personal advocacy can occur.
   b. Describe how health and wellbeing may be impacted through Taryn's work as an advocate.

5.9 Exam questions

Question 1 (2 marks)
Explain the difference between personal and community advocacy.

Question 2 (1 mark)
Why is digital advocacy useful?

Question 3 (2 marks)
It has been said that *'Advocacy speaks to 'hearts, minds and hands'* because it involves us caring about an issue, understanding the facts and knowing what needs to be done to help.

Explain how this relates to equity.

Question 4 (4 marks)
Youth who see an opportunity to advocate for better nutrition options want to lobby their school to ban the sale of soft drinks from the canteen.

a. **Outline** a possible personal action and a community action they could undertake. **(2 marks)**
b. **Identify** two possible outcomes of these actions. **(2 marks)**

Question 5 (6 marks)
Student Wellbeing Action Teams (SWAT) is a long-running, successful program for a select group of senior school students from across the City of Maroondah. The aim of SWAT is to encourage young people to identify their strengths and to empower them to become champions for change. The program involves a one-day workshop and a three-day retreat, with a strengthened focus on wellbeing. During the workshop, students are provided with insight to help identify potential actions to increase the wellbeing of young people. They are then supported within their schools in terms 3 and 4 to use their leadership skills to implement their chosen 'wellbeing action'. The program is open to 25 Year 10 and VCAL students from all schools across Maroondah. Each school can nominate up to three students who are deemed suitable.

a. Using an example from the information above, **outline** how the SWAT program is an example of advocacy that creates an opportunity for action to improve youth health and wellbeing. **(2 marks)**
b. How would it increase agency in young people? **(2 marks)**
c. How would it promote health and wellbeing? **(2 marks)**

More exam questions are available in your learnON title.

5.10 KEY SKILLS — Modelled high mark response for research task

5.10.1 Research, collect and analyse data on one health focus relating to youth, examining its impact, management, advocacy and costs

tlvd-11409

KEY SKILL This key skill example shows a modelled high mark response for the research task.

Tell me

It is important to remember that analysis requires you to think more deeply about your chosen health and wellbeing concern rather than merely describing it. It involves reflection about the links between areas of your research and the implications of things.

- Keep in mind that the youth stage is your focus and when you discuss its impact on health status, you need to ensure that data relate to youth and that the data is from Australia.
- Any risk and protective factors referred to in your research also need to be relevant to young people.
- Similarly, programs and personal strategies designed to manage your health focus need to be youth-related.

An analysis requires you to dig deeply into these programs and consider their impact on equity, and their actual or possible effectiveness. For instance, you need to analyse the program's ability to reduce costs.

It is important to use information (for example, in the form of tables, graphs or case studies) to draw conclusions about the impact of the health focus relating to Australia's youth.

Impact

A range of health and wellbeing aspects have been explored in detail in this topic already, so it may be useful to explore another issue, in this case, road safety and the trauma and injury that results from it. To demonstrate the skill, you must identify one health focus that relates to Australian youth. You are then required to do an analysis that begins with:

1. what it is
2. how it may impact on the dimensions of health and wellbeing of a young person
3. how it may affect health status — incidence, prevalence and trends in morbidity or mortality in youth
4. why it is significant in the youth stage.

Management

The key skill then requires an analysis of the management of the health focus.

You will need to include:

5. a range of risk and protective factors that contribute to the health focus and how they can be avoided, addressed or enhanced
6. what healthcare services and support exist that can address it
7. what government and community programs and personal strategies can reduce its negative impact.

Costs

The key skill then requires an analysis of the costs associated with the health focus that need to be avoided or reduced. These costs can be direct, indirect or intangible, and they can affect individuals or the community.

Advocacy

Advocacy is about sharing knowledge to increase awareness of an issue, change policy, increase youth participation, improve access to resources and reduce inequalities. Advocacy supports health action. For the key skill, you need to show what options or opportunities exist for young people to take action or speak up about the health focus, or for others to do so on their behalf, and what the outcomes for young people might be if these options or opportunities were acted upon.

Show me

The following example explores an analysis of road safety as a health focus relating to Australia's youth. This example will be used throughout each aspect of the key skill in this topic. The format represents a written report. This can be used as a model for your own research.

Impact

In this section, the impact of road safety on health status and health and wellbeing is discussed.

Road safety relates to the measures taken to reduce the risk of road traffic injuries and death.[1] According to the Transport Accident Commission (TAC), statistically, learner drivers have few accidents. P-plate drivers have a higher incidence of crashes than other drivers.[2]

1 A description of road safety is provided.
2 Examples of features specifically related to youth are identified.

Road trauma is a term used to define physical, emotional or mental injuries that are the result of transport accidents. Injury as a result of road trauma can range from broken bones, cuts, bruising or concussion to severe injury such as spinal cord and brain injury. When not fatal, injuries can require hospitalisation and ongoing treatment, including rehabilitation. Spinal cord and brain injury cause limitation of physical health and wellbeing through physical restriction and lack of mobility, as well as the ability to perform daily tasks such as attending school or socialising with friends. Injury can also have a negative impact on social health and wellbeing, as time spent recovering may reduce access to social networks at school or in sporting clubs, limiting social networks and consistency of relationships. A spinal injury would cause negative changes in mental health and wellbeing, as reduced mobility and physical function could cause lower mood and self-esteem and alter self-image. Physical limitations to movement may make it difficult for a young person to recover from the misfortune of a road accident, which could challenge their level of resilience and ability to respond to and manage their emotions when visited by friends. Permanent spinal injury and reduced resilience could be a challenge to motivation to achieve or see meaning in life, reducing spiritual health and wellbeing.[3] Forty-five per cent of all young Australian injury deaths are due to road traffic crashes. BITRE 2021 data show the incidence of hospitalisation for injury was 281.2 per 100 000 population in the 17–25 age group and 179.9 per 100 000 population in the 26–35 age group.[4]

3 Analysis of how all five dimensions of health and wellbeing are impacted in the youth stage is included.

4 The Australian data source is explained, prevalence is described and a trend is identified.

Young people are over-represented in injury statistics compared with any other age group. This age group makes up 15 per cent of licence holders but represents 25 per cent of annual road fatalities. Males are more likely to be hospitalised than females. Deaths in the 17–25 year age group account for 19 per cent of all deaths (and 11 per cent of the licensed driver population) (BITRE 2022).[5]

5 Analysis of why road safety is considered a health focus is identified. In this case, it is due to the inequalities within youth as a cohort and between youth and other age groups.

Management

In this section, the management of road safety trauma is discussed through examples of risk and protective factors, healthcare services and support, government and community programs, and personal strategies that can be used to reduce its impact.

Alcohol and drug use can reduce alertness and concentration, coordination skills and problem-solving ability. Young people under the influence of alcohol are less able to accurately assess risks to their own safety and that of others. Peers can encourage risk-taking behaviour, such as speeding or driving erratically. Protective factors that can reduce the risk of injury to young road users include wearing a seatbelt or helmet, which limits the impact of road injury should a crash occur, obeying the speed limit, which reduces the chances of an accident, and ensuring long road trips are broken up into manageable chunks so that fatigue does not become a risk factor.[6]

6 A range of risk and protective factors are described and how they can increase or decrease the risk of injuries is discussed.

The Longitudinal Study of Australian Children found that close to 80 per cent of P-platers and 55 per cent of learner drivers aged 16–17 had engaged in some form of risky driving on at least one of their 10 most recent trips. Speeding by up to 10 km/h over the limit and driving while tired were the two most common forms of risky driving.[7]

7 Evidence of the risk factors influencing youth is provided.

Healthcare services available to youth relating to injury issues include:

- ambulance services for transport to hospital following injury
- general practitioners to treat cuts, breaks and injuries
- emergency departments at public hospitals following injury
- healthcare support from rehabilitation services to regain physical and mental health and wellbeing
- healthcare support from physiotherapists, to regain full flexibility and movement.[8]

8 A range of healthcare services and support available to youth are identified.

Hospital admissions for transport injury in 2020–21 show that males 15–24 years had a hospitalisation rate of 330 per 100 000 and females 155 per 100 000. These were the highest of any age group.[9]

9 Links between the health focus and services have been made.

The Towards Zero campaign is produced in partnership with other organisations, such as VicRoads, Victoria Police and the Victorian Government. The Towards Zero campaign is an advertising strategy aimed at encouraging people to reduce their speed and therefore their risk of sustaining injuries on Victorian roads. Towards Zero utilises social media such as Facebook to personalise road safety messages. It also provides a website that contains clips of all the different people who are affected by road trauma. Young people are often engaged in social media so may be more likely to be exposed to its message. Towards Zero aims to educate people by accessing their social media profiles and making personalised messages relating to the impact of injuries sustained on roads. The TAC L2P Program is a community-based program delivered by almost 60 local councils and not-for-profit community agencies across Victoria. It was developed to support equity by assisting eligible young Victorian learner drivers between the ages of 16 and 21 years who do not have access to a supervising driver, or an appropriate vehicle to gain driving experience required for a probationary licence. The Towards Zero and L2P program aim to address the inequalities in health that youth face as a result of road safety issues. The campaign acts to reach young people via media that they engage in, particularly social media. This may encourage youth to think twice about risk-taking on the road and may decrease the rate of injury death among this group. This will reduce the direct costs of GP and hospital fees due to injury. It will reduce direct costs related to government subsidy of Medicare and PBS for the schedule part of GPs and pain medication. It will also reduce the intangible costs of injury such as pain, suffering and frustration linked to reduced mobility.[10]

10 Elements of one government and one community program are discussed.

Costs

In this section, the costs associated with a health focus are discussed.

The Australian government currently identifies the annual economic cost of road crashes in Australia as $27 billion per annum. Thirty people are hospitalised for every one death on Australian roads, meaning that direct costs of medical treatment, rehabilitation and medication are high. Indirect costs include carers and welfare payments to assist the injured youth living at home. Intangible costs are considerable for family members who feel anxiety and grief when a young person is injured in an accident, and the sense of loss and frustration for a young person with a spinal injury can be considerable.[11]

11 A range of direct, indirect and intangible costs are identified. Examples that relate to youth are included.

Advocacy

In this section, opportunities that exist for advocacy and action are discussed and evaluated.

I plan to raise awareness of the impact of road safety on the health and wellbeing of young people because land transport accidents are the single greatest cause of injuries for youth. I believe that attitudes to safe driving need to be changed and awareness of resources that could be used to assist this needs to be increased in my peers. TAC statistics indicate that young drivers are 30 times more likely to crash when they begin driving on their P-plates. I think young people need to be made more aware of the risks associated with speeding and being distracted by things such as mobile phones while driving. According to the TAC, a driver taking their eyes off the road for two seconds at 50 km/h is the equivalent of driving effectively blind for 27 metres.[12]

12 What needs to be changed is identified.

I plan to organise a forum at a school assembly with a member of the Victorian Police Road Accident Branch, a road trauma victim, a paramedic and a young driver. I will present videos from the TAC 'Distractions' campaign such as the video 'Blind', which will demonstrate the consequences of driver inattention.[13]

13 Opportunities for youth advocacy on a personal and community level are included.

My advocacy plan shares knowledge and encourages discussion of the issue of mobile phone use and distraction. It also uses personal stories that make the message relevant for youth. It will have the potential to change the attitudes and behaviour of youth in relation to driving and speeding or driving while using a mobile phone, which will reduce the risk of injury. It should increase social acceptance of safe road behaviour rather than risky driving, which could in future help reduce the over-representation of young drivers in road injuries and reduce costs related to healthcare to young people and the community.[14]

14 Links are made between the advocacy and potential outcomes.

Practise the key skill

1. Read the case study.
   a. Annotate the article that follows for the features of the health focus.
   b. Answer the questions to analyse the impact, management and costs of the Let's Yarn About Sleep program.

CASE STUDY

The first sleep health program for First Nations adolescents could change lives

By Yaqoot Fatima, Azhar Potia, James Ward and Mina Kinghorn, University of Queensland

Published: 19 June 2023, 6.07am AEST

Adolescence is a sensitive life stage when emerging independence, changing social roles, excessive screen time, academic pressures and significant biological changes can lead to emotional and behavioural problems.

The current generation of teens is chronically sleep-deprived and, unfortunately, considered the most sleep-deprived group in human history.

In teenagers, irregular bedtimes, short sleep duration and poor sleep quality are commonly reported sleep issues. These problems can cause emotional regulation issues, risky behaviour and academic disengagement. In the longer term, poor sleep can lead to obesity, health conditions (including diabetes), mental health problems, and risk-taking behaviour.

The issue of poor sleep and its impact on life outcomes needs particular attention for Aboriginal and Torres Strait Islander teenagers who experience disproportionately high rates of poor outcomes in health, social and emotional wellbeing and education.

Sleep vulnerability

The ongoing effects of colonisation, intergenerational trauma, and other social determinants of health increase the vulnerability of Aboriginal and Torres Strait Islander teenagers to poor sleep. While some poor sleep issues are transient, continued exposure to racism, discrimination, household overcrowding and lack of safe sleeping spaces lead to chronic sleep issues.

Sleep health data for Aboriginal and Torres Strait Islander Peoples is limited. Still, some studies suggest one in three young Aboriginal and Torres Strait Islander People struggle with poor sleep, significantly higher than their non-Indigenous counterparts.

The impact of poor sleep on the life outcomes of Aboriginal and Torres Strait Islander young people is a major concern for community members, service providers and policymakers.

Despite this, services focused on sleep health promotion in Aboriginal and Torres Strait Islander communities are non-existent. This could be because although the need for healthy sleep is universal, the meaning of sleep health is shaped by cultural and societal factors. These include the acceptability of co-sleeping, living in multi-family housing or the role of dreaming.

Mainstream programs that don't draw together the principles of health and cultural knowledge offer limited effectiveness for sleep health promotion in Aboriginal and Torres Strait Islander communities. But a new program could change that.

A co-designed approach

In response to community needs, Australia's first sleep health program for Aboriginal and Torres Strait Islander teenagers — Let's Yarn About Sleep — was co-designed in Mount Isa, Queensland.

Community members were vocal about wanting to harness the potential of sleep as part of efforts to improve health outcomes, reduce teenage contact with the criminal justice system and improve academic engagement. Community yarns also identified the need to strengthen local sleep health service delivery and train Aboriginal and Torres Strait Islander People as 'sleep coaches'.

The co-design and evaluation of the program involved consultations with more than 200 community members, integrating Traditional and Western knowledge on sleep health and offering ideas for improving sleep.

The ten-week program includes data collection before and after delivery, including questionnaires, sleep diaries and actigraphy (a non-invasive method of monitoring human rest and activity cycles).

What the program involves

The program empowers young people to identify their sleep health goals and work with coaches to achieve them. At the beginning of the program, participants identify a group and an individual goal they would like to attain.

The group goal focuses on making sleep health a priority. For example, group members agreeing not to use their phones after 10 pm. Individual goals are focused on responses to personal circumstances. So, individual goals included de-cluttering or going to bed at least 30 minutes earlier.

While the program's key focus is to improve participants' knowledge, understanding and awareness of sleep health, one of the key objectives is to support participants in developing sustainable sleep hygiene practices (healthy habits for a good night's sleep). During the program, participants learn about sleep hygiene practices such as following a consistent bedtime, reducing screen time and practising Indigenous relaxation training before bedtime.

The program has also led to the training of two Aboriginal and Torres Strait Islander People as Australia's first Indigenous sleep coaches. Clinical staff at the local Aboriginal Community Controlled Health Organisation and hospital have since expressed interest in gaining these skills.

What happened as a result of improved sleep

So far, 35 teenagers in the community have been enrolled in the program and 13 have graduated. The program has also been integrated into the Emerging Leaders program at the local high school.

The program data shows the majority of the program participants were staying up until very late at night. However, participants achieved their self-identified goals and believe this program gave them tools to improve their sleep. The program has received support from community Elders, parents and carers, service providers and young people.

The project team and community members are working to co-design a sleep health program for adults and extend the youth sleep program to other communities.

Roslyn Von Senden, a Kalkadoon woman from Mount Isa, who is training to become a sleep coach, reflected on the cultural importance of the program.

Dreams are an important part of our life, a medium to connect with our ancestors to be guided, foresee things, connect with others, and get inspiration and ideas to express our artistic talent. Sleep loss deprives us of opportunities to connect with our culture, ancestors, and who we are as traditional custodians of the world's oldest surviving culture.

While the initial program was funded through the Medical Research Future Fund and focused on Mount Isa, additional funding from the National Health and Medical Research Council and industry partner Beyond Blue supports the program in other remote communities.

The resulting community-led sleep health movement aims to leverage the untapped potential of sleep health in improving academic and sporting performance, reducing crime, improving health outcomes and empowering Aboriginal and Torres Strait Islander young people.

Source: https://theconversation.com/the-first-sleep-health-program-for-first-nations-adolescents-could-change-lives-206286#:~:text=What%20the%20program%20involves,they%20would%20like%20to%20attain.

CASE STUDY REVIEW

1. **Explain** how the Let's Yarn About Sleep program may promote two dimensions of health and wellbeing among Aboriginal and Torres Strait Islander youth. **(4 marks)**
2. With the use of data and information in the case study, **suggest** why this is a health issue that requires action. **(3 marks)**
3. **Outline** two risk factors evident in the case study and **explain** how they would contribute to the health issue. **(4 marks)**
4. **Outline** two protective factors evident in the case study and **explain** how they would support health and wellbeing. **(4 marks)**
5. With the use of examples, **discuss** two values evident in the development of the Let's Yarn About Sleep program and the expectations they would create. **(4 marks)**
6. **Identify** an example of healthcare support evident in the case study. **(1 mark)**
7. What indirect costs to the community have been reduced as a result of the program? **(2 marks)**
8. **Explain** how the Let's Yarn About Sleep program creates an opportunity for youth advocacy and how this will improve health and wellbeing. **(4 marks)**
9. What evidence is there that the program has empowered young people to improve their health outcomes? **(2 marks)**
10. Give an example of how the program reflects equity. **(2 marks)**

5.11 EXTENDED RESPONSE — Build your exam skills

5.11.1 Interpreting information

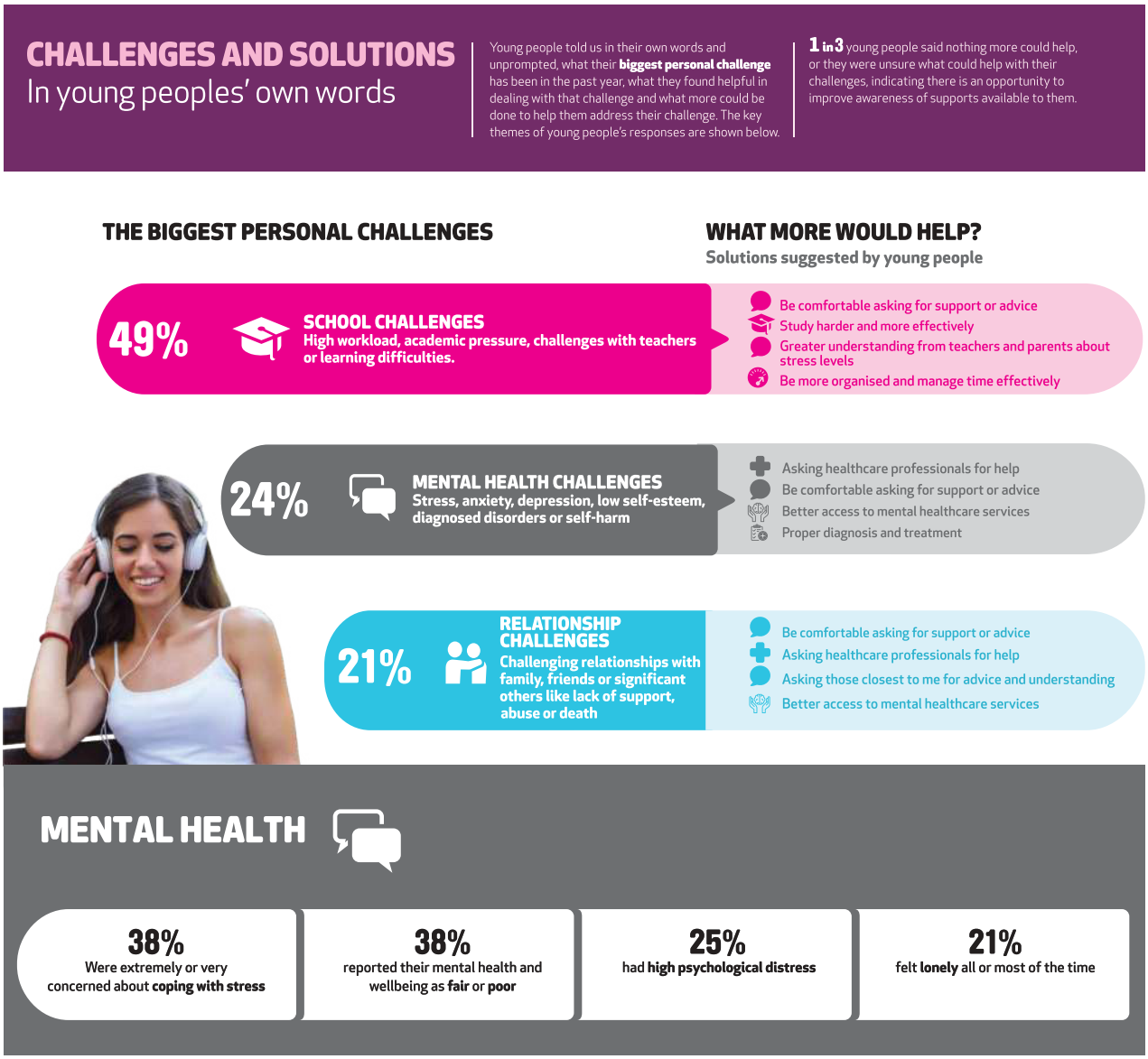
tlvd-11410

In previous topics, you were provided with opportunities to break extended response questions down into their components and brainstorm the sorts of things you could link to for each part.

In topic 4, you were introduced to the process of interpreting stimulus material from two sources and identifying which information was needed to write a response to the question. In this topic, another example of this will be explored, and you will be given another opportunity to practise this skill.

Consider the following two sources relating to health concerns and help-seeking of young Victorians.

Source 1



Source: https://www.missionaustralia.com.au/media-centre/media-releases/new-report-confirms-biggest-concerns-for-young-people-in-australia, p.6 and p.8.

Source 2

Mental health as an issue of personal concern

2023 Mission Australia Youth Survey results group	Extremely or very concerned %	Somewhat or slightly concerned %	Not at all concerned %
Males	17.1	41.2	41.6
Females	40.4	43.8	15.9
Gender diverse	62.1	20.4	17.5
Aboriginal and Torres Strait Islander males	21.0	35.1	43.9
Aboriginal and Torres Strait Islander females	38.9	44.4	16.7

Source: Data adapted from https://www.missionaustralia.com.au/media-centre/media-releases/new-report-confirms-biggest-concerns-for-young-people-in-australia p.16, 17, 33 and 34.

Using the information and your own knowledge:

- discuss why mental health is an area requiring action for the health and wellbeing of young people
- discuss a risk and a protective factor related to mental health challenges
- identify an advocacy opportunity that exists and explain how it could improve the health status of young people. **(15 marks)**

Step 1

In order to answer this question, first break the question down into its requirements.

- Using the information provided:
- discuss why mental health is an area requiring action for the health and wellbeing of young people
- discuss a risk and a protective factor related to mental health challenges
- identify an advocacy opportunity that exists and explain how it could improve the health status of young people.

Step 2

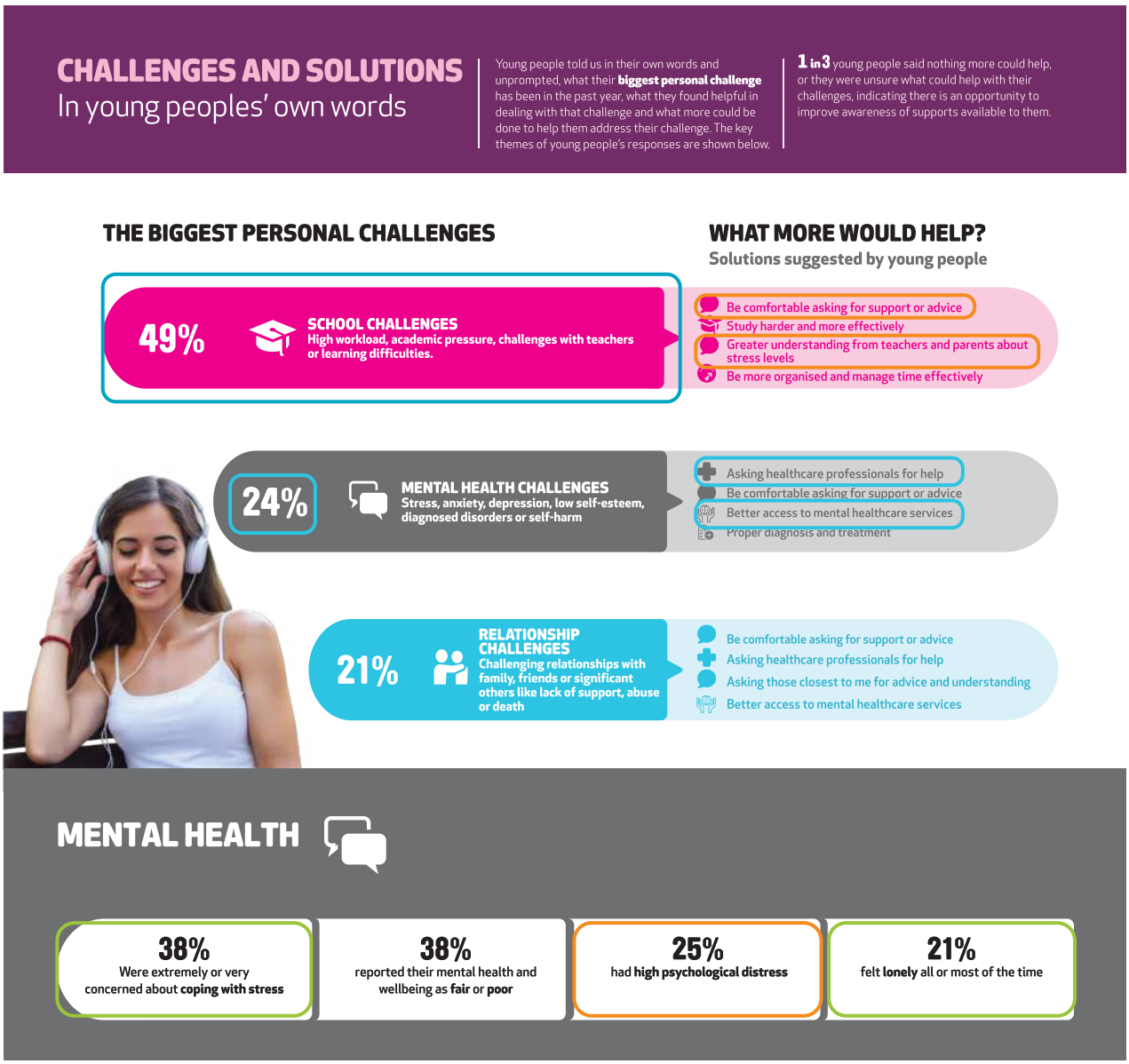
Highlight each of the components of the question in a different colour.

Using the information provided:
discuss why mental health is an area requiring action for the health and wellbeing of young people
discuss a risk and a protective factor related to mental health challenges
identify an advocacy opportunity that exists and explain how it could improve health status of young people.

Step 3

Read each part of the stimulus material and highlight in the relevant colour any information that relates to a component of the question. This is shown in the following section.

Source 1



Source 2

Mental health as an issue of personal concern

2023 Mission Australia Youth Survey results group	Extremely or very concerned %	Somewhat or slightly concerned %	Not at all concerned %
Males	17.1	41.2	41.6
Females	40.4	43.8	15.9
Gender diverse	62.1	20.4	17.5
Aboriginal and Torres Strait Islander males	21.0	35.1	43.9
Aboriginal and Torres Strait Islander females	38.9	44.4	16.7

Now, the requirements can be addressed by establishing connections between the stimulus material provided.

The data in Source 1 indicates that mental health challenges require action for the health and wellbeing of young people because 38 per cent were extremely or very concerned about coping with stress. Twenty-one per cent felt lonely all or most of the time, which can reduce confidence and create negative thought patterns and 38 per cent were extremely or very concerned about coping with stress (Source 1). There is an inequality in levels of mental health status between groups of young people with more gender-diverse young people (62.1%), non-Indigenous females (40.4%) and Aboriginal and Torres Strait Islander females (38.9%) being extremely or very concerned about mental health as a personal health issue compared to non-Indigenous and Aboriginal and Torres Strait Islander males (17.1 and 21.0%) respectively (Source 2).

Expectations related to school can be a risk factor for youth mental health and wellbeing as it increases the likelihood of psychological distress and anxiety. Source 1 shows that 49 per cent of young people in the survey indicated that high workload, academic pressure, challenges with teachers or learning difficulties contributed overall to school challenges. This could be added to by parental expectations about success, which can increase levels of anxiety in youth. Increased expectations can have a negative impact on a young person's ability to process information and problem-solve at school, which would increase the risk of not meeting expectations, which could explain the 24 per cent in Source 1 who had mental health challenges linked to stress, anxiety and low self-esteem. In Source 1, protective factors that were identified by the young people who responded to the survey were 'asking healthcare professionals for help' and 'Better access to mental healthcare services'. This would decrease the risk of poor mental health and wellbeing as help-seeking from professionals would provide a young person with coping strategies as well as the opportunity to discuss their feelings and address their problems by clarifying the issues, exploring options, developing strategies and increasing their control over their own health and wellbeing through self-awareness.

In response to the question 'What more would help?' for school challenges, young people in the 2023 survey thought that they could 'Be comfortable asking for support or advice' and 'Greater understanding from teachers and parents about stress levels' (Source 1). This could provide an advocacy opportunity to improve mental health and wellbeing through school programs; forming a student group to discuss and promote mental health and wellbeing or celebrating 'mental health wellness week' for example. These would raise awareness and provide young people and teachers with shared strategies that would act as protective factors for their mental health and wellbeing. An advocacy opportunity also exists for the program to promote connection between young people and their family through a forum or family mental health evening that focuses on fun and wellbeing. This could improve health status by reducing the levels of psychological distress felt by 25 per cent of youth (Source 1).

Key to annotations

Using the information provided:

Discuss why mental health is an area requiring action for the health and wellbeing of young people.

Discuss a risk and a protective factor related to mental health challenges.

Identify an advocacy opportunity that exists and explain how it could improve the health status of young people.

Practise this skill

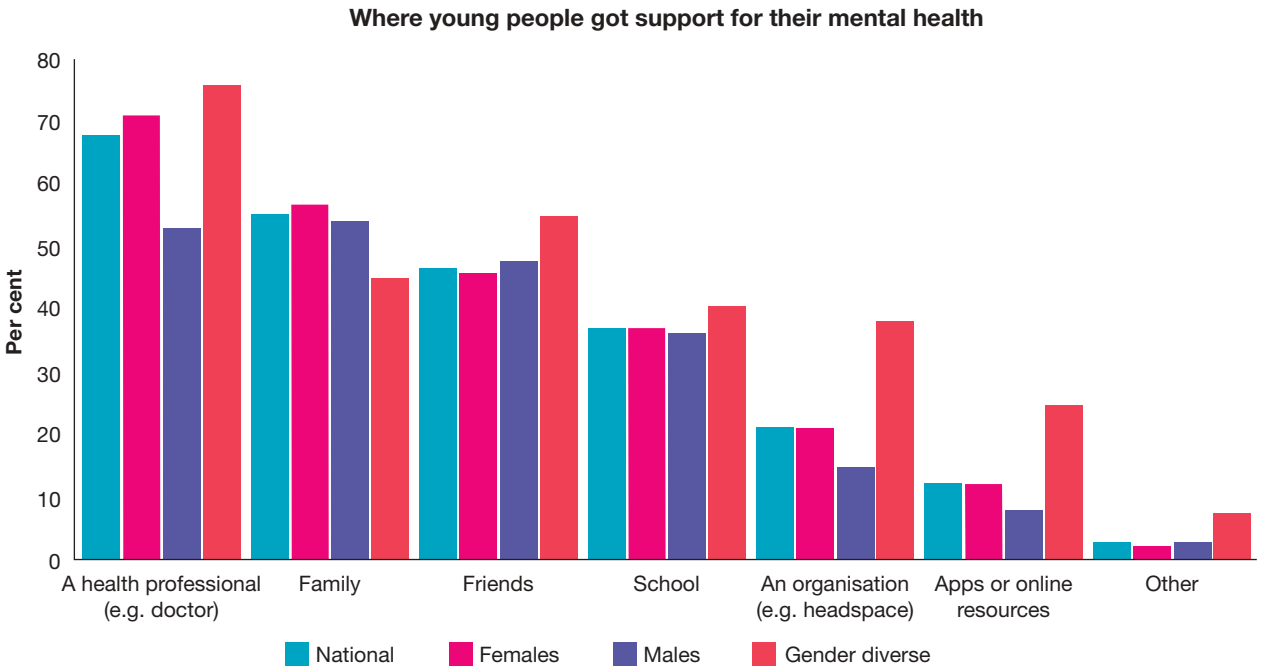
Consider the following three sources relating to relationships as a health concern of young Victorians.

Source 1

- 21% of young people in the 2023 Mission Australia survey indicated that relationship challenges were their biggest personal challenge.
- For those who mentioned interpersonal relationship challenges:
  - half (52.0%) centred around family
  - one-quarter (26.5%) were focused on forming, maintaining or ending friendships.

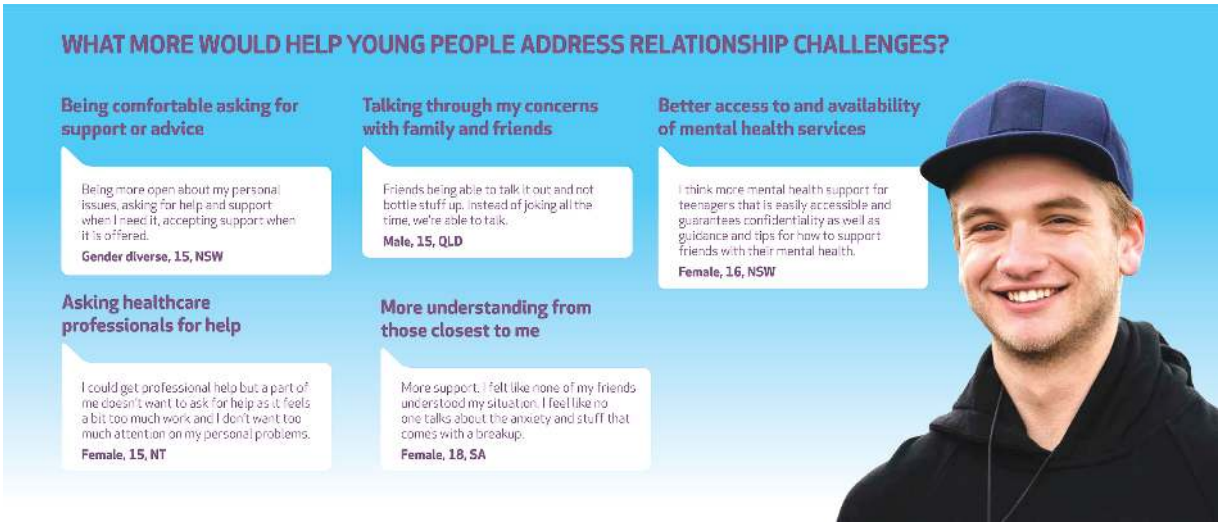
- One in ten (9.9%) relationship challenges noted very negative experiences including abuse, conflict, domestic violence, the death of a family member or parental separation.
- General relationship challenges (22.2%) included struggles with socialising/fitting in with others or issues with their social life.

Source 2



Source: Mission Australia Youth Survey 2022, p. 35.

Source 3



Source: Mission Australia Youth Survey 2023, p. 9.

Using the information and your own knowledge:

- discuss why personal relationships are an area requiring action for the mental health and wellbeing of young people
- outline the direct and indirect costs to an individual as a result of poor relationships
- discuss how one personal strategy and one government or community program could support a young person to take action to improve their health outcomes. **15 marks**

5.12 Review

Hey students! Now that it's time to revise this topic, go online to:

Review your results

Watch teacher-led videos

Practise exam questions

Find all this and MORE in jacPLUS

5.12.1 Topic summary

5.2 Researching a health focus

- To meet the requirements of Area of Study 2 — Outcome 2, you will need to research, collect and analyse data on one particular health focus relating to youth, with analysis of its impact, management, advocacy and costs.
- To do an analysis means to make a judgement about the significance of something using research and data to support your argument and to look at its impact and any options and possible outcomes.
- The intention of health action is to manage the impact, contributing factors and costs of health issues and create better health outcomes and health status.
- Health action requires health literacy.
- Suitable methods for presentation of your research on a health focus could include any of the following — a short written report, such as a research inquiry or a blog, a visual concept/mind map/visual planner, a visual presentation such as a graphic organiser, an annotated poster or a digital presentation, an oral presentation, such as a debate or a podcast.
- Features of one health focus relating to Australia's youth including:
  - impact on different dimensions of health and wellbeing
  - data on incidence, prevalence and trends
  - risk and protective factors
  - healthcare services and support
  - government and community programs and personal strategies to reduce negative impact
  - direct, indirect and intangible costs to individuals and/or communities
  - opportunities for youth advocacy and action on a personal and community level to improve outcomes in terms of health and equity.
- Data need to be used that show youth health status, health concerns or behavioural risks either over time, between groups of young people or between groups of young people and other age groups.
- Describing a health focus means to provide its characteristics or features in an accurate way using these steps:
  - a definition or a simple sentence that clearly identifies the characteristics, features, signs or symptoms and any different variations of your health focus
  - a statement about why the health focus is of significance at the youth stage.

5.3 Impact on dimensions of health and wellbeing

- Although it is difficult to have optimal state in all five dimensions at the same time, it is important to discuss all of them in your research as they are interrelated, and optimal health involves a balance between all of the dimensions.
- For each dimension, you need to include how the health focus causes the impact. This includes:
  - how it can directly impact someone
  - how this can negatively impact all dimensions of health and wellbeing
  - why the timing of its impact in the youth stage is significant.

5.4 Incidence, prevalence and trends

- You need to demonstrate the negative impact of a youth health focus on health status.
- You need to include data such as incidence, prevalence and trends.

5.5 Risk and protective factors

- Factors can either protect a person against or put them at risk of a health and wellbeing inequality.
- A protective factor is something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk.
- You need to show how the risk and protective factors relate to the health focus. This includes how each one contributes to the health focus and why it hinders or supports health and wellbeing.
- Knowing what kinds of factors put young people at risk of health and wellbeing inequality helps health experts plan and develop the kinds of support and resources needed to be able to intervene early.
- Risk and protective factors for youth can be personal characteristics or behaviours or relate to sociocultural, commercial or environmental factors.

5.6 Healthcare services and support

- The aim of the health system is to promote, restore and/or maintain health.
- A range of healthcare services are available to youth, many of which are fully or partially funded by Medicare.
- General practitioners (GPs) are often the first contact youth have with the health system.
- As well as healthcare services, youth can access a range of support through community groups, helplines and telephone counselling, online health services, charity groups, websites or apps.

5.7 Government and community programs and personal strategies

- Government and non-government agencies provide resources and programs to assist youth in taking health action.
- Personal strategies such as relaxation and communication can protect individuals from mental disorders.

5.8 Direct, indirect and intangible costs

- One of the negative outcomes of a health and wellbeing issue relates to costs to the individual and the community.
- Costs associated with health and wellbeing inequalities can be direct, indirect or intangible for an individual or the community.

5.9 Opportunities for youth advocacy and action

- Advocacy allows individuals to have their voices heard in the community on issues that are important to them, and have their rights protected and promoted and their views considered in decision-making.
- Advocacy involves promoting the interests or cause of an individual or a group of people.
- Advocacy can reduce inequalities by encouraging equity.
- Advocacy can be personal or community-based.
- Community advocacy aims to gain social acceptance by influencing behaviour, opinion and practices of the public, to mobilise groups and institutions that are involved in affecting change.
- Youth advocacy aims to protect vulnerable young people and empower them with a stronger voice.
- Health advocacy involves identifying a health focus, deciding what to do about it, researching it and planning action.

on Resources

Digital document Summary (doc-41385)

5.12.2 Key terms

advocacy promoting the interests or cause of an individual or a group of people
agency control over decisions, actions and consequences
body confidence accepting, and being happy with, how we look and what our bodies can do
community advocacy influencing behaviour, opinion and practices of the public to mobilise groups and institutions that are involved in effecting change
community champion a volunteer in a local community who promotes people's wellbeing
depression extreme feelings of hopelessness, sadness, isolation, worry, withdrawal and worthlessness that last for a prolonged period and interfere with normal activities
digital advocacy use of technology to create, promote and mobilise support for a particular cause or campaign
direct costs costs associated with preventing the disease or condition and providing health and wellbeing services to people experiencing it. Direct costs include all those associated with developing and implementing health promotion strategies as well as the diagnosis, management and treatment of the condition.
discrimination when a person or group of people is treated differently from other people, often as a result of factors such as race, religion, sex, sexual orientation or gender identity
empowering providing the means to achieve something
equity the absence of unfair, avoidable or remediable differences
health action behaviour change where health-compromising behaviours are replaced by health-enhancing behaviours
healthcare services prevention, early intervention, assessment, treatment, health maintenance and continuing care services designed to improve or maintain the health and wellbeing of individuals and communities
homelessness not having a stable or safe place to live
illicit use of drugs use of an illegal drug, which is prohibited from manufacture, sale or possession, or the misuse of a legally available drug
incidence refers to the number (or rate) of new cases of a disease/condition in a population during a given period (usually 12 months)
indirect costs costs not directly related to the diagnosis or treatment of the disease, but that occur as a result of the person having the disease
intangible costs costs on which it is difficult to place a monetary value. They often involve emotions or feelings, for both the individual and the community.
lobbying trying to influence or persuade an organisation or government to take action
prevalence the number or proportion of cases of a particular disease or condition present in a population at a given time (AIHW, 2008)
primary healthcare the healthcare that people seek first in their community. It includes diagnosis and treatment of health conditions and long-term care, as well as health promotion and prevention services.
protective factor something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk
risk factor something that increases the likelihood of developing disease or injury
risky drinking consumption of more than two standard drinks per day (for lifetime risk of disease) and more than four standard drinks on a single occasion (for risk of injury)
self-advocacy speaking up for yourself about what is important to you or what you need
social acceptance tolerating and welcoming the differences and diversity in others
trend the general direction in which something is developing or changing over time
vaping the inhaling of a vapor created by an electronic cigarette (e-cigarette)

on Resources

Digital document	Key terms glossary (doc-41384)
Interactivities	Crossword (int-9289) Definitions (int-9290)
Exam question booklet	Topic 5 Exam question booklet (eqb-0238)

5.12 Exercises

learnon

Students, these questions are even better in jacPLUS

- Receive immediate feedback and access sample responses
- Access additional questions
- Track your results and progress

Find all this and MORE in jacPLUS

5.12 Exam questions

Question 1 (4 marks)

a. **Identify** two reasons why young people with poor mental health may isolate themselves. **2 marks**

b. **Outline** one personal strategy they could use to overcome this. **2 marks**

Question 2 (14 marks)

There are many issues facing Australia's youth. If continual improvements to health status are to be made, these issues must be addressed. Individuals, communities and governments can implement a range of strategies and programs to optimise health and wellbeing.

a. **Identify** three focus areas of youth health and wellbeing that require improvement. **3 marks**

b. Select one of these focus areas and **describe** it briefly. **2 marks**

c. **Describe** one program that has been designed to address this health focus. **3 marks**

d. **Explain** how the program would reduce costs associated with the health focus. **3 marks**

e. **Describe** one example of action or advocacy that could be taken in the area of the health and wellbeing focus. **3 marks**

Question 3 (8 marks)

In 2020, a developer of a mental health app for young people in Victoria found a 94 per cent increase in daily active users, and a 40 per cent increase in downloads. **Analyse** the use of digital tools, like apps, as healthcare support to improve youth mental health and wellbeing.

Question 4 (6 marks)

Outline one direct, one indirect and one intangible cost to individuals and communities related to severe sunburn in young people as a result of poor sun protection.

Question 5 (11 marks)

In the Mission Australia Youth Survey 2023, 18.5 per cent of youth nationally identified homelessness/housing as the most important issue in Australia today for young people.

a. **Outline** the impact of homelessness on two dimensions of health and wellbeing. **2 marks**

b. **Describe** two possible risk factors for youth homelessness. **4 marks**

c. **Identify** a direct, indirect and intangible cost associated with youth homelessness. **3 marks**

d. **Suggest** an example of advocacy that could help combat youth homelessness. **2 marks**

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 5 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

- 5.2 Research summary template (doc-41651) ☐
- Assessment rubric (doc-41652) ☐
- Research checklist (doc-41653) ☐
- 5.3 Research summary template (doc-41654) ☐
- Assessment rubric (doc-41655) ☐
- Research checklist (doc-41656) ☐
- 5.4 Research summary template (doc-41657) ☐
- Assessment rubric (doc-41658) ☐
- Research checklist (doc-41659) ☐
- 5.5 Research summary template (doc-41660) ☐
- Assessment rubric (doc-41661) ☐
- Research checklist (doc-41662) ☐
- 5.6 Research summary template (doc-41663) ☐
- Assessment rubric (doc-41664) ☐
- Research checklist (doc-41665) ☐
- 5.7 Research summary template (doc-41666) ☐
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- Research checklist (doc-41668) ☐
- 5.8 Research summary template (doc-41669) ☐
- Assessment rubric (doc-41670) ☐
- Research checklist (doc-41671) ☐
- 5.9 Research summary template (doc-41672) ☐
- Assessment rubric (doc-41673) ☐
- Research checklist (doc-41674) ☐
- 5.12 Summary (doc-41385) ☐
- Key terms glossary (doc-41384) ☐

Teacher-led videos

- 5.10 Key skill: Research, collect and analyse data on one health focus relating to youth, examining its impact, management, advocacy and costs (tlvd-11409) ☐
- 5.11 Extended response: Interpreting information (tlvd-11410) ☐

Interactivities

- 5.12 Crossword (int-9289) ☐
- Definitions (int-9290) ☐

Weblinks

- 5.2 The student podcaster ☐
- How to create a mind map ☐
- 5.3 Rob's story ☐
- 5.6 What is a GP? ☐
- 5.9 Social media negatively impacts body image ☐
- Bullying No Way Week ☐
- Advocacy explained ☐

Exam question booklet

- 5.12 Topic 5 Exam question booklet (eqb-0238) ☐

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School-Assessed Coursework Unit 1

OUTCOME 2

Interpret data to identify key areas for improving youth health and wellbeing, and analyse one youth health area in detail.

School-Assessed Coursework 2 online only

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Digital document School-Assessed Coursework 2 (doc-41623)

Key knowledge

- Key areas of youth health requiring health action, as indicated by health data
- Government and non-government programs relating to youth health and wellbeing
- The following features of one health focus relating to Australia's youth:
  - impact on different dimensions of health and wellbeing
  - data such as incidence, prevalence and trends
  - risk and protective factors
  - healthcare services and support
  - government and community programs and personal strategies to reduce negative impact
  - direct, indirect and intangible costs to individuals and/or communities
  - opportunities for youth advocacy and action on a personal and community level to improve outcomes in terms of health and equity

Key skills

- Identify key areas for action and improvement in youth health and wellbeing using research to interpret data
- Analyse factors that contribute to inequalities in the health status of Australia's youth
- Analyse factors that influence the creation and implementation of, and access to, programs that target youth health such as equity, social justice, community values and funding
- Research, collect and analyse data on one health focus relating to youth, examining its impact, management, advocacy and costs

6 Nutrition and youth health outcomes

LEARNING SEQUENCE

6.1 Overview

	Key knowledge	Key skills	Subtopic
○	The function and food sources of major nutrients important for health outcomes, such as carbohydrates (including fibre), fats, proteins, water, vitamin C, vitamin D, iron, calcium, sodium and folate	Explain the role of major nutrients in health outcomes	**6.2, 6.3, 6.4**
○		Describe the possible consequences of nutritional imbalance on short- and long-term health outcomes for youth	**6.5**
○	The use of food selection models and other initiatives to promote healthy eating among youth, such as the Australian Guide to Healthy Eating, the Healthy Eating Pyramid and the Health Star Rating system	Evaluate the effectiveness of food selection models and other initiatives in the promotion of healthy eating among youth	**6.6**
○	Sources of nutrition information and methods to evaluate its validity	Evaluate the validity of food and nutrition information from a variety of sources	**6.7**
○	Sociocultural factors, including commercial factors, that act as enablers of or barriers to healthy eating among youth, with a focus on the tactics used in the marketing and promotion of food to youth	Analyse sociocultural factors that contribute to healthy eating among youth and their potential impact on health behaviours and health outcomes	**6.8**

Key terms

anaemia	food insecurity	kosher	risk nutrient
cartilage	fortified	macronutrient	role model
cell membrane	glycaemic index (GI)	metabolism	sociocultural factors
cholesterol	haemoglobin	micronutrient	soft tissue
commercial factors	halal	osteoporosis	
dental caries	hard tissue	peak bone mass	
discretionary foods	kilojoule (kJ)	protective nutrient	

Exam terminology

Analyse	examine the components of; look for links, patterns, relationships and anomalies
Describe	provide a general description
Evaluate	make a judgement, weigh up the pros and cons
Explain	make plain, make clear (may require reasons)

on Resources

Digital document Key terms glossary (doc-41449)

Exam question booklet Topic 6 Exam question booklet (eqb-0239)

6.2 Nutrients required during youth including carbohydrates, protein and fats

Key knowledge	Key skill
The function and food sources of major nutrients important for health outcomes, such as carbohydrates (including fibre), fats and proteins	Explain the role of major nutrients in health outcomes

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- the role carbohydrates, fats and proteins play in our bodies and which foods they come from
- how they can impact upon health outcomes. (Health outcomes can be health status or health and wellbeing.)

You need to be able to:
- connect the roles of carbohydrates, fats and proteins to their impact on health status and health and wellbeing.

Nutrients are substances that provide nourishment essential for the maintenance of life and for growth. When we eat, foods are broken down in the process of digestion to release nutrients. The body then uses these nutrients for many functions related to health and wellbeing, including the efficient functioning of the body and its systems, and the prevention of many diet-related diseases, which you will learn about in this topic.

FIGURE 6.1 Eating a variety of nutritious foods every day is beneficial to health and wellbeing.

Some foods have more nutrients in them than others, and some have nutrients that other foods may not have at all. The best way to maintain a balanced diet is to eat a wide variety of foods (see **FIGURE 6.1**). The six categories of nutrients needed for optimal health outcomes are:

- carbohydrates (including fibre)
- protein
- fats
- vitamins, such as vitamin D, vitamin C and folate
- minerals, such as calcium, sodium and iron
- water.

Carbohydrates, protein and fats are needed by the body in large amounts and are often called **macronutrients**; vitamins and minerals are called **micronutrients** because they are needed in only very small quantities. Regardless of the quantity needed by the body, each nutrient has a different role to play and all are important for health and wellbeing and health status. Carbohydrates, fats and proteins contain significant amounts of **kilojoules (kJ)**, which can be converted into energy to be used by the body; however, carbohydrates are the body's preferred source of energy.

macronutrient nutrient that is required by the body in large amounts (for example, protein, carbohydrates, fats)

micronutrient nutrient that is required by the body in small amounts (for example, minerals and vitamins)

kilojoule (kJ) a unit for measuring energy intake or expenditure

FIGURE 6.2 Energy contribution for carbohydrates, fats and protein

Carbohydrates 16 kJ per gram

Fats 37 kJ per gram

Protein 17 kJ per gram

6.2.1 Carbohydrates

Function of carbohydrates

The main function of carbohydrates is to provide fuel for the body. As young people are growing at a rapid rate, a lot of energy is required for **metabolism** and growth. Glucose is the preferred fuel for energy in the human body and carbohydrates are rich in glucose. As a result, carbohydrates should provide the majority of a young person's energy needs.

Carbohydrates are broken down and the glucose molecules are absorbed into the bloodstream. Cells take the molecules from the bloodstream and store them, ready for use. As shown in **FIGURE 6.2**, in terms of energy production, one gram of carbohydrate will produce about 16 kJ of energy.

Glucose that is not used by the body is converted to fatty acids and is stored as adipose (or fat) tissue. Therefore, if a person eats too many carbohydrates, they can gain weight because of the increase in the amount of glucose being converted to fat. This weight gain can reduce the efficient functioning of the body and its systems, leading to overweight/obesity and other potential health concerns, such as cardiovascular disease or type 2 diabetes.

metabolism a collection of chemical reactions that takes place in the body's cells. Metabolism converts the fuel in the food we eat into energy.

FIGURE 6.3 Carbohydrates can be sourced from a wide variety of foods.

Food sources of carbohydrates

Most carbohydrates are found in foods of plant origin, and these are the body's preferred source of energy. Carbohydrates are also found in sugar and foods containing added sugar, such as sports drinks, soft drinks and lollies. These foods contain fewer nutrients and usually no fibre, but contribute large amounts of energy, and so are not considered to be good food sources of carbohydrate.

Major food sources of carbohydrates include:

- vegetables
- rice
- bread
- pasta
- cereals
- fruits (such as oranges, grapes and bananas).

6.2.2 Fibre

Function of fibre

Fibre is a type of carbohydrate that is required for the optimal health and wellbeing of young people. Found in all foods of plant origin, fibre is not absorbed by the body. Rather, it travels through the digestive system, acting like a cleaner as it moves.

The benefits of fibre in the diet are numerous and include the following.

- *Provides a feeling of fullness.* Fibre slows the absorption of glucose from the small intestine into the blood, therefore providing a feeling of fullness (satiety). This decreases the amount of surplus energy consumed from **discretionary foods**. Both of these characteristics of fibre assist in weight maintenance, aiding the efficient functioning of the body and its systems.
- *Reduces cholesterol levels.* Fibre binds with cholesterol and prevents it from entering the bloodstream, which reduces the overall amount of cholesterol absorbed by the body. This reduces the risk of cardiovascular disease later in life.
- *Absorbs water.* Fibre absorbs water, which adds bulk to the faeces and therefore helps in the removal of waste products, improving the efficiency of the body and its systems while assisting in the prevention of colorectal cancer.
- *Prevents constipation.* Fibre assists in the movement of wastes through the digestive system. This, along with absorption of water, regulates bowel motions, decreasing the risk of constipation.

FIGURE 6.4 Fibre should be sourced from a variety of foods, including, fruits, vegetables and grains.

Food sources of fibre

Food sources of fibre include:

- bran
- wholemeal bread
- grains and seeds
- fruit and vegetables, preferably raw or with skins on (excellent sources include raspberries, apples, bananas, oranges, potatoes, broccoli and corn).

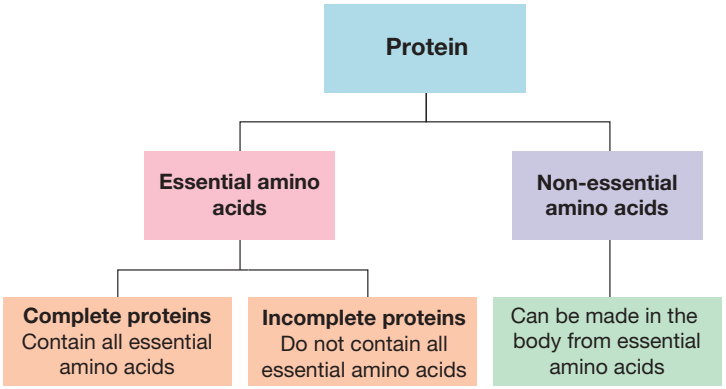
discretionary foods foods and drinks not necessary to provide the nutrients the body needs, but that may add variety. However, many of these foods are high in kilojoules and are therefore described as energy dense.

6.2.3 Protein

Function of protein

Protein has two main functions in the body. Its main function (and probably the most important for youth development) is to build, maintain and repair body cells. The second function of protein is to act as a fuel for producing energy. If a person does not have enough glucose (from carbohydrates) to use for energy production, protein can be used as a secondary source of energy. In times of starvation, muscle and other body cells may be broken down in order for the protein contained within them to be used for energy production. Protein yields about 17 kJ per gram when being used for energy. If eaten in excess, energy from protein may be stored as adipose or fat tissue and can contribute to obesity in the long term.

FIGURE 6.5 Proteins are broken down into essential and non-essential amino acids.



Protein is made up of smaller building blocks called amino acids. There are 20 different types of amino acids that humans need to function properly. Eleven of these, called the non-essential amino acids, can be synthesised (or made) in the body from other amino acids. The other nine, called essential amino acids, cannot be synthesised in the body and must therefore be consumed (see **FIGURE 6.5**). To ensure that all amino acids are being consumed regularly, protein from a range of different sources should be eaten. Many people get much of their protein requirements from meat, which is often rich in essential amino acids. Vegetarians must ensure they consume a large variety of non-meat protein sources to ensure that their nutritional needs are being met. These foods include nuts, beans, lentils and tofu.

Some food sources are termed 'complete proteins' because they contain all the essential amino acids in the quantities required for growth, repair and replacement of body cells. They are usually found in vast amounts in animal products (see **FIGURE 6.6**). Some proteins can also be found in many foods of plant origin (see **FIGURE 6.7**). These are usually incomplete proteins, and need to be eaten with other protein sources to ensure that all required amino acids are consumed.

FIGURE 6.6 The protein content of selected foods of animal origin

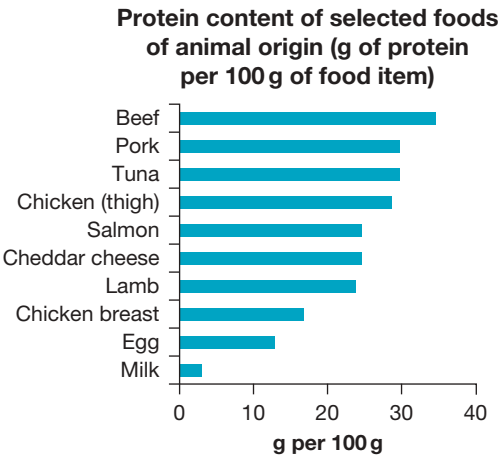
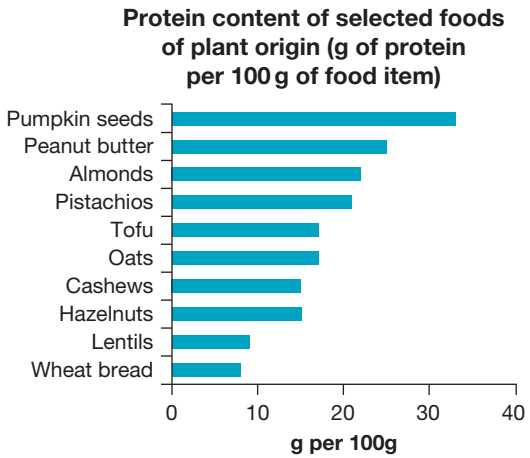


FIGURE 6.7 The protein content of selected foods of plant origin



Food sources of protein

Some rich animal sources of protein include:

- eggs
- milk, cheese and other dairy products (except cream)
- beef
- chicken and other poultry
- fish and seafood.

Some rich plant sources of protein include:

- soy products (tofu and soy milk)
- legumes
- nuts
- wholegrain cereals
- brown rice.

FIGURE 6.8 Rich food sources of protein

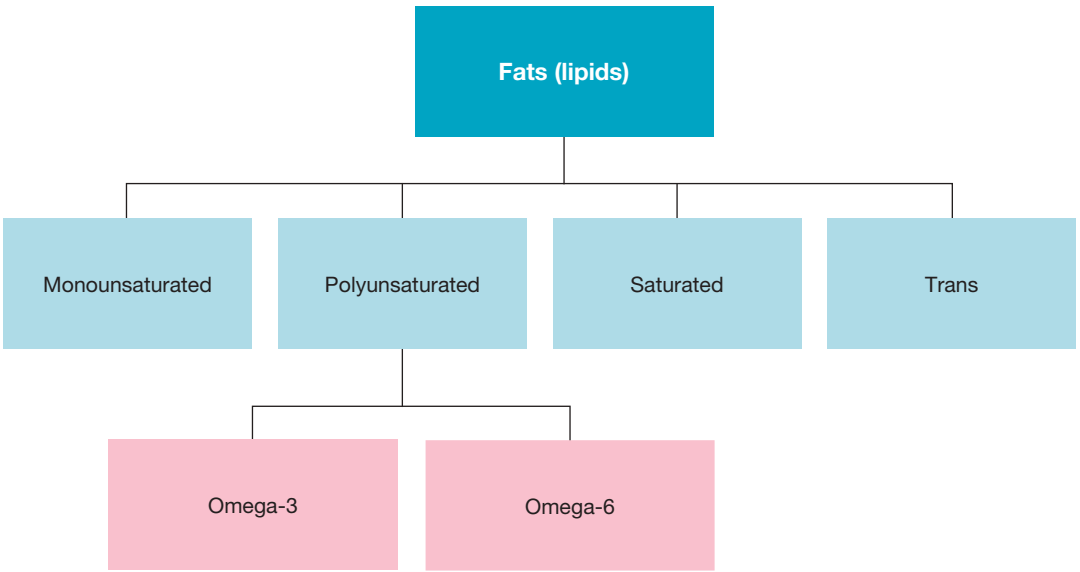
6.2.4 Fats

Fats (sometimes referred to as lipids) play a number of roles in the effective functioning of the body. Although fats are often associated with negative effects on the body, they are required for adequate health and development throughout the lifespan and are an essential part of a balanced food intake.

Function of fats

Like carbohydrates, the main function of fats is to act as a fuel for energy. Fats are a richer source of energy than carbohydrates and protein, yielding approximately 37 kJ per gram. This is why foods packed with fat but little else are referred to as 'energy dense' foods. How much fat to include in the diet should be determined by the amount of energy required by the individual. Balance is the key here — remember that most of an individual's energy should come from carbohydrates.

FIGURE 6.9 There are four different types of fats.



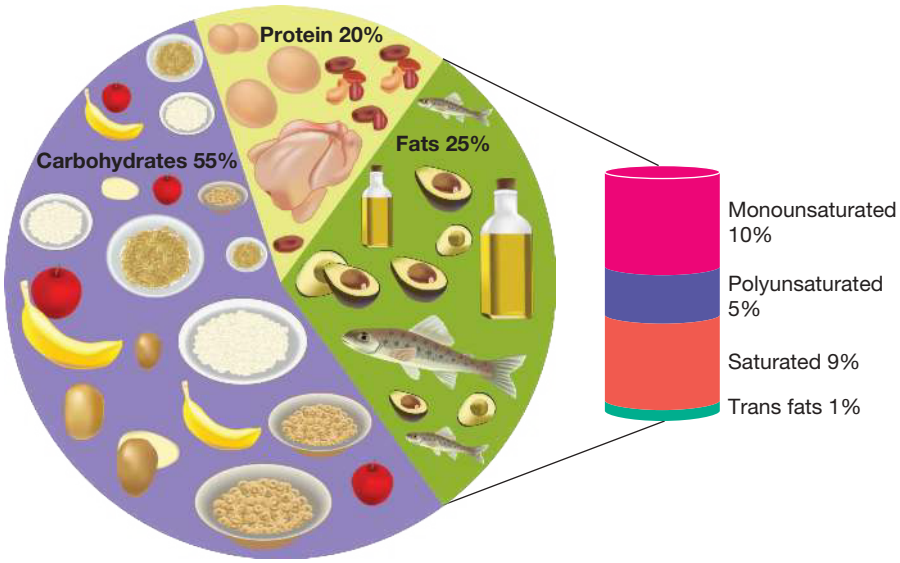
Fats are also required for the development and maintenance of **cell membranes**. Cell membranes form an important component of body cells. They are responsible for maintaining the structure of cells and allowing the transport of nutrients, gases and waste into and out of cells. Although all fats are a concentrated source of energy and are required for the development of cell membranes, not all fats are the same. There are some types of fats that have a positive impact on health outcomes, while other types can contribute to negative health outcomes.

Fats can be classified into four broad categories based on their chemical makeup: monounsaturated, polyunsaturated, saturated and trans fats. Total fat intake should account for around 25 per cent of the total energy requirement (with carbohydrates and protein making up the other 75 per cent). Of this 25 per cent, the majority should come from monounsaturated fats. Approximate recommended percentages of total energy intake from the different types of macronutrients are shown in **FIGURE 6.10**.

cell membrane the outer layer of a cell that provides the structural support for the cell and allows nutrients, gases and waste into and out of the cell

cholesterol a type of fat required for optimal functioning of the body that, in excess, can lead to a range of health concerns including the blocking of the arteries (atherosclerosis). It can be 'bad' low-density lipoprotein (LDL) or 'good' high-density lipoprotein (HDL).

FIGURE 6.10 A breakdown of the macronutrients and the average percentage of total energy intake that should come from each group



Monounsaturated and polyunsaturated fats: functions and food sources

Monounsaturated and polyunsaturated fats are considered the 'good fats'. They carry out the necessary functions of fats and also have some benefits for health and wellbeing, such as reducing levels of **cholesterol**, supporting brain function and promoting the health of the heart and blood vessels. The greatest health and wellbeing gains for youth can be achieved by replacing saturated and trans fats with monounsaturated and polyunsaturated fats. This can help reduce the risk of diet-related diseases, such as cardiovascular disease, later in life.

FIGURE 6.11 Nuts are a great source of the 'good fats'.

Monounsaturated fats are liquid at room temperature and begin to solidify if placed in the refrigerator. Monounsaturated fats are considered one of the healthier types of fats, because they assist in lowering low density lipoproteins (LDL, the 'bad cholesterol') and therefore decrease the risk of atherosclerosis (the deposition of fatty material on the inner walls of the arteries) and cardiovascular disease. Foods rich in monounsaturated fats include olive oil, avocado, canola oil and canola-based margarine, nuts such as peanuts, hazelnuts, cashews and almonds, peanut butter and other nut butters.

Polyunsaturated fats are also considered one of the healthy types of fats. There are two main categories of polyunsaturated fats: omega-3 and omega-6. Polyunsaturated fats are generally liquid at room temperature and when refrigerated. Both omega-3 and omega-6 fats act to lower LDL cholesterol in the bloodstream and increase HDL (good cholesterol), therefore reducing the risk of cardiovascular disease. Omega-3 polyunsaturated fats also promote the elasticity of the blood vessels and prevent blood clots, which can decrease the risk of heart attack and stroke. Many people in western countries consume too many omega-6 fats which, like all fats, can increase the risk of obesity and associated conditions including cardiovascular disease.

Food sources of polyunsaturated fats include:

- omega-3 — fish, particularly oily fish such as mackerel, trout, sardines, tuna and salmon; canola and soy oils, and canola-based margarines
- omega-6 — mainly nuts such as walnuts and Brazil nuts, seeds, and oil made from corn, safflower and soy.

Saturated and trans fats: functions and food sources

Saturated and trans fats are sometimes known as bad fats, because they increase cholesterol levels in the blood and can therefore contribute to cardiovascular disease in the long term. Although consuming saturated and trans fats will satisfy energy and other requirements, they should be replaced by monounsaturated and polyunsaturated fats where possible.

FIGURE 6.12 Meat can be high in saturated fat.

Saturated fats are generally found in foods of animal origin and are often solid at room temperature. You can see saturated fat in fatty cuts of meat in the marbling throughout the meat or the fat that forms along the ends of cuts of red meat (see **FIGURE 6.12**). Other foods containing high levels of saturated fat include full-cream milk, cream and cheese, some fried takeaway food, and most commercially baked goods, such as pastries and biscuits.

Although small amounts of trans fats are found naturally in certain foods, most trans fats are created when liquid oil is converted into solid fat by a process called hydrogenation. For this reason, they are generally found in processed foods such as pies, pastries and cakes (see **FIGURE 6.13**). Margarines and solid spreads produced for cooking are sometimes high in trans fats, as are the products made from them.

FIGURE 6.13 Trans fats are often present in baked goods such as cakes and pastries.

Trans fats, along with increasing cholesterol levels and therefore the risk of cardiovascular disease, can also interfere with cell membranes and contribute to high blood glucose levels. This can contribute to impaired glucose regulation and potentially lead to type 2 diabetes.

Resources

Interactivity Time Out: 'Which fat?' (int-6851)

EXAM TIP

Often you will be asked to provide food sources of a nutrient. It is important to know a range of major sources for a particular nutrient as you may be asked to identify more than one food source.

6.2 Exercises

6.2 Quick quiz on | **6.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3, 5	4, 6, 8, 10, 11	7, 9

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Test your knowledge

1. Explain what is meant by the following terms.
   a. Nutrient
   b. Macronutrient
   c. Micronutrient
2. Identify the six categories of nutrients.
3. a. Describe the main function of carbohydrates.
   b. Identify how much energy one gram of carbohydrate produces.
4. a. Describe how fibre assists in both weight management and the prevention of colorectal cancer.
   b. Identify four foods that are a major source of fibre.
5. a. Outline the main function of protein.
   b. Identify how much energy one gram of protein provides.
   c. State four food sources of protein.
   d. Describe the difference between a complete and non-complete protein.
6. a. Explain two functions of fats in the body.
   b. Outline the four different types of fat and a food source for each.
   c. Which fats are considered the 'good fats'? Why?
   d. Which fats are considered the 'bad fats'? Why?

Apply your knowledge

7. Explain why most of our energy needs should come from carbohydrates instead of fats.
8. Discuss the possible short- and long-term effects on youth who do not consume adequate amounts of fibre.
9. Outline one similarity and one difference between saturated and trans fats.
10. Discuss the possible short- and long-term consequences for youth who overconsume fats.
11. Draw up a table like the one below summarising the macronutrients, their function, energy per gram and two food sources.

Macronutrient	Function	Kilojoules per gram	Food sources
Carbohydrates			
Fibre			
Protein			
Fat			

6.2 Exam questions

Question 1 (3 marks)
Explain why carbohydrate is important for physical health and wellbeing.

Question 2 (2 marks)
Explain the role of any two nutrients in energy production.

Question 3 (3 marks)
Discuss three benefits to health outcomes for youth who consume adequate fibre.

Question 4 (3 marks)
Outline three functions of fats for improved health outcomes.

Question 5 (4 marks)
State one food source for each of the four types of fats.

More exam questions are available in your learnON title.

6.3 Nutrients required during youth including water, calcium, sodium and iron

Key knowledge	Key skill
The function and food sources of major nutrients important for health outcomes, such as water, iron, calcium, sodium	Explain the role of major nutrients in health outcomes

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the role water, calcium, sodium and iron play in our bodies and what foods they come from • how they can have an impact on health outcomes. (Health outcomes can be health status or health and wellbeing.)	• connect the role of water, calcium, sodium and iron to their impact on health outcomes.

6.3.1 Water

Functions of water

The human body can last several weeks without food, but only days without water. The body is made up of 50 to 75 per cent water. Water forms the basis of blood, digestive juices, urine and perspiration, and is contained in lean muscle, fat and bones. As the body can't store water, we need fresh supplies every day to make up for losses from the lungs, skin, urine and faeces. The amount we need depends on our body size, metabolism, the weather, the food we eat and our activity levels.

Adult women should consume around two litres (eight cups) and adult men 2.6 litres (about 10 cups) of fluids a day to prevent dehydration.

Water is required for a number of bodily functions including:
- as a medium for all chemical reactions required to provide energy
- as a key component of many cells, tissues and blood, allowing the effective functioning of the body's systems.

Water is the body's preferred source of hydration, and can also assist in weight management, especially when consumed instead of sugary drinks. As water contains no kilojoules, choosing to drink water instead of sugary drinks reduces the risk of obesity, cardiovascular disease and type 2 diabetes.

Food sources of water

Water in its purest form is the best source, as many other drinks such as soft drinks and sports drinks often contain high amounts of sugar and additives, and therefore should be limited. Tea and coffee are also drinks that contain water. Water is also found in foods such as fruits and vegetables — some have higher water content than others.

Food sources of water include fruits such as:

- watermelon
- apple
- orange
- tomato
- pineapple

and vegetables, such as:

- celery
- lettuce
- cucumber
- carrot.

FIGURE 6.14 Foods such as watermelon have a very high water content, but water should also be consumed in its pure form.

6.3.2 Minerals: calcium

Functions of calcium

Calcium is one of the key nutrients required for the building of bone and other **hard tissues** (such as teeth and **cartilage**) and is therefore extremely important during periods of rapid growth, such as during youth. Calcium reduces the risk of dental decay.

The youth stage signifies the greatest increase in bone density and contributes significantly to achieving optimal **peak bone mass**. It is therefore vital that youth get enough calcium during these years to build as much bone density as possible. The greater the bone density during this stage, the less chance the individual will have of developing **osteoporosis** later in life (see **FIGURE 6.15**). Calcium also plays an important role in reducing the risk of dental decay and tooth loss in later life. Along with physical health and wellbeing impacts, dental health problems can cause significant mental health and wellbeing concerns, such as reduced levels of confidence and low self-esteem.

hard tissue tissue in the body that forms hard substances such as bones, teeth and cartilage

cartilage connective tissue that protects and cushions the joints, and provides structure and support to various body tissues

peak bone mass the maximum bone mass (i.e. density and strength) reached in early adulthood

osteoporosis a condition characterised by a reduction in bone mass that makes bones more likely to break and fracture

FIGURE 6.15 Changes in bone mass with age

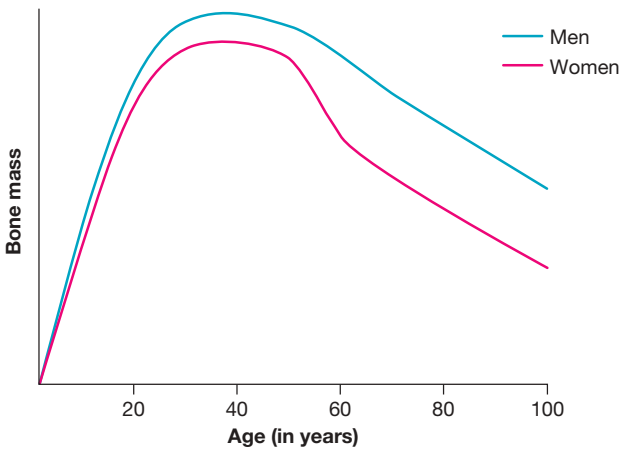


FIGURE 6.16 Yoghurt is an excellent source of calcium; however, flavoured yoghurt can also be high in sugar.

Food sources of calcium

Food sources of calcium include:

- most dairy products including milk, cheese and yoghurt
- sardines, salmon (with bones)
- green leafy vegetables (broccoli, spinach)
- **fortified** soy milk
- tofu made with calcium sulfate
- fortified orange juice.

Oxalic acid is present in spinach and binds to the calcium molecules, preventing all of the calcium from being absorbed. In fact, if oxalic acid is present when calcium is eaten, only 5 per cent of the available calcium may be absorbed. For this reason, it is important to obtain calcium from other sources as well, such as dairy (which does not contain oxalic acid).

fortified when a nutrient has been artificially added to food to increase its nutritional value

6.3.3 Minerals: sodium

Functions of sodium

Sodium is an important mineral for the human body. It plays a role in the regulation of fluids in the body, including water and blood. Fluid is drawn to sodium, so the amount of sodium in the blood influences the amount of fluid that stays in the cells. Through this mechanism, sodium regulates the balance between fluid in the cells (intracellular fluid) and fluid outside the cells (extracellular fluid).

Most Australians get more than enough sodium in their diet. According to the Better Health Channel, the average Australian consumes eight to nine times the amount of sodium they need for good health and wellbeing. High levels of sodium in the body can draw excess fluid out of the cells. This increases blood volume and contributes to hypertension (high blood pressure). Other effects linked to excess sodium include:

- *heart failure*. Increased blood volume and hypertension force the heart to work harder. Heart failure can result if the heart cannot keep up with the demand from the body.
- *stroke and heart attack.* Hypertension associated with excess sodium intake contributes to higher rates of stroke and heart attack.
- *kidney disease.* Blood pressure is regulated by the kidneys and prolonged hypertension can mean the kidneys are under strain and can become diseased.
- *osteoporosis.* Excess sodium is filtered by the kidneys and excreted in urine. During this process, calcium is also excreted, which increases the risk of weak bones and osteoporosis later in life.

FIGURE 6.17 Excess sodium increases blood volume, which contributes to hypertension.

Food sources of sodium

Food sources of sodium include:

- table salt
- olives
- fish
- meat (especially pork)
- cheese
- bread
- many processed foods, such as tomato sauce, packet soups, canned vegetables, pizza and pies.

CASE STUDY

Slashing salt can save lives — and it won't hurt your hip pocket or tastebuds

By Peter Breadon, Program Director, Health and Aged Care, Grattan Institute and Lachlan Fox, Associate, Grattan Institute

Published: October 30 2023, 6.11am AEDT

Each year, more than 2500 Australians die from diseases linked to eating too much salt.

We shouldn't be putting up with so much unnecessary illness, mainly from heart disease and strokes, and so many deaths.

As a new Grattan Institute report shows, there are practical steps the federal government can take to save lives, reduce health spending and help the economy.

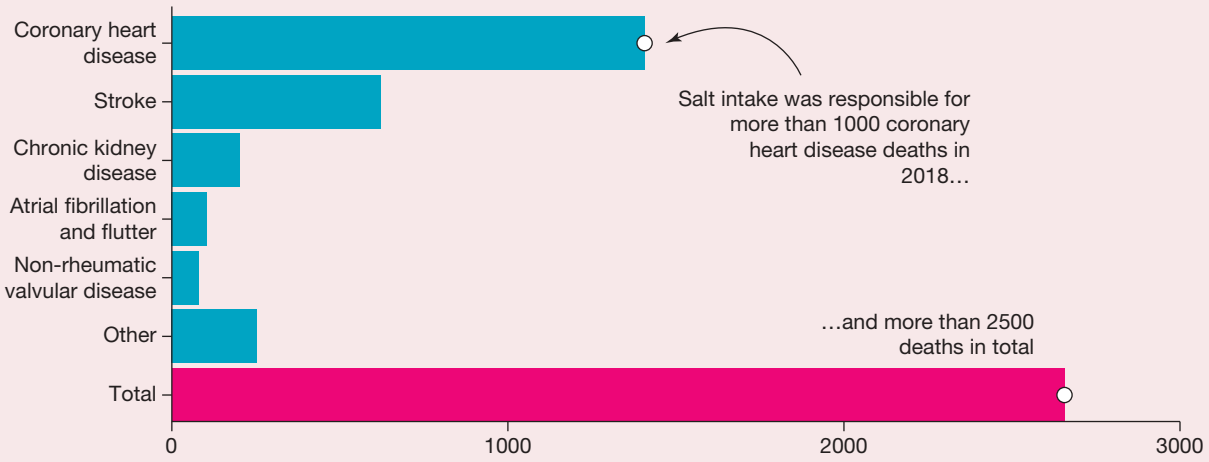
We eat too much salt, with deadly consequences

Eating too much salt is bad for your health. It raises blood pressure, which increases the risk of heart disease and stroke.

About one in three Australians has high blood pressure, and eating too much salt is the biggest individual contributor.

Unfortunately, the average Australian eats far too much salt — almost double the recommended daily maximum of 5 grams, equivalent to a teaspoon.

Australian deaths attributable to excessive salt intake, by disease, 2018



Source: AIHW (2021)

Most of the salt we eat is added to food during manufacturing

Most of the salt Australians eat doesn't come from the shaker on the table. About three-quarters of it is added to food during manufacturing.

This salt is hidden in everyday staples such as bread, cheese and processed meats. Common foods such as ready-to-eat pasta meals or a ham sandwich can have up to half our total recommended salt intake.

Salt limits are the best way to cut salt intake

Reducing the amount of salt added to food during manufacturing is the most effective way to reduce intake.

Salt limits can help us do that. They work by setting limits on how much salt can be added to different kinds of food, such as bread or biscuits. To meet these limits, companies need to change the recipes of their products, reducing the amount of salt.

Under salt limits, the United Kingdom reduced salt intake by 20 per cent in about a decade. South Africa is making even faster gains. Salt limits are cheap and easy to implement and can get results quickly.

Most consumers won't notice a change at the checkout. Companies will need to update their recipes, but even if all the costs of updating recipes were passed on to shoppers, we calculate that at most it would cost about 10 cents each week for the average household.

Nor will consumers notice much of a change at the dinner table. Most people don't notice when some salt is removed from common foods. There are many ways companies can make foods taste just as salty without adding as much salt. For example, they can make salt crystals finer, or use potassium-enriched salt, which swaps some of the harmful sodium in salt for potassium. And because the change will be gradual, our tastebuds will adapt to less salty foods over time.

Australia's salt limits are failing

Australia has had voluntary salt limits since 2009, but they are badly designed, poorly implemented, and have reduced population salt intake by just 0.3%.

Because Australia's limits are voluntary, many food companies have chosen not to participate in the scheme. Our analysis shows that 73 per cent of eligible food products are not participating, and only 4 per cent have reduced their salt content.

Action could save lives

Modelling from the University of Melbourne shows that fixing our failed salt limits could add 36 000 extra healthy years of life, across the population, over the next 20 years.

This would delay more than 300 deaths each year and reduce healthcare spending by A$35 million annually, the equivalent of 6000 hospital visits.

International experience shows the costs of implementing such salt limits would be very low and far outweighed by the benefits.

Source: https://theconversation.com/slashing-salt-can-save-lives-and-it-wont-hurt-your-hip-pocket-or-tastebuds-213980

CASE STUDY REVIEW

1. Using the graph, identify how many people died from coronary heart disease and stroke due to excessive salt consumption in 2018.
2. Explain, using excessive salt consumption as an example, a relationship between physical and mental health and wellbeing.
3. Justify, using examples from the case study and your own knowledge, why you believe 73 per cent of food manufacturers are not participating in the salt limits scheme.

6.3.4 Minerals: iron

Functions of iron

Iron is an essential part of blood. As blood volume increases during youth, iron is needed in greater quantities. Iron is lost through blood from the body during menstruation, which begins for most females during youth — therefore, iron is especially important during this time.

Iron forms the 'haem' part of **haemoglobin**, which is the oxygen-carrying component of blood. A person who does not get enough iron may develop **anaemia**, a condition characterised by tiredness and weakness. Individuals with anaemia struggle to generate enough energy to complete daily tasks such as school work, sport and socialising. Red meat is a rich source of iron, but it often contains high levels of saturated fat. As a result, lean meat ought to be chosen and iron should also be gained from other sources. A balanced, varied diet is the best way to get adequate amounts of iron.

haemoglobin a component of blood, largely consisting of iron and protein, that transports oxygen throughout the body

anaemia a condition characterised by a reduced ability of the body to deliver enough oxygen to the cells due to a lack of healthy red blood cells

Food sources of iron

Food sources of iron include:

- lean red meat
- turkey and chicken
- fish, particularly oily fish (for example, mackerel, sardines and pilchards) — fresh, frozen or canned
- eggs
- nuts (including peanut butter) and seeds
- brown rice
- tofu
- bread, especially wholemeal or brown bread
- leafy green vegetables, especially curly kale, watercress and broccoli.

Iron from meat is usually absorbed best, although vegetarians can still get enough iron if they eat a variety of vitamin-C rich foods. Vitamin C changes the chemical make-up of iron from non-meat sources and increases the amount that is absorbed. Vitamin C should therefore be eaten if iron absorption needs to be maximised. Examples of foods high in vitamin C are kiwifruit, broccoli, blackcurrants, strawberries and citrus fruits, such as oranges.

FIGURE 6.18 As blood volume increases during youth, iron is required in higher amounts to make red blood cells.

6.3 Exercises

6.3 Quick quiz on | **6.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
2, 10, 11	1, 3, 4, 5, 6, 7, 9	8, 12, 13

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Test your knowledge

1. Explain the reason we need to consume adequate amounts of water each day.
2. Identify why it is a good idea to replace most drinks with plain water.
3. Describe why the body requires calcium.
4. a. List three foods that contain high levels of calcium.
   b. Even though spinach contains a lot of calcium, it is not considered the best food source of dietary calcium. Explain why.
5. a. Explain a positive function of sodium in the body.
   b. Explain the possible health outcomes of consuming excess sodium.
6. Describe the role of iron in the body.
7. Outline why iron is required in greater amounts during the youth stage of the lifespan.
8. Refer to **FIGURE 6.15** to answer the following questions.
   a. Identify two trends evident in the graph.
   b. Use the graph to help you explain a possible difference in health outcomes associated with differences in bone mass between males and females in older age.

Apply your knowledge

9. Explain how being dehydrated could affect your health outcomes.
10. State two likely consequences of not getting enough calcium.

11. Briefly outline the symptoms of low iron levels.
12. Explain why females are more at risk of suffering from anaemia than males.
13. Explain why the demands for iron are higher in youth than in childhood.

6.3 Exam questions

Question 1 (2 marks)
Identify two examples of minerals needed by the body during youth.

Question 2 (2 marks)
Other than cow's milk products, **identify** two major food sources of calcium.

Question 3 (1 mark)
Water has a number of functions within the body. Briefly **outline** one of these functions.

Question 4 (1 mark)
State three food sources that contain water.

Question 5 (4 marks)
Describe the role of iron in the body and give two examples of food sources high in iron.

More exam questions are available in your learnON title.

6.4 Nutrients required during youth including vitamin D, vitamin C and folate

Key knowledge	Key skill
The function and food sources of major nutrients important for health outcomes, such as vitamin C, vitamin D and folate	Explain the role of major nutrients in health outcomes

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the role vitamin C, vitamin D and folate play in our bodies and what foods they come from • how they can have an impact on health outcomes. (Health outcomes can be health status or health and wellbeing.)	• connect the role of vitamin C, vitamin D and folate to their impact on health outcomes.

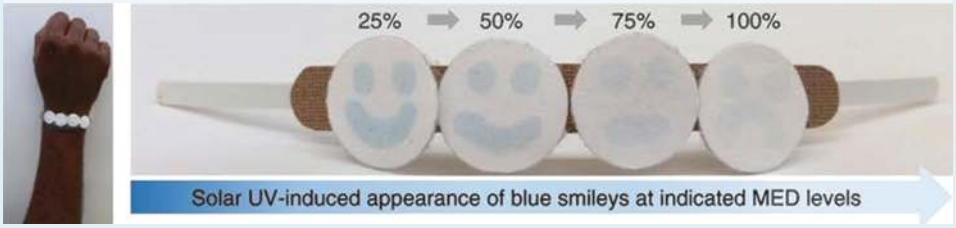
6.4.1 Vitamin D

Functions of vitamin D

The main role of vitamin D is to absorb calcium from the intestine into the bloodstream. A lack of vitamin D can lead to low levels of calcium being absorbed and bones becoming weak. Most Australians get enough vitamin D from exposure to sunlight, during which UV rays are converted to vitamin D in the skin. However, there is growing evidence to suggest that some groups of people in Australia are deficient in vitamin D because they rarely go out into the sun. Youth with dark skin or those who always cover up when outdoors can become deficient in vitamin D. Although moderate exposure without any degree of sunburn is healthy, excessive sun exposure leading to sunburn is a major risk factor for skin cancer and should always be avoided. Wearable technology, such as the use of colour change wristbands, aims to overcome some of the health concerns associated with vitamin D deficiency (including weak and porous bones, fractures and osteoporosis), as well as sun overexposure.

Colour change wristbands help you balance too much sun vs not enough — no matter your skin tone

FIGURE 6.19 Personalised paper-based wearable solar UV sensors suitable for people of different skin tones



The sun's ultraviolet (UV) radiation has both harmful and beneficial effects for our health. Too much exposure can lead to sunburn, skin ageing, eye damage or even skin cancer. With too little UV, we may become vitamin D deficient.

Wearable wristbands have now been developed that indicate when an individual has achieved 25 per cent, 50 per cent, 75 per cent and 100 per cent of their daily recommended UV exposure.

Unlike relying on the UV index alone, which caters for only fair-skinned people, there are six sensors, each personalised for a particular skin tone.

Currently, the sensor comes as a wearable wristband with four smiley faces. As the wearer is exposed to more and more UV with increasing time in the sun, the smileys start lighting up one after another. Finally, a sad smiley appears when the wearer approaches their maximum-allowed UV dose — this acts as a warning sign to leave the sun.

This low-cost wearable technology aims to overcome issues of vitamin D deficiency and excessive sun exposure, which can occur when we are unaware of the UV index of the day. If it's cloudy, people assume that sun protection is not required and if the sun feels intense, maybe you put on sunscreen and a hat.

But irrespective of your judgement about this risk, in reality UV rays neither feel hot (it's the infrared rays that do this), nor are they visible to the human eye.

Source: Adapted from The Conversation, 26 September 2018, https://theconversation.com/new-colour-change-wristbands-help-you-balance-too-much-sun-vs-not-enough-no-matter-your-skin-tone-103754.

Food sources of vitamin D

Food sources for vitamin D include:

- fish (particularly salmon, tuna, sardines)
- beef liver
- cheese and egg yolks
- milk fortified with vitamin D
- breakfast cereals and orange juice fortified with vitamin D.

FIGURE 6.20 Most Australians get enough vitamin D from exposure to sunlight.

6.4.2 Vitamin C

Vitamin C has a number of major functions in the body that are important for improved health outcomes. Vitamin C helps to form blood vessels, cartilage, muscle and collagen in bones. Collagen is needed to strengthen the skin, blood vessels and bones and to heal wounds. This makes vitamin C important for the body's healing process.

Vitamin C is also important in assisting with fighting infection, as the cells in our immune system (lymphocytes) require vitamin C for efficient functioning. Vitamin C is also a very powerful **antioxidant**. The role of antioxidants is to reduce the build up of **free radicals** in your body, as this can lead to 'oxidative stress', damaging body cells and reducing the efficient functioning of the body and its systems. Antioxidants can also reduce the risk of cancer and cardiovascular disease later in life. If free radicals are left in the body, they can damage cell membranes. Vitamin C also plays an important role in assisting with iron absorption and reducing the risk of iron anaemia.

antioxidant a compound in foods that neutralises free radicals

free radicals molecules formed when oxygen is metabolised. Free radicals can damage healthy body cells and increase the risk of diseases such as cardiovascular disease and cancer.

It is essential that vitamin C is included in our everyday diet because the body cannot make this vitamin, and when vitamin C is consumed it cannot be stored in the body for very long.

Food sources of vitamin C

Vitamin C is heat sensitive, and some of its nutritional benefits can be lost during the cooking process. Raw foods are more beneficial as a dietary source of vitamin C. These include:

- fruit — oranges, lemons, grapefruit, blackcurrants, mangoes, kiwifruit, rockmelon, tomatoes and strawberries
- vegetables — green leafy vegetables (such as cabbage, spinach and lettuce), capsicum, broccoli, cauliflower and potatoes.

FIGURE 6.21 Many fruits and vegetables are high in vitamin C, particularly if they are raw.

6.4.3 Folate (vitamin B9)

Functions of folate

Folate is a B-group vitamin that is essential for optimal health and wellbeing. It plays an important role in DNA synthesis, and is therefore required for cells to duplicate during periods of growth. (It is also required in periods of maintenance, but not to the same degree.)

Folate also plays a role in the development of red blood cells, and a deficiency in folate can lead to folate-deficiency anaemia. Like iron-deficiency anaemia, folate-deficiency anaemia is characterised by tiredness, so a young person might at times struggle to participate in everyday activities, such as attending school or sporting activities. Folate is also an essential nutrient required during pregnancy to help prevent some major birth defects, such as neural tube defects. This will be further discussed in Topic 9.

FIGURE 6.22 A lack of folate can lead to folate-deficiency anaemia and, therefore, tiredness. This can have numerous effects on the health and wellbeing of youth.

Food sources of folate

Food sources of folate include:

- green leafy vegetables
- citrus fruits
- poultry and eggs
- many cereals, breads and fruit juices are fortified with folate.

The form of folate added to foods is a synthetic form of folate known as folic acid.

6.4 Exercises

6.4 Quick quiz on | **6.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
2, 3	1, 4, 6, 8	5, 7

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Test your knowledge

1. Explain the link between sunlight and vitamin D.
2. Identify which groups are more at risk of vitamin D deficiency.
3. Outline the main role of vitamin D in the body.
4. Outline one reason why it is important to consume foods high in vitamin C as part of the daily diet.
5. Explain the role of the following nutrients and why each is important for youth health outcomes:
   a. folate
   b. vitamin C.

Apply your knowledge

6. Describe the effects on the health of youth who are deficient in:
   a. vitamin D
   b. folate.
7. Refer to the article in section 6.4.1. How does the wearable UV technology overcome issues of vitamin D deficiency and UV overexposure?
8. Create a mind map that summarises the function and food sources of the vitamins covered in this subtopic and the effect on the short- and long-term health of youth.

6.4 Exam questions

Question 1 (4 marks)
Explain how a diet deficient in folate could negatively impact a dimension of health and wellbeing, other than physical health and wellbeing.

Question 2 (3 marks)
Briefly **outline** the main function of folate and give two examples of food sources high in folate.

Question 3 (1 mark)
Describe how vitamin C assists in fighting infection in the body.

Question 4 (1 mark)
Identify another name for vitamin B9.

Question 5 (2 marks)
Many Australians are being diagnosed with low levels of vitamin D in their body.

Explain why it is important to have an adequate intake of vitamin D.

More exam questions are available in your learnON title.

6.5 Consequences of nutritional imbalance

Key knowledge	Key skill
	Describe the possible consequences of nutritional imbalance on short- and long-term health outcomes for youth

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to be able to:

- describe possible short- and long-term consequences on youth health when there is a nutritional imbalance. (Can refer to health status and/or health and wellbeing.)

Good nutrition is essential for everyone, but it's especially important for young people. Youth is the third-fastest stage of growth and development during the lifespan. During the adolescent growth spurt, the average female is expected to grow 16 cm in height and 16 kg in weight, and the average male is expected to grow 20 cm in height and 20 kg in weight. This means that a balanced diet high in nutritious foods is essential to fuel the body during this time.

Unfortunately, many young Australians do not eat a balanced diet and are therefore experiencing nutritional imbalance. Nutritional imbalance includes an underconsumption of nutrients such as fibre, calcium and iron, as well as overconsumption of fats, sodium and carbohydrates. The major nutrients required during youth are found in many different food sources, including fruits and vegetables.

According to the Australian Institute of Health and Welfare (AIHW) report *National Health Survey, 2020–21,* many Australians are not eating the recommended amount of serves of fruit and vegetables on a daily basis. (The recommendation is that Australians consume two fruits and five vegetables per day.) As **FIGURE 6.23** shows, the vast majority of children aged 5–14 did not eat the recommended daily serves of vegetables (93 per cent of boys and 89 per cent of girls), while 38 per cent of boys and 37 per cent of girls did not eat the recommended daily serves of fruit. These figures changed slightly for adults aged 18–64, with 96 per cent of men and 87 per cent of women not eating the recommended daily serves of vegetables and 59 per cent of men and 42 per cent of women not eating the recommended serves of fruit. A lack of sufficient fruit and vegetables may lead to deficiency in certain nutrients. For example, fruits and vegetables are excellent sources of B vitamins (including folate), iron, water and fibre. A low intake of fruits and vegetables may result in an underconsumption of these nutrients.

FIGURE 6.23 The number of Australian adults and children who are underconsuming the recommended daily intake of fruits and vegetables (*National Health Survey, 2020–21*)

	Boys	Girls	Men	Women
Vegetables	93%	89%	96%	87%
Fruit	38%	37%	59%	42%

According to the Better Health Channel, one in three teenagers buys unhealthy takeaway food every day. When you compare meals prepared at home to those purchased and prepared out of the home, takeaway food is almost always higher in fat, salt and sugar. It is also usually lower in nutrients, such as calcium and iron, and served in larger portions, which means more kilojoules. If the nutritional intake during youth is not balanced and nutrients are not consumed in appropriate proportions, the risk of a range of negative consequences increases.

These consequences can occur as a result of over- or under-consumption of specific nutrients and can occur in both the short and long term. The short-term consequences of nutritional imbalance are discussed in detail in **TABLE 6.1**.

6.5.1 The short-term consequences of nutritional imbalance

FIGURE 6.24 Short-term consequences of nutrition imbalances on youth health

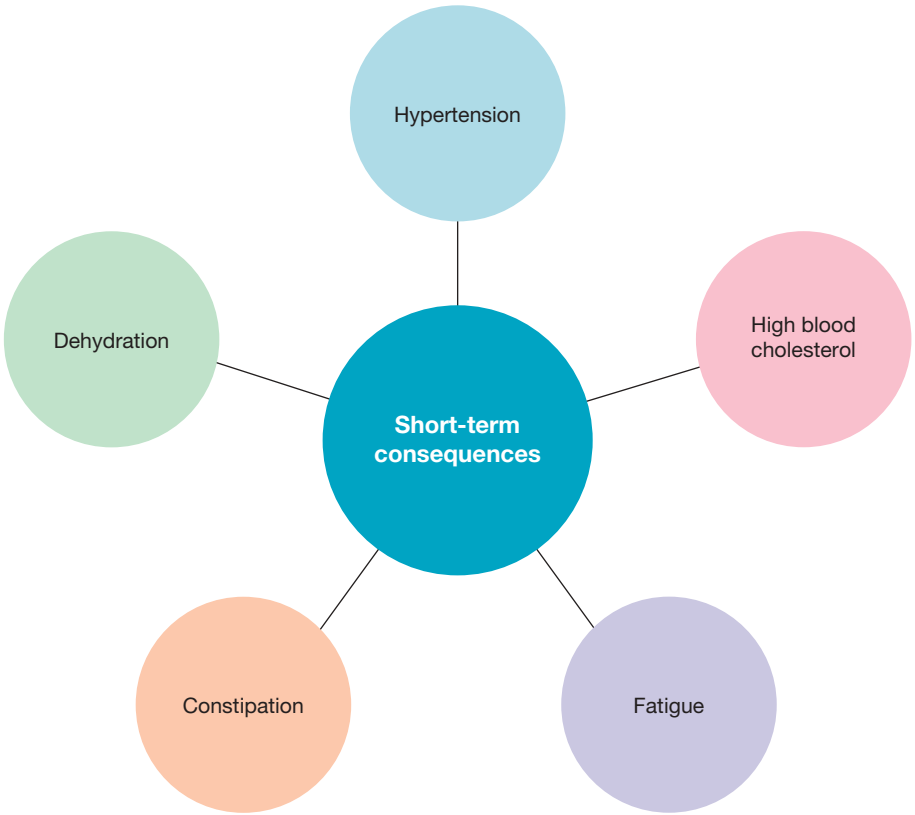
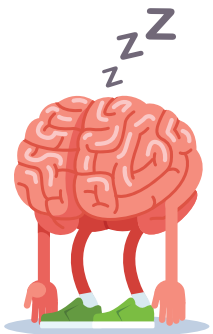


TABLE 6.1 Nutrient imbalances and their short-term consequences for health outcomes

Nutrient imbalance	Short-term consequences for health outcomes
Insufficient B-group vitamins, folate and iron 	B group vitamins, folate and iron are essential nutrients that contribute to the production of energy in the body. If these nutrients are not consumed on a regular basis, energy levels may decrease, initially affecting the efficient functioning of the body. The underconsumption of these nutrients could also lead to iron and folate anaemia, causing tiredness and weakness.

(continued)

TABLE 6.1 Nutrient imbalances and their short-term consequences for health outcomes *(continued)*

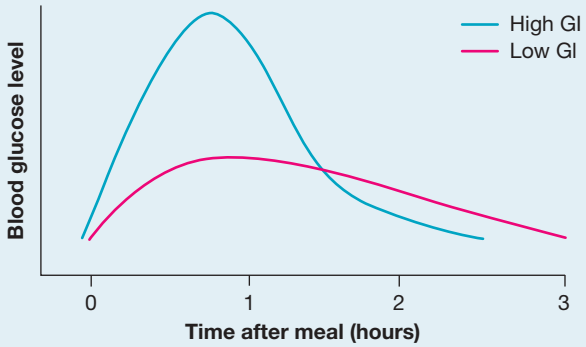
Nutrient imbalance	Short-term consequences for health outcomes
Insufficient fibre 	Insufficient fibre increases the risk of constipation. There are two types of fibre: soluble and insoluble fibre. Soluble fibre allows more water to remain in the stools, making waste softer and easier to pass through the intestines. Insoluble fibre adds bulk to faeces, assisting in the removal of waste products. Constipation interrupts the efficient functioning of the body and its systems, affecting physical health and wellbeing.
Insufficient water 	Water is essential for the optimal functioning of body systems throughout the lifespan. Common symptoms of dehydration include thirst, dry mouth, headaches, decreased blood pressure, dizziness, fainting, tiredness and constipation. In the most severe cases, dehydration can lead to unconsciousness and death. Dehydration ultimately impacts negatively on the efficient functioning of the body and its systems, therefore decreasing both physical health and wellbeing and health status.
Excessive sodium consumption 	Hypertension, otherwise known as high blood pressure, can be a result of excessive salt/sodium intake, as sodium draws fluid from the cells into the bloodstream, increasing blood volume and therefore increasing blood pressure. Hypertension reduces the efficient functioning of the heart and blood vessels, potentially causing long-term damage. (Long-term hypertension increases the risk of cardiovascular disease and stroke.)
Excessive saturated and trans fat 	Excessive saturated and trans fats in the diet can increase the body's cholesterol level. Too much cholesterol circulating within our bloodstream leads to fatty deposits developing in the arteries, which can lead to narrowing and hardening of the arteries. An individual may be unaware they have high cholesterol, which reduces the efficient functioning of the heart and blood vessels.

Glycaemic index

The amount of glucose contained within carbohydrate-rich foods, and how much such foods affect the levels of blood glucose, is measured using a system called the **glycaemic index (GI)**. The glycaemic index rates foods from 1 to 100 based on how quickly they cause blood-glucose levels to rise. Foods that cause blood glucose to increase sharply are called high GI (with a score of more than 70; for example, white bread), while those that have a more sustained impact on blood glucose are called low GI (with a score less than 55; foods such as milk). Those in between these numbers are termed medium GI, such as basmati rice. Eating foods with a low-GI rating gives a more sustained energy release and can therefore assist in carrying out the biological processes required during the day. In contrast, high-GI foods give the body a quick hit of glucose that then drops off just as quickly (see **FIGURE 6.25**). As blood glucose levels decrease, hunger increases. As a result, high-GI foods can contribute to overeating.

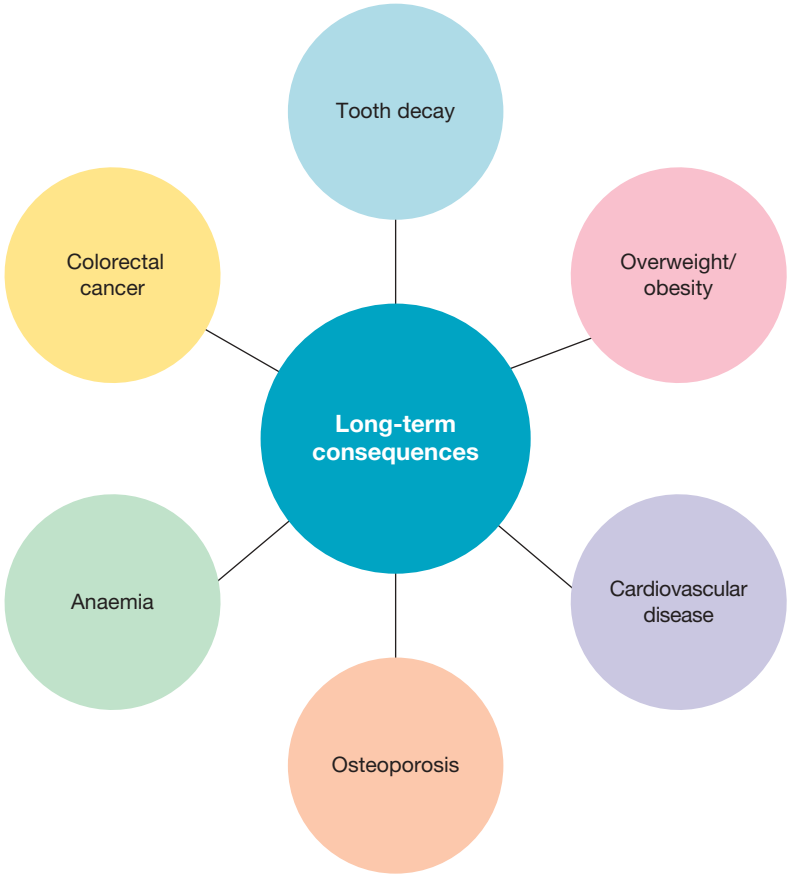
glycaemic index (GI) a scale from 0 to 100 indicating the effect on blood glucose of foods containing carbohydrates

FIGURE 6.25 The effect on blood glucose of high- and low-GI foods



6.5.2 The long-term consequences of nutritional imbalance

FIGURE 6.26 The long-term consequences of nutritional imbalance



As well as contributing to short-term consequences, nutrient imbalance is associated with many long-term health consequences. Many of the long-term consequences of nutrient imbalance are associated with overconsumption of nutrients, although nutrient imbalance can also be associated with the underconsumption of specific nutrients; for example, calcium. The teenage years are critical in forming life-long eating habits. However, many teenagers are forming unhealthy food consumption habits. This can be seen in statistics from 2018, which report that 57 per cent of 14- to 17-year-olds consume soft drinks at least once a week, which are high in sugar. There has

also been a decline in the number of children meeting their minimum fruit and vegetable serves. Only 4.3 per cent of children aged 2 to 17 met both fruit and vegetable recommendations in 2022, a decrease from 6 per cent in 2017–18 (ABS, 2022). The food habits that young people develop can put them at risk of longer term and chronic health conditions including cardiovascular disease, anaemia and osteoporosis. The long-term consequences of nutritional imbalance are discussed in **TABLE 6.2**.

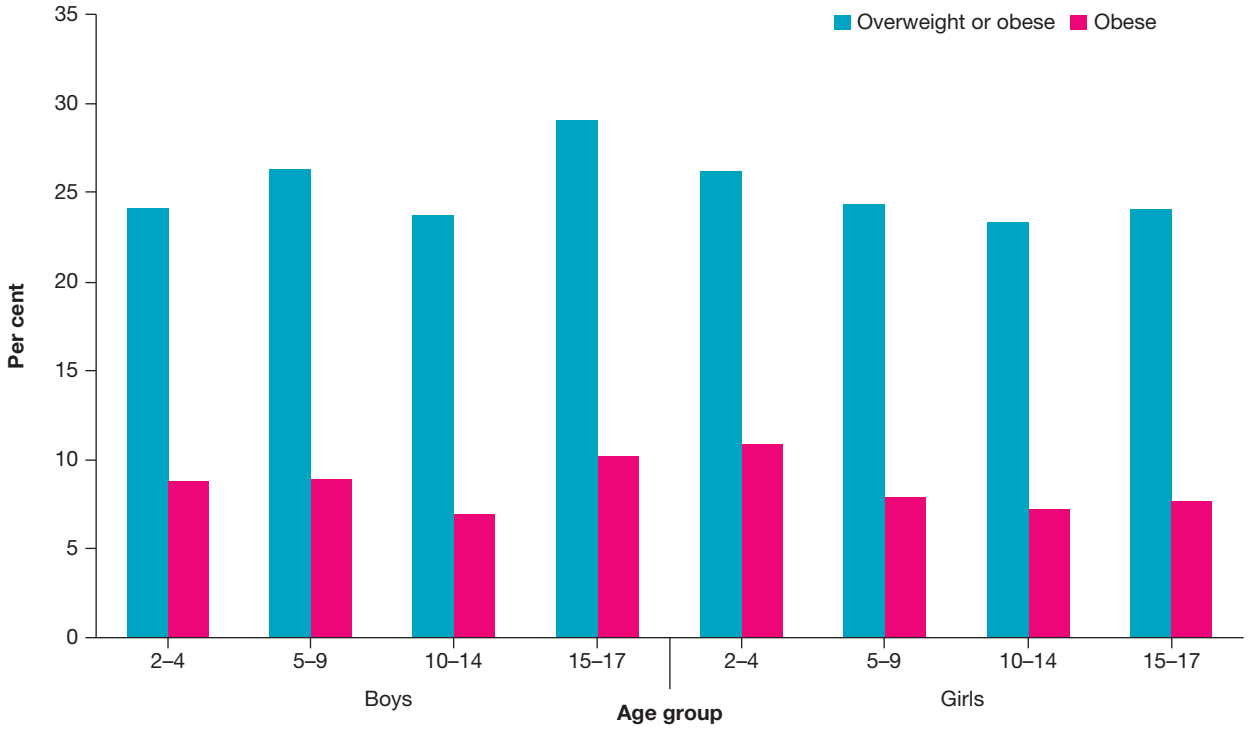
EXAM TIP

Remember, when referring to health impacts, you are able to refer to either health status or health and wellbeing in your response.

FIGURE 6.27 shows the prevalence of overweight and obesity among children in 2017–18.

int-9306

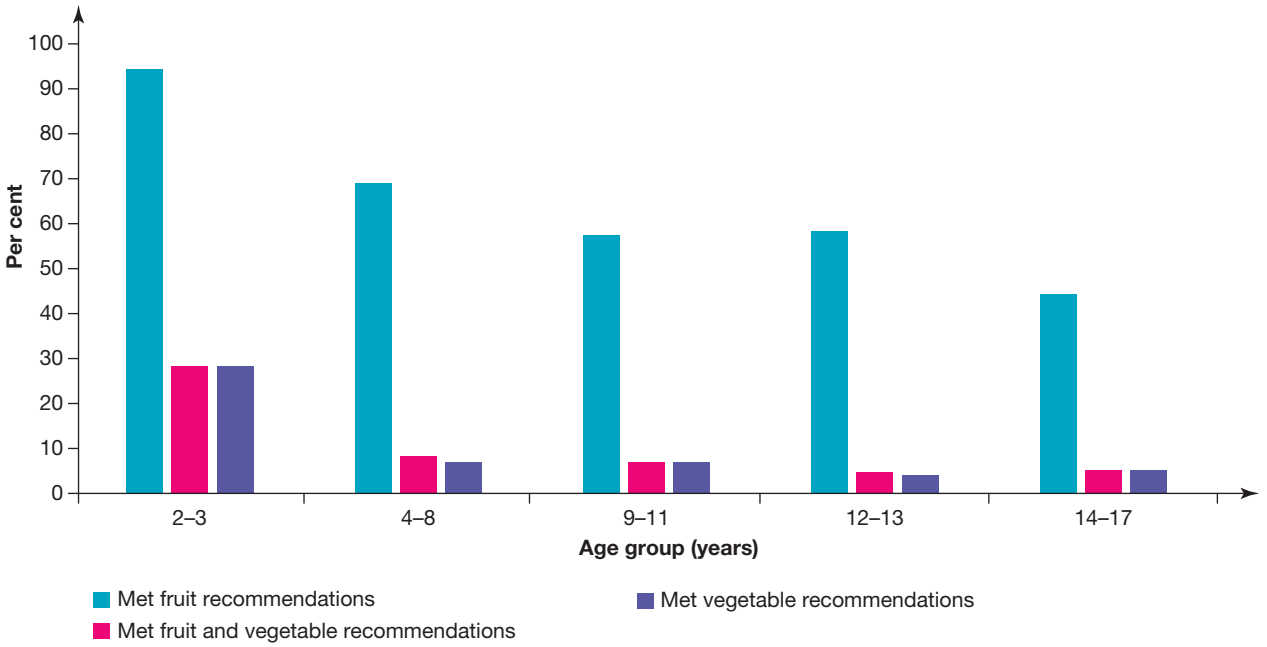
FIGURE 6.27 Prevalence of overweight and obesity among males and females aged 2–17 years, 2017–18*



* Most recent data available at time of publishing

Source: Australian Institute of Health and Welfare 2020. *Overweight and obesity among Australian children and adolescents*. Cat. no. PHE 274. Canberra: AIHW.

FIGURE 6.28 Proportion of children who met the fruit and vegetable recommendations, by age, 2020–21



Source: Dietary behaviour, ABS, 2022

Note: Rates are aged-standardised to the 2001 Australian standard population.

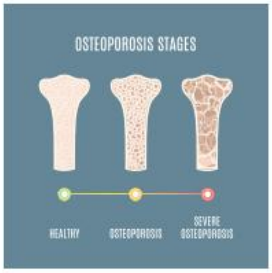
TABLE 6.2 Nutrient imbalances and their long-term consequences for health outcomes

Nutrient imbalance	Long-term consequences for health
Overconsumption of sugar (simple carbohydrates) 	Sugars are a type of simple carbohydrate found naturally in some foods such as fruit and honey, and added to many processed foods such as cakes and soft drinks. Sugars are a food source for bacteria in the mouth. These bacteria produce acids that can contribute to dental decay and the development of dental caries. **Dental caries** impact physical health and wellbeing as they may cause periodontitis (inflammation and infections of tissue in the mouth) and can also lead to loss of teeth.
Overconsumption of saturated and trans fats, carbohydrates and proteins 	Carbohydrates, fats and proteins are vital for energy production, but excessive consumption can lead to storage as adipose (fat) tissue, potentially resulting in weight gain, overweight and/or obesity. This can cause social discrimination, poor self-esteem, depression and negative body image, which can affect mental health and wellbeing. Additionally, overweight individuals may experience sleep apnoea and reduced exercise capacity, diminishing fitness levels and impacting physical health and wellbeing. Saturated and trans fats exacerbate atherosclerosis by increasing levels of low-density lipoprotein (LDL). This narrows blood vessels and increases the risk of cardiovascular diseases like heart attacks and strokes, negatively affecting health status.

(continued)

dental caries decay of teeth caused by a breakdown in the tissues that make up the tooth

TABLE 6.2 Nutrient imbalances and their long-term consequences for health outcomes *(continued)*

Nutrient imbalance	Long-term consequences for health
Overconsumption of sodium 	Excessive sodium in the diet can lead to hypertension. Long-term hypertension increases the risk of stroke and heart attack and therefore cardiovascular disease, as well as kidney disease. Excess sodium intake is also responsible for calcium excretion into the urine, and therefore leads to demineralisation of bones and osteoporosis, affecting physical health and wellbeing and health status. Women are at a higher risk than men later in life.
Underconsumption of iron, folate, vitamin C, vitamin D 	Vitamin C, folate and iron are required for the production of red blood cells. Youth is a period of rapid growth and red blood cells are required to keep up with energy demands. If a person does not consume enough vitamin C, folate and iron, anaemia can occur. Anaemia causes tiredness and weakness and may also lead to withdrawal from activities. A lack of vitamin D can lead to low levels of calcium being absorbed and bones becoming weak, which can lead to osteoporosis.
Underconsumption of calcium 	Calcium is an essential nutrient during the growth periods of youth. It is responsible for building bone strength by increasing bone density. If calcium is underconsumed during this period, an individual is at risk of having porous, weak bones later in life, as well as an increased risk of osteoporosis. This increases the risk of fracture and breaks, impacting negatively on physical health and wellbeing.
Underconsumption of fibre 	Insoluble fibre adds bulk to faeces, assisting in the removal of waste products. If these waste products are not removed, there is a greater risk of abnormal and uncontrolled cell growth and of tumours and colorectal cancer. Insoluble fibre also leads to feelings of fullness (satiety), therefore preventing overeating, reducing the risk of overweight and obesity and associated conditions such as cardiovascular disease and type 2 diabetes later in life.

6.5 Exercises

6.5 Quick quiz on | **6.5 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
3, 5, 8	1, 2, 4, 6, 7, 9	10, 11, 12

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Test your knowledge

1. **a.** Explain what is meant by the glycaemic index.
   b. Outline the consequences that a high-GI diet can have on the health outcomes of youth.
2. **a.** Discuss how nutritional imbalance may contribute to low energy levels.
   b. Explain three ways in which this could have an effect on youth health and wellbeing.

3. Outline the role that fibre can play in optimising health outcomes for youth in the short term.
4. a. Explain how a nutritional imbalance may contribute to dental health problems among youth.
   b. Discuss how dental caries can affect youth health and wellbeing.
5. Using **FIGURE 6.27**, outline a similarity and a difference between overweight/obesity in males and in females.
6. Describe a trend in the number of children who met the fruit recommendation between the ages of 2 and 17 years old.
7. Explain the short- and long-term consequences of a diet high in sodium.
8. Identify the following health consequences as either short- or long-term effects of nutritional imbalance.
   a. Feelings of fatigue
   b. Dental decay
   c. Osteoporosis
   d. Lack of concentration in school
   e. Dehydration
   f. Overweight/obesity

Apply your knowledge

9. Explain how nutrional imbalance can contribute to obesity.
10. Discuss how youth could reduce the risk of developing osteoporosis in later life.
11. Discuss how anaemia could have an impact on youth health.
12. Design a concept map, table, poster or short video outlining the possible short- and long-term effects of nutritional imbalance among youth.

6.5 Exam questions

Question 1 (1 mark)
Dehydration can occur when an individual does not consume enough water.

Briefly **outline** the effect of dehydration on physical health outcomes.

Question 2 (2 marks)
Discuss two nutrients where a deficiency can lead to constipation.

Question 3 (3 marks)
Identify three effects on physical health and wellbeing of being obese.

Question 4 (3 marks)
Describe how a low intake of calcium and vitamin D may cause osteoporosis.

Question 5 (4 marks)
Youth who regularly consume a diet high in sugar risk developing dental caries.

Outline the effect dental caries could have on two dimensions of youth health and wellbeing.

More exam questions are available in your learnON title.

6.6 Food selection models and other initiatives to promote healthy eating among youth

Key knowledge	Key skill
The use of food selection models and other initiatives to promote healthy eating among youth, such as the Australian Guide to Healthy Eating, the Healthy Eating Pyramid and the Health Star Rating system	Evaluate the effectiveness of food selection models and other initiatives in the promotion of healthy eating among youth

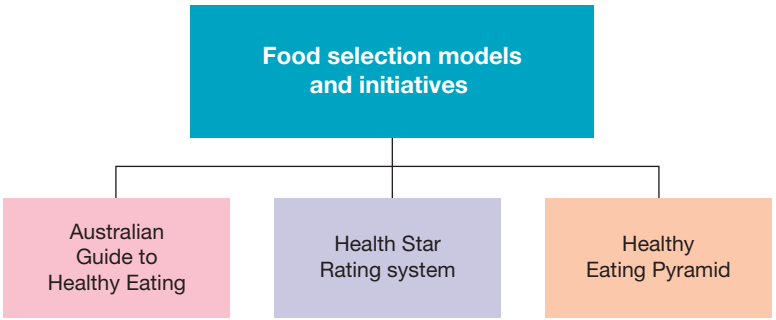
Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• examples of how the food selection models are used • about other initiatives to promote healthy eating among youth.	• assess the impact of these models and other initiatives in the way they promote healthy eating to youth • review and analyse the strengths and limitations of the food selection models.

There are a number of food selection models and initiatives that can help all people in Australia, including young people, to consume a balanced diet and reduce the risk of short- and long-term health consequences. Food selection models are tools that help youth to select foods that will meet their nutritional needs and to avoid consuming too many energy-dense foods. Examples include the Australian Guide to Healthy Eating, the Health Star Rating system and the Healthy Eating Pyramid (**FIGURE 6.29**). The Stephanie Alexander Kitchen Garden Program has been included in this section as a case study of an intiative that promotes healthy eating. It is a not-for-profit initiative working in Australian schools to encourage and promote healthy eating.

tlvd-0272

FIGURE 6.29 Nutrition-related food models and initiatives implemented to promote healthy eating



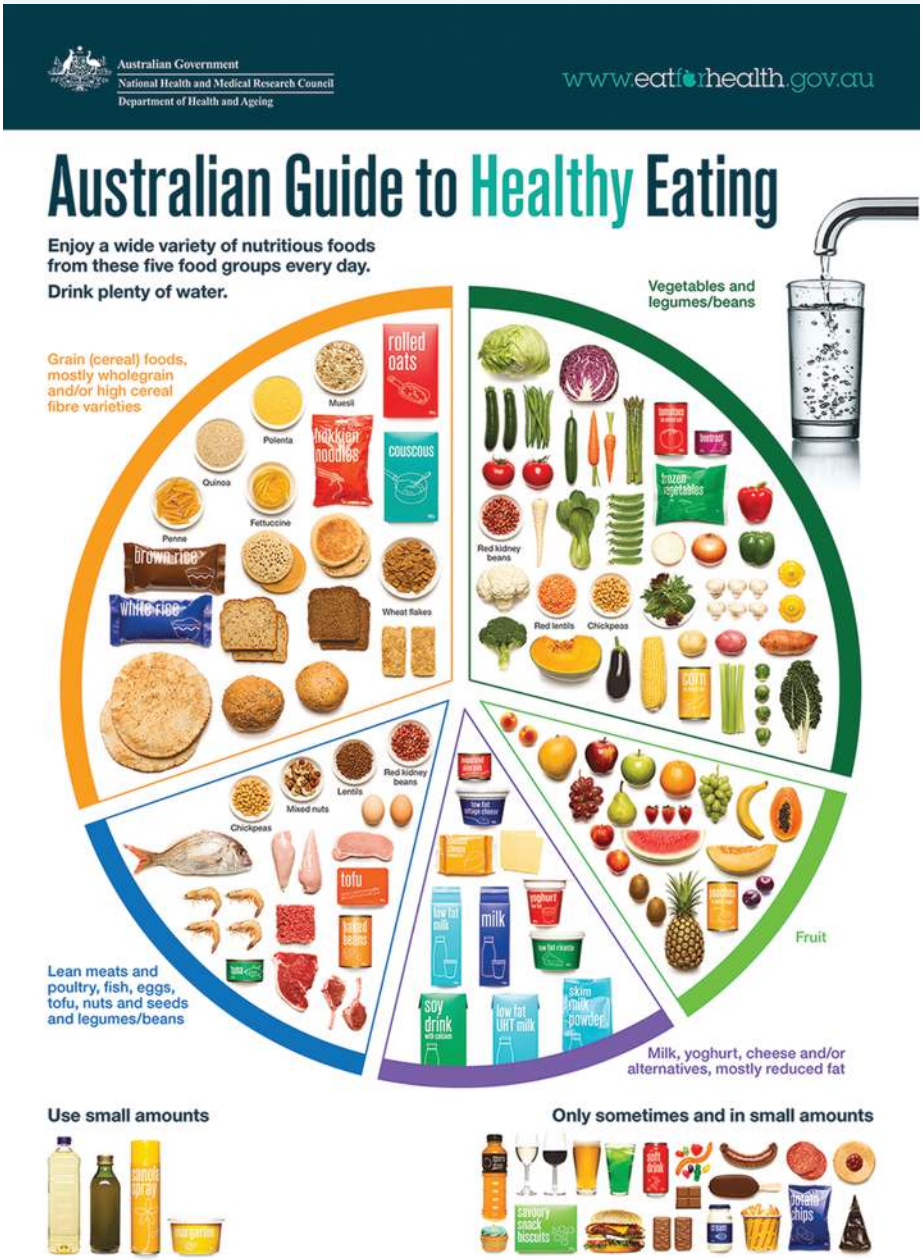
6.6.1 Australian Guide to Healthy Eating

Aims of the food selection model

The Australian Guide to Healthy Eating is a federal government initiative that provides nutrition advice with the aim of reducing the short- and long-term consequences associated with nutritional imbalance. The Australian Guide to Healthy Eating is a food selection model that provides a visual representation based upon the Australian Dietary Guidelines showing the five food groups recommended for consumption each day.

The Australian Guide to Healthy Eating is presented in poster form (see **FIGURE 6.30**). The main section of the Australian Guide to Healthy Eating is a pie chart that shows the proportions of foods that should be consumed from each of the five food groups: vegetables, fruit, grains, lean meats (or alternatives), and milk, yoghurt and cheese products.

FIGURE 6.30 The Australian Guide to Healthy Eating



Explanation of the model

Grain foods such as bread, cereal, rice and pasta should account for around 30–35 per cent of total daily food intake. These foods are high in carbohydrates, which provide fuel for energy production, and high in fibre, which assists with weight management and maintains digestive health.

Vegetables and legumes/beans are the second-biggest section and should account for around 30 per cent of daily food intake. These foods include fresh, frozen and tinned vegetables, legumes such as lentils and chickpeas, and beans such as kidney beans. These foods are high in nutrients such as protein and folate, which assist in promoting optimal health and wellbeing among youth. They are also high in fibre and low in energy, which can assist with weight management.

Meats and meat alternatives should account for around 15 per cent of total food intake. These foods provide much of the protein that is required for the development of hard tissues, **soft tissue**, energy and blood. They also contain iron and vitamin B12, which are required for the production of red blood cells.

Although fruit contain many of the vitamins and minerals required for optimal health and wellbeing, they can contribute to weight gain if not used for energy. As a result, fruit should make up around 10–12 per cent of total food intake.

Milk and other dairy products and/or alternatives should also account for around 10–12 per cent of total food intake. These foods are rich in calcium and are required for optimal bone development.

soft tissue organs and tissues in the body that connect, support or surround other structures. They include skin, muscles, tendons, ligaments, collagen and organs.

The Australian Guide to Healthy Eating recommends that people consume plenty of water, represented in the poster by a glass being filled from a tap. Water is required for many body processes but does not contribute any energy.

The healthier fats are shown in the bottom left corner of the Australian Guide to Healthy Eating poster, and include foods such as margarine and canola spray. These foods contain monounsaturated and/or polyunsaturated fats and can assist in reducing the risk of cardiovascular disease.

The foods shown in the bottom right corner of the Australian Guide to Healthy Eating poster are foods that consumers are advised to consume sometimes and in small amounts. They are not necessary to provide the nutrients the body needs, but may add variety. Many of these foods are high in saturated fats, sugars and/or alcohol, and are therefore described as energy dense. Other discretionary foods are high in salt and therefore increase overall sodium intake. Examples of discretionary foods include pies and other pastries, cakes, processed meats, soft and sports drinks, cordial, alcohol, potato chips, chocolate and biscuits.

Is it effective?

The Australian Guide to Healthy Eating has a number of strengths.

- It is a visual model and therefore more of the population will be able to understand the nutrition message.
- It also shows specific examples of foods in each group, providing different options for Australians, and catering for different needs; for example, low-cost foods are also included.

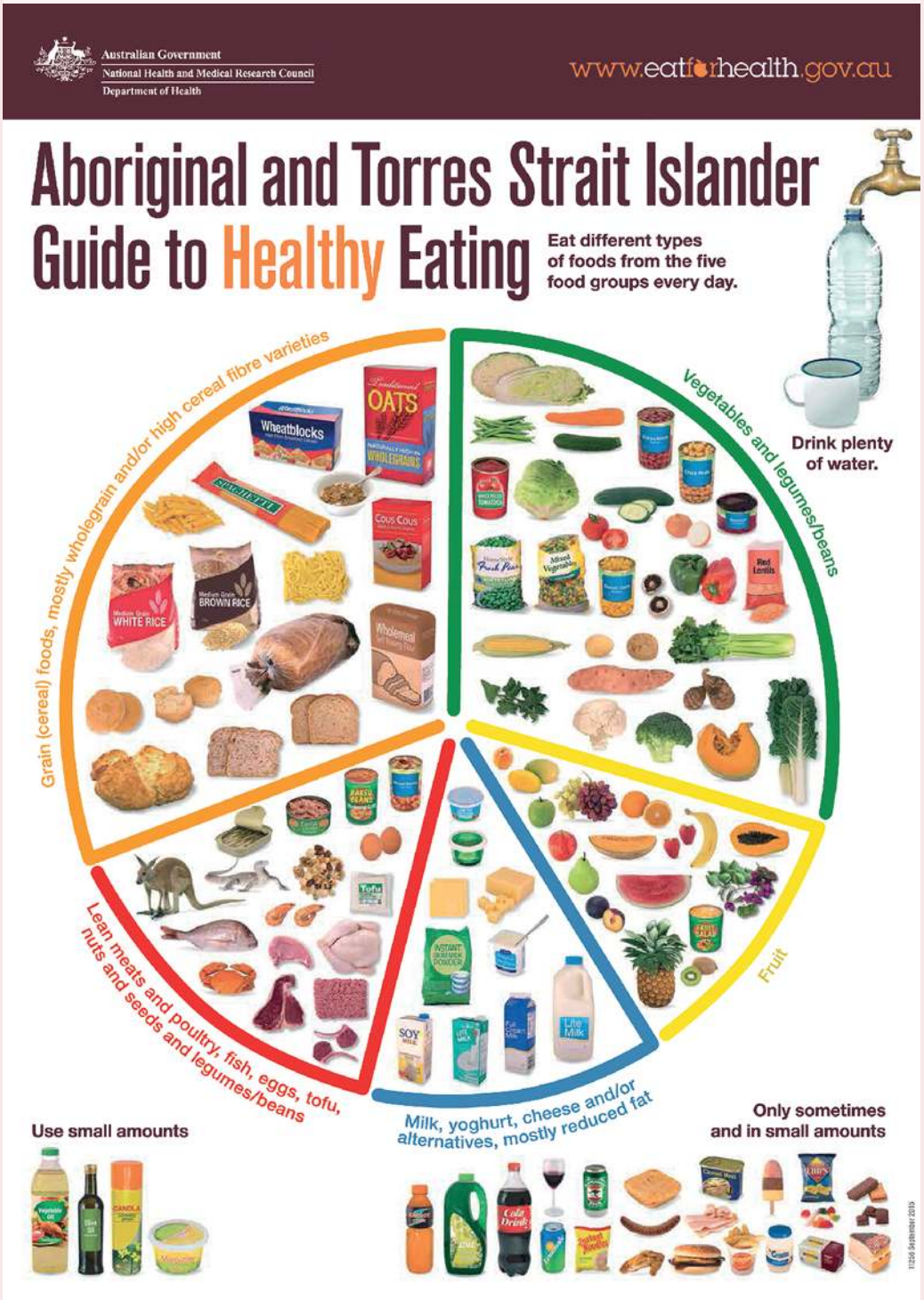
However, it does not provide information on serving sizes, and composite foods (which are those containing food from a number of different groups, such as pizza or a casserole) are not included, making the model difficult to apply.

CASE STUDY

Aboriginal and Torres Strait Islander Guide to Healthy Eating

The National Health and Medical Research Council has specifically adapted the Australian Guide to Healthy Eating to cater for the Aboriginal and Torres Strait Islander population group and especially those who live in some of the more remote areas of our country.

FIGURE 6.31 Aboriginal and Torres Strait Islander Guide to Healthy Eating



CASE STUDY REVIEW

1. Identify some differences between the foods represented in each of the five food groups from the Aboriginal and Torres Strait Islander chart compared to the Australian Guide to Healthy Eating as seen in **FIGURE 6.31**.
2. Choose one example from each food group and justify why this food was included in the Aboriginal and Torres Strait Islander chart.
3. Evaluate the effectiveness of this model in providing nutritional advice to Aboriginal and Torres Strait Islander people.

6.6.2 The Health Star Rating system

Aims of the food selection model

The Health Star Rating system on food labels was endorsed by the government in 2014. The aim of the rating system is to help people make healthy food choices. This type of labelling system rates the overall nutritional profile of packaged food and assigns it a rating from ½ a star to 5 stars on the front of the pack. This provides a quick, easy, standard way to compare similar packaged foods. The more stars, the healthier the choice. The Health Star Ratings are designed to take the guesswork out of reading labels. They help consumers compare the nutritional profile of similar packaged foods quickly and easily, and make informed, healthier choices when shopping.

The Health Star Rating system aims to promote healthy eating throughout the Australian community. It is a tool that can be easily used by young people when making decisions about food selection. Most packaged foods carry a nutrition information panel, showing important information about the contents of the food. The Health Star Rating provides a quick and easy way to compare similar packaged food and helps youth make healthier choices without having to refer to the nutritional panel.

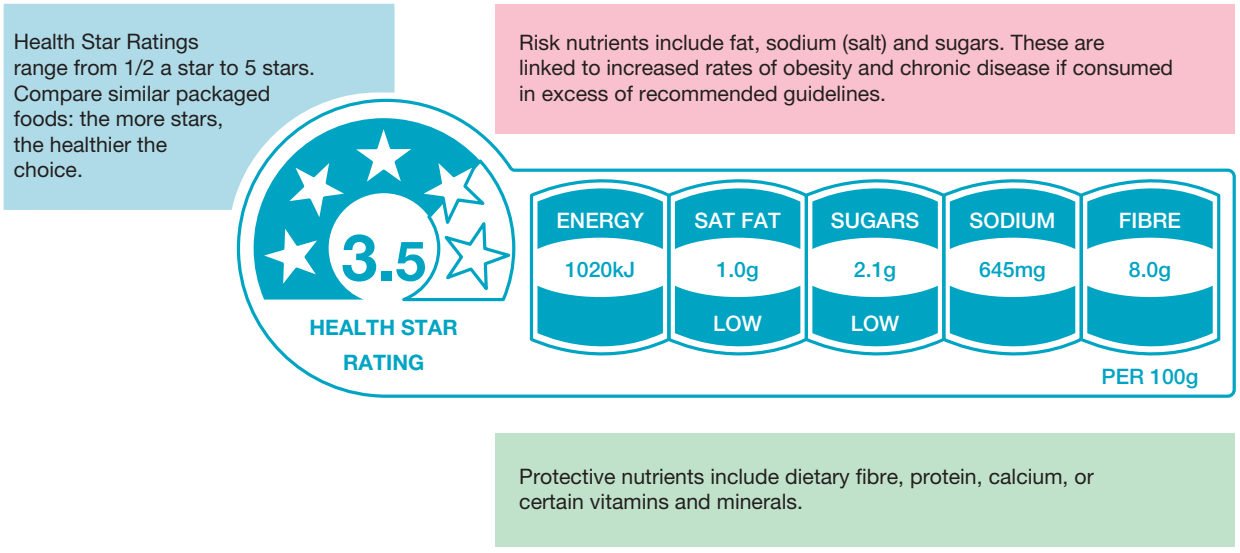
Explanation of the model

The Health Star Rating system is based on comparing energy (kilojoules), **risk nutrients**, such as saturated fat, sodium (salt) and sugars, and **protective** (positive) **nutrients** such as dietary fibre, protein and the proportion of fruit and vegetable, nut and legume content. All nutrients are compared based on 100 g or 100 mL of the product, to enable the consumer to have an at-a-glance comparison of products within the same category. The Health Star Rating system is voluntary and companies do not have to pay a fee when applying for a Health Star Rating for a product (see **FIGURE 6.32**).

risk nutrient any nutrient that increases the chances of developing a certain condition

protective nutrient any nutrient that acts to protect a person from a certain condition

FIGURE 6.32 The nutrients analysed as part of the Health Star Rating system



Health Star Rating five-year review recommendations

In 2019, Food Standards Australia and New Zealand (FSANZ) conducted a five-year review into the Health Star Rating system.

One of the major outcomes was to better align the Health Star Rating system with the Dietary Guidelines for Australians.

The following are some of the changes to the Health Star Rating system that were proposed over a two-year transition period:

1. Fruits and vegetables that are fresh, frozen or canned (with no additions of sugar, salt or fat) should automatically receive a Health Star Rating of 5.
2. Total sugars in products should be more strongly penalised, including in breakfast cereals, snack bars, sweetened milk, ice-creams and sugar-based confectionary.
3. The Health Star Rating of products should be reduced if they contain high sodium in excess of 900 mg/100 g
4. Jellies and water-based ice confections should be re-categorised to decrease their Health Star Ratings.

on Resources

Weblink How does the Health Star Rating system work?

Is it effective?

The Health Star Rating is effective in highlighting foods that are higher in protective nutrients and lower in risk nutrients, compared to others in the same category. This allows young people to quickly choose healthier alternatives. However, a high Health Star Rating doesn't mean that the food provides all the essential nutrients for a balanced diet. Health star guidelines allowed companies to calculate the number of stars on an 'as prepared basis'. This loop hole allowed the Milo powdered milk drink to receive 4.5 stars, as it was recommended to be served with skim milk even though the powder alone contained 50% sugar and would only receive 1.5 stars. Nestlé has since removed the stars on Milo powder in response to public confusion.

FIGURE 6.33 The Health Star Rating is a simple and easy food selection tool.

6.6.3 The Healthy Eating Pyramid

Aims of the food selection model

The Healthy Eating Pyramid was developed by Nutrition Australia, a non-government organisation. The pyramid represents foods from the five basic food groups as represented in the Australian Guide to Healthy Eating and arranges them into four levels, indicating the proportion of different types of food that should be consumed. The Healthy Eating Pyramid aims to promote good health and wellbeing by encouraging food variety and a diet based on minimally processed foods from the five food groups, healthy fats, limited salt and added sugar, and sufficient water (see **FIGURE 6.34**).

FIGURE 6.34 The Healthy Eating Pyramid

Explanation of the model

The 'foundation' layers (the bottom two layers) contain foods of plant origin: vegetables and legumes, fruits and grains. These foods should make up the majority of an individual's daily food intake. These foods are nutrient dense and assist in providing youth with optimal amounts of carbohydrates, fibre, B-group vitamins and folate.

The middle layer includes the milk, yoghurt, cheese (and alternatives) food group, which primarily provides calcium and protein; and the lean meat, poultry, fish, eggs, nuts, seeds and legumes food group, which provides protein, iron, and mono- and polyunsaturated fats.

The top layer consists of foods that contain monounsaturated and polyunsaturated fats, which youth should consume in small amounts to support heart health and brain function.

Is it effective?

The Healthy Eating Pyramid provides youth with a simple visual tool promoting healthy food intake. The Healthy Eating Pyramid was first developed in 1982, and has been updated several times to take in new research and recommendations. However, a limitation of the Healthy Eating Pyramid is that serving sizes and provisions for composite foods are not provided, making it difficult to apply every day.

CASE STUDY

Stephanie Alexander Kitchen Garden Program

Positive food habits for life

The World Health Organization recognises schools as effective health promotion settings, and evidence suggests that eating habits, and lifestyle and behaviour patterns adopted early in life endure and can have a significant influence on adult health and wellbeing.

The Stephanie Alexander Kitchen Garden Program, founded by Australian cookbook author Stephanie Alexander, is an evidence-based, positive, preventative health program that benefits children and youth, and their schools, families and communities to improve food literacy and acquire the practical skills to develop positive food habits for life.

Since 2001, the Stephanie Alexander Kitchen Garden Program has enabled children and young people to dynamically learn and experience the cycle of growing, harvesting, preparing and sharing fresh, seasonal food.

The Stephanie Alexander Kitchen Garden Program is regarded as a global leader in pleasurable food education, aligned with both internationally and nationally recognised social and environmental initiatives, including the United Nations Sustainable Development Goals (SDGs).

Through the program, children and young people become active participants in local food production systems, gaining hands-on knowledge to make positive food choices that benefit their health and the environment while creating new opportunities to build social connections within and across communities.

The program lends itself to investigations of the biological, sociocultural and environmental aspects of health and wellbeing, and supports career pathways by enhancing students' future employment prospects, providing them with real-world training in multiple areas including hospitality, horticulture, technology and design.

School gardens support mental health through access to time in nature where young people enjoy opportunities to engage in non-competitive teamwork and build self-confidence.

> 'The Program has been instrumental in supporting our students with nurturing understanding of food, nutrition, sustainable practices and the philosophy that food should be pleasurable. The positive impact on students' knowledge, engagement, wellbeing, and their appreciation for the joy of food, has been remarkable — Teacher, Dungog High School

Source: https://www.kitchengardenfoundation.org.au

CASE STUDY REVIEW

1. Outline two ways in which the Stephanie Alexander Kitchen Garden Program (SAKGP) aims to promote healthy eating among youth.
2. Discuss how the SAKGP supports career pathways and employment prospects of students.
3. Explain the main aim of the SAKGP and how this can lead to positive health outcomes for youth.

EXAM TIP

If a question asks you to explain a specific food selection model or tool, make sure you use the language of the model/tool in your response. For example, when discussing the Healthy Eating Pyramid, use key terms such as 'foundation layers'.

Table 6.3 summarises each food selection model.

TABLE 6.3 Summary table of the Australian Guide to Healthy Eating, Health Star Rating system and the Healthy Eating Pyramid

	Objective	How is information presented?	Target audience	How are foods classified?	Developed by	Strengths/Limitations
Australian Guide to Healthy Eating (Australian government initiative)	A food selection guide that visually represents the proportion of the five food groups recommended for consumption each day	Pie chart format with the five food groups separated into portion sizes. Discretionary foods and healthy oils off to the side of the picture	All Australian population	Classification of foods into five food groups that form the basis of a healthy diet, as defined in the Australian Dietary Guidelines Discretionary foods, defined by high levels of saturated and trans fats and sodium off to the side	National Health and Medical Research Council (NHMRC)	**Strengths**: Simple visual guide for all people to use as a quick reference. The five food groups can be easily understood and recognised. Proportions are understood. **Limitations**: Can be difficult to break composite foods, such as casserole or pizza, into particular groups. Servings sizes are not available.
Health Star Rating (Australian government initiative)	Simplifies the nutrition information available on back-of-pack to differentiate between individual foods more likely to be part of a healthy diet and those that are less healthy	Front-of-pack label to be applied voluntarily by food retailers and manufacturers using relevant policy documents	Consumers at point of purchase, food retailers and manufacturers	A nutrient profile model is used to score individual products from 0.5 to 5.0 stars. The calculation considers energy, negative nutrients the Australian Dietary Guidelines recommend eating less of (saturated fat, sugars and sodium), and foods the ADGs recommend eating more of (fruits, vegetables, nuts and legumes) as well as, in some instances, allowing points for protein and dietary fibre content.	Australian federal, state and territory governments in partnership with food industry, consumer and public health groups	**Strengths**: Simple visual guide to use while shopping, to make identifying a healthier product easier. **Limitations**: It is based on nutrients, not whole foods, so a packet of lollies that has excessive sugar may have two stars compared to natural Greek yoghurt that has only one.
Healthy Eating Pyramid (Non-government initiative)	A simple visual guide to the types and proportion of foods that we should eat every day for good health	The Healthy Eating Pyramid depicts the five core food groups, plus healthy fats, as the foundation of a balanced diet based on the Australian Dietary Guidelines (2013)	All Australians aged 1 to 70 years	The foods are categorised into the five food groups as depicted in the Australian Dietary Guidelines with the inclusion of healthy fats. The bottom layer of the pyramid is the foundation layer and is made up of vegetables, fruits and grains. The middle layer has milk, yoghurt, cheese and alternatives and lean meat, poultry, fish and eggs. The top layer is made up of healthy fats.	Nutrition Australia, a non-government organisation	**Strengths**: Simple visual guide including the five food groups, as well as healthy fats, and herbs and spices to address alternatives to salt. **Limitations**: Fruit is included in the foundation layer and people may believe they can eat as much fruit as vegetables. Portion sizes are not included so people can still overconsume.

Source: Adapted from https://www.mdpi.com/2072-6643/10/4/501.

6.6 Activity

Access the **Stephanie Alexander Kitchen Garden Program** weblink in the Resources tab and watch a video about the program. Discuss and explain different ways in which the program can positively impact healthy behaviours.

on Resources

Weblinks Nutrition Australia Healthy Eating Pyramid
Stephanie Alexander Kitchen Garden Program

6.6 Exercises

6.6 Quick quiz on | **6.6 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 4	3, 6, 7	5, 8, 9

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Test your knowledge

1. Explain, using an example, what is meant by a food selection model.
2. Identify and explain two food selection models young people can use to promote their health.
3. Discuss a limitation of either the Australian Guide to Healthy Eating or the Healthy Eating Pyramid.
4. Identify three examples of risk nutrients and two examples of protective nutrients that may be included in the calculations for a product to receive the Health Star Rating.

Apply your knowledge

5. Below is a sample daily diet of a 11-year-old boy. It shows how many servings of each of the food groups (from the Australian Guide to Healthy Eating) he has eaten, and also shows the recommended amounts of the food groups from the Australian Dietary Guidelines.

	Fruits	Vegetables/ Legumes and beans	Milk, yoghurt, cheese and alternatives	Lean meats and poultry, fish, eggs	Grain (cereal), breads, mostly wholegrains	Discretionary foods
Tom, age 11 — serves consumed	1	2	4	1	3	4
Serves recommended for 11-year-old boy	2	4 ½	2 ½	2 ½	5	0–3

Number of glasses of water: Tom 2; Recommended 6

Review the sample diet of Tom, a reasonably active 11-year-old boy, and complete the analysis of his food intake by answering the questions below.

a. Identify the food groups that Tom consumed in excess, and those food groups that Tom did not consume enough of, according to the recommended serves.
b. Describe some possible short-term implications for Tom's health if this pattern of food consumption continued in the immediate future.
c. Describe some possible long-term implications for Tom's health if this pattern of food consumption continued over time.
d. Suggest changes that Tom could make to his diet to ensure he meets the recommended serving sizes.

6. Explain the similarities and differences between the Australian Guide to Healthy Eating and the Healthy Eating Pyramid.
7. a. Identify the five food groups identified in the Australian Guide to Healthy Eating.
   b. Identify the key nutrients provided by each group.
   c. Explain how these nutrients can have an effect on youth health and wellbeing.
8. Justify the effectiveness of the Health Star Rating system in promoting healthy eating for youth.
9. Describe how one of the food selection models discussed in this subtopic could reduce the short- or long-term consequences of nutritional imbalance among youth.

6.6 Exam questions

Question 1 (3 marks)
Explain how the Health Star Rating system works.

Question 2 (2 marks)
Identify two reasons why drinking water is included in The Healthy Eating Pyramid.

Question 3 (1 mark)
The Health Star Rating system considers the quantity of risk nutrients within a product.

Identify one example of a risk nutrient.

Question 4 (3 marks)
Identify three examples of foods that fall into the 'only sometimes and in small amounts' category of the Australian Guide to Healthy Eating.

Question 5 (4 marks)
Evaluate the effectiveness of the Australian Guide to Healthy Eating in the promotion of healthy eating among youth. Use an example relating to the Australian Guide to Healthy Eating in your response.

More exam questions are available in your learnON title.

6.7 Sources of nutrition information and methods to evaluate its validity

Key knowledge	Key skill
Sources of nutrition information and methods to evaluate its validity	Evaluate the validity of food and nutrition information from a variety of sources

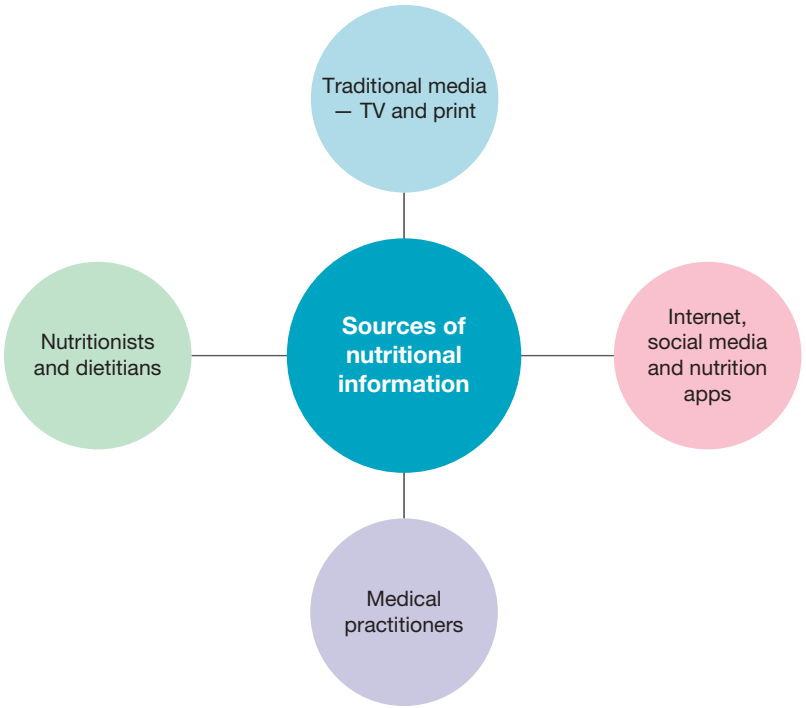
Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the different sources of nutrition information and methods to evaluate its validity.	• effectively evaluate the validity of food and nutrition information from a variety of sources. In this text, use the R.E.A.L. strategy as a tool.

Finding reliable nutrition information can be challenging. There are so many different sources of nutrition information, including television, print media, the internet, social media and, of course, medical practitioners,

dietitians and nutritionists. According to an Australian journal article from the School of Health at Griffith University, most Australians access nutritional advice from the internet (63 per cent), followed by friends (60 per cent), family (59 per cent) and magazines (58 per cent). Dietitians, nutritionists and GPs were seen as preferred and more trusted sources of information; however, these sources were not the easiest to access. Each of these sources of information will be discussed, alongside strategies to help you evaluate their validity.

FIGURE 6.35 Sources of nutritional information



6.7.1 Dietitians and nutritionists — what is the difference?

Many nutrition professionals refer to themselves as either a nutritionist or a dietitian, but in Australia professional nutrition practice is not regulated by the government, so it is important to understand the difference between the two professions.

FIGURE 6.36 A dietitian is better suited to provide individual nutritional advice than a nutritionist.

A nutritionist will have completed a tertiary qualification in fields related to food science, nutrition and public health. Their main role is to help individuals achieve optimal health and wellbeing by providing information about the effect of food choices on health and wellbeing. Nutritionists often work in community or public health roles, including research, and may coordinate, design and implement health promotion programs aimed at improving healthy eating among the Australian population. Nutritionists are not qualified to provide medical treatment for an individual or group.

A dietitian also has tertiary-level qualifications in food, nutrition and dietetics; however, they have also completed additional study, which involves working in professional practice, such as public health settings,

hospitals and medical therapy. They can provide dietary treatments for many conditions, including diabetes, food allergies, and overweight and obesity. A dietitian is better suited to provide individual nutritional advice compared with a nutritionist, who generally works with broader health promotion/nutrition community programs.

6.7.2 Television, print media and the internet as sources of nutrition information

Programs broadcast on the television often feature food and nutrition advice, typically based on the latest research. However, these programs can often lack context and may be sensationalised to grab the attention of the viewer. Television presenters are often not experts in nutrition, and they may not be able to provide comprehensive information. When assessing nutrition information on television, question its credibility; it might be a paid testimonial or advertisement rather than scientifically sound and reliable advice.

Print media (magazines) are another source of nutrition information. Many magazines use nutrition professionals to write their articles; however, many do not. When reading nutrition articles written in magazines, you must consider the following, which will allow you to assess the reliability of the article.

- How large was the study population?
- What are the author's nutrition credentials?
- Have they written any other relevant material?
- Are there any other references to back up the claims?

Nutritional information available on the internet and through apps offers instant accessibility, empowering users to make informed dietary choices. However, the abundance of information can be overwhelming for young people and some of it is likely to be unreliable. While these platforms can provide helpful tools and apps for tracking food intake and learning about nutrition, it is essential to supplement this type of information with guidance from qualified professionals. It is also advisable to critically evaluate these sources for accuracy and credibility. A safer way to source information from the internet is from sites with a URL ending in .org, .gov or .edu. This will be fully researched, reviewed and verified information.

FIGURE 6.37 Websites and apps are a popular source of nutrition information.

When sourcing information on nutrition from any media source, print or online, you may be able to identify a catchy headline, and often a scare tactic. Try to read the full article to make sure you get the full story.

The following case study highlights that it is important to understand when information is misinterpreted by the media.

CASE STUDY

Things that cause cancer are all around us, if you believe the news — how worried should we be?

In 2015, we heard that processed meat was carcinogenic to humans, and red meat probably was too.

... In 2018, we were reminded that glyphosate — the active ingredient in common weed-killers — was 'probably carcinogenic' too.

Cancer science misreported and misinterpreted

In the examples above, the alert was sounded by the International Agency for Research on Cancer (IARC) at the World Health Organization (WHO), as part of its Monographs Program.

A big part of the IARC's role is to bring together scientific experts to identify things that cause cancer, based on the available scientific evidence.

Every year, cancer biologist Darren Saunders from the University of New South Wales braces himself for the release of the IARC reports.

'You can almost mark it in your diary every year when they release a report, and know that it's going to be misconstrued and misinterpreted by everybody,' Dr Saunders said.

The problem, he said, was how the reports were communicated to the media and the public.

'They put these statements out there, and then they leave all of the work up to people like me to try and interpret this information for people.'

The difference between hazard and risk

When the IARC releases a report, the potentially carcinogenic agents examined are placed into one of the following groups:

- Group 1 — Carcinogenic to humans; for example, solar radiation (sunlight), smoking, eating processed meat
- Group 2A — Probably carcinogenic to humans; for example, eating red meat, glyphosate
- Group 2B — Possibly carcinogenic to humans; for example, coffee
- Group 3 — Carcinogenicity not classifiable; for example, tea
- Group 4 — Probably not carcinogenic to humans; for example, caprolactam — a chemical used to make synthetic fibres.

But these groupings only describe the amount of evidence there is that a substance is carcinogenic — not how carcinogenic it is.

So you can end up with two different carcinogens in the same IARC grouping, where one will hugely increase your risk of getting cancer and the other might just shift it by a minuscule percentage, Dr Saunders said.

For example, processed meat — including salami, sausages and bacon — is in Group 1, along with tobacco smoke, plutonium, asbestos and even sunlight (solar radiation).

'If you eat processed meat, yes, it might slightly increase your chances of getting cancer,' Dr Saunders said.

'But if you get exposed to tobacco smoke or plutonium, you have a really big chance of getting cancer.

'So even though the evidence puts smoking and processed meat in the same [IARC] group, the relative risk of those carcinogens causing cancer is not equivalent.'

He said this was a point that was often missed by media covering IARC cancer findings, even though the agency did provide that information.

Salami and cigarettes

Weighing up the cancer risk of smoking versus eating processed meat is something that the Cancer Council has to consider when planning its education campaigns.

Unlike occasionally eating sausages or ham, there is no safe level of smoking — and this is critical for the way that risk is communicated, according to Anita Dessaix, director of cancer prevention and advocacy at Cancer Council New South Wales.

'The relative risk of consuming too much processed meat is a lot smaller compared to something like tobacco,' Ms Dessaix said.

Beware sensational cancer headlines

Despite researchers' best efforts, the news media's need for attention-grabbing headlines often trumps careful consideration of the evidence.

'Sensationalism sells,' an IARC spokesperson said, referring to media coverage following the processed meat findings in 2015.

'We did see a few media outlets — particularly in the English-language coverage — that played on fears and confused the public, without asking their source any questions.'

Tips for interpreting news about cancer

- It's important to **read the whole story**, not just the headline.
- Keep an eye out for **caveats.** Research on carcinogens — including processed meat, red meat and glyphosate — can come with caveats, and people often miss the part of the story that explains why a substance might not be harmful.
- Keep an eye out for whether the research is about the **evidence** that something causes cancer (like the IARC reports), or the **actual risk** of a substance causing cancer.
- Remember, strong evidence that an agent **can cause cancer** doesn't mean there's a high likelihood that it **will give you cancer.**

Source: Khan, J 2018, abc.net.au, 'How to make sense of news about what causes cancer', 24 November, https://www.abc.net.au/news/health/2018-11-24/how-to-make-sense-of-news-about-what-causes-cancer/10386298.

CASE STUDY REVIEW

1. Explain why processed meat and cigarette smoking are classified in the same IARC group.
2. Explain why you think media coverage often overlooks the truth behind headlines such as 'Processed meat causes cancer'.
3. Outline what strategies could be used to ensure that media coverage on cancer is factual and not fiction.

6.7.3 Strategies to evaluate the validity of online nutrition information

There are many sources of nutrition-related information on the internet and many nutrition apps. But how do you know if the information has come from a credible source? You can employ the R.E.A.L. strategy, which will help you evaluate whether your source is reliable.

R — Read the URL. Non-commercial sites, such as those ending in .org, .edu and .gov, are generally reliable sources. Websites with a URL ending with .com may be commercial sites trying to sell a product, and therefore may not be a reliable source of information.

E — Examine the site's contents. Look at the author, publisher and organisation. What are their credentials? Who funds the website or app? Check if the material is current.

A — Ask about the author's name. Can you find the details of the author or publisher if you wish to contact them?

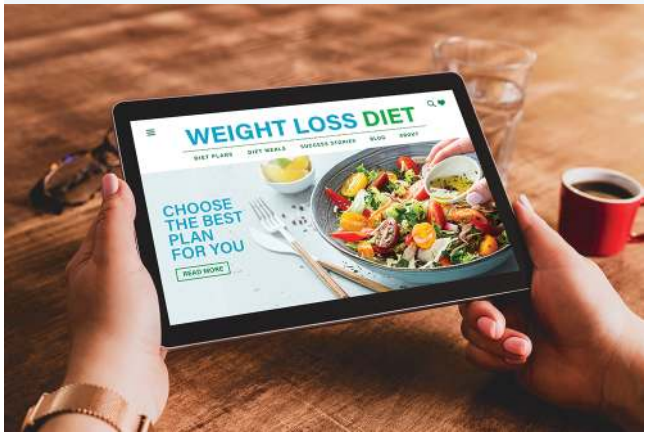
L — Look at the links. What type of pages are they linking to? Are these credible sources and do their web addresses end in .gov, .edu or .org?

There are many nutrition-related apps that allow you to scan barcodes to highlight the nutrients in the product. The apps help you identify alternative products by comparing the nutrition information. However, when using nutrition-related apps, use the R.E.A.L. strategy, but also find out who developed the product. Consider if they are qualified to provide this information. Check if they are affiliated with a particular brand, supplement company or dieting program.

To become an informed consumer of nutrition information, you also need to be aware of other clues that indicate a source of information is unreliable. These clues include:

- claims that appear unrealistic, such as this 'natural product' speeds up metabolism and leads to weight loss
- products that claim to be quick and easy remedies for weight loss, without the need for nutritionally balanced diets and exercise
- sites that provide online diagnosis and treatments
- requirements that you eliminate entire food groups like fruits, vegetables or wholegrains
- advice to eat a single food or drink only for a long period of time (if you do this you will be missing out on essential nutrients).

FIGURE 6.38 Be mindful of the R.E.A.L. strategy when searching for nutrition information online.



6.7 Activities

1. Using the **Bowel Cancer Australia** weblink in the Resources tab, use the R.E.A.L. strategy to analyse the validity of the Bowel Cancer Australia website.
2. Search the internet and try to find a website that contains information you would not trust. Identify the main reasons why you believe this would not be a valid source of information. Show this website to a partner and see if they also believe it to be untrustworthy once they have used the R.E.A.L. strategy.

on Resources

Weblink Bowel Cancer Australia

6.7 Exercises

6.7 Quick quiz on | **6.7 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 3	2, 4, 5	6

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Test your knowledge

1. Identify a reason why someone might visit a dietitian for advice regarding a nutrition-related disease.
2. Outline why it is useful to understand when a TV presenter is presenting a testimonial while reporting on nutrition information.
3. Identify three things to consider when reading nutrition-related articles.
4. Identify why it is best to source information from the internet from sites with a URL finishing in .org, .gov or .edu.
5. Identify two other clues you can use when assessing the validity of a nutrition source.

Apply your knowledge

6. Sarah feels ill after she consumes breads and cereals. She thinks she might be intolerant to gluten. Sarah wants to do some research online herself first before consulting a doctor for advice. Describe the advice you would give to Sarah when researching this condition online to make sure the information she receives is reliable.

6.7 Exam questions

Question 1 (2 marks)
Explain the difference between a nutritionist and a dietitian.

Question 2 (2 marks)
Adele recently completed her qualifications as a personal trainer, and has started up her own business. As a way of advertising, Adele made a Facebook page where she regularly uploads images of clients and their success stories, sample exercise programs, and advice relating to nutrition and diet. She also endorses products by a protein powder company, and receives a commission for sales made from her recommendation.

Discuss one concern relating to nutritional information provided by Adele.

Question 3 (1 mark)
Identify one question you might ask when evaluating the validity of nutritional information.

Question 4 (2 marks)
Identify two sources of nutritional information.

Question 5 (4 marks)
Current affairs television programs often run stories relating to nutrition, such as 'how many calories are in your smoothie?' and 'the best yoghurt for your waistline'.

Outline two reasons why viewers should be mindful when taking nutrition advice from television programs such as these.

More exam questions are available in your learnON title.

6.8 Sociocultural factors that act as enablers or barriers to healthy eating among youth

Key knowledge	Key skill
Sociocultural factors, including commercial factors, that act as enablers of or barriers to healthy eating among youth, with a focus on the tactics used in the marketing and promotion of food to youth	Analyse sociocultural factors that contribute to healthy eating among youth and their potential impact on health behaviours and health outcomes

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- what sociocultural and commercial factors are
- how they can help young people consume a healthy diet, and how they can hinder them.

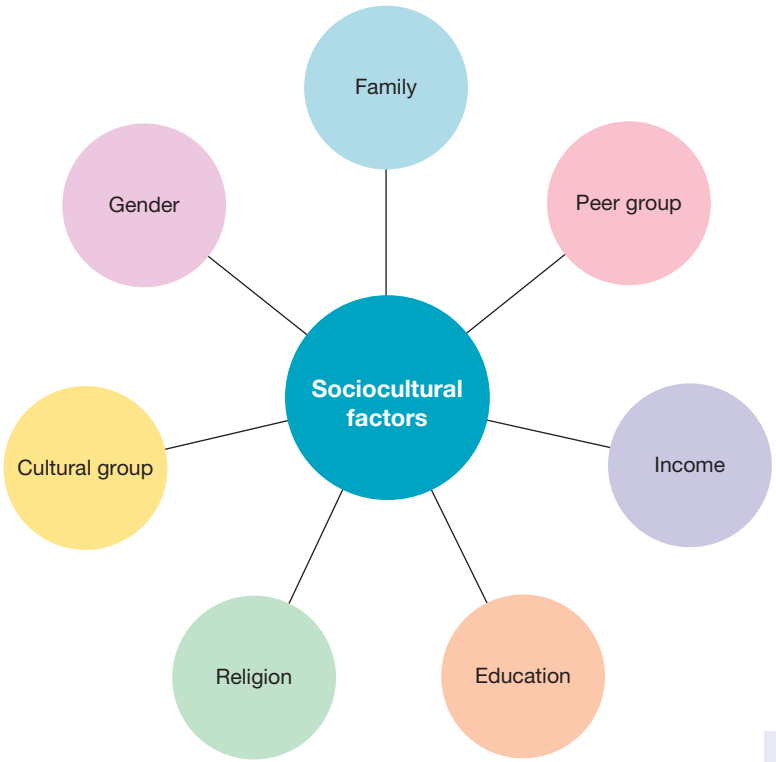
You need to be able to:
- make links from a range of different factors to how they either enable or act as a barrier to young people consuming a healthy diet
- make links from commercial factors that target youth, including tactics in the marketing of food and promotion of food trends to youth and show how these can impact health status and/or health and wellbeing.

There are many factors that affect the food choices that young people make. These factors can all interact to determine the health behaviours and ultimately the health status of young people. In topic 3 we discussed the term 'factors' with a focus on sociocultural factors. In this topic, the focus includes **sociocultural** and, within this, **commercial factors**. Commercial factors will include a focus on tactics used in the marketing and promotion of food to youth, including the use of media, packaging and food labelling.

6.8.1 Sociocultural factors

Eating is often considered a social activity. There are therefore many different sociocultural factors that can act as either enablers or barriers to healthy eating among youth. These factors are shown in **FIGURE 6.39**.

FIGURE 6.39 Sociocultural factors that act as enablers or barriers to healthy eating



Family

Food intake, patterns and behaviours associated with healthy eating are generally developed through the family network. The family unit can act as an enabler or a barrier to healthy eating among youth.

The family plays a key role in promoting the consumption of healthy food, and this can best be done through **role modelling**. When parents and caregivers model healthy eating practices, children are more likely to copy this behaviour. For example, if eating breakfast is always part of the child's daily routine from a young age, then youth are more likely to start the day with breakfast, which is an important component of eating a balanced diet.

If parents choose healthy options when away from home or when food shopping, this also encourages young people to eat healthily. Most young people rely on the family to provide their meals, so when nutritious meals are provided they learn to value the importance of healthy eating practices. Many young people also learn how to cook and prepare meals in the home. When they are shown how to quickly and easily prepare healthy meals, they are more equipped to do so in the future. This type of role modelling acts as an enabler of healthy eating.

sociocultural factors the social and cultural conditions into which people are born, grow, live, work and age. These conditions include socioeconomic status, social networks, family and cultural background, food security, early life experiences, and access to affordable, culturally appropriate health care.

commercial factors conditions, actions and policies of corporate organisations that impact health and wellbeing, either positively or negatively; commercial factors include supply chains, product design, packaging and labelling, distribution and affordability, lobbying, marketing strategies and the use of media (VCAA)

role model a person whose behaviour can be emulated by others, especially by younger people

Role modelling and the provision of food in the family can also act as barriers to healthy eating. For example, when family members are consistently modelling poor eating practices by consuming energy-dense food with high sugar content, it becomes easy for young people to copy this behaviour. If family members make unhealthy choices when eating out and shopping, the young person is more likely do so. When breakfast is not part of the daily routine in the family, the younger members are more likely to go without. This often leads to them snacking on unhealthy products during the morning because they are hungry. Excessive snacking on energy-dense processed foods can lead to risk of overweight and obesity, and the possibility of other longer term health problems, such as cardiovascular disease and type 2 diabetes.

FIGURE 6.40 Family members influence young people's choices about healthy food.

Peer group

The peer group becomes increasingly important as young people gain their independence and spend more time away from the family home. Just like family, the peer group can act either as an enabler or a barrier to healthy eating.

Enablers to healthy eating. Friends are likely to consume similar foods when together. If friends are eating lunch in a shopping centre food court, it is likely that they will choose similar types of foods and if one friend is particularly health conscious they may influence others in the group to be the same.

Barriers to healthy eating. Peers may encourage the 'ideal' thin body shape and pressure other teens to skip meals or cut entire food groups out of their diet, thus acting as a barrier to healthy eating. This may lead to distorted eating patterns among young people.

Youth may also practise unhealthy eating patterns through the consumption of energy-dense processed foods if this is the norm for their social group. Friends are also a powerful influence on the social parameters of how much food is eaten. A study conducted at the University of Minnesota has found that if your friends eat less food, you're also likely to eat less, and continue eating less when you are alone. Peer pressure is particularly influential when eating out. For example, if a number of people in a social group order an entrée, other people are more likely to follow, and the same is true for desserts. When ordering the main meal, if a few people order healthy meal items, the other people present are more likely to follow suit.

FIGURE 6.41 Friends can be highly influential on the types of foods young people consume.

Income

Cost can be a major enabler or barrier to healthy food consumption. Low-income groups, who find it difficult to achieve a balanced healthy diet, are often referred to as experiencing **food insecurity**. According to the *Australia's Health 2022* report, although the consumption of adequate serves of fruit (two) and serves of vegetables (five) for the population as a whole is very low, those with low socioeconomic status were twice as likely to not consume any vegetables and less likely to consume two or more fruits per day. This can lead to a diet that is insufficient in fibre and other essential nutrients. A diet low in fibre can lead to reduced functioning of the digestive system, as fibre adds bulk to faeces, assisting in the removal of waste products and decreasing the risk of colorectal cancer.

FIGURE 6.42 A family of four can be fed for as little as $26.95 at McDonald's.

Energy-dense processed foods are often less expensive than nutritious fresh food, and therefore can become the food of choice for those on low incomes. Transportation can also be a barrier to enabling healthy food choices for young people, as they are less likely to travel long distances for healthy foods, and become reliant on the foods around them. Often lower socioeconomic areas have a large selection of takeaway and fast-food restaurants and few fresh produce markets, unlike higher socioeconomic status areas. These foods, apart from being energy dense and increasing the risk of overweight and obesity, are also often high in sugars, which can increase the risk of morbidity from dental caries.

food insecurity the 'limited or uncertain availability of nutritionally adequate and safe foods, or the limited ability to acquire foods in socially acceptable ways' (VicHealth, 2016)

Income can also act as an enabler, as those with a higher income have an increased choice of food, and are also more likely to consume nutritious food products that may be more expensive. They can also afford a wide selection of fruits and vegetables, regardless of the season and price. Organic foods are more expensive and therefore can be more easily accessed by those earning a higher income.

Education

Access to quality education and health literacy are strongly associated with healthy food behaviours. Many studies have confirmed that people with higher levels of education are more likely to choose healthier lifestyles, including a greater consumption of fruits and vegetables. This is also because higher education levels generally lead to greater income-earning capacity and increased income to spend on nutritious foods.

FIGURE 6.43 Learning is enhanced by a healthy diet.

Education can also promote awareness of healthy behaviours, such as the importance of eating a balanced diet, and is therefore linked to an increase in the likelihood of adopting these behaviours, assisting with weight management.

Lower levels of education can be seen as a barrier for some young people when it comes to adopting healthy food choices. They may not understand the importance of consuming a balanced diet, and may under- or over-consume particular nutrients. A nutrient that is often underconsumed by youth is calcium, as many young people skip breakfast. A diet low in calcium can reduce bone density, leading to an increase in bone weakness and risk of fracture. When young people are equipped with the knowledge about the importance of calcium, and the foods that are high in this nutrient, they are more likely to include these in a daily breakfast routine.

Religion

Religion can play an influential role in the food choices of young people and their families. There are many different religious groups in Australia, and certain groups have particular regulations around the consumption of food. These include:

- People following the Hindu religion tend not to eat beef, as cows are considered sacred. It is not uncommon for many Hindus to cut out meat altogether and become vegetarian. This is not a health concern if they include protein and iron supplements in their diet. If not, it can become a barrier to healthy eating, as an individual may choose to fill up on foods that are higher in saturated and trans fats than low-fat meats and fish. They may also be at risk of anaemia, impacting health outcomes.
- In Islam and Judaism, the eating of pork is prohibited, and all other meats consumed must be **halal** or **kosher**, which ensures the processing and food preparation are in line with the guidelines of Islamic or Jewish law. Jewish law prohibits causing pain to animals, and so this rule must be followed in the processing of animal products.
- Observant Muslims abstain from eating and drinking from dawn to dusk during the month of Ramadan. Although this may sound extreme, evidence has shown no negative impacts on health outcomes, except for those with health conditions such as diabetes.

Cultural group

The types of food you eat can be influenced by your cultural background. In many schools, a typical lunch box does not have the usual Vegemite or ham and salad sandwich, because the mix of students is changing. The different foods people bring to school reflect the diverse cultures in Australia.

Different cultural groups select different foods, traditional to the environment in which they have been brought up. For example, African and Afro-Caribbean groups often consume foods containing various meats, rice and wheat. Eastern and far-Eastern groups are more likely to consume foods with large amounts of herbs, spices and vegetables. The menu from a school in China can be seen below.

halal permissible by Muslim law, particularly in relation to how meat is slaughtered

kosher describes food (or premises in which food is sold, cooked or eaten) satisfying the requirements of Jewish law

Typical school lunches in China

School children in China consume different food depending on their region; however, most school lunches commonly consist of the following types of foods.

- Food made of flour: dumplings, wontons, steamed dumplings or buns
- Noodles: boiled noodles without soup, chow mein (fried noodles)
- Rice: steamed rice, fried rice with egg (or ham), congee
- Meat: sweet and sour pork, kung pao chicken (when not spicy), broccoli and beef

Culture plays a major role in the type of foods young people consume. In different cultures, energy-dense foods may be chosen. In countries such as Germany, traditional dishes consist of bratwurst, which is sausage composed of pork, beef or veal and is traditionally served with sauerkraut, potato salad or a bread roll. In other countries, such as Japan, traditional meals are quite light, consisting of fish, rice and vegetables (see **FIGURE 6.44**). The types of food consumed within cultures can either enable, or act as a barrier to, healthy eating.

FIGURE 6.44 Japanese cuisine is considered to be very healthy and is a contributing factor to Japan's high life expectancy.

Gender

Gender plays a role in influencing the food selection of young people. The life expectancy of Australian women is 85 years, while for men it is 81 years. Contributing to this difference are health-related beliefs and behaviours, which can begin during youth. Results published in *Australia's Health 2022* confirms that Australian males consume less fruit and vegetables than females do. Men aged 18–44 also eat a smaller variety of vegetables. On average, males consume fewer high-fibre foods, fewer low-fat foods and more soft drinks than females do. This pattern of food intake can lead to an increase in a number of diseases, such as colorectal cancer, overweight and obesity, type 2 diabetes, cardiovascular disease and dental caries.

FIGURE 6.45 Meat-pie manufacturers typically target male construction workers with their advertising campaigns.

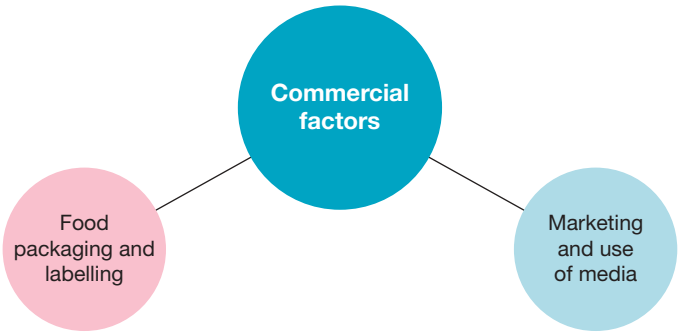
Research has identified that men face specific barriers to eating foods such as fruit and vegetables; these include time, cost, lack of cooking skills and lack of the understanding of recommended serving sizes. Food marketing also often links masculinity to the consumption of animal products — for example, meat-pie advertisements usually target men, and often those in the construction industry.

Females, on the other hand, are seen as having more understanding of the importance of healthy eating behaviours and being more concerned about the types of foods they consume. This could be associated with the cultural norm of the ideal body shape for females to be thin. This may make females more conscious of their food habits and more likely to consider dieting than males.

6.8.2 Commercial factors

The commercial factors that can lead to healthy or unhealthy food choices include food and beverage industry practices. These create conditions encouraging consumption of highly processed foods and beverages. When individuals overconsume such foods, they are at increased risk of a number of issues and preventable diseases. These include becoming overweight and dental decay in the short term, followed by an increased risk of obesity, type 2 diabetes and cardiovascular disease in the long term, due to an increase in cholesterol and body weight. Marketing and the use of media, including techniques for promotion and packaging as well as food labelling, make highly processed foods and drinks more available, easier to get and more tempting to consume.

FIGURE 6.46 Commercial factors and their influence on healthy eating among youth



Marketing, sales and promotional strategies aimed at youth

Social media

Marketing companies regularly advertise new food and drink promotions via YouTube, Instagram, TikTok and other popular digital platforms. They also regularly tempt young people with a variety of competitions, either offering free products or prize money.

As an example, a young person might discover a code on a purchased product, offering a chance to win $1000. After entering and registering online, they are prompted to share the opportunity on social media, becoming promoters themselves. Registering typically means providing personal details like name, address, phone number, birth year and email, which marketers use to create profiles for future marketing efforts.

FIGURE 6.47 Fast food apps target young people through marketing offers.

Below are some tactics used in marketing to youth via social media.

- Engaging content: Companies can create entertaining and visually appealing content such as videos, memes and interactive games to capture the interest of youth. This content is also shareable, to increase its impact.
- Influencer marketing: Food manufacturers collaborate with popular social media influencers who have significant following among youth to promote their products. Influencers then showcase the products in a fun and relatable way.
- Branded characters and mascots: Food manufacturers often develop animated or fictional characters associated with the brand, which can then be featured on social media content and packaging.
- Product placement in online content: Companies integrate products into popular youth content such as videos on YouTube or TikTok, in a way that doesn't appear like advertising.

Location-based mobile marketing

Through the collection of a mobile phone number, marketers have the ability to follow young people throughout their daily lives. This is done via sophisticated tracking techniques such as Geofencing, which is targeted digital marketing that aligns a retailer to a particular geographical area. It allows them to then target clients through alerts and messages on their phone when they enter that particular geographic location. These companies can instantly send enticing marketing offers to a young person when they are near a particular food outlet. They aim to take advantage of the impulsive nature of youth, and target particular times of the day when food cravings may increase.

Packaging

The packaging of products is also an example of a commercial factor. Elements such as branding and colour can influence a food's attractiveness and perceived convenience and value. The case study below looks at how food packaging can target infants and youth, encouraging overconsumption of energy-dense foods.

CASE STUDY

Promotional techniques on junk food packaging are a problem for children's health — Australia could do better

By Gary Sacks, Deakin University and Alexandra Jones, George Institute for Global Health

Published: November 15 2023, 6.06 am AEDT

Too many Australian children are eating diets high in added sugars, saturated fats, salt, energy and ultra-processed foods. And often they're not getting enough fruits, vegetables and wholegrains.

A key driver of unhealthy diets among Australian children is that unhealthy foods and drinks are ever-present and aggressively marketed.

In a new study, we looked at how manufacturers are targeting Australian children with marketing techniques on the packaging of unhealthy foods. We found widespread, unregulated use of promotional techniques, like cartoon characters, that directly appeal to children.

Children are vulnerable to food marketing

There's strong evidence food marketing works. When children are exposed to food marketing, such as in ads on social media or on TV, it increases brand awareness, results in positive brand attitudes, and leads to increased purchase and consumption of marketed products.

Even very young children are affected. For example, there's evidence kids as young as 18 months can recognise corporate labels, at 20 months can associate items with brand names, at two years old can make consumer choices, and by two to three can draw brand logos.

The way food packaging is designed can also have an important influence on what people buy and consume.

The use of techniques such as cartoon and movie characters, gifts, games and contests on product packs has been shown to encourage children to think of these products as tasty, more fun and more appropriate for them.

Kids' vulnerability to food marketing leaves parents having to juggle competing desires and demands. The concept of 'pester power' recognises the power children have in influencing purchasing decisions.

Our study

We analysed the packages of around 8000 Australian foods and drinks across a range of categories. These included biscuits, confectionery, breakfast cereals, non-alcoholic drinks, dairy, snack foods, and foods for infants and young children.

We assessed the number of products carrying child-directed promotional techniques on the pack, and grouped the techniques into two major categories:

1. 'child-directed characters', including branded or licensed cartoon characters, children or child-like figures, personified characters (for example, spoons with faces) and celebrities that appeal to children
2. 'non-character-based elements', including gifts, games and contests that appealed to kids, unconventional packaging, or product names that specifically reference children (for example, 'kids bar').

We then assessed the healthiness of products that used child-directed promotional techniques on the pack.

What we found

Some 901 out of 8006 (11.3%) products had one or more child-directed promotional technique on the pack. Promotions were most common on foods for infants and young children, confectionery, snack foods and dairy.

Child-directed characters were twice as common as non-character-based elements. Personified characters were the most popular tactic.

We found the vast majority of products using child-directed promotional techniques on their packaging were unhealthy. Some 81% of the child-directed marketing was on ultra-processed products, and the average health star rating of the products with child-directed marketing was 2.34 (out of 5).

Source: https://theconversation.com/promotional-techniques-on-junk-food-packaging-are-a-problem-for-childrens-health-australia-could-do-better-216538

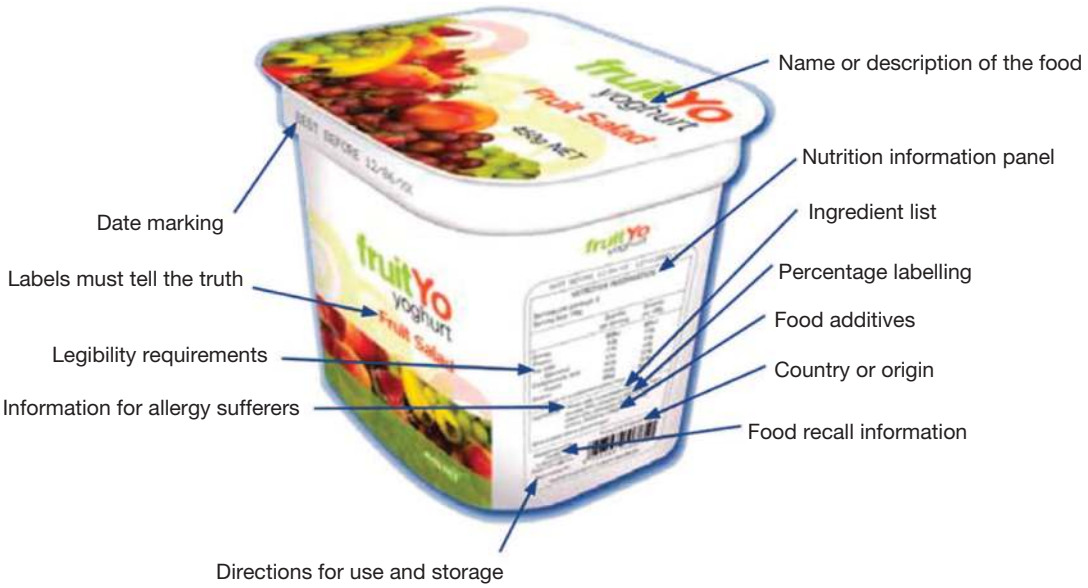
CASE STUDY REVIEW

1. Select a strategy from the case study that food manufacturers use to make their products appeal to children. Explain how this could be an effective marketing tool for this age group.
2. 'Pester power' is a term that is referred to in the case study. Using an example, explain the concept of this idea.
3. The study found that 11.3 per cent of products used one or more child-directed promotional technique. The most popular tactic used by food manufacturing companies was personified characters.
   a. Explain the concept of personified characters.
   b. Justify a potential reason why this is the most popular tactic used for infants and young children.

Food labelling

Food labelling laws determine what a consumer knows about the product they are purchasing. This information will often then influence the choices of food that are available and the effects on individual diets. Food labelling laws, according to Food Standards Australia New Zealand (FSANZ), mandate that all packaged food must have a label that includes information such as a nutrition panel, use by or best before date, country of origin, and manufacturing details (see **FIGURE 6.48**).

FIGURE 6.48 FSANZ has strict labelling requirements for packaged foods.



Food labelling can be confusing for young people if they are unfamiliar with reading and understanding the information. When labels are clear and easy to understand, they can act as an enabler to healthy food choices. Food labels can be useful when comparing similar products. There are also programs such as the federal government's Health Star Rating system (discussed in subtopic 6.6) to assist people when shopping for food products.

FIGURE 6.49 Food labels are an important component of selecting healthier foods.

6.8 Activities

1. Look at a variety of food product advertisements from printed media, digital formats and television. Select one or two that most catch your attention.
2. Individually, make a note of what emotions or thoughts these advertisements evoke.
3. Divide into small groups and share your chosen advertisement and initial impressions.
4. As a group, analyse the marketing strategies used in the advertisement, such as target audience, branding, colour and persuasive techniques.

6.8 Exercises

6.8 Quick quiz on | **6.8 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 3, 5	2, 6, 7, 11	4, 8, 9, 10

Test your knowledge

1. Outline two strategies that food manufacturing companies use to market their products to young people.
2. Identify why companies encourage consumers to sign up for competitions and rewards online.
3. Describe how location-based mobile marketing works.
4. Confectionery and soft drink companies regularly market their products to children and young people.
   a. Describe three short-term consequences on health outcomes if young people overconsume these products.
   b. Describe three longer term consequences of the consumption of unhealthy foods marketed to children and young people.
5. Explain why marketing companies are now targeting social influencers and bloggers. Outline whether you believe this is an effective marketing strategy.
6. Outline, using an example, how role modelling in the home can act as either an enabler or barrier to healthy eating among youth.
7. Outline four different pieces of information that must be included on food labels. How might this information enable healthy food choices?

Apply your knowledge

8. a. Brainstorm three food products that are usually marketed to females and three food products that are often marketed to males.
   b. From the foods you have selected, choose one from each group and explain the reasons why you believe this product is marketed to a particular gender.
   c. Explain how these types of food might have an effect on the health and wellbeing of males and females.
9. According to research, how does peer pressure influence the amounts of food consumed within a friendship group? Is this true of you and your friendship group? Explain.
10. Describe how the influences of family and food selection and the behaviour of young people change over time (from childhood through youth and into early adulthood).
11. Describe the nutrients that people usually compare when reading nutrition panels and explain why this is the case.

6.8 Exam questions

Question 1 (3 marks)

KFC have designed an app called 'KFC Order On The Go' that allows consumers to pre-order and pre-pay for their meal. The app includes features such as the ability to customise the perfect meal, and access to exclusive app-only offers. When creating an account, customers are required to enter their name, phone number and e-mail address. The app uses the customer's location to help find nearby KFCs and provide localised offers.

Outline one marketing technique KFC might use with customers who download the 'Order On The Go' app, and **describe** how this could influence the health behaviours of youth.

Question 2 (4 marks)
Ashy Bines, an Australian fitness model, is becoming an increasingly popular social influencer, with over 3 million followers on Facebook and Instagram combined. Ashy uses her profile to promote a range of products, including her very own 'real treat mixes' — gluten-, dairy- and refined sugar-free vegan (excluding any animal products) bite-size treats. These come in a range of flavours, such as salted caramel, and per serve each treat contains 565 kilojoules, 2.8 g of protein and 7.5 g of fat. Online followers can purchase her products, and can enter competitions to win them by sharing and liking posts that promote them.

Use an example from the case study to **explain** how marketing by social influencers/bloggers may impact on the health behaviour of youth.

Question 3 (1 mark)
Identify one example of a commercial factor that acts as an enabler or barrier to healthy eating among youth.

Question 4 (2 marks)
Identify and **describe** one example of how social media acts as an enabler for healthy eating.

Question 5 (1 mark)
Identify one sociocultural factor and explain how it acts as an enabler or barrier to healthy eating among youth.

More exam questions are available in your learnON title.

6.9 KEY SKILLS

6.9.1 Explain the role of major nutrients in health outcomes

tlvd-11411

KEY SKILL Explain the role of major nutrients in health outcomes

Tell me

This key skill requires knowledge of the role of the nutrients and how they can have an effect on general health outcomes, including a number of food sources for each nutrient.

When addressing how the nutrients affect health outcomes, you need to know which nutrients are protective nutrients, which nutrients are considered risk nutrients and which nutrients will have a negative effect if consumed in excess.

Show me

For example, carbohydrates are the body's preferred energy source; however, if consumed in excess, they can cause overweight and obesity.

Tell me

You also need to be familiar with a range of food sources and be able to identify food sources of particular nutrients from a range of food groups. You may be asked to list a non-dairy source of calcium, for example. If a food source has the nutrient added artificially, state that it is a fortified food source (such as fortified breakfast cereal being a source of vitamin D).

Show me

An example of a typical examination question testing this knowledge is shown below.

Complete the table, identifying the major nutrient and role of the food source.

Food sources	Major nutrient	Role of nutrient (including health outcomes)
Breads and cereals[1]	Carbohydrates[2]	Body's preferred source of energy; however, if consumed in excess can lead to **weight gain**[3]

1 In this example, you are provided with the food source and are asked to complete the table.
2 Make sure you choose the major nutrient this type of food contains.
3 Note in this example, the main function is provided first, followed by a health implication of excess consumption, which is weight gain.

Tell me

When practising this key skill, a summary table (similar to the following one) may be useful.

Note: The nutrient role is highlighted in blue and the link to the health outcomes is highlighted in green in the table below. In this example, there are two health links provided; however, you will only need to include one of these in your answer. In the given example, fibre is considered a protective nutrient, as it has a positive effect on the health outcomes of the body.

Show me

Nutrient	Function and the impact on health and wellbeing	Food sources
Fibre	Fibre acts to slow down the amount of glucose that is absorbed by the digestive system, reducing the amount of energy provided by the foods consumed. Fibre also provides a feeling of fullness[4], and therefore decreases the amount of surplus energy consumed from unnecessary extra foods, thus assisting with weight management.[5] Fibre absorbs water, which adds bulk to faeces.[6] This assists in regular bowel movements, decreasing the likelihood of constipation.[7]	Bran Wholemeal breads Apples

4 Nutrient role
5 Link to health outcomes
6 Nutrient role
7 Link to health outcomes

Another way to assist in developing this skill is to devise your own set of flash cards. On one side, place the nutrient and food source and, on the other side, include the function and its link to health outcomes.

Practise the key skill

1. Apart from red meat, identify another excellent source of iron. Briefly discuss iron's function and impact on health outcomes.
2. There are four different types of fat. Explain, by filling in the table below, how consumption of monounsaturated fat can have a positive impact on the body. Include one major food source in your answer.

Nutrient	Role of nutrient and impact on health outcomes	Food source
Monounsaturated fat		

6.9.2 Describe the possible consequences of nutritional imbalance on short- and long-term health outcomes for youth

tlvd-11412

KEY SKILL Describe the possible consequences of nutritional imbalance on short- and long-term health outcomes for youth

Tell me

Each nutrient has a role to play in the body, but both under- and over-consumption of nutrients can contribute to a range of short- and long-term consequences for youth. It is important to understand the effect that too little or too much of each nutrient can have on the body. By understanding the role of nutrients, predictions can be made about the likely consequences on health outcomes.

Show me

For example, insufficient carbohydrates (which are fuel for energy) could make an individual feel tired. Feeling tired can have other implications for health, such as not wanting to participate in sports, which could also have an impact on physical health and wellbeing, as well as implications for social health and wellbeing.

Tell me

The role the nutrients play in short- and long-term consequences on health can be displayed in a summary table as shown below.

Long-term consequences as a result of nutritional imbalance over an extended period of time can occur in all dimensions of health and wellbeing. The role the nutrients play in these consequences must be understood. A summary table can be useful for brainstorming the possible short- and long-term consequences of nutrient imbalance.

Nutrient	Possible short- and long-term consequences of under-consumption	Possible short- and long-term consequences of over-consumption

Show me

Consider the following example, which discusses the possible short- and long-term consequences on the health outcomes of youth who consume a diet high in fibre.

Fibre assists in the removal of waste products in the digestive tract and promotes regular bowel movements. In the short term, this can prevent constipation. Fibre has also been shown to decrease the risk of colorectal cancer in the long term.[8]

8 Function and impact are explained — with links to short-term and long-term health.

Fibre is made up of the indigestible parts of plant matter. As a result, fibre provides feelings of fullness without adding excess kilojoules. In the short term, this can prevent overeating. In the long term, this can assist with weight management and prevent the risk of overweight and obesity. Decreased risk of obesity can enhance self-esteem (mental health and wellbeing). Individuals of optimal body weight may be more able to exercise and promote fitness (physical health and wellbeing).[9]

9 In this example, two functions of fibre are explained, along with two different impacts on short- and long-term health.

EXAM TIP

Remember that you can refer to either health status or health and wellbeing dimensions when addressing health outcomes.

Practise the key skill

The following table displays information from the Australian Dietary Guidelines (which provides recommended serving sizes for individuals to consume to maintain health and wellbeing). It is a way of looking at diet deficiencies and nutrients. The table shows the typical food intake of Jackie (a 17-year-old female) compared with the recommended number of serves for someone her age:

	Vegetables and legumes/ beans	Fruit	Grain (cereal) foods	Lean meats, poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans	Milk, yoghurt, cheese and/or alternatives	Unsaturated spreads and oils
Recommended number of serves from Dietary Guidelines	5	2	7	2½	3½	2
Jackie's typical intake	5	1	7	1	1	4

3. Identify the food groups that Jackie is consuming in insufficient amounts.
4. Analyse and discuss the possible impact of two short- and/or long-term consequences for Jackie's health if she continues to consume insufficient amounts of the food groups identified in question 3.
5. Identify the food group that Jackie is consuming in excess amounts.
6. Discuss two possible short- and/or long-term consequences for Jackie's health if she continues to consume excess amounts of the food group identified in question 5.

6.9.3 Evaluate the effectiveness of food selection models and other initiatives in the promotion of healthy eating among youth

tlvd-11413

KEY SKILL Evaluate the effectiveness of food selection models and other initiatives in the promotion of healthy eating among youth

Tell me

In this skill, knowledge of different food selection models is necessary. The Australian Guide to Healthy Eating and the Healthy Eating Pyramid are two food selection models that can be used by youth as tools to promote health. Understanding how they can be used is an important part of this skill. Using these tools to analyse and plan food intake can assist in developing a deeper understanding of each model.

If a question asks you to address the effectiveness of the food selection models/tools, you will need to provide examples of strengths and weaknesses in your answer. This can also include the limitations of using this particular model. It may be a good idea to complete a table of advantages/disadvantages or strengths/weaknesses of each model and then apply these examples to different situations. The table below can be used as a template.

Food selection model/initiative	Advantages/strengths	Disadvantages/weaknesses
Australian Guide to Healthy Eating		
Healthy Eating Pyramid		
Health Star Rating system		

Show me

A typical scenario in which food selection models could be used to assist in promoting the health of youth is explored in the following case study.

> Simon is 16 years old and enjoys playing football. He recently made the representative side for his region and is now committed to training three nights a week and playing every Sunday. He also trains in the gym at school twice a week. He has been purchasing his lunch from the school canteen most days of the week and also buys food from takeaway outlets on his way home from football training. Simon is unsure whether he is consuming all the foods he should be to provide the nutrients he needs to maintain optimal health.

Tell me

To discuss a possible solution to Simon's eating challenges, one approach might be to identify a food selection model, describe it, and then discuss how it could be used to assist Simon to consume healthy foods. An initiative established to promote healthy eating is the Australian Guide to Healthy Eating.

Show me

The Australian Guide to Healthy Eating is a food selection model devised by the federal government.[10] It is comprised of a poster that breaks the five food groups into the proportions in which they should be consumed on a daily basis. The largest section of the pie graph, and therefore the food group that should be consumed in the greatest proportion, is the grain group. This includes food items such as cereals, breads and rice. Around a third of all foods should come from this group.

The next section is the vegetables and legumes/beans group. Around a third of all foods should come from this group. The third group is the lean meats and poultry, fish and eggs. Around one-seventh of all foods should come from this group.

The fruit group and dairy products such as milk, yoghurt and cheese are the final two food groups. Each of these should account for around one-eighth of all foods consumed.

The guide recommends drinking plenty of water, using only small amounts of healthy fats such as canola and olive oils, and limiting discretionary foods such as those containing alcohol or high levels of saturated fat, salt and/or sugar.[11]

10 The food selection model is identified.
11 The food selection model is explained in greater detail.

The Australian Guide to Healthy Eating can assist Simon in adopting a healthy diet, but some of his circumstances may reduce his ability to follow it closely. The guide is in graphical form, which might make it easier for Simon to understand it and make changes to his diet.[12] The Australian Guide to Healthy Eating does not include serving sizes, which might make it hard for Simon to consume adequate amounts from each food group.[13] As Simon purchases a lot of his foods, he will have to learn to break composite foods down into their parts so he can classify them into one of the five food groups. He may be able to do this by keeping a food diary of all the food and drink he consumes. He can then take some time to practise breaking these items down to their primary components. If Simon gains an understanding of the components of different items available from the canteen and takeaway outlets, he may be able to choose foods that more closely reflect the proportions outlined in the guide.[14]

12 Key aspects of the Australian Guide to Healthy Eating are included. It is important to avoid being too general and to provide examples specific to Simon where possible.
13 Aspects of the model that may limit Simon's ability to follow it are also discussed.

14 Ways of increasing Simon's understanding of the model and so improve his diet are listed.

Practise the key skill

7. Leonie is 14 and has just become a vegetarian.
   a. Identify one food selection model and explain how it could assist Leonie in consuming foods that will provide her with the nutrients she needs to maintain optimal health.
   b. Evaluate the effectiveness of the model selected to assist Leonie with her food selection. In your response, include one strength and one weakness of the model chosen.

6.9.4 Evaluate the validity of food and nutrition information from a variety of sources

tlvd-11414

KEY SKILL Evaluate the validity of food and nutrition information from a variety of sources

Tell me

This key skill is focused on the word *evaluate*. When evaluating a variety of information sources, you are determining the quality of the information that is provided. The R.E.A.L. strategy will enable you to be able to do this effectively.

There are many resources for nutrition information. People no longer rely solely on health professionals for advice; instead, they often turn to the internet for information. When using online sources, it is important to verify the information's accuracy.

When referring to nutrition information presented in a magazine, the following questions should be asked: What are the author's credentials? Are there any other references? Have they written other relevant material? How big was the study group (if applicable)?

If the information is being sourced from a website, then the R.E.A.L. strategy should be adopted to validate the information.

- **R**ead the URL.
- **E**xamine the site's contents.
- **A**sk about the author's name.
- **L**ook at the links.

Show me

Below is an example of using the R.E.A.L. strategy when looking at the Better Health Channel.

1. **Read the URL** — https://www.betterhealth.vic.gov.au/
   The web address ends in .gov.au, which is an indication that it is a reliable source. It is fully funded by the Victorian government and does not receive additional support or sponsorship.[15]
2. **Examine and look at the authors, publishers and organisation who funds the site**.
   The authors of the site are from the digital strategy services team, which is part of the Victorian government Department of Health and Human Services.[16]
3. **Ask for authors' names and contact details.**
   There are clear contact details provided on the site, on their contact page.[17]
4. **Links — what types of links does the page lead you to?**
   Associated links are other government agencies such as Nurse on Call. Links do not lead to private organisations.[18]

15 The URL has been identified.

16 The authors of the site and the government department have been identified.

17 The authors' contact details have been found.

18 The links are evaluated as being to other government sites, not private organisations.

Practise the key skill

8. To practise the key skill of evaluating the validity of nutrition information, use the R.E.A.L. strategy on the following websites:
   a. Nutrition Australia
   b. LiveLighter
   c. Lite n' Easy.

on Resources

Weblinks Nutrition Australia
LiveLighter
Lite n' Easy

6.9.5 Analyse sociocultural factors that contribute to healthy eating among youth and their potential impact on health behaviours and health outcomes

tlvd-11415

KEY SKILL Analyse sociocultural factors that contribute to healthy eating among youth and their potential impact on health behaviours and health outcomes

Tell me

This skill requires an understanding of a range of different sociocultural factors that can have an impact on a young person's ability to consume healthy foods. Commercial factors are a sub-group within sociocultural factors. Factors can act as either enablers or barriers to healthy eating; however, this key skill focuses on those factors that enable healthy eating among youth.

Show me

An example of a sociocultural factor — income — is discussed in the following example.

Analyse how household income can act as an enabler to healthy eating for youth.

Income affects people's ability to consume healthy foods. Young people who come from a household that has a relatively high income can easily afford fresh nutritious foods; however, others who are brought up in a low-income household may be more inclined to purchase energy-dense, processed foods, which are cheaper in comparison.[19] In this example, income can affect people differently, and is therefore both a barrier and an enabler to healthy eating.

19 In this example, one sociocultural factor is analysed and reasons provided for how it can be a barrier to one person while being an enabler for another.

Tell me

Sociocultural and commercial factors have an impact on a person's ability to consume healthy foods. Many of these factors are interrelated, and can act as either enablers or barriers to healthy eating.

Show me

The following example looks at how two different factors can interact to affect healthy eating for youth.

Briefly explain how a sociocultural factor can interact with a commercial factor when making decisions about food selection.

The ability to understand food labelling (a commercial factor) has been shown to be more common in people who have a higher level of education (a sociocultural factor) than in those who have not. People with higher levels of education are more likely to read nutrition panels and pay attention to health claims [20] as they have an increased understanding of how to analyse this information correctly.

20 In this example, the commercial factor of food labelling is linked to level of education, which is a sociocultural factor.

Practise the key skill

Tom is an apprentice carpenter who lives at home with his parents and older sister, who is studying dietetics. He is also an aspiring footballer who is playing in the VFL for Sandringham. He recently completed his VCE; however, he decided that he wasn't keen on university, instead taking on an apprenticeship. Tom eats at home approximately three times a week and other times consumes his meals at either the football club or out with friends on the weekend. His meals are generally nutritious in nature, as he is well aware of the correct foods required to enable him to peak on the weekends for his matches. When at trade school once a month, he often goes out for lunch with his friends and McDonald's is the common choice as it is across the road from his TAFE. Tom is earning a good wage considering he is not paying any rent and so could afford to spend more on a healthy lunch; however, he is often easily influenced by those around him.

9. Discuss the range of different factors that have interacted to have an impact on the food intake of Tom and his friends.
10. Analyse the potential long-term impact on Tom's health if he was to continue to regularly consume processed foods such as McDonald's.

tlvd-11416

6.10 EXTENDED RESPONSE — Build your exam skills

6.10.1 Interpreting stimulus material

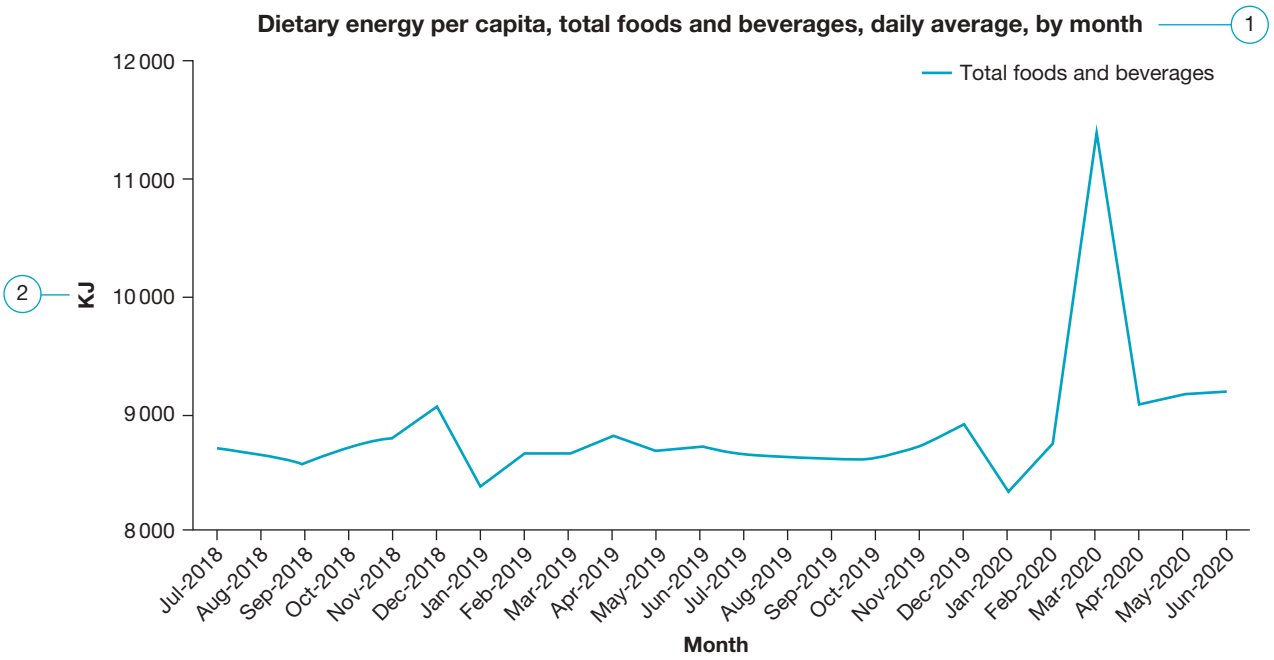
Stimulus material is designed to provide information about a relevant concept. Stimulus material can be presented in a range of formats, including infographics, graphs, tables, cartoons, maps and text, including factual and fictional case studies.

Stimulus material in extended response questions requires interpretation to determine what the information is presenting and how it should be used in the response. This includes finding trends, relationships, similarities and/or differences in data, understanding case study material and interpreting the meaning of visual material such as infographics.

In this section, a number of stimulus items will be presented and interpreted.

Consider the following graph.

Source 1



A review of the key aspects of the graph reveals the following:

1. The title of this graph states that it shows the dietary energy per capita, which includes the total amount of foods and beverages consumed as a daily average per month, from July 2018 to June 2020.
2. Energy is represented in kilojoules.

A more detailed investigation reveals:

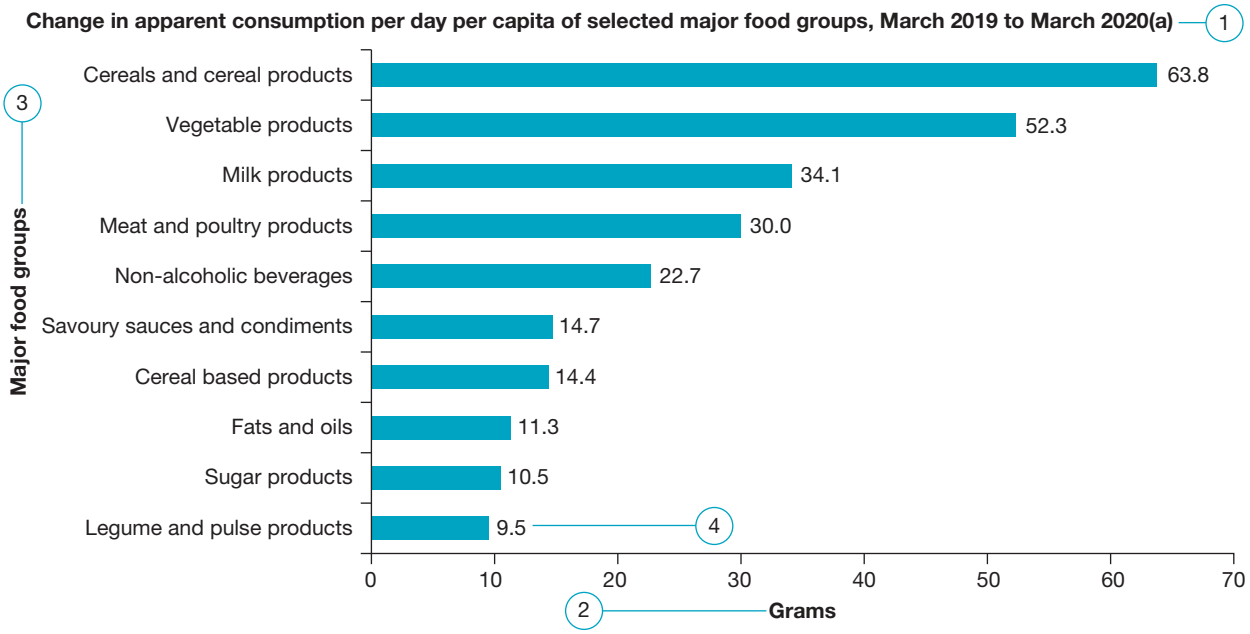
- Energy consumption increased in December 2018 and 2019, with a decrease in January for both years.
- During the period of March 2020 to April 2020, the daily dietary intake per capita on average increased rapidly, before decreasing once again in May.
- Although the energy intake per capita decreased in May, it still remained significantly higher than the same period during 2019.

What reasons could you consider that could have led to the increase?

- The most obvious is due to the impacts of the COVID-19 pandemic and lockdown that occurred in Australia and most significantly in Victoria.

Consider the following graph.

Source 2



A review of the key aspects of the graph reveals the following:

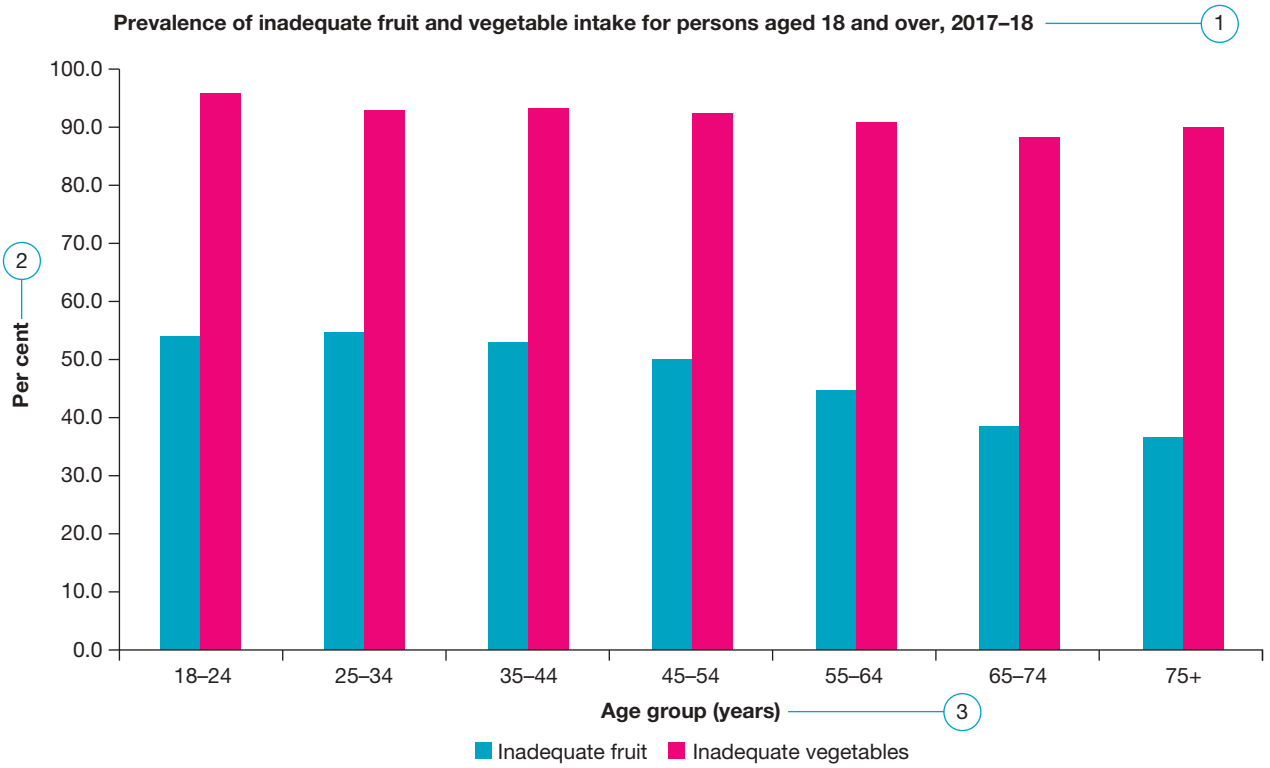
1. The title states that the graph shows the actual change in consumption of grams per day per capita of major food groups from March 2019 to March 2020.
2. The unit of measurement is grams.
3. It separates foods into major food groups.
4. Legume and pulse products experienced the smallest increase in consumption per capita.

What would be some reasons potentially for the increase in these products and, in particular, the significant increase in cereal and cereal products?

- Due to the COVID-19 pandemic, people were spending more time at home and eating more meals within the household, leading to an increase in supermarket purchases and therefore an increase in overall consumption of these products.
- People did not leave home to go to school or work during this period and therefore had time to consume breakfast and cereals, which potentially they skipped the previous year. This could have led to the large increase in the cereals category.

Source 3

Consider the following graph.



Source: ABS 2018.

A review of the key aspects of the graph reveals the following:

1. The title of this graph states that it shows the prevalence of inadequate fruit and vegetable intake for persons aged 18 or over in 2017–18.
2. The data shows the prevalence as a percentage of those who do not eat adequate amounts of fruits and vegetables.
3. The age groups presented range from 18–24 up to 75+.

A more detailed investigation reveals:

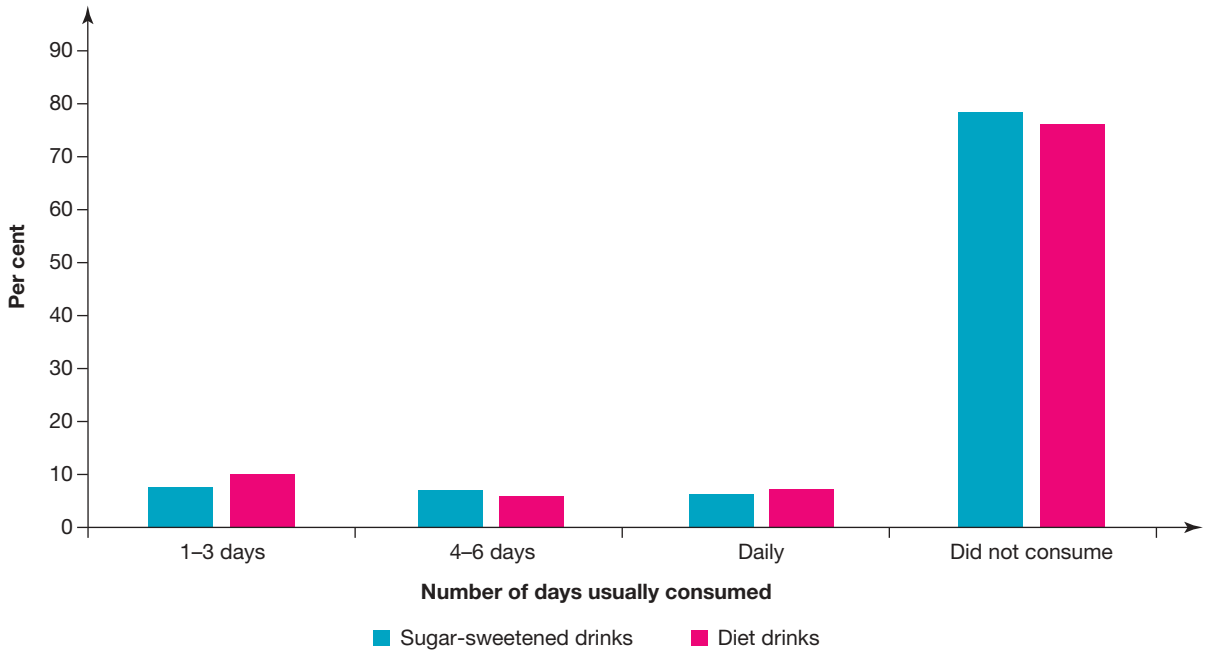
- The rate of those consuming inadequate amounts of vegetables gradually decreases with age, with approximately 95% of 18- to 24-year-olds not consuming adequate amounts of vegetables, until reaching the 65–74 age group, and then slightly increases again for the 75+ age group.
- The rate of those consuming inadequate amounts of fruit remains fairly steady around 18–44 years at approximately 53% and then gradually decreases with age, with approximately 35% of those aged 75+ not consuming adequate amounts of fruit.

Practise this skill

1. Interpret the following data and create a list of information each graph is presenting, then share your list with a classmate.

a.

Number of days per week sugar-sweetened or diet drinks usually consumed, proportion of people aged 18 years and over, 2020–21

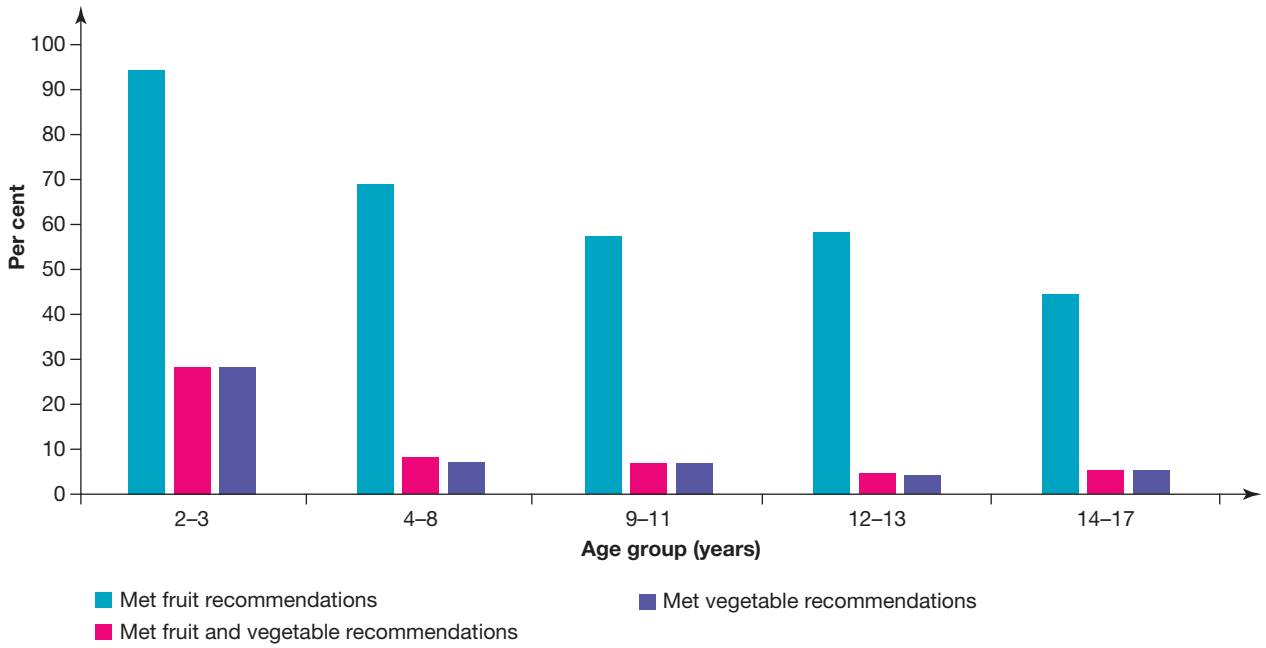


Source: Dietary behaviour, ABS, 2022

Note: Sugar-sweetened drinks include soft drink, cordials, sports drinks or caffeinated energy drinks and may include soft drinks in ready-to-drink alcoholic beverages. Fruit juice, flavoured milk, 'sugar-free' drinks or coffee/hot tea are excluded.

b.

Proportion of children who met the fruit and vegetable recommendations by age, 2020–21

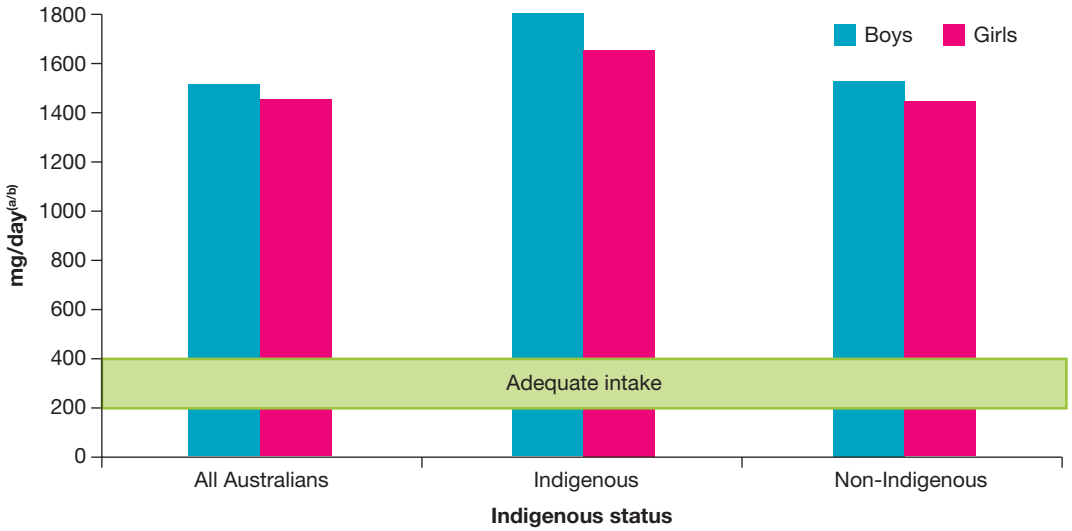


Source: Dietary behaviour, ABS, 2022

Note: Rates are aged-standardised to the 2001 Australian standard population.

c.

Mean intake of sodium, by sex and Indigenous status, aged 2–3, 2011–13



(a) Includes sodium naturally present in foods and sodium added during processing, but excludes the discretionary salt added by consumers in food prepared at home, or at the table. Excludes sodium from supplements.
(b) Adequate intake is 200 to 400 milligrams a day, as indicated by the green band.

Source: Nutrition across the life stages report (AIHW)

6.11 Review

Hey students! Now that it's time to revise this topic, go online to:

Review your results

Watch teacher-led videos

Practise exam questions

Find all this and MORE in jacPLUS

6.11.1 Topic summary

6.2 Nutrients required during youth including carbohydrates, protein and fats

- There are six categories of nutrients required for optimal health outcomes: carbohydrates, protein, fats, water, vitamins and minerals.
- Youth require a balance of the six categories of nutrients in order to maintain optimal health outcomes.
- The main function of carbohydrates is as the preferred energy source.
- Fibre is a type of carbohydrate that is indigestible. Fibre has numerous health benefits, such as reducing hunger, and decreasing cholesterol and glucose absorption. Fibre also acts to assist in moving food and waste products through the digestive system and reduce the chance of colorectal cancer later in life.
- Protein is required for the growth, maintenance and repair of body cells and structures. It can also be used as a secondary energy source.
- The main function of fats is as a fuel for energy production. They are also a key component of cell membranes.
- There are four types of fat. Monounsaturated and polyunsaturated fats are a better choice than saturated and trans fats because the latter increase the risk of cardiovascular disease and type 2 diabetes. However, all fats are a concentrated source of energy.

6.3 Nutrients required during youth including water, calcium, sodium and iron

- Water is required for many body processes, including functioning as a medium for all chemical reactions in the body and forming an important part of blood and soft tissues.
- Calcium is an important component of hard tissues and is required to achieve optimal peak bone mass.
- Sodium is an important mineral for the human body; however, most Australians get too much in their diet. High levels of sodium in the body can draw excess fluid out of the cells, which increases blood volume and contributes to hypertension (high blood pressure).
- Iron is required for haemoglobin in blood and a deficiency can lead to anaemia.

6.4 Nutrients required during youth including vitamin D, vitamin C and folate

- Vitamin D is required in order for calcium to be absorbed in the small intestine and therefore assists in building hard tissue.
- Vitamin C helps to form blood vessels, cartilage, muscle and collagen in bones. Collagen is needed to strengthen the skin, blood vessels and bones and to heal wounds.
- Folate is a B-group vitamin that plays a role in the development of red blood cells, as well as an important role in DNA synthesis.
- Folate is also required for cells to duplicate and is particularly important in times of rapid growth, such as pregnancy and in youth.

6.5 Consequences of nutritional imbalance

- If energy intake and expenditure are not roughly the same, weight gain or loss will result.
- Nutrient imbalance can result in a range of short- and long-term consequences for youth.
- Short-term consequences include a lack of energy, a spike in blood glucose levels, overeating and constipation.

- Long-term consequences include dental caries, periodontitis, overweight and obesity, type 2 diabetes, cardiovascular disease, sleep apnoea, arthritis, osteoporosis, colorectal cancer and anaemia.
- The short- and long-term consequences of nutrient imbalance can have an impact on all aspects of the health outcomes of youth.

6.6 Food selection models and other initiatives to promote healthy eating among youth

- Food selection models can be used as tools to assist youth in preventing nutritional imbalance.
- The Australian Guide to Healthy Eating presents the five food groups in a pie chart, which represents a 'plate model'.
- The Healthy Eating Pyramid contains four layers relating to the proportions of different foods that should be consumed.
- The Health Star Rating system is a food selection tool that assists consumers to purchase food products that are healthier than similar products, as they have been ranked according to their content of sugar, saturated fat, sodium, fibre and energy contributions.

6.7 Sources of nutrition information and methods to evaluate its validity

- Nutrition information can be sourced from a range of different places, dietitians, nutritionists, television, print media and digital media sources, including nutrition apps.
- Nutritionists generally work more commonly with health promotion programs and larger community groups, compared with dietitians, who can give individual and more specific information regarding particular dietary deficiencies or health conditions.
- When sourcing nutrition information from the internet, use the R.E.A.L. strategy to make sure that the website or blog is a valid source of information.

6.8 Sociocultural factors as enablers and barriers to healthy eating among youth

- Sociocultural and commercial factors can affect the ability of young people to consume nutritious foods. They can act as enablers or barriers to healthy eating.
- Sociocultural factors include family, peer group, socioeconomic status (income, education), gender, ethnicity and religion.
- Commercial factors are part of sociocultural factors. They include tactics used in the marketing and promotion of food to youth including the use of media, packaging and food labelling.

on Resources

Digital document Summary (doc-41450)

6.11.2 Key terms

anaemia a condition characterised by a reduced ability of the body to deliver enough oxygen to the cells due to a lack of healthy red blood cells
antioxidant a compound in foods that neutralises free radicals
cartilage connective tissue that protects and cushions the joints, and provides structure and support to various body tissues
cell membrane the outer layer of a cell that provides the structural support for the cell and allows nutrients, gases and waste into and out of the cell
cholesterol a type of fat required for optimal functioning of the body that, in excess, can lead to a range of health concerns including the blocking of the arteries (atherosclerosis). It can be 'bad' low-density lipoprotein (LDL) or 'good' high-density lipoprotein (HDL).
commercial factors conditions, actions and policies of corporate organisations that impact health and wellbeing, either positively or negatively; commercial factors include supply chains, product design, packaging and labelling, distribution and affordability, lobbying, marketing strategies and the use of media (VCAA)
dental caries decay of teeth caused by a breakdown in the tissues that make up the tooth

discretionary foods foods and drinks not necessary to provide the nutrients the body needs, but that may add variety. However, many of these foods are high in kilojoules and are therefore described as energy dense.
food insecurity the 'limited or uncertain availability of nutritionally adequate and safe foods, or the limited ability to acquire foods in socially acceptable ways' (VicHealth, 2016)
fortified when a nutrient has been artificially added to food to increase its nutritional value
free radicals molecules formed when oxygen is metabolised. Free radicals can damage healthy body cells and increase the risk of diseases such as cardiovascular disease and cancer.
glycaemic index (GI) a scale from 0 to 100 indicating the effect on blood glucose of foods containing carbohydrates
haemoglobin a component of blood, largely consisting of iron and protein, that transports oxygen throughout the body
halal permissible by Muslim law, particularly in relation to how meat is slaughtered
hard tissue tissue in the body that forms hard substances such as bones, teeth and cartilage
kilojoule (kJ) a unit for measuring energy intake or expenditure
kosher describes food (or premises in which food is sold, cooked or eaten) satisfying the requirements of Jewish law
macronutrient nutrient that is required by the body in large amounts (for example, protein, carbohydrates, fats)
metabolism a collection of chemical reactions that takes place in the body's cells. Metabolism converts the fuel in the food we eat into energy.
micronutrient nutrient that is required by the body in small amounts (for example, minerals and vitamins)
osteoporosis a condition characterised by a reduction in bone mass that makes bones more likely to break and fracture
peak bone mass the maximum bone mass (i.e. density and strength) reached in early adulthood
protective nutrient any nutrient that acts to protect a person from a certain condition
risk nutrient any nutrient that increases the chances of developing a certain condition
role model a person whose behaviour can be emulated by others, especially by younger people
sociocultural factors the social and cultural conditions into which people are born, grow, live, work and age. These conditions include socioeconomic status, social networks, family and cultural background, food security, early life experiences, and access to affordable, culturally appropriate health care.
soft tissue organs and tissues in the body that connect, support or surround other structures. They include skin, muscles, tendons, ligaments, collagen and organs.

6.11 Exercises

learnon

6.11 Exam questions

Question 1 (2 marks)

The federal government's Health Star Rating system places stars on food products based on the nutrition contribution of the product. They market the program by saying 'the more stars, the better' on individual products (a product can reach a maximum of 5 stars). The products are given star ratings on individual nutrients and not whole foods, and most fruits and vegetables do not come in a packet.

Explain a limitation of the statement 'the more stars, the better'.

Question 2 (14 marks)

Noah is an active 16-year-old boy. Below is a typical breakdown of the amount of foods he consumes daily, in comparison to the recommended amounts from the Australian Dietary Guidelines.

	Vegetables and legumes/ beans	Fruit	Grain (cereal) foods	Lean meats, poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans	Milk, yoghurt, cheese and/or alternatives	Unsaturated spreads and oils
Recommended number of serves from Australian Dietary Guidelines	5	2	7	2½	3½	2
Noah's typical intake	3	1	8	1	1	4

a. Which food groups is Noah overconsuming? **2 marks**

b. Which food groups is Noah underconsuming? **4 marks**

c. **Explain** two short-term consequences for Noah's health outcomes if he continues this diet. **2 marks**

d. **Explain** two long-term consequences for Noah's health outcomes if he continues this diet. **2 marks**

e. **Analyse** and **explain** two ways that Noah could use the Australian Guide to Healthy Eating to assist him to consume a more balanced diet. (Include a limitation in your response.) **4 marks**

Question 3 (3 marks)

Sharni is a 12-year-old new migrant to Australia and is only just learning to understand English. **Identify** which of the food selection models/initiatives you would recommend to help teach Sharni some basic nutrition information, and **explain** why you would suggest this model/initiative over the other two options.

Question 4 (4 marks)

Emma is 15 years old and in Year 9 at school. She has been feeling self-conscious about her weight lately, so, in an effort to lose a few kilograms, Emma has decided to cut carbohydrates out of her diet. She is also trying to eat less food, and often goes without breakfast. Despite her efforts, Emma has not lost much weight, and instead feels very tired all the time. She has been more irritable than usual, and is finding it hard to concentrate in class at school.

Using examples from the case study, **outline** a possible reason why Emma has low energy levels. **Describe** and **analyse** the impact this may have on her health outcomes.

Question 5 (2 marks)

Describe one example of how friends can act as a barrier to healthy eating.

on Resources

Digital document Key terms glossary (doc-41449)

Interactivities Crossword (int-9291)
Definitions (int-9292)

Exam question booklet Topic 6 Exam question booklet (eqb-0239)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 6 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

- 6.11 Summary (doc-41450) ☐
- Key terms glossary (doc-41449) ☐

Teacher-led videos

- 6.6 Relationships between healthy eating guides (tlvd-0272) ☐
- 6.9 Key skill: Explain the role of major nutrients in health outcomes (tlvd-11411) ☐
- Key skill: Describe the possible consequences of nutritional imbalance on short- and long-term health outcomes for youth (tlvd-11412) ☐
- Key skill: Evaluate the effectiveness of food selection models and other tools in the promotion of healthy eating among youth (tlvd-11413) ☐
- Key skill: Evaluate the validity of food and nutrition information from a variety of sources (tlvd-11414) ☐
- Key skill: Analyse sociocultural factors that contribute to healthy eating among youth and their potential impact on health behaviours and health outcomes (tlvd-11415) ☐
- 6.10 Extended response: Interpreting stimulus material (tlvd-11416) ☐

Interactivities

- 6.2 Time Out: 'Which fat?' (int-6851) ☐
- 6.5 FIGURE 6.27 Prevalence of overweight and obesity among males and females aged 2–17 years, 2017–18 (int-9306) ☐
- 6.11 Crossword (int-9291) ☐
- Definitions (int-9292) ☐

Weblinks

- 6.6 How does the Health Star Rating system work? ☐
- Nutrition Australia Healthy Eating Pyramid ☐
- Stephanie Alexander Kitchen Garden Program ☐
- 6.7 Bowel Cancer Australia ☐
- 6.9 Nutrition Australia ☐
- LiveLighter ☐
- Lite n' Easy ☐

Exam question booklet

- 6.11 Topic 6 Exam question booklet (eqb-0239) ☐

To access these online resources, log on to **www.jacplus.com.au**

School-Assessed Coursework Unit 1

OUTCOME 3

Apply nutrition information, food selection models and initiatives to evaluate nutrition information.

School-Assessed Coursework 3 online only

To answer questions online and to receive **immediate feedback** and **sample responses** for every question, go to your learnON title at www.jacplus.com.au or download the assessment as a Word document from your Resources tab.

on Resources

Digital document School-Assessed Coursework 3 (doc-41624)

Key knowledge

- The function and food sources of major nutrients important for health outcomes, such as carbohydrates (including fibre), fats, proteins, water, vitamin C, vitamin D, iron, calcium, sodium and folate
- The use of food selection models and other initiatives to promote healthy eating among youth, such as the Australian Guide to Healthy Eating, the Healthy Eating Pyramid and the Health Star Rating system
- Sources of nutrition information and methods to evaluate its validity
- Sociocultural factors, including commercial factors, that act as enablers of or barriers to healthy eating among youth, with a focus on the tactics used in the marketing and promotion of food to youth

Key skills

- Explain the role of major nutrients in health outcomes
- Describe the possible consequences of nutritional imbalance on short and long-term health outcomes for youth
- Evaluate the effectiveness of food selection models and other initiatives in the promotion of healthy eating among youth
- Evaluate the validity of food and nutrition information from a variety of sources
- Analyse sociocultural factors that contribute to healthy eating among youth and their potential impact on health behaviours and health outcomes

UNIT

2 Managing health and development

AREA OF STUDY 1 DEVELOPMENTAL TRANSITIONS

OUTCOME 1

Explain developmental changes in the transition from youth to adulthood, analyse factors that contribute to healthy development during the prenatal and early childhood stages of the human lifespan and explain health and wellbeing as an intergenerational concept.

AREA OF STUDY 2 YOUTH HEALTH LITERACY

OUTCOME 2

Investigate the health system in Australia from the perspective of youth and their rights and responsibilities. Examine the functions of various entities that play a role in our health system. Inquire into equity of access to health services, as well as the rights and responsibilities of youth receiving health care. Research the range of health services in their communities and suggest ways of improving the health literacy and health outcomes of youth.

7 The human lifespan

LEARNING SEQUENCE

7.1 Overview

	Key knowledge	Key skills	Subtopic
○	Overview of the human lifespan	Describe the stages of the human lifespan	**7.2**
○	Characteristics of development, including physical, social, emotional and intellectual	Describe the characteristics of physical, social, emotional and intellectual development	**7.3, 7.4, 7.5, 7.6**
○	Developmental transitions from youth to adulthood	Explain the developmental changes that characterise the transition from youth to adulthood	**7.3, 7.4, 7.5, 7.6**
○	Perceptions of youth and adulthood as stages of the human lifespan	Collect and analyse information to draw conclusions on perceptions of youth and adulthood	**7.7**

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

Key terms

development
emotional development
fertilisation
intellectual development
lifespan
physical development
primary sex characteristics
secondary sex characteristics
social development

Exam terminology

Analyse examine the components of; look for links, patterns, relationships and anomalies

Describe provide a general description

Explain make plain, make clear (may require reasons)

on Resources

Digital document Key terms glossary (doc-41451)

Exam question booklet Topic 7 Exam question booklet (eqb-0240)

7.2 Overview of the human lifespan

Key knowledge	Key skill
Overview of the human lifespan	Describe the stages of the human lifespan

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You need to know:
- general characteristics of each lifespan stage
- the various lifespan stages, including when each one starts and ends.

You need to be able to:
- describe the general characteristics of each lifespan stage
- identify each lifespan stage, including when each starts and ends.

An understanding of the human **lifespan** and the various stages within it allows analysis and discussion of health and wellbeing and **development** that occurs for people at different times throughout their lives.

The human lifespan can be broken into different stages (**FIGURE 7.1**), although different cultures and societies have different ways of defining the stages. One thing that all groups agree on is that the human lifespan starts at fertilisation and ends at death. In Australian society, as in most Western societies, there are a number of stages that humans pass through as they age.

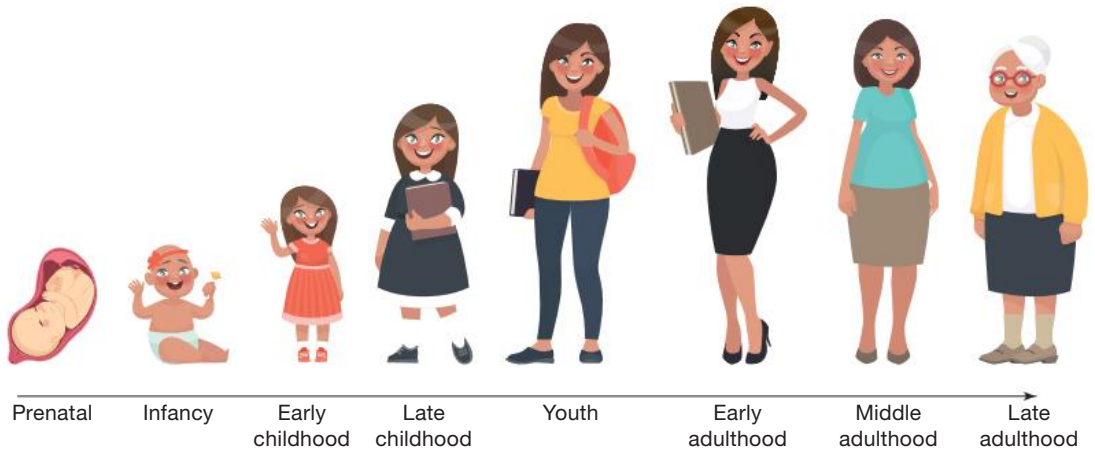
lifespan the amount of time for which a person is alive

development the series of orderly, predictable changes that occur from fertilisation until death. Development can be physical, social, emotional or intellectual.

fertilisation the fusing of a sperm and an egg cell. Marks the beginning of pregnancy. Also known as conception.

zygote cell created when an ovum is fertilised by a sperm

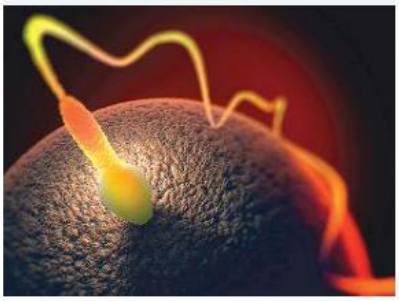
FIGURE 7.1 Stages of the human lifespan



7.2.1 Prenatal stage

The prenatal stage begins when a sperm penetrates an egg (**FIGURE 7.2**) in a process known as **fertilisation** to form one complete cell, called a **zygote**. The prenatal stage continues until birth and is characterised by the development of the body's organs and structures, and substantial growth. The unborn baby goes from being a single cell (smaller than a quarter of a millimetre across) to consisting of more than 200 billion cells at birth and weighing around 3.5 kilograms on average. This process takes about 38 weeks to complete. In terms of rate of growth, the prenatal stage is by far the fastest growth period of all the human lifespan stages. It is also one of the most vulnerable stages of the lifespan in terms of making it all the

FIGURE 7.2 The prenatal stage begins when one sperm penetrates an egg.



way through the prenatal stage and the process of birth. In fact, researchers estimate that only around 25–30 per cent of fertilised eggs will result in a live birth.

7.2.2 Infancy

As with most lifespan stages, there is debate about when infancy finishes. Everyone accepts that it starts at birth, but when does the infant become a child? Historically, infancy was considered to continue until the onset of speech. However, because infants can vary greatly in the time at which they start speaking, many organisations and professionals in this field have adopted the view that this stage ends with the second birthday (approximately). Therefore, we will also use the second birthday as signifying the end of the infancy period.

Infancy is a period of rapid growth with many changes. A newborn baby is obviously very different from a two-year-old. By the time an infant turns two, they have developed their motor skills and can walk, use simple words, identify people who are familiar to them, play social games — and throw tantrums when they do not get what they want.

Many of the **developmental milestones** that the infant achieves will have some sort of bearing on how they develop in later years. This concept will be explored in more detail in topic 9.

7.2.3 Childhood

Like infancy, the start and end of the childhood stage is difficult to define. Most people say that it ends at the onset of **puberty**. As the age of the onset of puberty varies greatly, we will use the twelfth birthday to signify the end of childhood, which also coincides with the completion of primary school for many children. The development that occurs in childhood is substantial, so it is worthwhile considering this lifespan stage as being divided into early childhood and late childhood.

FIGURE 7.3 Learning to use cutlery and eat at the table is a milestone for most children in Australia.

Early childhood

Early childhood starts at the end of infancy and continues until the sixth birthday. This stage is characterised by slow and steady growth, and the accomplishment of many new skills. The child learns social skills that will allow them to interact with other people. During this stage they will make friends, be able to eat with adults at the table and become toilet-trained. Characteristics within early childhood will be explored in more detail in topic 9.

Late childhood

Late childhood starts at the sixth birthday and ends at the twelfth birthday. Like early childhood, late childhood is characterised by slow and steady growth. There are many physical, social, emotional and intellectual changes that occur as the child moves through this stage, many of which are influenced by primary schooling. These include refining reading and writing skills, developing long-term memory, forming more friendships outside the family unit and refining motor skills.

7.2.4 Youth

The **youth** stage of the lifespan has steadily lengthened over the past 100 years. This has occurred because puberty is starting earlier, and young people are taking longer to gain independence and reach maturity in other aspects of their lives. As a result, the youth stage of the lifespan is perhaps the hardest to define. We will assume that youth starts at 12 years of age and continues until 18, although this may vary depending on the research used. The secondary school years are

developmental milestone the average age at which a child achieves skills such as crawling or standing or saying its first word

puberty biological changes that occur during youth and prepare the individual for sexual reproduction

youth people aged 12 to 18 years; however, it should be acknowledged that classifications for the stage of youth can differ across agencies (VCAA)

a marker of this lifespan stage for many youth in Australia. The youth stage is characterised by rapid growth, increased independence and sexual maturity.

This stage of the lifespan is concerned with moving from childhood to adulthood. Youth must undergo vast physical changes in order to achieve sexual maturity, and therefore the ability to reproduce. Youth will also undergo significant social, emotional and intellectual changes as they become accustomed to greater independence, more complex relationships and the development of life goals. The end of youth is characterised by reaching a level of maturity across physical, social, emotional and intellectual aspects of development.

The term 'adolescence' has generally come to mean the period between the onset of puberty and the cessation of growth (i.e. physical maturity). As society has changed over the years, the physical changes are seen as being only one aspect of the transition between childhood and adulthood. Young people now spend more time reaching maturity in other areas such as tertiary study, finding a career, moving out of the family home and gaining financial independence. As a result, the term 'youth' is now more commonly used to describe the stage between childhood and adulthood because it encompasses all the changes experienced during this transition, not simply the physical changes.

CASE STUDY

Teenage sleep

Sleep is not the same all the time; when we are teenagers we have very different sleep habits, as Dr Karl explains.

All parents of teenagers have seen the changes that happen with puberty — the growth spurts, the mood changes, and also, the unlimited ability to sleep in on weekends. But this altered sleep pattern is not the teenagers being bone-lazy or anti-social — no, instead, it is their changing biology, lurking deep inside their brains.

How much you sleep depends on your age. Newborn babies will sleep, in a series of naps, for 16–18 hours per day. By age 5, this is down to about 11 hours, and continues to drop with age — until puberty and adolescence start. Then sleeping time increases again. Puberty lasts to about 17.5 years in boys, and 16 years in girls, as measured by the end of bone growth. But adolescence continues for a few more years.

Adolescence is that awkward time between childhood and adulthood. During adolescence, the natural circadian rhythm is mightily interfered with. First, there is a distressing delay in the onset of sleep, probably due to the later release of melatonin. I remember lying in bed as a teenager, listening to my parents' chiming clock mark away the night, before I would eventually drop off to sleep. Sometimes I would hear it run through 10 sets of quarter hours — two-and-a-half hours — before I finally fell asleep. So when the teenager says that they are not tired at 11 pm, they are usually being truthful. The second biological change is that adolescents need more sleep — between 9 and 10 hours every night. Indeed, one marker of the end of adolescence is the switch to the shorter and earlier adult sleep hours. This happens, on average, at 19.5 years in women, and 20.9 years in men.

This all means that the teenage years are very messy, in terms of sleep. They can't get to sleep early, and they need more sleep.

For adolescents, an early bedtime is, in most cases, simply biologically impossible. Adolescents need 9–10 hours of sleep, but often have to start school early — even earlier if they do sports. I am still getting up at 4.30 am to drive my daughter to rowing training. You can see the effects of this sleep deprivation when an adolescent switches over from holidays to regular school. When school term starts, they will sleep for two hours fewer on weeknights, and try desperately to make it up on the weekends. The result is that your average high-school student is sleep-walking through their school day, in a semi-permanent state of sleep deprivation.

Various studies have shown that this sleep deprivation can have nasty side effects. It's linked to rebellious behaviour, depressive symptoms, cigarette smoking, obesity, anxiety disorders and poor school marks. Indeed, being tired while taking an IQ test can drop 7 points off your score — and can drop performance in regular exams. And this sleep deprivation kills adolescents as well. On one hand, about 20% of all road deaths are caused by microsleeps, in turn caused by tiredness — but about half of all such fatigue-related road deaths happen to those aged 16–25.

Another study looked at so-called REM-sleep (standing for Rapid Eye Movements) where your eyeballs flicker from side-to-side under your eyelids, as though you are watching an invisible tennis match. REM-sleep is where you do most of your dreaming, and it usually happens about 70–100 minutes after falling asleep. But half of high-school students were so tired, that when given the opportunity to sleep at school in mid-morning, they dropped into REM-sleep within a few minutes, not an hour-and-a-half. But these are students who do not work for money. Other studies have shown that students who earn money by working 20-or-more hours per week are even more exhausted and sleep-deprived.

So what's the cure? Well, adolescents should avoid caffeinated drinks, which mess up their circadian rhythms. And they should not have a computer or TV in their bedroom, which also encourages them to stay awake longer.

But the real cure may involve society adjusting to the altered sleep patterns of adolescents. Dr Martin Ralph, a psychologist at the University of Toronto, simply recommends that university and high school classes should start at 11 am. So the kids can stay up later and get their needed sleep and be wide awake in class.

And the next time you want to chide your teenager with a well-worn cliché, in the interests of scientific credibility better not make it the 'Early to bed and early to rise' one.

Source: Kruszelnicki K, 2007, 'Teenage Sleep', 3 May, abc.net.au/science/articles/2007/05/03/1913123.htm

CASE STUDY REVIEW

1. Describe the changes to sleep patterns experienced during adolescence.
2. Which event marks the end of puberty according to the article?
3. **a.** What aspect of sleeping patterns may signify the end of adolescence according to the article?
   b. At what age does this change occur for females and males according to the study?
4. Using information from the case study, explain how sleep deprivation may affect health and wellbeing.
5. Using information from the case study, explain how sleep deprivation may affect health status.

7.2.5 Adulthood

Adulthood begins on the 18th birthday and continues until death. This stage is generally the longest of all lifespan stages and is therefore broken down into three further groups: early, middle and late adulthood. Like many lifespan stages, the three stages of adulthood are often debated in relation to when each starts and finishes. Regardless of which start and end times are used, there are general development milestones associated with each.

Early adulthood

Early adulthood begins on the 18th birthday and ends on the 40th birthday. Physically, this stage is characterised by the body reaching its physical peak around 25–30, followed by a steady decline in body systems thereafter. Some growth may continue at the beginning of early adulthood, but all stages of adulthood are essentially periods of maintenance and repair, as opposed to the periods of growth experienced in the earlier lifespan stages.

People in this age group often become focused on building a career. Young adults may also choose a life partner, get married and/or have children. These events lead to many physical, social, emotional and intellectual changes.

Middle adulthood

Middle adulthood begins at 40 and continues until the age of 65. The events that occur during this period vary from culture to culture and from individual to individual. Some of the more common characteristics of this lifespan stage include stability in work and relationships, the further development of identity, including the maturation of values and beliefs, financial security, physical signs of ageing and, for women, menopause. During this stage, children may gain independence and leave home, giving the parent a new sense of freedom. Sometimes this can also create a sense of loss or loneliness, often referred to as 'empty nest syndrome'. Many individuals in the middle adulthood stage will experience the joy of becoming grandparents for the first time, although this can occur in late adulthood as well.

Late adulthood

Late adulthood, the final stage of the lifespan, occurs from the age of 65 until death. This period is characterised by a change in lifestyle arising from retirement and, for many, financial security. It can include greater participation in voluntary work and in leisure activities, such as golf and lawn bowls. Many older people may also have to endure the grief associated with the death of friends or a spouse. Their living arrangements may also change, presenting challenges and opportunities for their health and wellbeing and development.

As health and wellbeing begins to decline significantly, older people tend to reflect on their lives and achievements. This may provide a sense of satisfaction or regret, depending on how they assess the choices they have made in their lives.

FIGURE 7.4 Late adulthood is often characterised by increased leisure time.

7.2 Activities

1. Design a concept map that summarises three aspects for each lifespan stage that you think help define the stage. Images from newspapers, magazines and/or the internet can be used for this activity.
2. Access the **Lifespan** weblink and worksheet in the Resources tab, then complete the worksheet.
3. **a.** Create a survey that could be used to find out about the sleeping patterns of youths and young adults. Some questions to consider are:
   - What time do you go to bed?
   - What time do you wake in the morning?
   - Do you sleep during the day as well? If so, for how many hours?
   - How many hours sleep do you normally get in a 24-hour period?
   - Do you get sleepy during the day?
   - How do your sleeping patterns change on the weekend compared to Monday to Friday? What about your holiday sleeping patterns?

   b. Hand the surveys out to people you know in the youth stage (your class could be a good place to start) and to those in their 20s and 30s.

   c. Collate and present the results (graphs and tables are useful for this). Be sure to include the total number of hours of sleep for each person and the average for each age group.

   d. Did you find any patterns or trends in the results?

on Resources

Digital document Lifespan worksheet (doc-41675)

Weblink Lifespan

7.2 Exercises

7.2 Quick quiz on | **7.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 3, 7	2, 4, 5, 6, 10	8, 9

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Test your knowledge

1. a. When does the human lifespan start?
   b. When does it finish?
2. Draw and complete the following table:

Lifespan stage	When the stage begins	When the stage ends	Examples of milestones associated with the stage

3. a. i. Which lifespan stage is the longest?
      ii. Would this be the same for everyone? Explain.
   b. Why are the starting and end points of some lifespan stages difficult to classify?
4. Outline the difference between youth and puberty.
5. Discuss reasons that can make it difficult to pinpoint the end of youth.
6. a. Identify why the period of youth has been getting longer over the past 100 years.
   b. How many of these reasons relate to the physical changes that occur during youth? What aspects of life do they relate to?
7. Outline what developmental milestones are used to signify independence.

Apply your knowledge

8. a. Brainstorm how the experiences of youth in Australia may differ from the experiences of youth in other parts of the world.
   b. Are there any experiences you think are common to youth across the world?
9. a. Brainstorm factors that may affect the age at which a person reaches their physical peak.
   b. Describe how someone could maintain their peak physical condition.
10. Work individually or with a partner to identify key words you associate with each lifespan stage.
    a. What sort of words did you come up with for each stage?
    b. Were the words used for each lifespan stage positive or negative?
    c. Where do you think these ideas come from?
    d. Would they be the same if someone from another culture competed this activity? Why?

7.2 Exam questions

Question 1 (1 mark)

Identify the start and end points of the human lifespan.

Question 2 (3 marks)

Janelle is 13 years old and in Year 7 at high school. Janelle catches the public bus to school each day and her parents have given her a mobile phone so they can text her to check she has arrived at school safely each morning. Janelle has started noticing some changes to her body; the skin on her face is now more oily and her hips are starting to widen. She has also grown considerably taller, and is one of the tallest students in her class at school. Janelle enjoys school for the most part, but is starting to feel the pressure of the increased workload and having to prepare for end-of-semester exams.

Identify the lifespan stage Janelle is in, using examples from the case study to **justify** your response.

Question 3 (2 marks)
Identify the eight stages of the human lifespan in chronological order.

Question 4 (3 marks)
State one example of a characteristic for each stage of adulthood: early, middle and late.

Question 5 (1 mark)
Childhood is often classified into the sub-stages of early childhood and late childhood.

Identify the age ranges generally used when classifying early childhood and late childhood.

More exam questions are available in your learnON title.

7.3 Physical developmental transitions from youth to adulthood

Key knowledge	Key skills
• Characteristics of development, including physical • Developmental transitions from youth to adulthood	• Describe the characteristics of physical development • Explain the developmental changes that characterise the transition from youth to adulthood

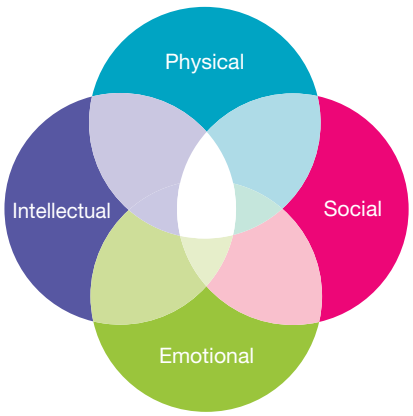
Source: VCE Health and Human Development Study Design © VCAA: reproduced by permission.

You need to know:	You need to be able to:
• what physical development refers to • characteristics of physical development • physical development that occurs as youth transition to adulthood.	• describe physical development • identify characteristics that relate to physical development • explain the physical development that occurs as youth transition to adulthood.

In a lifespan context, development includes the changes that people experience from fertilisation until death. Development is often characterised by milestones that are predictable and occur in a sequential order. Going through puberty, learning to walk or learning the skills required to interact with others are examples of milestones associated with development.

In this course, we will examine four areas or types of development (**FIGURE 7.5**). All four areas are interrelated and therefore affect each other. In the coming sections, we will explore each area of development and the common changes that occur in relation to each as individuals transition from youth to adulthood.

FIGURE 7.5 The four areas of development

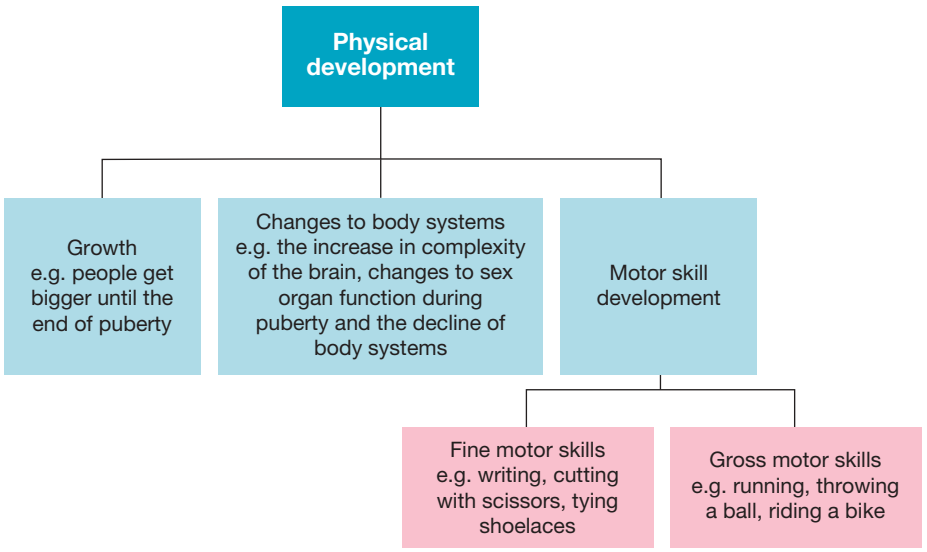


7.3.1 Physical development

Physical development refers to the changes that occur to the body and its systems. It includes external changes that you can see, such as changes in height, and internal changes you cannot see, such as the increasing size of the heart. Physical development includes growth as well as motor skill development. Various aspects associated with physical development are summarised in **FIGURE 7.6**.

physical development changes to the body and its systems. These can be changes in size (i.e. growth), complexity (for example, the increase in complexity of the nervous system) and motor skills (for example, learning to walk).

FIGURE 7.6 Aspects of physical development

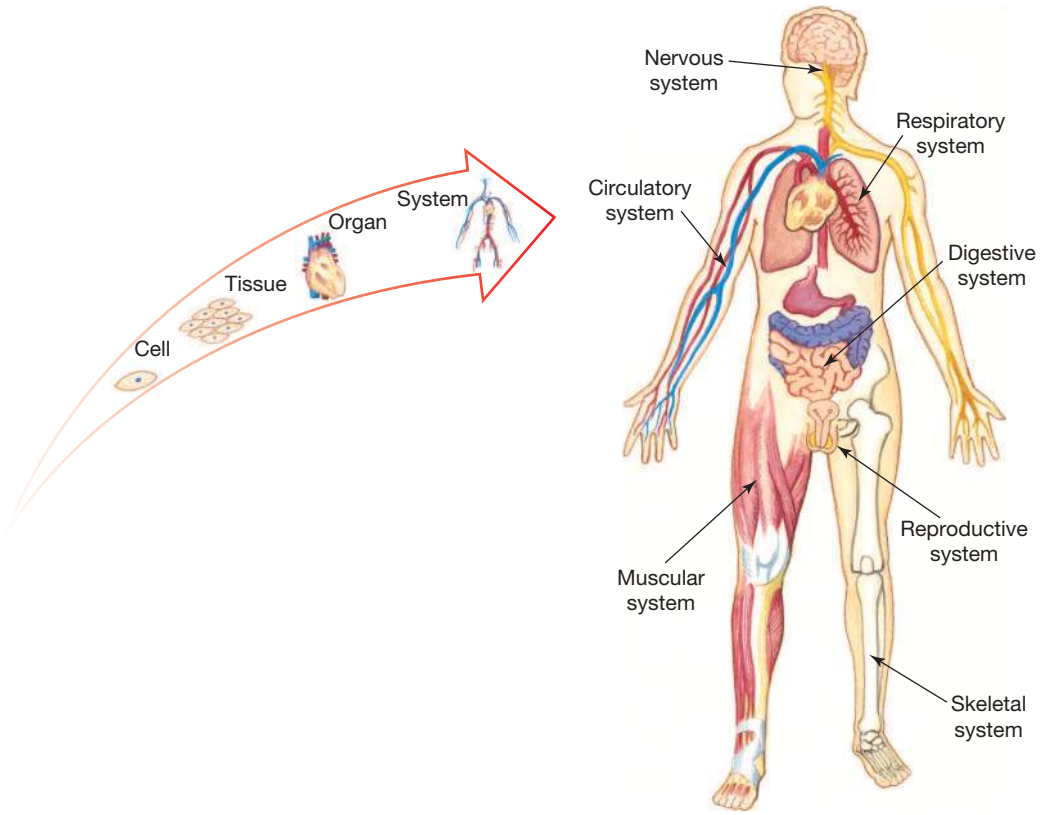


Growth

During the first few weeks after conception, the embryo begins to develop the cells that will become the vital organs and systems required to sustain life in the outside world (**FIGURE 7.7**). The changes in size that take place in these organs and systems are important parts of physical development. Examples of systems in the body include the circulatory system and the immune system.

int-8455

FIGURE 7.7 Physical development of the body, from a cell to the whole body



Growth refers to organs and systems getting bigger in size. It is an important aspect of physical development. Much growth occurs during puberty, which is why youth is considered a rapid growth period, along with the prenatal and infancy stages. Childhood is characterised by slow and steady growth, while the three adulthood stages are predominantly periods of maintenance. Even though growth stops at the end of puberty, individuals keep on developing physically for the rest of their lives. The decline in body systems that people experience in later lifespan stages is also part of physical development.

FIGURE 7.8 Humans experience their fastest rate of growth during the prenatal stage of the lifespan.

Changes to body systems

As well as increasing in size and mass, tissues and systems also change in structure and function. Examples of changes to body systems include:

- the replacement of baby teeth with permanent teeth during childhood
- the hardening of bones until early adulthood (in addition to the growth of bones)
- the change in the way sex organs function during youth
- the development of the immune system that occurs throughout life.

These changes are part of the processes that assist individuals in reaching their physical peak. This physical peak usually occurs in the early 20s to early 30s. After this point, most of the systems — such as the muscular system, the circulatory system and the skeletal system — generally decline at a rate of about 0.5 to 2 per cent per year. This decline is a normal part of physical development. Most of the decline takes place over a long period of time. In fact, people might not realise they have changed until they look back at old photographs of themselves.

Changes associated with physical decline for most people include:

- the stiffening of the heart as muscle tissue is replaced by connective tissue
- the thickening of the walls of arteries
- the decrease in **aerobic capacity** (by up to 70 per cent at age 65)
- the gradual loss of bone density
- the decrease in muscular strength
- the decrease in elasticity of the skin, contributing to wrinkles
- the decline in sensory organs, contributing to a decrease in sight and hearing.

FIGURE 7.9 As people get older, the signs of ageing become more evident.

Motor skill development

Motor skills refer to the control of the muscles in the body. Imagine a newborn baby. It has very underdeveloped motor skills (for example, uncoordinated limbs). As the infant gets older, motor skills will develop and movements will gradually become more controlled and deliberate.

Motor skills can be classified as either fine or gross:

- **gross motor skills** refer to movements that involve large muscle groups, such as walking, throwing, skipping and kicking
- **fine motor skills** involve control over the smaller muscle groups, such as those used for writing, tying shoelaces, cutting with scissors and manipulating the mouth to speak.

aerobic capacity the maximum amount of oxygen that an individual's body can utilise during exercise

gross motor skills the coordination of large muscle groups, such as those in the arms and legs

fine motor skills the coordination of small muscle groups, such as those in the hands

7.3.2 Physical changes as youth transition to adulthood

Youth is a time of rapid development and the transition to adulthood is characterised by being sexually mature; being seen as an adult in the eyes of the law; finishing compulsory education; being legally allowed to drink alcohol, drive, vote and join the army; and making many other decisions independently. We will explore the development that occurs as youth transition to adulthood in each of the four areas of development, beginning with physical development.

The transition from youth to adulthood is characterised by a number of physical changes, including:

- growth plates (also known as **epiphyseal plates**) in bones fuse
- sexual maturity
- changes in body composition and structure.

Growth

The transition to adulthood is marked by significant growth. During youth, on average, a girl will gain 16 centimetres in height and 16 kilograms in weight, while boys will gain an extra 20 centimetres in height and 20 kilograms in weight. By the end of youth or during early adulthood, the epiphyseal plates in long bones fuse and no more growth is possible.

Changes to body systems

One of the most noticeable changes that occur to body systems as youth transition to adulthood are the changes to the reproductive system, which includes the sex organs and the way they function. These changes can be classified into two categories: primary and secondary sex characteristics.

Primary sex characteristics are those parts of the body that are directly involved in reproduction. During puberty, changes occur to the organs of reproduction commonly referred to as the 'genitals'. Although present at birth, these organs only start to develop during puberty.

By early adulthood, these organs are usually fully developed and functioning (see the case study on sperm production and the menstrual cycle). **Secondary sex characteristics** arise from changes that occur to both males and females but are not directly related to reproduction and are not present at birth. By the start of adulthood, these characteristics are usually fully developed. Examples of primary and secondary sex characteristics that develop during the transition to adulthood for males and females are shown in **FIGURE 7.10**.

Although bones have fused by now, it will be a number of years until they reach their maximum density or strength. Youth is an important time for building bone density and ensuring that bones are as strong as possible for adulthood.

As well as changes in height, the transition to adulthood is marked by changes in body composition. In males, increases in muscle mass and the broadening of the shoulders in relation to the waist result in a more triangular body shape. For females, the hips widen and the fat to muscle ratio increases. Most fat is deposited in the mid-section, including the thighs and hips, resulting in the hourglass figure seen in many adult females. The changes that occur in relation to body composition during the transition from childhood to youth and from youth to adulthood can be seen in **FIGURE 7.10**.

Structures in the brain continue to increase in complexity throughout youth and into adulthood. New skills and experiences provide opportunities for different structures of the brain to change in complexity, and this impacts on brain function. The results of these changes relate to intellectual development and will be explored in more detail later.

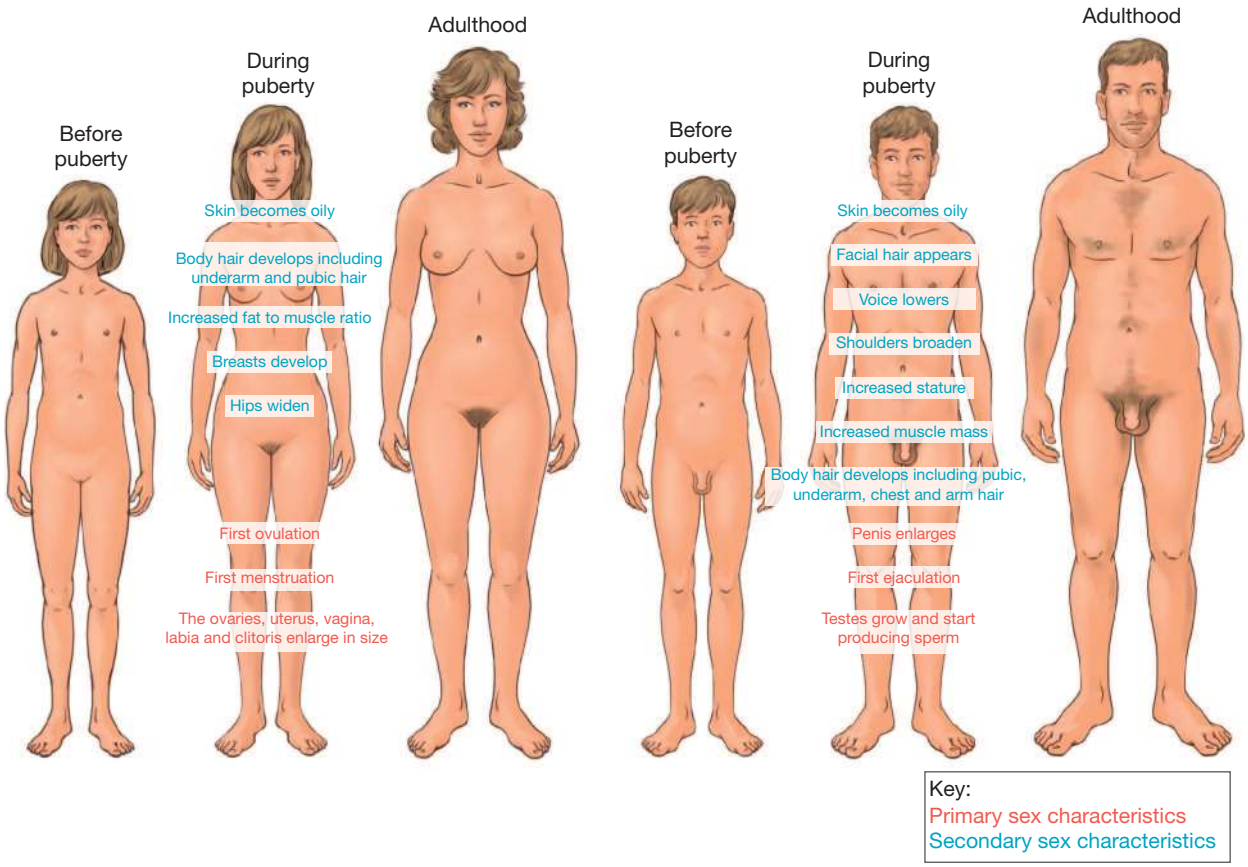
epiphyseal plate a cartilage section at each end of long bones that allows the bone to lengthen, resulting in growth

primary sex characteristics body parts that are directly involved in reproduction and form what are commonly referred to as 'genitals' and organs of reproduction

secondary sex characteristics traits arising from changes in both males and females at puberty. They are neither directly related to reproduction nor present at birth.

int-7629

FIGURE 7.10 Changes to body composition and the primary and secondary sex characteristics that develop for males and females as they transition from youth to adulthood



Motor skill development

As the body matures during youth, the individual will gain more control over it. By the end of puberty, the arms and legs are proportionate to the rest of the body and coordination generally improves. The extra strength and endurance gained during puberty increase the ability to carry out many motor skills in adulthood, although due to differences in muscle mass, males generally experience a greater gain in skills requiring strength.

EXAM TIP

The changes that occur in relation to the four areas of development are usually common to most people; however, there is variation in terms of when the changes occur and how long they take to complete. As a result, try to avoid making definite statements such as 'by the age of 18, youth have reached sexual maturity'. Although this is often the case, it is not always true and may not be awarded full marks. Instead, make statements that show consideration has been given to the variations that exist between individuals, such as 'by 18, youth will generally have reached sexual maturity'.

CASE STUDY

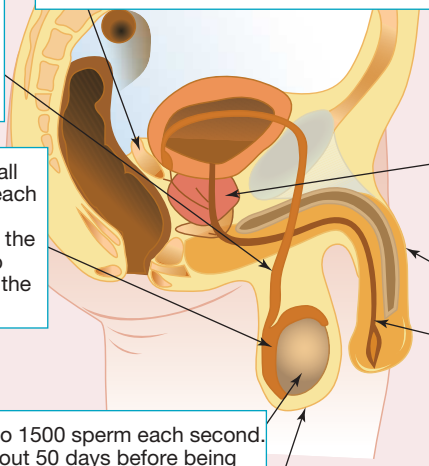
Sperm production and the menstrual cycle

The male reproductive system consists of internal and external organs that are responsible for **semen** production and **ejaculation**. The internal reproductive organs are the testicles (or testes), epididymis, vas deferens, prostate and urethra; and the external reproductive organs are the penis and scrotum (**FIGURE 7.11**). During puberty, these organs grow and **sperm** is produced. The onset of sperm production is often marked by **spermarche** (or first ejaculation). This often occurs as a nocturnal emission (also referred to as a 'wet dream') or direct stimulation (most commonly as a result of masturbation). Sperm are the male sex cells that are required for reproduction. Once sperm are produced, males are capable of reproduction. If not ejaculated, sperm will eventually die and are absorbed back into the body so a build-up does not occur.

The menstrual cycle refers to the process required to develop an ovum (or egg) and signals the ability to reproduce in females (**FIGURE 7.12**). The first menstrual cycle begins with a process called **menarche**, which relates to the first **menstruation** (or **period**) a female experiences. Most girls will experience erratic menstrual cycles for the first couple of years after menarche before the cycle settles and becomes more regular and predictable. Once this occurs, the menstrual cycle will usually last from 24 to 30 days.

int-7630

FIGURE 7.11 The male reproductive system begins to function during puberty.



4. Seminal vesicles — produce a glucose-rich fluid that mixes with sperm to provide a source of energy to help the sperm move. This seminal fluid makes up most of the volume of a man's semen.

3. Vas deferens — a tube about 30 cm long that connects the epididymis to the ejaculatory duct in the prostate gland. Sperm can be stored here ready for ejaculation.

5. Prostate gland — a walnut-sized gland producing a liquid that mixes with the seminal fluid and sperm to help provide energy and keep the sperm alive

2. Epididymis — 6 metres of small tubes that are coiled behind each testicle. Immature sperm are released from the testicle into the tubes and spend the next two weeks travelling the length of the epididymis as they mature.

6. Penis — the external organ used for sexual intercourse

Urethra — a tube in the penis that transports semen out of the man's body during ejaculation

1. Testes/testicles — create up to 1500 sperm each second. The sperm mature here for about 50 days before being released into the epididymis.

Scrotum — a pouch-like sac that houses the testicles and assists in controlling the temperature of the testes. Testes work best when slightly cooler than body temperature. Muscles in the scrotum draw the testes closer to the body when extra warmth is required and move them further away for cooling.

semen a substance containing sperm and fluids that is released from the penis during ejaculation

ejaculation the process whereby semen is ejected from a male's penis

sperm a component of semen. Sperm are the male sex cells required for reproduction.

spermarche relating to the first ejaculation in males

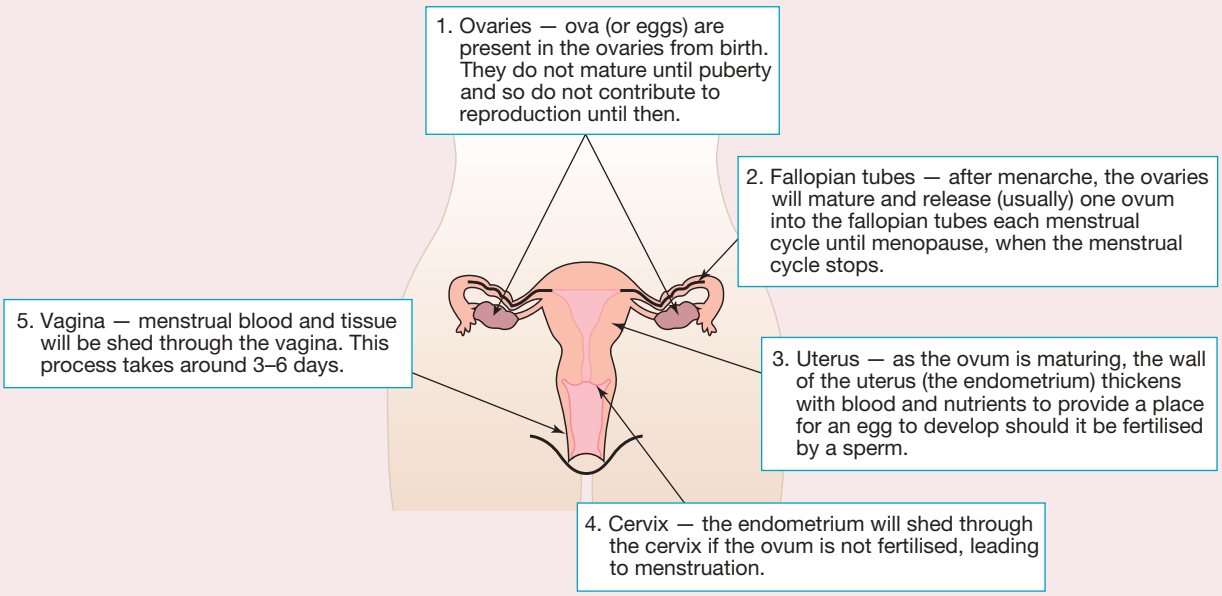
menarche the first occurrence of menstruation in females

menstruation the discharge of blood and other tissue from the uterus that marks the beginning of the menstrual cycle

period *see* menstruation

int-7631

FIGURE 7.12 The menstrual cycle generally signifies the ability of females to reproduce.



CASE STUDY REVIEW

1. Explain what is meant by:
   - **a.** spermarche
   - **b.** menstruation
   - **c.** menarche
   - **d.** menstrual cycle.
2. Draw a flow chart summarising the production of sperm.
3. Research the menstrual cycle and prepare a timeline showing when different events occur.

7.3 Activities

1. Access the **Precocious puberty** weblink and worksheet in the Resources tab, then complete the worksheet.
2. Using **FIGURE 7.10** as a guide, draw a Venn diagram summarising the similarities and differences that male and female youth experience as they transition to adulthood.
3. Draw a line graph showing the rate of growth across the lifespan. Place the lifespan stages on the horizontal axis and the rate of growth (no growth, slow, medium and fast) on the vertical axis.
4. Prepare an educational guide or poster for Year 10 students outlining the physical changes that occur as youth transition to adulthood.

on Resources

Digital document Precocious puberty worksheet (doc-32167)

Weblink Precocious puberty

7.3 Exercises

7.3 Quick quiz on | **7.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 5	6

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Test your knowledge

1. Explain what is meant by 'development'.
2. Using examples, explain what is meant by 'physical development'.
3. During the transition from youth to adulthood parts of the body 'increase in complexity'.
   a. What does 'increase in complexity' mean?
   b. Identify one example of a body part that increases in complexity.
4. Using examples, explain:
   a. primary sex characteristics
   b. secondary sex characteristics.

Apply your knowledge

5. Create a table using the following headings to summarise the key aspects of the physical development of youth.

Physical development	Examples relevant to youth
Growth	
Changes to body systems	
Motor skills	

6. All youth experience the same physical development. To what extent do you agree with this statement?

7.3 Exam questions

Question 1 (4 marks)
'Development' refers to the orderly, predictable and sequential changes that occur in individuals from conception to death. Development occurs in four areas. **State** the four areas or types of development.

Question 2 (2 marks)
Outline an example of how one type of development can influence another.

Question 3 (1 mark)
Development is often characterised by milestones that are predictable and occur in sequential order.

Identify one example of a milestone associated with development.

Question 4 (3 marks)
Define the term 'physical development' and explain two aspects of physical development.

Question 5 (4 marks)
Explain the difference between gross motor skills and fine motor skills and give an example of each skill classification.

More exam questions are available in your learnON title.

7.4 Social developmental transitions from youth to adulthood

Key knowledge	Key skills
• Characteristics of development, including social • Developmental transitions from youth to adulthood	• Describe the characteristics of social development • Explain the developmental changes that characterise the transition from youth to adulthood

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You need to know:	You need to be able to:
• what social development refers to • the characteristics of social development • what social development occurs as youth transition to adulthood.	• define social development • identify characteristics that relate to social development • describe the social development that occurs as youth transition to adulthood.

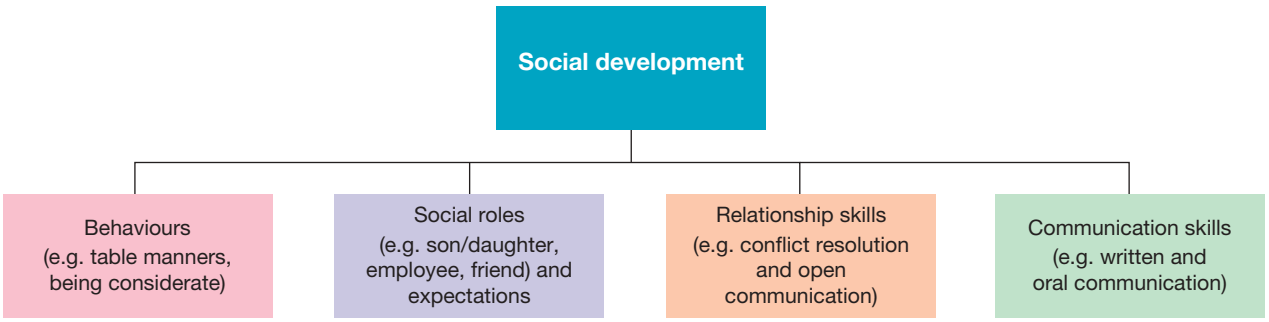
While the physical aspect of development is often the most easily recognisable, there are significant social changes that also occur as individuals transition from youth to adulthood.

7.4.1 Social development

People from different cultures are raised with different values and skills relating to how they are expected to interact with others. A newborn child knows very little about how to interact with others; they must learn the appropriate social skills and behaviours from others. **Social development** refers to the increasing complexity of behaviour patterns used in relationships with other people (VCAA). Examples of social development are summarised in **FIGURE 7.13**.

social development the increasing complexity of behaviour patterns used in relationships with other people (VCAA)

FIGURE 7.13 Aspects of social development



Behaviours

Behaviours relate to how individuals act around others. Learning what behaviours are appropriate in a range of situations is an important part of social development. Infants often have little understanding of appropriate behaviours, but generally learn socially acceptable ways to act, such as saying please and thank you, becoming toilet-trained and learning to use cutlery to eat.

Social roles and expectations

Humans spend a lot of their time in different groups and will often have distinct roles within those groups. Examples include the role of employee, friend, son/daughter, coach and teammate. Each role will generally have a set of behaviours, skills and expectations associated with it. Gender roles are another example of social roles and relate to behaviours that are culturally acceptable for males and females. Although many of these roles and expectations have broken down over the past decades, some cultures still have distinct roles for males and females. These roles are learned from a very young age and shape many aspects of the wider society. Examples of perceived traditional social roles related to gender include:

- males working and females staying at home to look after the children
- men mowing lawns and women cooking
- girls playing with dolls while boys play with trucks
- men and women dressing differently (for example, women wearing skirts and men wearing trousers).

Communication skills

Being able to communicate effectively with different groups of people is an important aspect of social development and continues to be built upon over the years. For example, talking to an elderly grandparent requires different skills from talking to a brother, sister or school friend. Communication occurs in a range of formats, including verbal, written, body language and sign language. Communicating effectively in all required formats is important in making sure that an individual is effectively understood and can understand others.

FIGURE 7.14 Humans are social beings, but the skills required to interact effectively must be learned.

Relationship skills

Relationship skills include knowing how to behave in a relationship and what is expected. This will be continually refined over time. It often requires establishing mutual respect and taking the time to listen to each other's point of view.

7.4.2 Social changes as youth transition to adulthood

Even though considerable physical changes occur as youth transition to adulthood, the social changes are just as significant.

Behaviours

The peer group is extremely influential as youth transition to adulthood. Many of the social experiences that youth encounter are due to their peer group and this continues into adulthood. The peer group may influence their choice of clothing, style of music, the types of activities they participate in and the formation of their identity. As individuals strive for their own independence, they may spend a majority of their free time with their peers, possibly experimenting with different behaviours within the peer group. Some of these behaviours may be considered 'risky', such as vaping and experimenting with alcohol.

Culture and family play a significant role in social development as individuals transition to adulthood. Culture and family may influence the social circle and relationships that people have, the career they choose to pursue, where they choose to live and how they spend their spare time.

Youth generally move from being essentially dependent on parents, to being largely independent as adults. They learn how to act among different groups, and change the way they behave according to the situation.

Social roles and expectations

Greater independence and a wider range of social experiences contribute to the development of more complex social roles.

For example:

- many youth will gain paid employment for the first time as they transition to adulthood, which develops the role of employee
- **intimate relationships** experienced during this stage may develop the role of a boyfriend or girlfriend
- having greater responsibility for their own actions may promote an increase in the complexity of social roles already played, such as son, daughter and student.

intimate relationships an interpersonal relationship that involves physical and/or emotional closeness

Communication skills

The types of interactions that occur change as youth are given greater freedom and treated more like adults. As a result, their communication skills are further developed. Individuals often communicate in a number of different ways and the use of the internet, mobile phones and social media can significantly influence how youth communicate with friends and learn about the world. The nature of relationships changes during this time as many peer groups include members of the opposite sex. This can further develop communication skills and provide individuals with opportunities to experience new types of relationships. As youth transition to adulthood, they often experience a range of more intimate relationships.

Relationship skills

In gaining greater independence, youth often learn that they are responsible for their own actions, decisions and consequences. As a result, young people often question more things, and this can contribute to conflict with their parents or other caregivers. Up until this point, parents have often made most of the decisions for their child. During youth, relationships with parents are often reorganised in such a way that both the child and parent have a say in decision making. As a result of increasing independence, youth may disagree with parents more often, which can lead to escalating conflict. However, most people enter adulthood with a deeper understanding of their parents and vice versa.

FIGURE 7.15 Socialising helps youth learn vital social roles.

Many individuals will experience their first intimate relationship with another person as they transition to adulthood, and some will experience their first sexual relationship. New skills, such as conflict resolution and compromise, are learned and/or developed as a result of these relationships. Towards the end of the youth stage and into adulthood, the individual will usually have developed a clearer sexual identity and may be looking for a serious relationship.

7.4 Activity

In small groups, find or write lyrics to a song that depicts an aspect of social development during youth.

7.4 Exercises

7.4 Quick quiz on | **7.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 5, 6, 8	7, 9

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Test your knowledge

1. Using examples that may occur as youth transition to adulthood, explain social development.
2. Explain what is meant by 'social roles and expectations'. Provide three examples.
3. Explain why conflict with parents often occurs as youth form their own values and beliefs, and gain independence.
4. Identify the aspects of social development that can be influenced by the peer group.

Apply your knowledge

5. a. List all the people or groups from which we learn social skills.
   b. Identify which of these you think has had the greatest influence on your own social development. Explain.
6. Identify the social skills that are generally learned from the family.
7. Would learning to use a knife and fork be a part of social development in all cultures? Explain.
8. Create a table using the following headings to summarise the key aspects of social development of youth.

Social development	Examples relevant to youth
Behaviours	
Social roles and expectations	
Communication skills	
Relationship skills	

9. Discuss ways that social development during youth could impact a person's life during adulthood.

7.4 Exam questions

Question 1 (1 mark)

State one aspect of social development.

Question 2 (2 marks)

Mrs Smith is an English teacher. Her Year 8 class are very chatty and Mrs Smith regularly has to remind them to show respect by listening when others are talking. The class are working on oral presentations, and Mrs Smith is focusing on having the students make eye contact with their audience, rather than reading from their notes. When it is time for the students to present, they argue about who will go first, and Mrs Smith ends up having to draw names from a hat. Mrs Smith also has a Year 12 English class, who behave very differently. The students are very attentive when she is giving instructions, and they take turns when answering questions (rather than shouting over one another), showing consideration. The Year 12s also have to complete an oral presentation and, in addition to making eye contact, they are encouraged to consider their body language and tone of voice, and work on conveying their ideas clearly.

Use two examples from the case study to **compare** the social behaviours of the Year 8 students to those of the Year 12 students.

Question 3 (3 marks)

Parents play an important role in their child's development of social skills.

Explain how parents influence their child's social development, using an example in your response.

Question 4 (3 marks)
Compare face-to-face communication with written communication (such as a text message, email or letter) and **outline** how these communication methods might change as social development progresses.

Question 5 (4 marks)
Identify four changes in social development during the youth stage of the lifespan.

More exam questions are available in your learnON title.

7.5 Emotional developmental transitions from youth to adulthood

Key knowledge	Key skills
• Characteristics of development, including emotional • Developmental transitions from youth to adulthood	• Describe the characteristics of emotional development • Explain the developmental changes that characterise the transition from youth to adulthood

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You need to know:	You need to be able to:
• what emotional development refers to • the characteristics of emotional development • what emotional development occurs as youth transition to adulthood.	• describe emotional development • identify characteristics that relate to emotional development • explain the emotional development that occurs as youth transition to adulthood.

7.5.1 Emotional development

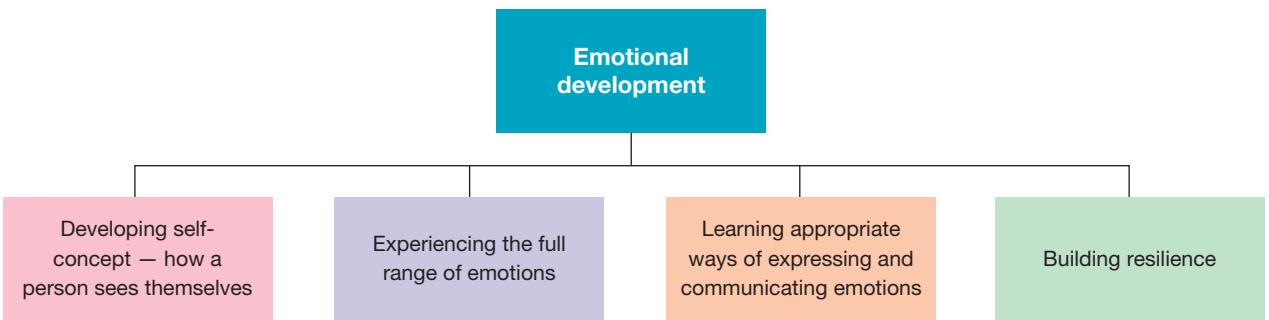
Emotional development occurs as individuals experience the full range of emotions and learn ways to appropriately express emotions. **Resilience** develops as individuals experience negative emotions, and is a key component of emotional development. Self-concept is also a part of emotional development and relates to how an individual sees themselves. Although related to emotional health and wellbeing, emotional development involves the skills that individuals develop over time as they experience different situations and emotional states.

Some specific examples of emotional development are summarised in **FIGURE 7.16** and are explained in more detail in the following text.

emotional development relates to experiencing the full range of emotions, and increasing complexity relating to the expression of emotions, the development of a self-concept and resilience

resilience the ability to effectively deal with adverse or negative events that occur throughout life

FIGURE 7.16 Aspects of emotional development



Self-concept

Self-concept relates to how individuals see themselves, and develops over time as they experience various aspects of life. Initially, infants may not see themselves as distinct from other people, but this changes as they develop a sense of self. As self-concept develops, the individual may have different views about different aspects of themselves, such as their academic ability, social skills and physical capabilities. Self-concept also influences the formation of an individual's identity (see case study) and once an individual has a sense of who they are as a person, their self-concept is strengthened.

CASE STUDY

Identity

Identity is the establishment of a unique personality and includes aspects of both social and emotional development. It refers to how an individual defines themselves, and is based on the values and beliefs of that individual. There are various aspects of identity — including physical, sexual, political, religious and ethnic identity — and the different aspects may develop at different times. Although an identity will generally be firmly formed by the later stages of youth, aspects of it will be modified throughout life.

In early youth, identity is often based on parental expectations and occurs without exploring alternatives. As youths develop, they may begin to question this identity and actively experiment with alternatives in an attempt to find an identity that suits them. During this process, the individual may change hobbies quickly, explore various possibilities for future careers and sample different clothing and hair styles, musical genres and friendship groups.

As abstract thought develops, many youths will explore their spirituality. Spirituality is an aspect of identity that means different things to different people. Some of the more common associations include:

- searching for meaning in life
- finding one's place in the world, where the greater good of the universe and those in it is important
- seeing oneself as a small part of a bigger universe
- acknowledging forces that are separate from the physical and mental functioning of living things.

Religion is an organised form of spirituality that is based on culturally and historically based guidelines (or doctrine). As part of their search for spirituality, some people will explore religions — or turn away from the religion in which they were raised.

Many factors contribute to identity formation. They include:

- culture/ethnicity
- parents
- siblings
- friends
- school
- society.

Once an identity has been committed to, people feel more comfortable about themselves. This can contribute to increased self-esteem and also help to guide their moral decisions.

CASE STUDY REVIEW

1. State what is meant by the term 'identity'.
2. Discuss factors and/or events that could cause someone to change aspects of their identity later in life.
3. Explain the difference between spirituality and religion.
4. Explain how the formation of identity assists in the development of self-concept.

Experiencing the full range of emotions

As individuals develop, they experience a greater range of emotions. The first emotions that can be recognised by infants include joy, anger, sadness and fear. As children begin to develop a sense of self, they experience more complex emotions, such as shyness, surprise, embarrassment, shame, guilt and pride. Young children often experience basic emotions such as happiness and anger, and often only experience one emotion at a time. As they develop emotionally, children realise that they can experience multiple emotions at once. For example, feeling both happy and sad when school holidays come to an end. Older children also begin to identify different emotions and learn appropriate ways of responding to them. This is a process that continues through youth and into adulthood.

Learning appropriate ways of expressing emotions

As individuals develop emotionally, they become more equipped at expressing emotions in an appropriate manner. Those who are more emotionally developed are better able to control the way in which they express their feelings. This is why toddlers, rather than adults, are more likely to throw temper tantrums when they do not get their own way.

Desire, guilt and jealousy are common emotions that people express in various ways. Learning to accept the things they cannot change and focusing energy on the things they can change is a significant achievement in this area, as it influences the manner in which people express the emotions they experience. It takes time to develop appropriate ways of responding to emotions.

FIGURE 7.17 Throwing tantrums is a characteristic that most children overcome as they learn appropriate ways of expressing and communicating emotions.

Building resilience

Resilience relates to the ability to effectively deal with adverse or negative events that occur throughout life. Such events include the death of a loved one, relationship breakdown, financial stress, conflict with family and friends, losing a sports grand final, job loss and job insecurity.

Individuals will use a variety of coping strategies to deal with challenging events and these will vary depending on the type and extent of the situation/s they are exposed to.

Developing coping strategies assists in building resilience. Some coping strategies include:

- *taking time out for relaxation.* Leisure activities such as exercise, socialising and resting are important as they assist in providing clarity, energy and focus when issues require attention.
- *meditation.* Meditation works to calm the mind and assists with refocusing thoughts. It can also assist in reducing stress, which allows energy to be applied to important issues.
- *setting goals.* Setting manageable goals allows an individual to achieve success and work towards dealing with aspects of life that may sometimes seem overwhelming.
- *talking to others.* Other people are a great resource for putting issues in perspective and providing alternative ways of viewing life events. Talking to others also allows individuals to express how they are feeling.
- *maintaining positive self-talk.* Self-talk relates to the inner voice in a person's mind that says things they don't necessarily say out loud. Self-talk can be positive or negative. Positive self-talk has been shown to promote resilience.

Learning the skills necessary to become resilient is a key component of emotional development and people who have good levels of resilience experience better emotional health and wellbeing.

What is the difference between emotional health and wellbeing and emotional development?

Emotional health and wellbeing and emotional development are closely related concepts, but there are specific differences between them.

Emotional development includes:

- experiencing the full range of emotions
- the acquisition of knowledge and skills that assist in expressing emotions effectively
- the development of self-concept
- building resilience.

All these characteristics develop over time and increase in complexity. As an individual develops emotionally, they learn ways of expressing their emotions in a more mature manner. For example, an infant usually experiences basic emotions and does not have the ability to express them as appropriately as an adult. If an adult doesn't get a promotion at work, although they may experience disappointment, they use the skills they have learned to use this as opportunity to improve future outcomes by modifying their behaviour — for example, by working harder in the future.

Emotional health and wellbeing, on the other hand, relates to how an individual is using these skills and abilities at a given point in time. Emotional health and wellbeing includes:

- recognising, understanding and experiencing appropriate emotions in a given scenario
- being able to effectively respond to and manage emotions
- the level of resilience experienced at a particular point in time.

Emotional health and wellbeing and emotional development are interrelated and therefore affect one another. For example, an infant may not manage their emotions effectively and throw a tantrum (emotional health and wellbeing) as they do not have the skills to express their emotions in a more appropriate way (emotional development). As a result, this behaviour is considered normal for most infants. Adults generally do not throw tantrums (emotional health and wellbeing) as they usually have the skills to express these emotions in a more positive way (emotional development).

A range of factors, such as stress, illness and various life events (e.g. relationship breakdown, changing schools, experiencing conflict with loved ones or moving out of home), can influence the ability of an individual to effectively use their emotional skills and abilities in every scenario. Consider the following:

- A person may have experienced the full range of emotions (emotional development) but this doesn't mean they will always accurately recognise emotions in every situation (emotional health and wellbeing).
- A person who has acquired the skills to express emotions effectively (emotional development) may feel overwhelmed in a particular scenario and may struggle to appropriately respond to the emotions they feel (emotional health and wellbeing). For example, a heated argument with a work colleague may overcome them and they may not respond to their emotions in their usual calm and mature manner.

7.5.2 Emotional changes as youth transition to adulthood

As with social and physical development, the emotional changes that occur during youth are significant. Because of all the changes young people go through as they transition to adulthood, the way they view themselves and how they deal with these feelings may also change.

FIGURE 7.18 As self-concept develops, youth often become more comfortable with themselves.

Self-concept

As young people transition to adulthood and explore different values and beliefs, they may have a deeper understanding of who they are as people. This influences their emotional development and sense of identity. If they are satisfied with the person they have become, they may enter adulthood with a great sense of pride and achievement not experienced

previously. As self-concept develops, individuals often become more comfortable with themselves. As a result, they generally become less concerned with what others think and more concerned with who they are as a person.

Experiencing the full range of emotions

As the body matures, so does the mind, and youth might seek emotional independence. For example, they might try to solve their own problems instead of consulting their parents. This may lead to feelings of satisfaction if they succeed or despair if they fail. Experiencing these emotions can encourage the individual to take more responsibility for their actions and provide ways to accept emotions — both positive and negative — that occur as a result of this responsibility (for example, guilt, remorse, happiness, fulfilment).

As the nature of relationships changes, young people may also seek intimacy and affection within those relationships. They might experience emotions such as love and lust and learn ways to express them appropriately.

FIGURE 7.19 Some young people will experience the emotions associated with a romantic relationship for the first time.

Learning appropriate ways of expressing emotions

Towards the end of the youth stage, the individual will have been exposed to a range of emotions and will generally be able to recognise them accurately when they arise. Most older youth will also have an understanding of appropriate ways of expressing those emotions and be able to adequately express their feelings in words, which helps to regulate their emotions. For example, when experiencing anger, youth have a greater ability to deal with this emotion in a calm manner and discuss why they are feeling this way with others.

Building resilience

As life experiences and knowledge develop, the transition to adulthood is often marked by greater resilience. The coping strategies that are first developed early in life are built upon, contributing to the greater level of resilience experienced by most adults compared with children. For example, a young person may be able to use positive self-talk to help them overcome their disappointment at not getting the first part-time job they have applied for. The level of resilience will usually continue to develop throughout adulthood.

7.5 Activities

1. Access the **Emotions** weblink and worksheet in the Resources tab, then complete the worksheet.
2. **a.** Write down 10 words that assist in defining you as an individual.
   - **b. i.** Rank your answers for part **a** according to how well they define who you are, where '1' is the answer that best defines you and '10' is the answer that least defines you.
   - **ii.** For what reason/s did you choose the answer you ranked as '1'?
   - **c.** Next to each answer for part **a**, write down who you think influenced this aspect of yourself the most.
   - **d. i.** Which influence featured the most times?
   - **ii.** Do you think this influence is the biggest determinant of identity? Explain.

on Resources

Digital document Emotions worksheet (doc-32168)

Weblink Emotions

7.5 Exercises

7.5 Quick quiz on | **7.5 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 5, 7, 9	4, 6, 8

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Test your knowledge

1. Using examples, explain emotional development.
2. Explain what is meant by 'self-concept'.
3. Explain what is meant by 'resilience' and discuss ways that individuals can build their resilience.

Apply your knowledge

4. Discuss ways in which youth may express or respond to the following emotions compared to a child:
   a. happiness
   b. anger
   c. jealousy
   d. disappointment.
5. Brainstorm emotions that may be experienced for the first time as youth transition to adulthood.
6. Explain how developing emotionally can impact on relationships with others.
7. Discuss the difference between social development and emotional development.
8. Explain how social development and emotional development may have an impact on each other.
9. Create a table using the following headings to summarise the key aspects of the emotional development of youth.

Emotional development	Examples relevant to youth
Self-concept	
Experiencing the full range of emotions	
Learning appropriate ways of expressing emotions	
Building resilience	

7.5 Exam questions

Question 1 (1 mark)
Emotional development includes self-concept. **Explain** the term 'self-concept'.

Question 2 (1 mark)
Briefly **explain** what is meant by 'emotional development'.

Question 3 (2 marks)
Discuss how changes in self-concept relate to emotional development during youth.

Question 4 (4 marks)
Explain how resilience can impact the way we express our emotions. Provide an example in your response.

Question 5 (4 marks)
Provide two examples of emotional development. **Apply** these examples to an appropriate response of a 2-year-old and a 15-year-old being refused a chocolate bar as they leave a checkout in a supermarket.

More exam questions are available in your learnON title.

7.6 Intellectual developmental transitions from youth to adulthood

Key knowledge	Key skills
• Characteristics of development, including intellectual • Developmental transitions from youth to adulthood	• Describe the characteristics of intellectual development • Explain the developmental changes that characterise the transition from youth to adulthood

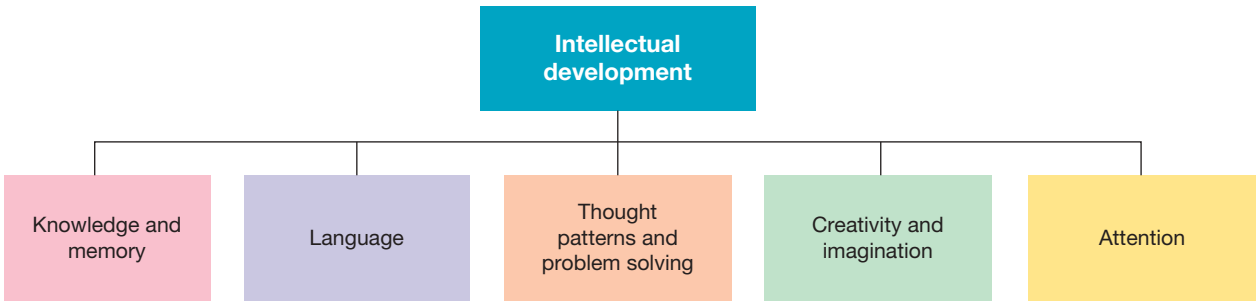
Source: VCE Health and Human Development Study Design © VCAA: reproduced by permission.

You need to know:	You need to be able to:
• what intellectual development refers to • the characteristics of intellectual development • what intellectual development occurs as youth transition to adulthood.	• describe intellectual development • identify characteristics that relate to intellectual development • explain the intellectual development that occurs as youth transition to adulthood.

7.6.1 Intellectual development

Intellectual development refers to the increase in complexity of processes in the brain, such as thought, knowledge and memory. Intellectual development occurs as a result of the changing processes that happen within the brain and the increasing complexity of the brain (which relates to physical development). Although many aspects of intellectual development occur in the younger years, intellectual development continues throughout the lifespan as people learn skills associated with pursuing careers, raising children, becoming grandparents or taking up hobbies. Aspects of intellectual development are summarised in **FIGURE 7.20** and are explained in more detail below.

FIGURE 7.20 Aspects of intellectual development



Knowledge and memory

Knowledge relates to the range of information and concepts an individual is familiar with and understands. Knowledge becomes more complex as people develop intellectually. The longer a person has been developing intellectually, the more opportunities they have to gain knowledge.

Memory relates to the ability to retain and recall information. Memory abilities change throughout the lifespan and can decline in the latter part of adulthood. Using the parts of the brain responsible for memory can help to promote a good memory in late adulthood.

intellectual development the increase in complexity of processes in the brain, such as thought, knowledge and memory

Language

Knowledge of language and the way it can be used develops continually over the human lifespan. When a baby is born, they do not understand speech or language. Within months, they can distinguish between sounds and begin to understand what is being said to them. In time, they will learn to speak themselves and their use of words and sentences will continue to develop into adulthood. Some people are **bilingual**, which can further develop the parts of the brain responsible for the production of speech and knowledge of language.

Thought patterns and problem solving

The way an individual thinks changes as they develop, from **concrete thought** to **abstract thought**. Abstract thought relates to the ability to think about concepts and ideas rather than just the physical objects you can see (concrete thought). In the early stages of the lifespan, individuals can think only in concrete ways. As they develop intellectually, they can consider concepts and situations not encountered before. For example, children often learn to count by memorising the numbers. As abstract thought develops, they will begin to notice the patterns that exist in the formation of numbers.

FIGURE 7.21 Intellectual development is rapid during the early years, but it continues throughout the lifespan.

Problem solving relates to finding a way from the current state to the desired goal when no clear path exists. Problem solving is one of the most complex of all thinking processes. Examples include trying to fit a number of commitments into a given timeframe, figuring out what has caused a computer to crash or calculating how much weight a new (as yet unbuilt) bridge can hold. Trial and error is an important part of problem solving. As experience and knowledge develops, problem-solving abilities increase.

Creativity and imagination

Creativity and imagination relate to thinking in new ways. Both creativity and imagination can be developed by exposure to many different experiences including books, music and other people. Imagination is essential for optimal development during childhood. Children often engage in imaginative play, such as pretending and making up stories. Imaginative play assists all four areas of development. As individuals develop, imagination becomes more related to artistic pursuits, problem solving, and forming life dreams and desires.

Attention

Attention relates to focusing on one aspect of the environment while ignoring others. Attention is an important aspect of intellectual development as it assists in learning new material. Young children can focus their attention for shorter periods than older children. Attention can be developed by attaching an intrinsic (or internal) reward, such as attaching satisfaction to completing a task. The more a person enjoys the matter requiring attention, the longer they can focus their attention on it.

7.6.2 Intellectual changes as youth transition to adulthood

During youth, physiological changes occur in the brain and in the way that the young person perceives problems. These changes result in significant advances in intellectual development.

Knowledge and memory

During the transition to adulthood, youth often focus more on the future. This may guide the development of knowledge — for example, students wanting to study science might develop an interest in learning about scientific principles and choose science subjects in their final years at school.

bilingual being able to speak two languages fluently

concrete thought a simple thought process that centres on objects and the physical environment

abstract thought a complex thought process where ideas are the focus rather than tangible objects

More complex concepts are learned in the final years of school and in employment or tertiary education. As a result, youth and early adults may develop an understanding of how they learn best (for example, visual versus aural learners) which can further promote the acquisition of knowledge.

As the brain continues to develop during youth and early adulthood, so does the capacity to remember past events and concepts. Individuals in these stages may also implement strategies to help remember information, such as the use of mnemonics and association.

Language

As knowledge and memory develop, so can the ability to remember words and what they mean. As a result, the transition to adulthood is often accompanied by an increase in skills relating to vocabulary, grammar and the use of language. For example, the use of figurative speech such as metaphors, similes and puns may develop as youth transition to adulthood.

Language is developed through many experiences, including through reading, communicating with others and exposure to media such as newspapers, magazines, music, television and the internet. Young people who have an interest in language and reading may develop a greater understanding of language than others.

Thought patterns and problem solving

As they transition to adulthood, youth begin to see 'grey' areas in problems when they would have seen only 'black and white' in the past. During this stage, the brain structures mature and abstract thought develops, as opposed to the concrete thought relied upon during childhood. Information can be processed more efficiently, and groups of concepts that were viewed individually might now be linked together and viewed as an interrelated whole.

FIGURE 7.22 Towards the end of youth, individuals generally start to shift their attention to learning things associated with their interests and possible career paths.

The ability to create hypothetical solutions and evaluate the best options develops. This comes from previous experiences and from applying old knowledge to new situations. In contrast, most children can see only concrete solutions. Reasoning skills continue to be refined into adulthood with the challenges presented by employment or further study. Older youths can often distinguish between fact and opinion and may challenge views put to them by others, including adults. This critical thinking continues into adulthood and for the remainder of life.

Some research suggests that the frontal lobe (a part of the brain) is not fully developed until a young person is in their 20s. The state of the brain during these years may influence thought patterns and make youths and early adults favour immediate rewards and disregard long-term consequences. It is thought that this aspect of brain development may account for why these groups are more likely to take risks than children or older adults.

Creativity and imagination

The increase in knowledge and thought patterns can work to promote creativity and imagination as youth transition to adulthood. Creativity and imagination can contribute to the development of new ideas and innovations in their areas of interest, such as a career or hobbies.

Young people who have an interest in creative pursuits, such as music, painting or poetry, may develop skills through practice that can encourage further creativity and imagination. For example, a youth who regularly practises and plays guitar may have more opportunities to express their imagination and creativity as a result

of being capable of using this instrument. Although the transition to adulthood can be accompanied by greater levels of creativity and imagination, some research suggests that these skills can decrease if individuals do not promote their development.

Attention

Like creativity and imagination, attention can develop as youth transition to adulthood. If individuals develop a deep interest in a career or hobby, they may be able to focus their attention on a related task for hours at a time. Conversely, as youth transition to adulthood, they may lose interest in activities that they see as pointless or meaningless. In this respect, attention can become more targeted and focused during adulthood.

EXAM TIP

When discussing an impact on development, make sure you clearly state the type of development and use specific examples linked to the chosen type of development. For example, if you are making links to intellectual development, provide examples that link to either knowledge and memory, attention, language, thought patterns and problem solving, or creativity and imagination.

7.6 Activities

1. Draw pictures and/or collect magazine photos and create a collage representing examples of the type of development that might occur as youth transition to adulthood. Ensure that the four areas of development are addressed.
2. **a.** Find lyrics to a song that focuses on an area of development.
   b. Print the lyrics and share them in small groups.
   c. Discuss what the lyrics are saying about development.
3. Create a concept map that identifies three changes for each area of development that occur as youth transition to adulthood.

7.6 Exercises

7.6 Quick quiz on | **7.6 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 7	5, 6

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Test your knowledge

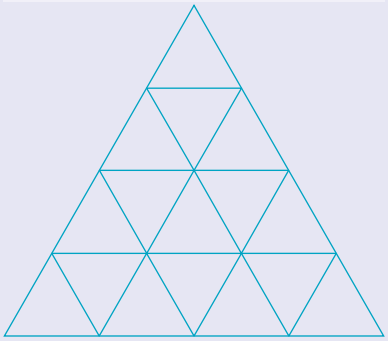
1. Using examples, explain what is meant by intellectual development.
2. Outline three aspects of intellectual development that may occur as youth transition to adulthood.
3. Using examples relevant to each, discuss the difference between concrete and abstract thought.
4. Classify the following as examples of physical, social, emotional or intellectual development:
   a. the changes to sex organs that occur during puberty
   b. learning to use a graphing calculator
   c. deciding to join a religious group
   d. pattern baldness that occurs in many males
   e. a musician writing a song for the first time
   f. finding a way to fix a banging door
   g. a person perceiving themselves as intelligent

h. a person deciding that they value honesty more than not hurting someone else's feelings
i. developing the skills required to discuss issues with parents
j. increase in the complexity of the skeletal system in a developing foetus
k. using words to express emotions
l. developing beliefs relating to ethical issues such as abortion
m. changes in height that occur during childhood
n. moving in with a partner
o. learning skills associated with a career.

Apply your knowledge

5. 'When I was a boy of 14, my father was so ignorant I could hardly stand to have the old man around. But when I got to be 21, I was astonished at how much he had learnt in seven years.' What do you think this quote (by American author Mark Twain) is trying to say?
6. a. How many triangles are shown in **FIGURE 7.23**?
   b. Compare your answers with those of other students.
   c. Do you think a child would be able to answer this problem? Explain your answer in relation to intellectual development.
   d. Think of another example of a brain teaser/problem that children and youth might answer differently.

FIGURE 7.23 Triangle problem



7. Create a table using the following headings to summarise the key aspects of the intellectual development of youth.

Intellectual development	Examples relevant to youth
Knowledge and memory	
Language	
Thought patterns and problem solving	
Creativity and imagination	
Attention	

7.6 Exam questions

Question 1 (4 marks)
Identify four aspects of intellectual development.

Question 2 (2 marks)
Outline two factors that impact an individual's ability to focus their attention.

Question 3 (1 mark)
Although many aspects of intellectual development occur in the younger years, intellectual development continues throughout the lifespan.

Identify one example of how intellectual development continues during adulthood.

Question 4 (2 marks)
In relation to language, **state** two examples of changes during youth.

Question 5 (4 marks)
Explain the difference between concrete thought and abstract thought. Provide an example that reflects each type.

More exam questions are available in your learnON title.

7.7 Perceptions of youth and adulthood as stages of the lifespan

Key knowledge	Key skill
Perceptions of youth and adulthood as stages of the lifespan	Collect and analyse information to draw conclusions on perceptions of youth and adulthood

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• various perceptions of youth and adults.	• describe a range of perceptions of youth and adults • collect and analyse information about the different ways youth and adults are perceived.

Perceptions are beliefs or opinions based on how things seem. The perceptions of youth and adulthood therefore relate to the different ways that people view those in each of these lifespan stages. Perceptions can be influenced by personal experiences, including what people see and hear. Some people have positive perceptions, some people have negative perceptions, and many people have a mix of both.

In the past, the difference in opinions between people of different ages was known as a **generation gap**. The different attitudes between those in different lifespan stages can contribute to a lack of understanding and even conflict between those of different ages.

In order for all people to develop optimally, healthy relationships between generations is essential. Offering support, guidance and encouragement to those in other lifespan stages is an important consideration for people of all ages.

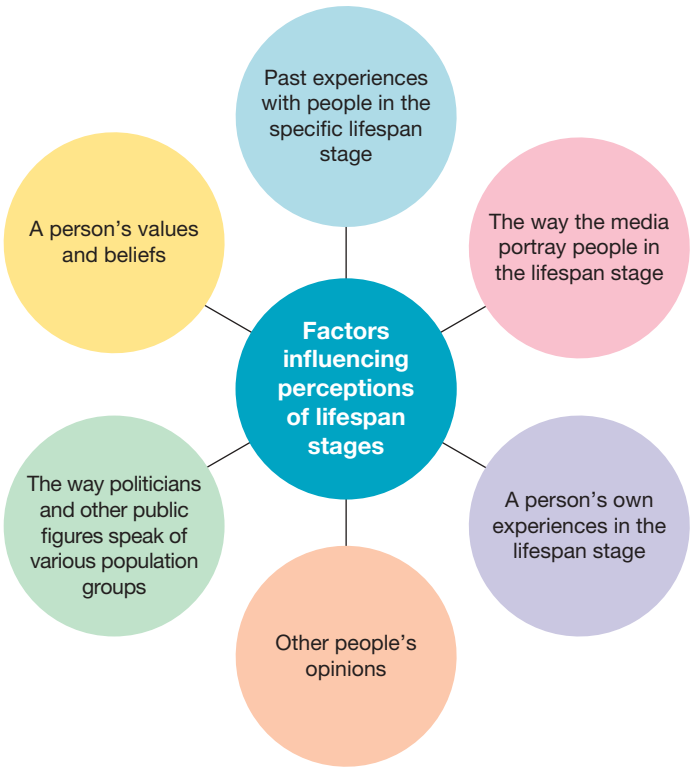
FIGURE 7.24 Building relationships with people in different lifespan stages can promote understanding and positive perceptions.

The perceptions that an individual has about people in different lifespan stages is often the result of a range of factors, as shown in **FIGURE 7.25**.

In this subtopic, a range of perceptions of youth and adults will be considered.

generation gap the difference in attitudes and opinions experienced by people of different generations

FIGURE 7.25 A combination of factors influence people's perceptions of others.



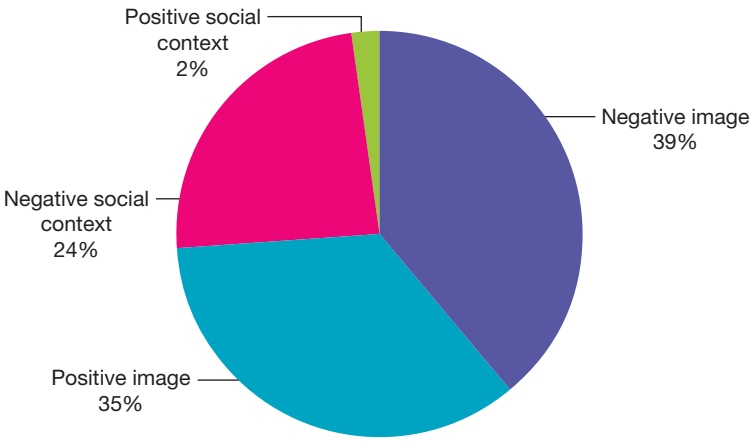
7.7.1 Perceptions of youth

Limited research has been carried out in Australia relating to the perceptions of youth. The most recent data is from 2003. Perceptions about youth vary but, according to the *Kids Are Like That!* study from 2003, fit into one of four categories:

- *positive image* — youth are positive, ambitious, hardworking and happy
- *negative image* — youth are frightening, lazy or selfish
- *positive social context* — youth have many opportunities and are fortunate to live at this time and in this society
- *negative social context* — youth are devalued, victimised or neglected.

In the report, participants' perceptions of young people were more likely to be negative than positive (**FIGURE 7.26**).

FIGURE 7.26 How respondents perceived youth in Australia



Source: Bolzan, N 2003, *Kids Are Like That! Community Attitudes to Young People*, National Youth Affairs Research Scheme, 2003, https://docs.education.gov.au/documents/kids-are-community-attitudes-young-people.

Negative perceptions of youth in the community have existed since the beginning of recorded history. For example:

- Hesiod (eighth century BC) wrote, 'I see no hope for the future of our people if they are dependent on frivolous youth of today, for certainly all youth are reckless beyond words. When I was young, we were

taught to be discreet and respectful of elders, but the present youth are exceedingly disrespectful and impatient of restraint.'

- Socrates (fifth century BC) wrote, 'The children now love luxury. They have bad manners, contempt for authority; they show disrespect for elders and love to chatter in place of exercise.'
- Plato (fifth century BC) wrote, 'Our youth have an insatiable desire for wealth; they have bad manners and atrocious customs regarding dressing and their hair and what garments or shoes they wear.'
- Seneca (first century AD) wrote, 'Our young men have grown slothful. There is not a single honourable occupation for which they will toil night and day. They sing and dance and grow effeminate and curl their hair and learn womanish tricks of speech; they are as languid as women and deck themselves out with unbecoming ornaments. Without strength, without energy, they add nothing during life to the gifts with which they were born — then they complain of their lot.'
- Peter the Hermit (eleventh century) wrote, 'The young people of today think of nothing but themselves. They have no respect for their parents or old age. They are impatient of all restraint. They talk as if they alone know everything and what passes for wisdom in us foolishness in them. As for the girls, they are foolish and immodest and unwomanly in speech, behaviour, and dress.'

FIGURE 7.27 Youth are often perceived as being narcissistic.

In more recent times, perceptions of youth have continued to be influenced by stereotypes, including:

- Youth are lazy and **narcissistic**. They do whatever they want, whenever they want.
- They are slackers and are unable or unwilling to gain ongoing, meaningful employment.
- They are uneducated and incapable of making informed, rational decisions.
- They lack the maturity of past generations.
- They feel entitled to a decent life and want the world to provide it for them.
- They are more concerned with how many 'likes' they receive on social media than how they can positively contribute to society.

According to the *Kids Are Like That!* study, youth often believed that these negative perceptions were:

> based on the fact that they looked different, often because of the kind of clothing they wore, and judgments made on the basis of superficial evidence rather than on knowledge or understanding. They also blamed false and sensational accounts of young people in the media. (p. vii)

A number of studies of Australian media have shown that the majority of print media articles about youth are related to crime. The smaller proportion of positive articles often relate to high achievers and therefore do not portray the diversity that exists among youth in Australia. Many reality TV programs reinforce the perception of youth as narcissistic, lazy and rude.

As well as the negative perceptions, youth are sometimes portrayed in a positive manner. For some people, youth are seen as vibrant, hard-working, happy individuals. Those who have positive personal experiences with young people, such as grandparents, teachers, sports coaches and neighbours, are more likely to hold these views.

narcissistic in this context, refers to having an over-inflated sense of self-importance. However, narcissism can also be part of a diagnosed mental health condition.

Another positive perception of youth is the romanticised belief that these years are the best of a person's life. This perception is based on the belief that youth have no real worries or stressors and are free to pursue their dreams. This perception could be the result of two different scenarios. One is from a position of envy, where adults see the broad range of exciting opportunities available to youth in relation to education, relationships, socialising and freedom. The other can be from a position of regret — when adults wish they could go back and build a better life for themselves with the benefit of hindsight.

The following case study, which is about British youth but also applies to Australian youth, explores how media perceptions of youth are often not accurate.

CASE STUDY

Today's 13-year-olds are not as bad as we're led to believe

In 1982 I was toying with the idea of a career in teaching. That year a controversial film, *Made in Britain*, starring Tim Roth was released and I almost didn't become a teacher. The film's central character, Trevor, was a dysfunctional, violent, foul-mouthed youth — everything society hates and fears. My natural fear was how would I, as a young teacher, cope with a classroom full of such kids? Of course the film is fictional. It portrayed the 1980s accurately — but did it portray Britain's youth accurately?

With the way some of the media represents young people, you may be forgiven for thinking that Roth's character is alive and well and infesting our streets and schools. Different newspapers have their favourite terms for teenagers: the *Daily Mail* likes 'yobs' while the *Daily Express* goes with 'feral kids'.

Changing preoccupations of year 9s

But a new longitudinal study of 13- to 14-year-olds has painted a very different picture of the youth of today. They are drinking and smoking less and bullying is on the decrease — despite the inexorable rise of social media making bullying much easier than it was 30 years ago.

The media has briefly picked up on some of these elements, such as the decline in drinking and smoking and bullying. But they have also focused on how the youth of today communicate less with each other one-to-one and prefer computer games to actual contact with their peers. This cherry-picks the data to fit a stereotype of the lone child, shut off from society playing violent games — a potential outcast from society.

In my time as a teacher I saw the best and worst of year 9, the pupils at the focus of this longitudinal study. It was common 30 years ago to explain the behaviour of year 9 children as a consequence of puberty. Young girls were often more mature in their development and outlook than young boys.

Certainly there was the push against authority, the testing of boundaries and a feeling of invincibility that often led to risky behaviour — from drinking alcohol to trying drugs. In the inner-city schools where I worked, year 9 was often the 'dangerous year' where kids could easily go off the rails. We looked for the tell-tale signs of a hedonistic lifestyle, the aroma of strange cigarettes, the dark circles under the eyes or a pallor not usually seen in fresh-faced youth. It was easier to do this with the boys than the girls who covered up any blemish with make-up and any odd odour with perfume.

Not a 'dysfunctional' youth

But what of the youth of today? The report is encouraging to say the least. It found that 64 per cent of young people reported no risky behaviours and 68 per cent of their parents reported no indications of risky behaviour, such as contact with the police. Despite what the media says, the majority of young people are neither dysfunctional, violent nor affiliated with gangs.

Of course, there will always be some children who behave immorally, criminally or antisocially, but the indications are that the youth of today are less likely to be involved in risky, criminal behaviour. More than three quarters — 76 per cent — of those questioned had reported no instances of criminal behaviour and only 3 per cent of children reported that they were actively engaged with a street gang.

Attitudes towards schooling have also changed significantly over the past 30 years. When I started teaching in the mid-1980s, it was a struggle to keep children in education past the school-leaving age of 16. A Levels and post-16 education concentrated mainly on the minority who were going on to university. Vocational qualifications were around, but never really valued.

Ten years ago, when the first longitudinal study was undertaken, 79 per cent of children expected to stay on in post-16 education. This has now risen to just under 90 per cent. Admittedly, the school-leaving age has increased, but the proportion looking to enter university has increased significantly in the past ten years from 34 per cent to 41 per cent.

Parents happier

Parents were also asked for their views in this study. Their support is a vital aspect of education and supportive parents who work with and trust the school make a big difference when it comes to positive educational achievement. A staggering 90 per cent of the parents surveyed felt that their child's school was either good or very good (as compared to 78 per cent of schools similarly judged by schools regulator Ofsted in 2013).

A huge 93 per cent were fairly or very satisfied with their child's progress in school. Contrast this picture with the stream of negative rhetoric that comes from politicians of underperformance in our schools that needs to be tackled with some bright new initiative from the Department of Education.

Focus on the positive

So what can we learn from this new study? Well, it's easy to find negatives in our education system. The press delight in feeding people's fears — the stereotypes they create of badly behaved, criminal gangs of delinquent children, roaming the streets, drunk and drugged-up looking for a fight sells more newspapers.

But as any good teacher will tell you, a focus on the negative, always highlighting the bad behaviour, will not stop that behaviour. A focus on the positive that recognises good behaviour is a far better way to manage children and the classroom. This doesn't mean that there should be no consequences for the bad behaviour, but tackling the bad often requires a deeper understanding of why children behave the way that they do.

Source: Williams, J 2014, 'Today's 13-year-olds are not as bad as we're led to believe', 24 November, https://theconversation.com/todays-13-year-olds-are-not-as-bad-as-were-led-to-believe-34380.

CASE STUDY REVIEW

1. Identify the two terms commonly used to describe youth in the media. Are they positive or negative?
2. Discuss how attitudes to education have changed according to the article.
3. Does the author believe the perceptions of youth in the media are fair? Discuss.

Although there are a range of perceptions of youth, strong negative perceptions are more common than positive perceptions in Australian society. This is despite the fact that young people generally view themselves in a positive manner. Different factors influence people's attitudes, but those who have close contact with young people are more likely to report positive perceptions. Adults with little or no personal contact with young people are generally more likely to be influenced by the media, the opinions of others and general discussions about the problematic nature of youth.

7.7.2 Perceptions of adults

Adulthood is the longest stage of the lifespan for most people, and the perceptions that people have of adults vary according to which stage of adulthood is concerned. For early adults, especially those in their late teens and early 20s, perceptions are often similar to that of youth. As early adults reach their 30s, they are often seen by other adults as being at their peak physically, being responsible citizens and contributing to society by being productively employed. Youth may see adults of this age as being judgemental and lacking understanding. Again, variations of these perceptions occur as a result of a range of factors including personal experiences.

As adults reach their 40s and 50s, they are often seen by young people as being out of touch. It is often the perceptions of youth by adults of this age that contribute to this negative perception.

As individuals enter the late stage of adulthood, they are often perceived as being wise and experienced. In this sense, older adults are seen as a source of information and expertise and are therefore able to assist in guiding younger people through the challenges they face in their lives.

Negative perceptions of older adults are common among youth and younger adults. The phrase 'OK Boomer' became popular in 2019 as a way of dismissing the views of older adults. Young people often used the phrase as a response to the perceived resistance of older people to issues such as technological advancements, climate change and other ideals generally held by younger people. Issues such as financial inequality and greater challenges faced by younger generations in relation to finding employment and achieving financial stability also contribute to negative perceptions. Like youth, the negative perceptions of older adults are influenced heavily by the media and what other people say.

FIGURE 7.28 Some young Australians feel that older people are holding on to too much power and wealth in society.

In a 2018 study by The University of Melbourne on Australians' attitudes and ageism, it was found that:

- younger Australians can perceive that older people 'live in the past'
- some younger Australians feel that older Australians should 'step aside' and make way for younger people to take up opportunities in the workplace.

It was also found that males tend to be more 'ageist'; however, it was acknowledged that young people do not have strong or fixed opinions on these things.

Some other negative perceptions of older adults include:

- they are resistant to change and have trouble learning complex tasks
- they are poor drivers
- they complain a lot
- they are a burden on the health system.

It is important to remember that perceptions vary from positive to negative and rarely occur in isolation. For example, a young person may believe that older adults are poor drivers, but also believe their life experiences make them a valuable source of advice.

CASE STUDY

Kids dressing up as older people is harmless fun, right? No, it's ageist, whatever Bluey says

By Lisa Mitchell, Geriatrician working in clinical practice. PhD Candidate at The University of Melbourne studying ethics and ageism in healthcare. Affiliate lecturer, Deakin University

Published: 22 September 2023, 11.25 am AEST

A child once approached me, hunched over, carrying a vacuum cleaner like a walking stick. In a wobbly voice, he asked:

Do you want to play grannies?

The idea came from the children's TV show *Bluey*, which has episodes, a book, magazine editions and an image filter about dressing up as 'grannies'.

Children are also dressing up as 100-year-olds to mark their first '100 days of school', an idea gaining popularity in Australia.

Is this all just harmless fun?

How stereotypes take hold

When I look at the older people in my life, or the patients I see as a geriatrician, I cannot imagine how to suck out the individual to formulate a 'look'.

But Google 'older person dress-ups' and you will find Pinterests and wikiHow pages doing just that.

Waistcoats, walking sticks, glasses and hunched backs are the key. If you're a 'granny', don't forget a shawl and tinned beans. You can buy 'old lady' wigs or an 'old ma' moustache and bushy eyebrows.

This depiction of how older people look and behave is a stereotype. And if dressing up as an older person is an example, such stereotypes are all around us.

FIGURE 7.29 What do older people really look like? I can't see a walking stick or shawl. Can you?

What's the harm?

There is some debate about whether stereotyping is intrinsically wrong, and if it is, why. But there is plenty of research about the harms of *age* stereotypes or ageism. That's harm to current older people and harm to future older people.

The World Health Organization defines ageism as:

the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or ourselves based on age.

Ageism contributes to social isolation, reduced health and life expectancy and costs economies billions of dollars globally.

When it comes to health, the impact of negative stereotypes and beliefs about ageing may be even more harmful than the discrimination itself.

In laboratory studies, older people perform worse than expected on tasks such as memory or thinking after being shown negative stereotypes about ageing. This may be due to a 'stereotype threat'. This is when a person's performance is impaired because they are worried about confirming a negative stereotype about the group they belong to. In other words, they perform less well because they're worried about acting 'old'.

Another theory is 'stereotype embodiment'. This is where people absorb negative stereotypes throughout their life and come to believe decline is an inevitable consequence of ageing. This leads to biological, psychological and physiological changes that create a self-fulfilling prophecy.

I have seen this in my clinic with people who do well, until they realise they're an older person — a birthday, a fall, a revelation when they look in the mirror. Then, they stop going out, stop exercising, stop seeing their friends.

Evidence for 'stereotype embodiment' comes from studies that show people with more negative views about ageing are more likely to have higher levels of stress hormones (such as cortisol and C-reactive protein) and are less likely to engage in health behaviours, such as exercising and eating healthy foods.

FIGURE 7.30 Older people perform less well on some tasks after seeing negative stereotypes of ageing.

Younger adults with negative views about ageing are more likely to have a heart attack up to about 40 years later. People with the most negative attitudes towards ageing have a lower life expectancy by as much as 7.5 years.

Children are particularly susceptible to absorbing stereotypes, a process that starts in early childhood.

Ageism is all around us

One in two people have ageist views, so tackling ageism is complicated given it is socially acceptable and normalised.

Think of all the birthday cards and jokes about ageing or phrases like 'geezer' and 'old duck'. Assuming a person (including yourself) is 'too old' for something. Older people say it is harder to find work and they face discrimination in health care.

FIGURE 7.31 You don't see many children dressing up like this older person. There's a reason for that.

How can we reduce ageism?

We can reduce ageism through laws, policies and education. But we can also reduce it via intergenerational contact, where older people and younger people come together. This helps break down the segregation that allows stereotypes to fester. Think of the TV series *Old People's Home for 4 Year Olds* or the follow-up *Old People's Home for Teenagers*. More simply, children can hang out with their older relatives, neighbours and friends.

We can also challenge a negative view of ageing. What if we allowed kids to imagine their lives as grandparents and 100-year-olds as freely as they view their current selves? What would be the harm in that?

Source: https://theconversation.com/kids-dressing-up-as-older-people-is-harmless-fun-right-no-its-ageist-whatever-bluey-says-212607

CASE STUDY REVIEW

1. Explain how stereotypes may influence the development of older people.
2. Explain how stereotypes may influence the health and wellbeing of older people.
3. Briefly explain 'stereotype embodiment' and the impacts it can have on people.

7.7 Activities

1. Conduct a research task that analyses the portrayal of youth in the media. You can review a range of media, including television, newspapers and online news agencies. For each piece relating to youth, record the nature of the story and whether it portrays youth in a positive or negative manner. Collate the results and present in a written report.
2. Create and conduct a survey that explores perspectives of youth and older adults in the community. Compile the results and present them to the class.
3. Conduct a *vox populi* (interviews with members of the public) around the school to gain perspectives of youth and adults in the school community. Ensure that a range of age groups are interviewed. Record the interviews and present to the class.
4. Access the **Young people in Australian news media** weblink in the Resources tab and read the media release to answer the following questions.
   a. Outline three findings of the report in relation to how young people were represented in the media during the first 6 months of the COVID-19 pandemic.
   b. Outline three reasons why 'it is essential for news media to feature more comprehensive perspectives that reflect the diversity of young Australians'.
5. Research the origins and use of the terms 'OK Boomer' and 'Karen' and prepare a brief report on each.
6. Access the **Perceptions of 'old'** weblink in the Resources tab to watch a clip about perceptions of 'old' people.
   a. Discuss the ways that the younger people impersonated the older people.
   b. How did the perceptions of the younger people change after meeting with the older people?

Resources

Digital document Perceptions of youth in the media worksheet (doc-41676)

Weblinks
Perceptions of youth in the media
Young people in Australian news media
Perceptions of 'old'

7.7 Exercises

7.7 Quick quiz on | **7.7 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 4	3, 5	6, 7

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Test your knowledge

1. Briefly explain what is meant by:
   a. perceptions
   b. generation gap.
2. Outline factors that contribute to the perceptions that people have of other lifespan stages.
3. Using examples, briefly describe:
   a. negative perceptions of youth
   b. positive perceptions of youth
   c. negative perceptions of adults
   d. positive perceptions of adults.

Apply your knowledge

4. Irish playwright George Bernard Shaw wrote: 'Youth is wonderful. What a pity to waste it on children.' What do you think this quote is saying about youth?
5. Outline one similarity and one difference in relation to perceptions of adults and youth.
6. Discuss ways that society could assist in changing negative perceptions about youth and adults into positive perceptions.
7. 'Most perceptions of youth and adults cause harm to the people in those lifespan stages.' Write a response to this statement.

7.7 Exam questions

Question 1 (1 mark)
State one factor that might influence the perception society has of youth.

Question 2 (2 marks)
There is a common perception that youth are reckless, impatient, self-involved and lazy, and lack respect for their elders.

Select one of these perceptions and **discuss** a reason why society might hold these views.

Question 3 (3 marks)
Based on your own experiences, **outline** your perception of youth.

Question 4 (1 mark)
Briefly **explain** why there is such great variation in society's perceptions of adulthood.

Question 5 (3 marks)
Discuss one reason why youth may perceive their parents to be 'out of touch'.

More exam questions are available in your learnON title.

7.8 KEY SKILLS

7.8.1 Describe the stages of the human lifespan

tlvd-11417

KEY SKILL Describe the stages of the human lifespan

Tell me

This skill requires an understanding of each lifespan stage, which includes:

- the correct name of each lifespan stage. Over time, a number of different terms have been used for various lifespan stages. Examples include infancy and toddlerhood, youth and adolescence, and late adulthood and old age. It is important to know the correct terminology, as some alternative names refer to different things.
- when each stage begins and ends. Although the beginning and end points of each lifespan stage continue to be the subject of debate, the points referred to in this topic are widely accepted.
- general characteristics of each lifespan stage. Although some lifespan stages will be explored in greater detail in topic 9, it is important that some general characteristics of each lifespan stage are understood for this skill. Questions may relate to general aspects of one or more stages, or to similarities and/or differences between stages.

Show me

In the following example, each of the two childhood stages of the lifespan is described.

Early childhood begins on the second birthday and ends on the sixth birthday, whereas the late childhood stage begins on the sixth birthday and ends on the twelfth birthday.[1] During both the early and late childhood stages, growth is characterised as slow and steady.[2] The main social contact during early childhood is usually the family and, during this stage, children will learn social skills such as sharing and taking turns. Those in the late childhood stage spend more time at primary school, which often allows children to choose their own friends.[3]

1 The two childhood stages of the lifespan are identified and the beginning and end points stated.
2 A statement relating to the rate of growth is made.
3 Specific aspects relating to each stage are described.

Practise the key skill

1. Identify each stage of the lifespan, including when each begins and ends.
2. Describe differences between the three adulthood stages of the lifespan.

7.8.2 Describe the characteristics of physical, social, emotional and intellectual development

tlvd-11418

KEY SKILL Describe the characteristics of physical, social, emotional and intellectual development

Tell me

This skill requires an understanding of the four areas or types of development. The ability to classify specific characteristics that relate to each area is also important. To ensure this skill is completed accurately, being able to distinguish between examples relating to health and wellbeing and those that relate to development is essential. The following can assist in distinguishing between these concepts:

- Changes in development occur gradually, whereas health and wellbeing is a state that can change quickly.
- Development is predictable, whereas health and wellbeing is not. For example, there is a general age range during which people will learn to talk. It is generally not possible to predict aspects of health and wellbeing such as when a person will get sick, when levels of stress will be low or when relationships will be optimal.
- Development generally occurs in a specific order (e.g. being able to crawl before being able to walk), whereas health and wellbeing does not.

Show me

In the following example, physical development is described in general terms with specific examples included.

Physical development relates to the predictable and orderly changes in the body that occur from fertilisation until death.[4] Physical development includes growth and the development of motor skills, such as learning to walk and run.[5] Physical development also includes the decline in body systems that most people experience as they age, such as the wrinkling of the skin.[6]

4 A general description of physical development is provided.
5 Specific aspects of physical development are identified.
6 The negative aspects of physical development are acknowledged to show that development is not always desirable.

Practise the key skill

3. Using examples, explain the difference between social health and wellbeing and social development.
4. Describe characteristics of intellectual development.

7.8.3 Collect and analyse information to draw conclusions on perceptions of youth and adulthood

tlvd-11419

KEY SKILL Collect and analyse information to draw conclusions on perceptions of youth and adulthood

Tell me

This key skill requires information to be collected relating to the perceptions of youth and adulthood as stages of the lifespan. Information should be gathered from a range of sources, including primary and secondary sources.

Information from primary sources can be collected through surveys (either face-to-face or online) and interviews. A range of people from different backgrounds and lifespan stages should be used as participants, so that a variety of perceptions are identified. Secondary sources include newspapers, magazines, books, television and the internet. It is important to record where the information comes from, so a source can be presented for each piece of information and can also be recorded in a bibliography.

Information relating to perceptions of youth and adulthood should be collated and presented in a variety of ways including discussions, tables and graphs. When analysing information, look for trends, similarities and differences between perceptions and the participants who hold them. This will allow relationships to be established and conclusions to be drawn relating to the perceptions that people have.

Show me

In the following example, information from a survey relating to perceptions of youth is collated and conclusions about the proportion of people with negative perceptions are drawn:

TABLE 7.1 Perceptions of youth

	Female				Male			
Age group	Negative perceptions (%)	Positive perceptions (%)	Mixed perceptions/ Neutral (%)	Total (%)	Negative perceptions (%)	Positive perceptions (%)	Mixed perceptions/ Neutral (%)	Total (%)
18–40	22	65	13	100	18	68	14	100
41–60	42	30	28	100	38	42	20	100
61–80	68	21	11	100	56	36	8	100
81+	57	32	11	100	44	46	10	100

In this survey, females were more likely to have negative perceptions of youth than males in all age groups.[7] For example, in the 18–40 age group, 22 per cent of females held negative perceptions, compared to 18 per cent of males in the same age group.[8]

As age increased, the percentage of those with negative perceptions also increased. For example, for females, the proportion of those with negative views increased from 22 per cent in the 18–40 age group to 68 per cent in the 61–80 age group. For males, it increased from 18 per cent in the 18–40 age group to 56 per cent in the 61–80 age group.[9]

Those in the 81+ age group were less likely to have negative perceptions than those aged 61–80 in both sexes.[10] For females, 57 per cent of those aged 81+ had negative perceptions compared to 68 per cent in the 61–80 age group. For males, the proportions were 44 per cent and 56 per cent for those in the 81+ and 61–80 age groups respectively.[11]

7 A conclusion is drawn.

8 Data are used to substantiate the conclusion.

9 A second conclusion is drawn and data are used again to substantiate the conclusion.

10 A third conclusion is drawn, maintaining the focus on those with negative perceptions.

11 Data are used to support the third conclusion.

Practise the key skill

5. **a.** Monitor news sources (either online or television) for one week and record the nature of stories relating to youth and adults.
   b. Classify the stories according to the nature of the article. Possible categories include:
   - positive — achievement, good behaviour/deeds
   - negative — crime, victims, bad behaviour, needing help.

   c. Analyse the results and draw conclusions about the representation of youth and adults in the media.
6. **a.** Conduct a survey to collect information relating to the perceptions of youth and adults among community members. Ensure a range of age groups are surveyed so relationships between perceptions and lifespan stages can be identified.
   b. Collate and analyse the results and draw conclusions about community perceptions of youth and adulthood as stages of the lifespan.

tlvd-11420

7.9 EXTENDED RESPONSE — Build your exam skills

In the Extended response in the previous topic, stimulus material was presented and interpreted. In this section, multiple pieces of stimulus are provided and as well as interpreting the information that is being provided, connections between the sources will also be explored.

Consider the following stimulus material that relates to sleep and the associated development effects among youth:

Source 1

The exact amount of sleep needed varies from person to person and also within individuals according to age and daily variations in physical activity, illness and recent sleep patterns. Guidelines for optimal development therefore provide maximum and minimum ranges for the number of hours of uninterrupted sleep in each 24-hour period as indicated in the table below.

Lifespan stage	Recommended (hours)	
	Minimum	Maximum
Youth — males	8	10
Youth — females	8	10

Consistent bed and wake-up times are recommended.

Source: Adapted from Department of Health (2019).

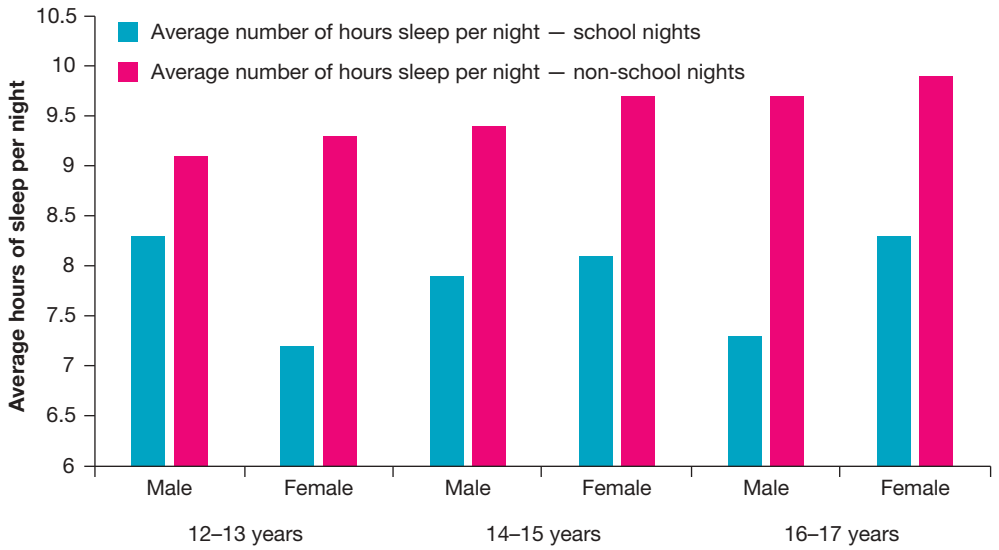
Source 2

The effects of chronic (or ongoing) sleep deprivation can include:

- shorter attention span
- lower levels of enthusiasm
- difficulty concentrating
- an inability to stay mentally engaged in class (sometimes referred to as 'drifting off')
- slower physical reflexes
- reduced ability to perform in sports
- clumsiness, which may result in accidents and injuries.

Source 3

The following graph shows survey data relating to sleep patterns from those at a secondary school in Victoria.



Consider the following question:

Using the information provided, **discuss how** the average number of hours of sleep on school nights differs from the recommended number of hours for those aged 12–13 years old compared to those aged 16–17 years old and **explain** how these differences may contribute to variations in intellectual development among males and physical development among females. **15 marks**

Step 1

In order to answer this question, the requirements of the question must first be established.

Using the information provided:

- discuss how the average number of hours of sleep on school nights differs from the recommended number of hours for those aged 12–13 years old compared to those aged 16–17 years old
- explain how these differences may contribute to variations in intellectual development among males
- explain how these differences may contribute to variations in physical development among females.

Step 2

Highlight each of the components of the question in a different colour.

Using the information provided:

- discuss how the average number of hours of sleep on school nights differs from the recommended number of hours for those aged 12–13 years old compared to those aged 16–17 years old
- explain how these differences may contribute to variations in intellectual development among males
- explain how these differences may contribute to variations in physical development among females.

Step 3

Read each part of the stimulus material and highlight in the relevant colour any information that relates to a component of the question. This is shown below.

Source 1

The exact amount of sleep needed varies from person to person and also within individuals according to age and daily variations in physical activity, illness and recent sleep patterns. Guidelines for optimal development therefore provide maximum and minimum ranges for the number of hours of uninterrupted sleep in each 24-hour period as indicated in the table below.

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Source: Adapted from Department of Health (2019).

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The effects of chronic (or ongoing) sleep deprivation can include:

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- an inability to stay mentally engaged in class (sometimes referred to as 'drifting off')
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- clumsiness, which may result in accidents and injuries.

Source 3

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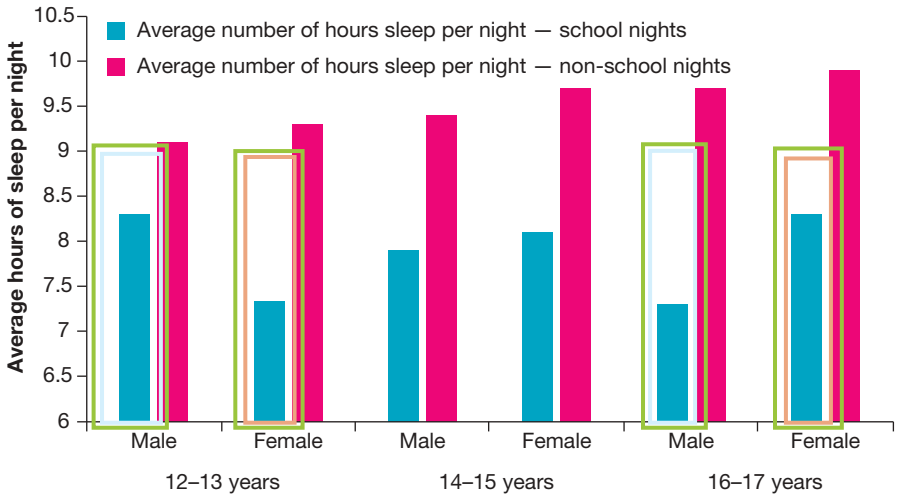


Now, the requirements can be addressed by establishing connections between the stimulus material provided:

In **SOURCE 3,**[1] it is shown that males aged 12–13 achieve a higher average of hours of sleep on school nights compared to males aged 16–17 (around 8.3 hours and 7.3 hours respectively).[2] As males aged 12–13 were more likely to meet the guideline of 8–10 hours of sleep[3] (**SOURCE 1**)[1] compared to those aged 16–17, they are less likely to experience issues such as[3] concentration difficulties (**SOURCE 2**),[1] which can mean that they are more likely to develop their knowledge at school, which relates to intellectual development.[3]

According to **SOURCE 1**, females also require 8–10 hours of sleep per night for optimal development.[1] Females aged 12–13 had a lower average of hours of sleep when compared to females aged 16–17, with 12–13-year-olds averaging around 7.2 hours sleep on school nights compared to those aged 16–17 averaging around 8.3 hours.[2] This may mean that 16–17-year-old females are more likely to have higher[4] levels of enthusiasm (**SOURCE 2**)[1] for activities such as sport, which may mean that their motor skills develop more than females aged 12–13.[4]

Key to annotations

[1]Using the information provided

[2]discuss how the average number of hours of sleep on school nights differs from the recommended number of hours for those aged 12–13 years old compared to those aged 16–17 years old

[3]explain how these differences may contribute to variations in intellectual development among males

[4]explain how these differences may contribute to variations in physical development among females.

Practise this skill

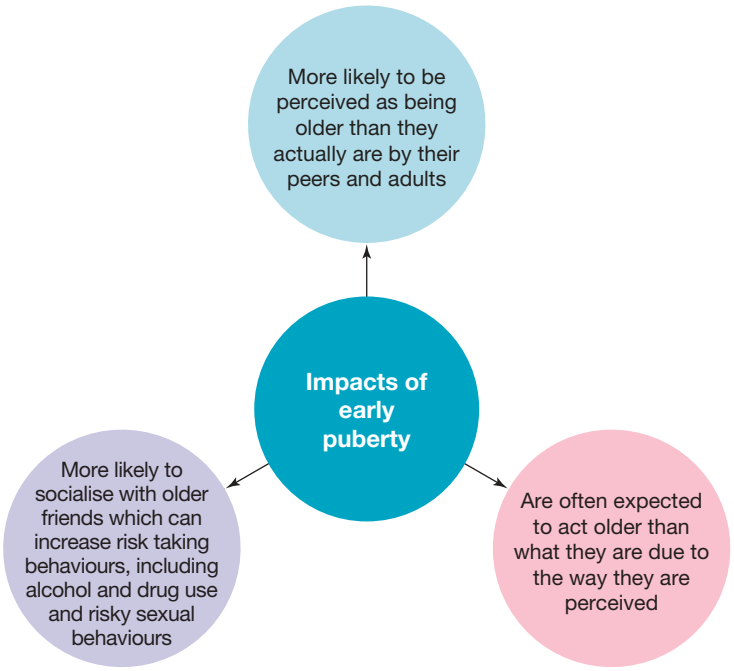
Consider the following stimulus material that relates to overweight and obesity and the associated effects among youth in Australia:

Source 1

Overweight and obesity can contribute to a number of effects on youth, including:

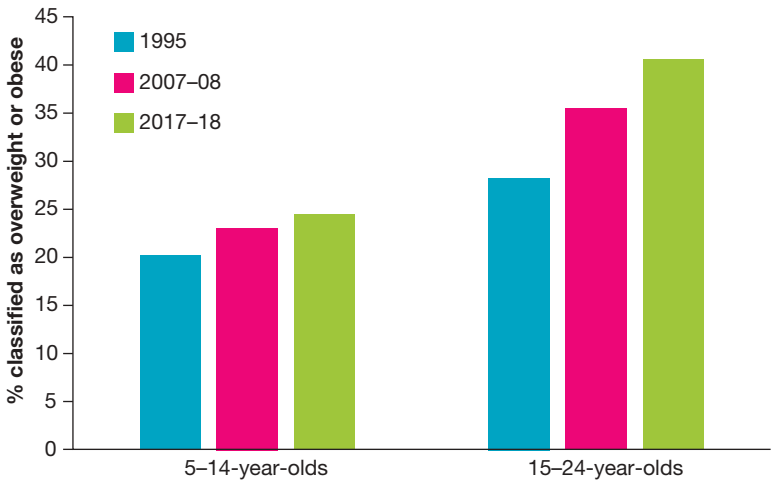
- earlier onset of puberty
- reduced physical activity affecting physical development
- weight-based teasing and bullying, which can have an effect on their psychological wellbeing, peer relationships, school experiences and self-confidence.

Source 2



Source 3

The following graph shows the proportion of those aged 5–14 and 15–24 classified as overweight or obese in 1995, 2007–08 and 2017–18.



Source: Australian Institute of Health and Welfare.

Using the information provided and your own knowledge:

- describe the changes in the rate of those classified as overweight or obese over time
- explain how these changes may have affected developmental outcomes and perceptions of youth classified as overweight or obese in Australia. **15 marks**

7.10 Review

Hey students! Now that it's time to revise this topic, go online to:

Review your results

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7.10.1 Topic summary

7.2 Overview of the human lifespan

- The human lifespan begins at fertilisation and ends at death. Each stage has characteristics common to most people.
- The start and finish of some lifespan stages has been debated over the years, and different groups and organisations may define the lifespan stages differently. For the sake of this course, the lifespan stages, and the start and end of each stage, are:
- prenatal — fertilisation until birth
  - infancy — birth to age 2
  - early childhood — age 2 to age 6
  - late childhood — age 6 to age 12
  - youth — age 12 to age 18
  - early adulthood — age 18 to age 40
  - middle adulthood — age 40 to age 65
  - late adulthood — 65 years of age until death.

7.3 Physical developmental transitions from youth to adulthood

- Physical development involves internal aspects (development and growth of body systems and organs) and external aspects (motor skill development and growth). It includes the decline in body systems.
- Youth is considered a period of rapid growth, but the body enters a maintenance phase during early adulthood and growth stops.
- The physical changes that occur during puberty can be classified as either primary or secondary sex characteristics.

7.4 Social developmental transitions from youth to adulthood

- Social development refers to the increasing complexity of behaviour patterns used in relationships with other people (VCAA).
- The transition to adulthood is characterised by rapid social development. Individuals interact with a wider range of people, including increased interactions with those of the opposite sex, which develops social abilities and a range of relationship skills.
- The peer group is an important influence on social development as it contributes to the development of behaviours and communication skills.

7.5 Emotional developmental transitions from youth to adulthood

- Emotional development refers to experiencing the full range of emotions and increasing complexity relating to the expression of emotions, the development of self-concept and building resilience.
- Self-concept is an important aspect of emotional development and relates to the way that an individual sees themselves.
- Individuals experience a wider range of emotions as they transition to adulthood and learn to recognise and deal with them more appropriately.

7.6 Intellectual developmental transitions from youth to adulthood

- Intellectual development relates to the increase in complexity of processes in the brain, such as thought, knowledge and memory. The brain continues to develop as youth transition to adulthood and contributes to more developed thinking and reasoning skills.
- Older youth often become more focused on knowledge related to possible career paths.

7.7 Perceptions of youth and adulthood as stages of the lifespan

- Perceptions of youth and adulthood relate to the different ways that people view those in each of these stages.
- Perceptions can be positive, negative or a mix of both.
- Perceptions are formed as a result of a range of factors, including personal experiences, media representations and opinions of others.
- Development refers to the orderly, predictable changes that occur in individuals from fertilisation to death. Development occurs in the physical, social, emotional and intellectual areas.

on Resources

Digital document Summary (doc-41452)

7.10.2 Key terms

abstract thought a complex thought process where ideas are the focus rather than tangible objects
aerobic capacity the maximum amount of oxygen that an individual's body can utilise during exercise
bilingual being able to speak two languages fluently
concrete thought a simple thought process that centres on objects and the physical environment
development the series of orderly, predictable changes that occur from fertilisation until death. Development can be physical, social, emotional or intellectual.
developmental milestone the average age at which a child achieves skills such as crawling or standing or saying its first word
ejaculation the process whereby semen is ejected from a male's penis
emotional development relates to experiencing the full range of emotions, and increasing complexity relating to the expression of emotions, the development of a self-concept and resilience
epiphyseal plate a cartilage section at each end of long bones that allows the bone to lengthen, resulting in growth
fertilisation the fusing of a sperm and an egg cell. Marks the beginning of pregnancy. Also known as conception.
fine motor skills the coordination of small muscle groups, such as those in the hands
generation gap the difference in attitudes and opinions experienced by people of different generations
gross motor skills the coordination of large muscle groups, such as those in the arms and legs
intellectual development the increase in complexity of processes in the brain, such as thought, knowledge and memory
intimate relationships an interpersonal relationship that involves physical and/or emotional closeness
lifespan the amount of time for which a person is alive
menarche the first occurrence of menstruation in females
menstruation the discharge of blood and other tissue from the uterus that marks the beginning of the menstrual cycle
narcissistic in this context, refers to having an over-inflated sense of self-importance. However, narcissism can also be part of a diagnosed mental health condition.
period *see* menstruation
physical development changes to the body and its systems. These can be changes in size (i.e. growth), complexity (for example, the increase in complexity of the nervous system) and motor skills (for example, learning to walk).
primary sex characteristics body parts that are directly involved in reproduction and form what are commonly referred to as 'genitals' and organs of reproduction
puberty biological changes that occur during youth and prepare the individual for sexual reproduction

resilience the ability to effectively deal with adverse or negative events that occur throughout life
secondary sex characteristics traits arising from changes in both males and females at puberty. They are neither directly related to reproduction nor present at birth.
semen a substance containing sperm and fluids that is released from the penis during ejaculation
social development the increasing complexity of behaviour patterns used in relationships with other people (VCAA)
sperm a component of semen. Sperm are the male sex cells required for reproduction.
spermarche relating to the first ejaculation in males
youth people aged 12 to 18 years; however, it should be acknowledged that classifications for the stage of youth can differ across agencies (VCAA)
zygote cell created when an ovum is fertilised by a sperm

7.10 Exercises

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7.10 Exam questions

Question 1 (9 marks)

a. Briefly **explain** what is meant by physical development and **outline** two changes that may occur in relation to physical development as youth transition to adulthood. **3 marks**

b. **Outline** two changes that may occur in relation to each of the following areas of development as youth transition to adulthood: social, emotional, intellectual. **6 marks**

Question 2 (4 marks)

Outline two common perceptions in the community in relation to:

a. adults **2 marks**

b. youth **2 marks**

Question 3 (4 marks)

Identify the four types or areas of development.

Question 4 (4 marks)

Growth in the size and number of cells in the body is an example of physical development.

Outline the pattern of growth across the lifespan.

Question 5 (4 marks)

Explain the difference between primary and secondary sex characteristics and provide examples of each that develop during puberty.

Resources

Digital document	Key terms glossary (doc-41451)
Interactivities	Crossword (int-9293) Definitions (int-9294)
Exam question booklet	Topic 7 Exam question booklet (eqb-0240)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 7 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

- 7.2 Lifespan worksheet (doc-41675) ☐
- 7.3 Precocious puberty worksheet (doc-32167) ☐
- 7.5 Emotions worksheet (doc-32168) ☐
- 7.7 Perceptions of youth in the media worksheet (doc-41676) ☐
- 7.10 Summary (doc-41452) ☐
- Key terms glossary (doc-41451) ☐

Teacher-led videos

- 7.8 Key skill: Describe the stages of the human lifespan (tlvd-11417) ☐
- Key skill: Describe the characteristics of physical, social, emotional and intellectual development (tlvd-11418) ☐
- Key skill: Collect and analyse information to draw conclusions on perceptions of youth and adulthood (tlvd-11419) ☐
- 7.9 Extended response: Making connections between sources (tlvd-11420) ☐

Interactivities

- 7.3 FIGURE 7.7 Physical development of the body, from a cell to the whole body (int-8455) ☐
- FIGURE 7.10 Changes to body composition and the primary and secondary sex characteristics (int-7629) ☐
- FIGURE 7.11 The male reproductive system begins to function during puberty (int-7630) ☐
- FIGURE 7.12 The menstrual cycle generally signifies the ability of females to reproduce (int-7631) ☐
- 7.10 Crossword (int-9293) ☐
- Definitions (int-9294) ☐

Weblinks

- 7.2 Lifespan
- 7.3 Precocious puberty ☐
- 7.5 Emotions ☐
- 7.7 Perceptions of youth in the media ☐
- Young people in Australian news media ☐
- Perceptions of ‘old’ ☐

Exam question booklet

- 7.10 Topic 7 Exam question booklet (eqb-0240) ☐

To access these online resources, log on to **www.jacplus.com.au**

8 Healthy and respectful relationships

LEARNING SEQUENCE

8.1 Overview

	Key knowledge	Key skill	Subtopic
○	Key characteristics of healthy and respectful relationships and their impact on health and wellbeing, and on development	Analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing	**8.2, 8.3, 8.4**

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Key terms

abuse
authoritarian parenting
authoritative parenting
belonging
communication
connectedness
emotional abuse
empathy
equality
financial abuse
honesty
intimate relationship
loyalty
non-verbal communication
optimal health and wellbeing
permissive parenting
physical abuse
relationship
respect
safety
social media
trust
uninvolved parenting
verbal communication

Exam terminology

Analyse	examine the components of; look for links, patterns, relationships and anomalies

on Resources

Digital document Key terms glossary (doc-41453)
Exam question booklet Topic 8 Exam question booklet (eqb-0241)

8.2 Healthy and respectful relationships

Key knowledge	Key skill
Key characteristics of healthy and respectful relationships and their impact on health and wellbeing, and on development	Analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the different types of relationships • the characteristics of healthy and respectful relationships.	• identify examples of relationship types • provide examples of characteristics of healthy and unhealthy relationships.

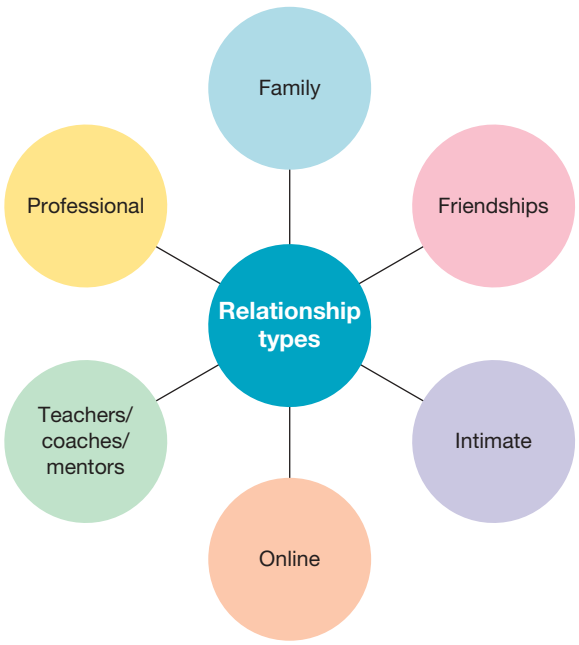
The content in this topic relates to healthy and respectful relationships. Some content may be confronting, especially if you have been affected directly or indirectly by an unhealthy relationship. There are details of organisations that can offer advice and support in the Weblinks section of the Resource summary at the end of this topic.

Humans have evolved to be social beings, and feeling a sense of **belonging** and **connectedness** is essential to our health and wellbeing. A **relationship** is the connection between two or more people, or groups of people, and their involvement with one another over a period of time. Relationships are complex and dynamic, and can be healthy or unhealthy. Both have an impact on the dimensions of health and wellbeing and the areas of development.

8.2.1 Types of relationship

There are many types of relationship; some are simple, while others are more complex. For example, we may have quite simple relationships with many people based on shared interests or lifespan stage. Other relationships, such as with an intimate partner, can be more complex where the competing needs of both people need to be met over a long period of time. Many relationships will change over time, depending on people's life experiences, interests and needs. The relationships that we experience throughout our lifespan shape our beliefs and our sense of self-worth, and give a feeling of belonging and connection.

FIGURE 8.1 There are many different types of relationship.



belonging the feeling whereby a person feels they have a place and a role in society

connectedness relates to the quality, number and frequency of interactions with others in a social setting

relationship a connection between two or more people or groups of people

FIGURE 8.2 Relationships are formed with a wide range of people throughout the lifespan.

Family relationships

Families are diverse and unique and usually provide love, security, care and support for their members. Family members are generally dependable and trustworthy, and support and guide us through milestones in life. Such times might include starting school, choosing a first job to apply for or which university to attend, moving out of home, and getting married or starting a family. In the past, typical families comprised parents and children. However, today there are a wide variety of different family structures. Families are better defined by what they do and the qualities they offer their members, rather than how they are composed. Regardless of how they are made up, all families should provide a supportive, caring and loving environment for their members.

FIGURE 8.3 Families come in many different forms.

In many family scenarios, the relationship between parents and children is a key factor in how well the family functions. There are four main recognised parenting types, each of which has the potential to impact on health and wellbeing of parents and, especially, children. These parenting types and their commonly accepted impacts on health and wellbeing and development of the children are outlined in **TABLE 8.1**.

TABLE 8.1 The four types of parenting

Type of parenting	Impacts on health and wellbeing and development of the children
Authoritarian parents establish a set of rules and expect their children to follow them without question. This type of parenting relies on punishment and does not allow negotiation, and the children gain minimal skills in problem solving, impacting on intellectual development.	Children from these types of families may direct anger at their parents for the punishments they inflict, resulting in lower levels of emotional health and wellbeing and development. They also tend to have poor self-esteem, lowering their levels of mental health and wellbeing.
Authoritative parents have rules; however, they allow some exceptions based on their children's feelings and also explain the reasons for their rules or limits. These parents tend to use consequences rather than punishments, and often implement positive consequences or rewards to reinforce positive behaviours.	Children with these types of parents usually develop good decision-making skills as they have had many opportunities to develop intellectually and use their problem-solving skills. They usually become responsible adults with good social connections and have been able to develop negotiation skills, impacting positively on their social health and wellbeing. Their mental health and wellbeing is promoted through good levels of self-esteem.
Permissive parents don't offer much discipline and may take on the role of friend more than parent. As such, although they may encourage their children to talk to them about their problems, they rarely discourage bad behaviour.	Children in these relationships often have issues with authority and rules, causing them difficulties at school and later in life. Their emotional health and wellbeing and development may suffer, as they may not learn appropriate management of their feelings. These children often report low self-esteem and sadness, which causes poor mental health and wellbeing. Social health and wellbeing, as well as social development, are compromised as there is an absence of a parental or adult role model due to the parents wanting more to be friends than adults.
Uninvolved parents show little interest in their children's lives, often do not meet their basic needs and offer little attention. These parents are often affected by mental health issues or substance-abuse problems.	Children in these families may feel rejected and consequently have low levels of happiness and poor self-esteem. This reduces both emotional and mental health and wellbeing. These children may miss out on school, impacting negatively on their intellectual and social development. If children are injured or malnourished due to neglect, their physical health and wellbeing would decline.

authoritarian parenting a style of parenting that employs strict rules, and punishment if rules are broken

authoritative parenting a style of parenting that uses positive reinforcement of good behaviours and flexibility in interpretation of rules

permissive parenting a style of parenting that is low in discipline and whereby parents see themselves more as friends than parents

uninvolved parenting a parenting style whereby parents show little interest in their children's lives

CASE STUDY

From tiger to free-range parents

What's the best way to raise your child? It's a question that has provoked the publication of numerous books, and seen authors race to coin the next quirky name for a new style of parenting.

And it turns out there are many styles. To date, some of the best known include:

- **Tiger parents**, who are seen as pushing their children to succeed according to their parents' terms.
- **Helicopter parents**, who take over every aspect of the child's life.
- **Snowplough parents**, who remove obstacles to make life easier for their child.
- **Free-range parents**, who allow children a great deal of freedom.
- **Attachment or gentle parents**, who are relaxed but set limits in line with the child's needs and character.

Psychologists generally talk about parenting as fitting into typologies, based on the work of Diana Baumrind, a clinical and developmental psychologist known for her research on parenting styles.

There are generally understood to be four typologies:

- **Authoritarian parents** are the authority in their child's life. They set the rules and say 'jump' and their child responds 'how high?'. (Most similar to tiger parents.)
- **Permissive parents** are lax about their expectations, don't set standards and don't ask much of their children.
- **Neglectful [Uninvolved] parents** are uninterested in their children and unwilling to be an active part of their child's life.
- **Authoritative parents** are highly demanding while being highly responsive.

One of the major criticisms of these typologies is how culturally determined they are.

So what does research say about the pros and cons of each of these parenting styles?

Tiger parents

Type of parent: You expect first-time obedience, excellence in every endeavour and a child who never talks back.

Why parents choose this style: Tiger mothers are socialised to be this way by their cultural background. Thus, when they successfully demand an hour of piano practice, it's part of their cultural background that the child complies. Western parents will have a hard time emulating the years of acculturation that leads to that moment.

Tiger parents may do so because they want their child to be successful. It may be these parents hold deep insecurities about the future. These parents are most likely authoritarian.

Pros: Raising a child in this way can lead to them being more productive, motivated and responsible.

Cons: Children can struggle to function in daily life or in new settings, which may lead to depression, anxiety and poor social skills. But again, it's culturally dependent.

Helicopter parents

Type of parent: You step in to prevent your toddler's every struggle; you are over-involved in your child's education and frequently call their teacher; you can't stop watching over your teenager.

Why parents choose this style: These parents are likely to be scared for their child's future, perhaps like tiger parents. They may not trust their child's ability to navigate the world. By hovering around, they may think children will be inoculated against failing.

These parents are probably a mix of authoritarian and permissive typologies, but there is scant research on the style.

Pros: Parents can be overprotective, which may save their child or adolescent from problems they would not foresee.

Cons: Children can lack emotional resilience and independence, which can affect them into adulthood. Being a child of a helicopter parent may lead to an inability to control behaviour.

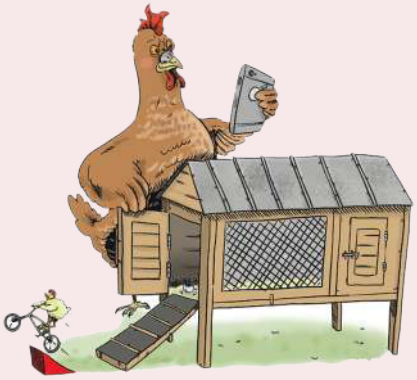
There's even an AskReddit devoted to the worst aspects of growing up with helicopter parents. Stories include a contributor, 21 at the time, whose father followed them to jury duty, because he didn't trust they could do it properly. It's claimed dad had a tantrum when he was kicked out by the security guard.

Snowplough or bulldozer parents

Type of parent: You push all obstacles out of your child's way. Perhaps you've nagged the principal for a different teacher or bribed the coach to get your child a place on the team.

Why parents choose this style: Maybe you think your child is exceptional, or they're too great to fail, and that's why you've identified with this parenting style. In terms of typology, there are aspects of authoritarianism in the mix as they demand success (after all, they've bulldozed all obstacles from their children's path). However, they also score highly for permissiveness.

Free-range parents



Type of parent: You believe your role is to trust your child. You equip them with the skills to stay safe, and then back off.

Why parents choose this style: Psychologists and experts suggest this style is a backlash against anxiety-driven, risk-averse child rearing. It may be that we are worrying too much about everything from germs to other people. While experts cite responses from parents (and lawmakers) who think the approach is neglectful, it is probably more aligned with the authoritative typology, where parents believe in teaching children to look after themselves.

Pros: Children learn to use their freedom, be autonomous and manage themselves. They may also be better able to handle mistakes, be more resilient and take responsibility for their actions. It's also said to lead to happier adults.

Cons: Problems with this style centre on the legal aspects of the approach. In Queensland, it is illegal to leave your child alone for an 'unreasonable' time while, in other states, parents must reasonably ensure their child is properly looked after. Queensland's law does not define 'unreasonable' time, but the parent will receive a misdemeanour (up to three years in jail) if they breach the code.

Attachment or gentle parents

Type of parent: You believe that a child's earliest attachment to caregivers informs all subsequent attachments a person experiences. The argument suggests strong emotional and safe physical attachments to at least one primary caregiver are essential to the child's personal development.

Why parents choose this style: Parents may choose this style because they want their children to be positive about themselves and their relationships with others as they mature. Attachment parenting is associated with the authoritative typology. These parents try to balance high expectations with empathy and this is associated with the best outcomes.

Pros: It provides a safe haven of love and respect in which to build the child's relationships and from which the child can safely experience the world.

Cons: It can be conflated with permissive parenting. It is also associated, somewhat contrarily, with over-parenting, as some suggest it is a name for mothers who can't let their child go. Some have accused this style of being anti-women or anti-feminist. These authors say the style conflates women's role with motherhood, undoing the work of feminism. However, others disagree.

Source: English, R 2016, 'From tiger to free-range parents — what research says about pros and cons of popular parenting styles', The Conversation, May 26, https://theconversation.com/from-tiger-to-free-range-parents-what-research-says-about-pros-and-cons-of-popular-parenting-styles-57986.

CASE STUDY REVIEW

1. Outline the key features of each of the parenting styles described in the article (tiger, helicopter etc.).
2. Make a table with the pros and cons of each of the five parenting styles.
3. Why do parents choose the following parenting styles:
   a. helicopter
   b. free-range?
4. Identify which of the four generally understood parenting types are reflected in:
   a. tiger parenting
   b. attachment parenting
   c. snowplough or bulldozer parenting.
5. Select one of the parenting styles discussed in the article and explain how this style might impact on:
   a. the health and wellbeing of children raised in this way
   b. the development of children raised in this way.

Friendships

The friendships we make are often based on common interests, such as sports and hobbies, or on life experiences. Like all relationships, friendships can be close and intense or more relaxed and carefree. They can be long-lasting or short, but all can be meaningful and important to our health and wellbeing and development. Friends may drift apart for periods or forever. This may not necessarily be negative; it's just that their common interests may have changed.

Friends usually share good times and bad, and offer support in those times that are more difficult. Friendships offer opportunities for understanding the world outside the influence of our immediate family. These relationships are critical during certain life stages, such as youth, when many young people strive to become independent from their parents. Youth often rely on their friends to help with decisions about dating, consuming alcohol and drugs, sports and school priorities. Friends can either be a good or bad influence, and their input in such decisions should be carefully evaluated.

FIGURE 8.4 Friends offer care and support and are important to health and wellbeing at all stages of the lifespan.

Online relationships

Since the development of **social media** sites, many people of all ages have been able to develop and maintain relationships through online **communication**. There can be negative outcomes associated with online relationships; however, healthy and respectful relationships can also be developed through online forums and networking sites for people with shared interests. Large numbers of people use social networking sites such as Instagram to maintain contact with people they already know offline. Chatting and interacting online can be an effective way to stay in touch and keep up to date with friends easily and instantaneously, especially over long distances.

social media the use of dedicated websites and applications to interact with other users, or to find people with similar interests

communication the passing or sharing of information between people

Intimate relationships

Intimate relationships usually involve strong emotions. Love and infatuation are romantic feelings that are common in such relationships. Intimate relationships involve a desire to spend large amounts of time with, and a physical attraction to, another person; but they may not always be sexual in nature. The characteristics of intimate relationships differ for everyone and depend on values, beliefs and expectations. For some people, intimacy is centred on physical closeness; for others it is more about a spiritual or emotional connection. Regardless of the type of intimate relationship, all parties must understand the importance of consent and its contribution to a healthy and respectful relationship.

intimate relationship an interpersonal relationship that involves physical and/or emotional closeness

Consent

Consent is a concept that is important within any relationship of an intimate nature, whether it is long term or short. In this context, consent is when both partners agree to have sexual intercourse or engage in other intimate sexual behaviours.

Consent for sex or sexual activities must be explicitly and enthusiastically given; there can be no doubt about whether a person wants to engage in any sexual activity. It is important to understand that either person can decide at any time to stop or slow down if they are feeling uncomfortable. It is perfectly acceptable for someone to change their mind and not feel pressured to continue any activity, even when sex or sexual activities have started and consent was originally given.

Importantly, consent needs to be given each time. Just because someone agreed or enjoyed sex or other sexual activities once, they might not want to do so again, even with the same person.

It is really important to know that alcohol and drugs affect a person's ability to give consent. Drugs and alcohol often reduce inhibitions but also reduce a person's ability to make good decisions. If a person is very drunk, high, asleep or unconscious, they cannot give consent.

Young people should know that sex and sexual activities should be enjoyable and not something they feel pressured into by others.

FIGURE 8.5 Consent must be freely given, reversible, informed, enthusiastic and specific.

Relationships with teachers, coaches or other mentors

Relationships can be formed with any people who play a significant role in our lives. Particularly for young people, teachers at school or sports coaches are an important part of a support network.

FIGURE 8.6 Teachers and coaches are a major source of support and guidance for young people.

Professional relationships

Most adults spend large amounts of their day in some form of work environment. Their relationships with co-workers and managers can have a significant impact on health and wellbeing. In the workplace, relationships need to be open and supportive and are usually based on shared values and goals. Workplace relationships require good communication, trust and respect. Healthy and respectful workplace relationships generally allow workers to be more productive and result in better outcomes for everyone in the workplace.

8.2.2 Characteristics of healthy and respectful relationships

Healthy and respectful relationships have positive impacts on all aspects of health and wellbeing and development for people across the lifespan. Healthy and respectful relationships are important — they contribute to personal growth and self-confidence, and promote self-expression and an awareness of others. They enable people to feel accepted, and give an important sense of belonging and connectedness. The key characteristics of healthy and respectful relationships are respect, trust, honesty, loyalty, empathy, safety and equality.

Relationships may involve disagreements or differences of opinion. In healthy and respectful relationships, when differences occur they are managed in ways that lead to understanding and resolution without damage to the relationship. Conflict within relationships can be uncomfortable; however, conflict that stems from a difference of opinion or ideas does not necessarily lead to an unhealthy relationship. It is normal for groups of people to hold different points of view.

The importance of communication

For healthy and respectful relationships to be developed and maintained, good communication is an essential characteristic. Clear communication in any relationship allows people to share their interests, goals and concerns or worries. It helps them to discuss their expectations of the relationship and to support each other.

Communication involves verbal and non-verbal skills. **Verbal communication** is clearly conveying a message through talking and careful listening, while **non-verbal communication** is the use of body language, facial expressions and tone of voice. Verbal communication allows facts, thoughts, feelings and opinions to be conveyed directly. Clear verbal communication is essential to building healthy and respectful relationships in order to avoid misunderstandings, hurt, anger or confusion. Non-verbal aspects of communication are easily lost when

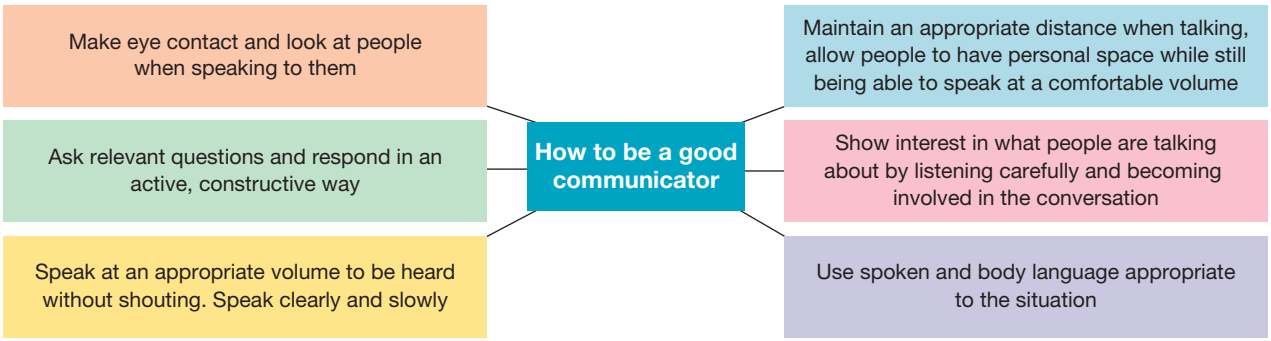
verbal communication the use of sounds and words to express yourself

non-verbal communication the use of gestures, body language, mannerisms and facial expressions to express yourself

electronic communication is used. Facial expressions, body posture and tone of voice are not available as cues to understand the true context of a message. Misunderstandings and hurt feelings are common consequences of this type of communication and do not foster healthy and respectful relationships.

Developing good communication skills is a process that continues throughout a person's lifespan. Some characteristics of good communicators are outlined in **FIGURE 8.7**.

FIGURE 8.7 Characteristics of good communicators



Aside from good communication, common characteristics of healthy and respectful relationships are outlined below in **FIGURE 8.8**.

FIGURE 8.8 The key characteristics of healthy and respectful relationships

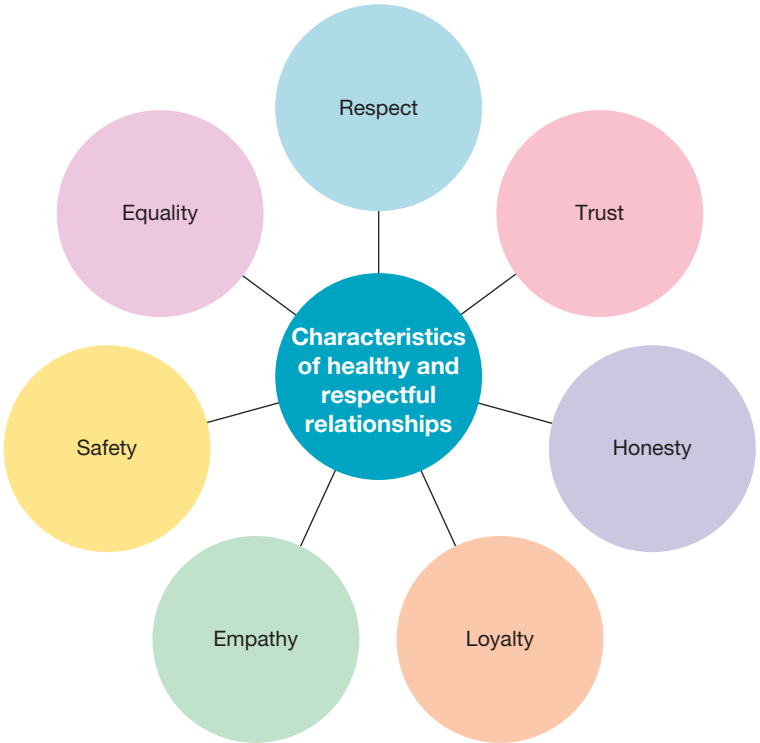


TABLE 8.2 Characteristics of healthy and respectful relationships

Characteristic	Definition
Respect	Occurs when people have consideration for others' feelings, needs, thoughts and rights. Respect means that people in the relationship value each other's opinion and treat each other in a thoughtful way.
Trust	Means that you think others are reliable and dependable, you have confidence in them, and feel safe with them emotionally and physically.
Honesty	Involves telling the truth and not keeping secrets. Being honest means choosing not to lie, cheat, steal or deceive in any way. Honesty and trust are characteristics that are closely linked, as being honest helps to build trust in any type of relationship.
Loyalty	When people stick by each other and provide support and consistency, even through challenging times. Being loyal doesn't mean that the people involved in the relationship always agree and share exactly the same opinions, but they will always be there for each other and work to resolve their differences.
Empathy	The capacity to understand or feel what another person is experiencing by placing yourself in their position. Empathy allows people to sense and understand other people's emotions and offer support when needed.
Safety	A relationship can't be considered healthy and respectful if the people involved do not feel physically and emotionally safe. Like honesty, safety and trust are linked. Emotional safety means trusting other people with your feelings and knowing that they have your best interests in mind. Healthy and respectful relationships are those free from any sort of physical harm or abuse.
Equality	Means that the people involved in the relationship are valued and able to give and take from the relationship. They have the same expectations of the relationship. Regardless of the number of people involved, each person needs to contribute to a healthy and respectful relationship. When a relationship is unequal, one person may try to hold power over the other.

8.2.3 Unhealthy relationships

Not all relationships are healthy and respectful. It is necessary to recognise the signs of unhealthy or negative relationships to be able to protect ourselves physically and emotionally.

Most people come into contact with unhealthy relationships at various times in their lives. These relationships are not always abusive in nature; however, they are unsatisfying to one or more of the people involved. An unhealthy relationship is usually one in which a person is prevented from challenging themselves, and is unable to be their best self. Other characteristics might include:

- feeling uncomfortable around a person or group of people
- being put down by others
- not feeling appreciated, valued or cared for
- feeling that the relationship is unequal and one person is putting in greater effort than others to maintain the relationship
- low self-esteem and a lack of confidence around others
- being embarrassed, bullied or harassed
- feeling scared, vulnerable, constantly disappointed or angry.

respect the consideration of others' feelings, opinions, rights and needs

trust the feeling of having confidence in another person and feeling emotionally and physically safe around them

honesty the quality of being honest — choosing not to lie, deceive or cheat

loyalty the quality of being faithful to others. It also means that people stick by each other and provide support and consistency even through challenging times.

empathy the ability to understand and share the feelings of another

safety the state of being free from danger, either physically or emotionally

equality the state of being equal, whereby all people involved in a relationship are valued and able to contribute to and take from the relationship. They have the same expectations of the relationship.

FIGURE 8.9 Shouting, anger and fear are warning signs of an unhealthy relationship.

FIGURE 8.10 Physical violence and fear are common features of abusive relationships and should not be tolerated.

Abuse in relationships

An extremely unhealthy relationship may become abusive. **Abuse** can be physical, emotional or sexual and endangers the person being abused.

Unhealthy and abusive relationships can have extremely negative consequences for health and wellbeing and development in all lifespan stages. Being **physically abused** causes injuries and sometimes death; while sexual and **emotional abuse** can lead to poor self-esteem, depression, anxiety, withdrawal from social interactions and self-harm. All dimensions of health and wellbeing are negatively affected by any form of abuse in a relationship. Abusive relationships within families are known as family or domestic violence, and includes not only behaviour resulting in physical injury, but also direct or indirect threats, sexual assault, emotional and psychological torment, **financial abuse** or control, damage to property, social isolation and any behaviour that leads another family member to live in fear.

Examples of each type of abuse are outlined in **FIGURE 8.11**.

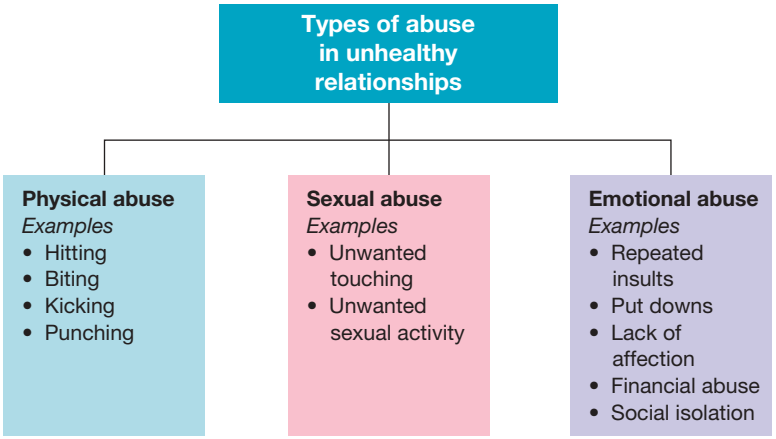
abuse physical, psychological or sexual ill treatment of a person

physical abuse any physical act that hurts or scares an individual

emotional abuse the use of verbal abuse, threats, rejection, put downs and other behaviour in order to have control over another person

financial abuse when one person controls, restricts or monitors the finances of another

FIGURE 8.11 Types of abuse in unhealthy relationships



Under Victorian legislation, violent, abusive, threatening, coercive or controlling behaviour that occurs in a current or past family, domestic or intimate relationship is an offence.

8.2 Activities

1. Complete a table similar to the one that follows to identify and describe the characteristics of healthy and respectful relationships.

Characteristic	Description	Photo or picture that illustrates the characteristic

2. **a.** In the tables provided, identify the three most important characteristics of relationships with friends, an intimate partner and parents.
   b. Justify why you consider these characteristics the most important in each of the relationships.

Friend(s)

Characteristic	Justification

Intimate partner

Characteristic	Justification

Parent(s)

Characteristic	Justification

3. In a group of two or three, play a game of charades using only actions to describe an emotion or feeling.
   a. How difficult was it to determine how the person was feeling only using non-verbal communication?
   b. Apart from the feeling or emotion, was there any other information conveyed in the actions? Did you learn why the person was feeling the way they were?
4. Access the **Respect matters** weblink in the Resources tab. Explore the website and watch the video called 'Ngukurr school video' to see how a school in Katherine (NT) promotes respect for women, culture and kinship groups and how it could break the silence about violence against women and girls.
   a. Compare this to the respectful relationship education and messages in your school.
   b. Write a review of this program. The target audience for your review is Year 10–12 students.
   c. Create a small poster highlighting the key messages from the video to put up around your school.
5. Access the **Consent** weblink in the Resources tab and answer the following questions:
   a. Do you think the tea analogy works well to address this issue?
   b. Could this message be conveyed in a better way?
   c. Construct a flow chart to reflect your understanding of consent.
6. Make an animation, video or song that reflects your understanding of consent.

on Resources

Weblinks Consent
Kids Helpline
Respect matters
Victorian government — What is family violence?

8.2 Exercises

8.2 Quick quiz on | **8.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 7	3, 5, 8, 10	4, 6, 9, 11

Test your knowledge

1. a. Name six different types of relationship.
   b. Give a brief description of each type of relationship.
2. a. Name four parenting types discussed.
   b. Briefly outline the characteristics of each parenting type.
3. Explain the difference between verbal and non-verbal communication.
4. Provide an example where a misunderstanding in a relationship has occurred as a result of poor verbal and non-verbal communication.
5. Explain the characteristics of good communicators.
6. Explain why good communication skills are beneficial to healthy and respectful relationships.
7. Describe the common features of an unhealthy or abusive relationship.
8. List the three types of abuse in relationships, giving two examples for each one.

Apply your knowledge

9. You and a group of five friends have applied to be contestants on a reality show where the aim is to use local resources to escape a deserted island.
   a. Identify and describe three ways the relationship between all six people might be tested.
   b. Suggest a list of rules to maintain respectful relationships while stranded in this challenging environment.
   c. Which characteristics of a healthy and respectful relationship do you think would be most needed in this scenario? Why?
   d. Describe how the relationships between the six friends might change over the course of the TV show.
10. a. Discuss reasons why a person may stay in an unhealthy relationship, even when they know that it is not good for them.
    b. Predict the ways in which an adolescent who has just begun dating may be impacted by their parents' unhealthy relationship.
11. Often messages communicated electronically are misinterpreted. Suggest reasons why misunderstandings often happen with this type of communication.

8.2 Exam questions

Question 1 (1 mark)
Identify one type of relationship.

Question 2 (2 marks)
Outline one reason relationships might change over time.

Question 3 (4 marks)
Explain the difference between simple and complex relationships and provide an example of each.

Question 4 (2 marks)
Explain the difference between authoritative and permissive parenting styles.

Question 5 (4 marks)
Discuss the type of relationship youth might have with their parents compared to the relationship they might have with friends.

Question 6 (2 marks)
Describe characteristics of a relationship youth might have with their teacher, sports coach or other mentor.

More exam questions are available in your learnON title.

8.3 Healthy and respectful relationships and health and wellbeing

Key knowledge	Key skill
Key characteristics of healthy and respectful relationships and their impact on health and wellbeing, and on development	Analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- what is meant by optimal health and wellbeing
- the five dimensions of health and wellbeing.

You need to be able to:
- analyse how the characteristics of healthy relationships help to achieve good health and wellbeing in each dimension.

Healthy and respectful relationships can have a positive impact on all dimensions of health and wellbeing, promoting **optimal health and wellbeing**.

optimal health and wellbeing the highest level of health and wellbeing an individual can realistically attain at any particular time, taking genetics and the different environments in which people live into account

8.3.1 Physical health and wellbeing

Physical health and wellbeing is enhanced as people in healthy and respectful relationships do not suffer physical injuries from abuse or violence. Healthy and respectful relationships also promote physical health and wellbeing in other ways, as people enjoy being physically active with others who share similar interests and motivation. For example, friends who have a healthy relationship based on shared interests may participate in regular physical activity together, which can help to increase fitness levels, maintain a healthy body weight and decrease the risk of cardiovascular disease. Another example is, when a relationship values safety as a characteristic, risk-taking activities will be carefully assessed and risks reduced, making it less likely that serious injury would result, even when young people are having fun. Being part of a healthy and respectful relationship can also increase motivation in many areas, leading to higher energy levels and the ability to take on daily tasks such as school and chores at home.

FIGURE 8.12 Benefits of healthy and respectful relationships for physical health and wellbeing

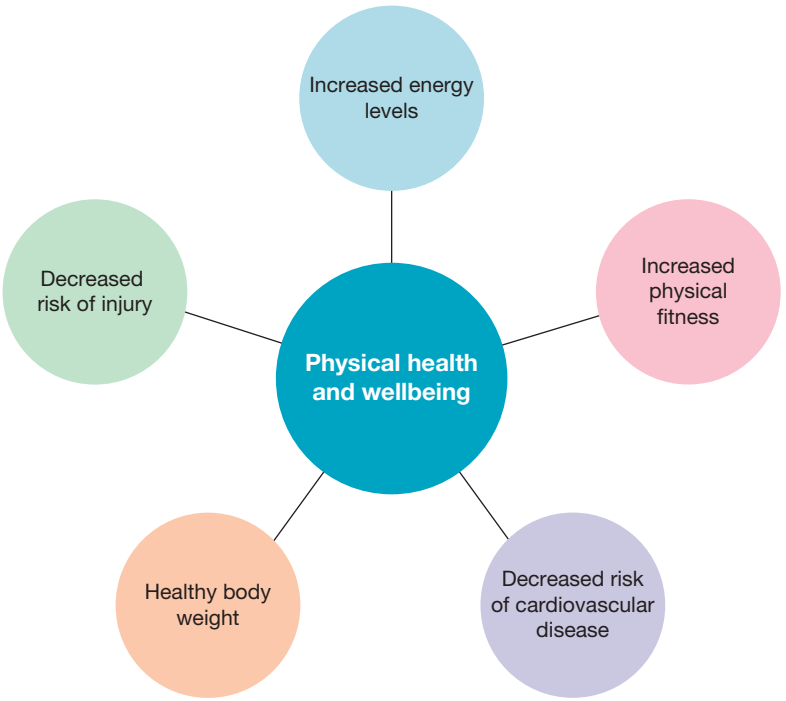
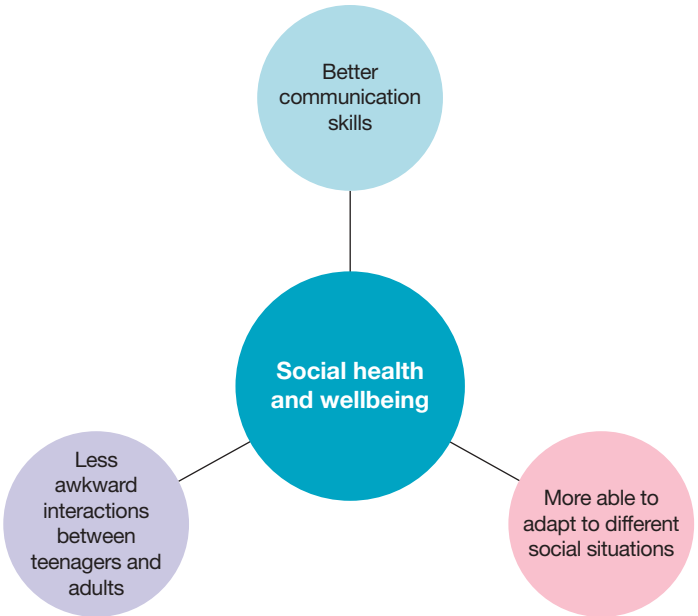


FIGURE 8.13 Friends exercising together encourage each other to achieve optimal physical health and wellbeing.

8.3.2 Social health and wellbeing

Healthy and respectful relationships are at the core of optimal social health and wellbeing. Having healthy and respectful relationships contributes to the achievement of optimal social health and wellbeing, as people interact with others in a positive way and offer support to each other. Positive social health and wellbeing outcomes of healthy and respectful relationships are shown in **FIGURE 8.14**.

FIGURE 8.14 Social health and wellbeing outcomes from healthy and respectful relationships

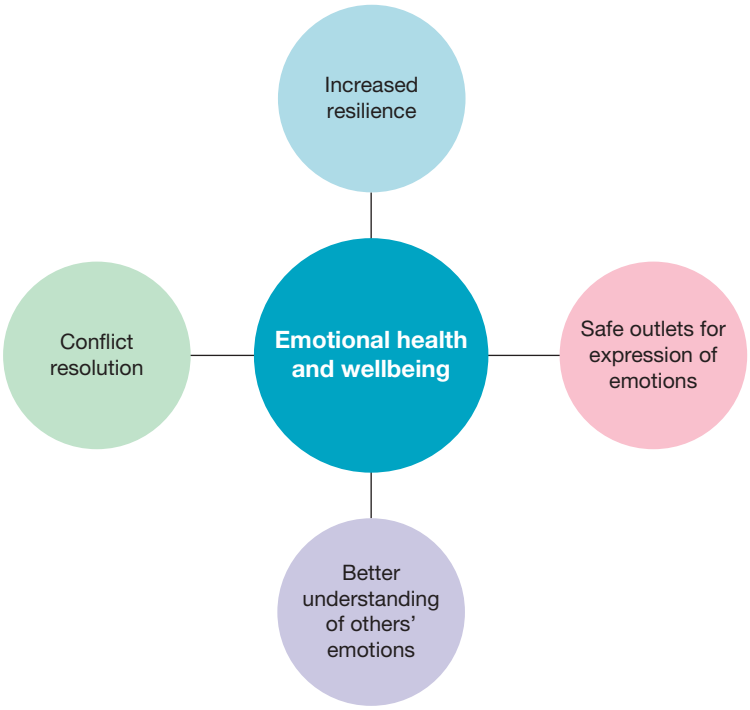


When a person is in a respectful relationship, they experience trust and empathy. This means they will feel safe and may be more inclined to talk openly and honestly about their thoughts and feelings. This sharing can lead to the development of closer social bonds and supportive networks, further supporting social health and wellbeing. Respectful relationships are also based around equality. Equality ensures that all group members are able to contribute to the relationship in a way that makes them feel comfortable, allowing even quieter people to build their communication skills and enjoy easier interactions between teenagers and adults, supporting social health and wellbeing.

8.3.3 Emotional health and wellbeing

Emotional health and wellbeing is also closely associated with healthy and respectful relationships. When people are in positive, caring relationships, they are easily able to recognise and manage their emotions because they have a suitable outlet for them. As discussed earlier, healthy and respectful relationships do sometimes involve conflict, which can lead to emotions such as sadness, disappointment, frustration and anger. However, in healthy and respectful relationships, a positive outcome can be achieved with good communication.

FIGURE 8.15 Positive emotional health and wellbeing outcomes

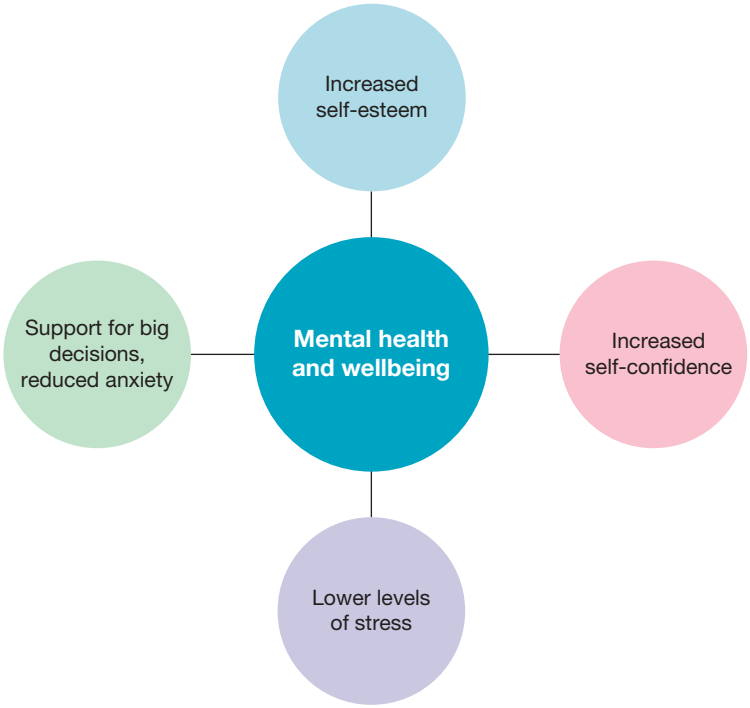


8.3.4 Mental health and wellbeing

Healthy and respectful relationships can improve and promote optimal mental health and wellbeing because stress levels remain low and people feel supported and cared for, so they are able to share their worries and stresses. The benefits of healthy and respectful relationships on mental health and wellbeing are shown in **FIGURE 8.16**.

Being part of a healthy and respectful relationship means that big life decisions can be made together, which means the anxiety that usually accompanies them can be reduced. For example, a couple might be deciding when to start a family. In a healthy and respectful relationship with good communication, both parties will offer their thoughts and feelings to make the decision together.

FIGURE 8.16 Benefits of healthy and respectful relationships for mental health and wellbeing



Self-confidence and self-esteem can increase as a result of supportive relationships where goals are discussed and achievements are celebrated. When friends trust each other, they are more likely to share their worries and concerns, and talk to their friends to help find solutions, reducing levels of stress and improving mental health and wellbeing.

FIGURE 8.17 Achieving goals and self-confidence are features of mental health and wellbeing that are promoted through healthy relationships.

8.3.5 Spiritual health and wellbeing

Healthy and respectful relationships are inclusive of others and make people feel comfortable, promoting optimal spiritual health and wellbeing, as values and beliefs are validated and connections or a sense of belonging can be established.

In a relationship where there is mutual respect and trust, people are able to act according to their values and beliefs, regardless of peer pressure. They are also able to discuss their plans and receive constructive feedback. This promotes:

- a sense of peace and fulfilment in life
- more informed decision making
- increased spiritual health and wellbeing.

FIGURE 8.18 Benefits of healthy and respectful relationships for spiritual health and wellbeing

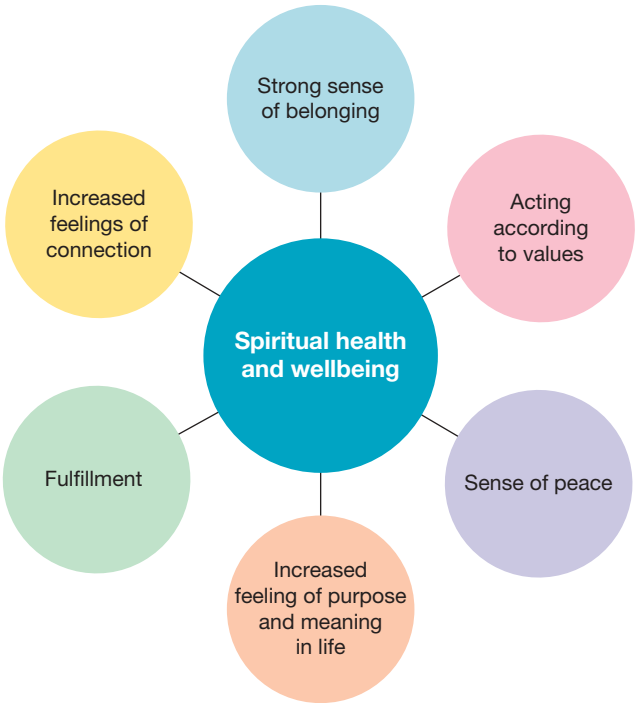


FIGURE 8.19 Volunteers giving food aid satisfy their spiritual health and wellbeing needs through helping others.

EXAM TIP

When discussing the impact of healthy and respectful relationships on the achievement of optimal health and wellbeing, the focus should be positive. Answers should discuss positive aspects of healthy and respectful relationships and how these help to achieve good health and wellbeing in any of the dimensions of health and wellbeing.

CASE STUDY

Teens with at least one close friend can better cope with stress

Teenagers who have at least one close friendship are better able to bounce back from stress. This is one of the latest findings from the Growing Up In Australia study.

Growing Up in Australia has been following the lives of around 10,000 children since 2004. In 2016, the older children in the study were aged 16–17. We asked them about aspects of their lives including their peers, school environment and mental health.

One aspect of teen well-being we looked at was resilience. This is the ability to bounce back from stressful life events and learn and grow from them.

Stressful life events may include arguments with friends, sporting losses and disappointing test results. A more serious setback may be family breakdown, the illnesses or death of a family member, or being the victim of bullying.

Overall, teens said they displayed characteristics of resilience often, but boys significantly more so than girls. Our findings also show a strong relationship between not having a close friend and a low resilience score.

Close relationships make kids stronger

We also looked at how supportive environments — such as family, school community and friends — affected teens' resilience.

Of the 16–17-year-olds we interviewed, 84% said they had at least one good friend. These teens had average resilience scores of 27, compared to 23 for the 16% who said they did not have a good friend (this is a statistically significant difference).

We also found the nature of the friendship important. Average resilience scores were higher for teenagers who had

- high levels of trust in their friends — average resilience scores were three points higher than for those with low levels of trust
- good communication with their friends — average resilience scores were 3.5 points higher, compared to those who reported poorer communication.

The flipside to having a close friend is being a victim of bullying. The average resilience scores of teens who had been bullied in the previous 12 months were almost two points lower than those who had not.

But even the harmful experience of being bullied is not as damaging to teens' resilience as not having a close friend to confide in. A good friend raised average resilience scores by four points.

We also found teens who felt close to their parents and other family members had higher resilience.

Around 16% of young people lacked family support consistently through their early adolescent years (10–13 years old) and these teens reported significantly lower resilience levels at age 16–17.

Lacking family support means a teen doesn't have people in their immediate or extended family who they trust when they want to talk about things that upset or worried them.

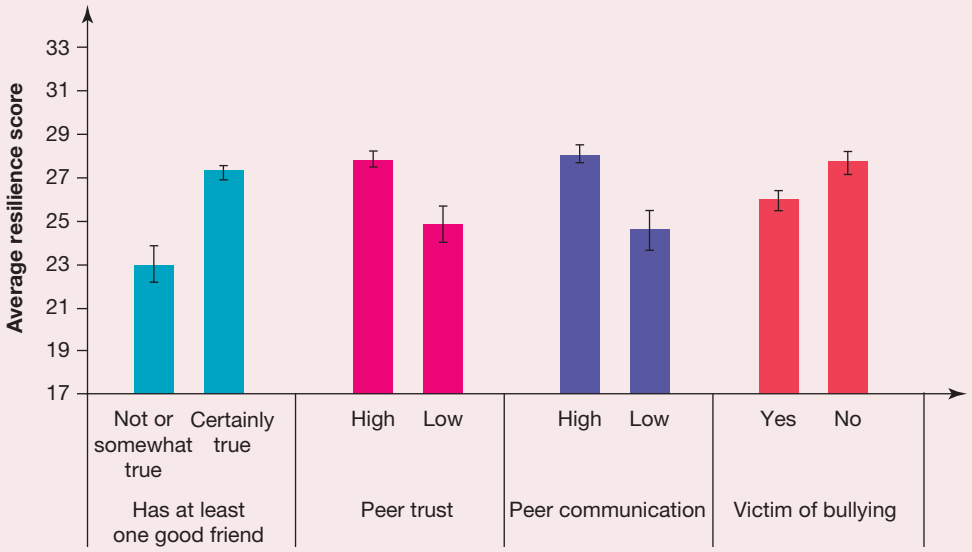
The average resilience score at age 16–17 for those who lacked family support in early or mid-adolescence was 25.3, compared to 26.8 for those who had support at one or both ages.

Our findings do not demonstrate a causal relationship between friendship and resilience. Because teens reported on friendships and resilience at the same time, it was not possible to tell whether those who have no close friends were so because they were less resilient, or whether they were less resilient because they had no close friends.

But our findings do highlight the vulnerability of teenagers lacking close relationships.

Resilience can change as people interact with and respond to other people in their lives and their environments. This creates opportunities to promote resilience in young people in different settings.

Average resilience scores, youth 16–17 years old



Source: Longitudinal Study of Australian Children 2019.

For anyone caring for or working with teens, a key finding from our research is that one of the best things you can do to foster resilience in a young person is to help them find and make friends. One good friend can make a big difference.

Source: https://theconversation.com/teens-with-at-least-one-close-friend-can-better-cope-with-stress-than-those-without-126769

CASE STUDY REVIEW

1. Resilience is a characteristic of which dimension of health and wellbeing?
2. Outline what is meant by resilience.
3. a. Identify the two features of healthy and respectful relationships mentioned in the article.
   b. Describe the relationship between these features and resilience.
4. Explain why the article says 'the flipside to having a close friend is being a victim of bullying'?
5. Explain why having at least one close friend fosters resilience in young people.

8.3 Activities

1. Access the **For the Birds** weblink and worksheet in the Resources tab, then complete the worksheet.
2. Access the **respect.gov.au** weblink and worksheet in the Resources tab, then complete the worksheet on the Australian Government initiative to stop violence against women.
3. Complete a concept map with an example of how healthy and respectful relationships can have a positive impact on each of the dimensions of health and wellbeing.

on Resources

Digital documents For the Birds worksheet (doc-32169)
Respect.gov.au worksheet (doc-41603)

Weblinks For the Birds
Respect.gov.au

8.3 Exercises

8.3 Quick quiz on | **8.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
2	4, 5	1, 3, 6

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Test your knowledge

1. A sense of belonging is a key feature of the spiritual dimension of health and wellbeing. Explain how this is promoted through healthy and respectful relationships.
2. Explain the ways in which relationships could have:
   a. a positive impact on emotional health and wellbeing
   b. a positive impact on spiritual health and wellbeing
   c. a negative impact on the social dimension of health and wellbeing.
   d. a negative impact on the emotional dimension of health and wellbeing.
3. a. Why are relationships with frequent conflict damaging to health and wellbeing?
   b. Conflict can be a part of a healthy and respectful relationship. Discuss the impact of conflict on the health and wellbeing of people in a healthy and respectful relationship.
4. Explain how the different forms of abuse commonly seen in unhealthy relationships can impact on spiritual health and wellbeing.

Apply your knowledge

5. Family violence, including financial abuse, is a growing concern affecting the health and wellbeing of people of all ages.

   Predict the possible impacts of financial abuse on the dimensions of health and wellbeing for children in families affected by this type of unhealthy relationship.
6. As part of the Victorian Government's plan to tackle family violence, there is a focus on educating young boys and men on all aspects of respect for women and girls.

   Explain how focusing on young males could impact the health and wellbeing of females later in their lives.

8.3 Exam questions

Question 1 (3 marks)

'In my friendship group, no-one is more powerful than anyone else. We value each other as individuals and, although we don't always agree with each other, we are always there for each other.'

Using an example from the above statement, **identify** an aspect of a healthy and respectful relationship and **describe** how it promotes a dimension of health and wellbeing.

Question 2 (2 marks)

Identify an indicator of a healthy and respectful relationship and **discuss** how it promotes physical health and wellbeing.

Question 3 (2 marks)

Trust is an indicator of a healthy and respectful relationship. **Describe** how this indicator promotes emotional health and wellbeing.

Question 4 (2 marks)

According to Relationships Australia, a healthy intimate relationship includes:

- separate identities — both of you can be yourself, while still being together
- supporting your boyfriend/girlfriend and having fun — supporting each other to pursue your own interests.

Source: https://www.connectedspace.com.au/assets/Resources/knowhows/connectEDspace-relationships-knowhows.pdf?

Using an example from the above, **describe** how a healthy intimate relationship can promote social health and wellbeing.

Question 5 (2 marks)
According to healthdirect, the benefits of a healthy relationship can include 'an increased sense of self-worth and belonging, increased confidence and support to try new things and learn more about yourself'.
Source: https://healthdirect.gov.au/building-healthy-relationships

Identify two dimensions of health and wellbeing discussed in the above extract about healthy relationships and **justify** your choice.

More exam questions are available in your learnON title.

8.4 Healthy and respectful relationships and development

Key knowledge	Key skill
Key characteristics of healthy and respectful relationships and their impact on health and wellbeing, and on development	Analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the dimensions of development.	• explain how healthy relationships help individuals fully develop in all dimensions.

8.4.1 Physical development and healthy and respectful relationships

Development of gross and fine motor skills are the areas of physical development that will benefit most from healthy and respectful relationships. Positive relationships with friends, parents and sports coaches who encourage participation in recreational activities promote physical development. For example, a team of netballers who have a friendly relationship with their teammates and their coach will be motivated to attend training and weekly games, which improves aspects of physical development such as hand–eye coordination, running, jumping, throwing and catching. If the relationship with the coach is unhealthy because the coach has unrealistic expectations, or shouts or uses put-downs at training, players won't want to go to training and their motor skills will not continue to develop as well or as quickly.

FIGURE 8.20 Motor skills such as throwing and catching are enhanced by positive relationships with coaches and teammates.

8.4.2 Social development and healthy and respectful relationships

Social development is fostered by healthy and respectful relationships. Developing communication skills, conflict resolution skills and an understanding of values and beliefs are aspects of social development that are improved through healthy and respectful relationships. In relationships where there is respect, trust and loyalty, people can practise these skills without fear of being embarrassed or put down by others. Being yourself and feeling comfortable with who you are is key to the development of self-identity. This is possible when the people around you support and do not judge you. This only occurs in healthy and respectful relationships, not in relationships that are unhealthy.

8.4.3 Emotional development and healthy and respectful relationships

Healthy and respectful relationships promote the emotional development of people of all ages. When relationships are supportive and people can trust each other, emotions can be expressed without fear of rejection or ridicule. People who are in relationships where there are low levels of stress and little conflict are able to express their emotions and recognise and support others' emotions. In an unhealthy relationship, an emotion such as jealousy, for example, might be expressed as anger or frustration. In a healthy and respectful relationship, a jealous person would be more able to talk about their jealousy with their friend or partner, and come to a satisfactory resolution.

8.4.4 Intellectual development and healthy and respectful relationships

Intellectual development involves mental processes such as building knowledge and problem-solving abilities, imaginative skills and language skills. All of these characteristics are enhanced through healthy and respectful relationships with supportive family and friends, and particularly with teachers in a formal school setting.

For example, a teacher who develops good relationships with students through a safe, caring learning environment will encourage students to take risks with their learning to advance their creativity and problem-solving skills. In a classroom where the teacher shouts and embarrasses students, or where students put each other down or are bullied, intellectual development will not proceed as students become bored and lose interest and motivation, or they are scared to offer their thoughts in case they are wrong.

FIGURE 8.21 Students in a supportive learning environment will offer their thoughts without feeling embarrassed or worried that they might be incorrect.

8.4 Activities

1. **a.** Find the lyrics to a song that focuses on relationships; for example, Ed Sheeran's 'Eyes closed' or 'Missing piece' by Vance Joy.
   b. Print out the lyrics. Using examples from the song, justify whether you think the relationship being described or referred to is healthy or unhealthy.
   c. In small groups, discuss what the song is saying about relationships and evaluate the possible impacts of the relationship on each of the areas of development.

8.4 Exercises

8.4 Quick quiz on | **8.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 4	2, 5, 6	3

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Test your knowledge

1. Explain why relationships can have:
   a. a positive impact on the development of an individual
   b. a negative impact on the development of an individual.
2. Complete the following table to explain, using an example for each, how healthy and respectful relationships promote physical, social, emotional and intellectual development. One dimension has been completed as an example.

Dimension of individual development	Example	Impact on dimensions of development
Physical	Attending football training with a supportive coach who builds good relationships with all players regardless of their skill level	Increased development of motor skills and hand–eye coordination
Social		
Emotional		
Intellectual		

3. Youth is a time of increased conflict between children and parents. Explain how, in a healthy and respectful parent–child relationship, this conflict helps to promote:
   a. social development
   b. emotional development.

Apply your knowledge

4. Read the case study then answer the following questions.

> Gerry and Nathan met at a friend's party and quickly became close friends. Gerry was openly gay and wanted to move the friendship to the next level; however, Nathan wasn't sure of his sexuality and had not yet come out. Gerry invited Nathan to stay over on the weekend while his parents were away. Nathan felt a bit uncomfortable but decided to go anyway. While they were watching a movie, Gerry started touching Nathan's leg and moved in to kiss him. Nathan pulled away but stayed sitting on the couch with Gerry who asked what was wrong. Nathan said nothing and Gerry tried to kiss him again. This time, Nathan jumped off the couch. Gerry yelled "What? Don't you like me?" Nathan tried to explain that he did like Gerry, but just wasn't sure about moving things further. Gerry stormed off and told Nathan to let himself out.

   Analyse the case study to decide whether you think this relationship is healthy and respectful. Justify your answer with specific examples of features of healthy or unhealthy relationships.
5. Using examples from the case study, suggest ways that this relationship might promote Gerry's emotional development.
6. Using examples from the case study, suggest ways that this relationship might promote Nathan's social development.

8.4 Exam questions

Question 1 (3 marks)

'In my friendship group, no-one is more powerful than anyone else. We value each other as individuals and, although we don't always agree with each other, we are always there for each other.'

Using an example from the above statement, **identify** an indicator of a healthy and respectful relationship and **describe** how it promotes a type of development.

Question 2 (2 marks)

Identify a characteristic of a healthy and respectful relationship and **discuss** how it impacts on social development.

Question 3 (2 marks)

According to Relationships Australia, a healthy intimate relationship includes:

- separate identities — both of you can be yourself, while still being together
- supporting your boyfriend/girlfriend and having fun — supporting each other to pursue your own interests.

Source: https://www.connectedspace.com.au/assets/Resources/knowhows/connectEDspace-relationships-knowhows.pdf?

Using an example from the above extract, **describe** how a healthy intimate relationship can promote intellectual development.

Question 4 (1 mark)

Explain how a healthy and respectful relationship between members of a dance troupe can promote physical development.

Question 5 (2 marks)

Identify a characteristic of social development and describe how it can contribute to healthy and respectful relationships.

More exam questions are available in your learnON title.

8.5 KEY SKILLS

8.5.1 Analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing

tlvd-11403

KEY SKILL Analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing

Tell me

An understanding of what makes a healthy and respectful relationship and what is not healthy and respectful is the starting point for this key skill. It is necessary to:

- be familiar with the characteristics of a healthy and respectful relationship
- then, analyse the impact these types of relationships may have on a person's ability to achieve optimal health and wellbeing. The main characteristics of healthy and respectful relationships are trust, honesty, respect, safety, empathy and loyalty.

To analyse means to examine something methodically and in detail, and to look for links and patterns. In this key skill, you need to take the details of each healthy and respectful relationship characteristic and work out how it affects each dimension of health and wellbeing (physical, social, emotional, mental and spiritual).

EXAM TIP

This key skill focuses on achieving optimal health and wellbeing. Discussions should be on the positive impacts of healthy, respectful relationships. Avoid discussing the impact of unhealthy relationships unless the question asks you to.

Show me

For example, a question may ask for a discussion of a particular parenting style and the impact of this relationship on achieving optimal health and wellbeing.

The authoritative parenting style is characterised by the key features of a healthy and respectful relationship as it displays empathy, trust, respect, safety and honesty[1] when placing limits on behaviours. Although the parents set limits and boundaries, they respect the feelings and opinions of the children and explain to them the reasons behind their decisions. This type of relationship helps build an environment where optimal health and wellbeing is promoted. Physical health and wellbeing is achieved as parents make decisions that keep their children safe from physical harm, such as injuries.[2] Emotional health and wellbeing is fostered in this type of relationship because there is good communication and, although there are boundaries and limits that may cause frustration or disappointment in the children, they are free to express their feelings, and the parents manage these feelings by explaining why those limits are in place.[3] Mental health and wellbeing is promoted in this type of caring relationship as children's stress and anxiety levels are kept low through good communication and resolution of conflicts. Opinions are listened to and decisions are explained so that there is mutual understanding and children are able to be supported while they learn resilience skills.[4]

1 Characteristics of healthy and respectful relationships are listed.

2 The impact of the relationship on an aspect of physical health and wellbeing is explained.

3 The ability to achieve good emotional health and wellbeing is explained.

4 The impact of the relationship on mental health and wellbeing is discussed.

It is not necessary to cover every dimension of health and wellbeing in this type of discussion.

Practise the key skill

1. List the characteristics of a healthy and respectful relationship.
2. Explain what is meant by each of the following terms in relation to healthy and respectful relationships:
   a. empathy **b.** trust **c.** honesty **d.** safety **e.** respect.
3. **a.** What are the characteristics of good communication?
   b. Explain why non-verbal communication is necessary for healthy and respectful relationships.
4. Explain how healthy and respectful relationships promote optimal health and wellbeing.
5. Explain how healthy and respectful relationships between parents and children can promote:
   a. a child's physical development
   b. a teenager's mental health and wellbeing.
6. Predict the possible impacts of each of the four parenting styles on the dimensions of health and wellbeing and areas of development. A table such as the one below could be used here. (Discuss as many of the dimensions of health and wellbeing and areas of development as possible.)

Parenting style	Impact on health and wellbeing	Impact on development

tlvd-11404

8.6 EXTENDED RESPONSE — Build your exam skills

Healthy relationships

Consider the following stimulus material:

Source 1

Married men live up to 17 years longer than single men.

Married women are 65% less likely to have a heart attack than single women. Married men are 66% less likely to have a heart attack than single men. Married men are 64% less likely to die from a stroke than single men.

Married men and women are 20% more likely to survive cancer than single men and women.

Source 2

1 in 6 Australian women has experienced physical or sexual violence by her current or former partner.

Source: http://www.ourwatch.org.au.

Source 3

Helen and Bianca are in their mid 30s and have been friends since primary school. During this friendship, they have both lived overseas and interstate and have had long periods without seeing each other. Now they live close by and regularly leave their husbands and children at home on a Saturday morning when they catch up for a coffee and a walk in the park with their dogs.

Practise this skill

Using the information provided and your own knowledge, discuss the benefits of healthy relationships in promoting health and wellbeing development. **15 marks**

TIPS

All three sources need to be referred to in order to be eligible for full marks.

The question asks about both health and wellbeing AND development; both of these areas need to be addressed. This could mention some, but not all, of the dimensions of both health and wellbeing and development.

The question asks about the benefits of healthy relationships: **SOURCE 2** gives information that is not positive, but can be used to highlight the health and wellbeing concerns when a relationship is not healthy, which can then be used to demonstrate the benefits of a healthy relationship.

8.7 Review

Hey students! Now that it's time to revise this topic, go online to:

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8.7.1 Topic summary

8.2 Healthy and respectful relationships

- Healthy and respectful relationships are essential to achieving optimal health and wellbeing, and development.
- A relationship is a connection between two or more people.
- Types of relationship include family, friendships, intimate, online, relationships with teachers/coaches or others in mentoring roles, and professional relationships in workplaces.
- Some relationships are complex; others are relatively straightforward.
- Meaningful relationships can be short or long lasting.
- Families generally offer support and care in a loving environment, regardless of the makeup of the family.
- Friends offer opportunities and understanding outside the family context.
- Friendships are usually based on shared interests or experiences.
- Friends usually share good times and challenging times.
- Friendships can be critical to decision making, especially during youth.
- Online relationships offer ways to develop and maintain positive relationships, especially over long distances.
- Intimate relationships involve strong emotions and physical closeness with another person, but they are not always sexual relationships.
- Expectations of intimate relationships are different for each person.
- Relationships with teachers, coaches or other mentors can be very important, particularly for young people.
- Healthy and respectful relationships are characterised by respect, loyalty, empathy, equality, safety, trust and honesty.
- Good communication is the key to healthy and respectful relationships.
- Communication can be verbal or non-verbal.

8.3 Healthy and respectful relationships and health and wellbeing

- Unhealthy relationships reduce the ability to achieve optimal health and wellbeing.
- Unhealthy relationships are characterised by poor communication, being embarrassed, bullied, put down or harassed by others, and unequal power or control between people.
- Unhealthy relationships can cause fear, disappointment and sadness and result in low self-esteem.
- Abusive relationships can include physical, emotional, sexual and financial abuse. They can lead to poor physical health and wellbeing as a result of injuries through violence, as well as poor mental and emotional health and wellbeing.
- Healthy and respectful relationships promote all dimensions of health and wellbeing.
- Physical health and wellbeing is promoted through a sporting team or by exercising with friends and family.
- Mental health and wellbeing is promoted as healthy and respectful relationships reduce levels of stress and anxiety.
- Emotional health and wellbeing is promoted as people are easily able to recognise, understand and manage emotions when they are cared for and supported.
- Healthy and respectful relationships are central to good social health and wellbeing.

- Spiritual health and wellbeing needs are satisfied through relationships with others as they give meaning and purpose to people's lives.

8.4 Healthy and respectful relationships and development

- Healthy and respectful relationships have a positive impact on all areas of development.
- Physical development is promoted through the motivation to develop motor skills with a team.
- Social development is promoted through positive interactions with people in many different types of relationship.
- Emotional development is promoted through being able to express and manage emotions appropriately in relationships with others.
- Intellectual development is promoted through positive interactions with teachers and supportive friends who value learning.

on Resources

Digital document Summary (doc-41454)

8.7.2 Key terms

abuse physical, psychological or sexual ill treatment of a person
authoritarian parenting a style of parenting that employs strict rules, and punishment if rules are broken
authoritative parenting a style of parenting that uses positive reinforcement of good behaviours and flexibility in interpretation of rules
belonging the feeling whereby a person feels they have a place and a role in society
communication the passing or sharing of information between people
connectedness relates to the quality, number and frequency of interactions with others in a social setting
emotional abuse the use of verbal abuse, threats, rejection, put downs and other behaviour in order to have control over another person
empathy the ability to understand and share the feelings of another
equality the state of being equal, whereby all people involved in a relationship are valued and able to contribute to and take from the relationship. They have the same expectations of the relationship.
financial abuse when one person controls, restricts or monitors the finances of another
honesty the quality of being honest — choosing not to lie, deceive or cheat
intimate relationship an interpersonal relationship that involves physical and/or emotional closeness
loyalty the quality of being faithful to others. It also means that people stick by each other and provide support and consistency even through challenging times.
non-verbal communication the use of gestures, body language, mannerisms and facial expressions to express yourself
optimal health and wellbeing the highest level of health and wellbeing an individual can realistically attain at any particular time, taking genetics and the different environments in which people live into account
permissive parenting a style of parenting that is low in discipline and whereby parents see themselves more as friends than parents
physical abuse any physical act that hurts or scares an individual
relationship a connection between two or more people or groups of people
respect the consideration of others' feelings, opinions, rights and needs
safety the state of being free from danger, either physically or emotionally
social media the use of dedicated websites and applications to interact with other users, or to find people with similar interests
trust the feeling of having confidence in another person and feeling emotionally and physically safe around them
uninvolved parenting a parenting style whereby parents show little interest in their children's lives
verbal communication the use of sounds and words to express yourself

8.7 Exercises

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8.7 Exam questions

Question 1 (2 marks)

a. **Identify** two characteristics of healthy and respectful relationships.

b. **Outline** how each of the characteristics chosen in part **a** promote health and wellbeing.

Question 2 (2 marks)

Identify one type of relationship and **discuss** how it could contribute to a person achieving optimal health and wellbeing.

Question 3 (9 marks)

Read the following case study, then answer the questions.

> Tom and Jemima are in Year 7 at school. They have been friends since they started together in prep and their mothers often spend time together during the week and, as families they socialise and holiday together each summer. At school, their favourite class is Science. Recently, Jemima has noticed that Tom is starting to ignore her at school, even though he is his usual self when their families get together. Jemima is feeling sad and confused about Tom's behaviour and has talked to her mum about it. Jemima tries to communicate with Tom via text message, but her texts go unanswered. As they are in the same homeroom class, Jemima thinks she might talk to her teacher about her relationship with Tom.

a. Is the relationship between Jemima and Tom healthy and respectful? **Justify** your answer using examples from the case study. **2 marks**

b. Do you think Tom would feel the same way about the friendship as Jemima does? **1 mark**

c. **How** could this relationship have an impact on Jemima's health and wellbeing? **2 marks**

d. **How** could the relationship with her homeroom teacher promote Jemima's optimal health and wellbeing? **2 marks**

e. **Analyse** the impact of the relationship between Tom and Jemima on Jemima's intellectual development. **1 mark**

f. **Analyse** the impact a relationship with a new group of girlfriends might have on Jemima's emotional development. **1 mark**

Question 4 (3 marks)

Outline one example of how healthy and respectful relationships can impact development.

Question 5 (3 marks)

State the three types of abuse in unhealthy relationships, providing one example of each.

on Resources

Digital document	Key terms glossary (doc-41453)
Interactivities	Crossword (int-9295) Definitions (int-9296)
Exam question booklet	Topic 8 Exam question booklet (eqb-0241)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 8 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

8.3	For the Birds worksheet (doc-32169)	☐
	Respect.gov.au worksheet (doc-41603)	☐
8.7	Summary (doc-41454)	☐
	Key terms glossary (doc-41453)	☐

Teacher-led videos

8.5	Key skill: Analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing (tlvd-11403)	☐
8.6	Extended response: Healthy relationships (tlvd-11404)	☐

Interactivities

8.7	Crossword (int-9295)	☐
	Definitions (int-9296)	☐

Weblinks

8.2	Consent	☐
	Kids Helpline	☐
	Respect matters	☐
	Victorian government — What is family violence?	☐
8.3	For the Birds	☐
	Respect.gov.au	☐

Exam question booklet

8.7	Topic 8 Exam question booklet (eqb-0241)	☐

To access these online resources, log on to **www.jacplus.com.au**

9 Parenting and prenatal and early childhood development

LEARNING SEQUENCE

9.1 Overview

	Key knowledge	Key skills	Subtopic
○	Considerations associated with becoming a parent, such as changes in responsibilities and relationships, and additional stressors The availability of social and emotional support and resources for parents	Analyse factors to be considered and resources required for the transition to parenthood	**9.2**
○	The role of parents, carers and the family environment in determining the optimal development of children by developing students' understanding of: – fertilisation and the stages of prenatal development – risk and protective factors related to prenatal development, such as maternal diet and the effects of smoking and alcohol during pregnancy – physical, social, emotional and intellectual development in infancy and early childhood – the impact of early life experiences on future health and development	Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan	**9.3, 9.4, 9.5, 9.6, 9.7**
○	The intergenerational nature of health and wellbeing	Explain health and wellbeing as an intergenerational concept	**9.7**

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Key terms

considerations
critical period
developmental milestone
early life experiences
emotional support
fertilisation
intergenerational
parenting
prenatal development
protective factor
responsibility
risk factor
role of parents
social support
stressor

Exam terminology

Analyse examine the components of; look for links, patterns, relationships and anomalies

Explain make plain, make clear (may require reasons)

on Resources

Digital document Key terms glossary (doc-41439)

Exam question booklet Topic 9 Exam question booklet (eqb-0242)

9.2 Considerations associated with becoming a parent

Key knowledge	Key skill
• Considerations associated with becoming a parent, such as changes in responsibilities and relationships, and additional stressors • The availability of social and emotional support and resources for parents	Analyse factors to be considered and resources required for the transition to parenthood

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You need to know:	You need to be able to:
• how parenting can change responsibilities and relationships • how parenting can bring additional stressors • the types of needs a child has • what is meant by social and emotional support • resources available to support the parenting role.	• discuss the considerations and their implications when deciding whether to undertake a parenting role • provide examples of resources required to meet a child's needs • show how governments and the community support the parenting role.

9.2.1 Parenting

Parenting refers broadly to the activity of raising a child. Not just the biological relationship; it covers all people who carry out parenting responsibilities, including:

- biological parents
- step-parents
- adoptive parents
- foster parents
- other carers.

parenting the process of promoting the physical, emotional, social and intellectual development and health and wellbeing of a child from birth to adulthood

The UN Convention on the Rights of the Child states that children have the right to grow up in an environment in which they are helped to reach their full potential in life. In order to achieve this, there has been a rise in having only one child, often referred to as 'One and done'. This reflects individuals thinking about:

- the possible impact of having children on their mental and physical health
- greater acceptance of one-child families
- cost of living increases
- global equity concerns.

Over the past 50 years, changing social factors have led to changes and challenges in how parents carry out their role. Some of these include:

- more flexible work hours
- more women in the full-time workforce and people working from home
- different income and education levels
- higher divorce and remarriage rates
- single parenthood by choice.

The responsibilities for the parenting of a child can therefore be carried out in different ways and under different circumstances.

FIGURE 9.1 Some young Australians are hesitant about having children, due to concerns about climate change.

The **role of parents** is to understand and respond in an appropriate way to the needs and rights of a child from birth, which requires skills and knowledge. Knowledge of parenting can be limited by not seeing or experiencing examples of what parenting looks like. Smaller families mean less chance to learn by watching parents interacting with siblings. Less contact with extended family networks can make people feel less confident in their parenting skills. However, information can be found from parenting courses, online sources, social networking sites and the media rather than from family experiences alone.

Adults thinking about becoming a parent must give **consideration** to:

- changes in **responsibility** and their ability to meet the needs of a child
- whether they can provide an environment that will promote optimal development
- changes in relationships
- whether they can cope with the additional stressors associated with parenthood.

FIGURE 9.2 Parenting involves a change in responsibility and relationships.

9.2.2 Changes in responsibility

It is the responsibility of parents to provide for the needs of a child and give them an optimal environment for development. To do this, they should be supported by other caregivers and family members, communities and governments.

Specifically, parents have a legal responsibility to:

- protect their child from harm
- provide their child with food, clothing and housing
- financially support the child
- provide safety, supervision and control
- provide medical care
- provide an education.

With parenting, personal freedom gives way to responsibility. Parents-to-be should consider whether any changes in diet and lifestyle are needed in order to have a healthy pregnancy and healthy child. New parents can find it difficult to do all the things they used to do while also caring for a newborn. They must be prepared to let some things go for a while. New parents may find themselves faced with changes in their relationship, an increase or change in household duties, and the possibility of becoming the sole provider or even a stay-at-home parent. Financial priorities also change, and a balance between career responsibilities and family will have to be found. Preparing for the increase in responsibility might mean building up savings, choosing one parent to stay home with the new baby full time or taking newborn education or parenting classes.

A child has **physical**, **intellectual**, **emotional** and **social needs** that are constantly changing. **FIGURE 9.3** summarises the needs that children must have satisfied for their survival, **socialisation**, emotional security, and learning and skill development.

role of parents functions or expected behaviours when responsible for the safety and wellbeing of a child

consideration the act of thinking carefully about a decision or choice

responsibility being answerable or accountable for something within one's control

physical needs the need for food, air, water, activity, rest and physical safety

intellectual needs knowledge, understanding, curiosity and search for meaning

emotional needs the need to feel loved and wanted by caregivers

social needs the need for belonging, self-worth and the respect of others

socialisation the process by which an individual learns to live according to the expectations of a group or society

FIGURE 9.3 Parents and caregivers provide resources and opportunities to meet the health and development needs of infants and children.

MEETING A CHILD'S PHYSICAL NEEDS

- Adequate amount and variety of nutritious food to meet growth and energy needs
- Adequate housing with heating, ventilation, appropriate sleeping conditions and hygiene to meet safety and health needs
- Access to healthcare to meet the need for good health and freedom from illness
- Opportunities for movement, play and interaction to meet activity needs

MEETING A CHILD'S INTELLECTUAL NEEDS

- Interaction with other caregivers and peers to meet the need for communication
- Opportunities for play and toys to meet the need for curiosity, thinking, understanding and remembering
- Interaction, attention and instruction to meet skill development and learning needs

MEETING A CHILD'S EMOTIONAL NEEDS

- Providing positive care to meet the need to feel loved, wanted and connected
- Providing consistent warm attention to meet the need for affection and reassurance
- Providing positive assurance to meet the need for praise, empathy and understanding
- Providing routine, and appropriate and timely responses to meet the need for comfort, safety and security

MEETING A CHILD'S SOCIAL NEEDS

- Encouraging family connections and relationships to meet the need for warmth, praise, love, attachment and belonging
- Secure environment and positive interaction to meet the need for a sense of belonging
- Opportunities for connections and achievement to meet the need for self-worth and self-respect
- Teaching about appropriate social behaviour to meet need for autonomy and competence

9.2.3 Changes in relationships

To help get them through this initial adjustment, parents need a strong relationship and good communication skills. New parents will benefit from a supportive network of friends and family to lean on or talk to when things get tough.

A new parent's relationship with a partner will change as there are new and competing priorities. The requirement to put the needs of the baby first is a big adjustment in itself. There will be new responsibilities and less time for themselves as individuals, as well as less time as a couple.

FIGURE 9.4 Parenting is an intense, 24-hours-a-day, 7-days-a-week job.

Possible changes to relationships include challenges when interacting with:

Partner — Relationships thrive on time spent together and connecting and listening to a partner. Communication can become more task-oriented and the reduced amount of available time and energy to focus on the relationship can leave both partners feeling, at times, distant and disconnected. In some cases, one partner may seem primarily focused on the baby, and may leave the other person feeling somewhat left out, and even resentful.

FIGURE 9.5 Relationships can change when a grandchild is born.

Family — Not only has the parents' role and place in the world changed, but so has that of other family members who have become grandparents, aunts and uncles, and siblings. In turn, this can affect relationships with extended family. Sometimes the expectations that family members have about their new role or about the parents' approach to the role may not align with that of the parents.

Social network — The spontaneity that keeps relationships fun and interesting may feel lost, and undertaking any social activity or outing can require more planning and preparation than it once did. This can increase the temptation to reduce social contact, which can affect the time spent on friendships and social relationships.

9.2.4 Additional stressors

Undertaking the parenting role for the first time generates new challenges that can present as **stressors**. Identity, responsibilities, daily routines and relationships will all be impacted, meaning resilience, coping skills and support are required. Although men do not experience the enormous physical changes of pregnancy and birth, they also receive less personal and institutional support around the transition to parenthood than mothers do. Some examples of additional stressors for both parents are shown in **TABLE 9.1**.

stressor something perceived as a challenge that causes a state of strain, tension or stress

TABLE 9.1 Additional stressors when becoming a parent

Stressor	Explanation
Health	A lack of sleep can have a major effect on mood, energy and the ability to think clearly. Things can seem so much worse if a parent is not getting enough sleep, and they may feel more overwhelmed, teary and emotional.
Psychological	Coping with an unsettled baby can be highly demanding and stressful for any parent. Unsettled babies can make the adjustment to parenthood very challenging — especially when a parent is still in the process of forming a bond. Emotions can seesaw for both partners, particularly with the additional pressure of feeling the need to be 'on top of everything'.
Financial	Planning for a baby often means looking ahead to a time where parents are earning less and spending more.
Social	Research shows that over half of first-time parents feel lonely and socially isolated. Some friendships may continue to grow and deepen, while others may fall away for now.

(continued)

TABLE 9.1 Additional stressors when becoming a parent *(continued)*

Stressor	Explanation
Lifestyle	Previous choices about dining out, travel and use of leisure time will be re-evaluated and most often reprioritised.
Support	Lack of social and emotional support can increase feelings of isolation and can challenge resilience, energy and coping strategies.
Expectations	New babies are demanding. Meeting your own (and others') expectations about how a parent should behave and what they should do can seem overwhelming and challenging.
Balancing responsibilities	One person may feel pressure to take on more child-rearing responsibilities than the other. That can leave that person feeling resentful toward their partner.
Communication	Communication can become more task-oriented and related to getting things done. Active listening and empathy may be used less frequently.
Parenting style	Different attitudes and beliefs about parenting can create disagreements. Some people may like to model their parenting style on their own childhood experiences, while others may try to avoid the parenting style they experienced.

9.2.5 Social and emotional support for new parents

Once a person decides to become a parent or caregiver, they will need **social** and **emotional support**, as parenting involves learning on the job, often without any previous experience of child rearing.

Social support

Social support involves a social network of relatives, friends, neighbours and community groups who are able to provide practical assistance, such as:

- money
- babysitters
- help with meal preparation
- care of other children
- sharing of information
- assistance with transport
- help in case of emergencies or with household tasks.

FIGURE 9.6 Grandparents provide social support to parents. Grandparent care can be the nearest thing to parent care. Grandparents can also be more flexible and cheaper than formal childcare.

Having family members, such as grandparents, available and prepared to babysit can mean parents are able to work, which will increase financial resources. Greater financial resources will allow parents greater capacity to provide adequate housing, clothing and food. Contact with extended family can also teach children about history and culture through stories told by their grandparents.

Parents with higher levels of social support are better able to cope with stress and show more resilience. For example, women who receive strong social support from their families during pregnancy appear to be protected from sharp increases in a stress hormone, making them less likely to experience depression after giving birth. Good social support is also of benefit to the child. Having other people in the child's life who show them affection, praise and warmth strengthens the child's trust and emotional security. This increases the likelihood of them becoming competent and independent when interacting outside the family in later life.

social support informal or practical assistance from relatives, friends, neighbours or the community

emotional support the feeling that others understand your needs and will try to help you

Emotional support

The idea of parenting can bring a mix of emotions: both positive and negative. Fears about whether they will be a good parent can lead to doubts and negative thoughts, which can cause stress for adults considering parenthood. Once the baby arrives, there may also be frustration and regret at losing a lifestyle that may have involved greater financial independence, career advancement and spontaneity related to time with a partner or friends.

The birth of a baby involves a period of adjustment. A survey conducted by Healthdirect Australia revealed that the biggest challenges facing new parents were lack of sleep for themselves and the baby, feeding, recovering from birth and juggling care of other children. Participants reported that their top concern during pregnancy was that something was 'wrong' with their baby. During the first week after birth, up to 80 per cent of mothers will experience the 'baby blues', which can involve feelings of anxiety, mood swings and irritability. These feelings tend to peak three to five days after the birth and are mainly caused by hormonal changes after childbirth.

Emotional support is showing empathy and care for another person. Emotional support can help a parent cope with their emotions and experiences and show them that they are not alone. It should be respectful and non-judgemental and can provide reassurance and understanding.

Emotional support involves:

- active listening — listening attentively and engaging with what a parent is saying, which shows them that what they say matters
- empathising and validating — letting the person know that you understand and accept how they feel
- love or care and encouragement
- problem solving — helping a parent to process what they are going through and asking questions that help them explore options.

Other people can offer new parents emotional support through encouragement, active listening and reassurance. People who are willing to share ideas and advice in a non-judgemental way can increase self-esteem and resilience for parents. This helps parents to see things in a more positive light and identify ways to cope.

Having adequate social and emotional support is important for parents and carers. Parents who are well supported:

- are better able to provide for their child's needs
- feel less stressed
- feel more able to relate to their child
- make good decisions and model appropriate behaviours.

Well-supported parents are also more likely to see themselves as effective in their role. Research shows that the extent to which parents see themselves as competent, being as good as or better than other parents, is strongly linked to parent wellbeing and children's health and wellbeing and development. Children whose needs are met and who have strong social and emotional skills are likely to become adults who find it easier to create and maintain a supportive social network. This increases the likelihood that they will be effective parents of their own children.

9.2.6 Resources new parents need

Families need to access and use resources effectively to manage their parenting responsibilities. Personal resources such as knowledge, understanding, patience, creativity, energy, initiative, skill and enthusiasm will vary depending on the individual. As discussed in section 9.2.1, the amount of time a person can put into the role of parenting is a significant consideration in becoming a parent, and a major resource if the person decides to become a parent. Time has an impact on parents' ability to use other resources required for effective parenting, including:

- knowledge of health-promoting behaviours and parenting practices
- material resources, such as income and food
- resources provided by all levels of government.

Knowledge

Parents' level of education and knowledge is a resource that affects the developing baby in a number of ways. The level of **health literacy** of a parent can increase the probability of parents caring for themselves in ways that promote the health and wellbeing and development of their unborn baby. Accessing healthcare, eating nutritious food, not smoking, and avoiding alcohol and drugs are more likely to happen in those who are educated about the benefits of maintaining optimal health and wellbeing during pregnancy. Education can also increase knowledge about the benefits of breastfeeding or ways to avoid the risk of SIDS. Parental education often increases employment opportunities and the ability to generate an adequate income, which can be used for resources such as adequate nutrition and healthcare.

FIGURE 9.7 Discussing parenting with others shapes a parent's attitudes and beliefs about their own competence in the role.

Material resources

When a newborn child enters a household, income may go down temporarily or permanently as carers withdraw from the workforce. Alternatively, household income may increase due to becoming eligible for family assistance. According to the Australian Institute of Family Studies, parents of firstborn children report increased spending on groceries, health and wellbeing, and children's clothing, but reduced levels of spending on holidays. Money may be required to clothe, transport and feed a baby, as well as provide it with a safe place to sleep and explore.

In terms of financial resources, new parents need to consider who is going to be the primary caregiver and whether the primary caregiver is going to work after the birth. These considerations will be affected by family values and current financial commitments.

New costs during and after pregnancy may include:

- doctor and hospital bills, scans and special medical tests
- maternity clothes
- baby clothes and equipment
- childcare, whether it is provided by family members or childcare centres.

health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)

9.2.7 Federal government resources for new parents

Medicare

Medicare is Australia's universal health insurance scheme that provides free or subsidised treatment for all Australians through the public health system. Pregnant women can access a range of Medicare-funded health services throughout their pregnancy, including free treatment in public hospitals. By making healthcare more affordable, Medicare increases accessibility to **antenatal care**, which can assist with early detection of issues during pregnancy and medical intervention when required. Medicare also assists in providing professional health workers, such as nurses, midwives, doctors and obstetricians, to assist with the birthing procedure at no charge to the patient in a public hospital.

FIGURE 9.8 There is a strong relationship between regular prenatal healthcare and positive health and wellbeing outcomes for both mother and baby.

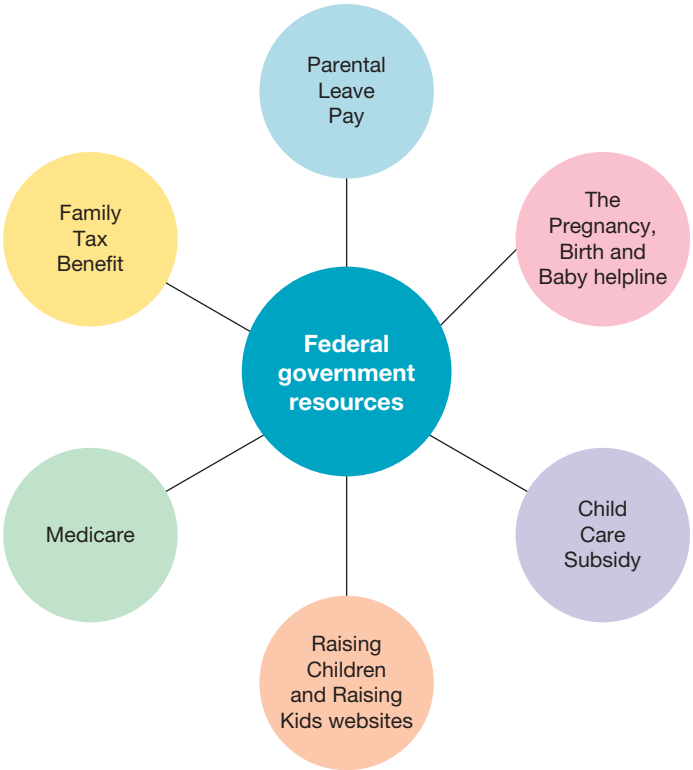
Financial support

From July 2023, Parental Leave Pay for a child born or adopted was set at $882.75 per week before tax, based on the weekly rate of the national minimum wage. This gives new parents, including same-sex partners, up to 100 days or 20 weeks of government-funded pay while on unpaid leave from work during the first year following the birth or adoption of a child. This leave can be shared between both parents, but only ten days can be taken at the same time.

Other benefits for families include the Family Tax Benefit — a payment that helps eligible families with the cost of raising children — and the Child Care Subsidy, which is assistance to help parents with the cost of childcare.

antenatal care relates to the medical care given to pregnant women before their babies are born

FIGURE 9.9 Federal government resources for new parents



Information support

The Pregnancy, Birth and Baby helpline provides a free phone and online service for pregnant women and new parents who have a baby up to 12 months of age. It provides information and advice on topics such as maternal nutrition, breastfeeding, baby development and sleeping habits, as well as direction to maternity-related services including specialist and support services. This service is delivered by maternal child health nurses.

Raisingchildren.net.au is the Australian government parenting website that aims to equip parents with the information they need to optimise the health and wellbeing of their child. 'Raising kids' is a Services Australia website that provides information about payments and services to help with the cost of raising a child, as well as information about childcare and child support.

9.2.8 State government resources for new parents

Maternal and Child Health Service

FIGURE 9.10 The Maternal and Child Health (MCH) Service provides a range of services and resources for parents.

The Maternal and Child Health Service is a primary health service, free for all Victorian families with children from birth to school age. There are maternal and child health centres in every local government area in Victoria. They are jointly funded by state and local governments and usually managed by local government. The centres are staffed by highly qualified maternal and child health nurses. After a baby is born, the hospital notifies the local service and the nurse will contact a parent during the first days at home to arrange an appointment. This is usually a home visit where the nurse will provide the location of the nearest centre, information about further visits and services, and how to contact a maternal and child health nurse at any time. The service is available 52 weeks of the year and provides appointments to check a child's health and wellbeing, growth and development at ten key ages and stages from birth to three and a half years of age. These visits focus on parenting, growth, development, promotion of health and wellbeing and safety, social supports, referrals and links with local communities.

The Maternal and Child Health (MCH) app

The Victorian Government has also developed the Maternal and Child Health (MCH) app as a reliable tool for parents and carers to find essential and trustworthy information. Among other features, it sends reminders about upcoming MCH appointments and can help parents and carers find useful contacts. Users can also search for more information via a digital assistant.

Maternal and Child Health Line

The Maternal and Child Health Line is a telephone support service that is available 24 hours a day, seven days a week to families throughout Victoria with children from birth to school age. The Maternal and Child Health Line is staffed by qualified maternal and child health nurses who provide information, support and advice about child health and wellbeing, nutrition, breastfeeding, maternal and family health and wellbeing, and parenting. The Maternal and Child Health Line can link families with the Maternal and Child Health Service and to other community, health and wellbeing and support services.

9.2.9 Local government resources for new parents

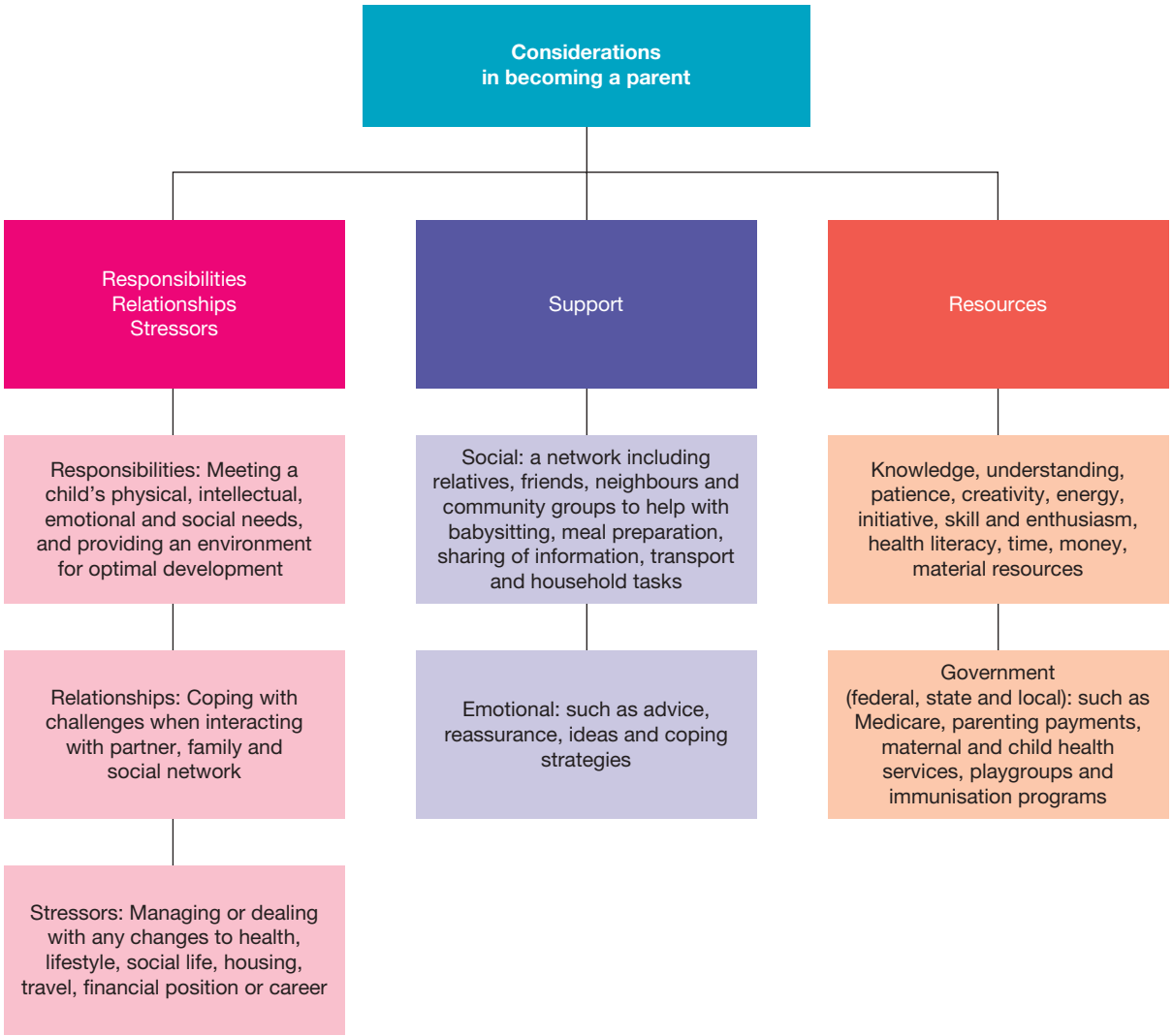
Local governments implement a range of strategies and programs to promote the health and wellbeing and development of children. Creating communities where children can grow up active, connected and healthy significantly influences lifelong health and also supports the health and wellbeing of their families, friends and neighbours. These strategies are outlined in **FIGURE 9.11**.

FIGURE 9.11 Local government areas provide resources and programs to support the health and wellbeing of parents, carers and children.

EXAM TIP

The key skill of analysing requires you to look for links between sections of the key knowledge. When analysing considerations associated with becoming a parent, look for links between the changes in relationships and responsibility and the additional stressors that can be experienced. You can also look for links between the responsibilities and stressors, and how the social and emotional support and resources may support or address them.

FIGURE 9.12 Raising a child is a full-time demanding role. Thinking ahead about the challenges, support and resources required can assist new parents.



HEALTH STUDY

Name: Kirsty

Age at interview: 30

Gender: Female

Background: Kirsty lives with her partner and nine-month-old daughter in a regional town in Australia. She is from an Anglo-Australian background and is not currently working.

About Kirsty

Kirsty was experiencing problems at work when she fell pregnant, so decided to resign, then moved interstate with her partner. Her homebirth was 'an amazing experience', but she struggled with breastfeeding and sleep issues and sought counselling.

More about Kirsty

Kirsty worked for several years in corporate roles before meeting her partner. She described having had a 'strong biological urge' to have children, but her partner had 'mixed' feelings based on his experience of becoming a father in an earlier relationship. He was upset when he learned Kirsty was pregnant as they had not had a clear discussion about it. They both took time out to consider whether they were ready to become parents.

Kirsty described the pregnancy as 'very stressful' as both she and her partner had recently resigned from their jobs and were in the initial stages of setting up a new business. They had moved interstate and were living with Kirsty's partner's parents and had very little income or independence. Kirsty suffered sleep disturbances and was diagnosed with restless leg syndrome shortly before becoming pregnant, and so couldn't take medication for the condition. She felt exhausted and 'hungry around the clock'.

As the pregnancy progressed, Kirsty felt better and their homebirth was an 'amazing experience'. For the first few days after the birth, they felt 'six foot tall and bulletproof' as a result of delivering their baby themselves.

However, Kirsty then started experiencing problems breastfeeding and settling her baby, which she had not expected. When their daughter was 10 days old, Kirsty remembered trying to get her to sleep and changing endless nappies, and wondering 'what had happened' to her life.

At 12 days, their daughter was hospitalised for jaundice and dehydration and given formula, which made Kirsty feel like 'a failure'. Returning home, she tried to continue breastfeeding despite ongoing difficulties and her partner encouraging her to stop. Kirsty had intended to co-sleep with her baby, but this did not assist in settling her daughter.

Kirsty sought advice from others but didn't ask for help as she believed she could 'do it all' on her own. Presented with lots of conflicting and unsolicited advice, Kirsty mostly disregarded what didn't fit with her views. Her mother's support and understanding at this time was appreciated, as she could relate to most of what Kirsty was experiencing.

Kirsty described this period as a 'fog of not sleeping, arguing, crying'. Her partner struggled to understand how she was feeling and suggested she might have postnatal depression, but Kirsty thought she was just 'upset' and exhausted.

When her daughter was six months, Kirsty learned about Medicare-subsidised psychologists and asked her GP for a referral. Her first session was 'not very helpful' as she didn't connect with the psychologist, so she is now waiting to see a different one.

Kirsty feels that although their lives have changed dramatically, she and her partner are still trying to hold on to their dreams. She said if she had her time again, she would not have 'so many expectations for how I was going to do things' and be less judgemental of other parents. Her advice to others is that it really 'does take a village to raise a child' and to ask for support.

CASE STUDY REVIEW

1. Analyse the case study to identify changes in Kirsty's relationships after becoming a parent.
2. Identify the additional stressors Kirsty faced after becoming a parent.
3. Select one of these stressors and explain how Kirsty used social and emotional support to improve her transition to the role of parent.
4. Identify other resources at Kirsty's disposal that might have helped her adjust.

9.2 Activities

1. Access the **Rise of one-and-done parenting** weblink and the **PMI Parenting** worksheet in the Resources tab as well as the information in this subtopic, and complete a PMI (Plus/Minus/Interesting) analysis of the parenting role.
2. Access the **How climate change is impacting people's decision to have kids** weblink in the Resources tab to read an article on parenting considerations. As a class, complete this 'Tug of war' activity. Use this statement:

   Is it fair to have children in a time of climate change?

a. Draw a line on the whiteboard to represent a tug of war rope with 'Yes' written at one end and 'No' at the other.
b. Think about your own view.
c. As a class, explain the factors that 'pull' to the 'Yes' or 'No' sides of the question and add these to the board on Post-it notes.
d. Try to think of reasons on the other side of the question as well.
e. Write a paragraph to identify any new ideas you have about the question. Do you still feel the same way about it? Have you made up your mind or changed your mind?

on Resources

Digital document PMI parenthood worksheet (doc-41628)

Weblinks Rise of one and done parenting
How climate change is impacting people's decision to have kids

9.2 Exercises

9.2 Quick quiz on | **9.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 5	6, 7, 8

Test your knowledge

1. Outline what the term 'parenting' means.
2. Outline the legal responsibility that parenting involves.
3. Summarise the types of needs children have that parents and caregivers are responsible for satisfying.
   a. Create a mind map or table listing each type of need.
   b. Describe each type of need, including an example of each.
   c. Recommend the resources accessible to parents to satisfy each need.
4. Describe one example of a change in relationships that may happen in the transition to the parent role.
5. Describe two additional stressors that someone undertaking the parent role might experience.

Apply your knowledge

6. Analyse why emotional support is essential to address the additional stressors faced in the transition to becoming a parent.
7. Discuss how the government's Parental Leave Pay supports parents in meeting a child's needs.
8. Describe an example of a resource provided to new parents by local governments that could support a positive change in relationships for new parents.

9.2 Exam questions

Question 1 (1 mark)
Identify one example of a physical need that parents meet for their children.

Question 2 (3 marks)
Parents with higher levels of social support are better able to cope with stress.
a. **Describe** an additional stressor that someone undertaking the parent role may experience. **(1 mark)**
b. **Identify** one example of social support and **outline** how it might help parents cope with additional stressors. **(2 marks)**

Question 3 (4 marks)
Explain two possible changes to family relationships for someone undertaking the parenting role for the first time.

Question 4 (1 mark)
Outline one benefit of having good health literacy when undertaking the role of parent for the first time.

Question 5 (4 marks)
Explain the considerations in becoming a parent that relate to responsibilities.

More exam questions are available in your learnON title.

9.3 Fertilisation and the stages of prenatal development

Key knowledge	Key skill
The role of parents, carers and the family environment in determining the optimal development of children, by developing students' understanding of: – fertilisation and the stages of prenatal development	Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by fertilisation • the characteristics of the germinal, embryonic and foetal stages of prenatal development • why knowledge of fertilisation and prenatal development is important.	• explain why the germinal, embryonic and foetal prenatal stages are a time of risk.

Understanding the process of **fertilisation** is important not only because becoming pregnant can be difficult, but also because it influences optimal prenatal and future lifespan development. Currently, one in six Australian couples experience **fertility** problems. To gain an understanding of the stages of prenatal development, fertilisation and the cells required for this process need to be explored.

9.3.1 Sperm, ova and fertilisation

Sperm and ova (singular ovum, sometimes referred to as 'egg') are the names given to the male and female sex cells (or **gametes**) respectively. Sperm production in males starts during puberty, and sperm form in the testes at a rapid rate (over 12 billion per month). Ova form in the ovaries prenatally. Once born, the female already has all the ova that she will have for life. These ova will mature once puberty occurs.

Fertilisation (sometimes referred to as conception) occurs when a sperm penetrates an ovum and the genetic materials fuse together to make a single cell called a **zygote**. The zygote contains 23 **chromosomes** from the sperm and 23 chromosomes from the ovum and these carry the **genes** that will determine the rate and timing of development, whether the child is male or female and its characteristics. The individual resulting from this single fertilised cell will therefore display some characteristics of each of their parents.

During sexual intercourse, sperm are deposited in the vagina and swim towards the fallopian tubes. If an ovum is present, any sperm that reach it will compete to break through the ovum's membrane. To do this, the sperm release an enzyme that breaks down the outer barrier of the ovum. Once a sperm has penetrated the membrane, other sperm are blocked from entering by changes to the outer surface of the ovum. If more than one sperm were to enter, the zygote would have an

fertilisation the fusing of a sperm and an egg cell. Marks the beginning of pregnancy. Also known as conception.
fertility the natural capability to produce offspring
gamete sex cell, i.e. ovum or sperm
zygote cell created when an ovum is fertilised by a sperm
chromosomes strands of DNA that contain genetic information
genes the blueprint of the body that controls growth, development and how the body functions

incorrect amount of genetic information and would not survive. Once genetic material is provided by each parent at fertilisation, the prenatal stage of development starts.

Assisted conception

When planning for parenthood, many people require assistance to achieve pregnancy, including those with fertility issues, same-sex and gender-diverse couples, and single people. The most common forms of assistance in Australia are:

- intrauterine insemination (IUI)
- **in-vitro fertilisation (IVF)**
- sperm or egg donation
- unpaid surrogacy
- adoption.

in-vitro fertilisation (IVF) a medical procedure whereby an ovum is fertilised by sperm in a laboratory

IUI, put simply, involves inserting sperm into the uterus. This is done in a procedure at a fertility clinic. If IVF is the preferred option, a woman is given special reproductive hormones to encourage several eggs to develop in the ovaries. Fluid containing the eggs is drawn from the ovary with a needle. The eggs collected from the ovary are then mixed with a sample of a male partner's or donated sperm. The eggs and sperm are left in an incubator so that fertilisation can take place.

Following fertilisation, the cells divide and multiply and form an embryo. After three or four more days, a healthy embryo will be transferred, by means of a thin flexible tube, to the uterus where it is left to implant and begin a pregnancy.

The only type of surrogacy available in Australia is when a fertilised donor egg (embryo) is implanted into a surrogate through IVF with the surrogate receiving no payment and having no genetic connection to the baby.

Each year in Australia, there are many more people who want to adopt than there are children who require families. Adoption Victoria, however, does seek applications from families who would like to adopt a child.

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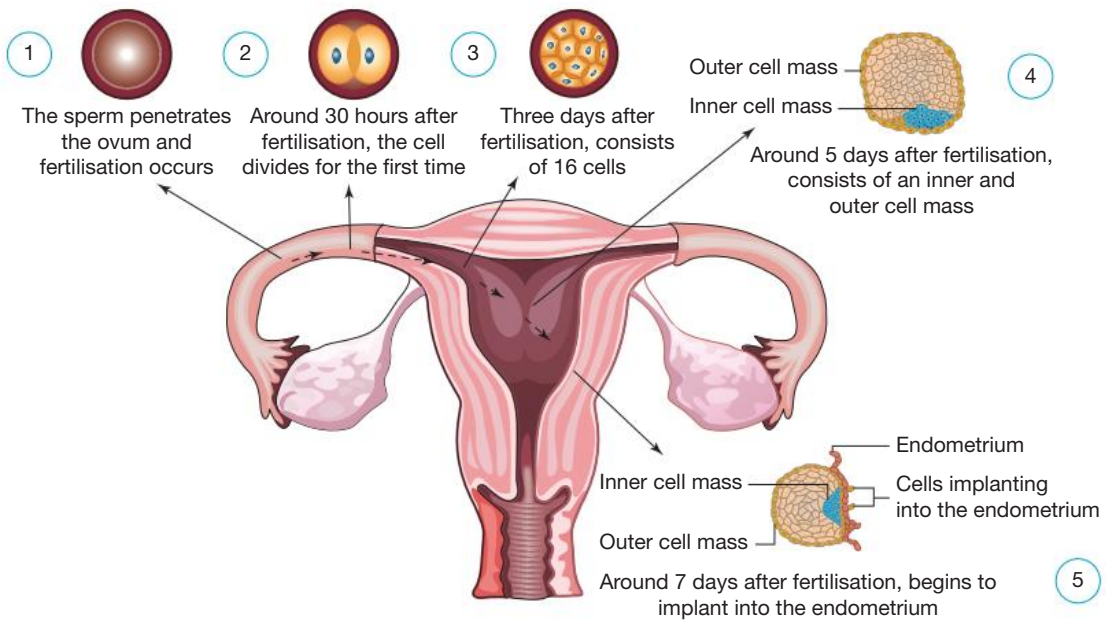
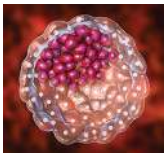
FIGURE 9.13 The germinal stage begins with fertilisation, creating a zygote, which undergoes rapid divisions, transforming into an inner cell mass (embryo) and an outer cell mass (placenta) and finally implanting into the endometrium.



9.3.2 Germinal stage (0–2 weeks)

The germinal stage starts at fertilisation and ends with **implantation** (**FIGURE 9.13**). When fertilised, the newly formed cell (zygote) travels down one of the fallopian tubes while constantly dividing. When it reaches the uterus, the group of cells now called a **blastocyst** implants itself in the **endometrium** and, at this point, it becomes known as an '**embryo**'. As soon as implantation occurs, the **placenta** begins to form.

TABLE 9.2 Characteristics of development that occur during the germinal stage

Stage of prenatal development	Week of prenatal development	Characteristics of development
Germinal	1	• Fertilisation occurs when a sperm cell combines with an egg cell to form a zygote. • Thirty hours after fertilisation, the process of cell division begins and will continue for life. • After three days, the zygote consists of 16 cells. • The zygote travels down the fallopian tube and into the uterus.
	2	• Around a week after fertilisation, and while smaller than a grain of rice, the ball of cells now known as a blastocyst begins to implant into the endometrium. The implantation process takes about a week to complete. • The formation of the placenta begins.

The germinal stage is significant because it involves the process of changing an ovum and sperm into a zygote and then into an embryo. This process involves fertilisation, cell division and implantation.

9.3.3 Embryonic stage (3–8 weeks)

The embryonic stage starts at implantation and ends at the eighth week. This stage is characterised by **cell differentiation**. This is when the cells start taking on specialised roles such as heart cells, skin cells and bone cells. This stage is perhaps the most critical for development. While the embryo is only around 2 centimetres in length by the end of this stage, many of the internal organs and systems have begun to form in a process called **organogenesis**. These include the circulatory system, the stomach and kidneys, lungs, the nervous system and the digestive system. The brain and spinal cord are almost complete by the end of it (although they will grow in size and increase in complexity for years to come).

implantation when a cluster of cells that will become an embryo attaches itself to the endometrium

blastocyst thin-walled hollow structure consisting of a cluster of cells making up an outer cell mass that becomes the placenta, and an inner cell mass that becomes the embryo

endometrium the nutrient-rich lining of the uterine wall in which the ovum (blastocyst) embeds or that is expelled every month if pregnancy does not occur

embryo cell mass from approximately the second to the eighth week after fertilisation

placenta an organ that allows the transfer of nutrients, gases and wastes between mother and foetus

cell differentiation when cells take on specialised roles

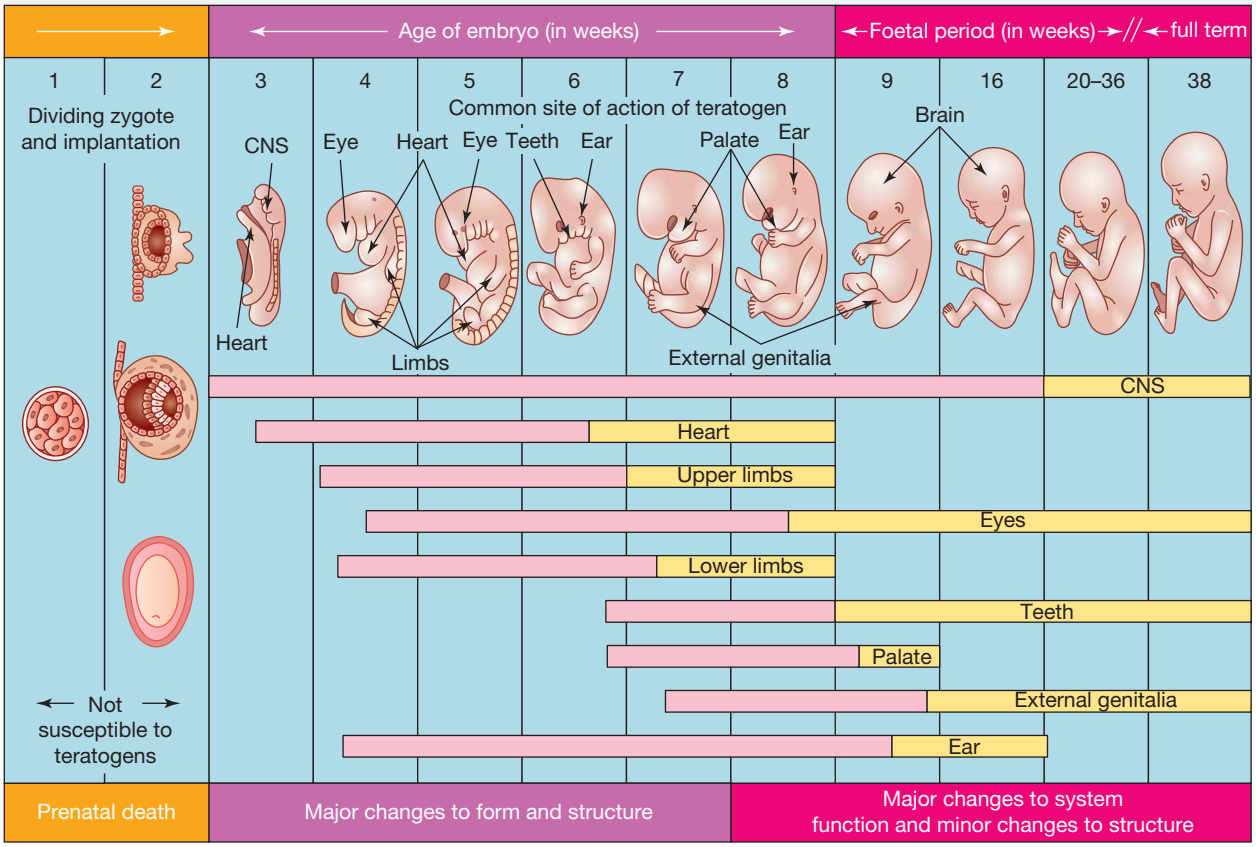
organogenesis the formation of organs

Because major organs and systems are formed during this time, the embryo is very sensitive to environmental influences. For this reason, the embryonic stage is known as a **critical period** in development. For coordinated body systems to develop, the specialised tissues that are forming require specific connections from the brain and spinal cord to the muscles and outer parts of the developing embryo to occur. **Teratogens** such as tobacco, alcohol and medication are particularly influential during this stage of development. They are thought to interfere with the formation of these connections.

critical period a time during which a foetus is particularly susceptible to the effects of factors within its environment

teratogen anything in the environment of the embryo that can cause defects in development. Examples include tobacco smoke, alcohol, prescription medication, radiation from x-rays and some diseases, such as rubella.

FIGURE 9.14 The embryonic stage is the most critical for development, as it is a time when cells start taking on specialised roles. This image shows when each organ is developing and therefore at most risk from teratogens.



At the eighth week, the embryo has begun to form every major organ and system, and many are close to completion. In fact, 90 per cent of the structures found in an adult human can be found in an eight-week-old embryo. The remainder of the prenatal stage is characterised by rapid growth and the maturing of these organs.

TABLE 9.3 Characteristics of development that occur during the embryonic stage

Stage of prenatal development	Week of prenatal development	Characteristics of development
Embryonic	3	• Implantation is complete, and the developing cell mass is referred to as an embryo. • Cells continue to divide rapidly and start taking on specialised roles as the organs begin to develop.
	4	• The tissues that will become the brain and spine (called the neural tube) start to develop. • Around 3 millimetres in length, the embryo secretes hormones to maintain the endometrium and to prevent the mother from having a menstrual period. • The blood and circulatory system, powered by the heart, is the first organ system to develop.
	5	• Buds appear on each side of the embryo that will become the limbs. The heart begins to beat. • It will be several weeks until the placenta is fully functional to access oxygen and nutrients from the mother's bloodstream. • Brain cells are being generated at a rate of 100 per minute.
	6	• The spinal cord looks like a tail and the head is large in relation to the rest of the body. • The embryo is approximately 1.3 centimetres long. • Bone starts to replace cartilage.
	7	• Blood cells are being made in the liver. • Facial features such as the eyes and mouth are forming. • Tiny muscles have formed, which allow the embryo to move.
	8	• The embryo is around 2.5 centimetres in length. • Fingers and toes are starting to form. • The brain is now active and makes up half the body weight. • The embryo is now distinctly human-looking.

The embryonic stage is significant because it is a critical period of development. Events that occur in the embryo lay the foundation for virtually all of the body's different cells, tissues, organs and organ systems. Genetic defects or harmful environmental exposures during this stage are likely to cause the embryo to die and be spontaneously aborted (also called a miscarriage) or, if the embryo survives and goes on to develop and grow as a foetus, it is likely to have birth defects.

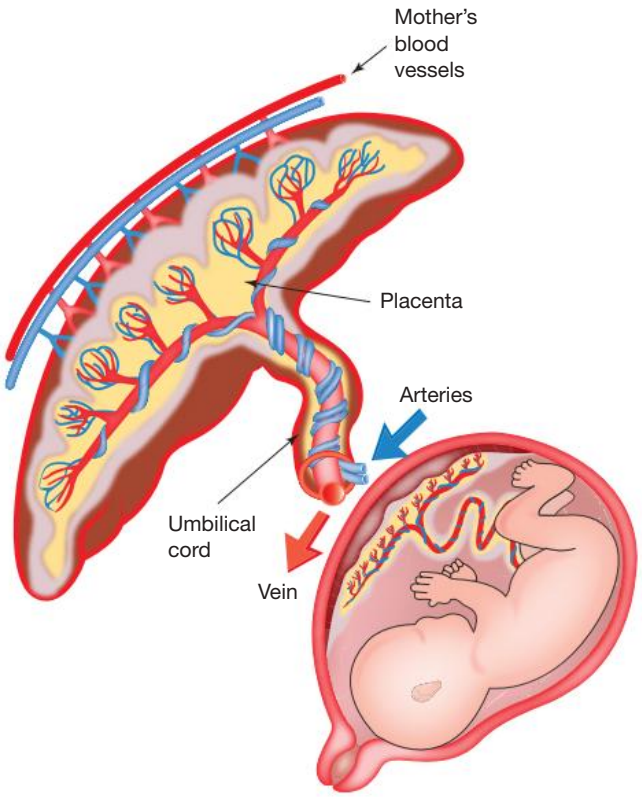
9.3.4 Foetal stage (9–38 weeks)

During this stage, the unborn baby is referred to as a 'foetus'. The foetus measures 2.5 centimetres in length and weighs about 2 grams at the beginning of this stage, and is about 50 centimetres and 3500 grams by the end. Although this stage is characterised by rapid growth, many other developmental changes occur as well.

All organs and systems formed in the embryonic stage — including the lungs, digestive system, liver and kidneys — mature and are functioning in the early stages of foetal development. By 14 weeks, the placenta is fully developed and functioning. The placenta is a disc-shaped temporary organ, largely made up of blood vessels that allow the exchange of substances between mother and foetus. The placenta acts like a lung, digestive system and kidney for the foetus by supplying it with oxygen, nutrients and immune support, and removing wastes such as urine and carbon dioxide (see **FIGURE 9.15**). The placenta also produces hormones, such as progesterone, that assist in maintaining the pregnancy by preventing ovulation of any more ova.

Sex organs start taking shape and by around the 15th week, a female foetus will have produced millions of ova, but this number will be reduced by the time she is born. The testes of a male foetus will be producing testosterone.

FIGURE 9.15 The placenta connects the foetus to the uterine wall of the mother, providing the foetus with nutrients and oxygen and removing its waste products.



Movement occurs in almost all parts of the foetal body and becomes more noticeable as the foetus grows. The foetus displays a breathing movement but its lungs are filled with **amniotic fluid**, not air.

During the second half of the foetal stage, tooth buds form in the gums. The bones, which mainly consist of cartilage, also start to harden or ossify around this time. This is a process that will continue until the end of puberty.

Babies are considered premature if they are born more than three weeks before their due date. A baby born after 24 weeks gestation may survive with intensive care. At 28 weeks, most babies are likely to survive. A number of changes happen during the final trimester (final three months) of pregnancy that help the baby to survive in the outside world. Surfactant is a substance that reduces the surface tension in the lungs and keeps the small air sacs in the lungs from collapsing when the foetus exhales. In preparation for breathing, a foetus begins making surfactant around week 24. By the end of the foetal stage, the lungs are fully developed. Fat is also deposited under the skin during the later weeks of the foetal stage. This assists with temperature regulation after birth.

amniotic fluid the fluid surrounding the embryo/foetus that protects the unborn baby

TABLE 9.4 Characteristics of development that occur during the foetal stage

Stage of prenatal development	Week of prenatal development	Characteristics of development
Foetal	9–13	• The developing baby is now known as a foetus. • All the body's organs are formed but not all are functioning at this point. • The foetus is around 7 centimetres in length in week 11. • Teeth are beginning to form in the gums. • Eyelids are fused over the eyes.
	14–18	• The foetus is around 14 centimetres in length in week 14. • The tongue develops taste buds. • Ears are fully functioning and the foetus can hear muffled sounds from the outside world. • The sex of the foetus can be distinguished via an ultrasound.
	19–23	• The foetus is around 33 centimetres in length in week 22. • The foetus will swallow regularly but takes in only amniotic fluid. • The eyelids separate into upper and lower lids and the foetus can open and shut its eyes.
	24–28	• The foetus is around 37 centimetres long and weighs approximately 1 kilogram. • The fingers and toes grow nails. • The foetus' body has grown and it is now more in proportion with the size of the head but will take until childhood to completely catch up. • In preparation for breathing, production of surfactant begins.
	29–33	• The foetus spends most of its time asleep. • Eyebrows and eyelashes grow. • Fat is laid down under the skin to assist with adjusting to life outside the uterus. • The foetus moves in a strong and coordinated way.
	34–38	• The foetus assumes the 'head down' position in preparation for birth. • The lungs develop at a rapid rate during this time. • The foetus is around 50 centimetres in length.

The foetal stage is significant because although all major organs are present, they are not yet fully developed and functional. The final developments will occur during the remainder of the foetal stage. This stage also determines the viability of the foetus — whether it is likely to survive outside the uterus.

EXAM TIP

When responding to questions about prenatal development, it is important that you are accurate in relation to the timing of each stage and specific about the features and characteristics present in each stage in prenatal development. In this way, you can show why each stage is important.

9.3 Activities

1. Use the **Experts say most people don't realise smoking is detrimental to fertility** weblink in the Resources tab to access an article.
   a. After reading the article, consider what ideas you had about smoking, vaping and pregnancy.
   b. Now, think about how your ideas may have changed as a result of what you read in the article.
   c. Share with a partner, a small group or the whole class.
2. This activity will help you to understand the role that fertilisation plays in the various pathways to the parenting role.
   a. Access the **From IVF to surrogacy** weblink in the Resources tab to read an article about same-sex couples and fertility.
   b. With a partner, identify a list of perspectives represented in the article.
   c. Identify one perspective to explore, and discuss this with your partner.
3. Using the **Prenatal development** weblink in the Resources tab and the information in this subtopic, devise a timeline of significant aspects of prenatal development.

on Resources

Weblinks Experts say most people don't realise smoking is detrimental to fertility
In-vitro fertilisation
From IVF to surrogacy
Prenatal development

9.3 Exercises

9.3 Quick quiz on | **9.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 5, 6	7, 8

Test your knowledge

1. Identify the time period when sperm production begins in males.
2. Identify the time period when ova are formed in females.
3. Use a flow chart to outline the process of fertilisation.
4. Create a mind map or draw up a table with three columns, one for each stage of prenatal development. Provide examples that represent the key characteristics of physical development in each of the three stages of prenatal development.
5. Discuss the important role that the placenta plays for the developing embryo/foetus.
6. Generally, babies born under 36 weeks' gestation will be admitted to a neonatal unit and very preterm babies under 30 weeks' gestation will need to be cared for in a neonatal intensive care unit. Discuss why babies born prematurely are in need of extra support.

Apply your knowledge

7. Explain why non-identical twins show just as much variation as brothers and sisters from single pregnancies.
8. Thalidomide was a medication prescribed in the 1950s and 1960s to reduce the symptoms of morning sickness. Unfortunately, it led to limb deformities when taken in early pregnancy. Using your knowledge of the embryonic stage, explain how this medication would have affected prenatal development.

9.3 Exam questions

Question 1 (3 marks)

a. **Explain** the process of fertilisation. **(1 mark)**

b. **Outline** why it is important to understand fertilisation and the stages of prenatal development before undertaking the role of parent. **(2 marks)**

Question 2 (2 marks)

Discuss the important role that the placenta plays for the developing embryo/foetus.

Question 3 (2 marks)

Explain how a fertilised cell (zygote) can display some characteristics of both parents.

Question 4 (2 marks)

Contrast development in the germinal and foetal stages of prenatal development.

Question 5 (3 marks)

With major organs being developed during the embryonic stage, the embryo is very sensitive to environmental influences, called teratogens. **Outline** the term 'teratogen' and provide two examples.

More exam questions are available in your learnON title.

9.4 The role of parents in determining optimal prenatal development

Key knowledge	Key skill
The role of parents, carers and the family environment in determining the optimal development of children, by developing students' understanding of: – risk and protective factors related to prenatal development, such as maternal diet and the effects of smoking and alcohol during pregnancy	Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by a risk and a protective factor.	• show the importance of parental decisions by linking potential risk and protective factors to the characteristics of the germinal, embryonic and foetal prenatal stages.

Understanding the **risk** and **protective factors** that influence the development of a foetus during the prenatal stage allows parents, carers and the community to make decisions and use or provide resources to optimise the development of unborn babies and, in turn, put the children on a pathway to enhanced adult health and wellbeing. **FIGURE 9.16** identifies a range of risk and protective factors that can influence the prenatal environment. The impact of stress and low SES are discussed in subtopic 9.7 and the impact of social and emotional support has been discussed in subtopic 9.2. Protective factors discussed in this subtopic include access to antenatal care, maternal diet and parent health literacy. Risk factors discussed include maternal undernutrition and alcohol and tobacco use.

risk factor something that increases the likelihood of developing disease or injury

protective factor something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk

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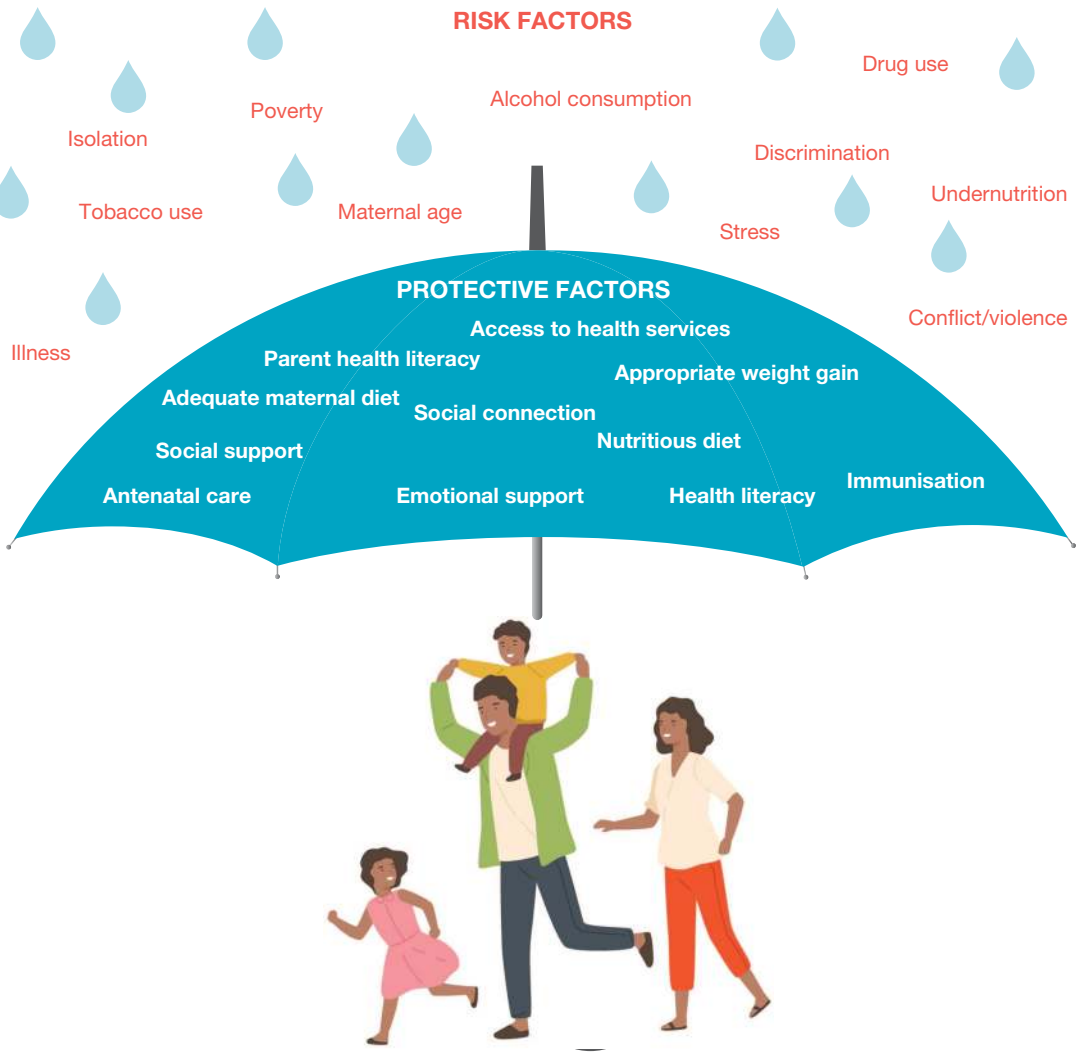
FIGURE 9.16 Knowing the risk and protective factors that contribute to prenatal development helps parents and healthcare workers to better manage a pregnancy for optimal development outcomes.



9.4.1 Parent health literacy

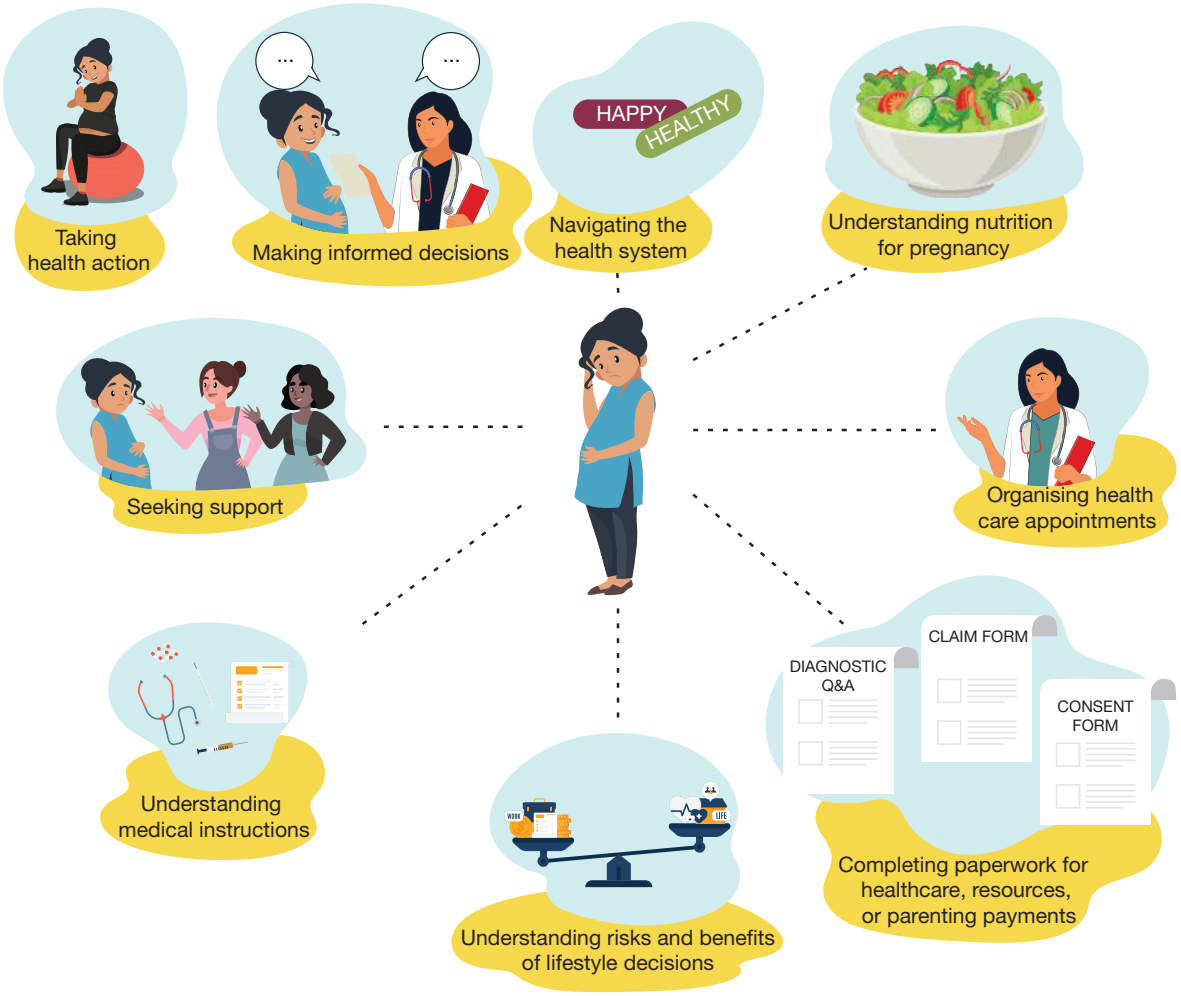
Studies show that parents with adequate health literacy are more likely to engage in protective behaviours. Examples include making positive changes in dietary intake and dietary supplements such as folate, levels of physical activity and accessing prenatal care. **FIGURE 9.17** identifies how health literacy can optimise the prenatal environment.

9.4.2 Antenatal care

An important part of parental responsibility during pregnancy is seeking antenatal care. Antenatal care is important to:

- monitor the health and wellbeing of the mother and baby
- provide health education and advice to the mother
- promote protective factors
- identify any risk factors for the mother and baby
- provide medical interventions if necessary.

FIGURE 9.17 Health literacy allows parents to adopt protective factors and to avoid risk factors for prenatal development.



The National Antenatal Care Guidelines recommend that the first antenatal visit occurs within the first ten weeks of pregnancy and that first-time mothers with an uncomplicated pregnancy attend eight to ten visits. These visits usually include confirming when the baby is due, checking the mother's blood pressure, weight, dietary intake and mental health, as well as use of ultrasound to check on foetal development. They are designed to:

- ensure normal foetal development, especially proper birthweight
- reduce the rates of premature birth
- decrease the risk of neonatal death after birth
- monitor and promote the mother's health
- decrease the risk of certain birth defects
- diagnose and treat pregnancy complications early on
- provide counselling and reassurance.

9.4.3 Maternal diet

For women who are considering having a child, ensuring a **healthy balanced diet** prior to becoming pregnant is a protective factor, as the ongoing development of the foetus is dependent on the health and wellbeing of the embryo. This means a maternal diet must include a variety across and within the five core food groups. There is also an increasing amount of evidence suggesting that the quality of sperm is influenced by the foods consumed prior to sperm production. As a result, both parents have a role to play in relation to consuming healthy foods prior to pregnancy.

A woman's nutritional status during pregnancy is dependent on the nutritional reserves that are built up in her body prior to conception. Women who have nutritional deficiencies prior to conceiving a child are likely to have these deficiencies during pregnancy, particularly as the body faces additional nutritional demands because of the growing baby. In the first five weeks of pregnancy, the foetus is most vulnerable to the mother's malnutrition, as this is when the foetus develops most of its organs, such as the heart, brain and lungs.

Maternal undernutrition

Maternal undernutrition can involve either a dietary intake with not enough energy for pregnancy needs or one that does not provide enough micronutrients, such as folate, iodine or iron. Upon implantation, the embryo divides into two types of cells — those that form the foetus and those that form the placenta. In undernourished women, a greater proportion of cells are likely to form the placenta rather than the foetus, which means the foetus will be relatively small when it begins its growth, and its development in the uterus will be restricted. There is also an increased risk that the baby will be **low birthweight** when born.

As many babies with low birthweight are also premature, it is difficult to separate the problems due to prematurity from the problems of low birthweight. Adequate birthweight generally indicates that the body's systems have developed optimally in the prenatal stage, leading to good adaptation and decreased risk of health and wellbeing issues after birth. Low birthweight — less than 2500 grams at birth — on the other hand, may indicate that the body's systems are underdeveloped, and the risk of a range of health and wellbeing and development problems increases. In general, the lower the birthweight, the greater the risk for complications such as:

- low oxygen levels at birth
- inability to maintain body temperature
- difficulty feeding and gaining weight
- infection
- breathing problems, such as infant respiratory distress syndrome (a respiratory disease of prematurity caused by immature lungs)
- sudden infant death syndrome (SIDS).

It is particularly important that women consume the required amount of folate, iodine and iron prior to and during pregnancy.

healthy balanced diet a diet that includes a variety of foods across and within the five core food groups

low birthweight weighing less than 2500 grams at birth

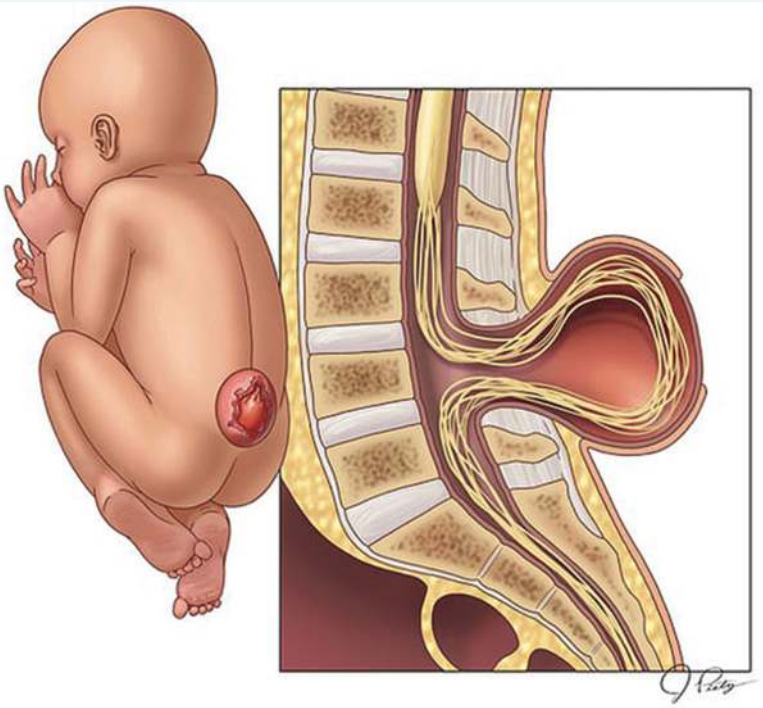
neural tube defect failure of the neural tube (which develops into the central nervous system) to close during the development of the embryo, resulting in conditions such as spina bifida

Folate (folic acid)

Folate is a B-group vitamin that is required for the formation of red blood cells, which transport oxygen around the body. It also assists with DNA synthesis, cell growth and the development of the nervous system of the foetus. Adequate folate consumption before and during pregnancy reduces the risk of **neural tube defects** in the baby. The neural tube (see **FIGURE 9.19**) is a cylindrical structure that will house the brain and spine and embryo. Neural tube defects involve damage to the brain and spine and nerve tissue of the spinal cord.

FIGURE 9.18 Folate consumption before and during pregnancy reduces the risk of neural tube defects in the baby.

FIGURE 9.19 During development, the central nervous system arises out of the neural tube. This tube forms and closes by the 28th week of pregnancy. If this doesn't close properly, a baby is left with a gap in the vertebrae, through which part of the spinal cord may slip, resulting in a form of spina bifida.



Spina bifida may result in one or more of the following symptoms:

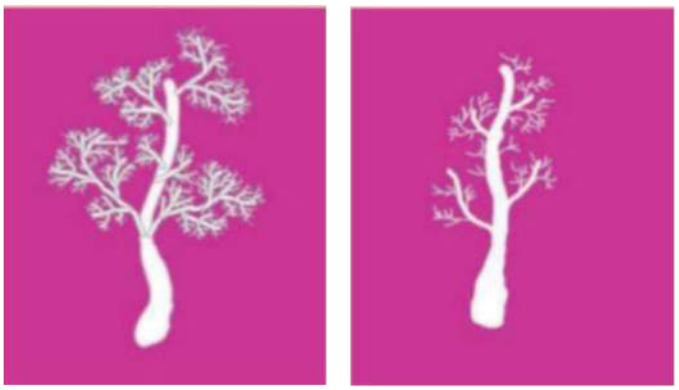
- walking difficulties, which may result in the inability to walk
- reduced sensation in the legs and feet
- increased risk of burns and pressure sores due to limited feeling
- urinary and faecal incontinence
- sexual dysfunction
- deformities of the spine, commonly referred to as scoliosis.

A protective factor is a maternal diet with good sources of folate, including green leafy vegetables, poultry, eggs, cereals, citrus fruits and legumes. In Australia, the government has mandated that all wheat flour used in bread making must contain folic acid as a common and inexpensive source for pregnant women. Breakfast cereals and fruit juices sold in Australia may also have folic acid added.

Iodine

Iodine is particularly important during preconception and the first 16 weeks of pregnancy to ensure the healthy development of the baby's brain and nervous system. It allows nerve cells to develop branching projections that make connections with other nerve cells. This allows signals to travel from one cell to another. If iodine is deficient during pregnancy, the consequences can be serious and include reduced cell branching, fewer connections, stunted growth and intellectual disability.

FIGURE 9.20 Iodine deficiency can lead to reduced brain cell branching, fewer connections and lower IQ.



Iodine-sufficient brain | Iodine-deficient brain

Countries that have a sufficient iodine concentration in the soil generally get enough iodine from crops grown on the land. In countries that do not have enough iodine in the soil (such as Australia), there has been a re-emergence of iodine deficiency. Iodine in the form of iodised salt is added to other food items such as wheat flour used in bread making. A protective factor is a maternal diet that includes foods such as fish and seafood, eggs, dairy foods, seaweed and packaged bread.

FIGURE 9.21 The Australian Thyroid Foundation campaigns for awareness around the importance of adequate iodine intake from foods such as fish before, during and after pregnancy.

Foods pregnant women should avoid

Maternal diet can be a risk factor for the developing foetus. Some foods contain the bacteria *Listeria monocytogenes*, which can cause listeria infection and increase the risk of miscarriage, stillbirth or premature labour. For this reason, pregnant women should avoid the following foods:

- soft-serve ice-cream
- unpasteurised foods and soft cheeses, such as camembert, brie and ricotta unless cooked and served hot
- pre-cooked or prepared cold foods, such as quiches, delicatessen meats, salad from buffets and paté
- raw seafood, such as sashimi and oysters, and smoked seafood, such as smoked salmon.

Foods that contain high levels of mercury can put the baby at risk of delayed development in the early years. The effects may not be noticed until the child fails to reach developmental milestones at the expected age. Mercury exposure may also result in difficulties with memory, language and attention span. Women need to be selective about the type of fish they consume during pregnancy, as some fish have significantly higher levels of mercury than others. Shark, swordfish, barramundi, gemfish, orange roughy and southern bluefin tuna should all be avoided.

9.4.4 Parental smoking, vaping and tobacco smoke in the home

Smoking during pregnancy is a significant risk factor for a number of conditions for both the mother and her unborn baby. Containing thousands of chemicals, tobacco smoke acts to reduce oxygen flow to the placenta and exposes the developing foetus to numerous toxins. Fathers who smoke can have their fertility affected and maternal smoking increases the risk of a range of developmental issues for the unborn baby, including:

- low birthweight
- spontaneous abortion (miscarriage)
- **ectopic pregnancy**
- prematurity
- complications of the placenta
- birth defects
- lung function abnormalities and respiratory conditions
- perinatal mortality.

FIGURE 9.22 Maternal smoking, vaping and tobacco smoke in the home can have impacts on the unborn baby.

ectopic pregnancy a pregnancy that occurs outside the uterus, often in one of the fallopian tubes

According to the Australian Institute of Health and Welfare, there is evidence that the more cigarettes a mother smokes, the higher the risk of poor birth outcomes. Studies on the impact of vaping are more limited than those on smoking. However, early findings indicate that e-cigarette use during pregnancy may lower the chance of successful breastfeeding and lead to similar risks as cigarette smoking — preterm delivery, lower birthweight, babies requiring admission to intensive care, and poorer health after birth.

Tobacco smoke in the home increases the risk of passive smoking among pregnant women. Passive smoking means breathing in other people's tobacco smoke. Tobacco smoke cools quickly, which prevents it from rising. As smoke is heavier than air, it tends to hang in mid-air rather than be mixed into the atmosphere. This increases the amount of second-hand smoke people breathe as it is concentrated in the lower half of the room. For pregnant women who live with one or more smokers, the home can be a source of exposure to second-hand smoke. Exposure to environmental tobacco smoke can contribute to the same developmental effects as maternal smoking.

9.4.5 Alcohol use during pregnancy

foetal alcohol spectrum disorder describes a range of features seen in babies who have been exposed to alcohol while in the womb

Alcohol can cause problems for women even before pregnancy because it may interfere with fertility. Therefore, women who are trying to fall pregnant should limit their consumption of alcohol or stop it altogether. The consumption of alcohol, particularly in the first trimester (first three months), can cause significant harm to the unborn child. When alcohol is consumed by a pregnant woman, it crosses the placenta from the mother's blood to the baby's blood. This can result in **foetal alcohol spectrum disorder**.

A foetus that is severely affected by foetal alcohol spectrum disorder is at risk of dying before birth. The alcohol may harm the development of the nervous system of the foetus, including the brain. It may also narrow the blood vessels in the placenta and umbilical cord, thereby restricting blood supply to the foetus. The impact of foetal alcohol spectrum disorder on the development of the unborn child is shown in **TABLE 9.5**.

The World Health Organization recommends that pregnant women consider not consuming alcohol at all.

FIGURE 9.23 From 31 July 2023, packaged and individual alcoholic drink products are required to comply with pregnancy warning labelling requirements.

TABLE 9.5 Impact of alcohol consumption on the development of the unborn child

Impact of alcohol consumption on physical development
• Undernourishment of the growing baby, due to alcohol blocking the absorption of nutrients • Reduction in the amount of oxygen available to the baby, due to alcohol narrowing the blood vessels in the placenta and/or umbilical cord resulting in the restriction of blood supply • Low birthweight, increased risk of stillbirth and premature birth • Smaller head circumference (microcephaly) • Small eyes and epicanthal folds (a skin fold of the upper eyelid covering the inner corner of the eye) • Flattened face, including the bridge of the nose due to earlier than normal cell changes in the baby's face during development • Underdeveloped vertical ridges between the nose and upper lip • Smaller lower jaw • Heart defects • Restriction of movement of elbow and knees due to tightening of ligaments, muscles, tendons and skin around the joints

Source: Adapted from 'Foetal alcohol syndrome', Better Health Channel, www.betterhealth.vic.gov.au.

EXAM TIP

The key skill requires an analysis of how things such as alcohol use or smoking affect development during pregnancy. This means you must link their use to the appropriate stage of prenatal development and also to specific impacts on the features of a developing embryo or foetus. You need to consider how their use could reduce the likelihood of optimal development later in infancy and early childhood and, potentially, health in adulthood.

9.4 Activities

1. Access the **Pregnancy and antenatal appointments** weblink in the Resources tab. Evaluate how the advice given on the webpage would support optimal development of a foetus during pregnancy as well as the health of the parent(s).
2. Access the **Environmental tobacco smoke** weblink in the Resources tab, and watch the video showing an advertisement on environmental tobacco smoke during pregnancy. Create your own video, infographic or cartoon to educate people about the dangers of tobacco smoke, alcohol or poor nutrition during pregnancy.
3. Access the **Gold Coast family push to reduce stigma around foetal alcohol spectrum disorder** weblink and worksheet in the Resources tab, then complete the activities.

on Resources

Digital document Gold Coast family push to reduce stigma around foetal alcohol spectrum disorder (doc-41629)

Weblinks
Pregnancy and antenatal appointments
Environmental tobacco smoke
Gold Coast family push to reduce stigma around foetal alcohol spectrum disorder

9.4 Exercises

9.4 Quick quiz on | **9.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1	2, 3, 4, 5	6, 7

Test your knowledge

1. Discuss why seeking antenatal care is a responsibility of parents.
2. With the use of examples that apply to pregnancy, explain the difference between a risk factor and a protective factor.
3. Discuss how the health and wellbeing of a baby may be influenced even before it is conceived.
4. Create a concept map showing the risk and protective factors that influence prenatal development. Include in your concept map a brief description of the effect of each factor on prenatal development.
5. Demonstrate the importance to prenatal development of parents having health literacy.

Apply your knowledge

6. The government has chosen bread-making flour as a food to fortify with folate and iodine. Discuss why they have chosen this ingredient to fortify and the benefits of such a move.
7. The health of a father prior to conception and at the time of conception is a factor that is often overlooked. It is suggested that fathers do not smoke for optimal fertility and prenatal development. Discuss why you believe this suggestion is given to fathers.

9.4 Exam questions

Question 1 (1 mark)
Identify the nutrient that is essential for preventing spina bifida.

Question 2 (2 marks)
Describe how a maternal diet low in iodine can be a risk factor to prenatal development.

Question 3 (2 marks)
Outline one risk of tobacco smoke in the home to the physical development of a foetus.

Question 4 (4 marks)
Irina is 25 years old and recently went to see her local family doctor about feeling tired and found that she is six weeks pregnant. Irina has been trying to become pregnant and knows that alcohol can be harmful during pregnancy, so she has not consumed alcohol for two months. She and her partner vape a few times a day, as they feel it is better than smoking. Irina's doctor has advised her to stop. When she discussed her diet with the doctor, she was told that she needs to eat more fish and take folate supplements. Irina has been given information about an antenatal centre in her area.

Analyse the risk and protective factors that could have an impact on the prenatal development of Irina's child.

Question 5 (4 marks)
Explain two ways that low birthweight creates complications for a baby's health and development.

More exam questions are available in your learnON title.

9.5 The role of parents in determining optimal development in infancy

Key knowledge	Key skill
The role of parents, carers and the family environment in determining the optimal development of children, by developing students' understanding of: – physical, social, emotional and intellectual development in infancy	Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the typical features of physical, intellectual, emotional and social development in infancy.	• identify characteristics of physical, intellectual, emotional and social development in infancy • identify and describe factors that parents can influence to optimise development in the infancy stage.

Newborns are relatively helpless. They cannot feed, maintain body warmth, or stay clean or hydrated without help. Infants need an adult with whom to form an attachment and who can understand and respond to their signals. They need things to look at, touch, hear, smell and taste, and opportunities to play and explore their world. Appropriate language stimulation and support in learning new motor, language and thinking skills is essential. Parents and carers also need to offer infants a chance to develop some independence and help in learning how to control their own behaviour. Infancy is marked by significant developmental milestones such as learning to walk, talk and interact with others. Infancy is the first stage of the lifespan after birth and lasts until the second birthday.

FIGURE 9.24 Across the lifespan, the development of an individual's capabilities will be influenced by genetics, interactions and opportunities for learning, as well as the resources in the physical and social environments that surround them.

Each baby will develop capabilities that are:
- physical
- intellectual
- emotional
- social

through:
- observation
- direct instruction
- positive or negative experiences.

Each baby can be influenced by:
- prenatal environment and genetics
- early life experiences including:
  - nutrition
  - parenting style
  - relationships
  - opportunities for learning
  - socioeconomic status.

9.5.1 Physical development

The average age at which a child achieves skills such as crawling, standing or saying its first word is called a **developmental milestone**. It is usually expressed as a range indicating the earliest and latest age at which the skill is developed, as children develop at different rates. Milestones for physical development are shown in **TABLE 9.6** at the end of this subtopic.

Growth

Physical development relates to changes to the body and its systems. These can be changes in:
- size (growth)
- complexity (for example, the increase in complexity of the nervous system)
- motor skills (for example, learning to walk).

Physically, the infancy stage is the second-fastest period of physical development in the lifespan, second only to the prenatal stage. For example:
- birthweight doubles by 6 months and triples by 12 months
- the size of an infant's head decreases in proportion from 1/3 of the entire body at birth, to 1/4 at age 2, to 1/8 by adulthood, reflecting the **cephalocaudal** pattern of development, where development occurs from the head downwards
- at birth, the neonate's brain is 33 per cent of its adult size but only 25 per cent of its adult weight
- by the end of the second year, the brain weighs about 75 per cent of its adult weight; by puberty, it weighs nearly as much as an adult brain.

During the first year, an increase in the level of body fat will occur. This 'baby fat' allows body temperature to be maintained but as the baby grows and begins to build muscle, this baby fat will begin to disappear. Muscles account for about 25 per cent of weight at birth. No new muscles develop after birth, but there is an increase in muscle thickness and length. In the first 18 months, muscle mass increases at twice the rate of bones.

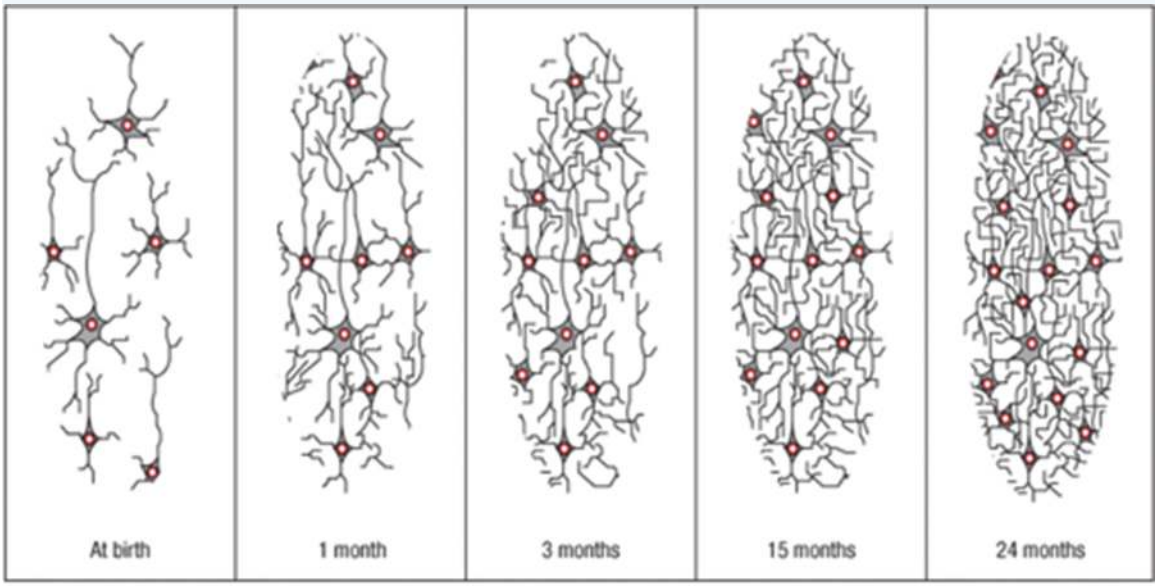
developmental milestone the average age at which a child achieves skills such as crawling or standing or saying its first word

cephalocaudal development development that occurs from the head downwards

Changes to systems

The system of nerves that transmit messages to and from the brain and between brain cells becomes more complex and a fatty material called myelin allows messages to be transmitted more rapidly and efficiently. The senses continue to develop and, although vision is still largely blurry, the infant will soon begin to recognise familiar faces and sounds.

FIGURE 9.25 The system of nerve fibres that transmit messages to and from the brain and between brain cells becomes more complex and interconnected in infancy.



Sleep is very important for the developing infant; therefore, establishing a bedtime routine is important. During sleep, a baby's brain cells lay down important connections and pathways that enable all learning, movement and thought. They are the keys to a baby's understanding of everything they see, hear, taste, touch and smell as they explore the world.

At birth, a baby has a full set of 20 primary teeth consisting of 10 in the upper jaw and 10 in the lower jaw hidden within the gums. These primary teeth are also known as baby teeth, milk teeth or deciduous teeth. The breaking of a tooth through the gumline is called 'eruption' and in babies this can also be called 'teething'. The timing of tooth eruption differs from child to child and may vary from the first tooth as early as a few months old, to as late as 12 months old or more. Generally, a baby's first tooth comes through the gum between six to nine months of age and a full set of 20 primary teeth should be present in the mouth by three years of age.

Newborn babies have around 300 bones, some of which are made entirely or partly of pliable, flexible cartilage to allow a baby to be less prone to breaks as they are growing and learning to crawl, walk and run. Many of these bones fuse together as the body matures. Adults have only 206 bones. The leg bones, femur and tibia, of a three-year-old child are half their eventual adult length.

Motor skill development

Motor skills can be classified as either fine or gross:

- **gross motor skills** refer to movements that involve large muscle groups such as walking, throwing, skipping and kicking
- **fine motor skills** involve control over the smaller muscle groups such as those used for writing, tying shoelaces, cutting with scissors and manipulating the mouth to speak.

Motor development follows the **proximodistal** pattern. An infant reaches for a toy by using shoulder and torso rotation to move the hand closer to the object. A pincer grasp — where the thumb and first finger are used — is developed. In childhood, the elbow and wrist will be responsible for the main movements. By the age of one, the infant can support its own weight and many infants can stand and walk. By age two, they can usually throw and kick a large ball.

FIGURE 9.26 Bones continue to ossify during the first year. They increase in size and weight and harden further so the child can support its own weight, stand and walk by around the age of one.

9.5.2 Social development

Relationships

The family is the most important influence on social development at this stage of the lifespan. Social development in infancy refers to the way a baby responds to interactions with others. The infant is totally dependent on its parents or other caregivers and will learn certain social skills by observing and copying these people. These skills include how to communicate their needs on a basic level and what to do in situations like mealtimes or when playing games.

Behaviours

Separation anxiety can begin at around eight months old, as a baby starts to become aware of themselves and who other people are. An infant may hide their face or react strongly when a parent leaves for work.

At around one year of age, it is normal for some children to appear shy or nervous around strangers. They will probably enjoy being around and observing other children, but they are unlikely to play with them. They may cry if someone touches their favourite toy, and they may snatch toys from others as they haven't discovered empathy for others' feelings yet and are unlikely to share. An 18-month-old may be able to say thank you but not necessarily grasp the true meaning of the word. By two and a half, children can link the word to the concept to display manners.

motor skills the ability to control the muscles in the body

gross motor skills the coordination of large muscle groups such as those in the arms and legs

fine motor skills the coordination of small muscle groups such as those in the hands

proximodistal development development that occurs from the core or centre of the body outwards towards the extremities

9.5.3 Emotional development

Emotional development relates to an infant experiencing a range of emotions, learning how to express emotions and developing a self-concept. This also revolves around the family at this stage of the lifespan. One of the first signs of emotional development is when the hurt or distressed infant can be comforted by its caregivers.

FIGURE 9.27 Many young children experience separation anxiety and distress when left at childcare.

Experiencing a range of emotions

Emotional attachment is formed with the caregivers within months and this helps the infant to feel secure, safe and loved. It also helps to build trust. The emotional bond between caregivers and the infant may be so strong that the infant may become distressed when held by a stranger or when a caregiver leaves the room. Separation anxiety usually peaks between the ages of 9 and 18 months and fades before the second birthday. Stranger anxiety is a reaction of distress when an infant encounters a stranger. Fear may be shown when confronted by unfamiliar things such as a clown or a dog.

Learning appropriate ways of expressing emotion

By eight months, the infant can express anger and happiness, and may become frustrated if interrupted in their activities (for example, when playing games). This expression of frustration may result in tantrum-throwing in later months. By the age of 12 months, the infant becomes sensitive to approval from parents or carers and may become upset or distressed if approval is not given.

FIGURE 9.28 Infants experience, express and perceive emotions before they fully understand them.

Developing the capacity to control their impulses helps an infant adapt to social situations and follow rules, as they become increasingly able to exercise control over their behaviour. Social interactions offer opportunities to practise impulse control and make progress in learning about cooperative play and sharing.

Developing self-concept

Infants become more self-aware and relationships with caregivers continue to play a vital role in developing a sense of self. Infants can now sense how others feel about them, which influences how they feel about themselves. As they become more capable and more aware of themselves as individuals, their self-confidence in their own abilities grows. Their sense of self is concrete and based largely on what they can see and do. Preschoolers become more independent and see themselves as 'able to do things'. They have learned that their minds are separate from others', and that their thoughts and feelings may be different from those around them.

9.5.4 Intellectual development

Intellectual development in infancy refers to the increase in the speed and complexity of the way the child's brain stores, recalls and processes information that it receives via the child's senses.

Knowledge and memory

From the time of birth, all senses are working (although they become stronger over time) and the baby is capable of learning. Sight, smell, hearing, touch and taste are how the baby understands the world around them. Many infants collect information around them by putting objects into their mouths.

Within months, the infant will recognise its name and will respond when called. Over time, this word–object association grows. The infant will start to recognise the names of favourite people, toys, other objects and basic colours. They will use simple gestures, such as shaking their head for 'no' or waving for 'bye-bye'.

For a child to learn about people, places and things, they need to be exposed to them, as every new interaction gives them information about the world and their place in it. Infants will begin to associate certain actions with particular outcomes. For example, if they cry, they get attention. If they reach for someone, that person may pick them up.

Language

As language develops, infants can interact better with those around them. Language development is rapid during infancy. A three-month-old will make speech-like sounds ('goo' and 'gaa') and will be able to say a couple of basic words by the first birthday ('dada' or 'mumma'). The development of language occurs very quickly after this point.

Attention

The attention span of an infant is short and may last only a matter of seconds and certainly no longer than a minute for a single action type of activity; for instance, playing with a toy. Any new activity or event will distract an infant.

Thought patterns and problem solving

At around six months of age, the infant can enjoy basic games such as peekaboo (**FIGURE 9.29**). This game reflects the process through which an infant begins to differentiate themselves from their primary caregiver. It requires many new skills such as the ability to compare themselves to others and to perceive differences and likenesses.

At around six months of age, most infants have not grasped the concept of **object permanence**. In the mind of the infant, an object that is out of sight no longer exists. Therefore, a toy that is placed in a cupboard no longer exists. This contributes to the joy that most infants get out of playing peekaboo. As the infant develops intellectually, they begin to understand that although a person or object cannot be seen, it still exists. They can create an image of the person or object in their mind's eye, and with it all the memories of how they sound, feel and smell.

FIGURE 9.29 The level of intellectual development experienced during infancy contributes to the joy many infants get out of playing peekaboo.

object permanence an awareness that objects continue to exist even when they are out of sight

TABLE 9.6 Developmental milestones for infancy

	Birth–8 months	8–12 months	1–2 years
Physical development	• Needs hand support to sit alone • Raises head and chest when on stomach • Rolls from back to stomach • Reaches for and grasps objects • Eyes follow object or person • Able to take weight on feet when standing • Turns head to sound of voices	• Pulls self to standing position when hands held • Sits without support • Stands by using furniture • Successfully reaches out to grasp toy • Crawls • May stand alone momentarily • Grasps spoon, poor aim to mouth	• Takes a few steps without support, legs wide and hands up for balance • Kicks and throws a ball • Feeds themselves, drinks from cup • Scribbles with crayon held in fist • Turns pages of book, two or three pages at a time • Rolls large ball, using both hands and arms • Begins to walk alone in a 'tottering way', with frequent falls
Social development	• Responds to own name • Recognises familiar people and stretches arms to be picked up	• Shows definite anxiety or wariness at appearance of strangers	• Begins to cooperate when playing • May play alongside other infants, doing what they do but without seeming to interact (parallel play)
Emotional development	• Laughs in social interactions • Begins to be cautious of strangers • May become upset when parent leaves the room	• Shows signs of anxiety or stress if parent goes away • Actively explores and plays when parent present, returning now and then for assurance and interaction	• May show anxiety when separating from significant people • Seeks comfort when upset or afraid • May 'lose control' of self when tired or frustrated
Intellectual development	• Shakes and stares at toy placed in hand • Repeats accidently caused actions that are interesting • Enjoys games such as peekaboo • Explores objects with mouth • Babbles and repeats sounds	• Responds to own name • Points to something they want • Understands gestures/ responds to 'bye bye' • Says words like 'dada' or 'mama' • Imitates hand clapping	• Points to objects when named • Knows some body parts • Recognises self in photo or mirror • Will search for hidden toys • Comprehends and follows simple questions/ commands • Says first name • Begins to use one to two word sentences, e.g. 'want milk'

9.5.5 Optimising development in infancy

Nutrition

Nutrition in the first 1000 days between the beginning of a woman's pregnancy and her child's second birthday is important for 'programming' the child for healthy development and positive long-term health and wellbeing outcomes.

FIGURE 9.30 Nutritious food is important for optimal development.

The WHO and UNICEF recommend exclusive breastfeeding from within one hour of birth to at least six months of age and then the introduction of nutritionally adequate and safe solid foods at six months, with continued breastfeeding up to two years of age or beyond. In Australia, the recommendation is until 12 months of age and beyond, for as long as the mother and child desire.

Breastfeeding protects against infection and some chronic diseases, including type 1 and type 2 diabetes, and has been found to reduce cardiovascular disease risk factors, including high blood pressure, elevated cholesterol and obesity. Breastfeeding also contributes to intellectual development.

At around six months of age, infants are ready for new foods and textures, and they need more nutrients than can be provided by breastmilk or formula alone. By 12 months, parents need to be providing the baby with a variety of nutritious foods from the five food groups, as described in the Australian Guide to Healthy Eating.

Healthy eating in the second year of life provides the energy and nutrients needed for growth and development. It also helps improve the sense of taste and encourages the infant to accept and enjoy a wider range of foods.

Early relationships

Attachment is a strong, long-lasting bond between a baby and their caregiver. Parents can encourage a secure attachment to develop through consistent and empathetic love and care in the first months of a baby's life. This builds a foundation for a sense of security, safety and good coping skills.

Attachments formed in infancy can support social, emotional and mental health and wellbeing throughout the lifespan and influence:

- the success or failure of future intimate relationships
- the ability to maintain emotional balance
- the ability to enjoy their own company and to find satisfaction in being with others
- the ability to rebound from disappointment and misfortune.

Parents need to be consistently responsive, emotionally available and able to create a safe, nurturing environment for a child to explore and express themselves. By promptly meeting their child's needs, a parent is building a foundation of trust.

Opportunities for learning

Bright colours, textures and new sounds provide learning opportunities for babies. Parents can provide toys that move or make sounds when a baby plays with them. Choosing toys and mobiles with contrasting colours and patterns will stimulate an infant's developing vision. As vision improves and babies gain more control over their movements, they will interact more with their environment. Providing opportunities to play on the floor, climb and crawl will encourage babies to move independently so they can explore.

FIGURE 9.31 Infants learn from play.

As the infant develops, they will learn to use objects appropriately, such as stacking blocks, listening or talking into a toy phone, or pushing a toy car. They enjoy having other children of a similar age around and often copy them while playing. As an infant learns to walk, parents can provide opportunities for them to be active and practise motor skills such as running, jumping and climbing in safe surroundings.

Reading helps the brain form and strengthen connections. Parts of the brain used for vision, visual processing, language and speech production all work together for a child to learn to read. By reading stories, a parent provides opportunities for children to learn about events, places and things they don't come across in their real life. They introduce the child to new words, pictures, letters, shapes, sounds and names. Being read to also helps children develop problem-solving skills as they think about and predict what will happen next. For babies, being read to helps develop concentration and listening.

9.5 Activities

1. Use the **Raising Children — babies and toddlers** weblink in the Resources tab and the information in subtopics 9.2 and 9.5 to create an infographic, Padlet wall, brochure, collage or poster of what parents need to do or offer to support each of the types of development in infancy.
2. Create a 'Wanted' advertisement for the position of parent. Select an age for a child that you want the parent to care for, e.g. 18 months old.
   Include the following in your ad:
   - At least six qualifications. What considerations do parents need to undertake in order to be a successful applicant?
   - Rewards for the parent. What will the parent receive from the parenting job? How will the child have good development outcomes as a result of the parenting?
   - At least six duties to be performed. What tasks and responsibilities must the parent fulfil for their child?

on Resources

Weblink Raising Children — babies and toddlers

9.5 Exercises

9.5 Quick quiz on | **9.5 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3	4, 5	6, 7

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Test your knowledge

1. Identify when the infancy stage of the lifespan begins and ends.
2. Describe the pattern of growth during infancy.
3. List three significant characteristics for each type of development during the infancy stage:
   a. physical
   b. social
   c. emotional
   d. intellectual.
4. Outline the concept of 'object permanence' and describe when a child is likely to develop this.

Apply your knowledge

5. Explain how self-concept develops in infancy.
6. Explain how parents or caregivers can encourage connections in an infant's brain through the opportunities for learning they provide.
7. Discuss why a set of animal-shaped finger puppets would be a good gift to enhance the development of a two-year-old infant.

9.5 Exam questions

Question 1 (1 mark)
Briefly **explain** the changes that occur in the brain while a baby sleeps.

Question 2 (1 mark)
Select which one of the options below is most likely to represent the order of physical development during infancy.

a. Crawl, stand, lift head, walk, run, roll
b. Lift head, roll, crawl, stand, run, walk
c. Lift head, roll, crawl, stand, walk, run
d. Roll, lift head, crawl, stand, run, walk

Question 3 (2 marks)
Identify an opportunity for learning in infancy that would promote language development. **Justify** your choice.

Question 4 (2 marks)
Explain why a one-year-old might cry when their parent leaves the room.

Question 5 (4 marks)
Discuss how parents can provide a dietary intake for an infant that would optimise physical development.

More exam questions are available in your learnON title.

9.6 The role of parents in determining optimal development in early childhood

Key knowledge	Key skill
The role of parents, carers and the family environment in determining the optimal development of children, by developing students' understanding of: – physical, social, emotional and intellectual development in early childhood	Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• examples of typical features of physical, intellectual, emotional and social development in early childhood.	• identify characteristics of physical, intellectual, emotional and social development in early childhood • identify and describe factors that parents can influence to optimise development in the early childhood stage.

Early childhood lasts from the second birthday until six years of age, typically the preschool years. Although not long in years, significant development occurs during early childhood. Preschool-aged children need opportunities to develop fine motor skills as well as activities that will develop a sense of mastery and encourage creativity. Language can be encouraged through talking, being read to, singing and experimentation with pre-writing and pre-reading skills. Preschool children need opportunities to learn cooperation, helping, sharing and making choices, as well as encouragement to develop self-control, cooperation, persistence and self-worth.

9.6.1 Physical development

Growth

Early childhood is characterised by slow and steady growth. Although the rate of growth is variable, height increases by around 6 centimetres per year and weight by around 2.5 kilograms per year. Bones continue to lengthen and harden during early childhood, leading to increases in height. Body proportions change during early childhood, and the limbs and torso become more in proportion to the head. Body-fat levels also decrease, giving the child a leaner body. Brain growth slows down in the second year and reaches 75 per cent of adult size at age three and 90 per cent of adult size by age five. During early childhood, children's proportions change — from three to five years, all children become less infant-like and less top-heavy as growth takes place in the trunk and legs, following the cephalocaudal pattern of development.

Changes to systems

Children's brains develop in spurts known as 'critical periods' where the number of connections between brain cells doubles. These critical periods occur between the ages of two and seven years and during adolescence. It is these connections between brain cells that allows learning to occur and so a child's experiences in this phase have lasting effects on their development.

The left hemisphere of the brain predominates earlier. It is responsible for language, writing, logic and mathematical skills. This explains why children acquire language early and quickly. Another aspect of brain development established by the end of early childhood is **handedness**, or preference for using one hand over the other.

handedness an individual's preferential use of one hand, the dominant hand

Motor skill development

In early childhood, the large muscles develop extensively, particularly leg and arm muscles, and motor skill development continues at a rapid rate. Gross motor skills increase and the walking style becomes more fluid and refined. The child can climb stairs but will still need to place both feet on each step until towards the end of early childhood. Kicking, catching and throwing skills develop, and the child might also learn how to skip. Coordination improves, allowing the child to pedal and steer a tricycle. Fine motor skills progress, and the child may learn to manipulate buttons on clothing (**FIGURE 9.32**), hold crayons, use scissors and even tie shoelaces. These activities will see the development of being left- or right-handed starting to appear.

FIGURE 9.32 As children gain greater control over their body, more complex activities such as doing up buttons can be achieved independently.

Being physically active encourages young children to further develop their motor skills, helps them think and gives them an opportunity to explore their world. A child needs plenty of opportunities for active play, both inside and outside.

9.6.2 Social development

Relationship and communication skills

The family remains the primary social contact during early childhood. The child begins participating in a wider range of family routines, such as attending social functions, eating at the table and helping with the shopping. Communication skills and acceptable social behaviours increase as a result of these experiences.

Behaviours and social roles

As young children grow, they need opportunities to learn to socialise with other children. The child may attend a playgroup, kindergarten or childcare centre, and this provides many opportunities to further develop social skills such as sharing and taking turns. As the child becomes accustomed to spending short periods of time away from the family, independence starts to develop. The child may start wanting to do things for themselves, such as dressing or washing, although they may not be completely successful. Through experiences such as these, the child also begins to learn culturally acceptable behaviours such as listening to parents and other caregivers and not hitting others. Social roles are also imitated such as pushing a pram with a doll in it.

FIGURE 9.33 Play takes many forms and is a great way of increasing social development.

Behaviours such as eating with a knife and fork are established during early childhood, but they will be refined over time. Children at this age like to be accepted by others and may behave in a way that brings attention to them. This can include showing off or performing for family and friends.

Play is still an important aspect of social development, although it is more advanced than in infancy (**FIGURE 9.33**). Children may have a friend they particularly like to play with and some will create an imaginary friend. Make-believe play also assists the child in learning roles and expected behaviours.

9.6.3 Emotional development

Experiencing a range of emotions

Emotional development continues at a fast pace during early childhood. Play often gives children a way of expressing their feelings. Children take pride in their achievements and may want to show them off to everyone. As a result of enjoying positive feedback from others, they may become jealous when another child receives attention.

Learning appropriate ways of expressing and communicating emotions

The emotional development of a two-year-old is quite different from that of a six-year-old. A child will begin to develop a sense of empathy and may care for people who are crying or upset. Yet their way of dealing with emotions is still in its early stages, and children may use physical violence to express their frustration. This is particularly common with other children or siblings. Play often gives children a way of expressing their feelings. Children's moods can change quickly during this stage, as they often do not have the skills required to control their feelings. As a result, they can switch from being happy to being upset and then happy again in a very short period.

Developing self-concept

Children begin to develop an identity that will continue to form for years to come. They learn to see themselves as being separate from others and begin to associate certain things with themselves such as ownership of a toy.

9.6.4 Intellectual development

Growth of the brain and intellectual development are linked. In early childhood, children's brain development goes through a major spurt or critical period that ends at around seven years of age. This is marked by a doubling of the number of connections (synapses) between brain cells, which is where learning happens. Two-year-olds have around twice as many synapses as adults. This increase in brain cells enables the brain to learn faster than at any other time of life.

Knowledge, memory and attention

As their interest in the world around them increases, children begin to question many aspects of their environment. They ask parents or caregivers 'why?' and like to share their knowledge with others about colours, objects and animals. As their attention span lengthens and knowledge of language increases, children can remember and follow basic instructions such as getting a toy from the bedroom, bringing it back to the lounge room and sitting in a designated place with it.

FIGURE 9.34 Memory and attention increase as a child gets older.

In the first years of early childhood, the child can classify objects based on one aspect, such as colour. For example, they can separate orange blocks from green blocks, but find it more difficult to classify items according to multiple aspects, such as colour and size. These more complex skills develop over time.

FIGURE 9.35 Child psychologist Jean Piaget said, 'Play is children's work'. What do you think the benefits of play are for development?

Language

Learning new words and how to use language occurs fairly rapidly during this stage and is a key part of the child's intellectual development. By the age of five, a child knows approximately 1500–2500 words.

Thought patterns and problem solving

Children in this lifespan stage may learn to write basic letters and read basic books. They can also learn to count to 10 or 20, although this is often memorised without really understanding the formation of numbers. Abstract thought and prediction of the outcome of events is still difficult, and children are more comfortable thinking about objects they have already encountered.

TABLE 9.7 Developmental milestones for early childhood

	2–3 years	3–6 years
Physical development	• Walks, runs, climbs, kicks and jumps easily • Uses steps one at a time • Squats to play and rises without using hands • Catches ball rolled to him/her • Jumps from low step or over low objects • Attempts to balance on one foot • Able to open doors • Turns pages one at a time • Holds crayon with fingers • Gets dressed with help • Self-feeds using utensils and a cup	• Dresses and undresses with little help • Hops, jumps and runs with ease • Climbs steps with alternating feet • Attempts to catch ball with hands • Climbs playground equipment with increasing agility • Holds crayon/pencil between thumb and first two fingers • Exhibits hand preference • Able to toilet themselves • Feeds self with minimum spills • Enjoys learning simple rhythm and movement routines
Social development	• Plays with other children • May prefer same-sex playmates and stereotypically 'boy' or 'girl' toys • Unlikely to share toys without protest	• Enjoys playing with other children • May have a particular friend • Shares, smiles and cooperates with peers • Develops independence and social skills they will use for learning and getting on with others at preschool and school
Emotional development	• Shows strong attachment to a parent (or main family carer) • Shows distress and protest when they leave and wants that person to do things for them • Begins to show guilt or remorse for misdeeds • May be less likely to willingly share toys with peers • Demands adult attention	• Understands when someone is hurt and comforts them • May enforce gender-role norms with peers • May show bouts of aggression with peers • Likes to give and receive affection from parents • May praise themselves and be boastful
Intellectual development	• Recognises and identifies objects and pictures by pointing • Enjoys playing with sand, water • Engages in making believe and pretend play • Begins to count with numbers • Can follow two or more directions • 'Explosion' of vocabulary and use of correct grammatical forms of language • Refers to self by name and often says 'mine' • Asks lots of questions • Uses simple sentences and phrases • Likes listening to stories and books	• Understands opposites (e.g. big/little) • Uses objects and materials to build or construct things, e.g. block tower, puzzle, clay, sand and water • Answers simple questions • Counts five to ten things • Has a longer attention span • Talks to self during play, tells stories • Follows simple rules and instructions and enjoys helping • Engages in dramatic play, taking on pretend character roles • Recalls events correctly • Copies letters and may write some unprompted • Can match and name some colours • Speaks in sentences and uses many different words • Enjoys jokes, rhymes and stories

9.6.5 Optimising development in early childhood

Nutrition

Early childhood is characterised by a slowdown in the growth rate, which may result in a less reliable appetite. Children have small stomachs, so it is difficult for them to achieve their daily nutritional requirements with only three meals per day. Parents need to provide a variety of small snacks for grazing and consider a variety of textures of the foods they present. Eating patterns in early childhood should include consumption of foods from all five core food groups and a variety of foods from within each group. The emphasis should be on healthy family foods and an environment around eating that encourages healthy food behaviours.

FIGURE 9.36 For optimal development, children need to eat a wide range of foods, including fresh fruit and vegetables.

It is important that parents model healthy food habits. A child is more likely to make healthy food choices and be active if they see caregivers eating healthily and being active. A dietary intake made up of large amounts of saturated fats and simple carbohydrates, or the overconsumption of carbohydrates, fats and protein, increased screen time, busy family lifestyles and lack of outdoor space all make it easy for young children to overeat and harder for them to be active.

Early relationships

A child in the age range of two to six is fascinated by the world around them. They will start asking lots of 'who', 'what', 'where' and 'why' questions as they try to understand more about the world. They enjoy playing with other kids, learning rules and taking turns, and will start to form real friendships as they begin to develop their social skills. Children need structure and guidance as they grow, learn more about the world around them and become more independent. Parents should talk to their child about what is expected of them and make sure they understand. Being clear and consistent when disciplining a child and explaining and showing the behaviour that is expected will encourage acceptable social skills when playing with other children.

Opportunities for learning

Parents are a child's first teacher. Involving the child in tasks like shopping and household jobs (e.g. sorting the washing) can be turned into experiences that improve their ability to focus, organise and plan for the future.

Children need practice in order to learn to share, take turns, resolve conflict and experience friendship. Parents can provide opportunities for group play or play-dates.

Being physically active encourages young children to further develop their motor skills, helps them think and gives them an opportunity to explore their world. Parents need to provide plenty of opportunities for active play, both inside and outside. Play is important for healthy brain development. It has been shown that children should have at least 60 minutes per day of unstructured play when they entertain themselves, either alone or with other children, without adult or technological interference. This is when they use imagination and creativity and practise decision making and problem solving.

Reducing screen time means a child has more time to play, solve problems, interact and actively learn about the world around them. In the UK, the Association of Teachers and Lecturers reports that pervasive tablet use among preschool-age children is producing developmental delays in areas such as attention span, fine motor skills and dexterity, speaking and socialisation. UK research also indicates rising numbers of infants lack the motor skills needed to play with building blocks because of excessive use of tablets and smartphones.

FIGURE 9.37 Play in childhood has emotional, social, physical and intellectual benefits.

9.6 Activities

1. Access the **This new 'risky' playground is a work of art** weblink in the Resources tab and read the article on a new type of playground in Melbourne. Justify communities and/or governments making 'risky' playgrounds available to parents and children. In your justification, consider the types of play they offer and the role they can play as a resource for development in early childhood.
2. Access the radio episode **Do toys and games shape who we'll become?** weblink and worksheet in the Resources tab, then complete the worksheet.

on Resources

Digital document Do toys and games shape who we'll become? (doc-41630)

Weblinks
This new 'risky' playground is a work of art
How caregivers can help build children's emerging language skills
Do toys and games shape who we'll become?

9.6 Exercises

9.6 Quick quiz on | **9.6 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 3	2	4

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Test your knowledge

1. Identify when the early childhood stage of the lifespan begins and ends.
2. Describe the pattern of growth during the early childhood stage.
3. For each of the types of development listed below, identify three significant characteristics that are present during the early childhood stage.
   a. Physical
   b. Social
   c. Emotional
   d. Intellectual

Apply your knowledge

4. Carolyn is four years old and lives in rural Victoria with her mother, father and three older brothers. Her parents run the farm. Her brothers all go to school so, for most of the day, it is just Carolyn and her parents at home. Carolyn's physical development has been very slow, and her mother is worried because Carolyn is significantly smaller than other children her age. To assist with her social development, Carolyn's mother takes her to a local playgroup once a week.
   a. Describe the physical development Carolyn would be experiencing at this stage of her life.
   b. i. What is the average growth during this stage of the lifespan?
      ii. Explain why it is important to use these figures as averages only.
   c. Identify the factors that may affect Carolyn's social development.
   d. Explain ways that Carolyn's slow physical development might affect other dimensions of her development, both in the short and long term.

9.6 Exam questions

Question 1 (2 marks)
Describe the changes to the rate of growth (including height and weight) during childhood.

Question 2 (2 marks)
Describe the development of teeth during infancy and early childhood.

Question 3 (2 marks)
Outline some of the changes to motor development in childhood.

Question 4 (3 marks)
Explain how kindergarten promotes social development during early childhood.

Question 5 (3 marks)
To encourage speech and language in children, it is recommended that parents talk with and read to them. **Describe** how this encourages intellectual development in children.

More exam questions are available in your learnON title.

9.7 Early life experiences and the intergenerational nature of health and wellbeing

Key knowledge	Key skill
• The role of parents, carers and the family environment in determining the optimal development of children by developing students' understanding of: – the impact of early life experiences on future health and development • The intergenerational nature of health and wellbeing	• Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan • Explain health and wellbeing as an intergenerational concept

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what is meant by the intergenerational nature of health and wellbeing • what is meant by early life experiences.	• explain what is meant by the intergenerational nature of health and wellbeing • discuss how early life experiences such as stress, low birthweight, socioeconomic status and parenting practices can influence current and future health and wellbeing.

Health and wellbeing are considered to have an **intergenerational** impact. This means that the health and wellbeing of one generation influences the health and wellbeing of the next.

intergenerational the health and wellbeing of one generation affects the health and wellbeing of the next

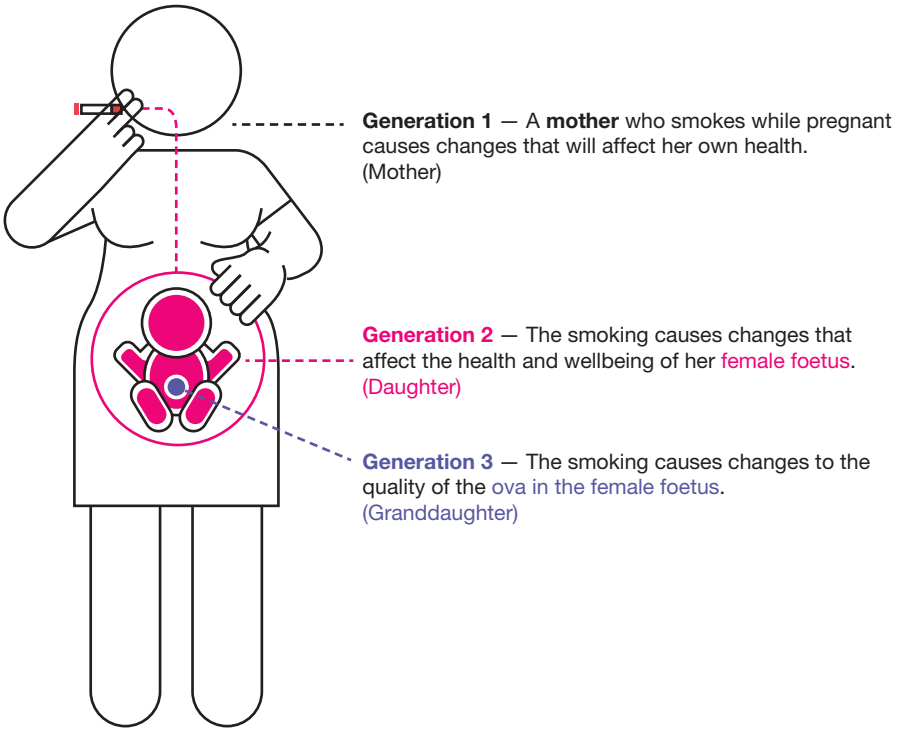
An example that can be used to illustrate health and wellbeing as an intergenerational concept relates to stress during pregnancy.

- In the first days of pregnancy, cortisol suppresses the mother's immune system, preventing the mother's body from attacking the foetus. It also helps regulate blood flow between the placenta and the foetus.
- Cortisol is also released under stress. A pregnant woman with high stress, and therefore cortisol levels consistently higher than normal, has greater risk of premature birth and having a baby who displays a much higher sensitivity to stress.
- Research indicates that as these babies grow from infancy to early childhood, they may exhibit heightened levels of anxiety compared with other children, such as being scared of going to school.
- Additionally, research indicates that children born to mothers with high levels of stress hormones during pregnancy are more likely to become addicted to nicotine as adults.
- Children of mothers who smoke during pregnancy have higher rates of obesity and poorer cardiovascular health decades later.

on Resources

Teacher-led video Intergenerational health (tlvd-0274)

FIGURE 9.38 Maternal activity such as smoking can affect the health and wellbeing of her grandchild.



A healthy mother therefore starts a cycle of intergenerational health and wellbeing.

A new field of research on the intergenerational nature of health and wellbeing relates to the **gut microbiome**. Evidence suggests that babies come in contact with some microbes while inside the womb and during the birth process. As a child grows, a healthy gut microbiome shows more diversity. This is beneficial for health and wellbeing in the following ways:

- digesting breast milk — some of the first bacteria to grow in babies' intestines digest healthy sugars in breast milk that are important for growth
- digesting fibre — certain bacteria digest fibre, which helps prevent weight gain, diabetes, heart disease and the risk of cancer
- helping control your immune system — the gut microbiome can control how your body responds to infection
- helping control brain health — the gut microbiome may affect the central nervous system, which controls brain function
- playing a role in regulating blood sugar levels — may help prevent the onset of type 1 diabetes in children.

FIGURE 9.39 A healthy maternal diet leads to a more diverse gut biome for a mother and her child.

gut microbiome all the microbes in the intestines

Now, a study has found that stressful events early in a mother's life can also be reflected in the gut microbiome of their child. An imbalance of unhealthy and healthy microbes in the intestines may contribute to weight gain, high blood sugar, high cholesterol and other disorders. To help support the growth of healthy microbes in the gut, it is important to eat a wide variety of fruits, vegetables, whole grains and fermented foods.

Recognising the intergenerational nature of health and wellbeing can help parents to make positive decisions about their children's upbringing.

The intergenerational nature of health and wellbeing means that genetic or biological factors affecting a foetus during pregnancy combine with the physical, social and psychological environment in childhood to create positive or negative changes to adult health and beyond.

epigenetics the study of how behaviours and environment can cause changes that affect the way genes work

epigenome a set of instructions that decides which parts of your DNA are activated, or which genes are switched on or off

genome an individual's complete set of DNA

9.7.1 Epigenetics

Aspects of intergenerational health and wellbeing can be explained by **epigenetics**.

The **epigenome** is a collection of chemical marks on our DNA that determine how much or little of a gene is expressed. It can be affected by a number of positive and negative influences. These affect how easily the genes are switched on or off.

TABLE 9.8 Factors that can influence a child's epigenome

Positive influences	Negative influences
• Attachment and warmth • Supportive relationships • Play and opportunities for learning • A well-balanced diet • Physical activity	• Smoking • Alcohol consumption • Poor diet • Low physical activity • Obesity • Conflict • Trauma • Infectious disease • Environmental pollutants • Sun exposure • Stressful life circumstances

CASE STUDY

Epigenetics: how your life could change the cells of your grandkids

What you experience in your lifetime can modify your DNA, and these changes can be passed down through the generations. We explain what the new science of epigenetics means for your children and grandchildren.

Everyone's heard of the **genome**: that double helix DNA code that is uniquely yours, unless you happen to have an identical twin. But there's another layer of complexity responsible for creating us — and that's the epigenome.

Your epigenome sits in your cells with your genome. It's a set of instructions that decides which bits of your DNA are activated, or which genes are switched on or off.

While every one of us has one unique DNA code, we all have many epigenomes because every different type of cell in the body — in your skin, fat, liver and brain — has its own epigenome.

The science of epigenetics is just getting started, but promises to deliver big changes to the way we treat disease and understand heredity.

Making music with your DNA

If your DNA is the unique 'song of you', your epigenomes are the audio engineers that decide how that music will be played — which bits are loud, or edited out, whether the melody is dominant or maybe the drums are lost altogether.

Each of your audio engineers takes the same set of musical notes but creates their own unique production. Similarly, in our bodies our epigenomes manipulate our DNA to create different types of cells.

Throughout your life, your DNA (the 'song of you') stays constant, but your epigenomes (the audio engineers) are more fluid — they change as we develop (such as during puberty) but also due to a host of other reasons that scientists are just starting to understand.

These epigenetic changes affect our cells and how they function and therefore the health of our bodies — both positively and negatively.

How can our lifestyles change our epigenome?

Epigenetic changes occur throughout our lives; in fact, a degree of adaptability seems to be required for normal human health.

We know that smoking, alcohol consumption, diet, physical activity, obesity, psychological stress, trauma, physical stress, infectious diseases, environmental pollutants, sun exposure, working night shift and countless other environmental factors can change our epigenomes. We just don't know a lot of the details about how and to what extent.

How can mothers (and grandmothers) pass on epigenetic changes?

What a mother does while she is pregnant can impact on the epigenome of her developing baby. And, because a female baby's lifetime supply of eggs is created when she's growing in her mother's womb, it can also impact on these eggs, and eventually the children they may become. In this way, the activity of the pregnant mother can touch the lives of her grandchildren.

There's a very famous well-documented case where we can clearly see the impact of famine during pregnancy on a population over generations, Professor Clark said.

During WWII, the Germans cut off food supplies to parts of the Netherlands causing a famine. Professor Clark said babies born to women during this time had a lower birth weight. When those babies grew up and had their own babies, the third generation had significantly more problems with diabetes and obesity than the rest of the population.

Can fathers transfer epigenetic changes?

Fathers could transfer epigenetic changes to their children, and possibly grandchildren, through changes to sperm around the time of conception, although most of our current evidence for this comes from studies in mice and rats.

Professor Hannan and his team at the Florey Institute have shown that stress affects the epigenome of mouse sperm — and this can have an impact for more than one generation.

Physical stress in the father mice has been shown to increase anxiety in offspring, Professor Hannan said. But it's not all doom and gloom — increased physical activity in the father mice has positive effects too.

Source: Andrews, K 2017, 'Epigenetics: how your life could change the cells of your grandkids', *ABC Science Friction*, 21 April, https://www.abc.net.au/news/science/2017-04-21/what-does-epigenetics-mean-for-you-and-your-kids/8439548.

CASE STUDY REVIEW

1. Outline what is meant by 'epigenome'.
2. Explain what is meant by 'If your DNA is the unique "song of you", your epigenomes are the audio engineers that decide how that music will be played'.
3. Explain how your lifestyle can change your genome.
4. Explain how mothers and grandmothers can pass on epigenetic changes.
5. Discuss whether fathers can transfer epigenetic changes.

9.7.2 Early life experiences

An individual's **early life experiences** are linked to their health and wellbeing, particularly the prenatal and childhood environment we experience in the first 1000 days after conception.

These prenatal and childhood environments include:

- genetic and epigenetic transmissions from parents and grandparents
- factors that occur during pregnancy
- conditions or experiences during infancy.

FIGURE 9.40 Young children who spend too much time on devices can reduce their number of child–adult interactions, or opportunities to 'serve and return'.

While it is possible to reverse the impact of risk factors or negative experiences, it becomes more difficult after the first 1000 days. This is because during the first 1000 days, nerve cells in the brain send electrical signals to communicate with each other and make connections that are strengthened through regular use by a process called '**serve and return**'. This is when a child seeks interactions through facial expressions, gestures, babbling and words, and an adult is responsive or 'returns' these 'serves' with similar gestures, sounds or emotions.

A caregiver who is responsive to a child's signals with repetitive back-and-forth interactions creates stronger and more complex connections in the brain. These form the foundations for learning, relationships and many other important skills. If, however, a caregiver's response is unreliable or absent, under-stimulation can disrupt developing nerve connections in the infant's brain and adversely affect later learning, behaviour and health outcomes. This process therefore determines which experiences and environments strengthen the connections and persist. A caregiver who is interacting with a smartphone may miss a child's 'serves'. Over time, these missed opportunities for child–adult interaction can add up and have a negative impact on brain development. Similarly, children who spend too much time on devices may 'serve' less frequently, which also limits the number of child–adult interactions they experience during important periods of development.

Early relationships

In infancy, a sense of attachment and security occurs when infants have a caregiver who responds to their distress in a consistent, caring and timely manner. This secure attachment is linked to positive developmental outcomes in later life, such as self-reliance, empathy and social competence. In this way, the prenatal stage, infancy and childhood can set us on a path towards or away from good health and wellbeing.

When a young child is protected by supportive relationships with adults, they learn to cope with everyday challenges such as meeting new people, experiencing new situations, or the frustration and pain of a minor fall. With loving care, their stress response system returns to normal after a difficult event. Even with more serious difficulties, such as a frightening injury or parental divorce, a child surrounded by caring adults who help them to adapt is protected against the potentially damaging effects of abnormal levels of stress hormones.

However, when frequent or prolonged adverse experiences, such as extreme poverty, maternal depression or family violence is experienced without adequate adult support, excessive levels of cortisol are released to help the body deal with the stress. Repeatedly high levels of cortisol suppress immune function

early life experiences the physical, social and psychological environment provided to a child such as diet, relationships, parenting practices, SES and learning opportunities

serve and return when a child seeks interactions through facial expressions, gestures, babbling and words, and an adult is responsive or 'returns' these 'serves' with similar gestures, sounds or emotions

and disrupt development of the brain. Problems created by stressful environments in childhood include poor school readiness, poor literacy and communication, and social health and wellbeing issues. Problems created in adulthood include mental health problems, aggression and antisocial behaviour, poor literacy and the effects of substance abuse.

A child who is living in an environment with supportive relationships and consistent routines is more likely to develop well-functioning biological systems, including brain circuits, that promote positive development and lifelong health. Children who regularly feel threatened or unsafe may develop physiological responses and coping behaviours linked to these harsh conditions. This can impact their future physical and mental wellbeing, self-regulation and effective learning.

Parenting practices

Parenting practices refer to the way in which parents or carers interact on a daily basis with their child and how they model behaviour. The four styles of parenting and their possible impacts are described in **TABLE 8.1** in the previous topic. It includes the type of discipline used and the way in which the parent/carer responds to the child in different situations. For example, parental warmth means interactions between the parent and child are characterised by affectionate behaviours, interest and involvement in the child's activities, responsiveness to the child's moods and feelings, and positive expressions of approval and support. This supports better social health and wellbeing through successful interpersonal relationships with peers at school, at work, and with friends and partners.

Research indicates that fathers play a different role from mothers in children's socialisation. Fathers who model positive behaviours such as accessibility, engagement and responsibility contribute to better social competence and maturity and more positive child/adolescent–father relationships. Some children may live in situations where the parents/carers use abuse as a part of their parenting practices.

Short-term effects of child abuse include:

- having sleeping difficulties
- regressing to earlier stages of development, such as bedwetting and thumb sucking
- being anxious or fearful
- displaying aggressive or antisocial behaviour or isolating themselves
- not attending social or school events
- becoming a victim or perpetrator of bullying or being cruel to animals
- suffering from stress-related illnesses such as headaches and stomach cramps
- displaying speech problems such as stuttering.

The long-term effects of exposure to abuse may result in the child learning to solve problems using violence. Witnessing violent behaviours of adult role models, children may grow up to behave in destructive ways in their own adult relationships. Earlier in this topic, the availability of social support in the parenting role was discussed. Social support during pregnancy reduces the likelihood of maternal stress, depression and risk-taking behaviours during and after pregnancy.

Social support plays a significant role in the health and wellbeing of a child in a number of ways, including:

- giving the child contact with other caring adults who help build positive attachment relationships
- modelling relationship skills for the child
- improving parental caregiving capacity by promoting positive mental health and resilience during challenging periods
- reducing the likelihood of child maltreatment
- encouraging families to access family and/or early intervention services.

Socioeconomic status

Parents or carers who are preoccupied with a daily struggle to ensure that their children have enough to eat and are safe from harm may not have the material resources, information or time they need to provide the stimulating experiences that foster optimal brain development.

The body's stress response can harm a person or build resilience. This outcome is affected by how long the stress lasts, how severe it is and when it occurs. It is also affected by any supportive relationships available to help.

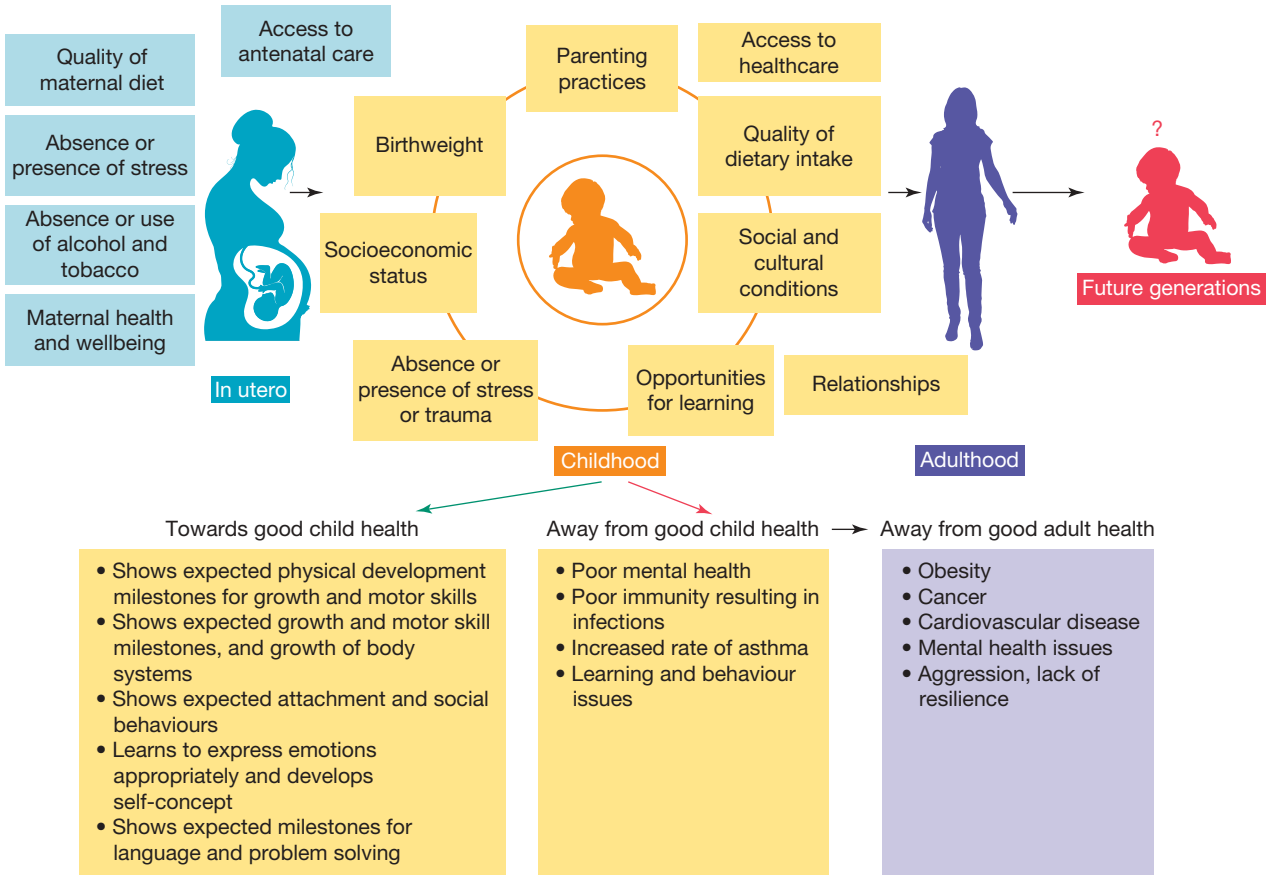
Economic hardship can add to psychological distress in parents, negatively affecting their ability to give care. Children who are born into, and have ongoing experience of, poverty are more likely to experience prolonged stress and a range of health and wellbeing issues that can include:

- higher infant mortality rate
- low birthweight
- risk of being overweight or obese
- not being breastfed
- tooth decay
- unintentional injury
- poorer general health and mental wellbeing.

Poverty in pregnancy is associated with a range of factors shown to increase the likelihood of health and developmental issues in children. These include increased use of tobacco, alcohol and other drugs, and poor nutrition and obesity. Poverty is also likely to increase a mother's exposure to psychological stress, which affects the body's normal regulation of hormones during pregnancy and increases the likelihood of delayed foetal growth and preterm birth.

Studies indicate that women in the most economically disadvantaged areas are less likely to receive antenatal care in their first trimester of pregnancy, compared to women in the most economically advantaged areas.

FIGURE 9.41 The intergenerational nature of health and wellbeing means that the environment provided in the prenatal stage, infancy and childhood stages can set us on a path towards or away from good health and wellbeing in this generation and for generations to come.



Secure, stable housing with quiet, predictable sleeping areas for babies is important for promoting optimal health and wellbeing in childhood and through to adulthood. Research suggests that not getting enough sleep leads to disruptive behaviour patterns, reduced intellectual performance and a greater risk of obesity in childhood and adulthood. Environmental and social conditions such as social status, employment, poverty, housing, education, the experience of racism and intergenerational trauma are increasingly being recognised as factors which can have negative outcomes for the health and wellbeing of Aboriginal and Torres Strait Islander children. There is a significant relationship between connection with cultures as a protective factor and improved health and wellbeing outcomes.

EXAM TIP

An understanding of genetics is not essential to understanding the intergenerational nature of health and wellbeing but it helps. It is essential to at least know that the health of one generation influence the health of the next. **FIGURE 9.38** is a helpful reminder of the concept of intergenerational health. Examples to explain the idea of intergenerational health could include positive parenting practices, stress, smoking, alcohol use, nutrition or socioeconomic status.

9.7 Activities

1. Use the weblinks on **Serve and return** and **How a child's brain develops through early experiences** in the Resources tab to view some videos that will help you map your understanding of brain development.
2. Access the article **How does trauma spill from one generation to the next?** in the weblink in the Resources tab. With a partner, record three examples that demonstrate the observation that 'We are all products of our history'.
3. Access the **Intergenerational health and wellbeing mind map** digital document in your Resources. Use the worksheet to create a mind map summarising the key concepts of intergenerational health and wellbeing.

on Resources

Digital document Intergenerational health mind map template (doc-41631)

Weblinks
Learn epigenetics
Lessons from the longest study on human development
Serve and return (1)
Serve and return (2)
How a child's brain develops through early experiences
How does trauma spill from one generation to the next?

9.7 Exercises

9.7 Quick quiz on | **9.7 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3	4	5

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Test your knowledge

1. Use **FIGURE 9.38** to explain what is meant by the intergenerational nature of health and wellbeing.
2. Outline what is meant by early life experiences.
3. Identify four ways that stress in childhood could affect health and wellbeing and/or development later in life.
4. Outline how the gut biome of a mother could influence the health of her child into adulthood.

Apply your knowledge

5. Evidence suggests that social disadvantage can decrease a child's ability to gain optimal health and wellbeing.

Social disadvantage includes:

- lack of access to material resources and employment
- reduced education and poor skill development
- reduced levels of health and wellbeing
- poor social connections
- low sense of community
- low personal safety.

Explain how social disadvantage could have an intergenerational effect on health and wellbeing.

9.7 Exam questions

Question 1 (1 mark)
Briefly **explain** what the 'intergenerational nature of health and wellbeing' means.

Question 2 (1 mark)
Identify one maternal behaviour that might influence the health and wellbeing of an unborn baby and their future adult health.

Question 3 (3 marks)
Explain how the intergenerational nature of health and wellbeing can be evident in parenting practices.

Question 4 (3 marks)
Explain how socioeconomic status can cause the health and wellbeing of one generation to influence the health and wellbeing of the next.

Question 5 (4 marks)
Research has found that Aboriginal and Torres Strait Islander Peoples who were removed from their families were 1.7 times as likely to have poor self-assessed health and 1.5 times as likely to have poor mental health than those who were not removed from their families. Their children were 1.4 times as likely to have poor self-assessed health and 1.3 times as likely to have poor mental health.

Source: https://www.indigenousmhspc.gov.au/getattachment/6f0fb3ba-11fb-40d2-8e29-62f506c3f80d/intergenerational-trauma-and-mental-health.pdf?v=1352.

Explain how this reflects the intergenerational nature of health and wellbeing.

More exam questions are available in your learnON title.

9.8 KEY SKILLS

9.8.1 Analyse factors to be considered and resources required for the transition to parenthood

tlvd-11394

KEY SKILL Analyse factors to be considered and resources required for the transition to parenthood

Tell me

To demonstrate this skill, it is essential to analyse what someone would need to consider if they undertake the role of parent. You also need to be able to examine in detail the needs of a child and to explain the importance of social and emotional support and resources in helping parents with their role in meeting those needs.

The ability to use specific and relevant examples to show this understanding is expected. When outlining the parental responsibilities and the availability of social and emotional support and resources, it is important to remember the various types of needs of a child.

To demonstrate this key skill, you need to:

- identify and discuss changes in responsibility associated with the parenting role
- identify and discuss changes in relationships associated with the parenting role
- discuss examples of additional stressors that may be experienced in the parenting role
- discuss examples of social and emotional support and resources that assist the parenting role.

Show me

Look at the following example, which is a discussion of considerations required for the transition to the parenting role.

Parenting is the process of promoting the development and health and wellbeing of a child from infancy to adulthood.[1] When individuals are thinking about parenthood, they must consider whether they can meet the responsibility attached to the role.[2] These include meeting a child's physical (food, safety and shelter), emotional (security, stability), social (love, attention and achievement) and intellectual needs (mental stimulation and learning opportunities).[3] They also need to consider whether they are ready for any changes to relationships with their partner, family and social network that might occur.[4] Consideration must be given to the additional stressors they might encounter, such as financial strain with increased expenses and decreased income, or whether they will be able to cope psychologically with the demands of the role or their own and others' expectations.[5]

A further consideration relates to their level of support from family and friends and whether they are ready to accept responsibility for promoting an optimal environment for the development of their child.[6]

To undertake the parenting role, social support is required. This refers to the informal or practical help that parents receive from relatives, friends, co-workers or neighbours. Parents with higher levels of social support are better able to cope with stress and be resilient. Parents also require emotional support. This is the feeling that others understand your needs and will try to help you. Having people who are willing to share ideas and advice and talk things over, particularly those who are in the same position, increases the ability to cope with problems related to parenting.[7]

When considering the parenting role, individuals should be aware of their level of personal resources (such as patience, energy and initiative) and family resources (such as time, income, knowledge and housing) to meet the physical and emotional needs of a child. They also need to consider their level of access to government and community resources, such as parenting leave and payments, as well as antenatal care and playgroups in their area to meet the social and intellectual needs of a child.[8]

1 The meaning of parenting is identified.
2 A consideration to be made about responsibility and the role of parent is identified.
3 The types of needs are identified.
4 Further consideration about relationship changes and becoming a parent is identified.
5 Further consideration about associated stressors and becoming a parent is identified.
6 Further consideration about becoming a parent is identified.
7 Consideration about level of social and emotional support is explained.
8 A range of resources is discussed with links to a child's needs.

Practise the key skill

1. 'Deciding on how many children to have seems harder today than ever. People are distressed about the future for reasons like climate change, questions of affordability, whether their partner will stand by them and whether becoming a parent will affect their employment prospects.'

   Using this information and your own knowledge, discuss the factors to be considered for a transition to parenthood.

9.8.2 Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan

tlvd-11395

KEY SKILL Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan

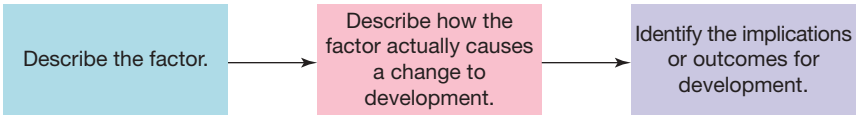
Tell me

To demonstrate this skill, it is necessary to analyse the factors that could affect development during the prenatal stage and early childhood stages from birth to age six. Remember that to analyse means to identify the parts or aspects of something, to discuss their implications or outcomes and why these implications or outcomes occur.

Two things to note are:

1. Maternal diet, smoking, alcohol and early life experiences are the factors listed in the key knowledge — development includes physical, intellectual, emotional and social.
2. You need to describe each factor and show an understanding of how it causes an effect and what the outcomes are for development. The ability to use relevant examples to demonstrate this understanding is expected.

When describing how factors such as these influence development, it is important to:



TIP: It is also important to read the question carefully to identify which lifespan stage is the focus and if there are any limitations on the factors that can be discussed.

Show me

Look at the following example in which the influence of maternal nutrition is explained with regard to development during the prenatal stage of the lifespan.

During pregnancy, foods that are included in the maternal diet must cover a variety across and within the five core food groups to supply sufficient nutrients, such as iodine, for optimal foetal development.[9] Iodine is particularly important during preconception and the first 16 weeks of pregnancy. It is required in greater amounts during pregnancy for development of the foetal thyroid gland and to support nerve cell structure, differentiation and maturation for optimal brain and nervous system development in the foetus.[10] Thus, the maternal diet should include foods such as fish, eggs and dairy, as well as bread that is fortified with iodine. If iodine is deficient during pregnancy, reduced brain cell branching can occur, with later consequences for intellectual development, including learning difficulties and intellectual disability.[11] Implications for physical development later in the lifespan can also arise, as pregnant mothers who were deficient in iodine may have influenced foetal thyroid development and can be more likely to have children with stunted growth.[12]

9 A description of the factor is provided.

10 Explanation of the factor is provided and a specific link is made between the factor and foetal development during pregnancy.

11 Further explanation of the factor is provided and a second link is made between the factor and development.

12 Another link is made between the factor and development during early childhood.

Practise the key skill

2. Analyse the influence on development during the prenatal and infancy stages if a woman consumes alcohol prior to or during pregnancy.
3. Analyse the influence of two aspects of early life experiences on development during early childhood.

9.8.3 Explain health and wellbeing as an intergenerational concept

tlvd-11396

KEY SKILL Explain health and wellbeing as an intergenerational concept

Tell me

For this key skill, an explanation of the meaning of intergenerational health and wellbeing is required.

To explain means to give a detailed account of why and/or how something happens by referring to effects or changes it causes or to make any relationships between things evident.

Therefore, this key skill requires a detailed account of how health and wellbeing can be changed through the lifespan and the relationship between the health of one generation, such as parents, and the health of the next generation, such as their children.

It involves:

- displaying an understanding of the meaning of 'intergenerational'
- a detailed explanation that links the prenatal and early childhood environments provided by one generation to the impacts on the health and wellbeing of the next generation.

The ability to use relevant examples to demonstrate the skill is expected.

Show me

Consider the following example that highlights the intergenerational nature of health and wellbeing based on the potential outcomes of maternal stress and parental smoking or vaping.

The environment that shapes prenatal development and early childhood can also shape health and wellbeing and development over the rest of the lifespan and between generations.[13] Factors such as parental smoking or maternal stress in prenatal development are linked to health and wellbeing outcomes later in life because early life experiences can modify a person's DNA. These changes can then be passed down through the generations, meaning that parents' and grandparents' health and wellbeing can also influence the health and wellbeing of children. This shows the intergenerational nature of health and wellbeing.[14]

13 The meaning of intergenerational is identified.

14 An explanation of intergenerational is included.

Risk factors can be independent, but they can accumulate and interact over time. Conditions such as maternal stress and/or parental tobacco smoking or vaping during pregnancy affect prenatal development by leading to low birthweight. Low birthweight is linked to newborns having difficulty feeding, gaining weight and fighting infection, greater likelihood of impaired growth and motor skill in infancy, and later development of adult chronic diseases such as diabetes, heart disease, high blood pressure and obesity.[15]

15 An example of a factor in the mother during the prenatal stage affecting the child at birth is provided and a link made to the adult stage.

The decisions that parents make and the resources that they have access to are important to creating an optimal prenatal environment. A pregnant woman who makes use of social support such as advice or childminding help or meal preparation support from friends can reduce her stress levels and also her stress hormone levels as a result. This reduces her risk of a premature birth and a baby who displays a much lower sensitivity to stress. As the baby grows from infancy to early childhood they will be less likely to exhibit high levels of anxiety when faced with new experiences such as going to school.[16]

16 An understanding of how the health and wellbeing of one generation influences the health and wellbeing of the next generation is shown.

Practise the key skill

The authoritarian parenting style is when parents/carers use an overemphasis on discipline and little or no opportunity for the child to make decisions. Authoritarian parents/carers can be intimidating, with an expectation of obedience and respect. Expectations are not explained but simply demanded of the child, and the parent/carer will become angry and forceful if the expectations are not met.

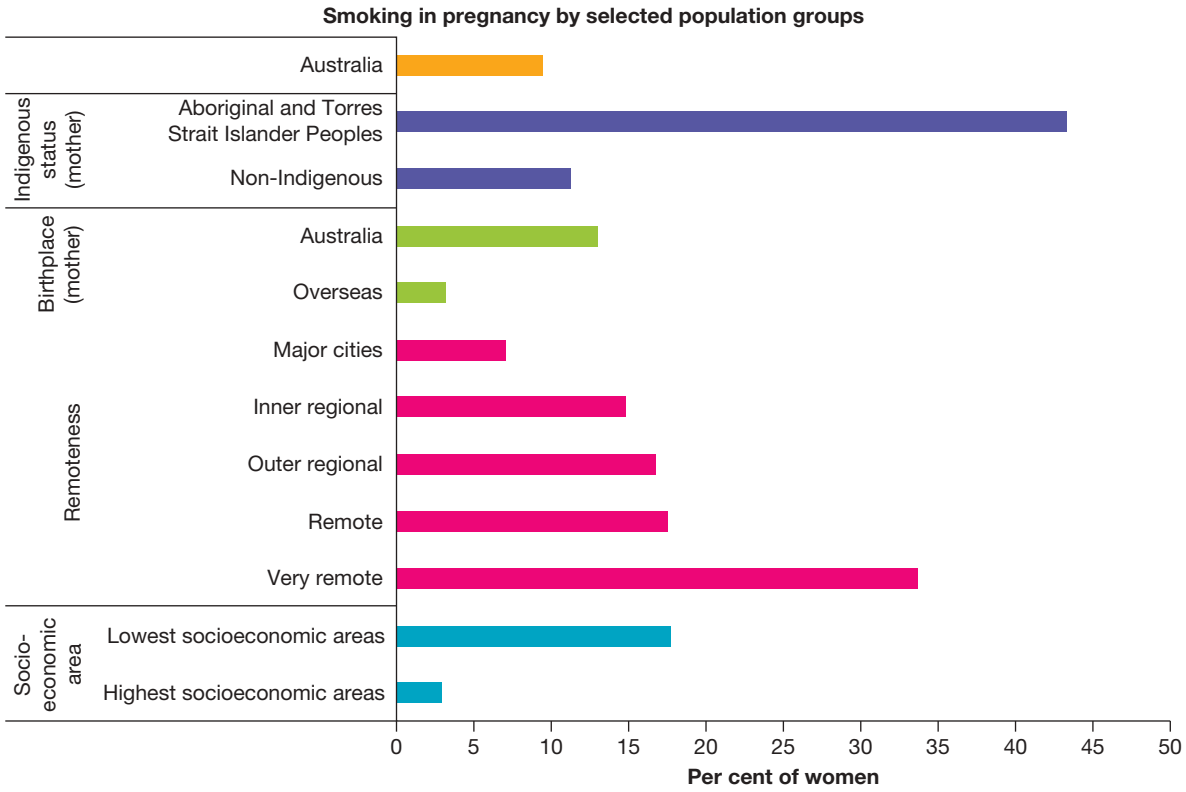
4. Explain how the possible impacts of parenting practices can demonstrate the intergenerational nature of health and wellbeing.

tlvd-11397

9.9 EXTENDED RESPONSE — Build your exam skills

Consider the following stimulus material that relates to prenatal development and participation in smoking and alcohol use during pregnancy.

Source 1



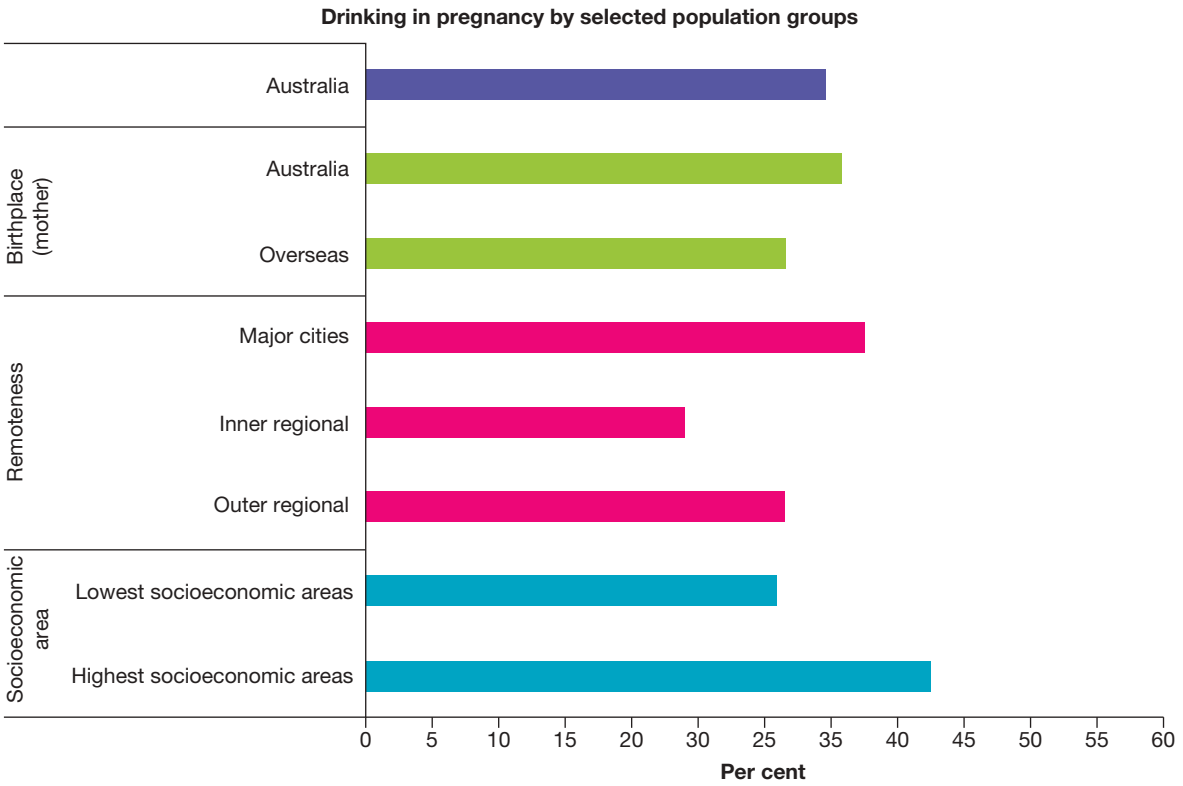
Source 2

Survey data indicates that, nationally, most women (80%) attend antenatal care in the first trimester. Some mothers were less likely to have an antenatal visit in the first trimester, including those who smoked during the first 20 weeks of pregnancy (73%) and after 20 weeks (70%), and those who lived in Remote (73%) and Very remote areas (68%).

Concerns expressed by women at antenatal visits included:

- how to know what was 'normal' during the prenatal stage
- whether they will be good at parenting and how they will live up to the expectations of others
- parenting, financial and employment responsibilities
- differences in expectations of partner.

Source 3



Practise this skill

Using the information from all three sources and your own knowledge, discuss the:

- considerations that may be associated with becoming a parent
- risk and protective factors related to prenatal development that could create variations in prenatal development between population groups
- importance of understanding that health and wellbeing is intergenerational. **15 marks**

TIPS

- The question asks you to use the information, so your response needs to include information from ALL three sources.
- The question asks you to analyse the considerations that may be associated with becoming a parent, so you need to include examples of changes in responsibilities or relationships or additional stressors.
- The question asks you to draw on your own knowledge, so you need to include examples of how use of alcohol, tobacco and antenatal care has an effect on prenatal development.
- The data encourages you to consider the variations in prenatal development that could be created in the different population groups shown in Sources 1, 2 and 3. This relates to the outcomes of the factors mentioned.
- The question also asks you to show an understanding of intergenerational health and wellbeing and to link this to the information given. This means you are required to discuss the importance of health and wellbeing being intergenerational, rather than just describing the concept.
- You also need to give specific examples of how the health of one generation can influence the health of the next generation and link it to the use of alcohol, smoking or antenatal care.

9.10 Review

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9.10.1 Topic summary

9.2 Considerations associated with becoming a parent

- Parenting is the process of promoting and supporting the physical, social, emotional and intellectual development of a child from infancy to adulthood.
- It is the responsibility of parents, other caregivers and family members, communities and governments to ensure that the rights that relate to a child's needs and an optimal environment for development are fulfilled.
- Parents have a legal responsibility to protect their child from harm; provide their child with food, clothing and housing; financially support the child; provide safety, supervision and control; provide medical care and provide an education.
- Adults thinking about becoming a parent must give consideration to changes in responsibility and relationships, additional stressors they might experience, and availability of social and emotional support and resources.
- Children have physical, social, emotional and intellectual needs.
- Parenting can contribute additional stressors.
- Social support refers to the informal, emotional or practical assistance that parents and carers receive from relatives, friends, neighbours or the community.
- Emotional support refers to the feeling that others understand your needs and will try to help you.
- Parents/carers with higher levels of social and emotional support are better able to cope with stress and be resilient.
- Children whose needs are met and who have strong social and emotional skills are likely to become adults who find it easier to create and maintain a supportive social network. This increases the likelihood that they will engage in effective parenting with their own children.
- Resources available to parents/carers include personal resources, time, energy, knowledge, Medicare, the Pregnancy, Birth and Baby helpline, and Maternal and Child Health Services.

9.3 Fertilisation and the stages of prenatal development

- Knowledge of fertilisation and prenatal development makes us aware of how we can optimise a child's development and future adult health and wellbeing.
- Fertilisation is the process whereby the genetic material of the sperm and ovum fuse together to make a complete cell called a zygote.
- Fertilisation marks the beginning of the prenatal stage of the lifespan.
- The prenatal stage can be divided into the germinal, embryonic and foetal stages.
- Growth during the prenatal stage is the fastest of all lifespan stages.
- The germinal stage is characterised by rapid cell division.
- The embryonic stage is characterised by organ development, called organogenesis.
- Teratogens can have a large impact on the developing baby, particularly during the embryonic stage.
- The foetal stage is characterised by rapid growth.
- The placenta is an organ that facilitates the transfer of nutrients, gases and wastes from mother to baby.

9.4 The role of parents in determining optimal prenatal development

- Understanding the risk and protective factors that influence a foetus during the prenatal stage allows parents, carers and the community to optimise the health and wellbeing and development of unborn babies and put the children on a pathway to enhanced adult health and wellbeing.
- Antenatal care is essential to monitor the health and wellbeing of the mother and baby.
- A range of risk and protective factors have an impact on both pregnant women and their unborn babies during the prenatal stage of the lifespan.
- Adequate nutrition is important in ensuring that the nutrients required for optimal health and wellbeing and development of the unborn baby are present. Deficiencies in specific nutrients such as folate and iodine can contribute to health concerns, such as spina bifida and intellectual disability.
- Parental smoking, including vaping, causes toxic substances to cross the placenta. This increases the risk of low birthweight, birth defects and perinatal mortality.
- Alcohol use during pregnancy can lead to foetal alcohol spectrum disorder. Foetal alcohol spectrum disorder increases the risk of premature birth, heart defects, behavioural problems and a range of physical characteristics.

9.5 The role of parents in determining optimal development in infancy

- Infancy is a period of rapid growth. All areas of development occur quickly during this stage.
- Physical development follows cephalocaudal and proximodistal patterns. It involves growth, changes to systems and motor skill development.
- The family is the most significant influence on social and emotional development.
- Social development involves changes in relationships, communication skills and ways of behaving and interacting with others.
- Emotional development involves changes in the range of emotions felt and expressed, attachments and self-concept.
- Intellectual development involves changes to knowledge and memory, language, attention, thinking and problem solving.
- Language skills, knowledge and memory develop rapidly in response to sensory input, new experiences and rapid changes to brain structure.

9.6 The role of parents in determining optimal development in early childhood

- Physical development during early childhood is slow and steady.
- Gradual increases in height and weight are accompanied by increases in bone strength.
- As the child grows and gains strength, their motor development progresses and they become capable of more complex motor skills.
- Social development is facilitated by play and interaction with family members and other adults or carers. Children often imitate the actions of older people as a way of learning social skills and roles.
- By the end of early childhood, the child can use a knife and fork.
- The child gains an increasing sense of self during the childhood years and may become self-conscious in certain circumstances.
- Intellectual development continues to progress and as the child ages, language skills become increasingly complex.

9.7 Early life experiences and the intergenerational nature of health and wellbeing

- Health and wellbeing are considered to be intergenerational, which means that the health and wellbeing of one generation influences the health and wellbeing of the next.
- Your epigenome is a set of instructions that decides which bits of your DNA are activated, or which genes are switched on or off.
- The epigenome can be affected by positive experiences, such as attachment, supportive relationships, play and opportunities for learning, or negative influences, such as smoking, alcohol consumption, diet, physical activity, obesity, psychological stress, trauma, physical stress, infectious diseases, environmental pollutants, sun exposure and stressful life circumstances.

- Health and wellbeing over the lifespan and over generations can be shaped through exposure to risks early in life that have effects that are independent, cumulative and interact over time.
- Early life experiences that include presence or absence of stress, relationships, parenting practices and socioeconomic status will contribute to health and wellbeing in infancy and childhood, and can determine the pathway to adult health and wellbeing.

EXAM TIP

When responding to questions for this topic, check carefully whether your response needs to address health and wellbeing or development.

on Resources

Digital document Summary (doc-41440)

9.10.2 Key terms

amniotic fluid the fluid surrounding the embryo/foetus that protects the unborn baby
antenatal care relates to the medical care given to pregnant women before their babies are born
blastocyst thin-walled hollow structure consisting of a cluster of cells making up an outer cell mass that becomes the placenta, and an inner cell mass that becomes the embryo
cell differentiation when cells take on specialised roles
cephalocaudal development development that occurs from the head downwards
chromosomes strands of DNA that contain genetic information
consideration the act of thinking carefully about a decision or choice
critical period a time during which a foetus is particularly susceptible to the effects of factors within its environment
developmental milestone the average age at which a child achieves skills such as crawling or standing or saying its first word
early life experiences the physical, social and psychological environment provided to a child such as diet, relationships, parenting practices, SES and learning opportunities
ectopic pregnancy a pregnancy that occurs outside the uterus, often in one of the fallopian tubes
embryo cell mass from approximately the second to the eighth week after fertilisation
emotional needs the need to feel loved and wanted by caregivers
emotional support the feeling that others understand your needs and will try to help you
endometrium the nutrient-rich lining of the uterine wall in which the ovum (blastocyst) embeds or that is expelled every month if pregnancy does not occur
epigenetics the study of how behaviours and environment can cause changes that affect the way genes work
epigenome a set of instructions that decides which parts of your DNA are activated, or which genes are switched on or off
fertilisation the fusing of a sperm and an egg cell. Marks the beginning of pregnancy. Also known as conception.
fertility the natural capability to produce offspring
fine motor skills the coordination of small muscle groups such as those in the hands
foetal alcohol spectrum disorder describes a range of features seen in babies who have been exposed to alcohol while in the womb
gamete sex cell, i.e. ovum or sperm
genes the blueprint of the body that controls growth, development and how the body functions
genome an individual's complete set of DNA
gross motor skills the coordination of large muscle groups such as those in the arms and legs
gut microbiome all the microbes in the intestines
handedness an individual's preferential use of one hand, the dominant hand
health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)

healthy balanced diet a diet that includes a variety of foods across and within the five core food groups
implantation when a cluster of cells that will become an embryo attaches itself to the endometrium
in-vitro fertilisation (IVF) a medical procedure whereby an ovum is fertilised by sperm in a laboratory
intellectual needs knowledge, understanding, curiosity and search for meaning
intergenerational the health and wellbeing of one generation affects the health and wellbeing of the next
low birthweight weighing less than 2500 grams at birth
motor skills the ability to control the muscles in the body
neural tube defect failure of the neural tube (which develops into the central nervous system) to close during the development of the embryo, resulting in conditions such as spina bifida
object permanence an awareness that objects continue to exist even when they are out of sight
organogenesis the formation of organs
parenting the process of promoting the physical, emotional, social and intellectual development and health and wellbeing of a child from birth to adulthood
physical needs the need for food, air, water, activity, rest and physical safety
placenta an organ that allows the transfer of nutrients, gases and wastes between mother and foetus
protective factor something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk
proximodistal development development that occurs from the core or centre of the body outwards towards the extremities
responsibility being answerable or accountable for something within one's control
risk factor something that increases the likelihood of developing disease or injury
role of parents functions or expected behaviours when responsible for the safety and wellbeing of a child
serve and return when a child seeks interactions through facial expressions, gestures, babbling and words, and an adult is responsive or 'returns' these 'serves' with similar gestures, sounds or emotions
social needs the need for belonging, self-worth and the respect of others
social support informal or practical assistance from relatives, friends, neighbours or the community
socialisation the process by which an individual learns to live according to the expectations of a group or society
stressor something perceived as a challenge that causes a state of strain, tension or stress
teratogen anything in the environment of the embryo that can cause defects in development. Examples include tobacco smoke, alcohol, prescription medication, radiation from x-rays and some diseases, such as rubella.
zygote cell created when an ovum is fertilised by a sperm

9.10 Exercises

learnon

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9.10 Exam questions

Question 1 (1 mark)

Outline what is meant by 'parenting'.

Question 2 (4 marks)

With the use of examples, **explain** how a parent taking their child to a playgroup for three-year-olds could help meet their child's social needs.

Question 3 (2 marks)

1000 Books Before School is a program that encourages parents and carers to read 1000 books with their children before they begin primary school. Families are encouraged to register at their local library, where they can borrow books free of charge and keep track of the books they have read.

Source: State Library Victoria

Outline how a parent who signs their child up to the 1000 Books Before School program is supporting their intellectual needs.

Question 4 (10 marks)

UK child psychiatrist Sir Michael Rutter is considered to be the father of child psychology and when once asked what advice he would give to a child growing up today, he is reported to have said: 'Choose your parents wisely'. **Justify** his advice.

Question 5 (15 marks)

Julian and Christie have been thinking about having a child. They both work full time and have an active social life that includes going to music venues, bars and restaurants with friends. Julian's parents live in France and Christie's parents live in the same city as Julian and Christie.

a. **Outline** three things Julian and Christie will need to consider before becoming pregnant. **3 marks**

b. **Describe** two risk factors and two protective factors that they need to consider to promote the health and wellbeing of their child during the prenatal stage. **4 marks**

c. **Describe** two examples of social support and two examples of emotional support that will assist them in their parenting. **4 marks**

d. **Discuss** two government resources that Julian and Christie can use in their parenting role to optimise the health and wellbeing and development of their child. **4 marks**

on Resources

Digital document	Key terms glossary (doc-41439)
Interactivities	Crossword (int-9297) Definitions (int-9298)
Exam question booklet	Topic 9 Exam question booklet (eqb-0242)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 9 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

- 9.2 PMI parenthood worksheet (doc-41628) ☐
- 9.4 Gold Coast family push to reduce stigma around foetal alcohol spectrum disorder (doc-41629) ☐
- 9.6 Do toys and games shape who we'll become? (doc-41630) ☐
- 9.7 Intergenerational health mind map template (doc-41631) ☐
- 9.10 Summary (doc-41440) ☐
- Key terms glossary (doc-41439) ☐

Teacher-led videos

- 9.7 Intergenerational health (tlvd-0274) ☐
- 9.8 Key skill: Analyse factors to be considered and resources required for the transition to parenthood (tlvd-11394) ☐
- Key skill: Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan (tlvd-11395) ☐
- Key skill: Explain health and wellbeing as an intergenerational concept (tlvd-11396) ☐
- 9.9 Extended response: Interpreting stimulus material (tlvd-11397) ☐

Interactivities

- 9.3 FIGURE 9.13 The germinal stage of prenatal development (int-9304) ☐
- 9.4 FIGURE 9.16 The risk and protective factors that contribute to prenatal development (int-9307) ☐
- 9.10 Crossword (int-9297) ☐
- Definitions (int-9298) ☐

Weblinks

- 9.2 Rise of One and done parenting ☐
- How climate change is impacting people's decision to have kids ☐
- 9.3 Experts say most people don't realise smoking is detrimental to fertility ☐
- In-vitro fertilisation ☐
- From IVF to surrogacy ☐
- Prenatal development ☐
- 9.4 Pregnancy and antenatal appointments ☐
- Environmental tobacco smoke ☐
- Gold Coast family push to reduce stigma around foetal alcohol spectrum disorder ☐
- 9.5 Raising Children — babies and toddlers ☐
- 9.6 This new 'risky' playground is a work of art ☐
- How caregivers can help build children's emerging language skills ☐
- Do toys and games shape who we'll become? ☐
- 9.7 Learn epigenetics ☐
- Lessons from the longest study on human development ☐
- Serve and return (1) ☐
- Serve and return (2) ☐
- How a child's brain develops through early experiences ☐
- How does trauma spill from one generation to the next? ☐

Exam question booklet

- 9.10 Topic 9 Exam question booklet (eqb-0242) ☐

To access these online resources, log on to **www.jacplus.com.au**

School-Assessed Coursework Unit 2

OUTCOME 1

Explain developmental changes in the transition from youth to adulthood, analyse factors that contribute to healthy development during the prenatal and early childhood stages of the human lifespan and explain health and wellbeing as an intergenerational concept.

School-Assessed Coursework 4 online only

To answer questions online and to receive **immediate feedback** and **sample responses** for every question, go to your learnON title at www.jacplus.com.au or download the assessment as a Word document from your Resources tab.

on Resources

Digital document School-Assessed Coursework 4 (doc-41625)

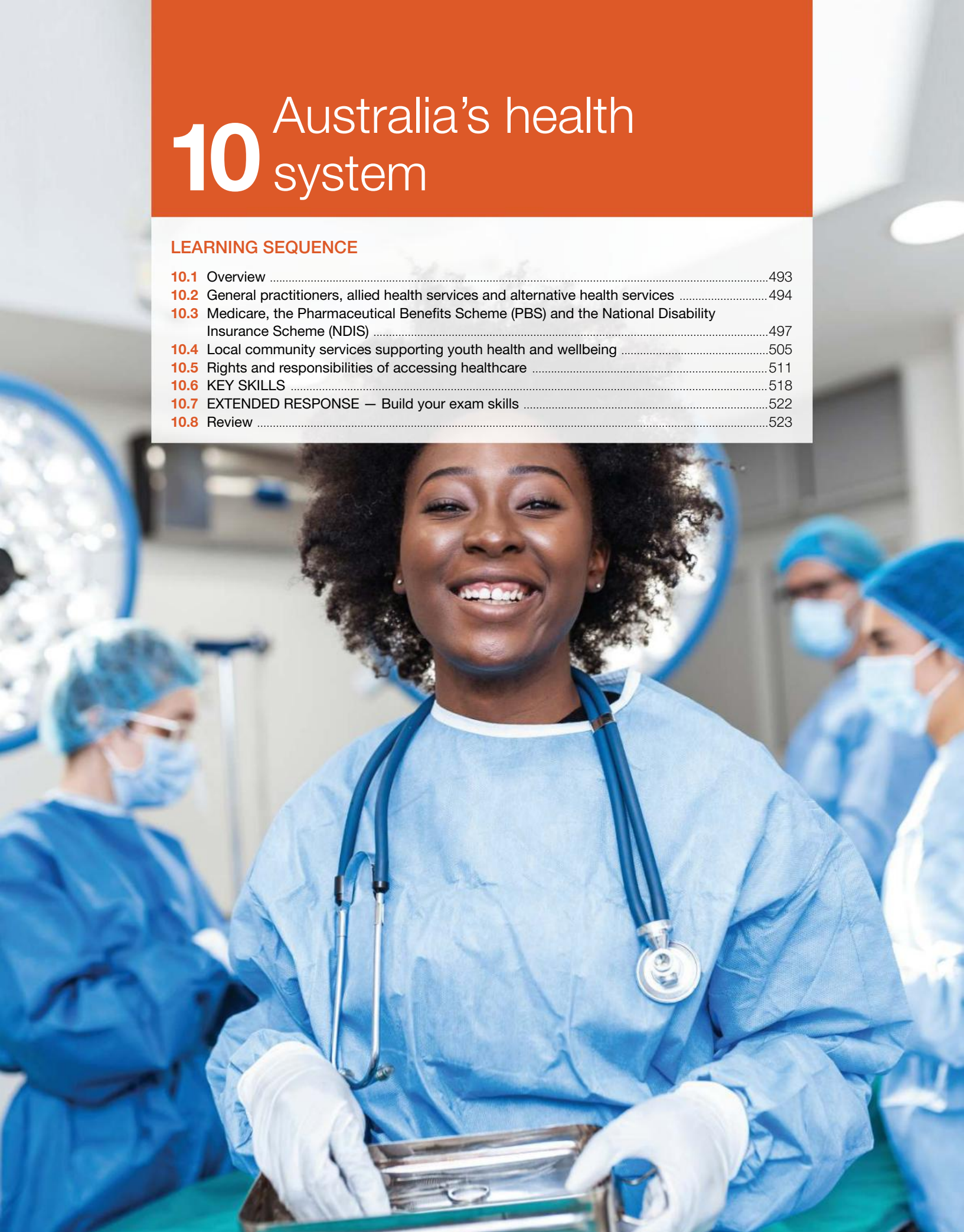
Key knowledge

- Overview of the human lifespan
- Perceptions of youth and adulthood as stages of the human lifespan
- Characteristics of development, including physical, social, emotional and intellectual
- Developmental transitions from youth to adulthood
- Key characteristics of healthy and respectful relationships and their impact on health and wellbeing, and on development
- Considerations associated with becoming a parent, such as changes in responsibilities and relationships, and additional stressors
- The availability of social and emotional support and resources for parents
- The role of parents, carers and the family environment in determining the optimal development of children, by developing students' understanding of:
  - fertilisation and the stages of prenatal development
  - risk and protective factors related to prenatal development, such as maternal diet and the effects of smoking and alcohol during pregnancy
  - physical, social, emotional and intellectual development in infancy and early childhood
  - the impact of early life experiences on future health and development
- The intergenerational nature of health and wellbeing

Key skills

- Describe the stages of the human lifespan
- Collect and analyse information to draw conclusions on perceptions of youth and adulthood
- Describe the characteristics of physical, social, emotional and intellectual development
- Explain the developmental changes that characterise the transition from youth to adulthood
- Analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing
- Analyse factors to be considered and resources required for the transition to parenthood
- Analyse factors that influence development during the prenatal and early childhood stages of the human lifespan
- Explain health and wellbeing as an intergenerational concept

10 Australia's health system



LEARNING SEQUENCE

10.1 Overview

	Key knowledge	Key skills	Subtopic
○	Key aspects of Australia's health system used by youth, such as general practitioners (GPs), allied health services, alternative health services, Medicare, the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS)	Describe key aspects of the health system and their impact on youth health literacy and health outcomes	**10.2, 10.3**
○	The range of services available in the local community to support the physical, social, emotional, mental and spiritual dimensions of youth health and wellbeing	Research youth health services in the local community and explain which dimension(s) of health each one supports	**10.4**
○	Rights and responsibilities associated with accessing health services, such as privacy and confidentiality relating to the storage, use and sharing of personal health information and data	Discuss rights and responsibilities of access to health services	**10.5**

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

Key terms

allied health services
alternative health services
bulk billing
general practitioner
health literacy
in-hospital expenses (Medicare)
medical confidentiality
Medicare levy
Medicare levy surcharge
Medicare Safety Net
National Disability Insurance Scheme
out-of-hospital expenses (Medicare)
out-of-pocket expenses
patient co-payment
PBS Safety Net
Pharmaceutical Benefits Scheme
Schedule fee
subsidised

Exam terminology

Describe	provide a general description
Discuss	give an overall account of
Explain	make plain, make clear (may require reasons)

on Resources

Digital document Key terms glossary (doc-41441)
Exam question booklet Topic 10 Exam question booklet (eqb-0243)

10.2 General practitioners, allied health services and alternative health services

Key knowledge	Key skill
Key aspects of Australia's health system used by youth, such as general practitioners (GPs), allied health services and alternative health services	Describe key aspects of the health system and their impact on youth health literacy and health outcomes

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- what GPs are and the services they provide
- what is meant by allied and alternative health services.

You need to be able to:
- provide examples of the services and treatments provided by GPs
- provide examples of allied and alternative health services
- explain how access to each of these services contributes to youth health literacy and improved health outcomes.

10.2.1 General practitioners

A **general practitioner** (GP) is a doctor who has a wide range of skills and looks after the health of most people in the community, from infants to the elderly and all in between. The GP is usually the first in line to help when people are injured or feeling unwell, or for preventative measures such as vaccinations and skin cancer checks.

FIGURE 10.1 A general practitioner is a good source of health information as they prevent, diagnose and treat a wide range of conditions causing ill health.

The GP can help diagnose and treat chronic conditions such as asthma, manage mental health, care for acute or chronic injuries, and prescribe medication. They can assist with illnesses such as COVID-19 or the flu, and provide advice on sexual health or other concerns such as high body weight or smoking.

Having a regular GP that a young person is comfortable talking to can be of great benefit and can increase their access to health services and information. Whether they prescribe medication or not, a GP can provide information on a wide range of health-related topics. GPs can prescribe medication for illnesses, such as antibiotics, asthma preventers, and anxiety or depression medication, and they provide information on vaccinations so that people can make informed choices. If patients need more specialised care, the GP writes a referral to see a specialist such as an orthopaedic surgeon to repair a ruptured anterior cruciate ligament or a dermatologist to remove a skin cancer. GPs also refer patients to other health services such as pathology for blood tests or radiology services for x-rays or other scans to help make a diagnosis.

Youth **health literacy** can be increased greatly by asking questions and seeking information and advice from a GP. Accessing a trusted GP will give young people knowledge about a health condition, as well as some skills in managing their own health. They can also develop greater confidence in taking responsibility for their own health, all of which increase their health literacy. Information provided to a GP is confidential unless the patient indicates a risk of harm to themselves or others. Health information is shared when the patient is referred to another doctor for further investigation.

general practitioner a doctor who has a wide range of skills and knowledge and looks after most of the people in a community

health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)

10.2.2 Allied health services

Allied health is a relatively new term and is used to describe health professionals outside the medical, dental and nursing professions. Allied health professionals are university qualified with expertise in preventing, diagnosing and treating a range of conditions and illnesses.

Allied health professions include:

- counselling and psychology
- nutrition
- chiropractic
- optometry
- podiatry
- physiotherapy
- pharmacy.

FIGURE 10.2 Physiotherapy, podiatry, optometry and psychology are examples of allied health services.

Youth may choose to access any of these services to prevent or treat injuries, support mental health, manage dietary needs or help manage medications. These services can be costly and are not usually or completely covered by Medicare (see subtopic 10.3). **Private health insurance** may cover some of the costs associated with allied health services, but private healthcare can be expensive and may give only small benefits for these services.

Private health insurance is a product that individuals and families can choose to buy that helps cover the cost of some medical and dental services not covered by Medicare. Policies can be purchased to cover the cost of accommodation in a private hospital and may also include 'extras cover' for services such as physiotherapy and podiatry.

Consulting a range of allied health services can result in more expert care in a specific area and can increase health literacy as young people can ask questions and take information away from their consultation. Often allied health services can feel less formal and more relaxed and youth-friendly than GP clinics. This increases the likelihood of young people seeking the help they need to maintain their health and wellbeing. For example, young people might access a physiotherapist for ongoing treatment of a sporting injury. This can help them return to their chosen activity, increasing their physical fitness and also reducing stress and anxiety, thereby improving mental health and wellbeing. Recovering from an injury would also mean that a young person can reconnect with their team mates, reducing social isolation and improving their social health and wellbeing.

10.2.3 Alternative health services

Australian youth can also access treatment and health information from **alternative health services** such as:

- acupuncture
- homeopathy and naturopathy
- massage therapy
- yoga and Pilates
- Chinese traditional medicine.

These health services can be used instead of or alongside traditional health services.

allied health services health professionals outside the medical, dental and nursing professions

private health insurance an insurance policy that helps pay for services not covered by Medicare

alternative health services healthcare that can be used instead of or alongside traditional health services

FIGURE 10.3 Acupuncture, Chinese herbal medicine and yoga are alternative health services that youth can access.

Some alternative health services require practitioners to be registered with the Australian Health Practitioner Regulation Agency (AHPRA); for example, acupuncture and Chinese medicine. Registration with AHPRA requires health service providers to have insurance, a criminal history check, an acceptable standard of English language and a record of ongoing professional development. Anyone can access the AHPRA register to check whether a service or provider is registered and whether they are suitably qualified in a particular area of healthcare. However, some services are self-regulated and therefore information given can vary in its reliability and the benefits could be untested. There may be the risk that a young person is spending money on expensive services and treatments that do not provide specific relief from the issue.

Before starting alternative treatments, it is good practice to:

- thoroughly research the service
- critically evaluate the qualifications and credentials of alternative health providers
- take your time and choose carefully.

There are many health benefits that young people can access through carefully chosen and appropriate alternative and allied health services. These include stress relief from yoga, improved mental health and wellbeing and a sense of peace and harmony from an activity, which increases spiritual health and wellbeing.

10.2 Exercises

10.2 Quick quiz on | **10.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3, 4	5, 6	7, 8

Test your knowledge

1. What is meant by a 'general practitioner' (GP)?
2. Give three examples of the ways in which a GP can improve health outcomes for youth.
3. What is meant by 'allied health'?
4. List four allied health services.
5. List the alternative health services that are regulated by AHPRA.

Apply your knowledge

6. Explain how having a trusted GP can increase youth health literacy.
7. Research each of the following allied health professions and give a brief description of the field they work in.
   a. Physiotherapist **b.** Optometrist **c.** Podiatrist
   A table could be used to complete this research. Include a column with at least two examples of improved health outcomes that could result from visiting these health services.
8. Explain why regulating more alternative health services could help to increase youth health literacy outcomes.

10.2 Exam questions

Question 1 (2 marks)
Identify two treatments that might be provided by a general practitioner.

Question 2 (2 marks)
Explain the key role of a GP in the community.

Question 3 (4 marks)
Outline how regular contact with a trusted GP can improve youth health literacy and health outcomes.

Question 4 (4 marks)
Identify and **describe** two allied health services.

Question 5 (2 marks)
Explain the difference between allied health services and alternative health services.

More exam questions are available in your learnON title.

10.3 Medicare, the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS)

Key knowledge	Key skill
Key aspects of Australia's health system used by youth, such as Medicare, the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS)	Describe key aspects of the health system and their impact on youth health literacy and health outcomes

Source: Adapted from VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- what Medicare is and the services that are and are not covered
- how Medicare is funded
- what is meant by bulk billing
- what is meant by the Pharmaceutical Benefits Scheme
- what is meant by the Medicare and PBS safety nets
- who is eligible for the NDIS and what services and supports it offers.

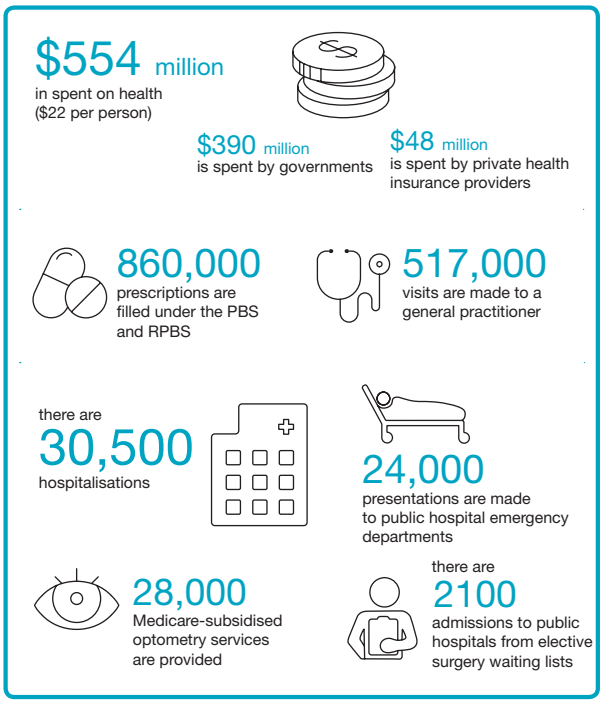
You need to be able to:
- provide examples of the services and treatments covered by Medicare and those that are not covered
- explain how the Pharmaceutical Benefits Scheme increases access to medications
- explain how access to each of these services contributes to improved health outcomes and youth health literacy
- explain the eligibility criteria for the National Disability Insurance Scheme
- provide examples of services and supports offered by the National Disability Insurance Scheme.

Australia's health system is the **responsibility** of all levels of government — federal, state and local — as well as the private sector. It is comparable to other developed nations with regard to its structure and function, and generally provides a high level of care which ensures good health and wellbeing outcomes for Australians. Medicare and the Pharmaceutical Benefits Scheme (PBS) are two key aspects of Australia's healthcare system that aim to increase access to healthcare for all Australians, while the National Disability Insurance Scheme (NDIS) is specifically aimed at improving the lives of Australians with permanent and significant disability.

FIGURE 10.4 shows the complexity of Australia's healthcare system and the mix of both public and private service providers.

responsibility being answerable or accountable for something within one's control

FIGURE 10.4 An average day in healthcare in Australia



Source: Adapted from Australian Institute of Health and Welfare 2022, *Australia's health 2022: in brief*, Cat. no. AUS 240. Canberra: AIHW.

10.3.1 Medicare

Medicare is Australia's universal health insurance scheme. Established in 1984, Medicare gives all Australians, permanent residents and people from countries with a reciprocal agreement (for example, New Zealand and the United Kingdom) access to healthcare that is **subsidised** by the federal government. Medicare aims to provide access to affordable basic healthcare in what is known as the public health sector. Doctors often work in private practice (especially GPs) but consultations with them are partially covered by Medicare. However, there may still be an out-of-pocket cost to the patient.

FIGURE 10.5 Every Australian citizen is entitled to receive Medicare benefits. Dependent children under the age of 18 are listed on their parent's or guardian's Medicare card.

To access Medicare, all Australian citizens are entitled to a Medicare card. Children are listed on their parents' card and at the age of 15 individuals may register for their own Medicare card. This can increase access to Medicare services for young Australians, without having to have their parents accompany them.

10.3.2 What does Medicare cover?

Out-of-hospital expenses

Medicare will pay all or some of the fees relating to many essential healthcare services. This includes consultation fees for general practitioners and specialists (for example, dermatologist, paediatrician), tests and examinations needed to treat illnesses, such as x-rays and pathology tests, and eye tests performed by optometrists (but not the cost of glasses or contact lenses).

subsidised partially paid for by the government

Although most basic dental services are usually not covered by Medicare, some dental procedures can be covered, including:

- some surgical procedures performed by approved dentists, e.g. removal of wisdom teeth
- services for some children aged 0–17.

Under the Child Dental Benefits Schedule, some children are eligible for Medicare-funded dental procedures. Medicare will provide up to $1095 worth of dental treatment over two years for those who qualify. In order to qualify, the individual must be eligible for Medicare and receive (or their family, guardian or carer must receive) certain government benefits, such as Family Tax Benefit Part A or Youth Allowance (forms of social security) for at least part of the calendar year.

FIGURE 10.6 Consultations with a GP are covered by Medicare.

Medicare will also subsidise up to 10 individual and 10 group therapy sessions with a psychologist within a 12 month period. The patient will need to be referred by a GP, who will complete an assessment of the patient and a Mental Health Treatment Plan. Outside of a Mental Health Treatment Plan, patients must pay the full cost of seeing a psychologist (unless they have private health insurance that offers a rebate).

The **Medicare Safety Net** ensures that people who require frequent services covered by Medicare, such as doctor's visits and tests, receive additional financial support. Once an individual's or family's **patient co-payments** for **out-of-hospital expenses** reach a certain level ($2544.30 in 2024), services covered by Medicare become cheaper for that individual or family for the rest of the calendar year.

In-hospital expenses

As a public patient in a public hospital, **in-hospital expenses** such as treatment by doctors and specialists are completely covered by Medicare, including initial treatment and aftercare. The cost of staying in a public hospital is also completely covered by Medicare. If an individual chooses to be admitted to a private hospital or as a private patient in a public hospital, Medicare will pay 75 per cent of the **Schedule fee** for treatment by doctors and specialists.

Medicare Safety Net ensures that people who require frequent services covered by Medicare, such as doctor's visits and tests, receive additional financial support

patient co-payment the payment made by the consumer for health products or services in addition to the amount paid by the government

out-of-hospital expenses (Medicare) costs for services such as doctors, specialists, tests and x-rays

in-hospital expenses (Medicare) costs for treatment and accommodation in a public hospital

Schedule fee the amount that Medicare contributes towards certain consultations and treatments. The government decides what each item is worth and that's what Medicare pays.

out-of-pocket expenses costs that patients must pay themselves

What is the Schedule fee?

The Schedule fee is an amount set by the federal government for each medical service. For most general practice consultations, Medicare now rebates 100 per cent of the Schedule fee. The Medicare Benefits Schedule is a document that lists the range of services covered and the amount that Medicare will contribute to each. The Schedule fees are based on the amount that is thought to be 'reasonable' on average, for that particular service. For example, the Schedule fee for a standard GP's visit in 2023 was $41.20. Based on this contribution, every time an individual goes to the doctor for a standard consultation, Medicare will contribute $41.20. This is the amount that the patient will receive back from Medicare, regardless of how much the doctor charges.

What are out-of-pocket expenses?

As many doctors charge more than the Schedule fee, you may still have to pay a certain amount in 'out-of-pocket' expenses (an 'out-of-pocket expenses gap fee'). For an example of how this works in practice, a GP might charge $75 for a standard consultation. The Medicare rebate for this is $41.20, leaving a gap of $33.80 for you to pay. This is the gap or **out-of-pocket expenses**.

TABLE 10.1 Example of general practitioner's fees

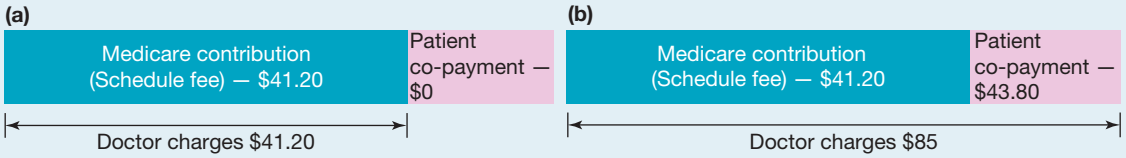
EXAMPLE: Standard consultation	Cost
Doctor's consultation fee	$85.00
Medicare Schedule fee	$41.20
Medicare rebate to patient (100 per cent of Schedule fee)	$41.20
Out-of-pocket expense to patient	$43.80

Unless you are bulk billed, you used to have to pay the full consultation fee and then claim back the Schedule fee (rebate) from Medicare. This could take up to two weeks to process. Fortunately, if your bank details are registered with Medicare, rebates are now paid back to you immediately when you settle your bill at the doctor's surgery.

What is bulk billing?

Bulk billing is when the doctor accepts the Medicare benefit (the Schedule fee) as full payment for the services provided. You don't have to pay any out-of-pocket expenses as the doctor has only charged the Schedule fee (see **FIGURE 10.7**). In this case, Medicare pays the doctor directly and the patient does not pay at all. Some clinics advertise that they are a bulk-billing clinic, increasing access to free healthcare for all people. Other clinics may bulk bill patients who are pensioners, Health Care Card holders or under 16 years of age.

FIGURE 10.7 (a) A bulk-billed GP consultation and (b) a GP consultation requiring patient co-payment.



Source: www.health.gov.au

on Resources

Teacher-led video Medicare and bulk billing (tlvd-0275)

10.3.3 What is not covered by Medicare?

Medicare covers the costs for part, or all, of the treatments and procedures that a person may need.

There are a number of things that Medicare doesn't cover. These include:

- ambulance services
- home nursing care or treatment
- dental examinations and treatments for those over 18 who can meet their own costs
- glasses, contact lenses or hearing aids
- alternative health services, such as acupuncture
- accommodation and other costs associated with treatment in a private hospital (beyond the 75 per cent Schedule fee)
- cosmetic surgery.

bulk billing when the doctor or specialist charges only the Schedule fee. The payment is claimed directly from Medicare, so there are no out-of-pocket expenses for the patient.

In addition, pharmaceuticals are not covered under Medicare but may be subsidised under the PBS (see section 10.3.6). Medical costs for which someone else is responsible (for example, a compensation insurer such as TAC or WorkCover, an employer, or a government or non-government authority) do not qualify for a Medicare contribution as the person or organisation responsible is expected to pay the medical fees. Individuals and/or families can choose to purchase private health insurance to help cover the cost of many of these services if they wish.

EXAM TIP

Items not covered by Medicare include medical **services** and procedures such as physiotherapy and cosmetic surgery, and also **products** such as glasses and hearing aids. If a question asks about ***services*** not covered by Medicare, then these ***products*** cannot be used in the answers.

10.3.4 The advantages and disadvantages of Medicare

The advantages and disadvantages of Medicare are summarised in **TABLE 10.2**. The advantages make it easier for youth to access medical care when they need it, promoting positive health outcomes, particularly in relation to physical and mental health and wellbeing. The medical services subsidised by Medicare also provide information and skills for youth to manage their own health and wellbeing, increasing their opportunities for greater health literacy. There are, however, some disadvantages associated with Medicare, some of which act as barriers to young people's ability to access health services and information. Some of these are explored further in subtopic 11.2.

TABLE 10.2 The advantages and disadvantages associated with Medicare

Advantages	Disadvantages
• Reduced cost for essential medical services including free treatment and accommodation in a public hospital • Choice of doctor for out-of-hospital services • Available to all Australian citizens • Reciprocal agreement between Australia and other countries allows Australian citizens to access free healthcare in selected countries • Covers tests and examinations, doctors' and specialists' fees (Schedule fee only), and some procedures such as x-rays and eye tests • The Medicare Safety Net provides extra financial contributions for medical services once co-payments reach a certain level.	• No choice of doctor for in-hospital treatments • Waiting lists for many treatments • Does not cover alternative therapies or allied health services • Often does not cover the full amount of a doctor's visit

10.3.5 How is Medicare funded?

In the 12 months from July 2022 to June 2023, Medicare covered 454.4 million services and paid out over $27 billion. Medicare is funded through three sources: general taxation — money collected through general income tax of all Australians; the Medicare levy; and the Medicare levy surcharge.

The **Medicare levy** is an additional 2 per cent tax placed on the taxable income of most taxpayers. Those with low incomes (below $20 000) or with specific circumstances (for example, Pensioner Concession Card holders) may be exempt from paying the levy.

The **Medicare levy surcharge** is an additional 1 to 1.5 per cent tax on the income of people without private hospital insurance earning more than a certain amount ($93 000 a year for individuals and $186 000 for families in 2023–24). The Medicare levy surcharge increases as income increases; for example, an individual without private hospital insurance earning $95 000 will pay an extra 1 per cent of their income to Medicare, and an individual without private health insurance earning more than $144 001 will pay an extra 1.5 per cent of their income to Medicare. The Medicare levy surcharge aims to encourage these individuals to take out private hospital cover and, where possible, to use the private system to reduce the demand on the Medicare-funded public system. The revenue collected from the Medicare levy and Medicare levy surcharge does not meet the full operating costs of Medicare; therefore, some of the general income tax is also used to help fund the cost of Medicare.

Medicare levy 2 per cent tax for most Australian taxpayers to fund Medicare

Medicare levy surcharge an additional 1–1.5 per cent tax on high-income earners who do not have private health insurance

10.3.6 Pharmaceutical Benefits Scheme (PBS)

Along with Medicare, the Pharmaceutical Benefits Scheme (PBS) is a key component of the federal government's contribution to Australia's health system. The PBS has been evolving since 1948 when the government provided free medicines to pensioners and 139 life-saving and disease-preventing medications to the rest of the community free of charge. The aim was to provide essential medicines to people who needed them, regardless of their ability to pay. The purpose of the PBS remains the same today, but instead of being free, medicines are now subsidised and consumers must make a patient co-payment. From 1 January 2024, to 30 June 2025, the cost of PBS-subsidised medications is $31.60, with a concession price of $7.70 for patients with an eligible concession card up until 30 June 2029. The government pays the remaining cost of the medicines.

FIGURE 10.8 Over 5000 essential medicines are subsidised by the Pharmaceutical Benefits Scheme.

In addition to the initial subsidy, individuals and families are further protected from large overall expenses for PBS-listed medicines through the **PBS Safety Net**. Once they (or their immediate family) have spent $1647.90 (2024) within a calendar year on PBS-listed medicines, the patient pays only a concessional co-payment rate of $7.70 rather than the normal $31.60. The safety net threshold for those eligible for the concession rate is $277.20.

Currently, 925 different medicines and 5178 brands are covered by the PBS. This includes different brands of the same medicine. There are also a number of drugs not covered by the PBS. These drugs require the patient to pay the full amount. Available medications are reviewed regularly by the Pharmaceutical Benefits Advisory Committee (PBAC). In 2021–22, more than $13.8 billion was paid in subsidies for PBS-listed medications and there were around 215 million medicines issued on PBS prescriptions.

PBS Safety Net ensures that people who spend a large amount of money on Pharmaceutical Benefits Scheme (PBS) medications receive additional financial support

CASE STUDY

Push for 'out of reach' medication for rare form of epilepsy Dravet syndrome to be added to PBS

A young family is fighting a rare form of epilepsy which causes their two-year-old daughter to have life-threatening seizures every two days.

Skyler Coghlan, from Mildura in Victoria, suffers from Dravet syndrome, which has no cure and requires drugs that can cost more than $100,000 a year for adults and $40,000 for children.

Dravet syndrome is a form of epilepsy that means there's a 20 per cent chance Skyler, like others living with the illness, will die before she enters adulthood.

Her mother, Bianca Coghlan, says Skyler takes a cocktail of medication aimed at reducing the frequency and intensity of her seizures.

But, so far, it hasn't worked.

'I remember one of my first questions was like, "Is she going to be able to go to school?" Like, is she going to be able to drive?' she says.

‘She just misses out on so much.’

Skyler’s father Daniel Coghlan says the two-year-old has been flown to hospital seven times in her young life.

‘She obviously has a lot of seizures. And some of them are hard to stop if you don’t administer that medication quickly,’ he says.

Fighting Dravet isn’t cheap

One of the most effective medications for the life-limiting syndrome, fenfluramine, costs $110,000 per year for adults and $40,000 a year for children.

Ingrid Scheffer, head of paediatric epilepsy at Austin Health, says that urgently needs to change.

Professor Scheffer campaigned for the Royal Children’s Hospital in Melbourne to cover the cost of fenfluramine for Skyler, but says more needs to be done to bring the medication within reach for other families.

Ingrid Scheffer is calling for more support for Dravet syndrome patients.

‘We need equity of access for children all around Australia to ensure that they can get this drug as soon as possible, so that they can make as best developmental progress as possible,’ Professor Scheffer says.

‘Honestly, it’s out of reach for almost every family, very few families can afford that sort of money.

‘One needs to look at it from a health economics perspective for the society.

‘Because if these children come in every month, as little Skyler does with an episode of status epilepticus [severe seizures] where they seize for 30 minutes or maybe even two hours, then that’s costing a lot … because they need transport to intensive care.

‘If we really look at that health economic cost, I suspect that the cost of this drug will be well worthwhile and will make a huge difference.’

Help out of reach

A petition for fenfluramine to be added to the Pharmaceutical Benefits Scheme (PBS) to help with the management of Dravet syndrome has been presented to federal parliament, with more than 12,000 signatures.

The petition, which has closed for signatures, says two studies have found fenfluramine has a ‘significant impact’ in reducing seizure activity in people with Dravet syndrome.

Moama mum Makayle Maher is trying to get her three-year-old daughter, Inala, on the medication.

But the single mother, who stopped working to care for Inala after she was diagnosed with Dravet syndrome, says she can’t afford to pay tens of thousands of dollars a year for fenfluramine.

Source: https://www.abc.net.au/news/2023-06-23/dravet-syndrome-epilepsy-seizures-medication-pbs-push/102510854

CASE STUDY REVIEW

1. Explain how the PBS makes vital medication such as fenfluramine more accessible for all Australians.
2. Outline the likely impact of listing fenfluramine on the PBS on the health and wellbeing of children affected by Dravet’s syndrome.
3. Identify how listing this drug on the PBS would improve Australia’s health status.

10.3.7 National Disability Insurance Scheme (NDIS)

The National Disability Insurance Scheme (NDIS) is a government insurance scheme that provides funding for services and supports to eligible Australians with a disability. The goal of the NDIS is to allow Australians with a permanent and significant disability to live as independently and fully as possible. To be eligible for the NDIS, a person must be an Australian citizen, have a permanent and significant disability and be under 65 years old when first applying for the scheme. The supports offered through the NDIS are diverse, depending on the need of the individual; however, all are aimed at increasing the overall health and wellbeing of participants, so that they are able to live as full and productive a life as possible.

Funding from the NDIS is wide-ranging, but may provide access to supports such as:

- daily personal activities requiring in-home care
- transport
- workplace assistance or assistive technologies
- home or vehicle modifications
- help with household tasks
- mobility equipment
- speech pathology
- educational support.

In June 2023, the number of active participants in the NDIS was 610 502 and the expected government expenditure for 2023–24 was approximately $42 billion.

10.3 Activities

1. Access the **PBS** weblink and worksheet in the Resources tab, then complete the worksheet.
2. Access the **Medicare** weblink and worksheet in the Resources tab, then complete the worksheet.

on Resources

Digital documents PBS worksheet (doc-32170)
Medicare worksheet (doc-32171)

Weblinks PBS
Medicare

10.3 Exercises

10.3 Quick quiz on | **10.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 5	3, 4, 6	7, 8, 9, 10

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Test your knowledge

1. a. What is Medicare?
   b. Identify what services Medicare covers.
   c. Identify what services are not covered by Medicare.
2. Outline what is meant by the following terms.
   a. Schedule fee
   b. Bulk billing
3. Identify what percentage of the Schedule fee Medicare pays if individuals are treated as private patients.
4. a. What is the Pharmaceutical Benefits Scheme (PBS)?
   b. Outline one difference and one similarity between Medicare and the PBS.
5. Complete the following table summarising the Medicare levy and Medicare levy surcharge and General taxation.

	Who pays?	How much do they pay?
Medicare levy		
Medicare levy surcharge		
General taxation		

6. **a.** What are the eligibility criteria for someone to be assessed for the NDIS?
   b. Outline three examples of services or supports covered by the NDIS.

Apply your knowledge

7. Explain how Medicare and the Pharmaceutical Benefits Scheme have the potential to improve the health status of Australians.
8. In 2020, over 80 per cent of GP consultations were bulk billed. How could this improve the health literacy of young Australians?
9. Between 2017 and 2018, only 91 per cent of the Australian population accessed Medicare services. Suggest possible reasons that may have prevented some Australians from accessing Medicare services (apart from good health).
10. Explain how the social health and wellbeing of young Australians with disability can be promoted by the supports available through the NDIS.

10.3 Exam questions

Question 1 (1 mark)
Identify one advantage of Medicare.

Question 2 (2 marks)
Describe how bulk billing promotes the health and wellbeing of Australians.

Question 3 (4 marks)
Explain the difference between the Medicare levy and the Medicare levy surcharge.

Question 4 (2 marks)
Not all medicines are subsidised by the Pharmaceutical Benefits Scheme (PBS).

Briefly **explain** why this is the case, and **identify** who pays for those medications.

Question 5 (3 marks)
Discuss three health services available to youth with their own Medicare card.

More exam questions are available in your learnON title.

10.4 Local community services supporting youth health and wellbeing

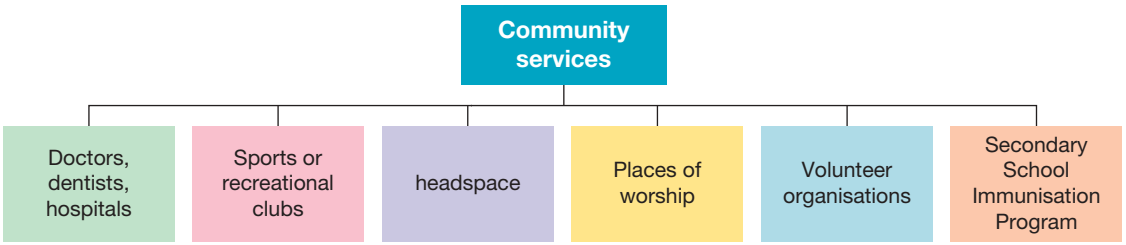
Key knowledge	Key skill
The range of services available in the local community to support youth's physical, social, emotional, mental and spiritual dimensions of health and wellbeing	Research youth health services in the local community and explain which dimension(s) of health each one supports

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• examples of the services in your local area that support youth health and wellbeing • which dimension of health and wellbeing is supported by each service.	• do research on the health services available in your local area • present this research and explain how each service supports the dimensions of health and wellbeing.

There are a large number and wide range of services within communities that support the dimensions of health and wellbeing. Six different examples are discussed in this subtopic.

FIGURE 10.9 A selection of services available in the community to support health and wellbeing



10.4.1 Doctors, dentists and hospitals

FIGURE 10.10 Accessing an orthodontist helps self-esteem, and braces are common among youth.

Most communities have access to a range of medical services, such as general practice clinics, medical specialists, public and private hospitals, ambulance services and dental services. These more conventional medical services generally support young people in taking care of their physical and mental health and wellbeing. Patients who are ill or injured can seek treatment from a GP or at the emergency room of a public hospital. Sometimes specialist treatment may be required and patients can be referred to these services by their GP. Dental health is a major consideration in maintaining physical health and wellbeing, so accessing dental services in the community is essential for optimal health and wellbeing. For youth, being able to access an orthodontist can be key to improving self-esteem as many young people are self-conscious about their teeth. Mental health and wellbeing is also promoted through these conventional medical services, as people can access psychologists or counsellors to help reduce stress and anxiety levels at critical times.

10.4.2 Sporting and other recreational clubs and associations

FIGURE 10.11 Sports clubs, such as rafting and river kayaking, can be effective in promoting many dimensions of health and wellbeing, particularly in rural areas.

Although not thought of as traditional health services, many young people satisfy large areas of their health and wellbeing needs through sporting and recreational activities. These clubs often provide outlets for social and mental wellbeing as well as physical health and wellbeing through physical activity and social interaction. Being part of a sporting club or other recreational association, such as a music or theatre group, provides many people with a strong sense of belonging and helps to shape their identity, which are both key aspects of emotional and spiritual health and wellbeing. Outside the direct social interactions that a sports club provides, members also learn resilience and appropriate expression of emotions through winning and losing matches, enhancing emotional health and wellbeing.

Participating in sport directly supports physical health and wellbeing through promoting physical fitness and helps to maintain a healthy body weight, cardiovascular health and a well-functioning immune system.

The role of sporting clubs in supporting overall health and wellbeing can be significant, particularly for young people building relationships with people outside of their immediate family and those in rural areas where other health-supporting facilities may be limited. For example, young men who typically choose not to seek medical intervention for health problems might share stories or personal issues with teammates after a game of football. These casual social interactions might help improve the mental health and wellbeing of these young men and, in some cases, even help to prevent suicides. Other examples of recreational associations that have benefits in supporting the dimensions of health and wellbeing include Scouts or Guides, musical groups (such as community orchestras or choirs), amateur theatre groups and community organisations (such as Surf Life Saving Clubs).

10.4.3 headspace

headspace is the National Youth Mental Health Foundation, which provides mental health services to 12- to 25-year-olds. Information and services for young people can be accessed through the headspace website, their online counselling services and at headspace centres, which are located across metropolitan, regional and rural Australia. These centres are designed and built with input from young people and don't have the same feel and look as traditional health services. Through these centres, young people can access a range of health workers including GPs, drug and alcohol workers, psychologists, social workers and counsellors. These services are provided free or at low cost.

The primary focus of headspace is to support mental health and wellbeing. Its focus is on reducing stress and anxiety and lowering the incidence of mental disorders among young people. headspace aims to implement early intervention strategies to reduce the burden of youth mental health issues and suicide. Through access to GPs and counselling services, young people can address issues of identity, gender and sexuality, which may be sources of low self-esteem and self-confidence. Help with discovering who they are and what their purpose is in life can promote the emotional and spiritual health and wellbeing of youth.

FIGURE 10.12 headspace is an important health service available to young Australians in urban and rural communities.

Source: © headspace National Youth Mental Health Foundation Ltd

10.4.4 Places of worship

Spiritual health and wellbeing is not the same as religious belief; however, many people feel a strong sense of belonging and emotional support from a place of worship, such as a church, mosque, temple or synagogue. Places of worship can provide a purpose and meaning for many people and this supports spiritual health and wellbeing. Religious organisations are founded on shared beliefs and values, and helping people to determine what is important to them is a key role of a church or religious group. These community organisations also promote social health and wellbeing as people with shared opinions, values and beliefs can interact on a

regular basis. Through places of worship, people are able to build a supportive social network that involves communication and productivity with others. For example, it is common for church groups to help others in the community such as refugees or new immigrants to Australia. This gives members healthy and meaningful social interactions and a sense of purpose in life.

FIGURE 10.13 Places of worship fulfil the spiritual, emotional and social wellbeing needs of many Australians.

10.4.5 Volunteer organisations

St John Ambulance Australia

St John Ambulance Australia is an organisation dedicated to caring for Australians who are sick, distressed, suffering or in danger. This organisation has 15 000 volunteers who provide over 1 million hours to a range of important community services every year. Volunteers aged 12–17 years old can join as youth members and receive first aid training. Once members turn 18, they can attend community events. One of the most significant contributions of the St John volunteers is to provide health services at large public events, such as concerts, sports and festivals. These volunteers are trained to provide life-saving first aid and CPR and care for all members of the Australian public. These volunteers learn new skills, make new friends and have the satisfaction of helping their community. The volunteers of St John also gain life skills of teamwork, management and leadership. For the people they help, St John volunteers generally promote physical health and wellbeing, taking care of injuries, illness and performing CPR and other first aid. For the volunteers, all dimensions of health and wellbeing are supported. For example, the feelings associated with helping others and involvement in the community promote spiritual health and wellbeing, while forming meaningful connections with other volunteers promotes social health and wellbeing.

FIGURE 10.14 St John Ambulance has over 15 000 volunteers Australia-wide.

FIGURE 10.15 Volunteers at St John Ambulance support the health and wellbeing of Australians at public events.

10.4.6 Secondary School Immunisation Program

The Secondary School Immunisation Program offers free vaccinations as part of the National Immunisation Program. In Victoria, with the help of secondary schools, local councils administer the majority of youth vaccinations. Schools coordinate communication with parents, collection of consent forms and schedule vaccination days within the school calendar. The local councils provide nursing staff to give vaccinations and ensure that students are safe and cared for in the event of an adverse reaction.

Convenient access to free vaccinations without having to go to a GP or hospital increases immunisation rates among young people, decreasing the likelihood of contracting an infectious disease. This service supports physical health and wellbeing and reduces stress around getting sick and missing important time at school, improving mental health and wellbeing of school-aged youth.

FIGURE 10.16 School immunisation programs help improve access to vaccinations, which support physical health and wellbeing.

10.4 Activities

1. Access the **headspace** weblink and worksheet in the Resources tab, then complete the worksheet.
2. Design a brochure advertising a local community or suburb, focusing on the health and wellbeing benefits of living in that location. Include a range of health-promoting services for a variety of age groups, which together completely cover all five dimensions of health and wellbeing.
3. **a.** Using Google maps (or another mapping tool), choose a postcode in Victoria and then identify all the resources within that postcode that support the five dimensions of health and wellbeing.
   b. Draw a table like the one below to record the information from your research and identify the dimension(s) of health and wellbeing supported by each service.
   Postcode: 3106

Community service or resource	Dimension of health and wellbeing
Manningham Templestowe Leisure Centre (basketball and netball courts)	Physical, Social, Mental
Physiotherapy Clinic, Templestowe	Physical
Lavrin and Lawrence Orthodontics	Physical, Emotional, Mental
St Mark's Anglican Church	Social, Spiritual

on Resources

Digital documents headspace worksheet (doc-31679)
School immunisation program worksheet (doc-41614)

Weblinks headspace
School immunisation program

10.4 Exercises

10.4 Quick quiz on | **10.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
2, 3	1, 4, 5	6

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Test your knowledge

1. Make a concept map of all the local services or resources in your area and illustrate how each could support the dimensions of health and wellbeing.
2. Explain how a sporting club can support a young person's:
   a. mental health and wellbeing
   b. spiritual health and wellbeing.
3. Explain how headspace supports the
   a. mental health and wellbeing of Australian youth.
   b. emotional health and wellbeing of young Australians.
4. Describe the health and wellbeing benefits experienced by the volunteers for St John Ambulance, as well as the people it cares for each year.

Apply your knowledge

5. Research the range of services available in your local community. Choose one service each that addresses the health and wellbeing of young people and children in the local community. Describe each of these services, then explain how the service supports at least two dimensions of health and wellbeing.
6. Respond to the following statement: A community can meet the health and wellbeing needs of all residents aged 12–24 (youth) with a general practice clinic, a public hospital and a dental surgery.

10.4 Exam questions

Question 1 (2 marks)
Using an example, **explain** how ambulance services support health and wellbeing.

Question 2 (4 marks)
Discuss how a conventional medical service available to the community supports two dimensions of health and wellbeing.

Question 3 (3 marks)
Using an example, **outline** how the maternal and child health service supports one dimension of health and wellbeing (other than the physical dimension).

Question 4 (2 marks)
Outline how a Surf Life Saving club supports the spiritual health and wellbeing of its volunteers.

Question 5 (4 marks)
Describe how St John Ambulance supports two dimensions of health and wellbeing for youth members aged 12–17 years old.

More exam questions are available in your learnON title.

10.5 Rights and responsibilities of accessing healthcare

Key knowledge	Key skill
Rights and responsibilities associated with accessing health services, such as privacy and confidentiality relating to the storage, use and sharing of personal health information and data	Discuss rights and responsibilities of access to health services

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:
- the difference between rights and responsibilities
- what is meant by privacy and confidentiality and how this relates to a person's health information and data.

You need to be able to:
- discuss the rights that health service users have
- discuss the responsibilities of users and providers of health services.

10.5.1 Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights outlines the rights of patients, consumers and other people using the Australian healthcare system. These **rights** are essential to ensure that no matter where healthcare is provided within Australia, it is of high quality and is safe for patients and practitioners. The charter was developed by the Australian Commission on Safety and Quality in Health Care (a federal government organisation) in 2007–08 after considerable consultation within the healthcare system. The charter applies to the provision of healthcare in all settings within Australia, including public and private hospitals, general practice and other community environments. The aim of the charter is to allow patients, families, carers and service providers to have a common understanding of the rights of people receiving healthcare. This charter is available in 17 different languages, braille and audio format to ensure accessibility for a wide range of the population, increasing overall accessibility of healthcare for all Australians.

FIGURE 10.17 Patients have rights and responsibilities when accessing health services such as hospital emergency rooms.

The charter of healthcare rights has three guiding principles that describe how it applies in the Australian health system:

1. Everyone has the right to be able to access healthcare and this right is essential for the Charter to be meaningful.
2. The Australian government commits to international agreements about human rights, which recognise everyone's right to have the highest possible standard of physical and mental health and wellbeing.

right a moral or legal entitlement to have or do something

3. Australia is a society made up of people with different cultures and ways of life, and the Charter acknowledges and respects these differences.

The charter of healthcare rights has been condensed into easy-to-understand posters and brochures as in **FIGURE 10.18**. These posters explain the rights of all people accessing healthcare in Australia.

FIGURE 10.18 Posters such as this one briefly outline the healthcare rights to which all Australians are entitled.

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights.**

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

PUBLISHED JULY 2019

I have a right to:

Access
- Healthcare services and treatment that meets my needs

Safety
- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect
- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership
- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information
- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy
- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback
- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

For more information ask a member of staff or visit safetyandquality.gov.au/your-rights

These basic rights are access, safety, respect, communication, participation, privacy and comment.

TABLE 10.3 explains what each of these seven rights actually means to individuals accessing healthcare in Australia.

TABLE 10.3 What can I expect from the Australian health system?

My rights	What this means
Access I have a right to healthcare.	I can access services to address my healthcare needs.
Safety I have a right to receive safe and high-quality care.	I receive safe and high-quality health services, provided with professional care, skill and competence.
Respect I have a right to be shown respect, dignity and consideration.	The care provided shows respect to me and my culture, beliefs, values and personal characteristics.
Partnership I have the right to ask questions, and have open and honest communication.	I can make better and more informed decisions with my healthcare providers.
Information I have the right to clear information about my condition, and the benefits and risks of treatment, and I will be told if things do not go as planned.	I have more information to help me understand my treatment options.
Privacy I have a right to privacy and confidentiality of my personal information.	My personal privacy is maintained and proper handling of my personal health and other information is assured.
Give feedback I have the right to give feedback or make a complaint if I need to.	I can voice my concerns and have them dealt with them in a timely manner.

Source: Australian Commission on Safety and Quality in Healthcare, 2019.

Patient rights

In accordance with those outlined in the Australian Charter of Healthcare Rights, a patient has the right to:

- information about their diagnosis
- information from the doctor or health service on the costs of the proposed treatment, including any likely out-of-pocket expenses
- seek other medical opinions about their condition
- information on visiting arrangements for family and friends while they are in hospital
- privacy of and access to their own medical records
- treatment with respect and dignity
- care and support from nurses and allied health professionals
- participate in decisions about their care
- make a comment or complaint about any aspect of their hospital or medical treatment.

Patient responsibilities

Along with their rights, patients also have certain responsibilities when accessing healthcare. It is a patient's responsibility to:

- provide information about their past and present illnesses, hospitalisations, medications and other matters relating to their health history
- ask questions when they do not understand explanations given about the risks and benefits of the proposed healthcare, treatments or procedures
- follow the instructions and medical orders of their doctors, nurses and medical support staff to bring about the best outcomes from treatment

- report any safety concerns immediately to their doctor, nurse or healthcare support staff
- treat medical staff with respect
- ask questions about costs before treatment.

Where there are out-of-pocket expenses, it is the responsibility of the patient to ensure that all expenses are paid in the required time frame.

10.5.2 Privacy and confidentiality

There are laws that outline how a patient's medical records and information can be used, stored and shared in order to protect their personal privacy and confidentiality. All healthcare professionals are bound by these laws and cannot discuss a patient's health information without their consent. The storage of medical information and records must also reflect these privacy laws. With the consent of the patient, their health information may be shared with other healthcare providers to help them make decisions about the correct treatment. Every patient has the right for the confidentiality of their condition and treatment to be maintained. Every patient also always has a right to access their own health information.

My Health Record

In January 2019, My Health Record was set up for all Australians who chose not to opt out of this medical information storage system. An initiative of the Australian Digital Health Agency, My Health Record is an online summary of an individual's key health information, recorded from visits to GPs and specialists, Medicare claims, pharmacy prescriptions and the results of tests and scans. It is accessible to individuals (and their family if under 18 years old) and healthcare providers. This online storage of data allows sharing of health information between patients and their doctors and has the potential to benefit patients who are from diverse cultural and linguistic backgrounds. Many Australians chose to opt out of the scheme due to concerns about the safety and privacy of their online health information.

FIGURE 10.19 My Health Record provides a digital summary of health information for every Australian who doesn't opt out.

Medical confidentiality is a set of rules that means that anything discussed between a doctor and patient must be kept private. This is known as doctor–patient confidentiality. When a patient consults a new doctor, they can choose whether to share their previous medical records with them.

Privacy in healthcare means that what a patient tells their doctor, any information the doctor stores, medications prescribed and any other personal information is kept private. There are exceptions to this: if the patient is a child, then their parents have access to their own child's medical information, and carers may be authorised to access the information of adults under their care.

Exemptions to privacy laws

There are two situations where a health service, such as a doctor, pharmacy, hospital or maternal and child health centre, may be required to share medical information without the patient's consent:

- if the patient or someone else's health and wellbeing or safety are seriously threatened (for example, if a patient is unconscious and a paramedic, doctor or nurse needs to know whether the patient is allergic to any drugs)
- when the information will reduce or prevent a serious threat to public health or safety (for example, warning the public if there is an outbreak of a serious contagious illness).

medical confidentiality means that anything discussed between a doctor and a patient must be kept private

privacy in medicine means that all information relating to a patient, including their personal details and any stored information, must not be shared

CASE STUDY

Freezing out the folks: default My Health Record settings don't protect teens' privacy

Consider this scenario:

Katy is 16 years old and, after a couple of months of dating another 16-year-old, Tom, they start having sex. Katy's regular GP has looked after her asthma since she was six but she feels awkward seeing him. Katy visits a GP that her school friend recommends to ask about contraception and to get a pregnancy test. The GP offers and does a chlamydia test, as recommended by the Australian guidelines for STI testing. She really doesn't want to discuss this with her mother just yet.

There are options for 14- to 18-year-olds like Katy to keep their medical records private under the My Health Record scheme, but teens must be proactive and change their settings or ask their health providers not to upload this data.

Remind me, what is a My Health Record?

My Health Record stores and manages each individual's health information — such as blood tests, prescriptions, diagnoses, vaccinations and allergies — online. Every Australian will have a My Health Record generated unless they choose to opt out before October 15, 2018. (Note: The opt-out period was extended until 31 January 2019.)

Parents may opt out their children, and those aged over 14 are able to opt out themselves.

Some information will be automatically uploaded as soon as a My Health Record is created. This includes Medicare claims for things like GP visits, and Pharmaceutical Benefits Scheme (PBS) claims for subsidised medications.

Other My Health Record information such as what is recorded by a GP when you see them, or letters from specialists to your GP, could be uploaded by them. Any test results and x-ray reports might get uploaded by the laboratories and x-ray centres directly, rather than through your GP.

Medicare and PBS claim information will not be visible on the record to parents of teenagers aged 14 and over, even if they are on the family Medicare card. It has long been the case in Australia that parents cannot see Medicare information for children aged 14 and over, and this recognises the rights of young people to confidentiality as they become more independent.

But this is not currently the case with other information on the My Health Record. Parents or legal guardians act as authorised representatives of their under-18 child's record.

The parent can see other documents such as the health summary, medications prescribed, any test results, and specialists' letters. At 18, parents' access to the young person's record is cancelled.

FIGURE 10.20 Teenagers experiencing mental health concerns may wish to keep this private from their parents.

However, if you are between 14 and 18 years old, you can choose to take control of your own My Health Record.

How teens can protect their confidentiality

Teenagers can have control over what is uploaded onto their My Health Record. They can ask their doctor and any other health professional they see not to upload the information about their health visit they wish to keep confidential.

Teens can also ask the doctor to tick the 'MHR opt-out' box on pathology requests and prescriptions so these are not uploaded. Or they can ask the pharmacist not to upload medication dispensing information.

Doctors, pharmacists and other health professionals should also remember to ask all young people whether they want their test results, prescriptions or health summaries uploaded or not.

If either party doesn't request an opt-out, pathology tests and prescriptions will be automatically uploaded.

Problems with this system

Young Australians have the legal right to confidential healthcare. This means they can visit a health professional on their own, and the information shared must be kept confidential unless there is a risk of suicide or if the young person is under 16 and being abused.

Confidentiality has been shown to improve young people's willingness to seek help early and thereby prevent unwanted consequences of behaviours or mental health issues. Katy, for example, has obtained an STI test and contraception, which will help prevent unwanted sexual health issues.

This current system for protecting the confidentiality of teenagers' information on their My Health Record has obvious flaws. It relies on busy health professionals — some of whom may not be experienced in the My Health Record — remembering to ask every teenager whether they want information uploaded or not.

It also places the onus on teenagers, who in many cases may not be fully versed in the healthcare system. It relies on them to remember, and have the confidence, to ask for information not to be uploaded.

Teen-friendly My Health Records

The overwhelming concern is that young people will forgo important and timely healthcare because of concerns about confidentiality. We should be progressing the confidence of young people to take charge of their health, not driving them back.

At the same time, young people may not have the benefits that accrue with an electronic health record if they continuously choose not to have health events uploaded for fear that others will find out.

The Australian Digital Health Agency must urgently redesign the My Health Record program to respect young people's right to autonomy and confidential healthcare.

The My Health Record must be automatically shifted to the control of the young person once they turn 14, with no obligation for parental access.

The uploading of pathology tests and prescriptions should be opt-in, not opt-out. This would mean healthcare providers must ask each time whether information gets uploaded.

An official communication campaign is needed for young people aged 14 to 18 to explain what the My Health Record will mean for them and how they can have the benefits of a record, without losing their rights to confidential healthcare. Communications must be targeted at young people and designed in collaboration with young people.

These important steps will enable young people to feel secure in managing their own healthcare and their My Health Record.

Source: Kang, M & Sanci, L 2018, 'Freezing out the folks: default My Health Record settings don't protect teens' privacy', *The Conversation*, 27 July, https://theconversation.com/freezing-out-the-folks-default-my-health-record-settings-dont-protect-teens-privacy-100598.

CASE STUDY REVIEW

1. My Health Record stores private and confidential health information, but there are circumstances that are exempt from these privacy laws. Explain the circumstances that would allow a health provider to break the confidentiality and privacy offered by My Health Record.
2. Describe how being assured privacy and confidentiality of health information could benefit the health and wellbeing of young people like Katy. Use specific examples from the case study.
3. Privacy and confidentiality are patient rights under the Australian Charter of Healthcare Rights. It is the responsibility of young people to take measures to ensure that their health information is shared as they wish. Explain how taking this responsibility can increase the health literacy of young Australians.

10.5 Exercises

10.5 Quick quiz on | 10.5 Exercise

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3, 7	4, 6, 8	5, 9

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Test your knowledge

1. Identify five rights of patients when accessing healthcare.
2. Identify five responsibilities of patients when accessing healthcare.
3. Outline the three guiding principles of the Australian Charter of Healthcare Rights.
4. Using the information in **TABLE 10.3**, explain what is meant by the following rights as outlined by the Australian Commission on Safety and Quality in Health Care.
   a. Safety
   b. Partnership
   c. Privacy
   d. Give feedback
5. Outline the two situations where there are exemptions to the privacy laws in Australian healthcare.

Apply your knowledge

6. Explain how knowledge of patient rights and responsibilities could improve:
   a. the health and wellbeing of individuals
   b. health status in Australia.
7. Discuss why it is necessary for the government to have written the Australian Charter of Healthcare Rights.
8. Choose three of the rights outlined in **TABLE 10.3** and, for each right, describe how it could improve the health and wellbeing of individuals.
9. Explain why it is important to have certain exemptions to the medical privacy laws.

10.5 Exam questions

Question 1 (2 marks)

Explain the rights of youth in Australia to use public health services.

Question 2 (2 marks)

Explain what is meant by 'communication' as a right associated with accessing health services.

Question 3 (3 marks)

It is a patient's responsibility to ask questions when they do not understand explanations given about the risks and benefits of the proposed healthcare, treatments or procedures.

Using an example, **outline** why it is important for patients to fulfil this responsibility.

Question 4 (2 marks)

Explain what is meant by 'medical confidentiality'.

Question 5 (4 marks)

Outline the two circumstances under which a health service may be required to share medical information without the patient's consent. How might this promote the health and wellbeing of Australians?

More exam questions are available in your learnON title.

10.6 KEY SKILLS

10.6.1 Describe key aspects of Australia's health system and their impact on youth health literacy and health outcomes

tlvd-11375

KEY SKILL Describe key aspects of the health system and their impact on youth health literacy and health outcomes

Tell me

This skill requires a detailed understanding of the key aspects of Australia's health system, including general practitioners, allied health services, alternative health services, Medicare, the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS). Detailed knowledge of all aspects of Australia's health system should include specific information about each of the aspects mentioned.

This includes:

- what a general practitioner is and the services they provide
- the services that are considered allied health
- the services that are considered alternative health
- what Medicare is
- the services covered by Medicare
- the services not covered by Medicare
- how Medicare is funded
- what the PBS is and what it covers
- how Medicare and the PBS contribute to better health and wellbeing of Australians
- what the NDIS is
- who is eligible for the NDIS
- the services and supports provided by the NDIS.

Again, a summary table can be a useful tool for collating information about the various components of Australia's health system.

Show me

An example of this skill could be explaining the role that Medicare plays in improving the health literacy of youth.

A possible response could be as follows.

Medicare is Australia's universal health insurance scheme that provides subsidised or free access to selected health services for all Australians, permanent residents and visitors from countries with a reciprocal agreement with Australia.[1] Medicare provides subsidised consultations with GPs and treatments in public hospitals at no cost to the user. This means that Australian youth with medical problems can be checked and treated if necessary, and can seek information regarding health concerns that they might not talk to other people about. Being able to access information from the GP without great expense means that young Australians can access reliable information and increase their health literacy.[2]

1 This statement gives a brief overview of Medicare and the function it performs.

2 This statement relates directly back to the role Medicare plays in improving youth health literacy. It highlights a specific service covered by Medicare (the GP) and demonstrates how access to this service can improve health literacy.

Practise the key skill

1. What is Australia's universal health insurance scheme called?
2. Explain the PBS.
3. Explain the role of a general practitioner in improving youth health literacy.
4. Explain how Medicare is funded.
5. Explain how Medicare and the PBS can promote the health and wellbeing of young person with a mental illness such as depression.
6. Explain what the NDIS is and give examples of the services and supports provided to eligible Australians.

10.6.2 Research youth health services in the local community and explain which dimension(s) of health each one supports

tlvd-11376

KEY SKILL Research youth health services in the local community and explain which dimension(s) of health each one supports

Tell me

The first part of this key skill requires research into the range of youth services in local communities that provide support for the dimensions of health. It is important to identify that community services or resources are not confined to medical services and include anything that supports a number of the dimensions of health.

Show me

For example, in this topic, the following services/resources have been identified as supporting the dimensions of health.

- Conventional medical services — these include hospitals, ambulances, GP clinics, dentists, psychologists, counsellors.
- Secondary School Immunisation Program — provides vaccinations according to the National Immunisation Program Schedule, provided by local councils in secondary schools.
- Sporting and recreational clubs or associations — for example, football, netball, soccer, hockey, musical or theatre associations and many other community groups such as Scouts and Girl Guides.
- headspace — which has services located throughout many suburban and rural areas.
- Places of worship — including churches, mosques, synagogues and other temples.
- Volunteer organisations such as St John Ambulance Australia.[3]

3 A range of services and resources that support the dimensions of health in local communities are identified. There may be many more in the communities researched by individual students.

Tell me

It is important to identify that, in this sense, 'the community' means local services and resources that young people within a common municipal area can access.

The second part of this skill requires an explanation of the role of the services previously identified in supporting the dimensions of health. Each service may support more than one dimension of health. A detailed explanation of how the service supports any dimension of health should be provided. This discussion should focus on the actual outcomes achieved in each dimension of health.

Show me

In the following example, the role of a local football club in supporting the dimensions of health is discussed.

The local football club is a support to many people, particularly young males, who otherwise often choose not to access healthcare. Playing a team sport, such as football, has many benefits for achieving physical health and wellbeing. Being physically active improves physical fitness and cardiovascular health and helps maintain a healthy body weight. Increased physical fitness also improves the functioning of the immune system and reduces the chances of getting sick with common infections, such as colds.[4]

4 Physical health and wellbeing outcomes as a result of playing football are discussed.

The football club is also a good support to the player's mental and social health and wellbeing. Developing and improving skills increases self-esteem and results in improved mental health and wellbeing. Playing sport also helps to reduce stress and anxiety, also improving mental health and wellbeing. Social health and wellbeing is improved through playing team sports such as football as it offers a range of social interactions, which can result in friendships. Interactions before or after the game or at training can strengthen social relationships with players and coaches.[5]

5 A range of mental and social health and wellbeing benefits are discussed.

A summary table may be useful to condense the information required in this key skill.

Practise the key skill

7. In relation to youth health services researched in a local community:
   a. List the services found that support the dimensions of health.
   b. Identify which dimension(s) of health each service supports.
   c. Discuss how these services support each of the dimensions of health.
8. Respond to the following statement: A local GP will be able to fulfil the healthcare needs of all young people in the community.

10.6.3 Discuss rights and responsibilities of access to health services

tlvd-2876

KEY SKILL Discuss rights and responsibilities of access to health services

Tell me

This key skill requires an understanding of the general rights patients have when accessing health services and the responsibilities that patients must remember when accessing these services.

Show me

All patients have the right to:

- information about their diagnosis
- information on the costs associated with treatment
- seek another opinion
- treatment with respect and dignity
- privacy of and access to medical records
- make comment or complaint about treatment or services.[6]

6 A range of rights for patients accessing health services are discussed.

Patients also have responsibilities to:

- provide information about their medical history
- ask questions about their proposed healthcare
- follow instructions and orders of doctors and nurses
- treat medical staff with respect
- ask questions about the cost of treatment.[7]

7 A number of responsibilities are discussed.

For example, a question might ask how patient confidentiality and privacy might improve the health status of young Australians. A suggested answer could be:

If young people are assured that everything they tell their doctor will be kept private and not shared in any way with other people, nor added to their My Health Record that their parents can access, they would be more likely to seek medical attention,[8] even for conditions that might seem awkward or embarrassing such as a prescription for contraception, pregnancy or STI testing. If young people know that the doctor will not disclose any part of the consultation or upload to their digital record, they may seek help earlier, and a potentially serious health condition could be caught earlier, increasing life expectancy and reducing morbidity. If more young people sought medical advice, there would be lower levels of teenage pregnancy, which would reduce levels of stress and anxiety in the population, and STIs could be avoided or treated, reducing the prevalence of these diseases.[9]

8 This links the knowledge of patient confidentiality to seeking medical help.

9 This part of the question links earlier medical treatment with improved health outcomes of life expectancy and morbidity.

Practise the key skill

9. Identify the name of the document developed by the Australian Commission on Safety and Quality in Health Care that outlines the rights of all Australians accessing healthcare.
10. Outline what the seven rights identified in the previously mentioned document are.
11. Explain how knowledge of these rights could improve the health and wellbeing of a person suffering from a physical condition such as obesity.

tlvd-2889

10.7 EXTENDED RESPONSE — Build your exam skills

Consider the following stimulus material:

Source 1

Who works in healthcare?

There were more than 642,000 registered health practitioners in Australia in 2022, including:

350,000
nurses and midwives

166,000
allied health professionals
(such as physiotherapists, pharmacists and psychologists)

105,300
medical practitioners

21,500
dental practitioners

Source: *Australia's Health in Brief 2022*, AIHW

Source 2

'One of the most important benefits of youth sports is that they are fun', says Dr Amanat. 'Kids should never feel pressured to play a sport that they don't enjoy. Let them decide which sports they want to try, be supportive and stay positive about it.' Kids who play sport gain lots of benefits in their physical and mental health and wellbeing. It doesn't matter whether they're playing soccer, volleyball, football or something else — some of these benefits even last into adulthood!

Source: Adapted from https://www.scripps.org/news_items/7580-what-are-the-surprising-benefits-of-youth-sports-programs.

Source 3

In 2022–23, 76.6 per cent of all Medicare services were bulk billed. This number has decreased from 82.2 per cent in 2021–22.

Source: https://www1.health.gov.au/internet/main/publishing.nsf/Content/Annual-Medicare-Statistics

Practise this skill

Using the information provided and your own knowledge, discuss the extent to which you believe both Medicare and non-medical community resources promote health and wellbeing for Australian youth and improve their health literacy. **15 marks**

TIPS

- This question asks you to draw on your own knowledge, so you need to include information that shows your understanding of Australia's healthcare system including what benefits Medicare provides.
- Your response also needs to use information from all three sources.
- The question asks for an opinion on the extent to which you believe both Medicare and non-medical community resources promote health and wellbeing. This means you need to give an actual opinion and justify your answer using the source material. For example, Medicare and non-medical community resources are able to promote the health and wellbeing of some Australians to a great extent, but less so for other Australians.
- The question asks about Australian youth. This means the discussion should focus on youth and their use of health services to improve their health literacy.

10.8 Review

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10.8.1 Topic summary

10.2 General practitioners, allied health services and alternative health services

- GPs have a wide range of skills.
- GPs help all people in the community when they are sick or injured and use preventative strategies.
- GPs diagnose and treat patients and can send them for tests or to a specialist for further care.
- Allied health services include counselling, psychology, physiotherapy, podiatry, pharmacy and nutrition.
- Alternative health services include acupuncture, homeopathy, naturopathy, massage and Chinese traditional medicine.
- Some alternative health services are regulated by AHPRA, others are not.

10.3 Medicare, the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS)

- Australia's health system is complex and includes public and private services.
- Medicare is Australia's universal health insurance scheme.
- Services covered by Medicare include: GP and specialist doctors, treatment and accommodation in a public hospital, x-rays, pathology and eye tests.
- Services not covered by Medicare include: accommodation in a private hospital, ambulance, most dental treatment, cosmetic surgery and allied health services, such as physiotherapy.
- Advantages of Medicare include: reduced cost for essential medical services, reciprocal agreements between Australia and other countries and extra financial support through the Medicare Safety Net.
- Disadvantages of Medicare include: no choice of doctor for in-hospital treatment, long waiting list for many treatments and out-of-pocket expenses for many services.
- Bulk billing is when the government covers the full cost of seeing a GP because the GP only charges the Schedule fee.
- Medicare is funded by general taxes, the Medicare levy and the Medicare levy surcharge.
- The PBS subsidises the cost of over 5000 essential medications.
- The NDIS is a government-funded insurance scheme that provides services and support for eligible Australians, their families and carers.
- Eligibility for the NDIS requires Australian citizenship, permanent and significant disability, and a participant must be under the age of 65 when they apply.

10.4 Local community services supporting youth health and wellbeing

- Communities offer a wide range of youth health resources that support the dimensions of health and wellbeing.
- Conventional medical and dental services support physical and mental health and wellbeing.
- Sporting clubs and associations can be very beneficial for physical, mental and social health and wellbeing, particularly for young Australians.
- headspace supports the mental and emotional health and wellbeing needs of young people from 12 to 24 years of age.

- Places of worship cater for the spiritual health and wellbeing needs of many in the community and also offer opportunities for improved social health and wellbeing.
- Volunteer organisations such as St John Ambulance Australia support the health and wellbeing of both the volunteers and the Australian public. The Secondary School Immunisation Program makes it easy for youth to access preventative health by being vaccinated against communicable diseases during the school day.

10.5 Rights and responsibilities of accessing healthcare

- Australians have a range of rights and responsibilities when accessing healthcare.
- Patient rights are outlined in the Charter of Healthcare Rights.
- Patient rights include: access, safety, respect, partnership, information, privacy and the opportunity to give feedback.
- There are laws to protect patient privacy and confidentiality.

on Resources

Digital document Summary (doc-41442)

10.8.2 Key terms

allied health services health professionals outside the medical, dental and nursing professions
alternative health services healthcare that can be used instead of or alongside traditional health services
bulk billing when the doctor or specialist charges only the Schedule fee. The payment is claimed directly from Medicare, so there are no out-of-pocket expenses for the patient.
general practitioner a doctor who has a wide range of skills and knowledge and looks after most of the people in a community
health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)
in-hospital expenses (Medicare) costs for treatment and accommodation in a public hospital
medical confidentiality means that anything discussed between a doctor and a patient must be kept private
Medicare levy 2 per cent tax for most Australian taxpayers to fund Medicare
Medicare levy surcharge an additional 1–1.5 per cent tax on high-income earners who do not have private health insurance
Medicare Safety Net ensures that people who require frequent services covered by Medicare, such as doctor's visits and tests, receive additional financial support
out-of-hospital expenses (Medicare) costs for services such as doctors, specialists, tests and x-rays
out-of-pocket expenses costs that patients must pay themselves
patient co-payment the payment made by the consumer for health products or services in addition to the amount paid by the government
PBS Safety Net ensures that people who spend a large amount of money on Pharmaceutical Benefits Scheme (PBS) medications receive additional financial support
privacy in medicine means that all information relating to a patient, including their personal details and any stored information, must not be shared
private health insurance an insurance policy that helps pay for services not covered by Medicare
responsibility being answerable or accountable for something within one's control
right a moral or legal entitlement to have or do something
Schedule fee the amount that Medicare contributes towards certain consultations and treatments. The government decides what each item is worth and that's what Medicare pays.
subsidised partially paid for by the government

10.8 Exercises

learnon

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10.8 Exam questions

Question 1 (2 marks)

A general practitioner is a significant health resource for Australia's youth. **Explain** how a good GP that a young person trusts can increase their health literacy.

Question 2 (2 marks)

Cosmetic surgery is not generally covered by Medicare. **Identify** two other services that Medicare does not cover.

Question 3 (2 marks)

Explain the role that the Pharmaceutical Benefits Scheme (PBS) plays in improving the health and wellbeing of Australians.

Question 4 (2 marks)

Privacy and confidentiality are important rights for patients accessing healthcare.

Explain how the provision of privacy and confidentiality can improve the health and wellbeing of a teenager who has recently become sexually active.

Question 5 (4 marks)

'A person's health and wellbeing is solely the responsibility of the healthcare sector.'

To what extent do you agree with this statement?

Resources

Digital document	Key terms glossary (doc-41441)
Interactivities	Crossword (int-9299) Definitions (int-9300)
Exam question booklet	Topic 10 Exam question booklet (eqb-0243)

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RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 10 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

- **10.3** PBS worksheet (doc-32170) ☐
- Medicare worksheet (doc-32171) ☐
- **10.4** headspace worksheet (doc-31679) ☐
- School immunisation program worksheet (doc-41614) ☐
- **10.8** Summary (doc-41442) ☐
- Key terms glossary (doc-41441) ☐

Teacher-led videos

- **10.3** Medicare and bulk billing (tlvd-0275) ☐
- **10.6** Key skill: Describe key aspects of the health system and their impact on youth health literacy and health outcomes (tlvd-11375) ☐
- Key skill: Research youth health services in the local community and explain which dimension(s) of health each one supports (tlvd-11376) ☐
- Key skill: Discuss rights and responsibilities of access to health services (tvld-2876)
- **10.7** Extended response: Build your exam skills (tlvd-2889) ☐

Interactivities

- **10.8** Crossword (int-9299) ☐
- Definitions (int-9300) ☐

Weblinks

- **10.3** PBS ☐
- Medicare ☐
- **10.4** headspace ☐
- School immunisation program ☐

Exam question booklet

- **10.8** Topic 10 Exam question booklet (eqb-0243) ☐

To access these online resources, log on to **www.jacplus.com.au**

11 Health information, digital media and complaints

LEARNING SEQUENCE

11.1 Overview

	Key knowledge	Key skills	Subtopic
○	Factors affecting youth's access to health services and information	Identify and explain factors that affect the ability of youth to access health services and information	**11.2**
○	Opportunities and challenges presented by digital media in the provision of youth health and wellbeing information, for example websites, online practitioners and digital health apps	Critique sources of health information and health services	**11.3**
○	Options for consumer complaint and redress within the health system	Explain the options for consumer complaint and redress within the health system	**11.4**

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

Key terms

confidentiality
cost
digital media
health and wellbeing
health literacy
health services and information
health service issues
health system complaints
online practitioners
redress
telehealth

Exam terminology

Critique	evaluate in a detailed and analytical way
Explain	make plain, make clear (may require reasons)
Identify	list, state

on Resources

Digital document Key terms glossary (doc-41455)
Exam question booklet Topic 11 Exam question booklet (eqb-0244)

11.2 Access to health services and information

Key knowledge	Key skill
Factors affecting youth's access to health services and information	Identify and explain factors that affect the ability of youth to access health services and information

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• what factors limit young people's access to health services and information.	• provide examples of factors that make it difficult for youth to access health services and information • explain how each factor acts as a barrier for youth accessing health services and information.

There are many factors that limit a young person's ability to access **health services** and information, including cost, confidentiality, geographic location, the complicated nature of the health system and health literacy, scheduling and time constraints, and cultural factors.

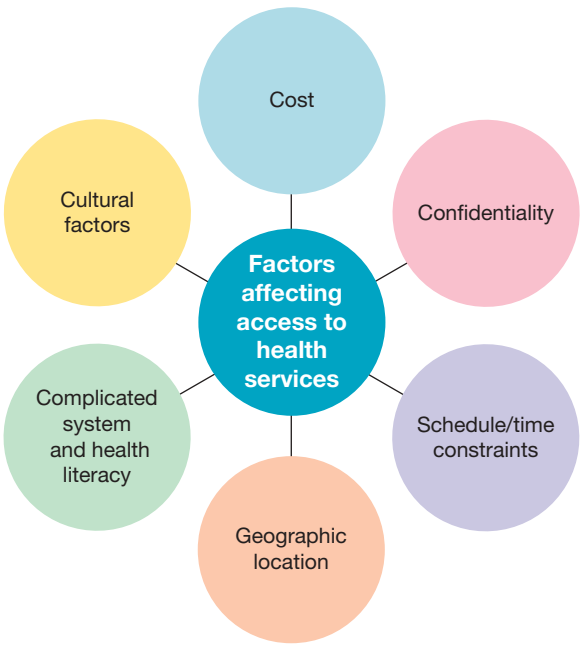
health services all services associated with the diagnosis and treatment of disease or the promotion of health and wellbeing

11.2.1 Cost

A limiting factor affecting a young person's access to health services and information is cost. The average cost for a standard consultation with a general practitioner (GP) in Australia was around $75 for a 20-minute appointment in 2023. With a Medicare rebate of around $40, this is still a significant cost. For specialist doctors, dentists and allied health services, the out-of-pocket costs may be several hundred dollars, with little covered by Medicare. These costs, and those for any prescribed medication, can be a significant barrier to accessing healthcare for a young person earning a minimal wage.

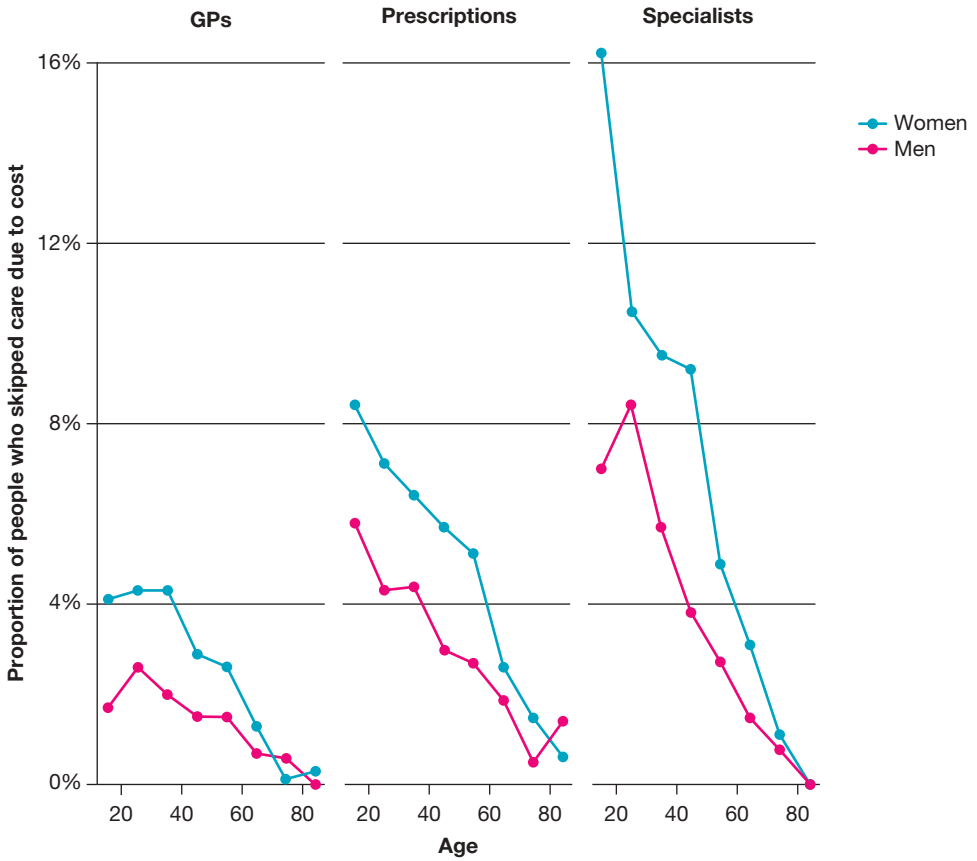
Private health insurance can cover some of the costs of healthcare that are not covered by Medicare. It can also speed up waiting times for specialists and surgery. However, private healthcare is expensive, and may be unaffordable for many young people. This means they may face long waiting times for elective surgeries accessed through the public hospital system, and there are still out-of-pocket expenses associated with treatment by a specialist. Australian Bureau of Statistics data from 2022–23 showed that over 10 per cent of people aged 15 and over reported that cost was a reason that they delayed seeing, or did not see, a medical specialist. In the same year, 7 per cent of people (compared to 3.5 per cent in 2021–22) delayed or did not see a GP due to cost. The same data release showed that females were more likely to delay using health services due to cost.

FIGURE 11.1 Factors affecting access to health.



int-9308

FIGURE 11.2 Proportion of people needing care who said that they had missed a prescription or skipped or delayed services because of cost, 2020–21



Source: https://theconversation.com/last-year-half-a-million-australians-couldnt-afford-to-fill-a-script-heres-how-to-rein-in-rising-health-costs-178301.

11.2.2 Confidentiality

Many young people have expressed concern about confidentiality as a barrier to accessing healthcare. Generally, this concern relates to worry that the healthcare practitioner will disclose private information to their parents or someone else, or that someone they know will see them at the clinic or in the waiting room. This barrier is even greater for those from rural areas, where young people are concerned that everyone in town will know their business because of the small community and the likelihood of knowing someone working at the health service. Fear of embarrassment about discussing personal health concerns can also turn youth off seeking help or advice.

FIGURE 11.3 Many young people skip accessing healthcare due to confidentiality concerns.

11.2.3 Schedule and time constraints

Many youth who are attending school and/or working find it difficult to access health services due to the scheduling of appointments mainly during the day, even for telehealth appointments that do not require in-person attendance. Inflexible clinic hours and long periods spent in the waiting room can lead to young people forgoing healthcare. Senior-school-aged students may be even more reluctant to attend medical appointments in the school day, due to concerns about missing curriculum content or assessments and the pressure of exams.

11.2.4 Geographic location

Australia is a large country with a relatively small population. Although the majority of Australians live in major cities (for example, Melbourne or Sydney) or regional centres (such as Ballarat or Bendigo), about one-third of the population lives in rural and remote areas of the country. Young people living in rural and remote regions of Australia have difficulty accessing the level of health services available to those living in major cities, often simply because of the large distances that need to be covered to access doctors and hospitals. For youth, this can be especially difficult if they have to rely on a parent or other person to drive them. The difficulty is compounded when the long commutes cause further absenteeism from school.

Access to healthcare for rural and remote Australians is not only limited by lower numbers of doctors, specialists and hospitals, but also by the reduced availability of current technology for diagnosis and treatment of patients with both emergency and chronic health needs.

FIGURE 11.4 Trouble scheduling appointments can stop youth accessing healthcare.

FIGURE 11.5 Australians living in rural or remote areas may need to travel vast distances to access medical services.

FIGURE 11.6 Access to health services for rural and remote populations in Australia is limited compared with those living in major cities.

11.2.5 A complicated and complex health system and health literacy

health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)

Many youth report that the process of booking appointments, using their Medicare card, referral processes and other complicated systems is too difficult to navigate and, as a result, they avoid using health services and seeking the help that they need. Australians aged 15 and over are entitled to have their own Medicare card. However, many young Australians may find it challenging to apply for their own card, and so remain linked to a family card, making it difficult to access health services confidentially. This can act as a barrier for young people to access the health services they need, possibly increasing their risk of illnesses, such as sexually transmitted diseases, or unwanted pregnancy. Health service providers can improve this by implementing 'youth-friendly' practices, such as looking up a patient's Medicare number if they arrive without their card. In general, youth have lower **health literacy**, meaning that they face greater difficulties accessing health information even when it is available. If the health information is not in a form that youth can easily engage with and understand, then the information is

lost. Health literacy is not just about reading and interpreting health information, but also using the information to make informed decisions and to help navigate the complex healthcare system. Lower levels of health literacy are associated with lower rates of participation in preventative health strategies such as vaccination and management of medication.

The physical environment of the health service itself can also act as a barrier for youth to access healthcare. The formality of a clinic and waiting room can make a young person feel uncomfortable and reluctant to attend.

The Australian government has continually developed its myGov app with facial and fingerprint recognition, which it hopes will appeal to younger users and make it easier for them to access our health system.

Lower levels of health literacy in youth, combined with a complicated health system that is difficult for youth to engage with, can mean that health and wellbeing are compromised. Conditions may go untreated and help for mental health concerns may not be sought.

FIGURE 11.7 Formal waiting rooms and health services that are not youth-friendly turn young people off accessing health information.

Low levels of health literacy also make it difficult for young Australians to adequately critique sources of health information. Consequently, they may not know whether they are receiving accurate information, or the most useful or efficient treatment options, or if they need to seek advice from a health professional, rather than rely only on an online source (see sections 11.3.3 and 11.5.2).

11.2.6 Cultural factors

There are many different cultural factors that may affect a young person's ability to access health services and information. These factors include language barriers, religious beliefs, values and expectations of the services provided. Youth from different cultural backgrounds may have different reasons that prevent them from accessing healthcare; however, a language barrier is a consistent and significant factor common in limiting access to medical services and information. Australia is a culturally diverse country with many residents originating from non-English-speaking backgrounds. These include Aboriginal and Torres Strait Islander Australians, migrants and refugees, many of whom do not use English as their first language at home.

Those with a language barrier are much less likely to access medical services and information because they are unable to understand the advice they are given and may not feel that they are in a safe or culturally appropriate environment. For many young people who experience a language or cultural barrier, their parents might not be able to assist them to gain the information they need, making it even harder.

FIGURE 11.8 Translated health information is available online via government websites, such as Health Translations, and most doctors carry multi-language brochures to reduce the barriers to accessing health services and information.

EXAM TIP

Although there are numerous factors that act as barriers for all Australians trying to access health services and information, this key knowledge is specifically focused on youth. Answers need to highlight issues specific to youth, rather than the general population. Factors such as socioeconomic status and gender play a role in the ease with which many Australians access health services and information, but are not major factors for youth who are more concerned about confidentiality, scheduling difficulties and the complexity of the healthcare system.

11.2 Activities

1. Access the **Workforce Incentive Program Doctor Stream** weblink and worksheet in the Resources tab, then complete the worksheet.
2. Young people often resist accessing health services because they feel uncomfortable in the waiting room and find it difficult to schedule appointments outside work and school times. Design a GP clinic that is 'youth friendly' in both its environment and booking system, and consider ways that the complex nature of the healthcare system could be overcome. This could be presented as text, or a model, diagram or video.

on Resources

Digital document Workforce Incentive Program Doctor Stream (doc-32173)

Weblink Workforce Incentive Program Doctor Stream

11.2 Exercises

11.2 Quick quiz on | **11.2 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2, 3, 4, 6	5, 7, 8	9, 10

Test your knowledge

1. List the factors that could affect a young person's ability to access health services and information.
2. What factors contribute to the reduced ability to access health services for young people living outside of major cities in Australia?
3. What percentage of men and women aged 20 did not fill a prescription in 2020–21 due to cost?
4. List the cultural factors that can act as a barrier to accessing health services.
5. Outline how religious beliefs might affect the ability of a young female to access appropriate health services.
6. What is meant by the term 'health literacy'?
7. Describe how cost is a particular factor for youth in accessing health services and information in Australia.
8. Explain why youth are less likely to access health services if they cannot schedule an appointment outside school or work hours.

Apply your knowledge

9. There are many reasons why those living outside Australia's major cities have poorer health status than the Australian population overall. In terms of access to health services, explain why there is such a difference in health status between these two population groups.
10. In a paper to be presented to the Australian government, outline recommendations you would make to increase access to health services and information for youth.

11.2 Exam questions

Question 1 (4 marks)

a. **Discuss** two reasons why youth may not access health services. **(2 marks)**

b. **How** could this impact the health and wellbeing of Australian youth? **(2 marks)**

Question 2 (2 marks)

Briefly **explain** why cost is a barrier to accessing health services and health information for Australian youth.

Question 3 (2 marks)

Describe how the Australian health system could be more youth friendly, increasing access to health services and information for young people.

Question 4 (3 marks)

Use an example to **describe** how having a low income can affect a person's ability to access health services and information and the effect this might have on Australia's health status.

Question 5 (4 marks)

Aside from influencing their ability to pay for health-related costs, **explain** how a person's occupation can affect their ability to access health services and their health and wellbeing.

More exam questions are available in your learnON title.

11.3 Digital media and health and wellbeing

Key knowledge	Key skill
Opportunities and challenges presented by digital media in the provision of youth health and wellbeing information, for example websites, online practitioners and digital health apps	Critique sources of health information and health services

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the different types of digital media that relate to health and wellbeing • the types of information each form of digital media can provide about health and wellbeing • some outcomes of digital media can be positive and others can be negative in relation to health and wellbeing.	• identify how digital media can be used to enhance youth's ability to access health services and information • explain there can be challenges in using digital media for accessing health information • critically analyse the reliability and validity of any source of health information or health service.

11.3.1 What is digital media?

Digital media refers to audio (sound), video and photographic content that has been converted into a digital media file. After this conversion, the information can be easily viewed, modified and distributed via a wide range of electronic devices.

Examples of digital media include:

- websites
- mobile apps
- social media
- games
- data and databases
- digital audio (MP3)
- digital images and video
- computer software
- e-books
- virtual reality or immersive multimedia.

digital media any form of media that uses electronic devices for distribution. It can encompass a wide array of content and distribution methods.

FIGURE 11.9 Digital media for health and wellbeing

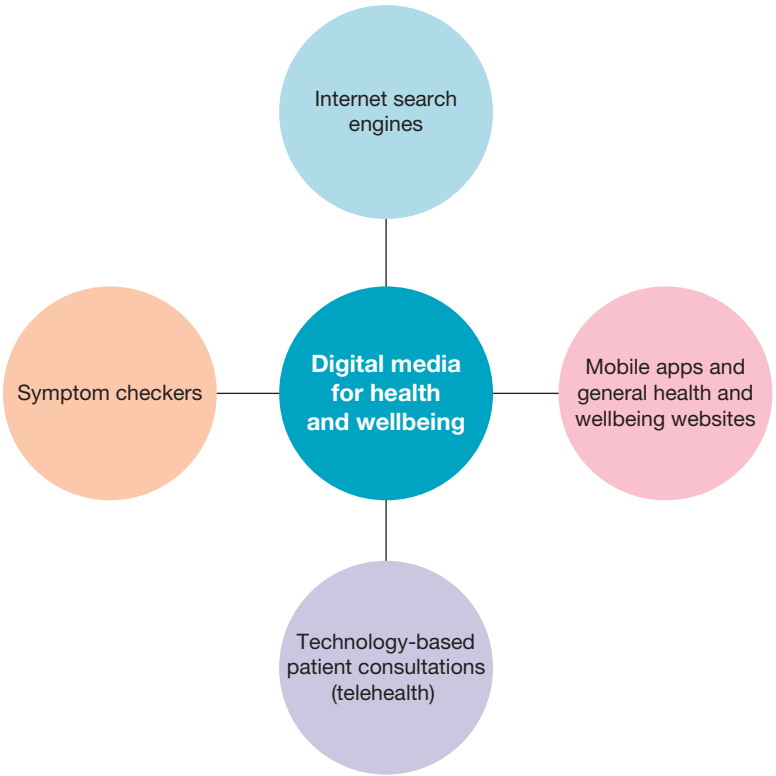


FIGURE 11.10 Digital media in its many forms is a part of everyday life for most Australians.

Digital media and its applications are expanding at a great rate, and there has been a large uptake of this technology in the health and wellbeing industry. There are many ways to use digital media in providing and distributing health and wellbeing information in a number of different formats. These include technology-based patient consultations, virtual reality, symptom checkers, general health and wellbeing websites and mobile apps, and search engines such as Google.

Telehealth consultations

These are doctor–patient consultations that use any form of technology, including video conferencing, internet or telephone, as an alternative to face-to-face in-person consultations. These services are increasingly being used by all medical specialties in Australia, in addition to normal medical practice, where the patient and their medical history are well known to the doctor. This type of consultation does not replace an in-person consultation where there needs to be a physical examination; however, this technology can increase access to care for patients, especially those who live a long way from specialised health services.

FIGURE 11.11 Technology-based consultations help young people access health services and information.

Symptom checkers

Many Australian websites and mobile apps, including Healthdirect and myDr, and overseas-based websites such as mayoclinic.org have web-based 'symptom checkers'. People can access these 24 hours a day and either search for various symptoms they may be suffering or answer a number of basic questions to determine the best action to take when feeling unwell or experiencing certain specific symptoms. Healthdirect is an Australian government website that has a symptom checker, which advises whether to see a GP or a pharmacist or go to an emergency department of a hospital after users answer a number of questions about their symptoms. It also provides some basic self-care information to follow as a result of answers that were provided to the initial questions.

FIGURE 11.12 Symptom checker websites help people to determine a course of action when they are feeling unwell.

myDr provides a drop-down menu of symptoms to choose from. Opening a symptom, for example back pain, gives general information on this problem, causes of the condition and some advice on relieving the problem.

Mobile apps

Mobile apps can be used to access specific health information on a wide range of topics, including food ingredient lists for people with allergies, exercise trackers, menstrual period trackers and skin checks for moles. There are many health and fitness apps, which help motivate people to be more physically active. Downloads of health and fitness apps increased by 46 per cent worldwide during 2020, with the largest grossing health and fitness apps between April and June 2020 being Calm, an app focused on meditation, relaxation and sleep, headspace, and MyFitnessPal, a workout and diet tracker. These apps helped increase access to health information during the COVID-19 lockdowns.

FIGURE 11.13 An app recording the amount of fruit and vegetables consumed can help with healthier eating targets.

Many government and non-government organisations that focus on specific health conditions have also established apps to assist consumers. For example:

- Beyond Blue produced the BeyondNow app for people experiencing suicidal thoughts and feelings. This app provides a mobile, personalised safety plan that people can carry at all times in their pocket to help them through tough times or to get help when needed.
- SkinVision is an app designed to evaluate moles and other skin lesions for skin cancer risk. The user takes a photo of any moles or skin conditions they are concerned about, then the app analyses the photo and gives a recommendation based on a traffic light system. The app allows people to track any changes in their skin over time, share this information with doctors and together assess their risk of skin cancer and any actions to be taken.
- My QuitBuddy is a free app associated with the Quit Now initiative, designed to help people get, and stay, smoke- and vape-free. It helps smokers and vapers through the hardest times with helpful tips and distractions to overcome cravings, tracking systems to chart progress towards quitting and the facts needed to understand the effects smoking and vaping have on health and wellbeing. There are versions of this app targeting different population groups, including Aboriginal and Torres Strait Islander Peoples and pregnant women.
- The Smiling Mind meditation app is a mindfulness app aimed at young Australians to support good sleep and study habits, help with sports training and reduce stress. The free app was developed by psychologists to engage mindfulness and positive psychology strategies to build mental fitness.

Access to health-based apps can increase the exposure to health information for young people in a way that is quick and familiar to them, as accessing information from a range of apps is a part of everyday life. This may help minimise issues associated with confidentiality, time constraints and language or other cultural barriers.

General health and wellbeing websites

There are many websites globally that provide general health and wellbeing information. In Australia, there are both government and non-government organisations that make large volumes of health and wellbeing information available through their websites.

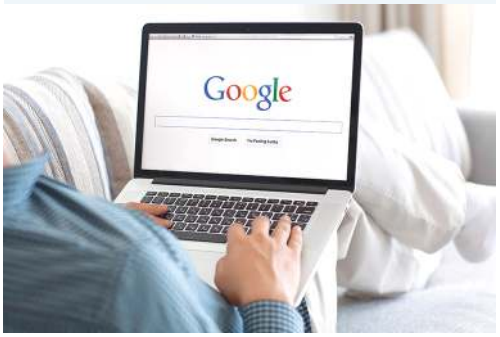
FIGURE 11.14 There are many health and wellbeing-based websites on the internet.

- Healthdirect (www.healthdirect.gov.au) is a service from the federal government providing free Australian health advice on the internet. In addition to the symptom tracker already mentioned, this website provides an extensive A–Z listing of health information based on conditions, symptoms or common health experiences for different life stages. Healthdirect also has a mobile app that provides similar information and assistance.
- The Better Health Channel (www.betterhealth.vic.gov.au) is a comprehensive health and wellbeing and healthy living website provided by the Victorian Government. Links to health services and tools, including health-related apps, are available from the Better Health Channel. The Vax On Time app developed by the Victorian Department of Health and Human Services helps to remind parents and carers when their child's vaccinations are due. The Better Health Channel app lets people set personal health alerts and notifications for pollen, UV levels and smog. A range of healthy recipes and articles on other healthy living topics are provided on the website.
- myDr.com.au, a project of DrMe Pty Ltd, is an independent website that claims to provide reliable Australian health information, health tools and calculators covering symptoms, diseases, tests and investigations, medicines, treatments, nutrition and fitness. Health information is categorised by age and gender and can be browsed for common concerns. This website has a search engine to find a GP for people needing access to medical assistance.

Search engines

It is estimated that 5 to 7 per cent of Google searches are for health-related information. In 2016, the company responded by adding medical facts about common ailments, including symptoms, treatments and useful facts when basic health conditions are searched for through their search engine. Google's idea was for users to be able to easily access a single reliable source of health information that has been checked by doctors from the Mayo Clinic and Harvard Medical School, instead of numerous poor or unreliable websites. This basic information should assist users to gather more relevant information and decide which course to take. For example, searching 'headache on one side' on Google will result in a list of associated conditions such as 'migraine', 'common cold' or 'tension headache'.

FIGURE 11.15 One in twenty Google searches are for health-related issues.



For general searches, such as 'headache', the company will also give an overview description along with information on self-treatment options or symptoms that warrant a doctor's visit. It is not designed to take the place of one-on-one consultations with medical professionals. Google was quoted as saying on news.com.au, 'By doing this, our goal is to help you to navigate and explore health conditions related to your symptoms, and quickly get to the point where you can do more in-depth research on the web or talk to a health professional'.

Around one quarter of all Australians regularly seek health information online. One study showed that searching for health and medical information was among the top ten internet activities for Australians aged over 16. This increasingly popular practice of using digital media in the provision of health and wellbeing information presents many opportunities but also some notable challenges.

EXAM TIP

This key skill asks you to critique sources of health information and health services, which means that answers need to look critically at the pros and cons of an information source or health service and comment on its reliability and validity, based on the person or group giving the information or service, their qualifications, experience and reputation in general.

11.3.2 Opportunities for health and wellbeing created by digital media

Digital media has changed the way many people access health information and has a number of associated opportunities to promote health and wellbeing. Some of these are summarised in **TABLE 11.1**.

TABLE 11.1 Opportunities for health and wellbeing created by digital media

Health and wellbeing issue	Opportunity created by digital media
Australians living in rural and remote areas	Increased access to health information resources such as websites and mobile apps without having to travel long distances to see a healthcare professional. This means less time away from work and family and less money spent on travel. Telehealth consultations mean that people living far from their health providers can still access one-on-one care without having to travel.
Cost	Apart from the cost of the internet or phone connection, large amounts of health-related information is available on websites or via mobile apps that are free. This makes healthcare more accessible for those who struggle with the cost of individual appointments.

(continued)

TABLE 11.1 Opportunities for health and wellbeing created by digital media *(continued)*

Health and wellbeing issue	Opportunity created by digital media
Language barriers	Those with language barriers can access health information, as many websites offer information in a variety of languages, or an online translator can be used to interpret information.
Expanding on a diagnosis	Websites can be useful for someone who wants to find out more about an injury or disease diagnosis from a doctor. The consultation time might be limited, the patient might think of more questions after they have left the clinic, or the doctor might have given large amounts of information that is difficult to process all at once.
Support groups	Through the internet or social media sites, people can share their experiences, treatments or offer advice and support to people with certain health conditions. They can connect with people and ask questions without having to travel long distances to seek personal support, or remain anonymous if they choose.
Confidentiality issues	Young people can access health information in private through an app or website and not be concerned that they will be identified in a waiting room or seen by someone they know.
Scheduling/time constraints	Digital media allows health information to be accessed at any time, which for young people means that they don't have to miss school or work.

Overall, using the internet as a source of health and wellbeing information can help patients to be more informed and make better decisions about health issues; however, it is considered an additional resource, not a substitute for seeing a doctor or health professional in person.

CASE STUDY

Young people embrace telehealth with their GP

Before COVID, only 3% of Australians had participated in a telehealth consultation — now 73% do — and it's mostly young people.

The 2020 *CommBank GP Insights Report*, a collaboration with medical education provider HealthCert, reveals a significant increase of Australians reporting they have either accessed telehealth, or are open to it, since the pandemic hit.

FIGURE 11.16 Almost half of all younger people say they would prefer telehealth over face-to-face consultations post-pandemic.

Patients from younger generations are embracing telehealth faster than their older counterparts — and reporting the most positive experience. The report found that more than a third of Gen Z and Y patients believe ongoing access to telehealth would enable them to visit their GP more often.

The expansion of telehealth, its subsequent extension and widespread adoption by healthcare providers has allowed patients to access safe, convenient and efficient healthcare during the pandemic.

Despite findings from an RACGP [Royal Australian College of General Practitioners] June 2020 survey that most GPs felt they needed more training in telehealth, over 90% of general practices adopted telehealth within the early months of the pandemic. Pre-COVID, only 19% of general practices offered telehealth services.

Following Medicare Benefits Schedule changes to support telehealth items in response to the pandemic, more than 95% of general practices now offer telehealth services.

The Insights report reveals that of the 73% of patients now accessing or willing to access telehealth, 34% have used some form of telehealth since the onset of the pandemic.

Better access (23%) and faster access (20%) to GPs, as well as assisting in reducing personal costs of managing health (15%) are patients' most positive perceptions of telehealth.

Around 27% of Australians have actively avoided face-to-face consultations with their doctor for fears of risk of contracting COVID-19 — also contributing to the surge in telehealth consultations.

For those who still prefer to visit their GP in person, older Australians make up the majority.

Compared to younger generations surveyed, only 19% of baby boomers and 14% of pre-boomers avoided GP visits in the early months of the pandemic.

The Insights report's age-dependent survey results are based on the following patient samples:

- Pre-boomers – people aged over 72
- Baby boomers – people aged 54–72
- Gen X – people aged 38–53
- Gen Y/Z – people aged 18–37

Almost half (44%) of Gen Z reported they had actively avoided visiting a general practice since the start of the pandemic due to COVID-19 fears, and 31% of Gen X are of the same mind.

Most patients expect telehealth consultations to be either bulk-billed or out-of-pocket costs to be less than face-to-face consultations. The Insights report suggests a need to further educate patients about the value of telehealth.

'Greater awareness of the availability of telehealth is also warranted, given 43% of patients either believe it isn't available or are unsure,' the report states.

However, the report highlights that overall, patients have responded positively to the way general practices have managed the pandemic and adopted telehealth.

Over half (52%) of those surveyed reported they were 'very satisfied' with the practice experience, 45% were 'somewhat satisfied' and only 3% were 'dissatisfied'.

Post-pandemic, younger generations still rank highest in having a preference for telehealth consultations over face-to-face. Forty-one per cent of Gen Y patients and 35% of Gen X would prefer telehealth over face-to-face consultations.

Overall, 31% of all patients say they would prefer telehealth consultations even when the pandemic is over.

Source: https://www1.racgp.org.au/newsgp/professional/young-people-embrace-telehealth-with-their-gps

CASE STUDY REVIEW

1. Explain how increased access to telehealth consultations would remove some of the barriers to accessing healthcare for young Australians.
2. Give examples of how greater access to telehealth consultations with a GP would promote the health and wellbeing of young people.
3. Critique a telehealth consultation in terms of its ability to inform a young person about their health and wellbeing.
4. Outline how the health literacy of young people might increase with greater access to telehealth appointments.

11.3.3 Challenges for health and wellbeing created by digital media

As well as the many opportunities presented by digital media, there are a number of challenges that consumers should be aware of, if the benefits to health and wellbeing are optimised. A range of these challenges is summarised in **TABLE 11.2**.

TABLE 11.2 Challenges for health and wellbeing created by digital media

Challenge for health and wellbeing	Description
Reliability and **validity** of information	Not all online sources are accurate, truthful, reliable or even honest, and users rarely know exactly who is providing the information or advice. Because of the nature of medical advice about conditions or treatments, misinformation can be particularly harmful as it may directly affect a person's health and wellbeing.
Low health literacy	Many people do not have the levels of health literacy to give them the skills or knowledge to seek reliable advice, and therefore act on ill-informed opinions or information. High levels of health literacy are needed to sort through the massive amount of information available and decide what is useful, accurate and safe.
Self-diagnosis	Internet resources give information only and can't ask the questions required to accurately diagnose or identify a health condition, increasing the risk of people misdiagnosing their health concerns. This may result in people dismissing serious symptoms as nothing of concern, or beginning inappropriate treatments for symptoms that may have been misdiagnosed. See **TABLE 11.3** for examples of the possible diagnoses of common conditions from different web searches. Self-diagnosing can cause a delay in seeing a doctor and beginning treatment for health conditions.
Self-medicating	Choosing medications based on a self-diagnosis may mean the real condition is not treated or the medication chosen may cause health problems itself. This can mean that potentially life-threatening health conditions are not treated, or dangerous medications may be taken when not appropriate.
Cyberchondria	This term describes people who research any and all symptoms of a rare disease, illness or condition, which is the cause of medical anxiety. People who fear catastrophic injuries or diseases may repeatedly search their symptoms online and become even more anxious because of the huge amount of varied information they have found.

validity the extent to which a concept is well founded and how likely it is that it accurately corresponds to the real world

self-diagnosis the process of diagnosing or identifying medical conditions in oneself using books, online resources or past personal or family experiences

self-medicating a behaviour in which an individual uses a medication or substance to self-administer treatment for physical or psychological ailments. The most widely used substances for self-medication are over-the-counter medicines used to treat common health issues at home.

cyberchondria a term used to describe people who search medical symptoms online and believe they have the worst-case scenario for their symptoms

TABLE 11.3 Different diagnoses found through internet searches

Symptom	Potential health conditions suggested by different websites for one symptom		
	Website A	Website B	Website C
Pins and needles	Vitamin B12 deficiency	Sciatica	Multiple sclerosis (MS)
Stomach cramps	Indigestion	Appendicitis	Heart disease or angina
Earache	Common cold	Ear infection	Brain abscess
Blurred vision	Presbyopia	Glaucoma	Cataracts
Rash	Contact dermatitis	Psoriasis or eczema	Meningitis

Source: Bupa Health Pulse, 2011.

11.3 Activities

1. Research health and wellbeing mobile apps and make a brochure promoting your top five. Describe each app, what it aims to do and how it improves health and wellbeing for users. Discuss any potential negative effects of each app.
2. Access the **Australian government health information** weblink and worksheet in the Resources tab, then complete the worksheet.
3. Analyse the health information provided by the following government and non-government websites. Which type of website provides more reliable information? Suggested websites include those discussed in this subtopic and those listed in the Resources tab:
   - **Know Your Noise**
   - **Beyond Blue: Youth life issues**
   - **Department of Health — Healthy produce**
   - **Eat for health.**

on Resources

Digital document Australian government health information worksheet (doc-32174)

Weblinks
Australian government health information
Know Your Noise
Beyond Blue: Youth life issues
Department of Health — Healthy produce
Eat for health

11.3 Exercises

11.3 Quick quiz on | **11.3 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 4, 5	6, 7

Test your knowledge

1. a. What is meant by the term ‘digital media’?
   b. Provide four examples of digital media.

2. Complete the following table outlining the uses of digital media in the health industry.

Digital media type	Example of an application for health
Technology-based patient consultations	
Symptom checkers	
Health and wellbeing websites	
Health and wellbeing apps	
Search engines such as Google	

3. Discuss how digital media can increase access to health services and information for Australian youth who live outside major cities.
4. a. Outline three benefits to health and wellbeing when digital media is used as a source of health information.
   b. Outline two of the challenges associated with accessing health information from digital media resources.
5. State what is meant by cyberchondria.

Apply your knowledge

6. Outline some guidelines that could be taught at school to help users increase the reliability of the health information they find from digital media sources.
7. Refer to **TABLE 11.3**.
   a. What effect do you think searching for symptoms online may have on the health and wellbeing of some people? Use an example from **TABLE 11.3** to justify your answer.
   b. After reviewing **TABLE 11.3**, how accurate do you think the internet is at providing health and wellbeing advice and information?

11.3 Exam questions

Question 1 (1 mark)
Briefly **describe** the concept of 'technology-based patient consultation' or telehealth.

Question 2 (1 mark)
An individual who is not feeling well might use the internet to search their symptoms, and use the information to self-diagnose a condition.

Describe one challenge individuals might face if they self-diagnose.

Question 3 (2 marks)
Briefly **discuss** how accessing health information through digital technologies is particularly beneficial to youth who see cost as a barrier to accessing health services and information.

Question 4 (3 marks)
State three examples of digital media that provide health and wellbeing information.

Question 5 (2 marks)
Outline how accessing information concerning health through digital technologies may benefit young people who live long distances from medical services.

More exam questions are available in your learnON title.

11.4 Health system complaints

Key knowledge	Key skill
Options for consumer complaint and redress within the health system	Explain the options for consumer complaint and redress within the health system

Source: VCE Health and Human Development Study Design © VCAA; reproduced by permission.

You need to know:	You need to be able to:
• the organisation responsible for dealing with consumer complaints and the process to make a complaint.	• understand that people are able to make complaints in relation to the health system • explain what options are available to users of the health system and what possible outcomes there may be from a complaint process.

Patients have the right to make a complaint about a health service provider if they feel they have reason. In Victoria, individuals have the right to make a complaint through the Health Complaints Commissioner (HCC). The HCC is an independent, fee-free organisation whose role it is to receive and resolve complaints about health service providers through an impartial and confidential process. The Health Complaints Commissioner works under the *Health Complaints Act* (2016). This legislation allows the Health Complaints Commissioner to undertake work in dealing with complaints in the health system with greater investigative powers and a broader definition of what qualifies as a health service. The commissioner plays a role in protecting the public and supporting safe and ethical healthcare in Victoria.

Anyone can make a complaint to the HCC about any health service provided in Victoria, or about any organisation that holds health records, including schools, gyms and other non-health service providers, about how they handle personal information. Complaints may be made by patients, their friends, family or guardians or another health service provider. Even concerned community members can make complaints to the HCC.

The HCC manage complaints related to:

- access to services
- quality and safety
- care and attention
- respect, dignity and consideration
- communication about treatment, options and costs
- the level of involvement in healthcare decisions
- access, privacy and confidentiality of personal health information
- complaint handling by the health service provider.

FIGURE 11.17 Health complaints can be made formally to the Office of the Health Commissioner.

People may complain about health service organisations, such as a public or private hospital, GP clinics or community health services or about an individual health practitioner. Complaints can be lodged about both registered and non-registered practitioners. Examples of these include:

- **Registered health practitioners** Doctors, dentists, nurses, surgeons, midwives, physiotherapists, chiropractors, psychologists, pharmacists, Chinese herbalists, occupational therapists, optometrists, osteopaths, podiatrists, radiographers and Indigenous health practitioners
- **Non-registered health practitioners** Audiologists, naturopaths, dietitians, speech pathologists, homeopaths, counsellors, paramedics, masseurs, alternative therapists and other providers of general health services

Wherever possible, it is advised that the issue be **redressed** directly with the health service provider, but if this does not work, then the HCC receives the complaint in writing, over the phone or through an online form to begin the process of resolution. The HCC is independent and does not take sides. It works with the person who made the complaint and the provider to resolve complaints cooperatively, quickly, fairly and effectively. Depending on the details of the complaint, the outcomes a person may be able to obtain are:

- an explanation about what happened, and why it happened
- an apology
- access to treatment
- access or amendment to health records
- a refund or compensation
- a change in policy or practice to prevent future problems.

The HCC can also launch formal investigations and warn the public about dangerous health service providers.

11.4.1 The complaint process

When a complaint is received, the first step is to decide whether the HCC should deal with the complaint or if another agency is more appropriate. The next step is to confirm that the person making the complaint has tried to resolve their issue directly with the service provider. This is often the quickest and easiest way to resolve an issue and the HCC are legally required to recommend this happens before any further action will be taken. Once the HCC accepts the complaint, they are recommended to take the least formal course of action possible to efficiently resolve the issue.

Once a complaint has been assessed and accepted by the HCC, there are three courses of action possible: early resolution, formal resolution or investigation. Early resolution is the least formal (and often the quickest) way to resolve complaints. In most cases, the complaint is discussed with both parties over the phone to clarify the problem and to identify an acceptable solution. If no resolution is reached through this process, the HCC may be unable to assist further. However, if the complaint is too complex to resolve over the phone, but it can be resolved, the HCC may attempt a formal resolution. They may also decide to initiate a formal investigation.

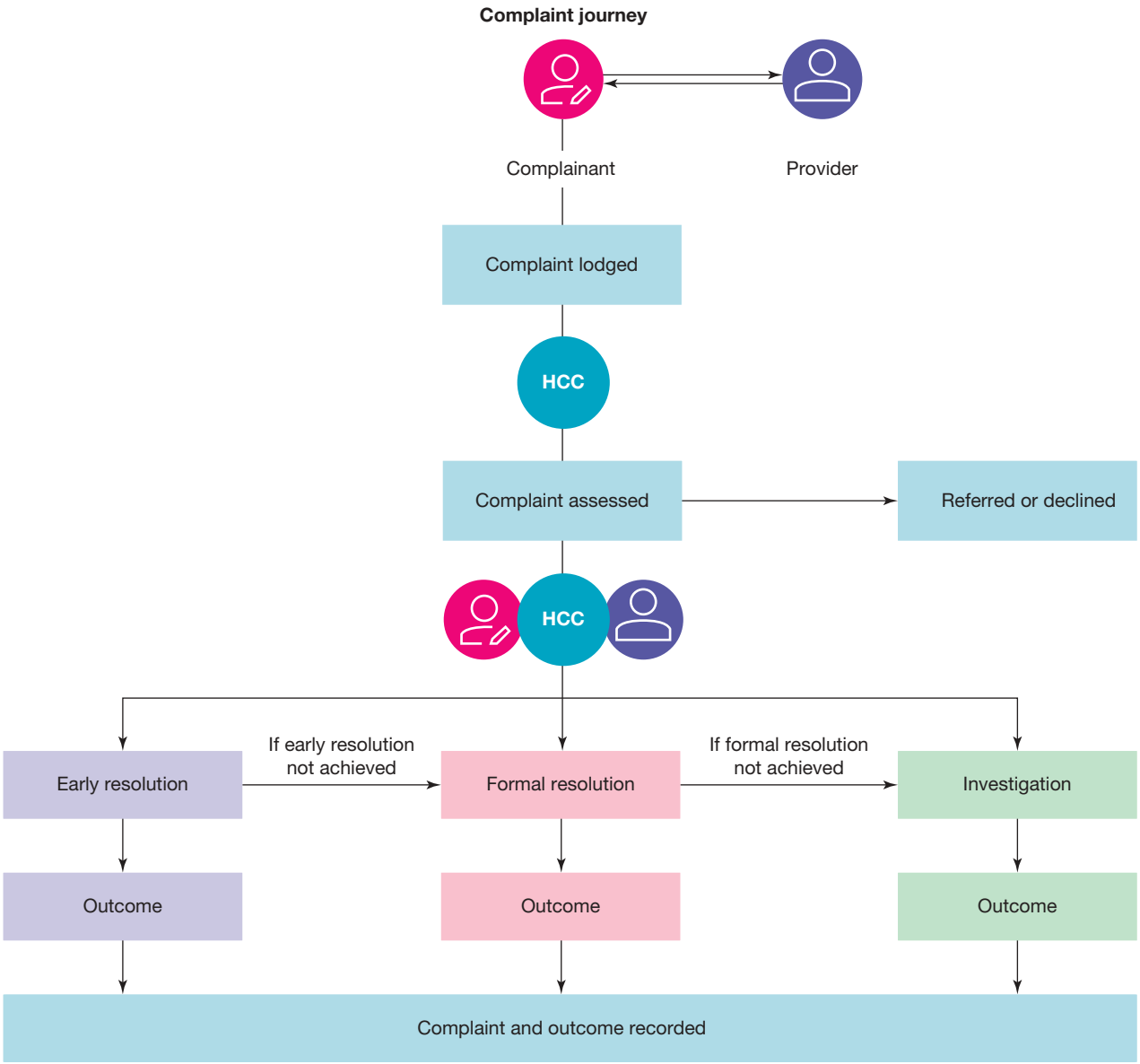
The formal resolution process involves a series of documented steps, each leading towards finding an acceptable solution. This process begins by working with the complainant to write a formal description of the complaint, which is then sent, along with a resolution plan, to the health service provider. The resolution plan may include requests for meetings, medical records, reports or independent opinions. Any improvements the provider agrees to make in response to the complaint will be documented and shared with all parties. If no resolution is reached, the HCC may be unable to assist further. The complaint may also be considered for investigation.

An investigation is a formal and detailed examination, often used in handling large or highly complex matters. The HCC may investigate public and private organisations as well as individual practitioners. Following an investigation into a registered or non-registered practitioner, the HCC may issue a public warning statement to alert people to serious risks to their health, life, safety or welfare.

redress to remedy something that has been judged to be wrong and/or compensate for it

int-9309

FIGURE 11.18 Flow chart outlining the progression of a complaint through the HCC



In 2021–22, the HCC received 6191 complaints and 2711 enquiries. The most common complaints related to services not being provided in a safe and ethical manner. As a result of investigations, 108 code breaches were identified and two general health warnings were issued. Five per cent of complaints resulted in compensation (2 per cent) or a waiver of the fee (3 per cent) while the majority were resolved with an explanation, apology or access to a service being provided. Together with resolving complaints, the Health Complaints Commissioner uses any information supplied in the complaints to help improve health services in the future.

11.4 Activities

1. Research the office of the Health Complaints Commissioner and outline the processes involved in making and resolving a complaint.
2. Access the **Health Complaints Commissioner** weblink and worksheet in the Resources tab, then complete the worksheet.

Resources

Digital document Health Complaints Commissioner worksheet (doc-31680)

Weblink Health Complaints Commissioner

11.4 Exercises

11.4 Quick quiz on | **11.4 Exercise**

Learning pathways

LEVEL 1	LEVEL 2	LEVEL 3
1, 2	3, 5	4, 6

These questions are even better in jacPLUS!

- Receive immediate feedback
- Access sample responses
- Track results and progress

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Test your knowledge

1. Make a list of people who can make a health service complaint to the Health Complaints Commissioner (HCC).
2. List three health services patients can make complaints about.
3. a. Outline some reasons why a person might make a complaint about a health service provider.
   b. What are the possible outcomes of making a complaint about a health service provider?

Apply your knowledge

4. Patients having the right to complain about any health services improves the health status of Australians. To what extent do you agree with this statement?
5. What are the possible implications for Australia's life expectancy of people making complaints about health service providers?
6. Aaron had weight-loss surgery, but he has not been satisfied with the results and he overheard the doctors talking about how enormously fat he was before they came into the operating theatre. Aaron claims that the doctors were laughing and joking about him and did not respect him as a patient.
   Outline the process that Aaron should follow if he wishes to make a complaint about his surgeon's behaviour before his weight-loss surgery.

11.4 Exam questions

Question 1 (4 marks)

Outline the process involved in making a complaint through the Health Complaints Commissioner (HCC).

Question 2 (1 mark)

The Health Complaints Commissioner (HCC) asks patients who are not satisfied with their health service provider to raise their concerns with them directly before lodging a complaint with the HCC.

Suggest one reason why.

Question 3 (1 mark)

Name the organisation that handles complaints about health service providers.

Question 4 (2 marks)

Identify two reasons a patient might submit a complaint against a health service provider.

Question 5 (2 marks)

Briefly **discuss** how being provided with an apology might satisfy a patient who has made a complaint against a health service provider.

More exam questions are available in your learnON title.

11.5 KEY SKILLS

11.5.1 Identify and explain factors that affect the ability of youth to access health services and information

tlvd-11377

KEY SKILL Identify and explain factors that affect the ability of youth to access health services and information

Tell me

This key skill requires being able to **identify** factors that affect people's ability to access health services and information. Some factors that can affect access to health services and information include:

- geographic location
- cost
- confidentiality
- time constraints and scheduling
- complicated health system
- cultural factors.

Digital media is another factor that can increase access to health services and information for young people; however, despite the many benefits of this source of information, there are many challenges associated with gathering health information in this way. Digital media for the provision of health information includes:

- websites
- mobile apps
- search engines such as Google
- technology-based consultations.

Show me

Once these factors have been identified, **explain** how each factor increases or decreases the ability to access health services or information.

Young people in Australia are less likely to access health services and information for a variety of reasons. Many young Australians have part-time or low-income jobs, which means that the cost of healthcare such as seeing a GP or purchasing medication can be too expensive.[1] This means that youth often make the choice not to use health services and this reduces their ability to access health information. Going to see the GP can be confronting for young people as they may be embarrassed to talk about their bodies with strangers, or they are concerned that their information will be shared with a parent or other people and their confidentiality won't be guaranteed.[2] This can be a significant reason why youth choose not to seek medical help, reducing their access to health information. This is further exacerbated for youth in rural areas where they are more likely to know someone working at the clinic or in the waiting room. The Australian healthcare system is complex and complicated and this can sometimes be too difficult for youth to navigate on their own.[3] This means that young Australians are less likely to access health services on their own and reduces their ability to access health information.

1 Cost is identified as a factor and its impact on youth's ability to access health services is described.

2 Confidentiality is identified as a reason for decreased access to health services and information for youth.

3 The complex health system is identified as a factor reducing access to health information for youth.

Practise the key skill

1. Identify and explain two factors that affect the ability of young Australians to access health services and information.
2. **a.** Identify two examples of digital media used to access health information.
   b. Briefly explain each.
3. Digital media can impact the access that some people have to health services and information. Identify the ways in which digital media can increase access to health information for youth.
4. Explain the challenges and opportunities for health and wellbeing that are created by using digital media to access health information.

11.5.2 Critique sources of health information and health services

tlvd-11378

KEY SKILL Critique sources of health information and health services

Tell me

This key skill requires a critical analysis of the reliability and validity of health information sources and health services, in terms of the qualifications of the author, the type of website providing the information, and any extreme outcomes claimed or promised. Critically analysing sources of health information requires you to ask questions to make sure the information is valid and from a reliable source. Questions might include:

- Is there supporting research or evidence?
- Is it a product that is sponsored or has paid for advertising on social media?
- Is there a product being sold in addition to information being supplied?
- Can you get a second opinion?
- Are you being pressured?
- Is the information recent?

After asking these questions, the next step is a critique, which means you:

- look at positives and negatives of all sources in terms of the qualifications of the author, the type of website providing the information, and any extreme outcomes claimed or promised
- identify the qualifications of the providers of the information or service
- make an informed decision about the validity of the information or service.

Show me

A range of health information sources may need to be analysed to determine the reliability of information given.

An internet search for 'headache' returns several websites with different information and possible diagnoses for a headache. One website, written and managed by a public group offering emotional support for those who suffer chronic migraines, offers several home remedies for headaches.[4] A different website from a trained neurosurgeon working at a respected hospital offers advice on the most common causes of headache and the benefits of some over-the-counter treatment options. This website advises of specific symptoms to be aware of and which ones would require urgent medical attention.[5] The second website would be considered more valid and reliable, and the information more credible, due to the qualifications and relevant experience the source has as a neurosurgeon, compared to the self-help group with no medical training and scientifically untested and unregulated home remedies.[6]

4 An information source is provided with some details about what is offered.

5 A different information source is given also with details to be used to critically analyse its credibility.

6 A comparison of the two information sources is made and a conclusion given about the more reliable and credible information source, and the reasons why one is more reliable than the other.

Practise the key skill

5. Identify some possible sources of health information.
6. Outline criteria that could be used to determine which source of health information would be most reliable.
7. Explain how you could determine the reliability of a health service.

11.5.3 Explain the options for consumer complaint and redress within the health system

tlvd-2892

KEY SKILL Explain the options for consumer complaint and redress in the health system

Tell me

This key skill requires knowledge of the complaint process and possible outcomes from a complaint made in the health services sector.

Show me

Complaints in Victoria are handled by the Office of the Health Complaints Commissioner. Any patient, family, friend or other health practitioner can make a complaint. Any health services can be the subject of a complaint.[7] A complaint may result in the case being dismissed, or redress in the form of compensation, an apology or professional consequences for the medical practitioner.[8] The Health Complaints Commissioner can also use aspects of any complaint to make changes to procedures or practices in the future to make healthcare safer for all.

7 Aspects of the complaint process are outlined.

8 Possible redress outcomes of the complaint process.

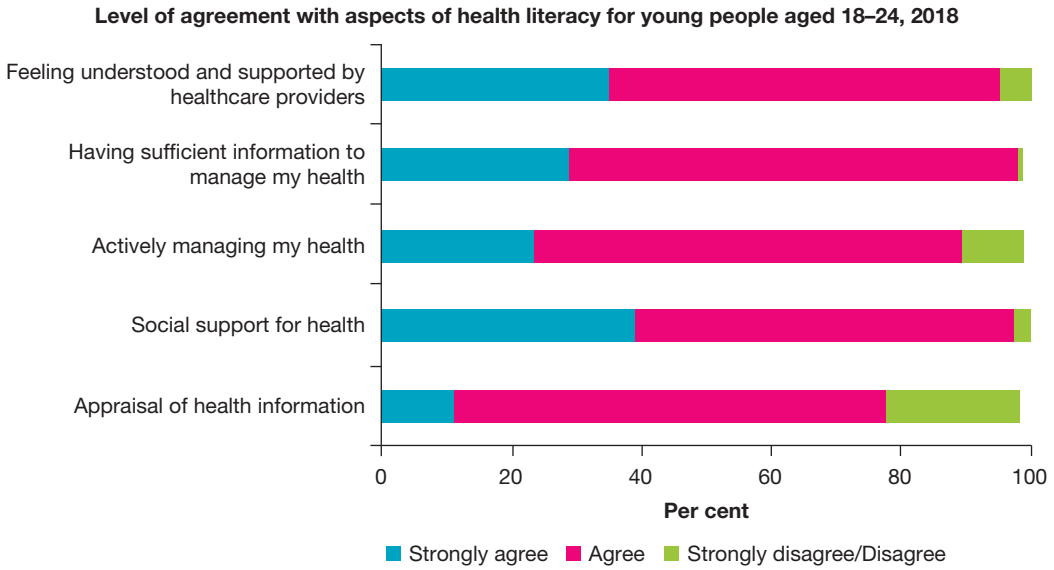
Practise the key skill

8. Who can make a complaint about a health service?
9. Who can complaints be made about?
10. Identify the organisation that deals with complaints about health services in Victoria.
11. Describe the likely outcomes from a complaint.

tlvd-2893

11.6 EXTENDED RESPONSE — Build your exam skills

Source 1



Source: AIHW, https://www.aihw.gov.au/reports/children-youth/health-literacy-for-young-people.

Source 2

Youth-friendly healthcare

Despite its prominence in primary healthcare, young people continue to experience barriers to accessing general practice as well as other health services, and general practice continues to experience challenges in providing optimal comprehensive care to young people with complex psychosocial health needs.

By better understanding how the health system works and identifying strategies for overcoming barriers to health care, youth services and other organisations can work with health services to promote better healthcare for young people.

Source: https://www.health.nsw.gov.au/kidsfamilies/youth/Documents/youth-health-resource-kit/youth-health-resource-kit-sect-2-chap-2.pdf

Source 3

What is a general practitioner (GP)?

A GP has studied medicine at university. They're trained to help people of all ages with all different types of health problems. They're also the first point of contact in the health system. Some GPs may have a specific focus or specialise in certain areas, such as sexual health, travel medicine, older adults, etc.

Why would I see a GP?

You can visit a GP for any physical or mental health issue. They're trained to deal with people of all ages about any type of problem. That's why they're called 'general' practitioners. A GP can help you with:

- physical complaints or injuries
- vaccinations
- sleep problems
- mood problems or lack of energy
- worry and anxiety
- contraception and sexual health

- drug or alcohol abuse or dependence
- abuse issues.

If they need to, a GP will refer you to someone who's more trained to deal with what's bothering you. It could be a medical specialist, a mental health professional or an allied health professional (e.g. a physiotherapist).

Source: https://au.reachout.com/articles/gps

Practise this skill

Using all three sources and your own knowledge, discuss the following:

- a range of factors that act as barriers for youth accessing health services
- changes in the healthcare system that could improve health literacy for young Australians
- what a young person should do if they have concerns about treatment they have received in the healthcare system.

15 marks

TIPS

- This question asks for your own knowledge, so you need to draw on the knowledge you have learned in this topic.
- It also asks you to use the information provided, so all three pieces of source material must be referred to and incorporated into the response.
- The main areas that need to be considered and addressed are the factors that might act as barriers for youth accessing health service. Factors such as equity and cost should be considered as there is information relating to both factors in the source material.
- Your own knowledge could be used to suggest changes that might be made to ensure more youth-friendly healthcare is available.
- An understanding of the complaints process and the possible outcomes of a complaint should be considered.

11.7 Review

Hey students! Now that it's time to revise this topic, go online to:

Review your results

Watch teacher-led videos

Practise exam questions

Find all this and MORE in jacPLUS

11.7.1 Topic summary

11.2 Access to health services and information

- Factors that affect a person's ability to access health services and information include cost, confidentiality, geographic location, the complicated nature of the health system, scheduling and time constraints of youth and cultural factors.
- Younger people, particularly women, are much more likely to skip care because of cost.
- Specialist doctors, dentists and allied health services can have significantly higher out-of-pocket costs, posing a barrier to healthcare access, particularly for young people.
- Prescription medication costs can also be a barrier to young people seeking healthcare.
- Many young people avoid accessing healthcare due to confidentiality concerns and embarrassment.
- Many youth who are attending school and/or working find it difficult to access health services due to inflexible clinic hours and long waiting times.
- Young people who live in rural and remote areas of Australia have less access to health services than those in major cities.
- There are fewer health practitioners, infrastructure and medical technology available in rural and remote areas.
- Many youth find accessing healthcare too complicated and avoid seeking help; e.g. the process of booking appointments, using their Medicare card and referral processes.
- Youth-friendly practices encourage access.

11.3 Digital media and health and wellbeing

- Digital media is a part of everyday life for most young Australians.
- Digital media includes websites, mobile apps, games, social media, digital photos, videos and audio, computer software and virtual reality.
- The health industry is rapidly expanding its use of digital media.
- Applications of digital media in health and wellbeing include technology-based patient consultations, health-related websites and mobile apps, symptom checker websites and apps, Google, and doctor training and patient wellbeing using virtual reality.
- All forms of digital media can increase youth's access to health information and can present many opportunities for improving health and wellbeing.
- Young people who live in rural and remote areas of Australia can access large amounts of health information without having to travel large distances.
- Young people with low socioeconomic status can increase their access to health information through the use of free websites and mobile apps.
- There are challenges associated with accessing health information from digital media sources.
- Online information is not always reliable or accurate.
- Low levels of health literacy make understanding large volumes of online health information difficult.
- Self-diagnosis based on digital media resources can lead to high levels of fear and anxiety.
- Serious conditions can be missed due to self-diagnosis.

11.4 Health system complaints

- Patients have the right to complain about health service providers (for example, doctors, nurses, hospitals, dentists, specialists, paramedics and allied health providers).
- In Victoria, complaints are made to the Office of the Health Complaints Commissioner.
- Complaints can be made by patients, family, friends or another health practitioner.
- The Office of the Health Complaints Commissioner resolves disputes when initial attempts between the person making the complaint and the doctor have failed.
- Redress may take the form of an apology, refund, compensation, access to health records or health services, or a change in policy or practice.
- The Health Complaints Commissioner uses information gathered from complaints to improve the health industry in Victoria.

on Resources

Digital document Summary (doc-41456)

11.7.2 Key terms

cyberchondria a term used to describe people who search medical symptoms online and believe they have the worst-case scenario for their symptoms
digital media any form of media that uses electronic devices for distribution. It can encompass a wide array of content and distribution methods.
health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)
health services all services associated with the diagnosis and treatment of disease or the promotion of health and wellbeing
redress to remedy something that has been judged to be wrong and/or compensate for it
self-diagnosis the process of diagnosing or identifying medical conditions in oneself using books, online resources or past personal or family experiences
self-medicating a behaviour in which an individual uses a medication or substance to self-administer treatment for physical or psychological ailments. The most widely used substances for self-medication are over-the-counter medicines used to treat common health issues at home.
validity the extent to which a concept is well founded and how likely it is that it accurately corresponds to the real world

11.7 Exercises

learnon

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11.7 Exam questions

Question 1 (3 marks)

Young Australians face barriers to accessing health services and information that are felt less by older Australians.

Identify three factors that would contribute to the limited access to health services and information for Australian youth.

Question 2 (2 marks)

Select one of the factors identified in question 1 and **explain** how it would have an effect on the ability of youth to access health services and information.

Question 3 (4 marks)

Digital media is a significant source of health information, and many young Australians prefer to search their symptoms on Google rather than see a doctor.

a. **Outline** the challenges presented to the patient by accessing health information from digital media sources. **2 marks**

b. **Explain** possible effects on Australia's health status if large numbers of the population relied only on health information from digital media sources. **2 marks**

Question 4 (2 marks)

Explain how the use of telehealth appointments could increase access to health services and information for Australian youth.

Question 5 (3 marks)

Laura had emergency surgery on a broken finger, but she has not been satisfied with the results. After the surgery, she could not straighten her finger fully and had no feeling from the finger down into her hand. She overheard the surgeon complaining to a nurse that he had been dragged out of a party on a Saturday afternoon to attend to this accident that occurred while Laura was playing netball. Laura claims that the doctor was drunk and did not treat her to his best ability as a result.

Outline the process that Laura should follow if she wishes to make a complaint about this surgeon's behaviour and the poor outcome of her surgery.

on Resources

Digital document	Key terms glossary (doc-41455)
Interactivities	Crossword (int-9301) Definitions (int-9302)
Exam question booklet	Topic 11 Exam question booklet (eqb-0244)

RESOURCE SUMMARY

on Resources

This is a summary of the digital resources you will find online for Topic 11 to help support your learning and deepen your understanding. When you see these icons next to an image or paragraph, go to learnON to access video eLessons, interactivities, weblinks and other support material for this topic.

Digital documents

- **11.2** Workforce Incentive Program Doctor Stream worksheet (doc-32173) ☐
- **11.3** Australian government health information worksheet (doc-32174) ☐
- **11.4** Health Complaints Commissioner worksheet (doc-31680) ☐
- **11.7** Summary (doc-41456) ☐
- Key terms glossary (doc-41455) ☐

Teacher-led videos

- **11.5** Key skill: Identify and explain factors that affect the ability of youth to access health services and information (tlvd-11377) ☐
- Key skill: Critique sources of health information and health services (tlvd-11378) ☐
- Key skill: Explain the options for consumer complaint and redress in the health system (tlvd-2892) ☐
- **11.6** Extended response: Build your exam skills (tlvd-2893) ☐

Interactivities

- **11.2** FIGURE 11.2 Proportion of people needing care who said that they had missed a prescription or skipped or delayed services because of cost, 2020–21 (int-9308) ☐
- **11.4** FIGURE 11.18 Flow chart outlining the progression of a complaint through the HCC (int-9309) ☐
- **11.7** Crossword (int-9301) ☐
- Definitions (int-9302) ☐

Weblinks

- **11.2** Workforce Incentive Program Doctor Stream ☐
- **11.3** Australian government health information ☐
- Know Your Noise ☐
- Beyond Blue: Youth life issues ☐
- Department of Health — Healthy produce ☐
- Eat for health ☐
- **11.4** Health Complaints Commissioner ☐

Exam question booklet

- **11.7** Topic 11 Exam question booklet (eqb-0244) ☐

To access these online resources, log on to **www.jacplus.com.au**

School-Assessed Coursework Unit 2

OUTCOME 2

Explain factors affecting access to Australia's health system that contribute to health literacy and promote the health and wellbeing of youth.

School-Assessed Coursework 5 online only

To answer questions online and to receive **immediate feedback** and **sample responses** for every question, go to your learnON title at www.jacplus.com.au or download the assessment as a Word document from your Resources tab.

on Resources

Digital document School-Assessed Coursework 5 (doc-41626)

Key knowledge

- Key aspects of Australia's health system used by youth, such as general practitioners (GPs), allied health services, alternative health services, Medicare, the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS)
- The range of services available in the local community to support the physical, social, emotional, mental and spiritual dimensions of youth health and wellbeing
- Factors affecting youth's access to health services and information
- Rights and responsibilities associated with accessing health services, such as privacy and confidentiality relating to the storage, use and sharing of personal health information and data
- Opportunities and challenges presented by digital media in the provision of youth health and wellbeing information, for example websites, online practitioners and digital health apps
- Options for consumer complaint and redress within the health system

Key skills

- Describe key aspects of the health system and their impact on youth health literacy and health outcomes
- Research youth health services in the local community and explain which dimension(s) of health each one supports
- Identify and explain factors that affect the ability of youth to access health services and information
- Critique sources of health information and health services
- Discuss rights and responsibilities of access to health services
- Explain the options for consumer complaint and redress within the health system

Common conditions and diseases

This series examines the incidence, causes, and impacts of many health issues. The following list is a glossary of the most common diseases and conditions in Australia.

Disease or condition	Explanation
acne	medical condition that causes outbreaks of blackheads, pimples and cysts
acute respiratory infections	infections that affect breathing; examples include the common cold, influenza and pneumonia
AIDS (acquired immunodeficiency syndrome)	AIDS is the last stage of HIV infection where the immune system is not able to fight off common infections and sufferers often die from conditions such as pneumonia and tuberculosis
alcohol use disorder	disease characterised by ongoing risky alcohol consumption
alcoholism	when a person cannot stop drinking once they have started, or has a constant desire to drink alcohol
allergies	a range of conditions characteristised by an immune response to substances (allergens) that are harmless to most people
anaemia	condition characterised by a reduced ability of the body to deliver enough oxygen to the cells due to a lack of healthy blood cells
anorexia (nervosa)	condition characterised by an extreme fear of gaining weight, leading to extreme restrictions on food intake
anxiety/anxiety disorder	condition characterised by excessive fear and worry
arthritis	a disorder of one or more joints that causes inflammation and pain
asthma	chronic condition that affects the small air passages of the lungs; when exposed to certain triggers, the airways narrow, making it difficult to breathe
atherosclerosis	build-up of plaque on blood vessel walls, making it harder for blood to get through; increases the risk of hypertension and cardiovascular disease
autism spectrum disorders	a group of neurological disorders characterised by difficulties with communication and repetitive behaviours
autoimmune disease	when the immune system mistakenly attacks healthy body cells; examples include coeliac disease and psoriasis
avian flu	a type of influenza that commonly affects both domestic and wild birds, but can spread from birds to humans which, in some cases, is fatal
back pain/problems	a range of conditions caused by damage to bones, joints, nerves, muscles and connective tissues in the back
bipolar disorder	mental health disorder characterised by extremes in mood
birth asphyxia	prolonged lack of oxygen that occurs during the birthing process
birth defects	missing or ill-formed body structures present from birth; may have a genetic, infectious or environmental origin, although in most cases it is difficult to identify their cause
bladder cancer	cancer of the bladder, the organ responsible for storing urine
blood and metabolic disorders	a range of conditions that affect the blood and/or metabolism; examples include anaemia and diabetes
bowel cancer	disease categorised by uncontrolled and abnormal cell growth in tissues of the bowels (i.e. small and/or large intestine) and/or rectum

(continued)

(continued)

Disease or condition	Explanation
breast cancer	cancer of the breast tissue; can occur in both males and females, but is significantly more common in females
bulimia (nervosa)	condition characterised by binge eating, followed by behaviours such as vomiting or excessive exercise in an attempt to cancel out the food intake
cancer (neoplasms)	a range of diseases categorised by uncontrolled and abnormal cell growth; eventually, the cancerous cells can prevent healthy cells from carrying out their functions. Cancer cells can spread to other parts of the body, causing further damage.
cardiovascular disease	encompasses all diseases of the heart and blood vessels (including heart attack, stroke and vascular diseases); caused mainly by reduced blood supply to the heart, brain and legs (usually caused by atherosclerosis)
cerebrovascular disease (stroke)	disorders that affect the blood vessels that supply the brain, which may result in a stroke
chickenpox	highly infectious viral condition that can cause serious illness in vulnerable people such as newborn babies, pregnant women and those with decreased immunity
cholera	bacterial infection of the intestine, causing diarrhoea and dehydration; left untreated, cholera can be fatal within hours
chromosomal abnormalities	abnormalities that arise during the creation of sperm and ova that can cause a range of conditions in the developing baby, mostly as a result of too many or too few chromosomes; some chromosomal abnormalities lead to physical defects that result in death
chronic bronchitis	inflammation of the tubes that carry air to and from the lungs
chronic kidney disease	disease characterised by a loss of kidney function (the kidneys filter the blood and remove wastes)
chronic obstructive pulmonary disease (COPD)	progressive and disabling long-term lung diseases where damage to the lungs obstructs oxygen intake and causes increasing shortness of breath; COPD includes emphysema and chronic bronchitis
cirrhosis	a type of liver damage where healthy cells are replaced by scar tissue; the liver is unable to perform its vital functions of metabolism, production of proteins (including blood clotting factors), and filtering of drugs and toxins
coeliac disease	autoimmune disease in which the consumption of gluten triggers an immune response that damages the lining of the small intestine
colorectal cancer	disease categorised by uncontrolled and abnormal cell growth in tissues of the colon (i.e. large intestine) and/or rectum
communicable disease/s	any condition that is passed to an individual from their environment (including from other people, air, water, food or insects)
congenital malformations	sometimes referred to as 'birth defects', which often result from missing or malformed body structures; they may have a genetic, infectious or environmental origin, although in most cases it is difficult to identify their cause
COPD (chronic obstructive pulmonary disease)	progressive and disabling long-term lung diseases where damage to the lungs obstructs oxygen intake and causes increasing shortness of breath; COPD includes emphysema and chronic bronchitis
coronary (ischaemic) heart disease	chronic disease caused by insufficient blood supply to the heart muscle via the coronary arteries; can lead to heart attack
COVID-19	highly contagious viral infection of the respiratory system
deafness	partial or complete hearing loss

dementia	a collection of symptoms caused by disorders of the brain, affecting thinking, behaviour and the ability to perform everyday tasks; there are over 100 types, the most common being Alzheimer's disease
dental caries	tooth decay
depression/depressive disorder	chronic condition characterised by ongoing feelings of sadness and loss of interest in normal activities with no apparent cause
diabetes	metabolic disease that leads to high blood glucose levels from defective insulin production, ineffective insulin action or both
diabetes mellitus (type 1, type 2, gestational)	metabolic disease that leads to high blood glucose levels from defective insulin production, ineffective insulin action or both
diarrhoeal disease	any condition that includes diarrhoea as a symptom
diarrhoeal disease and lower respiratory infections	any condition that includes diarrhoea as a symptom and/or infections of the airways and lungs; examples include bronchitis and pneumonia
diseases of the nervous system	diseases associated with the brain, spine or nerves; include epilepsy, motor neurone disease, multiple sclerosis, Parkinson's disease and dementia
Down syndrome	genetic condition characterised by having three chromosomes on the 21st pair, instead of two; individuals exhibit distinct facial features, reduced muscle mass and impaired intelligence
dysentery	severe intestinal infection that causes bloody diarrhoea
E. coli	bacterial infection often spread from contaminated food; most E. coli strains are harmless, but some can cause serious disease
eating disorders	conditions characterised by abnormal and often extreme eating habits; examples include anorexia and bulimia
Ebola	viral infection spread from wild animals to humans, and then from human to human through direct contact with bodily fluids (or items exposed to bodily fluids of those infected, such as bed sheets); fatal in around 50 per cent of cases
eczema	condition that causes red, itchy and dry skin
emphysema	condition characterised by damaged air sacs in the lungs, resulting in difficulty breathing
endocrine disorders	conditions affecting the production, release and/or function of hormones; the most common example is diabetes
FASD (foetal alcohol spectrum disorder)	an umbrella term that describes a range of conditions that can occur in children exposed to alcohol before birth and includes physical features and behavioural problems
fatty liver disease	build up of fats on the liver that can cause liver damage
female genital mutilation (FGM)	procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons
Foetal alcohol spectrum disorder (FASD)	an umbrella term that describes a range of conditions that can occur in children exposed to alcohol before birth and includes physical features and behavioural problems
gastroenteritis (gastro)	inflammation of the stomach and/or intestines, usually caused by an infection; can lead to diarrhoea and vomiting
gastrointestinal disorders	conditions affecting the digestive system, including coeliac disease and gastroenteritis (gastro)
gestational diabetes	type of diabetes that begins during pregnancy and generally goes away once the child is born; women who experience gestational diabetes are at greater risk of type 2 diabetes in the future
haemorrhage	excessive bleeding

(continued)

(continued)

Disease or condition	Explanation
hay fever	disease characterised by an allergic reaction to pollens (grasses, weeds or trees), dust mites and moulds
hearing and vision disorders	disorders affecting the ability to hear and/or see
heart attack	when blood flow to the heart is cut off, leading to death of heart cells unless blood flow is restored
heart failure	when the heart struggles to keep up with the demands of the body
hepatitis	inflammation of the liver caused by a viral infection that can be food-, water- and/or blood-borne (depending on the type — there are five types); immunisation can prevent three types, and safe sexual and medical practices can also help prevent the spread of this disease
hepatitis A	inflammation of the liver caused by a viral infection usually spread by food or water contaminated with faecal matter of an infected person; a vaccine is available
hepatitis B	inflammation of the liver caused by a viral infection usually spread by contact with infected blood or body fluids, especially semen and vaginal secretions; a vaccine is available
hepatitis C	inflammation of the liver caused by a viral infection usually spread by contact with infected blood or body fluids, especially semen and vaginal secretions; there is no vaccine, but around 95 per cent of people treated will be cured
hepatitis D	a rare type of hepatitis that infects only people with hepatitis B; the hepatitis B vaccine can also prevent hepatitis D
high blood pressure (hypertension)	when blood is being pumped through the arteries at a harder and faster rate than is considered normal/healthy — increases the risk of heart attack and stroke; as blood pressure is controlled by the kidneys, over time, hypertension can contribute to kidney disease
HIV (human immunodeficiency virus)	spread by infected bodily fluids, the virus attacks the immune system and can cause death; there is no vaccine for HIV, but it can be prevented through safe sexual and medical practices, and treated with antiretroviral medication
human immunodeficiency virus (HIV)	spread by infected bodily fluids, the virus attacks the immune system and can cause death; there is no vaccine for HIV, but it can be prevented through safe sexual and medical practices, and treated with antiretroviral medication
hypertension (high blood pressure)	when blood is being pumped through the arteries at a harder and faster rate than is considered normal/healthy — increases the risk of heart attack and stroke; as blood pressure is controlled by the kidneys, over time, hypertension can contribute to kidney disease
impaired glucose regulation (insulin resistance)	occurs when cells become resistant to the action of insulin, preventing glucose from being absorbed by the cells; is a precursor to type 2 diabetes mellitus
infant and congenital conditions	conditions that first occur before or just after birth; examples include Down syndrome, muscular dystrophy and birth defects
infectious disease/s	any condition that is passed to an individual from their environment (including from other people, air, water, food or insects)
influenza (flu)	highly contagious viral infection of the respiratory system
injury	damage to body tissues caused by an external factor; can relate to trauma sustained from impacts by objects such as cars, roads or other people
injury and poisoning	damage to body tissues caused by an external factor; can relate to trauma sustained from impacts by objects such as cars, roads or other people, and substances ingested such as alcohol, drugs or other chemicals

intestinal worms	parasites that can survive in the intestines for an extended period of time; often cause diarrhoea and malnutrition
iron deficiency anaemia	condition characterised by a reduced ability of the body to deliver enough oxygen to the cells, due to a lack of healthy blood cells; in this case, due to insufficient iron
ischaemic (coronary) heart disease	chronic disease caused by insufficient blood supply to the heart muscle via the coronary arteries; can lead to heart attack
kidney and urinary diseases	conditions affecting the kidneys and/or urinary system; examples include chronic kidney disease and urinary tract infections
kidney disease	disease characterised by a loss of kidney function; the kidneys filter the blood and remove wastes
liver cancer	cancer of the liver, the organ responsible for metabolism, immune system function and detoxification
liver disease	a range of conditions impacting liver function, including hepatitis and cirrhosis
liver failure	when liver disease has progressed and the organ struggles to carry out its functions
long-sightedness	a sight condition where close objects appear blurry
low birthweight	a baby born weighing less than 2.5 kg
lower respiratory infections	infections of the airways and lungs; examples include bronchitis and pneumonia
lung cancer	disease categorised by uncontrolled and abnormal cell growth in lung tissues
malaria	life-threatening disease caused by parasites that are transmitted to people when bitten by infected female mosquitoes; destroys red blood cells and, if left untreated, can cause death
maternal conditions	conditions affecting women during pregnancy, childbirth and the post-birth period, including gestational diabetes and postnatal depression
meningitis/encephalitis	inflammation of the brain, the membranes covering the brain and/or the spinal cord
mental health disorders/mental and behaviour problems	disturbances of mood or thought that can affect behaviour and distress the person, so that they have trouble functioning normally; includes anxiety disorders and depression
migraine	neurological condition characterised by severe headaches, nausea, vomiting and/or sensitivity to light or sound
mouth cancer	a condition categorised by uncontrolled and abnormal cell growth in the mouth; eventually, the cancerous cells can prevent healthy cells from carrying out their functions. Cancer cells can spread to other parts of the body, causing further damage.
muscular dystrophy	a group of disorders that cause progressive and irreversible weakness and wasting of the muscles
musculoskeletal conditions/disorders	ill health related to the muscles, joints and bones; includes osteoporosis and the various types of arthritis
neonatal diseases	any condition that is present at birth, or arises shortly after
neonatal sepsis	life-threatening condition that occurs when the immune systems response to an infection damages vital organs
neural tube defects	conditions characterised by damage to the brain and spine, and to the nerve tissue of the spinal cord, during prenatal development; e.g. spina bifida
neurological conditions/disorders	diseases associated with the brain, spine or nerves; includes epilepsy, motor neurone disease, multiple sclerosis, Parkinson's disease and dementia
non-communicable disease/s	conditions that are not passed on from the environment; examples include cardiovascular disease and diabetes

(continued)

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Disease or condition	Explanation
NTDs (neglected tropical diseases)	conditions that occur in tropical and sub-tropical areas often affected by poverty, which receive little attention from governments despite often being easy to prevent; examples include dengue fever, yellow fever, rabies, scabies and intestinal worms
nutritional deficiencies/diseases	conditions caused by lack of specific nutrients; examples include anaemia and vitamin deficiencies
obesity	a more severe form of carrying excess bodyweight; often measured as a BMI of 30.0 and above
obstetric fistula	condition caused by obstructed labour that is characterised by internal holes in the vaginal walls, bladder and rectum
oesophageal cancer	cancer of the oesophagus (the tube that carries food from the throat to the stomach)
oral disorders	disorders of the mouth, gums and teeth; examples include dental caries and periodontitis
osteoarthritis	a group of diseases involving the degradation of joints and cartilage, causing stiffness and tenderness in the joints, as well as inflammation, pain and locking; mainly due to wear of the cartilage over years
osteoporosis	porous bones, where the bone density thins and weakens, resulting in an increased risk of fracture (breakage)
other	'other' refers to all other conditions that alone, did not contribute enough to be included separately in the data; note that 'other' is not a specific cause of ill-health and should therefore not be selected as a cause
overweight	carrying excess bodyweight that can contribute to negative health incomes; often measured as a BMI of 25.0 to 29.9
overweight and obesity	includes those classified as both overweight and obese; often measured as a BMI of 25.0 and above
pancreatic cancer	cancer of the pancreas, a small organ located behind the stomach
periodontitis	condition characterised by inflammation and infection of the tissues that support the teeth
pneumonia	infection of the lungs that often results in them filling with fluid
poisoning	a type of injury caused by swallowing, inhaling, touching or injecting various drugs, chemicals, venoms or gases
prematurity	a baby born before 37 weeks of gestation (pregnancy)
prenatal and infancy health concerns	condition occurring either prenatally of shortly after birth; examples include developmental disorders and congenital anomalies
psoriasis	autoimmune disease that causes thick scales to form on the skin
psychiatric disorders	a broad range of mental health disorders including anxiety, depression and bipolar disorder
reproductive and maternal conditions	issues affecting the reproductive system and pregnancy, including menstrual disorders and infertility
respiratory diseases	diseases of the airways and lungs; include asthma, COPD and pneumonia
respiratory infections	diseases of the airways and lungs; include asthma, COPD and pneumonia
rheumatoid arthritis	chronic autoimmune disease characterised by inflammation and pain in the joints
road traffic injuries — motor vehicle occupants	injuries sustained by an individual who was a passenger in a motor vehicle, including cars, buses and trucks
road trauma	any trauma sustained while using roads, including to pedestrians, cyclists and motorists

self harm	acts that deliberately aim to harm oneself, such as cutting or burning
short-sightedness	sight condition in which distant objects appear blurry
skin disorders	conditions that affect the skin, including acne, eczema and psoriasis
sleep apnoea	sleep disorder characterised by interruptions to breathing, causing breathing to temporarily stop
spina bifida	condition characterised by the malformation of the spinal cord
stomach cancer	categorised by uncontrolled and abnormal cell growth in the stomach; eventually, the cancerous cells can prevent healthy cells from carrying out their functions. Cancer cells can spread to other parts of the body, causing further damage.
substance use disorders	conditions associated with the misuse of substances such as alcohol, cannabis, cocaine and methamphetamine
sudden infant death syndrome (SIDS)	unexplained death of an apparently healthy infant; SIDS can only be diagnosed when other causes are ruled out
suicide and self-inflicted injuries	acts that intentionally aim to cause damage or death to oneself
syphilis	infectious disease caused by bacteria that is often spread during sexual contact
TB (tuberculosis)	airborne disease that can be prevented by vaccination and treated with antibiotics. The unvaccinated and untreated can experience flu-like symptoms and death; those with HIV and those living in poverty are particularly susceptible.
tetanus	infectious disease that produces toxins that affect the nervous system
throat cancer	categorised by uncontrolled and abnormal cell growth in the throat; eventually, the cancerous cells can prevent healthy cells from carrying out their functions. Cancer cells can spread to other parts of the body, causing further damage.
tuberculosis (TB)	airborne disease that can be prevented by vaccination and treated with antibiotics. The unvaccinated and untreated can experience flu-like symptoms and death; those with HIV and those living in poverty are particularly susceptible.
type 1 diabetes mellitus	metabolic disease that leads to high blood-glucose levels from defective insulin production, ineffective insulin action or both
type 2 diabetes mellitus	metabolic disease that leads to high blood-glucose levels from defective insulin production, ineffective insulin action or both. This type of diabetes is more likely to be influenced by lifetyle risk factors such as obesity.
unintentional injuries	injuries that are accidental in nature; examples include choking, accidental falls and drowning
upper respiratory tract infections	infections affecting the nose, throat and upper airways; the common cold is an example
waterborne diseases	diseases that are passed from water to the individual; examples include dysentery and cholera

GLOSSARY

abstract thought a complex thought process where ideas are the focus rather than tangible objects
abuse physical, psychological or sexual ill treatment of a person
advocacy promoting the interests or cause of an individual or a group of people
aerobic capacity the maximum amount of oxygen that an individual's body can utilise during exercise
agency control over decisions, actions and consequences
allied health services health professionals outside the medical, dental and nursing professions
alternative health services healthcare that can be used instead of or alongside traditional health services
amniotic fluid the fluid surrounding the embryo/foetus that protects the unborn baby
anaemia a condition characterised by a reduced ability of the body to deliver enough oxygen to the cells due to a lack of healthy red blood cells
antenatal care relates to the medical care given to pregnant women before their babies are born
antioxidant a compound in foods that neutralises free radicals
anxiety uneasy mental state
authoritarian parenting a style of parenting that employs strict rules, and punishment if rules are broken
authoritative parenting a style of parenting that uses positive reinforcement of good behaviours and flexibility in interpretation of rules
belonging the feeling whereby a person feels they have a place and a role in society
bilingual being able to speak two languages fluently
binge drinking consuming seven or more standard drinks for males or five or more standard drinks for females in one sitting
blastocyst thin-walled hollow structure consisting of a cluster of cells making up an outer cell mass that becomes the placenta, and an inner cell mass that becomes the embryo
blended family a family consisting of a couple, the children they have had together and their children from previous relationships
body confidence accepting, and being happy with, how we look and what our bodies can do
bulk billing when the doctor or specialist charges only the Schedule fee. The payment is claimed directly from Medicare so there are no out-of-pocket expenses for the patient.
burden of disease a measure of the impact of diseases and injuries; specifically it measures the gap between current health status and an ideal situation where everyone lives to an old age free of disease and disability. Burden of disease is measured in a unit called the DALY. (VCAA)
cartilage connective tissue that protects and cushions the joints, and provides structure and support to various body tissues
cell differentiation when cells take on specialised roles
cell membrane the outer layer of a cell that provides the structural support for the cell and allows nutrients, gases and waste into and out of the cell
cephalocaudal development development that occurs from the head downwards
cholesterol a type of fat required for optimal functioning of the body that, in excess, can lead to a range of health concerns including the blocking of the arteries (atherosclerosis). It can be 'bad' low-density lipoprotein (LDL) or 'good' high-density lipoprotein (HDL).
chromosomes strands of DNA that contain genetic information
chronic condition any disease or condition that lasts a long time (usually longer than six months). It usually can't be cured and therefore requires ongoing treatment and management. Examples include arthritis and asthma.
commercial factors conditions, actions and policies of corporate organisations that impact health and wellbeing, either positively or negatively; commercial factors include supply chains, product design, packaging and labelling, distribution and affordability, lobbying, marketing strategies and the use of media (VCAA)
communication the passing or sharing of information between people

community advocacy influencing behaviour, opinion and practices of the public to mobilise groups and institutions that are involved in effecting change
community champion a volunteer in a local community who promotes people's wellbeing
community values judgements about what is important to or good for a community
concrete thought a simple thought process that centres on objects and the physical environment
connectedness relates to the quality, number and frequency of interactions with others in a social setting
consideration the act of thinking carefully about a decision or choice
core activities relate to three main areas of life: self-care, mobility and communication
core activity limitation when an individual has difficulty, or requires assistance, with any of the three core activities
critical period a time during which a foetus is particularly susceptible to the effects of factors within its environment
cyberchondria a term used to describe people who search medical symptoms online and believe they have the worst-case scenario for their symptoms
dental caries decay of teeth caused by a breakdown in the tissues that make up the tooth
depression extreme feelings of hopelessness, sadness, isolation, worry, withdrawal and worthlessness that last for a prolonged period and interfere with normal activities
dermatitis refers to a range of conditions characterised by irritation and/or inflammation of the skin. It usually involves itchy, dry skin or a rash on swollen, reddened skin.
development the series of orderly, predictable changes that occur from fertilisation until death. Development can be physical, social, emotional or intellectual.
developmental milestone the average age at which a child achieves skills such as crawling or standing or saying its first word
digital advocacy use of technology to create, promote and mobilise support for a particular cause or campaign
digital media any form of media that uses electronic devices for distribution. It can encompass a wide array of content and distribution methods.
dimensions of health and wellbeing components that make up an individual's overall health and wellbeing. The dimensions are physical, social, emotional, mental and spiritual.
direct costs costs associated with preventing the disease or condition and providing health and wellbeing services to people experiencing it. Direct costs include all those associated with developing and implementing health promotion strategies as well as the diagnosis, management and treatment of the condition.
disability adjusted life years (DALY) a measure of burden of disease. One DALY is equal to one year of healthy life lost due to illness and/or death. DALY are calculated as the sum of the years of life lost due to premature death and the years lived with disability for people living with the health condition or its consequences. (AIHW, 2018)
discretionary foods foods and drinks not necessary to provide the nutrients the body needs, but that may add variety. However, many of these foods are high in kilojoules and are therefore described as energy dense.
discrimination when a person or group of people is treated differently from other people, often as a result of factors such as race, religion, sex, sexual orientation or gender identity
dynamic continually changing
early life experiences the physical, social and psychological environment provided to a child such as diet, relationships, parenting practices, SES and learning opportunities
ectopic pregnancy a pregnancy that occurs outside the uterus, often in one of the fallopian tubes
ejaculation the process whereby semen is ejected from a male's penis
embryo cell mass from approximately the second to the eighth week after fertilisation
emotional abuse the use of verbal abuse, threats, rejection, put downs and other behaviour in order to have control over another person
emotional development relates to experiencing the full range of emotions, and increasing complexity relating to the expression of emotions, the development of a self-concept and resilience
emotional health and wellbeing relates to the ability to express feelings in an appropriate way
emotional intelligence an individual's ability to recognise and respond to either their own or others' emotions
emotional needs the need to feel loved and wanted by caregivers

emotional support the feeling that others understand your needs and will try to help you
empathy the ability to understand and share the feelings of another
empowering providing the means to achieve something
endometriosis a condition that affects around 1 in 10 females. It occurs when cells that usually grow in the uterus grow around the ovaries or behind the uterus, and can lead to significant levels of pain.
endometrium the nutrient-rich lining of the uterine wall in which the ovum (blastocyst) embeds or that is expelled every month if pregnancy does not occur
environmental factors physical features that surround us, which can be natural or built by people
epigenetics the study of how behaviours and environment can cause changes that affect the way genes work
epigenome a set of instructions that decides which parts of your DNA are activated, or which genes are switched on or off
epiphyseal plate a cartilage section at each end of long bones that allows the bone to lengthen, resulting in growth
equality the state of being equal, whereby all people involved in a relationship are valued and able to contribute to and take from the relationship. They have the same expectations of the relationship.
equity the absence of unfair, avoidable or remediable differences
fertilisation the fusing of a sperm and an egg cell. Marks the beginning of pregnancy. Also known as conception.
fertility the natural capability to produce offspring
financial abuse when one person controls, restricts or monitors the finances of another
fine motor skills the coordination of small muscle groups such as those in the hands
foetal alcohol spectrum disorder describes a range of features seen in babies who have been exposed to alcohol while in the womb
food insecurity the 'limited or uncertain availability of nutritionally adequate and safe foods, or the limited ability to acquire foods in socially acceptable ways' (VicHealth, 2016)
food security the state in which all persons obtain nutritionally adequate, culturally appropriate, safe food regularly through local non-emergency sources (VicHealth)
fortified when a nutrient has been artificially added to food to increase its nutritional value
free radicals molecules formed when oxygen is metabolised. Free radicals can damage healthy body cells and increase the risk of diseases such as cardiovascular disease and cancer.
gamete sex cell, i.e. ovum or sperm
general practitioner a doctor who has a wide range of skills and knowledge and looks after most of the people in a community
generation gap the difference in attitudes and opinions experienced by people of different generations
genes the blueprint of the body that controls growth, development and how the body functions
genome an individual's complete set of DNA
glycaemic index (GI) a scale from 0 to 100 indicating the effect on blood glucose of foods containing carbohydrates
gross motor skills the coordination of large muscle groups such as those in the arms and legs
gut microbiome all the microbes in the intestines
haemoglobin a component of blood, largely consisting of iron and protein, that transports oxygen throughout the body
halal permissible by Muslim law, particularly in relation to how meat is slaughtered
handedness an individual's preferential use of one hand, the dominant hand
hard tissue tissue in the body that forms hard substances such as bones, teeth and cartilage
health action behaviour change where health-compromising behaviours are replaced by health-enhancing behaviours
health and wellbeing the state of a person's physical, social, emotional, mental and spiritual existence, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged
health equity when everyone can attain their full potential for health and wellbeing
health indicators standard statistics that are used to measure and compare health status (for example, life expectancy, mortality rates, morbidity rates)

health inequalities differences in health status or in the distribution of health risk and protective factors
health literacy relates to how people access, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. (VCAA)
health promotion the process of enabling people to increase control over and improve their health
health promotion program program aimed at engaging and empowering individuals and communities to choose healthy behaviours, and make changes that reduce the risk of developing chronic diseases
health services all services associated with the diagnosis and treatment of disease or the promotion of health and wellbeing
health status an individual's or population's overall level of health and wellbeing, taking into account various indicators such as life expectancy, mortality and morbidity
healthcare services prevention, early intervention, assessment, treatment, health maintenance and continuing care services designed to improve or maintain the health and wellbeing of individuals and communities
healthy balanced diet a diet that includes a variety of foods across and within the five core food groups
homelessness not having a stable or safe place to live
honesty the quality of being honest — choosing not to lie, deceive or cheat
hospital separations episodes of hospital care that start with admission and end at transfer, discharge or death
illicit use of drugs use of an illegal drug, which is prohibited from manufacture, sale or possession, or the misuse of a legally available drug
implantation when a cluster of cells that will become an embryo attaches itself to the endometrium
in-hospital expenses (Medicare) costs for treatment and accommodation in a public hospital
in-vitro fertilisation (IVF) a medical procedure whereby an ovum is fertilised by sperm in a laboratory
incidence refers to the number (or rate) of new cases of a disease/condition in a population during a given period (usually 12 months)
indirect costs costs not directly related to the diagnosis or treatment of the disease, but that occur as a result of the person having the disease
inequalities differences
infirmity the quality or state of being weak or ill; often associated with old age
intangible costs costs on which it is difficult to place a monetary value. They often involve emotions or feelings, for both the individual and the community.
intellectual development the increase in complexity of processes in the brain such as thought, knowledge and memory
intellectual needs knowledge, understanding, curiosity and search for meaning
intergenerational the health and wellbeing of one generation affects the health and wellbeing of the next
intimate relationship an interpersonal relationship that involves physical and/or emotional closeness
Kessler Psychological Distress Scale (K10) a scale of psychological distress based on the answers to ten questions about negative emotional and mental states in the four weeks prior to the interview. This system classifies psychological distress as low, moderate, high and very high.
kilojoule (kJ) a unit for measuring energy intake or expenditure
kosher describes food (or premises in which food is sold, cooked or eaten) satisfying the requirements of Jewish law
LGBTQIA+ acronym for commonly used definitions of people who are not heterosexual: lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual, other
life expectancy the number of years of life, on average, remaining to an individual at a particular age if death rates do not change. The most commonly used measure is life expectancy at birth. (AIHW, 2018)
lifespan the amount of time for which a person is alive
lobbying trying to influence or persuade an organisation or government to take action
low birthweight weighing less than 2500 grams at birth
loyalty the quality of being faithful to others. It also means that people stick by each other and provide support and consistency even through challenging times.
macronutrient nutrient that is required by the body in large amounts (for example, protein, carbohydrates, fats)
medical confidentiality means that anything discussed between a doctor and a patient must be kept private

Medicare levy 2 per cent tax for most Australian taxpayers to fund Medicare
Medicare levy surcharge an additional 1–1.5 per cent tax on high-income earners who do not have private health insurance
Medicare Safety Net ensures that people who require frequent services covered by Medicare, such as doctor's visits and tests, receive additional financial support
menarche the first occurrence of menstruation in females
menstruation the discharge of blood and other tissue from the uterus that marks the beginning of the menstrual cycle
mental health and wellbeing the current state of wellbeing relating to the mind or brain and the ability to think and process information
metabolism a collection of chemical reactions that takes place in the body's cells. Metabolism converts the fuel in the food we eat into energy.
micronutrient nutrient that is required by the body in small amounts (for example, minerals and vitamins)
morbidity ill health in an individual and levels of ill health within a population (often expressed through incidence, prevalence) (AIHW, 2018)
mortality the number of deaths in a population in a given period (AIHW, 2018)
motor skills the ability to control the muscles in the body
narcissistic in this context, refers to having an over-inflated sense of self-importance. However, narcissism can also be part of a diagnosed mental health condition.
neural tube defect failure of the neural tube (which develops into the central nervous system) to close during the development of the embryo, resulting in conditions such as spina bifida
non-verbal communication the use of gestures, body language, mannerisms and facial expressions to express yourself
object permanence an awareness that objects continue to exist even when they are out of sight
optimal health and wellbeing the highest level of health and wellbeing an individual can realistically attain at any particular time, taking genetics and the different environments in which people live into account
organogenesis the formation of organs
osteoporosis a condition characterised by a reduction in bone mass that makes bones more likely to break and fracture
out-of-hospital expenses (Medicare) costs for services such as doctors, specialists, tests and x-rays
out-of-pocket expenses costs that patients must pay themselves
parenting the process of promoting the physical, emotional, social and intellectual development and health and wellbeing of a child from birth to adulthood
pathogens bacteria, viruses and other microbes that can cause disease
patient co-payment the payment made by the consumer for health products or services in addition to the amount paid by the government
PBS Safety Net ensures that people who spend a large amount of money on Pharmaceutical Benefits Scheme (PBS) medications receive additional financial support
peak bone mass the maximum bone mass (i.e. density and strength) reached in early adulthood
peer influence the social influence a peer group exerts on its members, as each member attempts to conform to the expectations of the group
period *see* menstruation
periodontitis inflammation and/or infection of the gums that can cause them to pull away from the teeth and result in tooth loss
permissive parenting a style of parenting that is low in discipline and whereby parents see themselves more as friends than parents
personal agency the ability to control your own behaviours and reactions to circumstances beyond your control, even if your actions are limited by someone or something else
Personal Wellbeing Index measure of subjective wellbeing
physical abuse any physical act that hurts or scares an individual

physical development changes to the body and its systems. These can be changes in size (i.e. growth), complexity (for example, the increase in complexity of the nervous system) and motor skills (for example, learning to walk).

physical health and wellbeing relates to the state and functioning of the body and its systems; it includes the physical capacity to perform daily activities or tasks

physical needs the need for food, air, water, activity, rest and physical safety

placenta an organ that allows the transfer of nutrients, gases and wastes between mother and foetus

polycystic ovary syndrome a complex hormonal condition that affects around 1 in 10 females. It is characterised by irregular or no periods, excessive hair on the body or face, skin conditions, hair loss and/or stress, anxiety and depression.

prevalence the number or proportion of cases of a particular disease or condition present in a population at a given time

primary healthcare the healthcare that people seek first in their community. It includes diagnosis and treatment of health conditions and long-term care, as well as health promotion and prevention services.

primary sex characteristics body parts that are directly involved in reproduction and form what are commonly referred to as 'genitals' and organs of reproduction

privacy in medicine means that all information relating to a patient, including their personal details and any stored information, must not be shared

private health insurance an insurance policy that helps pay for services not covered by Medicare

protective factor something that enhances the likelihood of a positive health and wellbeing outcome and lessens the likelihood of negative health and wellbeing outcomes from exposure to risk

protective nutrient any nutrient that acts to protect a person from a certain condition

proximodistal development development that occurs from the core or centre of the body outwards towards the extremities

psychological distress relates to unpleasant feelings and emotions that affect an individual's level of functioning

puberty biological changes that occur during youth and prepare the individual for sexual reproduction

redress to remedy something that has been judged to be wrong and/or compensate for it

relationship a connection between two or more people or groups of people

resilience the ability to effectively deal with adverse or negative events that occur throughout life

respect the consideration of others' feelings, opinions, rights and needs

responsibility being answerable or accountable for something within one's control

right a moral or legal entitlement to have or do something

risk factor something that increases the likelihood of developing disease or injury

risk nutrient any nutrient that increases the chances of developing a certain condition

risky drinking consumption of more than two standard drinks per day (for lifetime risk of disease) and more than four standard drinks on a single occasion (for risk of injury)

role model a person whose behaviour can be emulated by others, especially by younger people

role of parents functions or expected behaviours when responsible for the safety and wellbeing of a child

safety the state of being free from danger, either physically or emotionally

Schedule fee the amount that Medicare contributes towards certain consultations and treatments. The government decides what each item is worth and that's what Medicare pays

secondary sex characteristics traits arising from changes in both males and females at puberty. They are neither directly related to reproduction nor present at birth.

self-advocacy speaking up for yourself about what is important to you or what you need

self-diagnosis the process of diagnosing or identifying medical conditions in oneself using books, online resources or past personal or family experiences

self-esteem reflects a person's overall subjective emotional evaluation of their own worth. It is a judgement of oneself as well as an attitude toward the self.

self-medicating a behaviour in which an individual uses a medication or substance to self-administer treatment for physical or psychological ailments. The most widely used substances for self-medication are over-the-counter medicines used to treat common health issues at home.

semen a substance containing sperm and fluids that is released from the penis during ejaculation
serve and return when a child seeks interactions through facial expressions, gestures, babbling and words, and an adult is responsive or 'returns' these 'serves' with similar gestures, sounds or emotions
sexual health a state of physical, mental and social wellbeing linked to sexuality
sexuality sexual feelings, thoughts, attractions and behaviours towards other people
social acceptance tolerating and welcoming the differences and diversity in others
social development the increasing complexity of behaviour patterns used in relationships with other people (VCAA)
social exclusion when an individual is unable to participate fully in social and economic life, such as not having a job, not receiving an adequate income, not getting a good education or not being connected to family, friends and the community
social gradient of health the higher a person's income, education or occupation level, the healthier they tend to be
social health and wellbeing relates to the state of a person's interactions with others and includes the quality of relationships with family, friends and others in the community and the ability to manage or adapt appropriately to different social situations. It also includes the level of support provided by family and within a community to ensure that every person has equal opportunity to function as a contributing member of society. (VCAA)
social justice fairness in society
social media the use of dedicated websites and applications to interact with other users, or to find people with similar interests
social needs the need for belonging, self-worth and the respect of others
social network the relationships an individual has with the people around them
social support informal or practical assistance from relatives, friends, neighbours or the community
socialisation the process by which an individual learns to live according to the expectations of a group or society
sociocultural factors the social and cultural conditions into which people are born, grow, live, work and age. These conditions include socioeconomic status, social networks, family and cultural background, food security, early life experiences, and access to affordable, culturally appropriate healthcare.
soft tissue organs and tissues in the body that connect, support or surround other structures. They include skin, muscles, tendons, ligaments, collagen and organs.
sperm a component of semen. Sperm are the male sex cells required for reproduction.
spermarche relating to the first ejaculation in males
spiritual health and wellbeing relates to ideas, beliefs, values and ethics that arise in the mind and conscience of human beings
step family a family formed after the remarriage of a divorced or widowed person that includes a child or children
STI sexually transmitted (or transmissible) infection
stress a response to pressure or a threat
stressor something perceived as a challenge that causes a state of strain, tension or stress
subjective nature of health and wellbeing the way in which people's view of health and wellbeing is influenced by or based on personal beliefs, feelings, experiences or opinions
subsidised partially paid for by the government
teratogen anything in the environment of the embryo that can cause defects in development. Examples include tobacco smoke, alcohol, prescription medication, radiation from x-rays and some diseases, such as rubella.
trend the general direction in which something is developing or changing over time
trust the feeling of having confidence in another person and feeling emotionally and physically safe around them
uninvolved parenting a parenting style whereby parents show little interest in their children's lives
validity the extent to which a concept is well founded and how likely it is that it accurately corresponds to the real world
values judgements about what is important in life

vaping the inhaling of a vapor created by an electronic cigarette (e-cigarette)
verbal communication the use of sounds and words to express yourself
wellbeing a complex combination of all dimensions of health, characterised by an equilibrium in which the individual feels happy, healthy, capable and engaged
years lived with disability (YLD) a measure of how many healthy years of life are lost due to living with disease, injury or disability
years of life lost (YLL) a measure of how many years of expected life are lost due to premature death
youth people aged 12 to 18 years; however, it should be acknowledged that classifications for the stage of youth can differ across agencies (VCAA)
zygote cell created when an ovum is fertilised by a sperm

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