

Nutrition

2025 examination

Answer **all** questions

Approved calculators may be used

Total time: 130 minutes

Total marks: 100

The SACE Board of South Australia acknowledges that this examination was created on Kurna Land. We acknowledge First Nations Elders, parents, families, and communities as the first educators of their children, and we recognise and value the cultures and strengths that First Nations students bring to the classroom. We respect the unique connection and relationship that First Nations peoples have to Country, and their ever-enduring cultural heritage.

Source 1

Information for part (a)

The Australian Guide to Healthy Eating (AGHE) and the Aboriginal and Torres Strait Islander Guide to Healthy Eating (ATSIGHE)



Source: adapted from The Australian Guide to Healthy Eating (left) and Aboriginal and Torres Strait Islander Guide to Healthy Eating (right), National Health and Medical Research Council, CC BY 4.0, viewed 5 June 2025, eatforhealth.gov.au

Source 2

Information for parts (b) and (c)

Subsidised food for remote communities

A study conducted in 2024 found that food prices in stores located in remote communities of Australia are significantly higher than those in major cities. According to the study, the average cost of a basket of essential groceries was \$44.70 in cities, whereas the average cost of the same basket of groceries was \$99.38 in remote communities.

In February 2025, the Australian Federal Government announced subsidies for 30 essential products in more than 76 remote stores. This was done to ensure the costs of these products are equivalent to the costs in major cities.

The foods were selected in line with the Aboriginal and Torres Strait Islander Guide to Healthy Eating (ATSIGHE) and include:

- Long-life milk
- Tinned tuna
- Lean beef mince
- Canned fruit in natural juice

Source: adapted from Evans J 2025, 'Anthony Albanese promises to lock grocery prices in remote stores to city prices', ABC News, viewed 5 June 2025, abc.net.au

Source 3

Can A

Nutrition information		
Servings per can: approx. 6		
Serving size: 135 g		
	Quantity per serving 135 g	Quantity per 100 g
Energy (kJ)	336 kJ	249 kJ
Protein (g)	<1.0	<1.0
Fat, total (g)	<1.0	<1.0
– Saturated (g)	<1.0	<1.0
Carbohydrate (g)	16.9	12.5
– Sugars (g)	16.9	12.5
Dietary fibre (g)	1.4	1.0

Can B

Nutrition information		
Servings per can: approx. 3		
Serving size: 135 g		
	Quantity per serving 135 g	Quantity per 100 g
Energy (kJ)	271 kJ	201 kJ
Protein (g)	0.7	0.5
Fat, total (g)	0.4	0.3
– Saturated (g)	<0.1	<0.1
Carbohydrate (g)	14.3	10.6
– Sugars (g)	12.4	9.2
Dietary fibre (g)	0.1	0.1

Question 1 (a) to (f)

Refer to Source 1 when answering part (a).

- (a) (i) Outline **one** difference in the foods represented in the plates of the AGHE and the ATSIGHE that makes it more suitable for Aboriginal and Torres Strait Islander people living in remote areas.

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(1 mark)

- (ii) Justify why the type of food that you stated in part (a)(i) may be a more suitable choice for an individual living in a remote community.

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(2 marks)

- (iii) Identify the food group with the largest portion size in both the AGHE and the ATSIGHE, **and** explain the importance of this food group.

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(2 marks)

Refer to Source 2 when answering parts (b) and (c).

- (b) Outline **one** probable reason, other than transportation distance, why food prices in remote communities are higher than those in major cities.

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(1 mark)

The 30 items selected for government subsidies were chosen to meet the needs of individuals who live in a remote community.

Select **one** subsidised food from the drop-down list:

- (c) (i) Describe the process of **one** preservation technique, other than freezing and refrigeration, that has been applied to the selected product.

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(2 marks)

- (ii) Explain how the product chosen in part (c)(i) would have a longer shelf life compared to unprocessed alternatives.

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(2 marks)

- (d) Using a specific food example, explain the effect of high temperature on the micronutrient content of this food.

[illegible]

(2 marks)

Refer to Source 3 when answering part (e).

- (e) Using data from Source 3, justify the decision to subsidise the canned fruit in natural juice (Can B) rather than the canned fruit in syrup (Can A).

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(3 marks)

- (f) Explain **one** way that food distribution methods in Australia contribute to global warming.





















(3 marks)

End of Question 1

Source 4

Information for Question 2

The effect of salt substitutes on health

In early 2025, the World Health Organisation (WHO) released a new guideline, recommending that people replace the regular salt (100% sodium chloride) they use at home with potassium salt substitutes, containing less sodium. The new guideline was based on a series of studies, including the one presented below.

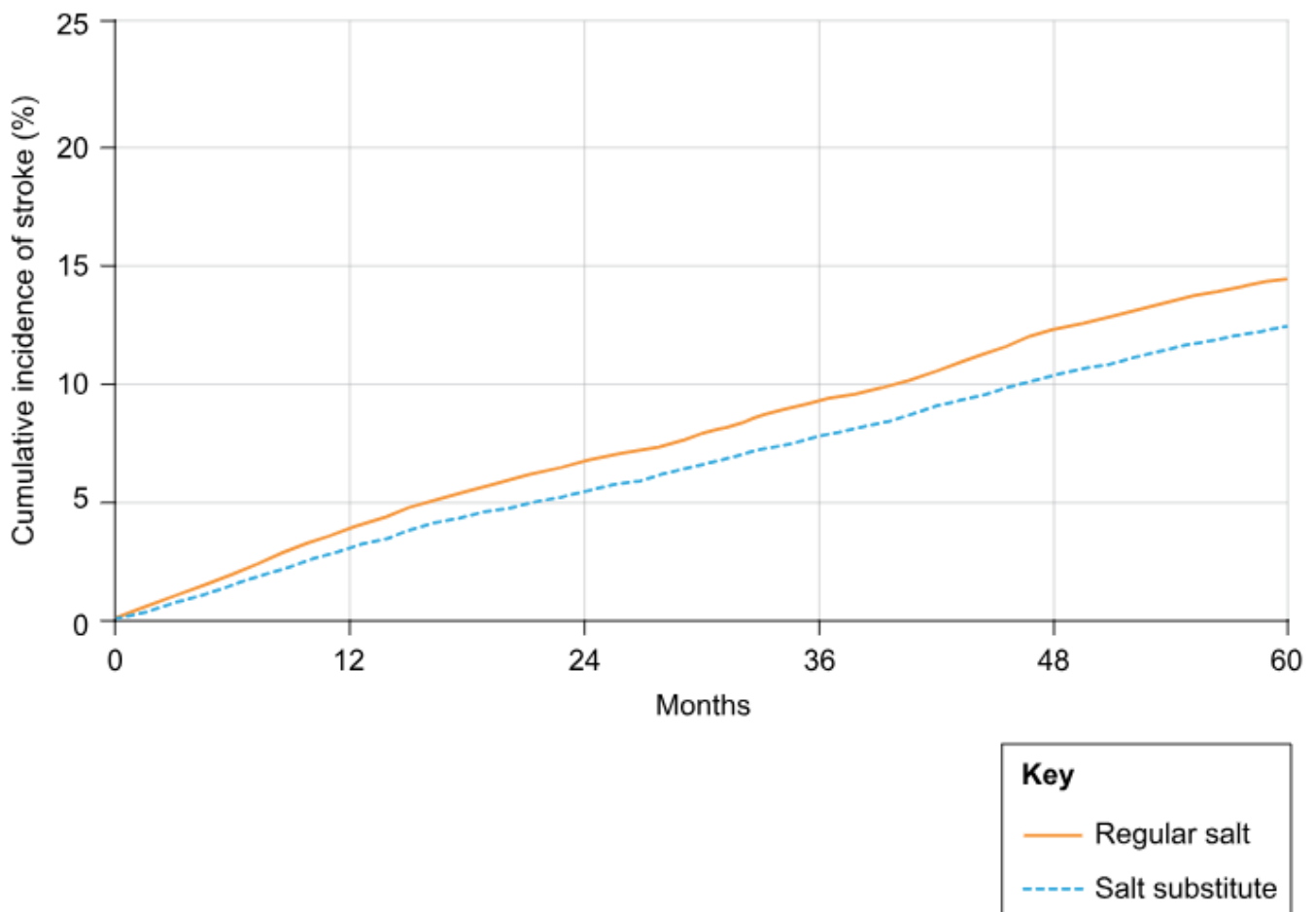
An open trial was conducted on 20,995 persons from 600 villages. An open trial is when the participants of a trial are aware of the group they have been assigned to. The first group of 300 villages was instructed to continue using regular salt for their home cooking. The other group of 300 villages was instructed to use a salt substitute containing 75% sodium chloride and 25% potassium chloride for all household cooking. The percentage cumulative incidence of stroke for all the participants was tracked over a period of almost 60 months. Source 5 shows the results of this study.

Source: adapted from 'Launch of the WHO guideline on the use of lower-sodium salt substitutes', viewed 25 May 2025, who.int; Zhang X, Yin X, Yap L M, Li Q, Huang L, Liu Y, Zhou B, Li Z, Zhao Y, Sun J, Yu Y, Yan L L, Wu Y, Neal B, Tian M, 2025, 'Effect of salt substitution on cardiovascular events and death', Figure 3, *The New England Journal of Medicine*, viewed 5 June 2025, nejm.org

Source 5

The percentage cumulative incidence of strokes over 60 months for individuals consuming a regular salt diet compared to a salt substitute diet

Figure 1



Source: adapted from Zhang X, Yin X, Yap L M, Li Q, Huang L, Liu Y, Zhou B, Li Z, Zhao Y, Sun J, Yu Y, Yan L L, Wu Y, Neal B, Tian M, 2021, 'Effect of salt substitution on cardiovascular events and death', Figure 3, *The New England Journal of Medicine*, viewed 5 June 2025, nejm.org

Question 2 (a) to (e)

Refer to Sources 4 and 5 when answering parts (a) to (d).

(a) State **one** function of potassium in the body.

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(1 mark)

(b) (i) Use data from Source 5 to suggest why the WHO was influenced to release a new salt substitutes guideline.

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(3 marks)

(ii) Explain the physiological effect of switching from regular salt to the salt substitute that resulted in the trend identified in part (b)(i).

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(3 marks)

(c) Explain **one** reason why the use of an open trial model may reduce the confidence in this data.

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(2 marks)

(d) Other than reduced confidence in the data, outline **one** limitation of any conclusion made from the investigation described in Source 4.

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(1 mark)

In Australia, most salt intake comes from added salt in convenience foods, including frozen meals.

'Balanced Bites' is a food delivery service that delivers healthy, frozen meals to Australian homes. Balanced Bites have recently added a potassium salt substitute range of frozen meals to their menu.

- (e) Outline **one** possible investigation design that could be used to determine how salt substitution in frozen meals affects the **blood pressure** of Balanced Bites customers. The outline should include:
- **one** appropriate hypothesis.
 - **one** factor that can be controlled.
 - **one** factor that may not be able to be controlled.
 - an explanation of how the data will be collected.



(6 marks)

End of Question 2

Source 6

	Name of the product of gluten digestion	Structure of the product of gluten digestion
J.	Fatty acid	$\text{H}_2\text{N}-\overset{\overset{\text{O}}{\parallel}}{\text{C}}-\text{CH}_2-\text{CH}_2-\underset{\underset{\text{H}}{\mid}}{\overset{\overset{\text{NH}_2}{\mid}}{\text{C}}}-\text{COOH}$
K.	Glucose	
L.	Amino acid	$\text{H}_2\text{N}-\overset{\overset{\text{O}}{\parallel}}{\text{C}}-\text{CH}_2-\text{CH}_2-\underset{\underset{\text{H}}{\mid}}{\overset{\overset{\text{NH}_2}{\mid}}{\text{C}}}-\text{COOH}$
M.	Amino acid	

Source 7

Information for parts (b) and (e)

Iron quantities for the general diet consumed by two 15-year-old girls and the amount of iron absorbed into the blood from these meals (breakfast, lunch, and dinner)

Meal	Stacey		Tina	
	Iron consumed (mg)	Iron absorbed (mg)	Iron consumed (mg)	Iron absorbed (mg)
Breakfast	3.0	0.19	3.2	0.65
Lunch	6.7	0.67	4.3	0.89
Dinner	4.3	0.34	6.6	1.10
Total iron	14.0	1.20	14.1	2.64

Source 8

Information for parts (c), (d), and (e)

Some Iron Nutrient Reference Values by life stage and sex

	Children and Adolescents	Estimated Average Requirement (EAR)	Recommended Dietary Intake (RDI)
Male, Female	1–3 years	4 mg/day	9 mg/day
	4–8 years	4 mg/day	10 mg/day
Male	9–13 years	6 mg/day	8 mg/day
	14–18 years	8 mg/day	11 mg/day
Female	9–13 years	6 mg/day	8 mg/day
	14–18 years	8 mg/day	15 mg/day

Source: adapted from Nutrient reference values for Australia and New Zealand including recommended dietary intakes, National Health and Medical Research Council, viewed 14 April 2025, nhmrc.gov.au

Question 3 (a) to (e)

Iron deficiency is particularly prevalent in those with undiagnosed coeliac disease.

- (a) (i) Explain the relationship between coeliac disease and increased iron-deficiency risk.

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(3 marks)

Refer to Source 6 when answering part (ii).

Gluten is a protein found in wheat and products derived from wheat.

- (ii) Select the option below that correctly identifies the name and structure of the product of gluten digestion.

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- ☐ K.
- ☐ L.
- ☐ M.

(1 mark)

Refer to Source 7 when answering part (b).

Iron deficiency is common in humans despite the fact that iron is relatively abundant in many foods, and humans have relatively low daily iron requirements. For example, the typical adult only requires approximately 1–2 mg of iron to be absorbed into their body daily.

- (b) Stacey and Tina follow different diets.

- (i) Use data from Source 7 to show that Tina absorbs a higher percentage of her total daily iron intake than Stacey.

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(2 marks)

- (ii) Explain **one** likely diet-based reason that could account for the difference in iron absorption.

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(3 marks)

Refer to Source 8 when answering parts (c) and (d).

- (c) Explain why it is more appropriate for Tina and Stacey to use the RDI rather than the EAR to guide their intake of iron.

(2 marks)

- (d) By referring to Source 8, explain **one** reason why there is an increase in the iron RDI for an 18-year-old girl.

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(2 marks)

Refer to Source 7 and Source 8 when answering part (e).

- (e) Use Stacey's consumption of iron data from Source 7 and Source 8 to evaluate the risk of Stacey developing iron-deficiency anaemia.

(3 marks)

End of Question 3

Source 9

Information for part (a)

An investigation was conducted to measure the volume of carbon dioxide and methane released from different foods decomposing for 21 days. The percentage of carbohydrate and protein by mass was determined for one sample of each type of food (meat, leafy vegetables, cooked rice, and cooked beans). Then, 200 g of each type of food was mixed with 30 mL of a solution containing micro-organisms able to speed up the decomposition of the food waste. The mixture of food and micro-organisms was sealed in oxygen-free containers. After 21 days, the total volume of gas produced was measured. At least 40% of the gas released by each type of food was methane.

Source: adapted from Al-Wahaibi A, 'Assessing the viability of biogas production from food waste', viewed 27 May 2025, shell.com

Source 10

Information for part (b)



A home biogas unit allows consumers to convert their kitchen scraps and animal/human waste into biogas in their own backyard. Micro-organisms in the biogas unit decompose the waste and produce biogas, which primarily consists of methane – a flammable gas. This allows consumers to use their homemade biogas as an energy source to cook food on a gas stove. Additionally, the biogas unit produces a liquid fertiliser from the waste.

Source: adapted from 'How to create biogas from food waste', *HomeBiogas*, viewed 19 May 2025, homebiogas.com

Refer to Source 9 when answering part (a).

(a) (i) Identify the dependent variable of this investigation.

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(1 mark)

(ii) Evaluate the reliability of the data gained in this investigation.

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(2 marks)

(iii) Outline **one** potential source of systematic error, other than a calibration error.

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(1 mark)

Refer to Source 10 when answering part (b).

(b) (i) Other than reducing global warming, explain how biogas units could have a positive impact on biodiversity if a higher proportion of the population were to use them.

(3 marks)

(ii) Identify **and** explain which type of food packaging is suitable for disposal in a home biogas unit.

ABC  **B** *I* U x^2 x_2          

(2 marks)

End of Question 4

Source 11

Information for part (a)

Medically simulated image of a normal throat region (left), medically simulated image of enlargement of the throat region in farmer Claudette (middle), and a photo of the enlarged throat region in farmer Claudette (right).



Source: adapted from © Lars Neumann | istockphoto.com; © sasirin pamai | istockphoto.com

Source 12

Information for part (a)

Farmer Claudette's typical daily meal plan

Note: The capsicums Claudette consumes are sourced from her capsicum farm.

Breakfast	2 egg whites, scrambled with red capsicum and a cup of almond milk coffee.
Lunch	200 g chicken breast stuffed with red capsicum with a side of instant noodles.
Dinner	150 g beef steak with red capsicums and mushrooms on a serving of white rice, sprinkled with table salt (100% sodium chloride) and pepper.
Snacks	100 g oatmeal with almond milk and three pieces of dark chocolate.

Source 13

Information for parts (a) and (b)

Soil analysis results for farmer Claudette's farm in the years 2000 and 2025

Year	Topsoil depth (cm)	Iodine quantity (mg/kg)	Nitrogen quantity (mg/kg)	pH
2000	40	7.5	75	7.0
2025	12	3.1	52	4.5

Question 5 (a) to (d)

Read Sources 11, 12, and 13 before answering Question 5.

Farmer Claudette has been running her 30-hectare outdoor capsicum farm since 2000. She uses a monoculture farming method to cultivate the capsicums. Lately, she has noticed some swelling around her throat region, had some difficulty swallowing, and has often felt cold.

Claudette has been diagnosed with iodine deficiency.

- (a) Identify **and** explain **two** pieces of evidence from the sources and the information above to support this diagnosis.

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(6 marks)

- (b) Use evidence from Source 13 to suggest how Claudette's farm could be contributing to eutrophication in local water bodies.

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(3 marks)

Tomato brown rugose fruit virus (ToBRFV) is a highly contagious plant virus that affects the growth of tomatoes and capsicums, impacting crop yield. This virus has recently been detected in Australia and is a considerable threat to Australia's vegetable industry and the livelihood of farmers like Claudette.

- (c) Describe **one** digital farming technique that could be used to monitor ToBRFV in capsicum crop fields.

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(2 marks)

Scientists have developed genetically modified (GM) tomato crops that are resistant to ToBRFV. However, developing varieties of capsicum that are resistant to this virus has been unsuccessful so far.

- (d) Discuss **one** other way that capsicum crops could be genetically modified to help meet the nutritional needs of society.



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(3 marks)

End of Question 5

Source 14

Information for parts (a) and (b)

Cystic fibrosis (CF) is a genetic disorder in which the ducts in the pancreas get blocked. As a result, pancreatic enzymes cannot reach the small intestine. Individuals with CF orally consume pancreatic enzymes in capsules coated in an acid-resistant layer.

Source 15

Information for part (b)

CF patients cannot regulate the sodium in their body, making them excrete high levels of sodium in their sweat. Researchers have developed a wearable sweat sensor to help diagnose CF based on increased sodium excretion in the sweat. The sweat sensor is placed on the patient's wrist (see Figure 2) and it sends real-time data to a smartphone app.

Figure 2: Wearable wrist sweat sensor



Source: adapted from 'Sweat test for cystic fibrosis: Wearable sweat sensor vs. standard laboratory test', *Science Direct*, viewed 17 May 2025, [sciencedirect.com](https://www.sciencedirect.com); image adapted from 'Geddes L & Nature magazine, Wearable sweat sensor paves the way for real-time analysis of body chemistry', *Scientific American*, viewed 17 May 2025, [scientificamerican.com](https://www.scientificamerican.com)

Question 6 (a) and (b)(ii)(2)

Refer to Source 14 when answering part (a).

- (a) (i) Identify **one** enzyme that would be delivered in the pancreatic enzyme capsules to cystic fibrosis patients.

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(1 mark)

- (ii) Discuss **one** long-term health consequence of inadequate intake of the enzyme that you identified in part (a)(i).

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- (iii) Explain why the capsules containing the pancreatic enzymes are coated in an acid-resistant substance.

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(3 marks)

Refer to Source 15 when answering part (b).

- (b) (i) State **one** physical symptom of excessive excretion of sodium in the sweat.

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Use your knowledge of the science as a human endeavour concept of Application and Limitation to answer parts (b)(ii) (1) and (2).

- (ii) (1) Discuss **one** limitation of using a wearable wrist sweat sensor to measure sodium excretion.

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(2 marks)

- (2) Discuss **one** other application of this wearable wrist sweat sensor.

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(2 marks)

End of Question 6

Source 16

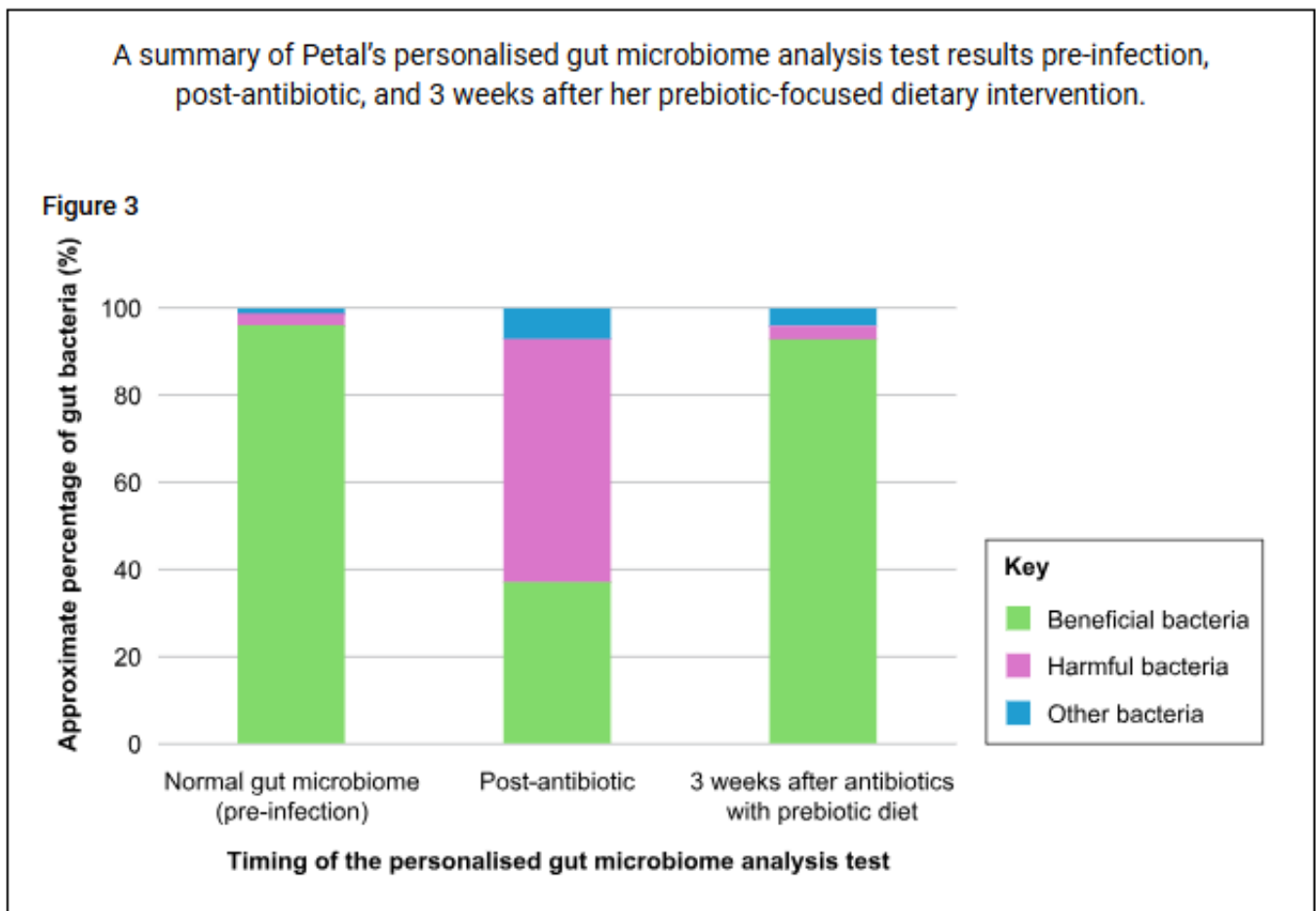
Extract of dietitian's case notes

A married couple, Petal and Gavan, both 45 years, recently contracted a bacterial *Escherichia coli* (E coli) infection in their gastrointestinal tracts when on a holiday. Both patients were treated with two courses of the same antibiotics, taken orally.

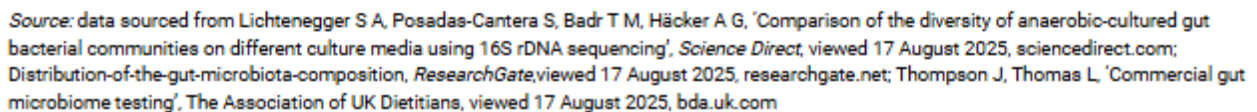
The couple have a natural curiosity into the health of their gut microbiome and had completed a personalised gut microbiome analysis test prior to the infection and immediately after the course of antibiotics had been completed. Following identical antibiotic treatments, both patients implemented separate dietary interventions. Gavan consumed extra **probiotics**, whereas Petal consumed extra **prebiotics** for 3 weeks. The couple then completed another personalised gut microbiome analysis test. A summary of Petal's results for all three gut microbiome analysis tests are displayed in Source 17 and Gavan's are displayed in Source 18.

Note: A gut microbiome analysis test is a diagnostic tool that analyses the abundance of microbial species and their products.

Source 17



Source: data sourced from Lichtenegger S A, Posadas-Cantera S, Badr T M, Häcker A G, 'Comparison of the diversity of anaerobic-cultured gut bacterial communities on different culture media using 16S rDNA sequencing', *Science Direct*, viewed 17 August 2025, [sciencedirect.com](https://www.sciencedirect.com); Distribution-of-the-gut-microbiota-composition, *ResearchGate*, viewed 17 August 2025, [researchgate.net](https://www.researchgate.net); Thompson J, Thomas L, 'Commercial gut microbiome testing', The Association of UK Dietitians, viewed 17 August 2025, [bda.uk.com](https://www.bda.uk.com)



Read Sources 16 to 18 before answering parts (a) and (b).

- state **and** explain the impact of oral antibiotics on the gut microbiome.
- analyse the health outcomes related to the antibiotic treatment's impact on the synthesis of a product by the gut microbiome.
- identify which dietary approach following the antibiotic treatment was more successful **and** explain likely reasons why.

ABC

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0 Words

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New research has shown that transferring the gut microbiome from old mice to young mice can accelerate ageing. Additionally, the transfer of gut microbiome from young mice to old mice can reverse the ageing effects in the old mice.

Use your understanding of the interaction between science and society when answering part (b).

(b) Discuss how society has influenced this new research into the gut microbiome and ageing.

(2 marks)

End of Question 7