

UNIVERSITY OF CAMBRIDGE INTERNATIONAL EXAMINATIONS  
International General Certificate of Secondary Education

**DEVELOPMENT STUDIES**

**0453/02**

Paper 2

For Examination from 2008

**SPECIMEN MARK SCHEME**

**Maximum mark: 80**

This document consists of **7** printed pages and **1** blank page.



- 1 (a) (i) The average number of years a person is expected to live  
1 mark [1]
- (ii) 46  
1 mark [1]
- (iii) Ideas such as:  
- life expectancy is greater in Japan;  
- females are expected to live longer in Japan but males in Namibia;  
- amplification by use of figures to MAX 1 eg males expected to live 34 more years in Japan  
2 x 1 mark [2]
- (b) (i) Greece  
1 mark [1]
- (ii) Ideas such as:  
- generally the greater the GNP per capita the longer the life Expectancy/positive relationship;  
- eg Japan with a GNP per capita of over 30000 has a life expectancy over 80 yet Nigeria with a GNP per capita of only 1000 has a life expectancy less than 50 (eg to illustrate positive relationship to MAX 1);  
- however the relationship is not perfect.  
- eg Yemen`s life expectancy is higher than Gambia but its GNP per capita is lower, Namibia`s life expectancy is lower than Gambia but its GNP per capita is higher  
3 x 1 mark [3]
- (iii) Ideas such as:  
- greater GNP enables more investment in health care;  
- more food to go round where GNP is higher;  
- more investment in sanitation/water supply where GNP is higher;  
- more education about hygiene/diet/health care where GNP is higher;  
- GNP per capita may be relatively high yet wealth may be evenly distributed hence relatively low life expectancy/impact of AIDS/HIV in some countries (eg to explain anomaly to MAX 1)  
4 x 1 mark [4]

(c) (i) 20%

1 mark

[1]

(ii) Ideas such as they cannot afford:

- enough food;
- piped water/to buy fresh water;
- health care/hospital bills;
- hygienic homes/they will have to live on streets, etc

2 x 1 mark

[2]

(iii) Any example of a disease which causes the death of children eg malaria, cholera, typhoid etc (for 1st mark)

Explanation of how it might be prevented eg immunisation, water purification (for 2<sup>nd</sup> mark)

2 x 1 mark

[2]

(iv) Ideas such as:

- lack of medical care;
- many cannot afford to have babies in hospital;
- many are malnourished;
- many lack knowledge about diet etc;
- impact of unhygienic conditions;

2 x 1 mark

[2]

(v) Ideas such as:

- as future mothers they will be aware of the importance of hygiene;
- and a balanced diet;
- girls will be able to pass on knowledge about healthy diet/hygiene etc
- to their parents;
- they will be educated in safe sex/more likely to use condoms;
- thus reducing risk of AIDS/HIV;
- they are likely to have smaller families;
- meaning population pressures will be reduced/more resources to go round etc;
- some may be able to be trained as doctors/nurses etc

3 x 1 mark

[3]

**[Total 22 marks]**

2 (a) (i) USA - Brazil - Mongolia – Tanzania - Angola - Ethiopia in correct order. [1]  
1 mark

(ii) Ideas such as: [3]  
 - In tropical areas/close to Equator/tropics;  
 - Many are in Africa;  
 - Some in South/South-East Asia;  
 - One mark MAX for examples (eg Ethiopia/Nigeria/Somalia etc)  
 3 x 1 mark

(iii) Answer does not need to be comparative, as comments about areas with a small/large percentage of safe water imply a direct comparison. Expect reference to ideas such as: [4]  
 - Amount of precipitation;  
 - Evaporation levels/temperatures;  
 - Level of economic development/development of supply infrastructure;  
 - Development of sanitation/sewage disposal/treatment  
 - Population density;  
 - Presence/absence of water bearing rocks/aquifer etc  
 4 x 1 mark

**(iv) Levels marking**

**Level 1 (1 or 2 marks)**

A simple attempt to explain how lack of clean drinking water can affect people's health, with basic points made.

(eg the body needs water/cannot function without water, if water supply is not hygienic it could cause ill health, can cause body to become weak etc)

**Level 2 (3 or 4 marks)**

A sound attempt to explain how lack of clean drinking water can affect people's health, with points being developed or exemplified.

(eg the body needs water/cannot function without water otherwise dehydration occurs; if water supply is not hygienic it could cause water-borne diseases or examples eg cholera, typhoid; lack of water can cause the body to become weak therefore unable to work etc)

**Level 3 (5 or 6 marks)**

A comprehensive attempt to explain how lack of clean drinking water can affect people's health, with points being developed and exemplified.

(eg the body needs water/cannot function without water otherwise dehydration occurs; if water supply is not hygienic it could cause water borne diseases such as cholera, typhoid etc, lack of water can cause the body to become weak therefore unable to work in order to produce food/earn money/walk long distances for fuel etc)

[6]

- (b) (i) Any two of:  
 - House connections;  
 - Yard taps;  
 - Groundwater  
 2 x 1 mark [2]
- (ii) Piped water is likely to be cleaner/less polluted (1st mark); as it is less likely to be contaminated by waste/sewage (2<sup>nd</sup> mark)  
 2 x 1 mark [2]
- (iii) Delhi or Dhaka (1 mark)  
 Reasons such as:  
 - House connections/piped water is non-existent/limited  
 - Surface supplies/rivers/streams are used, etc  
 3 x 1 mark [3]

**(c) Levels marking**

**Level 1 (1-3 marks)**

A simple attempt to justify choice of scheme, with basic points made.

**Level 2 (4 or 5 marks)**

Choice of scheme backed up by developed reasoning.

**Level 3 (6 or 7 marks)**

Choice of scheme backed up by developed reasoning, including references to reasons for rejection of other two schemes.

[7]

**[Total 28 marks]**

- 3 (a) (i) To find out about health care/find out about what health care improvements were needed/find out views of people about health care (1)  
Reference to investigation into effects of providing free health care which shows understanding (NB not copy of source) (2) [2]
- (ii) Questionnaire [1]
- (iii) Choose sample with same balance as population/choose people from all parts of country/rich and poor etc (1)  
Shows understanding of stratified sample with reference to balance/proportions and exemplified (eg same gender balance, same rural/urban balance etc) (2) [2]
- (iv) A trialling of the questionnaire or survey/dummy run, etc [1]
- (b) (i) KwaZulu/Natal [1]
- (ii) Northern Cape/Western Cape [1]
- (iii) Any four differences such as:  
 - Gauteng has many more Black (African) than white but in Western Cape the numbers are evenly balanced.  
 - Gauteng has more Indian people than Western Cape  
 - Gauteng has more white people than Western Cape  
 - Western Cape has more coloureds than Gauteng  
 - Majority population is Black (Africans) in Gauteng but it is coloureds in Western Cape etc [4]
- (iv) **Levels marking**
- Level 1 (1 or 2 marks)**  
An attempt to show how an appropriate graph can be used or a map with the numbers written in the countries marked.
- Level 2 (3 or 4 marks)**  
Information plotted graphically (bar, pie or divided rectangle) with axes drawn accurately and labelled appropriately.  
OR map using shading which is not choropleth shading.
- Level 3 (5 or 6 marks)**  
Information plotted showing spatial dimension eg using a map to show the black African population by either correct choropleth shading or located proportionate symbols. [6]
- (c) (i) Fig. 9 = Bar graph/histogram  
Fig. 10 = Pie chart  
Fig. 11 = Divided rectangle/compound bar/segmented bar graph  
3 x 1 mark [3]
- (ii) Black Africans have further to travel for health care than white people/Black Africans have less access to cars,  
Black Africans have longer to wait to see a doctor than white people,  
Black Africans have a lower quality of health care than white people.  
3 x 1 mark [3]

- (d) (i) Both ideas need some specific amplification eg  
Interviewing local people:
- ask local people questions about their health care,
  - call a meeting so people can talk about their health
  - get them to tell me about their health etc

Gathering secondary data

- get figures from Ministry
- ask for records at surgery of numbers treated
- refer to books/magazines/internet etc

NB Reserve 1 mark each for reference to each of interviewing and secondary data. [2]

(ii) Ideas such as:

- health workers may not have time to answer questions... they may be very pressured for time with their jobs.
- People may refuse to answer.....they may be suspicious of intrusive surveying/may not want to discuss sensitive issues of health care.
- Statistics may not be available... is they are confidential.
- Some people will not understand the questions as they do not speak English
- Some people will not tell the truth... as they are embarrassed to reveal personal details
- It will take a long time to reach people to interview them ...as many live in remote rural areas etc

Maximum of 3 marks for simple description with further marks for development/explanation as illustrated above. [4]

**[Total 30 marks]**

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