

# T7

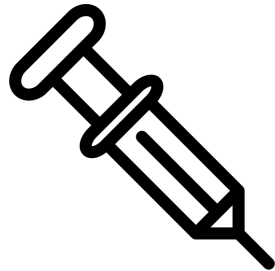
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# Social development



Geography Knowledge Organiser

## 7.1.1 - Measuring development

### Measures of social development

- Life expectancy** - The average age a person is expected to live
- Literacy rates** - % of people in a population that can read or write
- Infant mortality rate** - Number of babies per 100 live births who die under the age of 1
- Average number of people per doctor**
- Average food (calorie) consumption**
- Number of homeless people**
- Deaths from unsafe water and sanitation**

### Measures of gender development

Gender equality is ways in which a country can be measured through social development. So a comparison between genders is useful, such as:

- Fertility rate** - The average number of births to a woman in her lifetime
- Male/female literacy rates**
- Male/Female life expectancy**
- Male/female food consumption**
- Male/female employment rate**
- Gender development index (GDI)** - measures gender inequalities in three key aspects: *reproductive health, empowerment and economic status*

### Human development index (HDI)

A measure of the development in a country taking into account wealth, education and average life expectancy. The human development index (HDI) is calculated from four development indicators and measures a country's progress across a range of factors:

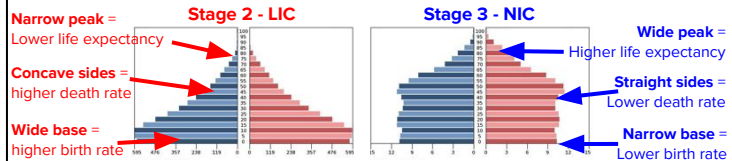
- Average length of schooling in years**
- Literacy rates**
- Gross national income (GNI)** - The average income in a country per person

## 7.2.1 - Development issues in Africa and Asia

### Changing birth rates and death rates

Higher birth rates	Lower birth rates	Higher death rates	Lower death rates
Children provide labour on farms (E) Large families are seen as a sign of virility (S) Women may lack education and stay at home to raise a family rather than work (S) A high infant mortality rate encourages larger families to ensure survival of some children (S)	People tend to marry later and therefore have reduced child-bearing years (S) Women are educated and often follow careers which delay starting families (P) The high cost of living means it is expensive to raise children (E) Couples prefer to spend money on holidays & cars (E)	HIV, Ebola and other diseases are having an impact on death rates in LICs (S) In HICs, the increasingly higher proportion of elderly people in ageing societies is leading to an increase in death rates (S)	Better healthcare and vaccination programmes are more available to people (P) Less physically demanding jobs put less stress on people physically (S) People are educated about health and hygiene (P) Water supplies are more reliable and cleaner (P)

### Population structure



## 7.2.1 - Development issues in Africa and Asia

### Child labour

It is estimated that there is currently 168 million child workers and 73 million of these are children under the age of ten. Sub-Saharan Africa has the highest number of child workers mainly working on farms farming products such as cocoa and cotton.

- Poverty** - parents need money or their parents have died
- No (free) education** - have to pay or no formal education
- AIDS** - Disease means a lot of middle-aged people are too ill or have died - so children are the only option



### Primary education challenges

In 2010 there were 4.98 million children in child labour, whereas by 2011 there were 4.35 million child labourers. The lack of education is a key cause of child labour. Out of the 62% of India's children that do not attend school, 62% of those are girls. The reasons for this include:

- Poor quality of school buildings**, facilities and teaching.
- Attitude to women in society**: many families still have an oppressive attitude towards women
- Many girls are expected to marry young** through arranged marriages.
- The **fear that sexual harassment of girls** may bring dishonour to the girl's family.

### Responses to child labour

**The International Labour Organisation (ILO)** - It collects data from different countries and uses this data to set targets which can be used to monitor progress. The ILO then makes recommendation to individual governments as to how this can be achieved in their country which frequently include:

- Improving access to education** for all children so that they can succeed in life
- Creating more trade unions** to prevent and protect against child labour
- Improving social security systems** so that the poorest in society are supported rather than them relying on their children (sick pay & unemployment benefits)

### International refugee movements

Forced migrants are those we call refugees and asylum seekers. They have been pushed out of their homes but there aren't pull factors attracting them to somewhere

- Refugee** - Someone who has fled their home due to serious risk to life or liberty
- Asylum seeker** - Someone who has applied to another country for protection/support as a refugee

### Causes of forced migration

- Lack of food/water** - often causes by droughts or blights (plant diseases)
- Natural disasters** -flooding, earthquakes, tsunamis etc.
- War & conflict** - either between countries or civil war (inside one country)
- Persecution** - risk to life or liberty due to politics, sexual orientation, religion, ethnicity

### Responses to forced migration

**National governments in Europe**

- Germany and Sweden see the refugees as victims and have welcomed them to their countries and help them to integrate into their societies
- Austria is trying to limit the number of refugees to 80 a day
- The UK has agreed to accept 20,000 refugees from Syria by 2020 and it will accept more unaccompanied Syrian child refugees

### International agreements

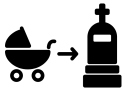
With an increasing numbers of migrants from Asia and Africa reaching Europe illegally the following changes have been made:

- In 2016 border controls were temporarily introduced to 7 Schengen countries
- An EU naval operation has been put into place to monitor the Mediterranean Sea to prevent human smuggling and trafficking
- EU member states agreed to provide task forces of national experts and support teams to work in hotspots such as Greece and Italy to expedite refugee screening

## 7.2.2 - Health issues in Africa

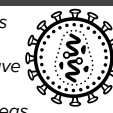
### High infant mortality rate (IMR)

**Neonatal infection** - a high rate of infection from the process of delivering the baby  
10% of early childhood deaths are caused by diarrhoea  
The **lack of skilled birth attendants** leads to many children dying within 24 hours of being born  
**Lack of vaccinations** and mosquito nets to stop diseases

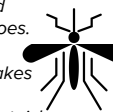


### Human immunodeficiency virus (HIV) Malaria

**HIV is disease which attacks the body's immune system.**  
Over 70% of people who have HIV live in Africa. Infection rates are higher in urban areas



**Malaria is a disease passed on by parasites in mosquitoes.**  
Infection rates are higher nearer water sources like lakes & rural areas. Children and pregnant women are most at risk



Emotional impact on relatives and families, as well as on the individual (S)  
Cost involved in treating the disease, eg. drugs means that most people go without treatment (E)(S)  
Those infected will not eventually be able to work, lowering the productivity and potential wealth of a country (E)(P)  
Leads to fewer jobs and less wealth in a country (E)  
Children may be left without parents and brought up by their grandparents (S)

Large number of children aged under five die (S)  
Adults are too weak to work which leads to a loss of productivity (E)  
People remain poor and do not have a lot to eat (S)(E)  
A country's limited resources are used up in health care rather than in education or improving services (E)(P)  
Tourists may be less likely to visit a country so there is less revenue (E)

# 7.2.2 - Health issues in Africa

## Health issues responses



Investment in medical care and treatment in hospitals **(HIV/Mal)**



Health campaigns (adverts) about risks and prevention **(HIV/Mal)**

Free condoms **(HIV)** and mosquito nets for beds **(Mal)**

UN's AIDS Fast Track programme - leading education & funding **(HIV)**



UN's 'roll-back malaria' programme which leads a worldwide government response **(Mal)**



The '**Roll Back Malaria**' initiative had over 500 partners working together to provide a co-ordinated response to the disease. One of the UN's Millennium Development Goals is that the incidence of the disease should have reduced by 2015. Today the UN fast track strategy is aiming to end the epidemic by 2030 through contraception, education and medication.



### Top-down approach

Decisions are made at governmental level and usually involve a high cost. Communities likely to be affected by the decisions have no say as to what is done.

The advantages of these types of schemes are that they may be part of a strategic plan which aims to develop the infrastructure of the country. However, the frequently lead the country into debt and the jobs that are created are often not for the local community.

### Bottom-up approach

Decisions are made by the local communities that they will affect. They try to help communities by helping them to help themselves.

The advantages of these types of schemes are that they are small scale and so cost much less, are more sustainable and usually meet the needs of the local community better.

# Home study questions



## DEVELOPING

**Describe** the economic effects of a low pressure hazard [3 marks]

**Explain** why using HDI is better than GDP or GNI for measuring development [4 marks]

## SECURING

**Analyse** the differences between the stage 2 and stage 3 population pyramids (7.2.1) [6 marks]

**Explain** why infant mortality rate (IMR) is an important factor to judge development [3 marks]

## MASTERING

**Evaluate** how successful the responses have been in stopping international refugee movements into Europe [8 marks]

**Discuss** why poverty and poor development often leads to more child labour [6 marks]

## CHALLENGE

**Discuss** how diseases like HIV and malaria can have significant impacts on a country's social and economic development. Record your discussion as a paragraph or spider diagram

**Evaluate** whether top-down or bottom-up approaches are better for improving the health development of LICs