

# 9.3

Year 9 Module 3



## Health and wealth

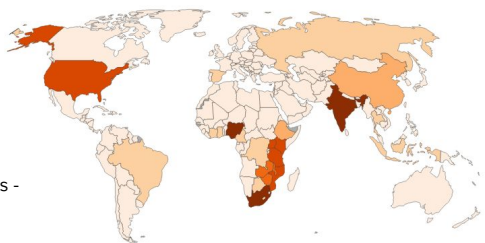


### Geography Knowledge Organiser

### 9.3.1 - HIV

#### DISTRIBUTION

East coast of Africa  
South Asia



These are LIC areas (see 9.3.5)

There are some anomalies - USA, Russia

#### RISK FACTORS

**Poor education** - don't know about the risk/causes of HIV  
**Poverty** - Need for large families for work, poor access healthcare & contraception  
**Culture/religion** - ban on barrier contraceptives, misinformation on cures e.g. 'having sex with virgin will cure you'.

#### EFFECTS [S = social E = economy]

- [S] Young people in particular may be afraid to socialise
- [S] Emotional impact on relatives and families as well as the individual.
- [S/E] Great cost involved in treating the disease
- [E] Cost of medicine to control the disease means that most people go without.
- [E] AIDS is a debilitating disease which means that eventually those infected will not be able to work, lowering the productivity and potential wealth of a country.
- [S/E] Death rate will increase and life expectancy decreases

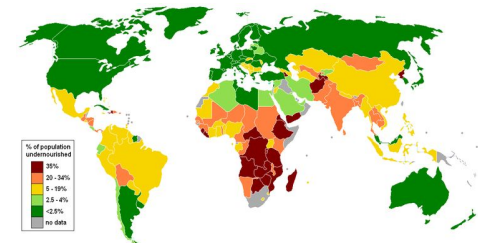
#### RESPONSES

- Health education programmes advise on the risks of unprotected sex & drug use
- Advertising on TV and radio, as some people in the affected areas may be illiterate
- Distribution of free condoms and encouraging to abstinence
- Drug therapy programmes do help to control the disease in HICs

### 9.3.2 - Famine

#### DISTRIBUTION

Africa, Asia & South America.



These are LIC areas (see 9.3.5)

#### RISK FACTORS

**Climate** - little rainfall, intense heat can create poor soil and bad crop growth  
**Technology** - lack of technology to overcome climate, soil & yield problems  
**Poverty** - when people have less money, they cannot afford food and they become unable to work

#### EFFECTS [S = social E = economy]

- [S] Malnutrition is when people do not eat enough of the right kind foods to keep them healthy.
- [S] Social unrest – everyone needs to eat and so when food supplies are low people have to fight for their survival
- [E] Rising prices – when there is less food available, the prices of food increase.
- [E] Malnourished people cannot work and do not contribute to the economy

#### RESPONSES

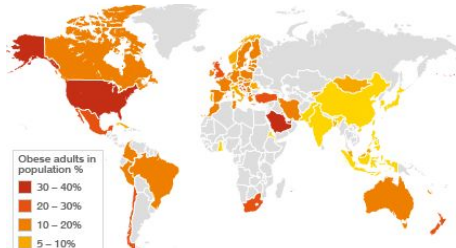
- Genetic modification (GM) of plants to grow in poor conditions
- Using suitable machinery and techniques in LICs - tractors
- Providing aid in the form of food, water and money
- Building water pumps to tap into groundwater to use in farming

### 9.3.3 - Obesity

#### DISTRIBUTION

North America, Europe, Oceania. These are HIC areas (see 9.3.5)

There are some anomalies - South America, Asia



#### RISK FACTORS

**Lifestyle** - Lack of exercise, 'desk jobs', fast foods  
**Affluence** - Increased wealth means more money to spend on food and technology  
**Culture** - Expectation of foods, activities e.g fast food & alcohol

#### EFFECTS [S = social E = economy]

- [S] Lead to cardiovascular disease. It also increases the likelihood of developing diabetes and cancer
- [S/E] Reduced ability to work or socialise
- [E] Cost of medical care, drugs etc is very expensive
- [E] Eventually those affected will not be able to work, lowering the productivity and potential wealth of a country.
- [S/E] Death rate will increase and life expectancy decreases

#### RESPONSES

- Health education programmes advise on the risks of unhealthy diets and lifestyles
- Advertising on TV and radio to promote reduced sugar intake
- Placing traffic light system of different risk factors on food packaging

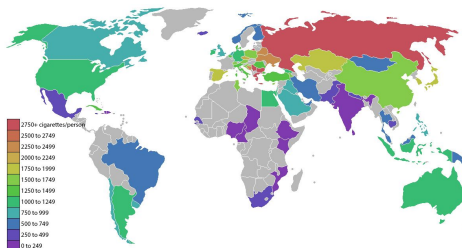
### 9.3.4 - Smoking

#### DISTRIBUTION

Eastern Europe, Middle East, Russia (yellow-red on map)

These are mostly NIC/LIC areas (see 9.3.5)

Most HICs are now seeing a reduction (green on map)



#### RISK FACTORS

**Poor education** - don't know about the risk/causes of smoking  
**Newly affluent** - More money can be spend it on things not absolutely necessary  
**Culture** - Cultural expectation or gender expectation to smoke  
**Poor regulation** - Governments who don't bad adverts or set age restrictions

#### EFFECTS [S = social E = economy]

- [S] Leads to heart attacks, strokes and cancer
- [S] Less able to take part in sports etc due to poor lung capacity
- [S/E] Great cost involved in treating the effects (personal and NHS)
- [E] Cost of treatment means that most people go without (LICs) or to NHS (UK).
- [E] Eventually will not be able to work, lowering the productivity and potential wealth of a country.
- [S/E] Death rate will increase and life expectancy decreases

#### RESPONSES

- Health education programmes advise on the risks of smoking
- Banning advertising on TV and radio
- Raising the purchasing ages of cigarettes
- Plain packaging and hiding cigarettes in shops

### 9.3.5 - Development gap

#### DISTRIBUTION

Brandt line shows the general location of HICs and LICs.

However there are anomalies as this only shows rich/poor. We can measure development in other ways.



#### MEASURING DEVELOPMENT

**Adult literacy rate (%)** - people over the age of 17 who can read to a primary level  
**Life expectancy (years)** - the average age a person is expected to live  
**% of population with access to clean safe water**  
**Number of doctors per 10,000 people** - the ratio of patients to doctors  
**Under-5 mortality rate (%)** - children under 5 who die before they reach 5 years old  
**GDP per person (PPP) (\$)** - Gross Domestic Product, the money made by workers  
**% of children under 5 who are underweight**

#### RESPONSES TO A DEVELOPMENT GAP

**Investment** - Many countries and MNCs choose to invest money and expertise in LICs  
**Aid** - Charities and governments donates resources to another country to help it develop  
**Technology** - Sustainable technology that is appropriate to the needs, skills, knowledge & wealth  
**Debt relief** - Helps poor countries invest money in development and by cancelling their debt  
**Fairtrade** - Standards for trade with poorer countries. Improving the quality of life for LIC farmers  
**Microfinance** - Small-scale support available directly from banks set up especially to help the poor

# Home study questions



## 9.3.1 - HIV

### DEVELOPING

Describe the distribution of countries which have a high rate of HIV

### SECURING

Explain two factors that may lead to a high rate of HIV infection

### MASTERING

What do you believe to be the most significant impact of HIV

### CHALLENGE

Explain the different methods that can be used to tackle HIV

## 9.3.2 - Famine

### DEVELOPING

Describe the distribution of countries which are most heavily impacted by famine

### SECURING

Explain why those countries that experience a high rate of famine are LICs

### MASTERING

Explain how technology can be used to overcome famine - you may wish to include an example

### CHALLENGE

Explain the benefits of using appropriate technology in LICs to overcome famine

## 9.3.3 - Obesity

### DEVELOPING

Explain why those countries with a high rate of obesity are HICs

### SECURING

Explain why China may have experienced an increase in obesity rates in recent years

### MASTERING

What do you believe to be the most significant effect of obesity?

### CHALLENGE

Explain the link between globalisation and an high obesity rates in HICs

## 9.3.4 - Smoking

### DEVELOPING

Despite the cost, explain why some NICs and LICs have such a high number of smokers

### SECURING

Why have HICs seen a reduction in the number of smokers in recent years?

### MASTERING

Explain how smoking may inhibit the economic growth of LICs

### CHALLENGE

Explain what you believe to be the most effective response to challenging smoking - justify your answer

## 9.3.5 - Development gap

### DEVELOPING

Explain why the Brandt Line is no longer accurate

### SECURING

Explain why GDP alone is not a reliable indicator for measuring development

### MASTERING

Explain how globalisation has challenged the Brandt Line

### CHALLENGE

Explain how long-term aid may be used by an LIC to develop