

**CAMBRIDGE INTERNATIONAL EXAMINATIONS**

Cambridge International General Certificate of Secondary Education

## **MARK SCHEME for the October/November 2015 series**

### **0453 DEVELOPMENT STUDIES**

**0453/02**

Paper 2, maximum raw mark 80

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- 1 (a) (i)** Kenya  
India  
Argentina  
Russia
- 2 marks for all correct  
1 mark for 2/3 correct  
0 marks for 0/1 correct [2]
- (ii)** Ideas such as:  
Growth rates are higher in Africa/lower in Europe or growth rates are high in Africa and low in Europe or there is an increase in Africa and decrease in Europe;  
Comparative statistics;  
There is more variation in Africa/less variation in Europe;  
Comparative statistics;
- NB: Answer needs to compare.
- 3 @ 1 mark [3]
- (b)** Birth rate – Death rate/20.6 – 7.4 (1)  
13.2 (per 1000) (1)
- 2 @ 1 mark [2]
- (c) (i)** Birth rate is higher than death rate;  
Comparative statistics;  
Death rate reduces more quickly than birth rate (up to 1971)/death rate falls but birth rate rises (up to 1961);  
Comparative statistics;
- NB: Statistics need years and figures.
- The following answers are incomplete:  
Natural growth statistics on their own
- 3 @ 1 mark [3]

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(ii) Level 1 (1–2 marks)

Reasons suggested for changes in birth rate or death rate using simple statements.

Level 2 (3–4 marks)

Reasons suggested for changes in birth rate or death rate using developed statements.

Level 3 (5–6 marks)

A comprehensive answer using developed statements which suggests reasons for changes in both birth **and** death rates.

Reference is likely to be made to factors such as:

Health care,  
Economic change,  
Contraception,  
Abortion,  
Water supply  
Sanitation etc.

NB: The focus is on reasons for decreasing BR and DR. Not about reasons for high BR and DR.

The following answers = incomplete:

Lack of education  
Because the country is more developed  
Because the country is richer

The following answer = 0:

One Child Policy

[6]

**[Total = 16]**

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2 (a) Lucknow  
Siddharthnagar

2 × 1 mark [2]

(b) (i) Number of babies/infants/children which die in their first year per 1000 live births. [1]

(ii) Death rates are higher in rural areas/lower in urban areas.  
NB: Needs to compare. [1]

(iii) Ideas such as:  
Poor/lack of or cannot afford health care/hospitals/medical care/clinics;  
Lack of doctors/nurses/midwives;  
Difficult to obtain/cannot afford medicine/drugs;  
Lack of vaccination/cannot afford vaccination;  
Poor sanitation;  
Lack of a safe/pure/clean water supply/waterborne diseases;  
Inadequate food supply/malnutrition/starvation/cannot afford food;  
Lack of education about childcare/diet/hygiene;  
Long distance to clinics/hospitals/many home births;  
Women have to work hard during pregnancy;

The following answer = 0:  
Named diseases

The following answer = incomplete:

- Poverty
- Lack of education
- Disease
- Housing/shelter
- Poor living conditions
- Teenage pregnancies

4 @ 1 mark [4]

(iv) Lower in Varanasi in urban areas/higher in Mahoba in urban areas;  
Comparative statistics (25.6 and 17.6/by 8)  
Lower in Varanasi in rural areas/higher in Mahoba in rural areas;  
Comparative statistics (25.7 and 21.7/by 4);  
Similar in urban and rural in Mahoba but different in urban and rural in Varanasi;  
Comparative statistics (25.6 and 25.7 in Mahoba and 17.6 and 21.7 in Varanasi);

NB: MAX 1 on statistics. Alternative to Line 1 and 3 of ms = birth rates are higher in Mahoba. Needs to compare. No need for "per 1000".

The following answer = 0:  
• A comparison between urban and rural

2 @ 1 mark [2]

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(c) (i) Completion of scatter graph. [1]

(ii) Drawing of best fit line. 2 and 2 or 3 and 2 either side of the line. No negative correlation. No need to label.

1 mark [1]

(iii) higher percentage in rural area and higher birth rate  
Use of appropriate statistics to illustrate positive relationship:  
Example: 45% of Lucknow's population live in rural areas and birth rate is 18.5 per 1000  
96% of Siddharthnagar's population live in rural areas and birth rate is 35 per 1000  
(1 mark for sets of figures for 2 places which illustrate the positive relationship)

2 @ 1 mark [2]

(iv) Ideas such as:  
cannot afford/little/do not use availability of contraception/birth control/or examples;  
not educated re: contraception/not educated about impacts of large families;  
not likely to be able to afford contraception/birth control/family planning;  
likely to want children to work on the land/on farms;  
likely to want children to send out to earn money/work;  
likely to want children to help around the house/look after younger children/collect water;  
likely to want children to look after parents in old age/sick relatives;  
not likely to be affected by government policy to reduce family size;  
likely to have large families due to tradition/to get a son/polygamy;  
likely to have large families due to religious influences/religion does not allow  
contraception/children are seen as a gift of God;  
no access to abortion;  
high infant mortality rates/people have more children in the hope that some will survive;  
women stay in the home/don't work/women lack education/low literacy rates for females;  
early marriage/teenage pregnancy etc.

The following answers = incomplete:

- Religion
- Tradition
- Education

4 @ 1 mark [4]

(d) (i) Level 1 (1–2 marks)  
Reason(s) suggested for one or both options chosen using simple statements.

Level 2 (3–4 marks)  
Reason(s) suggested for one option or both options chosen using developed statement(s).

Level 3 (5–6 marks)  
A comprehensive answer using developed statements which suggest reasons for **both** options chosen.

NB: Disadvantages of other schemes = IR [6]

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- (ii) Ideas such as:  
each method deals with a different cause of increase in population growth;  
dealing with one cause alone will not solve the problem/the methods are complementary;  
e.g. it is no good giving out contraceptives free if people still want children to help grow food etc.

The following answers = incomplete:

- One method on its own won't work
- More efficient
- One method will only slow birth rates a little
- Gives people a choice

NB: If candidate writes about all four options, mark the first two options given.

2 @ 1 mark

[2]

**[Total = 26]**

- 3 (a) (i)** Ideas such as:  
Small houses;  
Shop;  
Litter/rubbish/waste/garbage;  
Polluted atmosphere;  
Densely packed/people living close together/overcrowded/congested;  
Two storey housing;  
Brick houses/concrete/cement/stone;  
Built on hillside;  
Stream passing through/open sewer/polluted water/sewage;  
Corrugated iron roofs/plastic sheets;  
Electricity supply;  
Small/not many windows;

Observations must be evident from photographs. Do not accept value judgements.

The following answers = 0:

- Shanty town/squatter settlement
- It is an urban area
- Self-built
- There is no sanitation
- Unpaved
- Space to play

The following answers = incomplete:

- Built out of different materials
- Not clean
- Polluted
- Dirty
- Satellite dishes
- Disease
- Greenery

4 @ 1 mark

[4]

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- (ii) Ideas such as:  
water borne diseases from stream/open sewer/polluted water/unclean water;  
atmospheric pollution could cause chest/lung problems;  
litter/rubbish could spread disease/flies/insects/rats spread disease;  
disease easily spread as people living close to each other etc.

The following answer = 0:

- Poor health care
- Houses collapse
- No toilets

3 @ 1 mark

[3]

- (b) (i) First-hand information/data collected personally by the researcher/face to face

1 mark

[1]

- (ii) Ideas such as:  
so they knew what the investigation was about;  
know what questions will be asked  
to let people know who the investigation was being carried out by;  
so people would realise that it was genuine/trust the researchers;  
to provide contact details;  
letter guarantees privacy/anonymity/they know their identity will be protected etc.

3 @ 1 mark

[3]

- (iii) Qualitative data can be observed but not measured.  
Quantitative data is numerical/based on statistics;

The following answers = 0:

- Large amount
- Good quality
- Official
- A reference to how the data is collected

2 @ 1 mark

[2]

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- (iv) Any type of sample:  
 Stratified/quota/systematic sample/random  
 1 + 1 for name of sample and description  
 One further mark for justification of why it is representative:  
 E.g. stratified sample would be more representative as the same balance is chosen as make up the total population

The following answer = incomplete:

- People chosen at random

The following answer = 0:

- Snowball sampling
- Cheap/easy/fast

NB: Credit appropriate ideas even if placed incorrectly.

3 @ 1 mark

[3]

(v) Level 1 (1–2 marks)

Advantages and/or disadvantages stated using simple statements.

Level 2 (3–4 marks)

Advantages or disadvantages explained using developed statements.

Level 3 (5–6 marks)

A comprehensive answer explaining **both** advantages and disadvantages using developed statements.

References are likely to be made to advantages and disadvantages such as:

Advantages

- information can be obtained from people directly involved/first hand;
- flexibility in questions being asked/can respond to a remark made with a further question/get clarification;
- Interviews can be carried out with people who are unable to read and write;
- Information obtained instantly/do not have to wait for return of questionnaires etc.

Disadvantages

- people may have limited knowledge/give wrong information;
- people could make remarks which are biased;
- statements from different interviewees may be conflicting;
- some information may not be relevant to the investigation/need to be selective;
- people will not understand English/will only speak local language;
- people may not answer honestly;
- people may not have time to complete interview etc.

The following answer = incomplete:

- cheap
- saves time
- not biased (unless clarified)

[6]



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**(c) Level 1 (1–2 marks)**

An attempt to make conclusions without statistics **or** statistics without analysis.

**Level 2 (3–4 marks)**

A clear conclusion (with analysis) referring to statistics.

**Level 3 (5–6 marks)**

A **comprehensive** conclusion which refers to statistics.

**Comprehensive** means reference to all three graphs.

[6]

**(d) (i) Completion of pie chart.**

Correct dividing line at 63 (1 mark)

Correct shading (1 mark)

NB: Do not accept line at 28%. Tolerance 62%–64%.

2 @ 1 mark

[2]

**(ii) 85% (no tolerance)**

1 mark

[1]

**(e) (i) Completion of bar at 22% (no tolerance)**

1 mark

[1]

**(ii) Level 1 (1–2 marks)**

Ways suggested to increase the number of people treated.

**Level 2 (3–4 marks)**

Ways suggested to increase the number of people treated with some justification using simple statements.

**Level 3 (5–6 marks)**

Ways suggested to increase the number of people treated with clear justification using developed statements.

Candidates are likely to refer to ideas such as:

Building of more clinics,

Employment of more healthcare professionals;

Free health care,

Education about importance of treatment,

Use of mobile clinics;

Better medicines/invention of treatments;

Research

[6]

**[Total = 38]**