

Teacher Resource Bank

GCE Geography

Additional Sample Questions: GEO4B



GEO4B – Geographical Issue Evaluation

Question Paper

Question 1

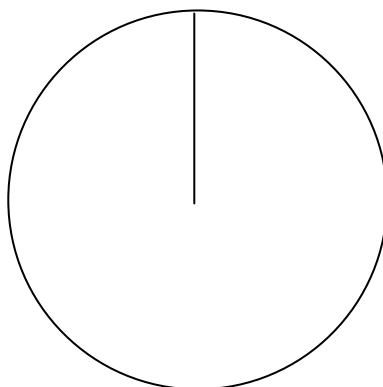
- (a) **Figure 1** summarises the best estimates for the number of people living with HIV/AIDS in the different regions of the world, as provided on **Figure 2** of the Advance Information Booklet.

Figure 1

Region	Number of sufferers (millions)	% of total
Sub-Saharan Africa	24.7	63
S and SE Asia	7.8	20
E Europe and C Asia	1.7	4
Latin America	1.7	4
North America	1.4	3
Rest of the world	2.2	6
Total	39.5	100

Use the data from **Figure 1** to complete **Figure 2**, a pie chart showing the origin of HIV/AIDS sufferers. Add a key to complete the pie chart.

Figure 2



(8 marks)

- (b) Comment on the world distribution of the HIV/AIDS problem as shown in your pie chart and in **Figures 2, 3 and 4** of the Advance Information Booklet.

(12 marks)

Question 2

- (a) Discuss the degree of success of Zambia's Anti-AIDS Clubs. (10 marks)

- (b) A group of geography students was asked to carry out a questionnaire survey to provide further data to measure the success of the Clubs in reaching people in the 12 – 25 age group with information about HIV/AIDS.

The students were asked to survey 50 people from an area where the Anti-AIDS Club had been running an annual football tournament and 50 people from an area with no Anti-AIDS club.

What problems might they encounter in carrying out a questionnaire on this topic and suggest how the students might try to overcome these problems.

(10 marks)

Question 3

There has been much discussion about whether less developed countries should invest more of their limited resources in caring for people affected by HIV/AIDS.

Examine the social, economic and environmental reasons for investing more in health care in less developed countries which have a large HIV/AIDS problem.

(20 marks)

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General Certificate of Education

Geography 2030

GEO4B Geographical Issue Evaluation

Specimen Mark Scheme

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Further copies of this Mark Scheme are available to download from the AQA Website: www.aqa.org.uk

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Mark schemes – layout and style

The mark scheme for each question will have the following format:

- a) Notes for answers (nfa) – exemplars of the material that might be offered by candidates
- b) Mark scheme containing advice on the awarding of credit and levels indicators.

Point marking and Levels marking

- a) Questions with a mark range of 1-4 marks will be point marked.
- b) Levels will be used for all questions with a tariff of 5 marks and over.
- c) Two levels only for questions with a tariff of 5 to 8 marks.
- d) Three levels to be used for questions of 9 to 15 marks.

Levels Marking – General Criteria

Everyone involved in the levels marking process (examiners, teachers, students) should understand the criteria for moving from one level to the next – the “triggers”. The following general criteria are designed to assist all involved in determining into which band the quality of response should be placed. It is anticipated that candidates’ performances under the various elements will be broadly inter-related. Further development of these principles will be discussed during Standardisation meetings. In broad terms the levels will operate as follows:

Level 1: attempts the question to some extent (basic)

An answer at this level is likely to:

- display a basic understanding of the topic
- make one or two points without support of appropriate exemplification or application of principle
- demonstrate a simplistic style of writing perhaps lacking close relation to the terms of the question and unlikely to communicate complexity of subject matter
- lack organisation, relevance and specialist vocabulary
- demonstrate deficiencies in legibility, spelling, grammar and punctuation which detract from the clarity of meaning.

Level 2: answers the question (well/clearly)

An answer at this level is likely to:

- display a clear understanding of the topic
- make one or two points with support of appropriate exemplification and/or application of principle
- give a number of characteristics, reasons, attitudes (“more than one”) where the question requires it
- provide detailed use of case studies
- give responses to more than one command e.g. “describe and explain..”
- demonstrate a style of writing which matches the requirements of the question and acknowledges the potential complexity of the subject matter
- demonstrate relevance and coherence with appropriate use of specialist vocabulary
- demonstrate legibility of text, and qualities of spelling, grammar and punctuation which do not detract from the clarity of meaning.

Level 3: answers the question very well (detailed)

An answer at this level is likely to:

- display a detailed understanding of the topic
- make several points with support of appropriate exemplification and/or application of principle
- give a wide range of characteristics, reasons, attitudes, etc.
- provide highly detailed accounts of a range of case studies
- respond well to more than one command
- demonstrate evaluation, assessment and synthesis throughout

- demonstrate a sophisticated style of writing incorporating measured and qualified explanation and comment as required by the question and reflecting awareness of the complexity of subject matter and incompleteness/ tentativeness of explanation
- demonstrate a clear sense of purpose so that the responses are seen to closely relate to the requirements of the question with confident use of specialist vocabulary
- demonstrate legibility of text, and qualities of spelling, grammar and punctuation which contribute to complete clarity of meaning.

Question 1

<p>1(a)</p>	<p>A pie chart with six segments of varying sizes and shades of grey. The largest segment is grey and labeled 'Sub-Saharan Africa'. The next largest is dark grey and labeled 'S and SE Asia'. Other segments include 'E Europe and C Asia' (medium grey), 'Latin America' (white), 'North America' (light grey), and 'Rest' (black). Arrows point from each label to its corresponding segment.</p> <p>Award 8 marks for an accurately completed pie chart with the segments in the right order and a sensible use of shading which is also used in the key.</p> <p>Loose 2 marks for no key or a key with inaccuracies. Loose 1 mark for a key with a single inaccuracy.</p> <p>Loose 1 mark if segments are not completed in order.</p> <p>Loose up to 4 marks for inaccurate plotting of the segments.</p> <p>Loose 1 mark for inaccurate shading of the segments.</p>	<p>(8 marks)</p>
<p>1(b) AO</p>	<p>Notes for Answers</p> <p>The problem affects the whole world. However, around 75% of all sufferers are in Sub-Saharan Africa and around 95% are in LEDCs. S and SE Asia is the second worst area.</p> <p>W Europe, N America and Australia/New Zealand (and probably Japan) have relatively small infected populations, especially when compared with the total population size in those countries.</p> <p>N Africa and Middle East have comparatively few, when compared with other LEDC regions.</p> <p>In terms of new infections the gap between LEDCs and MEDCs is even more striking. In Africa the ratio of old to new is about 10:1, and in East Asia and the Pacific it is about 7.5:1, whilst in Europe it is 32:1, and in N America it is 14:1.</p> <p>Death rate shows a similar increase in the problem in LEDCs when compared with MEDCs. In Africa 1 sufferer in 11 died during 2006, in</p>	<p>(12 marks)</p>

	<p>N America it was about 1 in 70 and in W Europe it was about 1 in 60.</p> <p>The uneven spread is due to many factors including:</p> <ul style="list-style-type: none"> ●the mobility of the society ●the number of sexual partners that the average individual in an area has ●levels of education about the transmission of the virus ●the different social structures and taboos in different places ●the level of income, and the related level of health care, etc. <p>Level 1 (1–4 marks) <i>The answer contains basic points, lifted from the map, with some description of regional patterns but no comparison of figures or other manipulation of the data.</i> <i>Reasons for the differences observed are basic with little or no relevant detail. It may not go beyond the recognition of differences in income levels or in social customs.</i></p> <p>Level 2 (5–8 marks) <i>The answer makes clear comparisons between regions. The figures are developed in some way. If comparisons and patterns are seen on all three maps the answer should move towards the top of the level. A clear attempt has been made to explain why some of the differences in the spread of the virus can be seen.</i></p> <p>Level 3 (9–12 marks) <i>The answer has detailed comparisons and manipulates the figures in a clear way to show sophisticated comparisons between areas, considering data from at least two and probably all three maps. A detailed analysis of the reasons for the differences in the spread of the virus has been presented. The answer explains how some of the causes of the differences are inter-related.</i></p>	
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Question 2

<p>2(a)</p>	<p>Notes for answers</p> <p>At first the Clubs spread very rapidly, and this was encouraged, but the growth was too fast and could not be supported. Some training of student leaders was given, but this was obviously not enough as many were not supported and began to die out.</p> <p>In the second phase FHT concentrated on putting place, and training, field supporters, producing materials for students to use, and encouraging out-reach to non-student young people. Some pay was provided for these workers...but obviously not full time pay. Again the problem of Clubs that were not delivering what had been hoped was obvious. Fewer than one third of Clubs were highly active, although the information is not given as to whether the other two thirds were active at all.</p> <p>After 2002 the support of the Clubs appeared to have been taken over</p>	<p>(10 marks)</p>
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	<p>by SAPEP, with funding coming from PEPAID, a charity organization. Again, this organization provides a structure of support and training for the volunteer Club leaders, although Item 4 also mentions these Co-ordinators working with local health clinics and hospitals as well as with schools.</p> <p>Obvious successes of the Clubs include raising awareness of HIV/AIDS and encouraging discussion. Problems include the fact that there has only been a small increase in condom use and only a small decrease in the frequency of unprotected sex.</p> <p>Less expected results of the Clubs have been the growth of related projects, like money-raising schemes such as the fish farms. Literacy schemes and care for AIDS orphans have also been seen, although the extent of these schemes is not documented.</p> <p>Hannah Brown's article suggests that the Clubs in her area are spreading their activities even more widely now to become whole-community organizations, rather than just school based organizations. The home-based care and sponsorship of orphans are probably not things that can be organized through school Clubs.</p> <p>Level 1 (1–4 marks) <i>A basic answer, with some facts lifted from the AIB, but with little or no development of those facts.</i></p> <p>Level 2 (5–7 marks) <i>The answer is clear. Description clearly distinguishes between the different phases in the development of the Clubs. Both successes and failures are described and discussed, with some attempt to analyse the issues that have led to either the successes, or failures, or both.</i></p> <p>Level 3 (8–10 marks) <i>The answer is detailed. Description should refer to three phases of development of the Clubs. Both the successes and failures of the Clubs are analysed and discussed in detail. Lessons are drawn from the discussions, and conclusions are made.</i></p>	
<p>2(b)</p>	<p>Notes for answers</p> <p>The most fundamental point is that 'There is a huge stigma surrounding HIV/Aids in Zambia. Issues around sex are not discussed.' (AIB P10)</p> <p>Therefore it is very unlikely that people would be willing to talk to strangers.</p> <p>Even when people would talk it is likely that they would be a self-selecting group of the more aware and educated students.</p> <p>Then, even when people did agree to be interviewed they might not give open and honest answers.</p>	<p>(10 marks)</p>

	<p>Some of these problems might be reduced by:</p> <ul style="list-style-type: none"> •getting to know questionnaire subjects before attempting to interview them (or would people respond better with a stranger? Check this with people with detailed local knowledge beforehand.) •explaining what the questionnaire was about in very clear detail before attempting to get it completed •ensuring anonymity •ensuring that all interviews were girl to girl or boy to boy •allowing respondents to complete the survey in private, without an interviewer, and to return the form privately and anonymously •avoiding questions that are unnecessarily private and personal •providing answer forms where only ticks were required, to avoid the need for use of embarrassing terms, either written or spoken etc. <p>Level 1 (1–4 marks) <i>The answer is basic. Some problems are recognised, but these are not developed in detail and there is little depth to the answer. Language, distance, etc. may be seen as the main problems, with little attempt to answer in a way that shows a clear understanding of the process of carrying out a questionnaire. Solutions, where suggested, are of limited practicality. There is little empathy with either the needs of the survey or the sensitivities of the people being surveyed.</i></p> <p>Level 2 (5–7 marks) <i>The answer is clear. The candidate applies some knowledge and understanding of the process of carrying out a questionnaire to this unusual context. The answer shows some sensitivity to the subjects of the questionnaire and/or some understanding of the needs of collecting detailed and accurate data.</i></p> <p>Level 3 (8–10 marks) <i>The answer is detailed. There is a clear-sighted awareness of some of the problems that might be encountered in the specific circumstances of this survey. Some practical suggestions are made that show good understanding of the needs of both surveyor and surveyed.</i></p>	
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Question 3

	<p>Notes for answers</p> <p>The main <u>social reason</u> for investing in health care in any country, developed or less developed, must be to improve the general level of well-being of the population. Several of the millennium development goals, which the UN has agreed ought to be achieved by 2015, involve improving health care and tackling HIV/Aids in particular.</p> <p>Investing in healthcare can involve actions to:</p> <ul style="list-style-type: none"> •stop the spread of infections – through health education and 	<p>(20 marks)</p>
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	<p>providing the means reduce rates of transmission</p> <ul style="list-style-type: none"> •reducing the suffering of those already infected •caring for the dependents of the children who are dependents of those who are ill, or who have died, because such dependents can suffer serious malnutrition and other health problems <p>All of these actions improve the general social well-being of communities as a whole and of families in particular. It is a notable feature of HIV/Aids that, unlike other diseases, it tends to strike people of early working age and child bearing age in particular...and it is the consequences of this that can be particularly damaging for society. For instance it can lead to large numbers of children having to be adopted and cared for by their grandparents, and it can lead to the illness of death of education and health workers causing particular damage to the community.</p> <p><u>Economic reasons</u> for investment include, most obviously, the potential loss of the most productive sector of the workforce. This can also involve loss of a huge investment in the training of those members of the workforce.</p> <p>In addition it is important to note that early intervention by medical services can slow down the rate of infection amongst the population or slow down the rate of progress of the infection. All this keeps people in a state that means that they can be productive members of the community for longer than would otherwise be the case. They will be able to do work for wages and to provide social care that has a less measurable economic affect, but which would be damaging to the economy if lost.</p> <p>The <u>environmental reasons</u> for intervening are less obvious but are still important. In agricultural communities the loss of key workers can lead to the collapse of whole farming systems, loss of soil fertility, a decrease in the maintenance of irrigation systems, etc. All these can affect the environment by causing loss of vegetation cover, soil erosion, flooding, etc.</p> <p>In urban areas the environmental problems are less easy to predict, but they may still arise as a result of a general breakdown of community structure and cohesion.</p> <p>Level 1 (1–5 marks) <i>The answer makes basic comments, mainly lifted from the AIB, with little or no development. The points made are isolated, with little success in linking and elaborating ideas. There is little, or no, specific detail about places or case studies.</i></p> <p>Level 2 (6–10 marks) <i>The answer is clear. There is a selective use of material from the AIB, and/or from the candidate’s own knowledge, which has been adapted to make clear points.</i></p>	
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	<p><i>The answer is incomplete, or unbalanced. One or more of the headings may not have been dealt with. Examples or case studies are not developed in detail.</i></p> <p>Level 3 (11–15 marks) <i>The answer is developed in detail. Arguments are well developed although the candidate may find it difficult to draw firm conclusions. Answers at this level might show one or more of:</i></p> <ul style="list-style-type: none"> <i>• a clear sense of place, with good use of one or more examples or case studies</i> <i>• an appreciation of scale, with consideration of the issues considered at different scales</i> <i>• an appreciation of the differences between short-term and long-term approaches to the issue</i> <i>• other factors that might be added to this list in the light of candidates' responses</i> <p><i>The answer is well balanced and shows evidence of being synoptic.</i></p> <p>Level 4 (16–20 marks) <i>The answer is thorough and shows flair and good geographic understanding. This might be shown by:</i></p> <ul style="list-style-type: none"> <i>• success in more than one of the points listed above</i> <i>• clear insight into the issues in particular places</i> <i>• thorough research that is used well to answer the question as set</i> <i>• a balanced approach that deals well with all three of the headings in the question</i> <i>• excellent, logical development and presentation of geographical ideas</i> 	
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