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CCEA GCSE

GEOGRAPHY STUDY GUIDE
UNIT 2

Living in Our World

COLOURPOINT EDUCATIONAL

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Contents

How to use this book

This study guide is divided into two sections:

1. Study material

This addresses the key features of the CCEA GCSE Geography specification, the case studies and the key geographical terms. It also offers revision tips.

Key geographical terms

These key geographical terms are used throughout the specification. Each term is clearly defined.

Test your revision

These questions are designed to check your understanding of the course content. You can get someone to ask you the questions or test yourself.

Revision tip

These tips offer examiner guidance on what areas to focus on, how to avoid confusion and what might be asked in the exam.

2. Practice questions

This includes exam-style questions, tips on how to answer them and sample answers. It also offers examiner advice on how to get the best grade possible, develop your exam technique and improve your revision skills.

Study Material

Theme A

Population and migration

1. Population growth, change and structure
2. Causes and impacts of migration

Part 1 Population growth, change and structure

The 'population balance' is achieved when the number of births and deaths is equal.

Key geographical terms

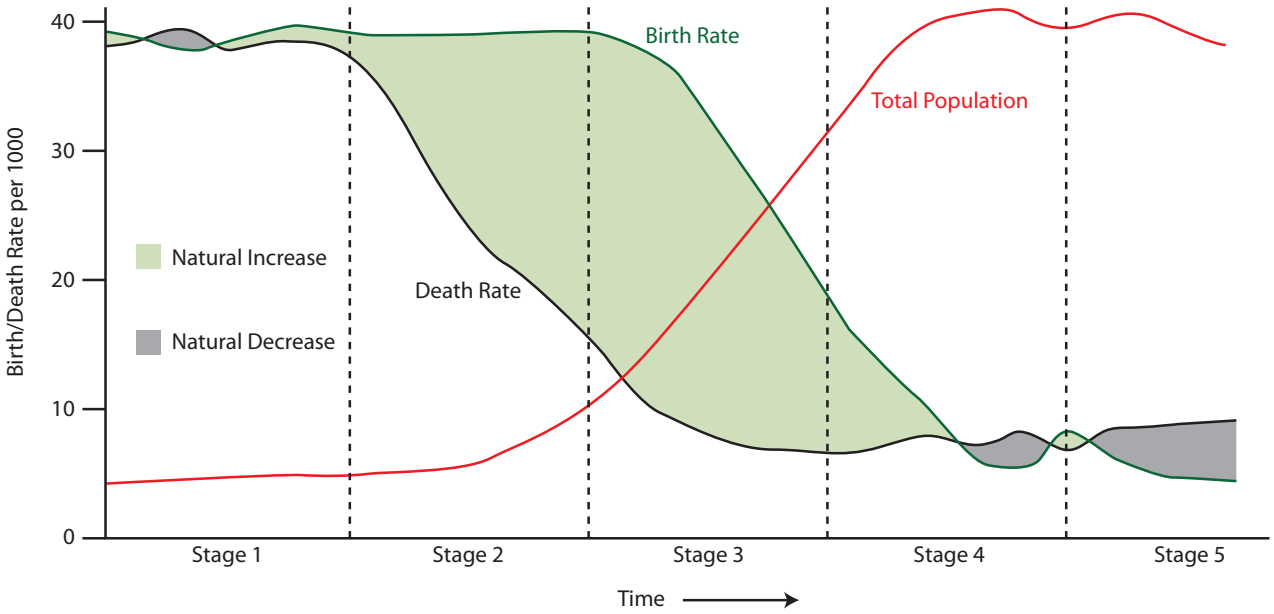
Crude birth rate: The number of live births each year per thousand of the population in an area. Also known as the birth rate.

Crude death rate: The number of deaths each year per thousand of the population in an area. Also known as the death rate.

When there is a growth in the number of people (a higher birth rate than death rate) we say that there is a **natural increase**. If there is a decline in the number of people (a lower birth rate than death rate) we say that there is a **natural decrease**.

The five stages of the demographic transition model

The demographic transition model demonstrates how population changes over time. It shows how birth rate and death rate have influenced the total population of a place.



The Demographic Transition Model

The typical changes to birth and death rates in a MEDC are shown in the table opposite.

At Stage 1 both the birth and death rates are high. As time continues, the country moves into Stage 2 where the death rate drops and birth rate remains high, which causes the total population to grow quickly. The rate of increase continues to grow in Stage 3 and starts to slow down as the birth rate drops. However, the total population will continue to grow at a slower rate into Stage 4. The total population will only start to decrease during Stage 5 when the birth rate drops down below the death rate.

Test your revision

1. Define the term 'crude birth rate'.
2. Describe what natural increase is.
3. Explain why the death rate might decrease in an LEDC.
4. Explain some of the changes that might happen in a country to decrease the birth rate.

Revision tip

It is important that you can describe the birth and death rate changes in the model and explain the reasons for these changes over time.

Stage 1 High birth and death rates	Stage 2 Death rates fall	Stage 3 Birth rates fall	Stage 4 Low birth and death rates	Stage 5 Birth rates drop below death rates
Both birth and death rates are high and fluctuate (36/37 per 1000). Many babies are being born into large families, but they are not surviving and few people are living long lives.	**Birth rates remain high but death rates fall rapidly (to 18/19 per 1000).** Life expectancy increases and death rates fall. The birth rate remains high and the difference between the two population rates is what begins the population explosion in a country.	**Birth rates fall rapidly (to around 18 per 1000) to give a slowly increasing population.** The birth rate begins to fall and social and economic pressures lead to a reduction in the number of babies born within the country.	**A form of equilibrium occurs within the population.** Both the birth rates (15 per 1000) and death rates (12 per 1000) are low and can fluctuate to give a steady population.	Some countries (mostly western European states) experience a **negative population growth** as the birth rate (7 per 1000) slips below the death rate (9 per 1000). This can produce a population that will eventually decline, as the population will not continue to replace itself.
Birth rates are high as: • There is no birth control or family planning. • Many children will die in infancy and parents will have a large number of children to ensure that some reach adulthood. • Many children are needed to work on the land. **Death rates are high due to:** • Disease, famine and poor diet. • Poor hygiene due to a lack of piped water, sewage and basic toilet facilities. • Little medical care, few doctors, hospitals or drugs.	**Death rates fall due to:** • Improved medical care, sanitation and water supplies. • Improvements in food production (both quality and quantity). • A decrease in child mortality.	**Birth rates fall due to:** • An increased use of family planning. • A lower infant mortality rate, which means that children are now surviving through to adulthood and parents do not need to have as many. • Increased industrialisation and mechanisation, which means fewer labourers are needed. • An increased desire for material possessions and a reduced interest in large families.		Population is ageing and is dominated by older people.

Population structure

Key geographical terms

Population structure: The breakdown of the population by age and sex in an area. It is usually presented as a population pyramid. Most geographers will refer to the young people (under 16), aged people (above 65) and the working population (between 16–65).

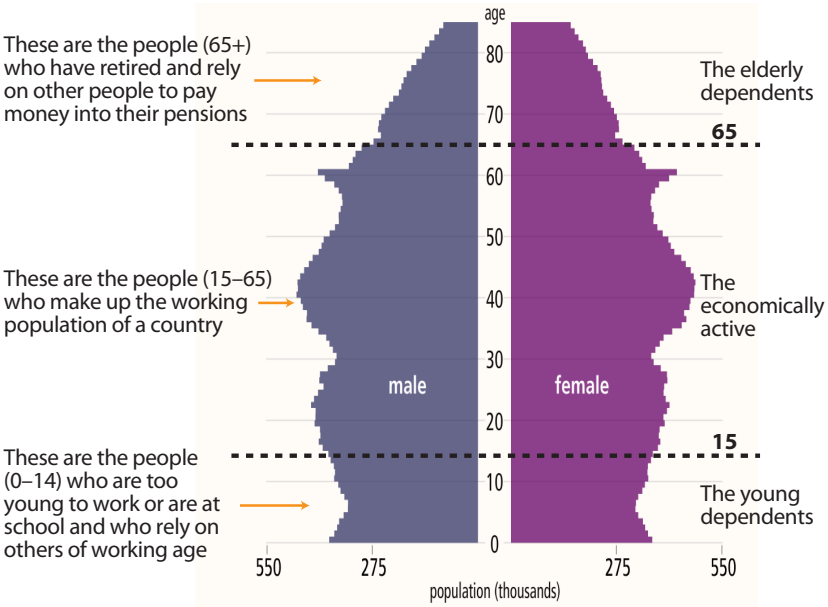
Population pyramid: A graph showing the specific age and sex breakdown of a population.

Reading a population pyramid

A population pyramid helps us to see the population structure for a place. It allows us to assess the different aspects of population structure and helps us to understand the birth rate, death rate and life expectancy of people in a particular country.

Age structure of a typical MEDC

Source: Office for National Statistics. Contains public sector information licensed under the Open Government Licence v3.0.



Usually you will be using a population pyramid to decide whether the population is representative of a More Economically Developed Country (MEDC) or a Less Economically Developed Country (LEDC).

An MEDC population pyramid will have a much higher number of older people (at the top of the pyramid), even sides and a narrow base, whereas an LEDC pyramid will have a higher number of younger people (wide base of the pyramid), decreasing sides and a narrow top (with few people reaching old age).

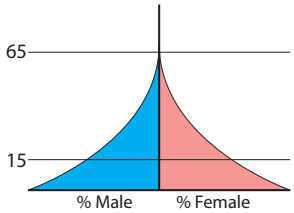
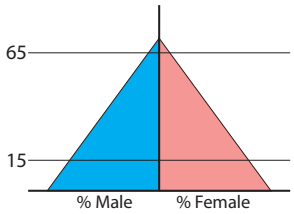
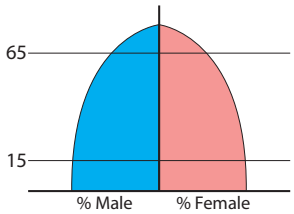
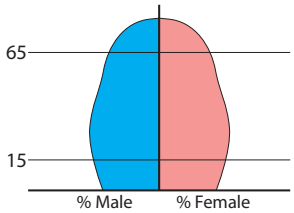
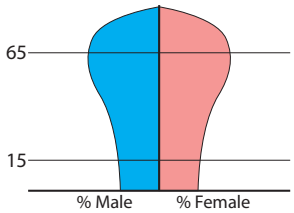
Compare and contrast the population structure of an MEDC and an LEDC

Key geographical terms

Dependency: The balance between the working population (aged 16–64) and the non-working population.

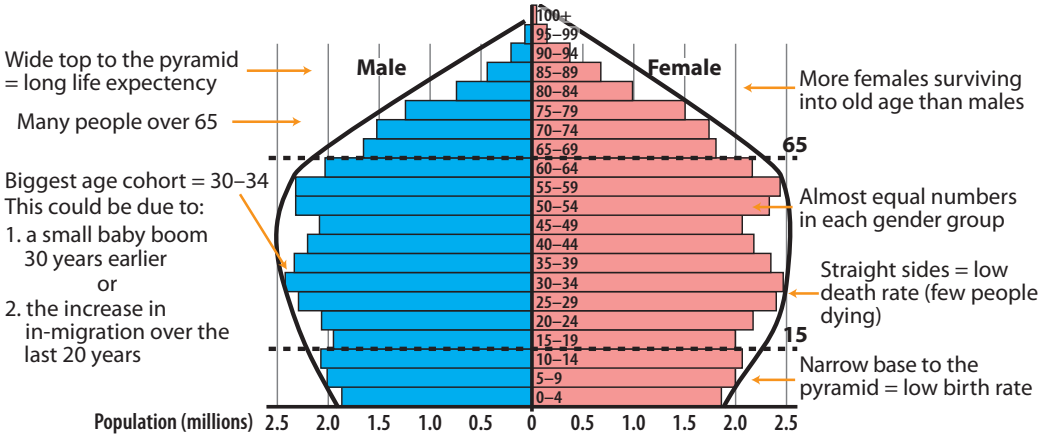
Youth dependency: A population structure where most of the people in the population are to be found under the age of 15.

Aged dependency: A population structure where most of the people in the population are to be found above the age of 65.

Stage	Population shape	Shape description	Key information
1 (LEDC)		Concave	High birth rate (aged under 15). High death rate (aged over 15) with a decreasing number of people in each age cohort. Very short life expectancy (around 30 years).
2 (LEDC)		Triangle	High birth rate (aged under 15). Fall in death rate (aged over 15) and slight increase in the number of people surviving in each age cohort. Still a short life expectancy (around 40 years).
3 (LEDC/ MEDC)		Tongue	Falling birth rate (aged under 15). Falling death rate (aged between 15–65). Life expectancy increases with more people living beyond 65.
4 (MEDC)		Leaf	Low birth rate (aged under 15). Low death rate (aged between 15–65). Life expectancy continues to increase with a high number of people living beyond 65. Average life expectancy reaches 75.
5 (MEDC)		Hot air balloon	Very low birth rate (aged under 15). Low death rate (aged between 15–65). Life expectancy continues to increase and average life expectancy pushes up to 85 and beyond. Population structure is very 'top heavy'.

A population pyramid for an MEDC showing an aged dependent population (the UK)

Population pyramid for the UK (MEDC) in 2022
Source: Data from U.S. Census Bureau, Public Information Office (PIO)



This is a population pyramid for the UK in 2022. The pyramid shape shows that the country is at Stage 4 of the Demographic Transition Model (DTM). The pyramid has steep sides as very few people are dying (death rate = 8/1,000) and the majority of children that are born (birth rate = 12/1,000) are surviving until they are 65 years old and into old age. This extended life expectancy is due to good health services. The UK could therefore be described as having an 'ageing' population. A sizeable proportion of the population is retired and older than 65 – in this case over 12.5 million people in the country. This means that the UK is increasingly becoming an aged dependency.

In MEDCs death rates have fallen due to improvements in:

- hygiene standards, sanitation, water and sewage treatment, and health education.
- medicine, resulting in cures, immunisation and vaccines.
- access to hospitals and doctors.
- diet and access to food supply.

The social and economic implications of an aged dependency

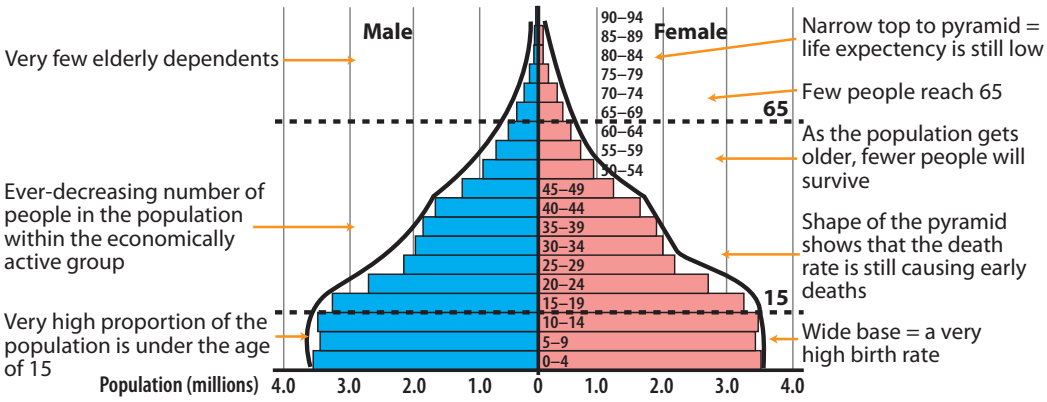
As the population continues to get older, MEDCs often experience a range of social issues that will need to be addressed by the government.

Social implications		
1. Care for the elderly: As people get older, they may need additional support at home or in residential care.	**2. Impact on family life:** As older family members are living longer this could mean that 65-year-old children have to care for 90-year-old parents. Families might have to make difficult decisions about how to best care for elderly relatives.	**3. Medical issues:** With people living longer, more are suffering from 'degenerative' or long-term illnesses (such as Alzheimer's or Parkinson's disease).

Economic implications		
1. Residential care: As people live longer, there is a greater need for support at home, accessible accommodation and residential care. These specialist services and housing can be expensive, so money needs to be put aside to pay for them.	**2. Healthcare:** Quality healthcare for elderly people can be expensive so more money will be needed to cover prescriptions, dental treatment, home visits and home help.	**3. Benefits:** Each elderly person receives a state pension. Thirty years ago the average person would claim a pension for 7 years but today this is extended to at least 17 years. This increases costs to public funds, as do other benefits, such as free public transport and winter fuel payments.

A population pyramid for an LEDC showing a youth dependent population (Kenya)

Population pyramid for Kenya (LEDC) in 2022
Source: Data from U.S. Census Bureau, Public Information Office (PIO)



This is a population pyramid for Kenya in 2022. Over the last 20 years Kenya has remained around stage 2 of the DTM. The pyramid has a pronounced triangular pyramid shape where the number of people in each age cohort continues to get smaller. Birth rates remain high (birth rate = 20/1000) but are lower than the birth rate of 41/1000, 20 years before. Death rates have plummeted (death rate = 8/1000) but there are still few people who have reached the age of 65 or above. The wide base of the pyramid indicates the high birth rate – a high number of people within the country are aged 15 or younger. The infant mortality rate remains relatively high (about 38 for every 1000 live births).

In LEDCs birth rates are high due to the following:

- The infant mortality and child mortality rates in most LEDCs remain high. Parents tend to have larger families to ensure that some survive.
- Many people in LEDCs are subsistence farmers. They need children to provide a good supply of labour and to ensure that someone is available to care for them when they grow old.
- In LEDCs many people do not have the same access to education as MEDCs. Some people do not know how to use family planning measures and many cannot afford them.

The social and economic implications of a youth dependency

As more people are born and the population increases, LEDCs often face a range of social issues due to the youthful nature of their population.

Social implications		
1. Care for young people: Many young people lose their parents to illnesses such as malaria, tuberculosis and AIDS. Their wider families, charities and churches often have to step in to take care of these children.	**2. Medical issues:** Although healthcare is improving, few doctors result in people dying from basic illnesses. People cannot afford medicine or healthcare.	**3. Opportunities/ education:** Many children in LEDCs have limited access to education, which prevents them from gaining formal skills and qualifications. This stops them getting skilled, well-paid employment and limits their opportunities.
Economic implications		
1. Education: Many LEDCs are struggling to educate the population and the limited resources for schools and universities are being stretched even further.	**2. Healthcare:** Many people cannot afford even the most basic healthcare and some die from preventable illness.	**3. Opportunities:** There is a lack of jobs and opportunities for people in LEDCs. A massive increase in the population means that there are more people now competing for the few jobs there are. Many people end up in the informal sector, often working in poor conditions for low pay.

Test your revision

1. Describe the shape of a population structure showing an aged dependency.
2. Describe and explain why there might be differences between the shape of the population structure in a LEDC and MEDC.
3. Explain two of the economic implications of an aged dependency.
4. Explain two of the social implications of a youth dependency.