

## Chapter 2 Demography – answers

### Self assessment

Question 1 of 12

Answer C

Question 2 of 12

Answer B. With the elimination of infectious diseases, AIDS has become the major killer in the developed world.

Question 3 of 12

Answer D – 20. However, only nine of the 47 sub-Saharan African countries have this number, partly due to emigration

Question 4 of 12

Answer C – tobacco-related illnesses. The tobacco epidemic is still accelerating in parts of the developing world (smoking rates are over 70% in China and Vietnam).

Question 5 of 12

Answer E – pattern of distribution of wealth. In countries where income distribution is relatively equal, health inequalities are less than in countries where there are gross disparities in wealth.

Although political systems and the educational level of the population are relevant, there are more powerful determinants of health inequalities. The availability of health care services has limited impact on population health status. Total expenditure on health services has little effect on health inequalities; however, how and where the money is spent may be important

Question 6 of 12

Answer B. Morbidity is about the burden of illness in a community, which is not directly relevant to demographers as it does not affect the size of the population.

Question 7 of 12

Answer C. The other countries population pyramids have a wide base (the population has a greater number of younger people) due to high fertility, and a narrow apex due to low life expectancy.

Question 8 of 12

Answer D

Question 9 of 12

Answer B. Morbidity, which is the burden of disease in a community, does not directly influence either the size or the age distribution of the population.

#### Question 10 of 12

Answer B, D and E. Injuries and cancer are more of an issue in developed countries as the other causes have been tackled through various effective interventions.

#### Question 11 of 12

Answer A, B, E. With the control of infectious and vaccine-preventable diseases, the other causes of death have become increasingly important in developed countries.

#### Question 12 of 12

Answer E. All the factors listed have led to a dramatic decline in maternal mortality in developed countries, and many developing countries are still facing high maternal mortality as these factors still need addressing.

#### Short answer questions

##### Question 1 of 10

Total fertility rate is the number of children that would be born per woman if she were to live to the end of her child bearing years and bear children in each age group in accordance with prevailing age-specific fertility rates.

##### Question 2 of 10

These factors include: universality of marriage, lower age at marriage, low level of literacy, poor standards of living, limited use of contraception and traditional ways of life.

##### Question 3 of 10

Fertility, mortality, marriage, migration and social mobility.

##### Question 4 of 10

Demography is the scientific study of human populations. It involves analysis of three observable phenomena: changes in population size, the composition of the population and the distribution of populations in space. Demographers study five processes: fertility, mortality, marriage, migration and social mobility. These processes determine populations' size, composition and distribution. Basic understanding of demography is essential for public health practitioners because the health of communities and individuals depends on the dynamic relationship between the numbers of people, the space which they occupy and the skills they have acquired.

##### Question 5 of 10

In Western Europe the lifetime risk of maternal death is about one in 10,000. Some of the factors responsible for the reduction in maternal deaths include the provision of extended family planning services, availability of safe abortion services, and improved services for antenatal and obstetric care.

##### Question 6 of 10

Life expectancy at birth is the average number of additional years a person could expect to live if current mortality trends were to continue for the rest of the person's life.

Question 7 of 10

Demographic transition describes the change from high fertility and high mortality rates in more traditional societies to low fertility and low mortality rates in so-called modern societies.

Question 8 of 10

Epidemiological transition refers to long-term changes in the patterns of sickness and disability that have occurred as societies have changed their demographic, economic and social structures.

Question 9 of 10

- The era of pestilence and famine when life expectancy was low. The major causes of death were malnutrition, infectious disease, complications of pregnancy and childbirth.
- The era of receding pandemics, which in Western Europe began in the 18th century and lasted until the early years of the 20th century with the great influenza pandemic of 1918–1920.
- The era of non-communicable diseases, characterised by low fertility rates, population growth and in particular cardiovascular disease and cancer among other so-called degenerative or chronic diseases.

A fourth stage has also been proposed, which is the age of delayed degenerative diseases where, as preventive and interventional advances are made, degenerative diseases are postponed. Here the patterns of mortality remain similar to those in the third stage but are shifted progressively toward older ages; rapid improvements in survival are concentrated among the population in older ages.

Question 10 of 10

Several possible explanations for these have been advanced: misclassification of social class, particularly in women and the retired; downward 'drift' because of ill health; inequalities of the distribution of major risk factors for disease; inequalities in the distribution of income. An important reason for inequalities in health appears to be the distribution of wealth within a country. In countries where income distribution is relatively equal, health inequalities are less than in countries where there are gross disparities in wealth.