

**MARK SCHEME for the May/June 2013 series**

**0637 CHILD DEVELOPMENT**

**0637/11**

Paper 1 (Theory Paper), maximum raw mark 100

This mark scheme is published as an aid to teachers and candidates, to indicate the requirements of the examination. It shows the basis on which Examiners were instructed to award marks. It does not indicate the details of the discussions that took place at an Examiners' meeting before marking began, which would have considered the acceptability of alternative answers.

Mark schemes should be read in conjunction with the question paper and the Principal Examiner Report for Teachers.

Cambridge will not enter into discussions about these mark schemes.

Cambridge is publishing the mark schemes for the May/June 2013 series for most IGCSE, GCE Advanced Level and Advanced Subsidiary Level components and some Ordinary Level components.

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**Section A**

- 1 Weight, height and size. Two to be given for full marks.
- 2 The process of gaining, learning new skills or learning to control physical actions, growth. Total of one point awarded. [1]
- 3 Environmental factors –  
Where the child lives, who cares for them, whether they attend nursery/preschool, friends, parental engagement/encouragement, culture, education, finances, diet. [6]
- 4 28 days [1]
- 5
- 1 Menstruation/period
  - 2 Repair, lining of the womb/uterus starts to develop
  - 3 Ovulation, egg released
  - 4 Receptive phase, lining of the womb thickens
  - 5 Pre-menstruation, lining of the uterus/womb breaks down. [5]
- 6 Fallopian tube, ovary, uterus/womb, cervix, vagina. [5]
- 7 (a) *One* sperm fertilises *one* egg and divides into two. (2) [4]
- (b) *Two* sperm fertilise *two* eggs. (2) [4]  
In order to achieve 4 marks the italics section must be completed.
- 8 **Male**  
Blockage of the vas deferens due to STI, very low sperm count, contracted mumps, cancer treatment, poor diet lifestyle, injury. (3)
- Female**  
Damaged fallopian tubes, irregular hormone levels, fibroids, polycystic ovary syndrome, endometriosis, cancer treatment, age, STI, poor diet. (3) [6]

**[Total: 30]**

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**Section B**

- 9 (a) Whooping cough – restlessness, persistent coughing ending in a whoop, disturbed sleep, fretfulness, watery eyes, drooling, distress. (3)  
Meningitis – Fever, vomiting, rash, high pitched cry, bulging fontanelle, headache, stiff neck, drowsiness, unresponsive, dislike of bright lights, fits. (3)  
Chicken pox – Small blisterly spots, intense itching, agitation, feeling unwell, high temperature. (3)  
Measles – Fever, severe coldness, cough, rash develops on face and body, feeling unwell. (3) [12]
- (b) Fear of side effects of immunisation, upset by thought of needles, do not see benefit of immunisation, parents had disease and were not overly unwell, think it is not effective, dislike chemicals, their child is unwell, they think breastfeeding will provide immunity, media reporting. [5]
- (c) Wipes (used to clean wound), plasters (to cover wound), gauze (to cover wound), bandages (to stem bleeding, support broken bones, cover wound), sling (to elevate arm injury), tape (to secure bandage), safety pins (to secure bandage), scissors (to cut bandages to size or tape), tweezers (to remove foreign objects such as splinter), eye bath (to flush out foreign bodies), eye pads (to cover injured eye), plastic gloves (to prevent the spread of infection), disposal bag (to dispose of soiled items to reduce the spread of infection).  
This list is not exhaustive. [6]
- 10 (a) Four of the following –  
Physical – Where children use gross motor skills or large/big muscles.  
Imitative – Copying the actions of others.  
Imaginary/pretend – Making up games and activities from own imagination.  
Exploratory – Learning through discovery or trial and error.  
Creative – Making something from own ideas such as art work, dance or song.  
Solitary – Playing alone in the company of others.  
Looking on – Watching others, then often copying what they are doing.  
Parallel – Playing alongside, but not with others.  
Co-operative – Playing together, sharing resources and equipment, negotiating roles. [8]
- (b) 1 Should suggest toys that respond/operate without action and can be seen from lying down on back (mobiles, rattles, baby gyms, light displays, musical toys). This stimulates the senses.  
2 Toys that will remain static, these could be placed just out of reach to encourage crawling but would not roll away and frustrate (push button/pop up toys, books, dolls, stacking rings, shape sorters).  
3 Toys that will move freely and can be followed or moved along (balls, large cars, bricks, electronic movement toys) This promotes movement and develops large muscles.  
4 Toys that the child can move themselves (push-a-long, ride on, play tables, pull along toys). To encourage co ordination and balance.  
There might be varied correct answers. [8]

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- (c) Cost – whether the toy is expensive. Age of child – if the toy is too small and a choking hazard or too easy or difficult. Play value, – whether there are open opportunities for the child to play. Strong/durable – if it will last after repeated use or play. Sustained interest – whether the child will remain engaged and interested to want to play with it. Developing learning – if the child will learn new things by playing with it. Environmentally sound – whether the materials it is made from are recyclable and biodegradable. Natural – if the material is natural, appealing – if it encourages the child to want to play with it, links to child’s interest – whether it contains images of a child’s favourite character or is related to what they enjoy. Safety – if it is non toxic, does not contain sharp edges or has loose ties or cords. [5]
- (d) Places should be specifically for play –  
Parks – open field spaces where children can run around freely. Parks – with slides and swings and equipment to encourage rigorous play. Preschools – where children can go to play without their parents to socialise with other children. Parent and toddler groups – where children and parents meet with others and children play with toys. Indoor play centres – large areas for physical play, such as climbing frames. Adventure playgrounds – outdoor areas where children can climb on apparatus etc. [2]
- (e) Stimulates children’s senses, encourages imaginative play, helps children to understand world, helps hand eye co-ordination, encourages explorative play, helps to promote language, builds concentration. [4]

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**Section C**

**11 (a)** Responses might include the names of individual checks and procedures such as blood weight, blood pressure, urine test, vaginal examination, baby's heart beat, ultra scan, nuchal translucency, serum, amniocentesis, chronic villus sampling.

Reasons for testing could include:

- Confirms dates of pregnancy
- Check normality of growth
- Check number of babies
- Determine sex
- Check for Down's syndrome
- Check size, function and position of placenta
- Detect spina bifida, hydrocephalus, cleft palate
- Detect heart, brain, liver and kidney abnormality
- Check for ectopic pregnancy
- Detection of STI
- Determining blood groups

Benefits for parents:

- Reassurance
- Gives them chance to see the baby
- Promotes bonding
- Helps to make decisions early if abnormality found
- Prepares parents for multiple birth
- Helps to keep mother to be safe
- Can help make decisions on birth options
- Can find out sex
- Does not harm mother or baby

0–6 marks – Low level response, suggestion the purpose is to see the baby without explaining the medical purpose. Benefits for parents not adequately explained or areas not covered.

7–12 marks – Medium response, each area covered but not in detail. Medical and emotional, social reasons given. Accurate reasons given for scanning in pregnancy.

13–20 marks – High level response, includes stages or dating for scans with explanation for why. Accurate explanation of why scans are carried out social, emotional and medical reasons given in detail.

Or

**(b)** Answers should be explained and expanded upon. It is expected that there will be comment upon planned and unplanned changes such as

Transitions could be:

Planned – Starting school, nursery, going on holiday, hospital stay, moving house, arrival of sibling, introduction of step family.

Unplanned – Death of a parent/close relative, serious illness, parental divorce, moving home unexpected, death of a pet, accident/injury.

Resulting emotions and feelings:

Frightened, scared, nervous, anxious, shy, excited, jealous, angry, confused.

Behaviours could include:

Tearfulness

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- Standing by the door where parent left
- Hiding face
- Not wanting to join in
- Regression
- Quietness
- Lashing out
- Crying
- Searching
- Panic

It is expected that responses will be given in structured sentences for example: *An unplanned change children might experience is the death of a close relative. This will be a shock for the child as they were not expecting it. They are likely to feel confused, sad, angry and scared that another family member might also die. They might start to become clingy to members of their family, wanting to stay with them all the time. They might start to cry over little things because they feel sad and cannot express it.*

0–6 marks – Low level, not all areas attempted, poor understanding of questions or misunderstood question. Inappropriate or incorrect explanations given. Limited development and weak responses. Responses are listed and not explained.

7–11 marks – Well explained transition. Feelings and behaviour outlined briefly but without depth or development. Limited responses to some sections or repeated responses. No fluid sentences and development.

12–20 marks – High level response, good suggestion for transitions and feelings and behaviours are relevant to transition chosen. Developmentally accurate behaviours for stage described.

[20]