

# Principal Examiner's Report January 2010

GCE

## GCE Health & Social Care (6938) Unit 1 - Human Growth and Development

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## General comment

Normal practice of three tiered questions each totalling thirty marks was used. The questions related to the unit specification sections.

In this year's first paper, candidates repeated the same mistakes such as failing to read the question stem correctly, confusing the characters in the scenario and repeating sections of their responses. Most candidates insist on repeating the question and fail to gain any credit until the second half of the allotted space. The Quality of Written Communication was often poor and in questions asking for discussion, bullet points were often used limiting the marks gained. Candidates often failed to look outside the scenario for responses using their own knowledge.

## Question 1

It was pleasing to note that most candidates scored full marks in (a) although spelling was usually incorrect. No marks were given for infant, adolescent, etc. as these are not the names of the life stages.

Candidates are not accustomed to writing differences. These must be dealing with the same characteristic, e.g. girls menstruate, boys do not. Many candidates gave similarities in (b) while others gave only one characteristic such as girls menstruate. This was not well done.

Part (c) involved giving one example of a specific development for an infant. Not only were the developments confused - fine motor skills were common as examples of cognitive development but many had no idea of the scope of an infant mentioning reading and writing for example. Average score was 2/3.

Many learners focussed solely on material issues in (d) such as being bored with toys, needing greater challenges in educational toys such as computer games or concentrating on walking. Learners seem unable to realise that at this age, safe household objects such as a cardboard box will fascinate for long periods of time. Stronger candidates were able to pick up on the emotional issues at home causing distress to the child and losing the male role model. A few candidates could search their own knowledge and discuss illness or poor nutrition as a possibility. Average score was about 4 marks.

Part (e) was a question on self concept and it was quite well done, although too many learners failed to provide a positive aspect - relief at no more arguments, greater independence and being able to please herself. Average score was 3-5 marks.

## Question 2

Learners still fail to understand that physical features do not involve emotional changes such as irritability or mood swings. Far too many responses are still giving features associated with older adults, one saying that women experiencing the menopause get dementia. A considerable number of responses to (a)(i) fail to mention the cessation of menstruation. Average score was 1-2 marks.

Part (a)(ii) was answered well or very badly. Many referred only to Julie being pregnant and being asked to leave home. They continued to feel sympathy for Julie and fantasised about a grand reunion once the baby was born. 2-4 marks was the average score.

Many candidates gave responses to (b)(i) which were appropriate to an infant but others did not. Weak responses were breathing or lung problems which were not considered adequate at this level. There were some very strange spellings of asthma!

A straightforward question which should have elicited health-related information was (b)(ii). Instead, examiners reported an abundance of cosmetic effects on hair, nails, teeth and skin. Few could give reasoned responses. When cigarette toxins were mentioned specifically the context was incorrect, e.g. lungs or arteries full of nicotine or tar respectively. Information given was weak GCSE level rather than GCE AS level. Average mark was 2-4.

The impact of low income on diet was covered well in (c) but few learners could move meaningfully into other areas without becoming materialistic again such as owning computers and having gym membership. Most candidates remained in level 2 due to lack of the opposite view such as increasing skills, household repairs, garment making, etc. meeting people, taking exercise in free areas such as the park as well as feeling proud to achieve on a low budget. Average score was 4+ marks.

### Question 3

Not having appeared on the paper before, it was not surprising that only a few candidates could reason appropriate answers to (a). Religion and culture were given by some but it was significant that explanations were rarely credit-worthy. On average, candidates scores 0-1 mark.

A question that continues to cause problems with improving peoples' health being the favourite incorrect response was (b). Those candidates who had learned the three correct aims were generally unable to provide much in the way of description. Most learners gave positive, negative, holistic, behavioural, societal, etc. thus not appreciating the difference between aims and approaches or views of health. Average score was 1-2.

Having reminded learners of the aims of health promotion, it seemed a logical step to test application of knowledge by asking them to apply this to the "smoking ban" in (c). Candidates insisted on relating certain parts of the "smoking ban" and particularly in smokers having to go outside possibly in the rain and not answering the question asked. Average score was 2-4.

Another straightforward question about the advantages and disadvantages of models/approaches in health promotion was (d). In this unit, models are educational/behavioural, biomedical and societal and other models will not be considered as credit-worthy. A very common error was social model and this tended to send learners on an incorrect tangent. Learners wasted time and marks detailing the approaches rather than discussing their advantages and disadvantages. Educational and behavioural were often considered as two approaches resulting in the omission of a third. There is still a myth that schools are the only venues possible for educational/behavioural models demonstrating a lack of understanding. Some candidates managed to achieve high scores raising their totals for this question. Average score was 3-6 marks.

Overall it seems that some candidates are achieving improved scores on the extended questions but the ability to write extended prose of high quality is limited. Most candidates still enter for this paper with incomplete learning and cannot apply knowledge to or analyse scenarios. Answering the question that is asked would improve grades generally.

## Grade Boundaries

### 6938: Human Growth and Development

Grade	Max. Mark	A	B	C	D	E
Raw boundary mark	90	54	47	40	33	27
Uniform boundary mark	100	80	70	60	50	40

#### Notes

**Maximum Mark (Raw):** the mark corresponding to the sum total of the marks shown on the mark scheme.

**Boundary mark:** the minimum mark required by a candidate to qualify for a given grade.

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