

MARK SCHEME for the October/November 2006 question paper

0637 CHIL DEVELOPMENT

0637/01 Paper 1 (Theory Paper), maximum raw mark 100

This mark scheme is published as an aid to teachers and students, 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.

All Examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes must be read in conjunction with the question papers and the report on the examination.

The grade thresholds for various grades are published in the report on the examination for most IGCSE, GCE Advanced Level and Advanced Subsidiary Level syllabuses.

- CIE will not enter into discussions or correspondence in connection with these mark schemes.

CIE is publishing the mark schemes for the October/November 2006 question papers for most IGCSE, GCE Advanced Level and Advanced Subsidiary Level syllabuses and some Ordinary Level syllabuses.

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Section A

- 1 (a) A transitional period from childhood to adulthood/adolescent etc.
- (b) Any two from:
- breasts develop
 - pubic hair and hair under armpits
 - irregular periods/onset
 - moody
 - spots
 - growth spurt/hips and thighs widen
- [2]
- 2 Any three from:
- lack of opportunity for talking and playing/lack of encouragement/attention/stimulus/love/insecure
 - constant nagging or bullying from other people
 - deafness
 - poor eye sight
 - frequent illness/serious illness
- [3]
- 3 Three explained ways:
- wet combing – after washing and conditioning – with a fine tooth comb (detector comb)
 - chemical shampoos – kills lice but not nits
 - chemical treatments – only to be used in moderation etc.
- [3]
- 4 Either: by adding 40 weeks to first day of last period
Or: by adding 9 calendar months and one week to first day of the mother's last period
By baby's development on a scan
- [2]
- 5 Lay babies on their backs (face down – more risk of cot death) with head turned to one side (allows milk that may be brought up to trickle out of mouth)
Feet must be at end of cot to prevent the baby from becoming tangled under bed clothes/or suffocation
- [4]
- 6 Any three from:
- shape of body
 - colour of skin, hair and eyes
 - blood group
 - age at which teeth occur
 - size of hands and feet
 - diseases/disorders/illness
 - intelligence
 - personality traits etc.
 - maximum height to which the child will grow
- [3]
- 7 (a) A soft spot on top of baby's head/where skull bones have not yet joined
- (b) A greasy whitish substance covering baby's body at birth
- (c) A fine layer of hair covering baby's skin (body) if born early/disappears
- (d) Small whitish-yellow spots on face particularly nose which may develop on newborn babies
- [8]
- 8 Any of the following – 3 required:
- diet and health in pregnancy
 - how baby develops
 - how it will be born and how to prepare for labour/signs of labour
 - different types of pain relief available during labour
 - breast feeding
 - how to look after a new baby
 - breathing exercise
- [3]

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Section B

- 9 (a) (i) Chewy/hard foods such as rusks and carrots
- (ii) A chilled teething ring e.g. any suitable – cools and soothes
- (iii) Gentle gum massage with a clean finger is calming or example
- (iv) Sugar-free teething gel to reduce the pain
Baby paracetamol/child aspirin e.g. to reduce pain [8]
- (b) Any 4 explained points from the following:
- avoid sugar from the start – to avoid a taste for very sweet foods and so tooth decay
 - never dip a dummy (or soother) into honey or sugar
 - never give sweetened drinks in a bottle or feeder
 - reduce the number of times the family eats sweet things/set an example
 - make sure the diet contains the correct amount of nutrients for bone development – milk etc. for calcium
 - water/toothpaste with fluoride Vit D etc [8]
- (c) Any 3 points described:
- using the eyes can make contact with another person
 - tone of voice – a scream, cry or gurgle carry different messages
 - expression on the face – can indicate pleasure, anger contentment etc.
 - using the hands – pointing, clinging, throwing, pushing away, pulling etc. to make their wishes known
 - body movement/curled up in pain/rigid etc. [6]
- (d) Any 3 from:
- inherited pattern of development
 - concentrating first on other aspects of development
 - not enough individual attention from adults/neglect/lack of stimulation
 - lack of encouragement
 - deafness/hearing problems
 - stammering/cleft palate [3]

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- 10 (a)** When adults and children are stressed they are more careless and forgetful – e.g. when in a hurry, worried or during an argument
 When parents and carers are less alert – e.g. when tired or on medication
 To children who are under or over-protected – children not made aware of dangers so fail to take care, or over-protected may make them so aware they become nervous and unsure and therefore unsafe
 To children who are neglected or abused
 Lack of safety precautions in home – with examples
 Lack of safety precautions outside – with examples
 Explore/excitement/curiosity – with examples

[8]

(b) Floors – 3 from:

- wipe up spilt grease or liquid
- a heavy mat rather than a light one
- if floors are polished, then non-slip polish
- never polish under mats
- 'clutter free' etc.

Windows – 3 from:

- never leave children alone in a room with an open window – unless there are safety bars
- catches securely fastened
- keep chairs and tables away from windows to prevent children climbing onto window sills

Cookers – 3 from:

- controls which are difficult for a child to reach/switch difficult to turn on
- use a cooker guard around the hob
- turn pan handles inwards
- cables out of reach
- no chairs nearby
- turn off after use

[9]

(c) Any five suitable items

[5]

(d) A full explanation required for full marks

- table cloth can be pulled off
- child/baby scalded by hot tea or coffee
- liquids do not need to be very hot to damage the skin of a young child
- knives etc. could cut/hurt child

[3]

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- 11 (a) (i) Milk and dairy food:
Cheese, yoghurt, fromage frais, butter
- Fat and sugar
Cakes, chocolate, puddings, sweets, ice-cream, jam/preserves
- Bread, other cereals and potatoes:
Rice, pasta, maize, potatoes (must give type), porridge, cereal bar, etc.
- Fruit and vegetables:
Any suitable examples
- Meat, fish and alternatives:
Chicken, names fish, eggs, named meat, beans, lentils, etc. [10]
- (ii) A meal for a toddler – must be suitable and contain some of foods given in chart (i) [6]
- (b)
- cheese
 - breadsticks
 - toast
 - yoghurts
 - bagels
 - bread buns/sandwiches
 - potato cakes
 - non-sugar coated breakfast cereals
 - carrot sticks
 - fruit salad
 - piece of fruit (named)
 - drink – milk
 - – milk shake
 - – fruit juice [5]
- (c) Answers must be explained
- too bulky – prevents important minerals e.g. calcium and iron being absorbed
 - stools too soft and often [4]

[Total: 25]

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- 12 (a)
- bathtime
 - put in night clothes
 - reduce activity/quiet time
 - a milky drink or supper
 - brushing teeth
 - a bedtime story/lullaby
 - check comforter e.g. dummy, toy or blanket nearby
 - a good night kiss and cuddle
 - leave a dim light on if necessary
 - regular time
 - toilet visit last thing
- [12]
- (b) Explained reasons:
- ill
 - hunger
 - apparently afraid of dark
 - too hot or cold
 - thirsty
 - dirty nappy – uncomfortable
 - habit of waking
 - lonely/attention seeking
 - over excited/over tired
- [8]
- (c)
- 1-2 years (12 hrs)
 - 2-3 years (11-12 hrs)
 - 3-4 years (8-14) hrs
- [3]
- (d)
- part of routine for child
 - security
 - allows parents to organise lives
- [2]
- [Total: 25]**

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Section C

13 A high level response 14-20

A good candidate will show a wide knowledge of both the symptoms and treatments of nappy rash and will describe them.

A thorough knowledge of one other skin disorder of young children will also be shown.

A mid response 7-13

Responses will be limited and descriptions less detailed, answers to each section will be less balanced.

A low level response 0-6

Very limited responses-lacking depth, detail and perhaps only few parts attempted.

(a) Symptoms

- skin becomes red and sore in the nappy area
- skin may become rough and wrinkled
- septic spots may appear

Treatment:

- leave nappy off as often as possible
- use only sterilised nappies
- change nappy as soon as possible as it becomes wet or soiled during the day time
- change nappies at least once during the night
- use nappy liners
- do not use plastic pants
- apply cream every time nappy is changed
- seek medical advice if rash becomes wet and oozing

Prevention

- do not leave baby in a wet dirty nappy
- use a protective cream over baby's bottom
- wash cotton nappies thoroughly after they are removed
- do not use tightly fitting plastic pants – they keep warmth and moisture in and encourage nappy rash

(b) Heat rash – cause:

Babies become too hot in hot weather or hot countries or in cold weather when baby is wrapped in too many clothes in an overheated room.

Baby's sweat which is the cause of the rash.

Symptoms:

This rash may appear particularly around the shoulders and neck.

Condition soothed by:

Bathing – when skin is dry (care to be taken over this) calamine lotion can be applied.

Dress baby according to weather – if very hot only a nappy needs to be worn.

Nettle rash – cause:

A sensitive or allergic reaction to a medicine e.g. aspirin or penicillin, particular foods e.g. strawberries or shellfish, sensitivity to insect bites e.g. fleas from cats or dogs or from bed bugs.

Symptoms

A lumpy rash usually white, with lots of small spots or fewer larger ones. Itches severely.

Soothed by:

Calamine lotion.

[Total: 20]

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14 High level response 14-20

All three sections will be answered. The use of the words “explain”, “describe” and “suggest” will be clearly seen in the answers.

Mid level response 7-13

Responses will be more limited – including less detail on one section.

Low level response 0-6

Very limited responses – lacking depth, perhaps not all parts attempted.

- (a)
- shows interest in what you are eating
 - picks up food and puts in mouth
 - can sit up (may need some support)
 - wants to chew
 - may have teeth
 - is still hungry after a feed when you have already increased their feed for a few days
 - wakes up earlier, wants feeding
- (b)
- go at baby's pace – allow plenty of time/patience
 - baby has to learn to move solid food from front to back of mouth, it tastes and feels different
 - gradual change
 - cleanliness is vital, test temperature, throw away leftovers
 - keep on with milk
 - baby may be happy with cold food
 - food must be bland
 - food must be easy to digest
 - food must be “smooth”
 - prepare floor and bits for baby
 - be calm
 - never move away from baby in case they choke
 - do not force feed or spend too long persuading
 - choose a time when you are both relaxed
 - allow baby to have a spoon to hold
 - offer a variety of foods, introduce one at a time
 - eat with family
 - use mashed up family food when possible, but without added salt and sugar
- (c)
- mashed carrot, parsnip, potato, yam, courgette, etc.
 - mashed banana, cooked apple, pear or mango
 - mashed rice mixed with baby's usual milk
 - cereals
 - commercial baby food – first stage

[Total: 20]