

Examiners' Report/
Principal Examiner Feedback

January 2013

GCE Health & Social Care (6938)
Paper 01 Unit 1 - Human Growth &
Development

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General Comments

The paper consisted of three tiered questions addressing the three sections of the Unit 1 specification.

The paper was accessible to candidates of different abilities and questions requiring extended responses proved effective at differentiation. Handwriting and multiple cancellations still pose reading difficulties for examiners. Candidates should take more care with questions which include assessment of the quality of written communication. Using specialist vocabulary is desirable. Although marginally improved, candidates were unable to read the question stems accurately. For example in question 1 part (c), candidates were required to provide three physical features of stress and a very common error was giving emotional features.

Many candidates lost credit because they omitted to justify, explain or complete an answer in any way. Candidates should be encouraged to make a relevant point and always back it up with an explanation and/or evidence. Evidence of analysis or evaluation are areas to work on.

Question 1

Parts (a)(i) and (ii) witnessed only the weakest candidates not getting both points related to the life stages.

Part (b) saw disappointing responses. Learning social skills and socialising were not acceptable as Rav had maintained friendships for a long time. Sadly a number of candidates could not get beyond friends must mean going out and socialising. Candidates must be able to produce deeper responses from their programme of learning to gain credit. They continue to use social skills, socialising and socialisation as synonyms.

Many emotional and some social features were given and not accepted in part (c). Candidates who understood the physiology of stress and adrenaline scored highly. Hair loss, hair turning grey, wrinkles etc were not accepted – these changes happen normally and through most of the life stages. These were very common responses – arising from perhaps a parental rejoinder to adolescents commenting on colour changes and hair loss. Candidates should understand that hormones are many, varied and affect all life stages. While specific names are not required (although desirable) there should be some idea of their target, origin or effect such as sex hormones, stress hormone not just hormones. A few candidates gained full marks on this question but the majority commenting on weight change and cardiovascular effects achieved 3-4 marks. Some candidates responded by giving the reasons for the stress.

Part (d) saw numerous responses about family relationships that were one-sided and as candidates went through PIES they deviated into friendships and socialising again limiting to level 2. Primary socialisation was well covered with examples provided. QWC generally requires improvements but some responses were well-constructed, organised and coherent.

In part (e) many candidates went through PIES again which was not appropriate and as a result left out any effect on hearing. It was surprising

to see how many candidates could not spell "deaf" and wrote "death" instead. A large number gave positive effects of loud noise such as music and ignored the term pollution while others described air pollution. Candidates should research about noise pollution.

Question 2

Part (a)(i) was left blank by some candidates while some others thought that it referred to homeopathy or health promotion. Candidates attempting to provide the correct response used the WHO definition but omitted at least half of the original statement. A minority of candidates gave excellent responses and gained full marks.

Part (a)(ii) was answered well with a majority gaining 2-3 marks.

In part (b) most candidates could achieve 4-6 marks but there were some excellent answers as well. Cosmetic effects continue to be offered but gain no credit.

In part (c), a surprising number of candidates were not successful in giving all three general aims of health promotion which has been asked several times. Credit was not given for just "raising awareness" without qualification; students must recognise the need for writing a clear sentence under examination conditions.

Candidates do not seem to be able to organise responses to questions like part (d) and many obsessed about going outside in inclement weather to smoke as their main contribution. Some candidates wrote about the health of non-smokers but were unable to link it to preventing illness and the health hazard associated with passive smoking. Reduction in smoking was often linked to reduced illness but left in a vague way.

Most candidates were able to achieve level 2 marks in part (e) but there was little critical analysis or application to young people. Most answers simply agreed with the plan although commenting on high tax, removing shop displays and free NHS support.

Question 3

In part (a)(i) most candidates achieved between 1 and 3 marks on the graph, those not achieving did not read the question correctly –puberty, height and weight are not body parts. Credit is not given for non-technical terms applied to body organs.

The majority of candidates were successful in part (a)(ii) but some weaker students could not fully analyse a graph.

In part (b) candidates did not appreciate that rapid growth of sexual organs is necessary to prepare the body for reproduction however, 1 mark was given for puberty or adolescence.

Once again, hormones were mentioned without any qualification in part (c), candidates need to be aware of stress hormone, growth hormone, insulin

and sex/reproductive hormones for basic growth and development. It was quickly made clear to examiners that candidates had a very patchy, shallow knowledge and understanding of the important process of puberty. The majority could only give short phrases such as "breasts enlarge" and "periods start". A significant number of candidates do not understand the meaning of "pubic" hair which was growing on the face and underneath the arms. Primary and secondary sexual organs or characteristics are also confused.

Responses on the benefits of a positive self concept in part (d) were disappointing. Many candidates discussed the features of a negative self concept or how you get a positive self concept, both were not required. Understanding was poor with too many responses repeating "feeling good about oneself" and "having confidence" to excess. After defining self concept, weaker students wrote about a positive self concept causing self esteem/image to rise and demonstrated a lack of understanding and common sense. Many also wrote repeatedly about having nice clothes and looking good. However, there were some well-constructed, coherent responses achieving levels 2/3.

In part (e) stereotyping of older people still shows from time to time as bingo, and care homes featured regularly. However, there were some good discussions of social development with bereavement, restricted mobility, illness and new activities being popular topics.

A number of candidates went through the life stages or discussed being at work, secondary socialisation or even primary. One sided views were frequent and these responses had limited credit.

Overall, there was a slight improvement in scores, but weaker candidates were unable to read question stems accurately, use PIES for most answers regardless of the question asked and need to improve the quality of written communication.

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