



KOSHYS
INSTITUTE OF MANAGEMENT STUDIES

NAAC Accredited & ISO 9001 2015 Certified

DEPARTMENT OF PSYCHOLOGY
QUESTION BANK
III SEMESTER CHILD PSYCHOLOGY

UNIT I

SECTION – A

2 MARKS

1. **Child Psychology:** Child psychology is a branch of psychology that focuses on the study of the mental, emotional, and behavioral development of children. It involves understanding how children grow physically, mentally, emotionally, and socially from infancy through adolescence.
2. **Differentiate between growth and development:**
 - **Growth:** Refers to the physical changes that occur in a child's body, such as height, weight, and motor skills.
 - **Development:** Encompasses the overall changes in a child's abilities, including cognitive, emotional, social, and psychological aspects.
3. **Child Development:** Child development is a multidisciplinary field that studies the processes of change and stability in children from conception through adolescence. It involves examining various aspects of development, including physical, cognitive, emotional, and social development.
4. **Careers in Child Psychology:**
 - Clinical Child Psychologist
 - School Psychologist
 - Developmental Psychologist
 - Pediatric Psychologist
 - Child and Family Therapist
5. **Ecological Model:** The ecological model, proposed by Urie Bronfenbrenner, describes the influence of various environmental systems on an individual's development. It includes the microsystem, mesosystem, exosystem, and macrosystem.

6. **Longitudinal Method:** Longitudinal method involves studying the same group of individuals over an extended period to observe changes and development across time.
7. **Cross-Sectional Method:** Cross-sectional method involves studying different groups of individuals at the same point in time to compare their development.
8. **Correlation Method:** Correlation method assesses the relationship between two or more variables to determine if they are associated.
9. **Sequential Method:** Sequential method combines elements of both longitudinal and cross-sectional methods by studying different age groups over an extended period.

10. **Research Designs:**

- Experimental Design
- Observational Design

11. **Scope of Child Psychology:**

- Early Childhood Development
- Educational Psychology

12. **Fields of Child Psychology:**

- Clinical Child Psychology
- School Psychology

13. **Careers in Child Psychology:**

- Child Psychologist
- Child Life Specialist
- Child Welfare Case Worker
- Child and Adolescent Counselor

14. **Theories of Child Development:**

- Psychosocial Theory (Erik Erikson)
- Cognitive Development Theory (Jean Piaget)
- Attachment Theory (John Bowlby)

15. **Person who gave Ecological Model:**

- Urie Bronfenbrenner

16. **Person who gave Ethological Model:**

- Konrad Lorenz

SECTION – B

5 MARKS

1. **Theories of Child Development:** a. **Psychosocial Theory (Erik Erikson):**

Erikson's theory emphasizes the importance of psychosocial development throughout the lifespan. It includes stages with specific challenges and outcomes, such as trust versus mistrust, autonomy versus shame and doubt, and identity versus role confusion.

b. **Cognitive Development Theory (Jean Piaget):** Piaget's theory focuses on cognitive development, proposing that children progress through distinct stages of thinking. These stages include the sensorimotor stage, preoperational stage, concrete operational stage, and formal operational stage.

c. **Attachment Theory (John Bowlby):** Attachment theory emphasizes the significance of early emotional bonds between caregivers and children. Bowlby identified different attachment styles, such as secure, insecure-avoidant, and insecure-ambivalent, which can impact a child's social and emotional development.

2. **Importance and Scope of Child Psychology:**

- **Importance:**

- Understanding normal and atypical development.
- Informing educational practices and interventions.
- Supporting parents in fostering healthy child development.
- Identifying and addressing psychological issues early on.

- **Scope:**

- Early childhood development.
- Educational psychology.
- Clinical child psychology.
- Pediatric psychology.
- Child and family therapy.

3. **Correlational Method:**

- **Definition:** The correlational method examines the relationship between two or more variables without manipulating them. It helps determine whether and how variables are related, but it does not establish causation.
- **Example:** Studying the correlation between the amount of time children spend playing video games and their academic performance.

4. **Longitudinal Method:**

- **Definition:** The longitudinal method involves studying the same group of individuals over an extended period to observe changes and development across time.
- **Example:** Following a group of children from infancy to adolescence to observe changes in their cognitive, emotional, and social development.

5. **Sequential Method:**

- **Definition:** The sequential method combines elements of both longitudinal and cross-sectional methods. Researchers study different age groups over an extended period to understand both age-related changes and individual differences.
 - **Example:** Examining cognitive development in children of different age groups over several years.
6. **Cross-Sectional Method:**
- **Definition:** The cross-sectional method involves studying different groups of individuals at the same point in time to compare their development. It provides a snapshot of developmental differences across various age groups.
 - **Example:** Comparing the language development of preschoolers, elementary school children, and adolescents in a single study.

SECTION – C

10 MARKS

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SECTION C

Historical Views of Childhood: a. Medieval and Renaissance Periods:

- Childhood was often perceived as a vulnerable and perilous stage of life.
- Harsh discipline and limited recognition of childhood innocence.

b. 17th Century Enlightenment:

- Emphasis on the importance of education for children.
- John Locke's idea of the "tabula rasa" suggested that children are born with minds like blank slates, shaped by experiences.

c. 18th and 19th Centuries:

- Romantic movement contributed to the idealization of childhood.

- Emergence of the concept of "childhood innocence" and protection of children's rights.

d. **20th Century:**

- Increased focus on child development research.
- Recognition of the impact of genetics, environment, and social factors on childhood.

e. **Post-World War II:**

- Rapid advancements in child psychology and developmental research.
- Greater awareness of the importance of early childhood experiences.

2. **Ecological Model:**

- **Definition:** The ecological model, proposed by Urie Bronfenbrenner, emphasizes the influence of various environmental systems on an individual's development.
- **Components:**
 - **Microsystem:** Immediate environment (family, school).
 - **Mesosystem:** Interactions between microsystems (e.g., school and family connections).
 - **Exosystem:** External systems indirectly affecting the individual (e.g., parent's workplace).
 - **Macrosystem:** Cultural and societal context.
 - **Chronosystem:** Historical context and changes over time.

3. **Research Methods and Designs in Studying Child Development:**

- **Methods:**
 - **Observational Method:** Directly observing and recording behavior.
 - **Experimental Method:** Manipulating variables to determine cause and effect.
 - **Correlational Method:** Examining relationships between variables.
- **Designs:**
 - **Longitudinal Method:** Following the same individuals over time.

- **Cross-Sectional Method:** Studying different age groups at the same time.
- **Sequential Method:** Combining elements of longitudinal and cross-sectional methods.

4. **Child Psychology:**

- **Definition:** Child psychology is a branch of psychology that focuses on the study of the mental, emotional, and behavioral development of children.
- **Field:** Involves understanding how children grow and develop in various domains such as cognition, emotion, and social interaction.
- **Career:** Offers diverse career paths, including clinical child psychologist, school psychologist, developmental psychologist, pediatric psychologist, and child and family therapist.
- **Scope:**
 - Early childhood development.
 - Educational psychology.
 - Clinical child psychology.
 - Pediatric psychology.
 - Child and family therapy.
 - Child welfare and advocacy

UNIT -2

SECTION – A

2 MARKS

1. **Conception:** Conception refers to the moment when a sperm cell successfully fertilizes an egg, leading to the formation of a zygote. It marks the beginning of a new individual's development.
2. **Fertilization:** Fertilization is the process in which a sperm cell penetrates an egg cell, resulting in the formation of a zygote. This marks the beginning of embryonic development.
3. **Stages of Prenatal Development:**
 - Germinal Period
 - Embryonic Period
 - Fetal Period
4. **Germinal Period:** The germinal period is the first two weeks of prenatal development, beginning with conception and ending with the implantation of the fertilized egg in the uterus lining.

5. **Embryonic Period:** The embryonic period spans from the third week to the eighth week of prenatal development. It is characterized by the rapid development of major organ systems and the establishment of basic body structures.
6. **Fetal Period:** The fetal period starts from the ninth week and continues until birth. During this stage, the organs and systems formed during the embryonic period continue to grow and mature.
7. **Prenatal Assessments:**
 - Ultrasound: Imaging technique using sound waves to visualize the fetus.
 - Amniocentesis: Sampling amniotic fluid for genetic testing.
 - Chorionic Villus Sampling (CVS): Collecting tissue from the placenta for genetic analysis.
 - Non-Invasive Prenatal Testing (NIPT): Analyzing cell-free fetal DNA in the mother's blood for genetic abnormalities.
8. **Teratogens:** Teratogens are substances, agents, or factors that can cause malformations or functional abnormalities in the developing embryo or fetus. Examples include certain drugs, infections, and environmental pollutants.
9. **Environmental Hazards Affecting Prenatal Development:**
 - Radiation exposure
 - Maternal infections
 - Substance abuse (e.g., drugs, alcohol)
 - Poor maternal nutrition
10. **Medicated and Non-Medicated Drugs in Prenatal Development:**
 - Medicated: Prenatal vitamins, folic acid supplements.
 - Non-Medicated: Avoidance of alcohol, tobacco, and certain over-the-counter medications.
11. **Expand FAS:** FAS stands for Fetal Alcohol Syndrome, a condition caused by maternal alcohol consumption during pregnancy, leading to physical and cognitive abnormalities in the child.
12. **Stages of Childbirth:**
 - Stage 1: Contractions and dilation of the cervix
 - Stage 2: Delivery of the baby
 - Stage 3: Delivery of the placenta
13. **Birth Complications:**
 - Preeclampsia
 - Breech birth
 - Umbilical cord complications
 - Premature birth
14. **Expand APGAR Scale:** APGAR stands for Appearance, Pulse, Grimace response, Activity, and Respiration. It is a quick assessment tool used to evaluate the physical condition of a newborn immediately after birth.
15. **Expand NBAS:** NBAS stands for Neonatal Behavioral Assessment Scale. It is a tool used to assess the neurobehavioral and social responses of a newborn.
16. **Types of Delivery Method:**
 - Vaginal delivery
 - Cesarean section (C-section)

17. **Fertilization:** Fertilization is the process in which a sperm cell successfully merges with an egg cell, forming a zygote.
18. **Conception:** Conception refers to the initial fusion of sperm and egg, resulting in the formation of a zygote.
19. **Two Principles of Human Development:**
 - Cephalocaudal principle (development from head to toe)
 - Proximodistal principle (development from the center outward)
20. **Teratogens:** Teratogens are substances or agents that can cause developmental abnormalities in the embryo or fetus.
21. **Stages of Prenatal Development:**
 - Germinal Period
 - Embryonic Period
 - Fetal Period
22. **Expand APGAR & NBAS:**
 - APGAR: Appearance, Pulse, Grimace response, Activity, Respiration (used for quick assessment of a newborn's health)
 - NBAS: Neonatal Behavioral Assessment Scale (used to assess a newborn's behavioral responses)
23. **Two Fields to Study Child Psychology:**
 - Developmental psychology
 - Pediatric psychology
24. **Complications in Childbirth:**
 - Placenta previa
 - Shoulder dystocia

SECTION – B

5 MARKS

1. **Stages of Prenatal Development:** Prenatal development occurs in three main stages: a. **Germinal Stage:** The first two weeks after conception. b. **Embryonic Stage:** Weeks 3 to 8, where major organ systems begin to form. c. **Fetal Stage:** Week 9 until birth, characterized by continued growth and development.
2. **Germinal Stage:**
 - Occurs during the first two weeks after conception.
 - Includes the formation of the zygote through fertilization and its rapid division.
 - The zygote becomes a blastocyst, which then implants into the uterine wall.
3. **Embryonic Stage:**
 - Spans weeks 3 to 8 after conception.
 - Key development of major organs and body systems takes place.
 - Critical period when exposure to teratogens can lead to significant abnormalities.
4. **Fetal Stage:**
 - From week 9 until birth.
 - Characterized by growth and refinement of organ systems.

- The fetus becomes more responsive to stimuli, and the brain continues to develop.
5. **Role of Environmental Hazards:**
 - Exposure to environmental hazards (e.g., radiation, toxins) can impact prenatal development.
 - Maternal stress, poor nutrition, and substance abuse can also affect the developing fetus.
 6. **Role of Drug Intake and Medical Drugs:**
 - Some drugs can harm fetal development; pregnant women should consult healthcare providers.
 - Prescription medications should be taken under medical supervision to ensure safety.
 7. **APGAR Scale:**
 - A quick assessment tool used to evaluate the physical condition of a newborn.
 - Rates appearance, pulse, grimace response, activity, and respiration on a scale from 0 to 2.
 8. **NBAS (Neonatal Behavioral Assessment Scale):**
 - A test performed on newborns to assess their neurological development and behavioral functioning.
 9. **Methods for Prenatal Assessment:**
 - **Ultrasound:** Uses sound waves to create an image of the fetus.
 - **Amniocentesis:** Collects amniotic fluid for genetic testing.
 - **Chorionic Villus Sampling (CVS):** Examines cells from the placenta for genetic abnormalities.
 10. **Teratogens and Harmful Effects:**
 - Teratogens are substances that cause malformations or functional abnormalities during embryonic development.
 - Effects can include physical deformities, cognitive deficits, and behavioral issues.
 11. **Stages of Child Birth:** a. **Stage 1 (Dilation and Effacement):** Onset of labor until the cervix is fully dilated and effaced. b. **Stage 2 (Delivery):** Full dilation to the birth of the baby. c. **Stage 3 (Placental):** Expulsion of the placenta.
 12. **Birth Complications:**
 - Complications can arise during any stage of childbirth.
 - Examples include prolonged labor, breech presentation, and umbilical cord complications.
 - Medical interventions may be necessary to ensure a safe delivery.

SECTION – C

(Analysing and Applying)

10 MARKS

1. **Stages of Prenatal Development:** Prenatal development is the process of growth and development that occurs before birth. It is typically divided into three main stages:

a. **Germinal Stage (Weeks 1-2):** This is the initial stage that begins with conception, where the sperm fertilizes the egg, forming a zygote. The zygote undergoes rapid cell division and travels down the fallopian tube, eventually forming a blastocyst. The blastocyst then implants itself into the uterine wall.

b. **Embryonic Stage (Weeks 3-8):** During this stage, the major organs and body systems begin to form. The blastocyst is now referred to as an embryo, and critical development occurs. The heart, nervous system, limbs, and other essential structures start to take shape. This stage is particularly sensitive to teratogens, which are substances that can cause birth defects.

c. **Fetal Stage (Week 9 to Birth):** The developing organism is now referred to as a fetus. During this stage, there is rapid growth and refinement of structures formed in the embryonic stage. Organs continue to mature, and the fetus begins to show signs of movement. The final trimester involves further brain development and the preparation of organs for independent functioning after birth.

2. **Prenatal Assessment:** Prenatal assessment involves various medical and diagnostic procedures to monitor the health and development of the fetus. Common assessments include:

a. **Ultrasound:** Uses sound waves to create images of the developing fetus, providing information about its size, position, and overall health.

b. **Blood Tests:** Assess maternal blood for markers of potential issues, such as genetic disorders or neural tube defects.

c. **Amniocentesis and Chorionic Villus Sampling (CVS):** These invasive procedures involve sampling amniotic fluid or placental tissue to detect genetic abnormalities.

d. **Non-Invasive Prenatal Testing (NIPT):** A blood test that examines fetal DNA in the maternal bloodstream for genetic abnormalities.

e. **Regular Check-ups:** Routine physical examinations and monitoring of the mother's health, including blood pressure, weight gain, and fetal heart rate.

3. **Neonatal Assessment:** Neonatal assessment refers to the evaluation of a newborn's health and well-being. It includes:

a. **Apgar Score:** A quick assessment of a newborn's physical condition at one and five minutes after birth, evaluating heart rate, respiratory effort, muscle tone, reflexes, and skin color.

b. **Physical Examination:** Assessing the baby's vital signs, physical appearance, reflexes, and organ function.

c. **Newborn Screening Tests:** Conducted to detect conditions that may not be apparent at birth but can cause serious health issues if not identified early.

4. **Role of Drug Intake and Medical Drugs During Prenatal Development:** Drug intake during prenatal development can have significant consequences on the developing fetus. Teratogens, including certain drugs and medications, can cause birth defects. Common concerns include:

a. **Prescription Drugs:** Some medications may pose risks to the developing fetus. It's crucial for pregnant women to consult with healthcare providers to assess the benefits and risks of medications.

b. **Illicit Drugs and Substance Abuse:** Substance abuse, including alcohol, tobacco, and illicit drugs, can have severe negative effects on fetal development, leading to conditions like fetal alcohol syndrome and developmental issues.

c. **Environmental Exposures:** Exposure to pollutants and toxins can also impact prenatal development.

5. **Conception, Stages of Birth, and Complications:** a. **Conception:**

Conception occurs when a sperm fertilizes an egg, forming a zygote. This marks the beginning of pregnancy.

b. **Stages of Birth:** i. **Stage 1 (Labor):** Contractions of the uterus lead to the dilation and effacement of the cervix. ii. **Stage 2 (Delivery):** The baby moves through the birth canal and is born. iii. **Stage 3 (Placental Expulsion):** The placenta is expelled from the uterus.

c. **Complications:** i. **Preterm Birth:** Birth that occurs before 37 weeks of gestation.

ii. **Cesarean Section:** Surgical delivery when vaginal delivery poses risks to the mother or baby. iii. **Birth Defects:** Structural or functional abnormalities present at birth.

Proper prenatal care, monitoring, and a healthy lifestyle can help reduce the risk of complications during pregnancy and childbirth. Regular medical check-ups and adherence to healthcare provider recommendations are essential for a healthy pregnancy and optimal fetal development.

UNIT: 3

SECTION – A

2 MARKS

1. **Reflex:** A reflex is an involuntary and nearly instantaneous movement or response to a stimulus. It is typically an automatic and unlearned behavior that occurs in response to specific sensory input.

2. **Types of Reflexes:**

- **Simple Reflexes:** These are basic, automatic responses to a specific stimulus. *Example:* The knee-jerk reflex when a doctor taps the patellar tendon below the knee.
- **Postural Reflexes:** These reflexes help maintain balance and posture. *Example:* The righting reflex, which helps an infant adjust their head position to keep it upright.
- **Primitive Reflexes:** These are automatic movements that are present in infants and gradually disappear as the nervous system matures. *Example:* The Moro reflex, where an infant responds to a sudden loss of support by extending their arms and legs.
- **Acquired (Conditioned) Reflexes:** These are learned responses that develop through experience. *Example:* Pavlov's classical conditioning experiments with dogs, where they salivated in response to a bell after associating it with food.

3. **Gross Motor Skills:** Gross motor skills involve the use of large muscle groups and coordination of movements. Four examples include:

- Walking
- Running
- Jumping
- Climbing

4. **Fine Motor Skills:** Fine motor skills involve the coordination of small muscle movements. Four examples include:
 - Grasping objects with fingers
 - Writing or drawing
 - Buttoning clothes
 - Tying shoelaces
5. **Perceptual Capacities in Infancy:**
 - **Visual Perception:** The ability to interpret and make sense of visual stimuli.
 - **Auditory Perception:** The ability to recognize and interpret sounds.
 - **Tactile Perception:** The ability to perceive and interpret sensations through touch.
 - **Gustatory and Olfactory Perception:** The ability to recognize and respond to tastes and smells.
6. **Stranger Anxiety:** Stranger anxiety is a normal developmental stage in infancy where infants become apprehensive and fearful when encountering unfamiliar people. This usually occurs around 6 to 8 months of age as infants start to distinguish between familiar and unfamiliar faces.
7. **Separation Anxiety:** Separation anxiety is another common developmental stage where infants or young children become distressed or anxious when separated from their primary caregivers. It typically emerges around 8 to 12 months of age and reflects the child's growing awareness of object permanence (understanding that objects and people continue to exist even when out of sight)

SECTION – B

5 MARKS

1. **Reflexes:** Reflexes are automatic, involuntary responses to specific stimuli. These innate behaviors are crucial for survival and the early development of infants. Common reflexes include the sucking reflex, rooting reflex (turning towards touch on the cheek), and the Moro reflex (startle response). These reflexes typically diminish as a child grows and their nervous system matures.
2. **Gross Motor Skills:** Gross motor skills involve the coordination and control of large muscle groups to perform activities such as crawling, walking, running, and jumping. These skills are fundamental for physical development and are usually acquired during infancy and early childhood.
3. **Fine Motor Skills:** Fine motor skills involve the coordination of small muscle groups to perform precise movements, such as grasping objects, buttoning a shirt, or writing. These skills develop gradually and are essential for tasks requiring dexterity and precision.
4. **Perceptual Capacities in Infancy:** In infancy, perceptual capacities refer to the development of sensory and cognitive abilities. Infants start developing a sense of vision, hearing, taste, smell, and touch. They begin to recognize faces, differentiate between colors and shapes, and understand spatial relationships. Depth perception and the ability to perceive the world in three dimensions also emerge during this period.

5. **Separation Anxiety:** Separation anxiety is a common emotional response observed in infants and toddlers when they are separated from their primary caregivers. This anxiety typically emerges around 6-8 months of age and can last for some time. It reflects the child's growing awareness of object permanence, the understanding that things and people continue to exist even when out of sight. As infants develop a stronger attachment to their caregivers, they may become distressed when separated.
6. **Stranger Anxiety:** Stranger anxiety is a developmental stage where infants display fear or distress when confronted with unfamiliar people. This typically occurs around 6-12 months of age and is linked to the child's growing cognitive abilities and attachment to familiar faces. Infants may become wary of strangers and exhibit signs of discomfort, such as crying or clinging to their primary caregiver. This anxiety is a natural part of social and emotional development, and it tends to decrease as the child becomes more accustomed to social interactions.

SECTION – C

10 MARKS

1. **Reflex:** A reflex is an automatic, involuntary response to a stimulus. It is a rapid, pre-programmed movement or action that occurs without conscious thought. Reflexes are essential for survival and are often mediated by the nervous system.
 - a) **Types of Reflexes:**
 - i) **Primitive Reflexes:** These reflexes are present in infants and gradually disappear as the nervous system matures.
 - (1) *Moro Reflex:* Occurs when a baby is startled, leading to an abrupt extension of the arms followed by a bringing them back towards the body.
 - (2) *Rooting Reflex:* Causes a baby to turn its head toward a stimulus (usually touch) near its mouth, preparing for feeding.
 - i) **Postural Reflexes:** These reflexes help maintain posture and balance.
 - (1) *Labyrinthine Reflex:* Maintains an upright position of the head in relation to the pull of gravity.
 - (2) *Optical Righting Reflex:* Keeps the head upright and the eyes level with the horizon.
 - ii) **Locomotor Reflexes:** Involved in movements related to locomotion.
 - (1) *Walking or Stepping Reflex:* When the soles of a baby's feet touch a flat surface, they make stepping movements.
2. **Sequences of Motor Development:** Motor development refers to the progression of physical abilities and coordination in infants and children. The

sequences are generally categorized into gross motor skills and fine motor skills.

- **Gross Motor Skills:**

- a. **Prone Control:** Lifting and turning the head while lying on the stomach.
- b. **Rolling Over:** Turning from back to stomach and vice versa.
- c. **Sitting:** Gaining the ability to sit without support.
- d. **Crawling:** Moving on hands and knees.
- e. **Standing:** Achieving the ability to stand with or without support.
- f. **Walking:** Developing the ability to walk independently.

- **Fine Motor Skills:**

- a. **Grasping:** Holding objects with the fingers and palm.
- b. **Pincer Grasp:** Using the thumb and forefinger to pick up small objects.
- c. **Hand-Eye Coordination:** Refining the ability to coordinate hand movements with visual input.
- d. **Drawing and Writing:** Developing skills for controlled scribbling and later, recognizable drawings or letters.

3. **Perceptual Capacities:** Perceptual capacities involve the ability to interpret and understand sensory information from the environment.

a) **Visual Perception:** The ability to interpret visual stimuli.

i) *Depth Perception:* Understanding the relative distance of objects.

ii) *Pattern Recognition:* Recognizing and differentiating patterns.

b) **Auditory Perception:** Interpreting sounds and auditory stimuli.

i) *Sound Localization:* The ability to determine the direction of a sound source.

c) **Tactile Perception:** Sensing and interpreting information through touch.

i) *Texture Discrimination:* Differentiating between textures through touch.

d) **Gustatory and Olfactory Perception:** Interpreting tastes and smells.

4. **Stranger Anxiety and Separation Anxiety in Infancy:**

- **Stranger Anxiety:** This is a normal developmental phase where infants become wary and anxious in the presence of unfamiliar individuals. It typically emerges around 6 to 8 months of age and is a sign of cognitive and social development. Infants may display distress, clinginess, or crying when confronted with strangers.

- **Separation Anxiety:** This is another normal developmental stage occurring around 8 to 12 months of age. Infants become distressed when separated from their primary caregiver. It reflects the child's growing awareness of object permanence and the understanding that their caregiver still exists even when out of sight.

Evaluation of Viewpoints:

- Both stranger anxiety and separation anxiety are considered normal and healthy parts of infant development.
- They indicate cognitive and emotional growth, showing that the child is forming attachments and understanding relationships.
- While these anxieties can be challenging for both the infant and caregiver, they usually diminish with time as the child becomes more secure in their relationships and surroundings.
- It is essential for caregivers to provide comfort and reassurance during these phases, promoting a sense of security for the infant.

UNIT :4 **SECTION – A**

2 MARKS

1. **Cognition:** Cognition refers to the mental processes and activities related to acquiring, processing, storing, and using information. It involves various aspects such as perception, memory, problem-solving, and language.
2. **Sensorimotor Substages (Piaget):** Piaget's sensorimotor stage is divided into six substages:
 - Reflexes (0-1 month)
 - Primary Circular Reactions (1-4 months)
 - Secondary Circular Reactions (4-8 months)
 - Coordination of Secondary Circular Reactions (8-12 months)
 - Tertiary Circular Reactions (12-18 months)
 - Invention of New Means Through Mental Combination (18-24 months)
3. **Piaget's Cognitive Stages:**
 - Sensorimotor Stage
 - Preoperational Stage
 - Concrete Operational Stage
 - Formal Operational Stage
4. **Schema:** A schema is a cognitive framework or concept that helps organize and interpret information. It is a mental structure that represents knowledge about a concept or type of stimulus.
5. **Accommodation:** Accommodation is the process of adjusting existing mental schemas or creating new ones to incorporate new information or experiences that do not fit into existing cognitive structures.

6. **Assimilation:** Assimilation is the process of incorporating new information or experiences into existing mental schemas, making them fit into pre-existing cognitive structures.
7. **Zone of Proximal Development (ZPD):** The Zone of Proximal Development is a concept introduced by Lev Vygotsky. It refers to the range of tasks that a learner can perform with the help of a more knowledgeable person but cannot perform independently.
8. **Cognitive Theory:** The term "cognitive theory" is often associated with the work of Jean Piaget, who made significant contributions to the understanding of cognitive development.
9. **Zone of Proximal Development (ZPD) Originator:** Lev Vygotsky is the psychologist who introduced the concept of the Zone of Proximal Development.
10. **Components of Language Development:**
 - Phonology
 - Morphology
 - Syntax
 - Semantics
 - Pragmatics
11. **Phonology:** Phonology is the study of the sound patterns of a language, including the structure and organization of speech sounds.
12. **Semantic:** Semantics refers to the meaning of words, phrases, and sentences in language.
13. **Syntax:** Syntax is the set of rules governing the arrangement of words to form grammatically correct sentences in a language.
14. **Grammar:** Grammar encompasses the set of rules and structures that govern language, including syntax, morphology, and semantics.
15. **Morphology:** Morphology is the study of the structure and formation of words in a language, including the study of prefixes, suffixes, and root words.
16. **Pragmatics:** Pragmatics involves the study of language use in social contexts and the ways in which context influences the interpretation of communication.
17. **Fast Mapping:** Fast mapping is the ability to quickly learn and remember the meanings of new words after minimal exposure or learning instances.
18. **IAS & LAD Expansion:**
 - IAS: Information-Processing Approach to Studying
 - LAD: Language Acquisition Device
19. **Telegraphic Speech:** Telegraphic speech refers to the early stage of language development where a child speaks using short and simple sentences, typically omitting function words and using essential content words.

SECTION – B

5 MARKS

1. **Piaget's Cognitive Development Theory:** Jean Piaget, a Swiss psychologist, proposed the Cognitive Development Theory, which outlines the stages of intellectual development in children. According to Piaget, children progress through four main stages: the sensorimotor stage, the preoperational stage, the concrete operational stage, and the formal operational stage. Piaget believed

that cognitive development is driven by the child's interactions with their environment and experiences.

2. **Substages of Sensorimotor Stage:** The sensorimotor stage is the first stage in Piaget's theory, spanning from birth to about two years of age. It is characterized by the infant's developing understanding of the world through sensory experiences and motor actions. The substages of the sensorimotor stage are:
 - Reflexive Schemes (0-1 month): Simple reflexes guide the infant's behavior.
 - Primary Circular Reactions (1-4 months): Infants start repeating actions that bring pleasure, focusing on their own bodies.
 - Secondary Circular Reactions (4-8 months): Actions are repeated to produce interesting effects in the environment.
 - Coordination of Secondary Circular Reactions (8-12 months): Infants begin to coordinate multiple actions to achieve a goal.
 - Tertiary Circular Reactions (12-18 months): Experimentation with various actions to explore the consequences.
 - Mental Representations (18-24 months): The ability to form mental images and use symbols emerges.
3. **Vygotsky's Theory:** Lev Vygotsky, a Russian psychologist, introduced the Sociocultural Theory of development. He emphasized the role of social interactions, cultural context, and language in cognitive development. Vygotsky introduced the concept of the Zone of Proximal Development (ZPD), which is the range of tasks a child can perform with the help of a more knowledgeable person, such as a teacher or peer.
4. **Prelinguistic Development:** Prelinguistic development refers to the period before a child starts using words. It includes various non-verbal communication skills such as cooing, babbling, gestures, facial expressions, and joint attention. These early forms of communication lay the foundation for language development.
5. **Phonological Development:** Phonological development involves the acquisition of speech sounds. Infants start by discriminating between different sounds and gradually learn to produce them. This process is crucial for the development of language skills, as correct pronunciation and understanding of phonemes are essential for effective communication.
6. **Semantic Development:** Semantic development pertains to the acquisition of meaning in language. Children learn the meanings of words, concepts, and how words relate to each other. Vocabulary development is a significant aspect of semantic development, as children expand their understanding of words and their meanings.
7. **Grammatical Development:** Grammatical development involves the acquisition of grammar rules and structures in a language. Children progress from using simple sentences to more complex ones, demonstrating an understanding of syntax, morphology, and grammatical rules.
8. **Pragmatic Development:** Pragmatic development focuses on the use of language in social contexts. It includes understanding and using conversational rules, taking turns, adjusting language based on the listener, and using

appropriate non-verbal cues. Pragmatic skills are essential for effective communication in various social settings.

9. **Zone of Proximal Development (ZPD):** The Zone of Proximal Development is a concept introduced by Vygotsky. It refers to the range of tasks that a learner can perform with the help of a more knowledgeable person. The ZPD is the gap between what a learner can do independently and what they can achieve with guidance or support. It emphasizes the importance of scaffolding, where a more knowledgeable person provides assistance to help the learner reach higher levels of understanding and competence.

SECTION – C

(Analysing and applying)

10 MARKS

1. Piaget's Theory of Cognitive Development:

Overview: Jean Piaget was a Swiss psychologist who proposed a comprehensive theory of cognitive development. His theory suggests that children progress through four distinct stages of cognitive development, each characterized by different ways of thinking and understanding the world.

Stages:

- **Sensorimotor Stage (0-2 years):** Infants learn about the world through their senses and motor activities. Object permanence, the understanding that objects exist even when out of sight, develops during this stage.
- **Preoperational Stage (2-7 years):** Children start using symbols (language and mental imagery) to represent objects and events. However, they lack logical reasoning and may exhibit egocentrism, where they struggle to understand other people's perspectives.
- **Concrete Operational Stage (7-11 years):** Logical thinking begins to emerge, and children can perform mental operations on concrete objects. Conservation (understanding that quantity remains the same despite changes in appearance) becomes possible.
- **Formal Operational Stage (11 years and older):** Abstract thinking and hypothetical reasoning develop. Individuals can think about possibilities, engage in deductive reasoning, and handle complex, abstract concepts.

Evaluation:

- **Strengths:**
 - **Descriptive Power:** Piaget's stages provide a useful framework for understanding the general progression of cognitive development.
 - **Influence on Education:** His ideas have influenced education practices, emphasizing the importance of adapting teaching methods to match a child's cognitive stage.

- **Weaknesses:**

- **Age Generalization:** Some argue that the age ranges for each stage are not universally applicable, as individuals may progress through stages at different rates.
- **Individual Differences:** Piaget's theory may not account for individual variations in cognitive development.
- **Underestimation of Abilities:** Some critics argue that Piaget may have underestimated children's cognitive abilities at certain ages.

2. **Vygotsky's Sociocultural Theory of Cognitive Development:**

Overview: Lev Vygotsky, a Russian psychologist, proposed a sociocultural theory that emphasizes the role of social interaction and cultural influences in cognitive development.

Key Concepts:

- **Zone of Proximal Development (ZPD):** The gap between what a learner can do independently and what they can achieve with guidance. Vygotsky believed that learning should be guided by more knowledgeable individuals to help learners reach their full potential.
- **Scaffolding:** Providing temporary support or guidance to help a learner master a task within their ZPD. As the learner becomes more competent, the support is gradually reduced.
- **Cultural Tools:** Language, symbols, and other cultural artifacts play a crucial role in cognitive development. They mediate thought processes and help individuals make sense of their experiences.

Evaluation:

- **Emphasis on Social Interaction:** Vygotsky's theory highlights the importance of social interaction and collaboration in learning, which aligns well with educational practices that encourage peer interaction and group activities.
- **Cultural Context:** Recognizing the cultural context in cognitive development enriches the understanding of how learning takes place in different societies.
- **Applicability to Education:** The concept of scaffolding has been influential in educational settings, promoting the idea that effective teaching involves providing support tailored to a learner's current level of understanding.
- **Criticism:** Some critics argue that Vygotsky's theory places too much emphasis on social and cultural factors, neglecting the role of individual cognitive processes.

3. **Components of Language Development:**

Phonology:

- **Definition:** The study of the sound systems of a language, including the rules for combining and using phonemes (distinctive sound units).
- **Importance:** Phonological development is crucial for the ability to understand and produce spoken language.

Morphology:

- **Definition:** The study of the structure and formation of words, including morphemes (the smallest units of meaning).
- **Importance:** Morphological development contributes to vocabulary growth and grammatical understanding.

Syntax:

- **Definition:** The rules governing the arrangement of words to create well-formed sentences in a language.
- **Importance:** Syntax is essential for constructing meaningful and grammatically correct sentences.

Semantics:

- **Definition:** The study of meaning in language, including the meanings of words, phrases, and sentences.
- **Importance:** Semantic development is crucial for understanding and using language effectively.

Pragmatics:

- **Definition:** The social aspects of language use, including the ability to use language appropriately in different contexts.
- **Importance:** Pragmatic skills enable effective communication, taking into account social norms and conventions.

Language Acquisition Theories:

- **Nativist Perspective (Chomsky):** Argues that humans have an innate biological capacity for language acquisition, often referred to as the Language Acquisition Device (LAD).
- **Behaviorist Perspective (Skinner):** Emphasizes the role of environmental stimuli and reinforcement in language development.
- **Interactionist Perspective:** Combines elements of both nativist and behaviorist perspectives, emphasizing the interaction between biological factors and environmental influences.

Critical Period Hypothesis:

- **Definition:** Suggests that there is a biologically determined window of time during which language acquisition must occur for optimal development.

Bilingualism:

- **Definition:** The ability to speak and understand two languages.
- **Cognitive Benefits:** Bilingual individuals may experience cognitive advantages, such as enhanced executive functions and problem-solving skills.

Evaluation:

- **Interconnected Nature:** The components of language development are interconnected, and deficits in one area can impact overall language proficiency.
- **Individual Differences:** Language development varies among individuals, influenced by factors such as environment, exposure, and individual learning styles.
- **Interaction of Nature and Nurture:** Theories on language acquisition highlight the interplay between innate biological factors and environmental influences.

In summary, understanding Piaget's and Vygotsky's theories of cognitive development provides insights into the processes through which individuals acquire knowledge and skills. Additionally, exploring the components of language development sheds light on the multifaceted nature of language acquisition and use.

UNIT: 5 **SECTION – A**

2 MARKS

1. **Childhood Disorders:** Childhood disorders refer to a range of mental health conditions that affect children and adolescents. These disorders can impact a child's thoughts, feelings, behavior, and overall functioning.
2. **Four Types of Childhood Disorders:** a. Attention-Deficit/Hyperactivity Disorder (ADHD) b. autism spectrum disorder (ASD) c. Conduct Disorder d. Specific Learning Disability (SLD)
3. **Levels of Mental Retardation:** Mental retardation is now referred to as intellectual disability, and it is classified into different levels: a. Mild b. Moderate c. Severe d. Profound
4. **Expand MR, ADHD, & PKU:** a. MR: Mental Retardation (now referred to as Intellectual Disability) b. ADHD: Attention-Deficit/Hyperactivity Disorder c. PKU: Phenylketonuria
5. **Two Symptoms of Mental Retardation:** a. Intellectual functioning significantly below average b. Impaired adaptive functioning in daily life
6. **Attention Deficit Disorder (ADD):** Attention Deficit Disorder (ADD) is an outdated term that was used to describe a condition characterized by

difficulties in maintaining attention without the hyperactivity component seen in ADHD.

7. **Autism:** Autism, or autism spectrum disorder (ASD), is a neurodevelopmental disorder characterized by challenges in social interaction, communication, and repetitive behaviors.
8. **Dyslexia:** Dyslexia is a specific learning disability that primarily affects reading, making it challenging for individuals to decode words, recognize sight words, and comprehend written text.
9. **Dysgraphia:** Dysgraphia is a specific learning disability that affects writing abilities, including difficulties with handwriting, spelling, and organizing thoughts on paper.
10. **Dyscalculia:** Dyscalculia is a specific learning disability that impairs a person's ability to understand and perform mathematical concepts.
11. **Expand SLD:** SLD stands for Specific Learning Disability.
12. **Specific Learning Disability (SLD):** SLD is a broad term encompassing various learning disorders that affect a person's ability to acquire, process, or use information effectively in areas such as reading, writing, and mathematics.
13. **Four Symptoms of SLD:** a. Difficulty with reading, spelling, or writing b. Challenges in understanding and using mathematical concepts c. Problems with organization and time management d. Persistent difficulty in acquiring academic skills
14. **Reading Impairment:** Reading impairment refers to difficulties in acquiring and developing reading skills, often associated with specific learning disabilities like dyslexia.
15. **Conduct Disorder:** Conduct Disorder is a behavioral and emotional disorder characterized by persistent patterns of behavior that violate societal norms, rules, and the rights of others.
16. **Expand ODD:** ODD stands for Oppositional Defiant Disorder.
17. **Impulse Control Disorder:** Impulse Control Disorder is a class of psychiatric disorders characterized by difficulty controlling impulses, leading to actions that are harmful to oneself or others.
18. **Oppositional Defiant Disorder (ODD):** ODD is a childhood disorder characterized by a pattern of defiant, disobedient, and hostile behavior toward authority figures.
19. **Two Sex-Linked Chromosomal Abnormalities:** a. Turner Syndrome b. Klinefelter Syndrome
20. **Two Gene-Linked Abnormalities:** a. Cystic Fibrosis b. Huntington's Disease
21. **Sickle Cell Anemia:** Sickle Cell Anemia is a genetic blood disorder where red blood cells become rigid and sticky, leading to various complications.
22. **Gender Affected by XXX Syndrome:** XXX Syndrome primarily affects females.
23. **Klinefelter Syndrome:** Klinefelter Syndrome is a chromosomal disorder where males have an extra X chromosome (XXY) and may experience physical and developmental differences.
24. **Turner Syndrome:** Turner Syndrome is a genetic disorder in females characterized by the absence or partial absence of one X chromosome, leading to various physical and developmental features.

25. **Phenylketonuria (PKU):** PKU is a genetic disorder that impairs the body's ability to break down the amino acid phenylalanine, which can lead to intellectual disabilities if not treated early.
26. **Down Syndrome:** Down Syndrome is a genetic disorder caused by the presence of an extra copy of chromosome 21, leading to intellectual disabilities and distinctive physical features.
27. **Four Symptoms of Down Syndrome:** a. Intellectual disability b. Physical features such as slanted eyes and a flat facial profile c. Low muscle tone d. Increased risk of certain medical conditions
28. **Intellectual Disorders:** Intellectual Disorders, now more commonly referred to as Intellectual Disabilities, involve limitations in intellectual functioning and adaptive behavior.
29. **Define Mental Retardation:** Mental Retardation is an outdated term now replaced by Intellectual Disability, characterized by limitations in intellectual functioning and adaptive behavior, with an onset before the age of 18.
30. **Four Features of Conduct Disorder:** a. Aggressive behavior towards people and animals b. Destruction of property c. Deceitfulness or theft d. Serious violations of rules, such as running away from home or staying out late without permission.

SECTION – B

5 MARKS

1. **Levels of Mental Retardation:** Mental retardation, now referred to as intellectual disability, is categorized into different levels based on the severity of cognitive impairment. The three main levels are mild, moderate, and severe/profound. These levels are determined by assessing an individual's intelligence quotient (IQ) and adaptive functioning skills. Mild intellectual disability (IQ 50-70) allows individuals to acquire practical skills and achieve independence to some extent. Moderate intellectual disability (IQ 35-49) involves a greater need for support and supervision. Severe/profound intellectual disability (IQ below 35) indicates significant limitations in adaptive functioning and often requires constant assistance and care.
2. **Autism:** Autism, or Autism Spectrum Disorder (ASD), is a neurodevelopmental disorder characterized by challenges in social interaction, communication, and repetitive behaviors. The spectrum includes varying levels of severity, with some individuals displaying exceptional abilities in specific areas. Autism is typically diagnosed in early childhood, and early intervention and support can significantly improve outcomes. The exact cause of autism is unknown, but a combination of genetic, neurological, and environmental factors is believed to contribute to its development.
3. **ADHD (Attention-Deficit/Hyperactivity Disorder):** ADHD is a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity. It affects both children and adults and can impact various aspects of life, including academic performance and relationships. The exact cause of ADHD is not fully understood, but genetics, brain structure, and environmental factors are considered contributors.

Treatment often involves a combination of behavioral therapy, medication, and support.

4. **SLD (Specific Learning Disorder):** SLD refers to difficulties in learning and using academic skills. Common areas affected include reading (dyslexia), writing (dysgraphia), and mathematics (dyscalculia). Individuals with SLD may have average or above-average intelligence but struggle with specific aspects of learning. Early identification and intervention, such as specialized education and support, can help individuals with SLD overcome challenges and succeed academically.
5. **Conduct Disorder:** Conduct Disorder is a behavioral and emotional disorder in children and adolescents characterized by persistent patterns of violating societal norms and rules. Behaviors may include aggression towards people or animals, destruction of property, deceitfulness, and serious rule violations. Early intervention, counseling, and family support are crucial in addressing and managing conduct disorder.
6. **ODD (Oppositional Defiant Disorder):** ODD is a childhood behavioral disorder characterized by a persistent pattern of defiant, disobedient, and hostile behavior toward authority figures. Children with ODD often resist rules, argue with adults, and engage in deliberate actions to annoy others. Parental guidance, behavioral therapy, and a structured environment are commonly used in treating ODD.
7. **Down Syndrome:** Down Syndrome is a genetic disorder caused by the presence of an extra copy of chromosome 21. This additional genetic material leads to developmental delays, intellectual disability, and distinctive physical features. Individuals with Down Syndrome may also have health issues, but early intervention, education, and support can significantly improve their quality of life.
8. **Gene-Linked Chromosomal Abnormalities:** Two examples of gene-linked chromosomal abnormalities are:
 - a. **Huntington's Disease:** This is a hereditary disorder caused by a mutation in the HTT gene, leading to progressive degeneration of nerve cells in the brain. It results in motor dysfunction, cognitive decline, and emotional disturbances.
 - b. **Cystic Fibrosis:** Caused by mutations in the CFTR gene, cystic fibrosis affects the respiratory, digestive, and reproductive systems, leading to thick and sticky mucus production.
9. **Sex-Linked Chromosomal Abnormalities:**
 - a. **Duchenne Muscular Dystrophy (DMD):** A genetic disorder affecting the X chromosome, DMD results in progressive muscle degeneration and weakness. It primarily affects males.
 - b. **Color Blindness:** Most commonly associated with the X chromosome, color blindness is more prevalent in males, as they have only one X chromosome.
10. **PKU (Phenylketonuria):** PKU is a genetic disorder caused by the inability to metabolize the amino acid phenylalanine properly. If left untreated, phenylalanine accumulates in the body and can lead to intellectual disability and other neurological issues. Newborn screening and a strict diet low in phenylalanine can effectively manage PKU.
11. **Sickle Cell Anemia:** Sickle Cell Anemia is a genetic blood disorder characterized by the production of abnormal hemoglobin, causing red blood

cells to take on a sickle shape. This leads to blood vessel blockages, pain, anemia, and other complications. Sickle cell anemia is inherited, with individuals receiving a copy of the abnormal gene from each parent. Treatment focuses on managing symptoms and complications, including blood transfusions and medications

SECTION – C

10 MARKS

1. **Intellectual Disability:** Intellectual disability refers to a condition characterized by limitations in intellectual functioning and adaptive behavior. It affects a person's ability to learn, reason, problem-solve, and adapt to daily life. Intellectual disability can vary in severity and is often diagnosed in childhood. The levels of mental retardation (an older term for intellectual disability) are typically categorized as follows:
 - **Mild (IQ 50-70):** Individuals with mild intellectual disability may learn academic skills up to a sixth-grade level. They can often acquire practical skills for daily living and may be able to live independently with support.
 - **Moderate (IQ 35-49):** Those with moderate intellectual disability may require support for basic daily living tasks and may learn academic skills up to a second-grade level.
 - **Severe (IQ 20-34):** Individuals with severe intellectual disability often need significant support for daily living and may learn only basic communication skills.
 - **Profound (IQ below 20):** Profound intellectual disability is characterized by a significant impairment in cognitive and adaptive functioning. Individuals may require constant support and supervision.

2. **Specific Learning Disability (SLD):** Specific learning disabilities are neurological disorders that affect the brain's ability to receive, process, store, and respond to information. There are different types of specific learning disabilities, including:
 - **Dyslexia:** A difficulty with reading, spelling, and writing despite having average or above-average intelligence.
 - **Dyscalculia:** Difficulty with mathematical concepts, calculations, and problem-solving.
 - **Dysgraphia:** Challenges with writing, including problems with handwriting, spelling, and organizing ideas on paper.
 - **Auditory Processing Disorder (APD):** Difficulty processing and interpreting auditory information, which can affect language development and comprehension.

3. **Impulse Control and Conduct Disorders:**

- **Impulse Control Disorders:** These involve difficulties in controlling impulses, often resulting in actions that are harmful to oneself or others. Examples include intermittent explosive disorder and kleptomania.
- **Conduct Disorders:** These are more severe behavior disorders characterized by persistent patterns of behavior that violate societal norms and rules. Conduct disorders can include aggression, theft, deceitfulness, and violation of rules.

4. **Down Syndrome:**

- Down syndrome is a genetic disorder caused by the presence of an extra copy of chromosome 21. This additional genetic material leads to developmental delays, intellectual disabilities, and distinct physical features. Individuals with Down syndrome may also have associated health issues, but with appropriate support and interventions, they can lead fulfilling lives.

5. **Gene-Linked Chromosomal Abnormalities:**

- Gene-linked chromosomal abnormalities involve changes in the structure or number of genes on a chromosome. Examples include:
 - **Cri-du-chat syndrome:** Caused by the deletion of a portion of chromosome 5, resulting in intellectual disability and distinctive facial features.
 - **Prader-Willi syndrome:** Involves a deletion or loss of specific genes on chromosome 15, leading to intellectual disability, obesity, and other physical and behavioral challenges.

6. **Sex-Linked Chromosomal Abnormalities:**

- Sex-linked chromosomal abnormalities are related to the sex chromosomes (X and Y). Examples include:
 - **Turner syndrome:** Affects females and results from a missing or partially missing X chromosome, leading to short stature, ovarian insufficiency, and various physical features.
 - **Klinefelter syndrome:** Affects males and involves an extra X chromosome, resulting in infertility, developmental delays, and other physical characteristics.
 - **XYY syndrome:** Involves males with an extra Y chromosome, and while most individuals with XYY syndrome lead normal lives, some may experience developmental delays and behavioral challenges.

Understanding these conditions is essential for providing appropriate support, education, and interventions for individuals affected by these disorders. It's important

to note that terminology and classifications may evolve over time, and individuals should be referred to with respectful and person-first language