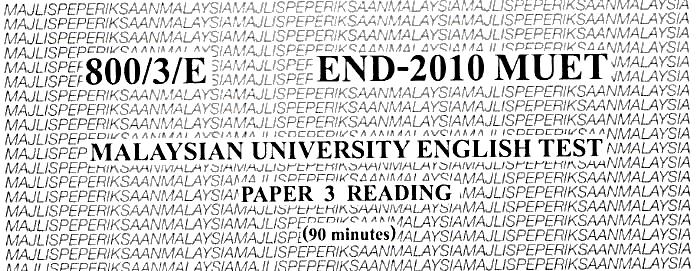
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**MAJLIS PEPERIKSAAN MALAYSIA**

**(MALAYSIAN EXAMINATIONS COUNCIL)**

**Instructions to candidates:**

**DO NOT OPEN THIS QUESTIONS BOOKLET UNTIL YOU ARE TOLD TO DO SO.**

*There are* **forty-five** *questions in this test. For each question, choose the most appropriate answer.*

*Read the instructions on the answer sheet carefully.*

*Attempt* **all** *questions.*

**This question paper consists of 15 printed pages and 1 blank pages.**

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*Questions* **1** *to* **7** *are based on the following passage.*

**RM 100 billion Trade Surplus is Second Highest Ever**

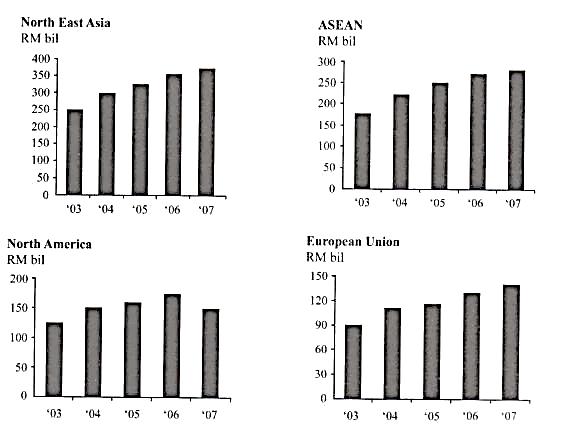
Kuala Lumpur: Malaysia chalked up its l O" consecutive year of trade surplus and the amount ofRMl00.53 billion was the second highest ever on record.

The International Trade and Industry Minister reported that export growth in 2007 emanated from both traditional and emerging markets such as China, Australia, United Arab Emirates and Indonesia. Collectively, these markets accounted for RMI01.28 billion or 16.7% of Malaysia's total exports. The 14.5% decline 10 Malaysia's exports to the US in 2007 were offset, in part, by strong growth 10 aggregate exports to emerging markets.

This development is attributed to intensive promotional activities undertaken in new and emerging markets as part of Malaysia's market diversification initiative. This initiative caused double-digit growth in Malaysia's exports to markets such as Poland, which grew by 73.3%, Qatar by 47.3% and Iran by 31.4%.

From a regional perspective, North-East Asia was Malaysia's largest regional export market, accounting for 29.1 % of total exports. That was followed by ASEAN with a 25.7% share, North America with 16.2% and European Union with 12.9%.

**Malaysia's Total Trade by Region**



(Adapted from *The Star,* February 13, 2008)

*Questions* **8** *to* **14** *are based on the following passage.*

A team of local scientists has come up with a miniature laboratory which can sniff out bird flu in even the most far-flung locations. The palm-size device can tell if a person or animal has contracted the H5NI form of the virus in less than 30 minutes. And it can do so even at the earliest stages of the disease, when a victim has yet to show any symptoms.

According to the Institute of Bioengineering and Nanotechnology research scientist, Juergen Pipper, who led the effort: "The answers you will get are: Am I infected? If yes, how severe is it?"

What sets it apart from others which are already available commercially is that it is a self-contained laboratory on a chip. It can be used by medical or aid workers to detect the H5NI virus directly from throat swab samples. Chicken dropping samples can also be tested for the virus. The device uses the gold-standard of tests-Polymerase Chain Reaction (PCR)-to make photocopies of genetic material so that even minute amounts can be detected.

Tests have shown that it is around 10 times faster than available tests, yet 40 to 100 times cheaper, the researchers said, because each sample droplet is so minuscule that the cost for reagents drops. The research is timely, given that bird flu often strikes in rural areas such as backyard farms. Said research scientist Lisa Ng of the Genome Institute of Singapore, another team member: "The device can be easily taken to the field, where it will be able to detect the virus the moment a person is infected, rather than having to wait for 10 days or so for symptoms to appear. This will allow the authorities to act faster," said Dr. Ng.

Bird flu is entrenched in the region, with countries such as Indonesia struggling to curb it. At least 85 Indonesians have died from the disease, the highest in the world. The World Health Organisation, which is coordinating the global response to human cases, has said that the next influenza pandemic would likely be of an avian variety, and it could affect some 1.5 billion people.

Institute of Molecular and Cell Biology principal coordinator, Masafumi Inoue, one of the co-authors and the leading inventor of the H5NI detection kit currently being used in hospitals, said that work is on-going to allow the device to test multiple pathogens at a time, such as SARS and other respiratory viruses.

"A potential pandemic may not come merely from H5N1, as such viruses are notorious for mutating and gene reassortment. So, it will be critical to cast the net wider," he said.

Commenting on the effort, Dr. Timothy Barkham, senior consultant, pathology 35 and laboratory medicine at Tan Tock Seng Hospital, said that it was exciting work. "I would be very interested to try it out," he said.

(Adapted from *The Straits Times*, September 24, 2007)

The conventional wisdom was right: more choice really is better. But now we know that variety alone is not enough; we also need information about that variety and what other consumers before have done with the same choices. The rise of Google, with its seemingly omniscient ability to order the infinite chaos of the Web so that what we want comes out on top, shows the way. Order it wrong and choice is oppressive; order it right and it's liberating.

(Adapted from *Newsweek*, Special Edition, December 2005 - February 2006)

*Questions* **22** *to* **29** *are based on the following passage.*

As befits an industrialised country, Britain's public-health problems are those of wealth rather than poverty. But beneath headlines about fat, cigarettes and a national epidemic of drunkenness, two diseases that were believed vanquished decades ago are re-emerging. Both are linked to immigration.

On December 29th, the Department of Health confirmed what doctors have long suspected: rickets seems to be on the rise. The disease-thought to have been eradicated in the 1950's-stunt growth and deforms the skeleton, characteristically causing bowed legs and worse.

The other disease is tuberculosis, dimly remembered as an affliction of slum dwellers and glamorous Victorian poets. Antibiotics and a national-screening programme had all but wiped out the disease. Yet cases have been increasing since the mid-1980s. In 2000, 6323 were reported in Britain (excluding Scotland), or 11.7 for each 100000 people; by 2006 that had risen to 8112, or 14.6 per 100000, and the true number is thought to be higher.

Migration is involved in the resurgence of both conditions, though in different ways. Rickets is usually caused by a lack of vitamin D, which is needed to absorb calcium to build bones. Most vitamin D is made when skin is exposed to sunlight. Not much sunshine is needed-around 15 minutes a day in summer-but obtaining it in Britain, with its grey climate, house-bound children and official warnings about skin cancer can be tricky. Skin colour matters too: dark-skinned people require more sun. What scant data there are suggest that up to 1 in 100 children from ethnic minorities may suffer from rickets.

Whereas migrants from sunny countries may develop rickets after arriving in Britain, tuberculosis is a disease that often comes with them. Rates of infection are lowest among natives and highest among immigrants from Africa, where the disease is common in part because of the spread of AIDS, whose sufferers are particularly susceptible to infection. Tuberculosis is most common in the poorer areas of Britain's cities, which tend to have high immigrant populations and where poverty and deprivation erode resistance to the disease. Newham, a poor east London borough that is home to many immigrant families, has around 100 infections per 100 000 people, the highest rate in the country and comparable to China's figure.

In theory, rickets is easy to cure: official advice is to get more sunshine and, for pregnant women and young children, to take vitamin D supplements (though only around a fifth of mothers heed it). Tuberculosis is harder to stamp out. Vaccinations 35 which used to be universal have been re-introduced for children in high-risk areas. Immigrants from countries with the disease are offered screening when they arrive, although Chris Griffiths, a tuberculosis expert at Queen Mary, University of London, reckons the system is too leaky to catch all of them. Often those most at risk are hardest to reach. One drug-resistant strain has been circulating in Camden and Islington for five years, especially among homeless people and ex-prisoners. This has prompted suggestions that sufferers be detained in secure hospitals-a Victorian response to a Victorian disease.

(Adapted from *The Economist*, January 5, 2008)

*Questions* **30** *to* **37** *are based on the following passage.*

On a crisp autumn morning, the dew just rising from the fields, dozens of children streamed into the two-room school in this small, poor village, their hair freshly oiled. used rice sacks tucked under their arms for lack of chairs to sit on. One teacher showed up 90 minutes late. A second was a no show. The senior-most teacher, the only one with a teaching degree, was believed to be on official government duty. " "When they get older, they'll curse their teachers," said Arnab Ghosh, 26, a social worker trying to help the government improve its schools, as he stared at clusters of children sitting on the grass. "They'll say, 'We came every day, and we learned nothing. '"

Sixty years after independence, with 40 per cent of its population under 18, India is confronting the perils of its failure to educate its citizens, notably the poor. More Indian children are in school than ever before, but the quality of public schools has sunk to spectacularly low levels, as government schools have become reserves of children at the very bottom of the Indian social ladder.

India has long had a legacy of weak schooling for the masses of its young, even as it has promoted high quality government-financed universities. But if in the past, a largely poor and agrarian nation could afford to leave millions of its people illiterate, that is no longer the case. Not only has the roaring economy hit a shortage of skilled labour, but the nation's many new roads, phones and television sets have fuelled new ambitions for economic advancement among its people-and new expectations for schools to help them achieve it.

That they remain ill-equipped to do so is clearly illustrated by an annual survey, conducted by Pratham, the organization for which Ghosh works. The latest survey, carried out across 16 000 villages in 2007 found that while many more children were sitting in class than before, vast numbers of them could not read, write or perform basic arithmetic. to say nothing of those who were not in school at all.

Education experts and officials de ate the reason for the failure. On the other hand, some argue, the children of illiterate parents are less likely to get help at home, more likely to be malnourished or in poor health, and therefore have harder time learning. Others blame longstanding neglect and insufficient public investment in education, along with a lack of motivation among teachers to pay special attention to poor, outcaste children.

Arguments aside, India is engaged in an epic experiment to uplift its schools. Along the way lie many hurdles, and Ghosh, on his visits to villages like this one, encounters them all. Either the aids who have been hired to draw more village children into school complain that they have not received money to buy educational materials, or the school has stopped serving launch eventhough sacks of rice are piled in the classroom, or a parent agree to enrol his son in school, but knows that he will soon send the child away to work.

Or worst of all, from Ghosh's per perspective, all these stick-thin, bright-eyed children trickle into school every morning and take back so little. "They're coming with some hope of getting something." Ghosh muttered. "It's our fault we can't give them anything."

Even here, the kind of place from which millions of uneducated men and women have traditionally migrated to cities for work, an appetite for education has begun to set in. An educated person would not only be more likely to find a good job, parents here reasoned, but also less likely to be cheated in a bad one. "I want my children to do something, to advance themselves," is how Mohammed Alam Ansari put it. "To do that they must study."

Education in the new India has become a crucial marker of inequality. Among the poorest 20 per cent of the population, half are illiterate and barely two per cent graduate from high school, according to government data. By contrast, among the richest 20 per cent of the population, nearly half are high school graduates and only two per cent are illiterate.

"The link between getting your children prepared and being part of this big changing India is certainly there in everyone's minds," said Rukmini Banerji, the research director of Pratham. "The question is: what's the best way to get there, how much to do, what to do? As a country I think we are trying to figure this out."

"If we wait another 5 or 10 years," she added, "you are going to lose millions of children."

(Adapted from *Herald Tribune*, January 17, 2008)

*Questions* **38** *to* **45** *are based on the following passage.*

**Innocence and Experience**

*This is an excerpt from a story about Japanese immigrant families in the United States. The two families in the story are that of Mr. Oka s and the writer s. Kiyoko was Mr. Oka s daughter who arrived in the United States at the age of fourteen and the writer was nine when she first met her.*

Kiyoko-san came in September. I was surprised to see so very nearly a woman; short, robust, buxom: the female counterpart of her father. Mr. Oka brought her proudly to us.

"Little Masako here," for the first time to my recollection, he touched me; he put his rough fat hand on the top of my head, "is very smart in school. She will help you with your school work, Kiyoko," he said.

I have so looked forward to Kiyoko-san's arrival. She would be my soul mate; in my mind I had conjured a girl of my own proportion: thin and tall, but with the refinement and beauty I didn't yet possess that would surely someday come to the fore. My disappointment was keen and apparent. Kiyoko-san stepped forward shyly, and then retreated with a short bow and small giggle, her finger pressed to her mouth.

My mother took her away. They talked for a long time-about Japan, about enrolment in an American school, the clothes Kiyoko-san would need, and where to look for the best values. As I watched them, it occurred to me that I had been deceived: this was not a child, this was a woman. The smile pressed behind her fingers, the way of her nod, so brief, like my mother when father scolded her: the face was inscrutable, but something-maybe her spirit-shrank visibly, like a piece of silk in water. I was disappointed; Kiyoko-san's soul was barricaded in her unenchanting appearance and the smile she fenced behind her fingers.

She started school from third grade; one below me, and as it turned out, she quickly passed me by. There wasn't much I could help her with except to drill her on pronunciation-the "L" and "R" sounds. Every morning walking to our rural school: land, leg, library, loan, lot; every afternoon returning home: ran, rabbit, rim, rinse, roll. That was the extent of our communication; friendly but uninteresting.

One particularly cold November night-the wind outside was icy; I was sitting on my bed, my brother's and mine, oiling the cracks in my chapped hands by lamplight-someone rapped urgently at our door. It was Kiyoko-san; she was hysterical, she wore no wrap, her teeth were chattering, and except for the thin straw *zori*, her feet were bare. My mother led her to the kitchen, started a pot of tea, and gestured to my brother and me to retire. I lay very still but because of my brother's restless tossing and my father's snoring, was unable to hear much. I was aware, though, that drunken and savage brawling had brought Kiyoko-san to us. Presently they came to the bedroom. I feigned sleep. My mother spoke firmly: "Tomorrow you will return to them; you must not leave them again. They are your people." I could almost feel Kiyoko-san's short nod.

All night long I lay cramped and still, afraid to intrude into her hulking Two or three times her icy feet jabbed into mine and quickly retreated. In the morning I found my mother's gown neatly folded on the spare pillow. Kiyoko- san's place in bed was cold.

She never came to weep at our house again but I know she cried: her eyes were often swollen and red. She stopped much of her giggling and routinely pressed her fingers to her mouth. Our daily pronunciation grill petered off from lack of interest. She walked silently with her shoulders hunched, grasping her books with both arms, and when I spoke to her in my halting Japanese, she absently corrected my prepositions.

Spring comes early in the Valley; in February the skies are clear though the air still cold. By March, winds are vigorous and warm and wild flowers dot the desert floor, cockleburs are green and not yet tenacious, the sand is crusty underfoot, everywhere there is a smell of things growing and the first tomatoes are showing green and bald.

As the weather changed, Kiyoko-san became noticeably more cheerful. Mr. Oka who hated so to drive could often be seen steering his dusty old Ford over the road that passes our house, and Kiyoko-san sitting in front would sometimes wave gaily to us. Mrs. Oka was never with them. I thought of these trips as the 60 westernizing of Kiyoko-san: with a permanent wave, her straight black hair became tangles of tiny frantic curls; between her textbooks she carried copies of Modern Screen and Photo play, her clothes were gay with print and piping, and she bought a pair of brown suede shoes with alligator trim.

(Adapted from Judith A. Standford 1996. *Responding to Literature*.

Mountain View, California: Mayfield Publishing Company.)