

**BEDOK GREEN SECONDARY SCHOOL**  
**4E/5NA Social Studies Prelims 2019**  
**ANSWER KEY**

(a) Study Source A.

Why was this article published? Explain your answer.

[5]

Level of Response	Level Descriptor and Rubrics	Marks Allocation
L1	<b>Description of source/failed reasons/misinterpretation of source/general reasons</b>  E.g. To show that the British healthcare system is not doing well.	1
L3	<b>Main message/outcome/context, phrased as a reason</b> <i>Award 2m for unsupported inference</i> <i>Award 3m for supported inference</i>  E.g. for Message Because the author wanted to warn other international parents that the quality of healthcare services, especially maternity care is inadequate, causing inconvenience to parents. [3] The evidence is "This forced hundreds of expectant mothers to drive 100-200 km to a different hospital. Women gave birth in cars and taxis." [4]  E.g. for Context Because the author was aware that many hospital and maternity wards were being closed in Sweden and this caused parents to be worried. [3]  E.g. for Outcome Because the author wanted to convince other international parents living in Sweden that they should come together to pressure the government to improve on the quality of its healthcare. [3]	2-3
L4	<b>Outcome, phrased as reason + Message, phrased as reason</b> <b>OR</b> <b>Outcome, phrased as reason + Context, phrased as reason</b> <b>OR</b> <b>Message, phrased as reason + Context, phrased as reason</b>	4
L5	<b>Message (L3), phrased as reason + Context, phrased as reason + Outcome, phrased as a reason</b>	5

(b) Study Sources B and C.

How far does the author of Source B agree with the author of Source C? Explain your answer.

[6]

Level of Response	Level Descriptor and Rubrics	Marks Allocation
L1	<b>Agreement or disagreement, without valid matching of content</b>  <b>Or merely attempted to compare provenance</b>	1-2

	<p><b>Or did not answer the question (used words similar/different instead of agree/disagree)</b></p> <p>E.g. Author of Source B will not agree with author of source C as source B was made by an international insurance provider while source C was made by a German living in Sweden.</p>	
<b>L2</b>	<p><b>Agreement or disagreement, with valid matching of content</b>  <i>Award 3m for unsupported answers</i>  <i>Award 4m for supported answers</i></p> <p><u>Agreement</u>  E.g. Author of Source B agrees with author of Source C that healthcare in Sweden is affordable. This is evident in source B where it states "Healthcare is subsidised by the government but managed at local level, charges a nominal fee to patients" while source C states "Swedish healthcare is not expensive".</p> <p>OR</p> <p><u>Disagreement</u>  Author of Source B disagrees with author of Source C on the waiting times for minor illnesses. Source B states that the waiting time is very short while source C states that the waiting time is long. This is evident in source B where it states "In comparison with other countries, waiting time targets are very reasonable: same day consultation with a health professional for minor illnesses such as cough or flu". This means that patients do not need to wait very long to get treated. However, source C states that "the Swedish healthcare system is so efficient...The nurse checks if you're ill enough to talk to the doctor later that day or, in most cases, tomorrow. Or perhaps in a weeks' time". This means that patients end up waiting up to 7 weeks, hinting at the long waiting time they face.</p>	<b>3-4</b>
<b>L3</b>	<p><b>Agreement AND disagreement, with valid content matching Or Difference in tone</b>  <i>Award 4m for unsupported answers</i>  <i>Award 5m for supported answers</i></p> <p>The author of Source B will not agree with the author of Source C as Source B is objective while source C is sarcastic. Source B describes the status of Sweden's healthcare through the use of statistics and using a neutral tone while source C uses words such as "a nurse with a well-trained force smile", "you have a 30 minutes waiting time which you can share with other coughing patients" which indicates that he is being sarcastic and exaggerating the situation. This indicated that source B disagrees with the of source C as the author of source B does not look down upon Swedish healthcare unlike the author of Source C.</p>	<b>4-5</b>
<b>L4</b>	<p><b>L2 (Similarity in content) + Difference in tone</b>  <i>Award 5m for unsupported answers</i>  <i>Award 6m for supported answers</i></p>	<b>5-6</b>

(c) Study Source D.

How far does Source D prove that the Swedish healthcare system is able to meet the needs of its citizens? Explain your answer.

[7]

Level of Response	Level Descriptor and Rubrics	Marks Allocation
L1	<b>Description of source/failed arguments</b>	<b>1-2</b>
L2	<p><b>Proves due to content</b>  <b>OR</b>  <b>Does not prove due to limitations in content</b>  <i>Award 3m for unsupported answers</i>  <i>Award 4m for supported answers</i></p> <p>Source D proves that the Swedish healthcare system is able to meet the needs of its citizens as it mentions the efficiency of the healthcare system. Source D states “the Swedes provide drugs and treatments only when evidence establishes their effectiveness” and that “they described such waits as a positive feature, noting that they allowed facilities to be used at a consistently high capacity.” Thus, the Swedes only prescribe the necessary treatments and have their resources allocated efficiently for those who needs treatment.</p>	<b>3-4</b>
L3	<p><b>Proves / does not prove, supported by evaluation of reliability, through cross-reference</b>  <i>Award 6m for more developed responses</i></p> <p>E.g. Source D proves that the Swedish healthcare system is able to meet the needs of its people as it is reliable as it is supported by source B.</p>	<b>5-6</b>
L4	<p><b>Does not prove based on unreliability due to critical analysis of language used or bias of author or purpose of authpr</b></p> <p>E.g. However, source D does not prove as it is unreliable due to the use of loaded words by the author. He describes the Swedish healthcare system as “truly exemplary”, exaggerating its advantages. However, he only picked on the negative aspects of the United States healthcare system. He uses words such as “The United States spends more than twice what Sweden Spends per year” and “infant mortality rate is less than half that of United States”. Thus, the Swedish system is painted in a positive light to convince readers that the US healthcare system needs to change as the Swedish one is better.</p>	<b>6-7</b>
L5	<p><b>Does not prove as he has a purpose (comparing US and Sweden to prove US healthcare needs improvement)</b></p> <p>E.g. However, source D does not prove that the Swedish healthcare system is able to meet the needs of its people as it was written to compare the Swedish system with that of the US. He uses words such as “The United States spends more than twice what Sweden Spends per year” and “infant mortality rate is less than half that of united states”. Thus, the Swedish system is painted in a positive light to convince readers that the US healthcare system needs to change as the Swedish one is better. This can also be seen in the title of the article, ‘What Sweden can tell us about Obamacare’ that already paints the author’s intentions. Furthermore, this source was made in 2013 where issues or unhappiness about the system must not be as rampant as before. Hence, the Swedish healthcare system only appears better as it is being judged in comparison to a different healthcare system and not in its entirety.</p>	<b>7</b>

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(d) Study Sources E and F.

After reading Source E, are you surprised by Source F? Explain your answer.

[7]

Level of Response	Level Descriptor and Rubrics	Marks Allocation
L1	<b>Description of source / failed arguments</b>	<b>1-2</b>
L2	<b>Surprised/not surprised due to general arguments</b>	<b>3</b>
L3	<b>Surprised/not surprised due to x-ref of Sources E &amp; F</b>  <i>Award 5m for more developed answers</i>  E.g. After reading source E, I am surprised by source F as both sources disagree on the quality of maternity care given in Sweden. Source E states that maternity care in Sweden is of excellent quality. The evidence in source E is "in Sweden, 100% of births are attended by a skilled, trained midwife. Overall, it is the safest place in the world to become a mother." However, this is contradicted by source F which shows that Sweden's maternity care is lacking such that mothers even resorted to giving birth in cars. The photo shows a mother holding a sign "I was a road side birth", referring to the condition where mothers had to travel long distances to get to hospitals due to the lack of nearby facilities thus forcing them to give birth in their vehicles.	<b>4-5</b>
L4	<b>Surprised/not surprised based cross-ref of Source F to other sources</b>  <i>Answers that do not acknowledge E will be awarded 4 marks</i> <i>Award 6m for more developed answers that acknowledge E as well</i>  Not surprised by source F as even though source E mentions that the quality of maternity care in Sweden is excellent, source A supports source F in its claim that that maternity care in Sweden does not meet the needs of Swedish mothers (+evidence).	<b>4-6</b>
L5	<b>Not surprised due to analysis of the context of source F</b>  Not surprised because of the different years the two sources were published. Source E had a positive view of the maternity care in Sweden as it was published in 2006, while Source F was published in 2016 when the government was closing several hospitals and maternity wards throughout the country. Thus, the two sources were made at two different time periods where the context was different and hence I am not surprised.	<b>6</b>
L6	<b>L3+L4</b> <b>OR</b> <b>L3+L5</b>  <b>(We want students to compare both sources mentioned in question – Source E and Source F)</b>	<b>7</b>

(e) 'Sweden's healthcare system benefits its people'.

Using the sources in this case study, explain how far you would agree with this statement.  
[10]

Agree	B	D	E
Disagree	A	C	F

Level of Response	Level Descriptor and Rubrics	Marks Allocation									
L1	<b>Writes about statement without valid source use</b>	<b>1</b>									
L2	<p><b>Yes OR No supported by valid source use</b></p> <table border="1"> <tr> <td><b>L2</b></td><td>1 source</td><td>2m</td></tr> <tr> <td></td><td>2 sources</td><td>3m</td></tr> <tr> <td></td><td>3 sources</td><td>4m</td></tr> </table> <p>e.g. I agree to the statement as source B shows that the healthcare system in Sweden is affordable. This is evident in, "Healthcare is subsidised by the government but managed at local level, charges a nominal fee to patients...the country invests a very generous 11.9% of its GDP in health care, and it shows." <u>This implies that people in the Sweden will be able to afford healthcare causing individuals to pay less. Hence, this ensures everyone has access to healthcare and Sweden's healthcare benefit its people.</u></p> <p>I agree to the statement as source D shows that healthcare in Sweden ensures an efficient allocation of resources. This is evident in "United States spends more than twice what Sweden spends per year on healthcare. Yet health outcomes are far better in Sweden... The Swedes provide drugs and treatments only when evidence establishes their effectiveness". <u>This implies that the Swedish people only receive the treatment and medicine that they need it. Hence, this will lead to a shorter waiting time and cheaper treatments as there is no unnecessary demand for it, benefiting the people.</u></p> <p>I agree to the statement as source E shows that Sweden provides a holistic support to its patients. This is evident in "The impression you get as you chat to mothers in Sweden is that they feel remarkably well cared for and listened to. It is not just about technology and machines." <u>This implies that healthcare is prioritized in Sweden and that it is of good quality. Resources are allocated to healthcare as the government sets aside money to develop its technology and ensure that the nurses are highly-skilled leading to good quality healthcare. In this way, the Swedes benefit from Sweden's healthcare.</u></p> <p>I disagree to the statement as source A shows that the government is cutting corners. This is evident in "In the last 10 years, the Swedish government has closed 22 maternity clinics across Sweden...Since then there have been a flood of reports on thousands of women being turned away from maternity wards even being flown to Finland to give birth." <u>This implies that some Swedes do not have access to healthcare</u></p>	<b>L2</b>	1 source	2m		2 sources	3m		3 sources	4m	<b>2-4</b>
<b>L2</b>	1 source	2m									
	2 sources	3m									
	3 sources	4m									

	<p><u>as there are insufficient resources to meet their needs. People waste their time travelling to get treated or worst still avoid getting the treatment that they need. Thus the Swedish healthcare system does not benefit its people.</u></p> <p>I disagree to the statement as source C shows that there are long waiting times to receive treatment. This is evident in “The nurse checks if you’re ill enough to talk to the doctor later that day or, in most cases, tomorrow. Or perhaps in a weeks’ time.” <u>This implies that Swedes may not get timely treatment and thus their illness might worsen. The Swedes need to spend a long time at the doctor before they are attended to as healthcare is affordable in Sweden. The Swedish healthcare system does not benefit its people.</u></p> <p>I disagree to the statement as source F shows that lives of the babies can be in danger due to the lack of proper facilities such as the maternity wards. This is evident in the poster held up by a protestor which states “I was a roadside birth. Why put more lives at risk”. <u>This implies that people have to resort to unsafe alternatives when there are insufficient resources by being forced to deliver their babies in the car or on the road, on the way to the hospital. The Swedish healthcare system does not benefit its people as it does not cater to their needs.</u></p>																					
L3	<p><b>Yes + No, supported by valid source use</b></p> <table><tr><td></td><td>Yes</td><td>No</td><td></td></tr><tr><td>2 sources</td><td>1</td><td>1</td><td>5m</td></tr><tr><td>3 sources</td><td>1/2</td><td>2/1</td><td>6m</td></tr><tr><td>4 sources</td><td>2</td><td>2</td><td>7m</td></tr><tr><td>5 sources</td><td>2/3</td><td>3/2</td><td>8m</td></tr></table> <p>Note: Award a maximum of 6m for imbalanced arguments. e.g. 1/3, 1/4, 1/5. Correct use of the same source under both ‘Yes’ and ‘No’ will be counted as use of two sources.</p>		Yes	No		2 sources	1	1	5m	3 sources	1/2	2/1	6m	4 sources	2	2	7m	5 sources	2/3	3/2	8m	5-8
	Yes	No																				
2 sources	1	1	5m																			
3 sources	1/2	2/1	6m																			
4 sources	2	2	7m																			
5 sources	2/3	3/2	8m																			
+2	<p>For scoring of additional 2 marks, either of the routes:</p> <p><b>Analysis of at least one source in relation to its reliability, utility or sufficiency</b> E.g. Source C shows that there are long waiting times to receive treatment. However, the source is unreliable due to its sarcastic tone where the author exaggerates the experience one gets when receiving treatment. He uses words such as “a nurse with a well-trained force smile will welcome you” and “you get what you pay for”. He emphasizes on the negative aspects of Swedish healthcare as he wants those interested to move to Sweden to reconsider their option to do so by making the healthcare system appear negative. Thus, it is unreliable in showing that the Swedish healthcare system does not benefit its people.</p> <p><b>Sharing of examples from contextual knowledge</b> E.g. I believe that although Sweden’s healthcare system was able to benefit its people in the past, it is not able to do so now due to the changes brought about within Sweden by immigrants and globalisation. Their once homogenous society is becoming more diverse with the inflow of immigrants and there are demands to change the state</p>																					

	<p>policies to factor in these changes. Citizens of the European Union member countries are also eligible for some aspects of Sweden's heavily subsidised healthcare, hence putting it citizens at a disadvantage causing longer waiting times for example.</p> <p><b>By giving a balanced conclusion</b></p> <p>E.g. I feel that whether the Swedish healthcare system benefits its people or not depends on which sector of healthcare is being assessed. If it is a sector that is not deemed as a priority, the government will allocate resources away from it, thus disadvantaging the citizens as they have to travel long distances to seek treatment and wait for a longer time as well to receive it. At the end of the day, it depends on which group of people within society and which healthcare sector we are looking at.</p>	
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(a)	In your opinion, how can Singapore's traditional food culture be preserved? Explain your answer using <b>two</b> strategies.	<b>7</b>
<b>Level</b>	<b>Level Descriptor</b>	<b>Marks</b>
<b>L1</b>	<b>Describes the topic, i.e. Singapore traditional food culture.</b> e.g. Singapore traditional food culture .	<b>1</b>
<b>L2</b>	<b>Identifies/Describes strategies</b> <i>Award 2 marks for identifying one strategy.</i> <i>Award 3 marks for identifying two strategies/ describing one strategy.</i> <i>Award 4 marks for describing two strategies.</i>	<b>2-4</b>
<b>L3</b>	<p><b>L2+ Explains strategy</b> <i>Award 5-6marks for explaining one strategy.</i> <i>Award 6-7marks for explaining two strategies.</i></p> <p><b>Note: An explanation is showing how the strategy is able to preserve traditional food culture.</b></p> <p><u>Plausible strategies</u></p> <ul style="list-style-type: none"> <li>• Apprenticeship</li> <li>• Incentives</li> <li>• Public Awareness</li> </ul> <p><i>Accept any other plausible strategies.</i></p> <p>e.g. One strategy to preserve Singapore's traditional food culture is by <u>increasing public awareness about hawker culture</u>. For instance, the bid to nominate hawker culture as intangible cultural heritage for UNESCO puts Singapore's hawker culture on the world stage, increasing recognition of its importance. In addition, more publicity can be given to local food. For example, food bloggers like <u>ieatishootipost</u> and <u>foodkiing</u> can play a big part in promoting traditional food instead. Food blogger <u>ieatishootipost</u> even has a category called <u>Young Hawkerpreneurs</u> which put the spotlight on up and coming young hawkers. By doing so, this removes the stigma of the hawker food and trade as one that is not trendy, encouraging younger Singaporeans to embrace Singapore's traditional food culture. <u>Thus, increasing public awareness about hawker culture can preserve Singapore's traditional food culture because it encourages Singaporeans to support it, ensuring its survival in the future.</u></p> <p>e.g. One strategy to preserve Singapore's traditional food culture is to have apprenticeship opportunities for Singapore youths to learn about Singapore traditional food culture from veteran hawkers. For instance, the Singapore Workforce Development Agency initiated the hawker master pilot training programme to train aspiring hawkers. It had "master hawkers" such as <u>Thian Boon Hua of Boon Tong Kee Chicken Rice</u> and <u>Sulaiman Abu of D'Authentic Nasi Lemak</u> impart their skills to trainees. By doing so, Singapore youths will be able to change their mindsets about the hawker trade and consider entering the hawker trades. In addition, they are able to also learn from veterans who will be able to impart the dos and don'ts, enabling them the younger ones to learn from their mistakes and making the more prepared to take on the trade. <u>Thus, apprenticeship opportunities can preserve Singapore's traditional food culture because it is able to expand the pool of inspiring hawkers who would ensure the survival of traditional food culture of Singapore.</u></p> <p>e.g. One strategy to preserve Singapore's traditional food culture is to have incentives for new Hawkers. For instance, in 2019, NEA has</p>	<b>5-7</b>



	implemented a hawker incubation programme where pre-fitted stalls are offered for rent for six months at 50 per cent off the market rate. Over the nine months, aspiring hawkers will have the opportunity to learn the ropes of being a hawker and establish their businesses. Such incentives and incubation programmes enables individuals who are interested in hawking but may not have the upfront capital investment required. <u>Thus, one strategy to save Singapore's traditional food culture is to have incentives for new hawkers because through this incentives, those interested in the hawking trade would see joining the trade to be less daunting which will result in a larger pool of hawkers which will sustain Singapore's food culture.</u>	
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<b>(b)</b>	How far would you agree that cultural homogenisation has a significant impact on local culture than cultural hybridisation? Explain your answer.	<b>8</b>
<b>Level</b>	<b>Level Descriptor</b>	<b>Marks</b>
<b>1</b>	<b>Write about the topic without addressing the question (i.e. globalisation)</b>	<b>1-2</b>
<b>2</b>	<b>Describes the factor(s)</b> <i>Award 3 marks for describing one factor</i> <i>Award 4 marks for describing both factors</i>	<b>3-4</b>
<b>3</b>	Explain how the impacts of the factors <i>Award 5-6 marks for explaining one factor</i> <i>Award 6-7 marks for explaining both factors</i>  Cultural homogenisation has a great impact on local cultural. It is when local cultures are heavily influenced by foreign cultures and can become more and more similar with the aspects of foreign cultures. As foreign cultures influences become more dominant, it might reduce the influence of local cultures, which can have an impact on cultural diversity. One example would be the Starbucks Coffee Company. This American coffee brand has expanded its businesses to over 21,000 identical stores in over 65 countries. Customers are served identical coffee flavours worldwide. Its popularity suggests that many people around the world have embraced this aspect of American culture and might prefer this American coffee over their cultural coffee. This is the case for Singapore as teenagers now prefer to drink Starbucks than our locally brewed coffee. <u>As a result, cultural homogenisation might pose a threat to local coffee culture in Singapore when foreign cultural influences overshadow local cultures. Local cultures might not be able to compete with these strong foreign cultural influences Countries may lose their local culture and its unique identity if homogenisation were to continue to take place.</u>  Cultural hybridisation has an impact on local cultural. Hybridisation occurs when the foreign and local cultures come together and have gained some level of acceptance in the people. This can result in unique combinations containing elements from both cultures. Hybridisation can produce new culture products and these products may not include all the elements of the cultures from which they were derived. One example of culture hybridisation is Salsa, which is a Latin American music genre that originated from New York. It is actually a mixture of foreign Afro-Caribbean musical influences and North American jazz and rock. Another example would be Laksa Pasta. It is a combination of a Singaporean local noodle dish laksa and a typical pasta dish from Italy. <u>When hybridisation creates a new and unique combination of both cultures, it can also lead to changes to the nature of the local cultures. This happens when the fusion of two different cultures lead to loss of</u>	<b>5-7</b>

	<u>some distinctive cultural elements. As a result countries may face a dilution of local culture.</u>	
<b>4</b>	<p>L3 + Relative importance of each factor.</p> <p>Homogenisation has a larger negative impact on local cultural than hybridization. Homogenisation has resulted in the total displacement of local culture while hybridisation has a smaller negative impact because local cultural elements are still preserved in the new cultural product,.</p>	<b>8</b>