

IELTSFever Academic Reading Test 83

Reading Passage 1

Rural transport

plan of “Practical action”

For more than 40 years, Practical Action have worked with poor communities to identify the types of transport that work best, taking into consideration culture, needs and skills. With our technical and practical support, isolated rural communities can design, build and maintain their own solutions.

{A} Whilst the focus of National Development Plans in the transport sector lies heavily in the areas of extending road networks and bridges, there are still major gaps identified in addressing the needs of poorer communities. There is a need to develop and promote the sustainable use of alternative transport systems and intermediate means of transportation (IMTs) that complement the linkages of poor people with road networks and other socio-economic infrastructures to improve their livelihoods.

{B} On the other hand, the development of all weathered roads (only 30 percent of the rural population have access to this so far) and motorable bridges are very costly for a country with a small and stagnant economy. In addition these interventions are not always favourable in all geographical contexts environmentally, socially and economically. More than 60 percent of the network is concentrated in the lowland areas of the country. Although there are a number of alternative ways by which transportation and mobility needs of rural communities in the hills can be addressed, a lack of clear government focus and policies, lack of fiscal and economic incentives, lack of adequate technical knowledge and manufacturing capacities have led to under-development of this alternative transport sub-sector including the provision of IMTs.

{C} One of the major causes of poverty is isolation. Improving the access and mobility of the isolated poor paves the way for access to markets, services and opportunities. By improving transport, poorer people are able to access markets where they can buy or sell goods for income, and make better use of essential services such as health and education. No proper roads or vehicles mean women and children are forced to spend many hours each day attending to their most basic needs, such as collecting water and firewood. This valuable time could be used to tend crops, care for the family, study or develop small business ideas to generate much needed income.

Road building

{D} Without roads, rural communities are extremely restricted. Collecting water and firewood, and going to local markets is a huge task, therefore it is understandable that the construction of roads is a major priority for many rural communities. Practical Action is helping to improve rural access/transport infrastructures through the construction and rehabilitation of short rural roads, small bridges, culverts and other transport related functions. The aim is to use methods that encourage community driven development. This means villagers can improve their own lives through better access to markets, health care, education and other economic and social opportunities, as well as bringing improved services and supplies to the now-accessible villages.

Driving forward new ideas

{E} Practical Action communities we work with are constantly crafting and honing new ideas to help poor people. Cycle trailers have a practical business use too, helping people carry their goods, such as vegetables and charcoal, to markets for sale. Not only that, but those on the poverty-line can earn a decent income by making, maintaining and operating bicycle taxis. With Practical Action's know-how, Sri Lankan communities have been able to start a bus service and maintain the roads along which it travels. The impact has been remarkable. This service has put an end to rural people's social isolation. Quick and affordable, it gives them a reliable way to travel to the nearest town; and now their children can get an education, making it far more likely they'll find a path out of poverty. Practical Action is also an active member of many national and regional networks through which exchange of knowledge and advocating based on action research are carried out and one conspicuous example is the Lanka Organic Agriculture Movement.

sky-scraping transport system

{F} For people who live in remote, mountainous areas, getting food to market in order to earn enough money to survive is a serious issue. The hills are so steep that travelling down them is dangerous. A porter can help but they are expensive, and it would still take hours or even a day. The journey can take so long that their goods start to perish and become worth less and less. Practical Action have developed an ingenious solution called an aerial ropeway. It can either operate by gravitation force or with the use of external power. The ropeway consists of two trolleys rolling over support tracks connected to a control cable in the middle which moves in a traditional flywheel system. The trolley at the top is loaded with goods and can take up to 120kg. This is pulled down to the station at the bottom, either by the force of gravity or by external power. The other trolley at the bottom is therefore pulled upwards automatically. The external power can be produced by a micro hydro system if access to an electricity grid is not an option.

Bringing people on board

{G} Practical Action developed a two-wheeled iron trailer that can be attached (via a hitch behind the seat) to a bicycle and be used to carry heavy loads (up to around 200kgs) of food, water or even passengers. People can now carry three times as much as before and still pedal the bicycle. The cycle trailers are used for transporting goods by local producers, as ambulances, as mobile shops, and even as mobile libraries. They are made in small village workshops from iron tubing, which is cut, bent, welded and drilled to make the frame and wheels. Modifications are also carried out to the trailers in these workshops at the request of the buyers. The two-wheeled ambulance is made from moulded metal, with standard rubber-tyred wheels. The "bed" section can be padded with cushions to make the patient comfortable, while the "seat" section allows a family member to attend to the patient during transit. A dedicated bicycle is needed to pull the ambulance trailer, so that other community members do not need to go without the bicycles they depend on in their daily lives. A joining mechanism allows for easy removal and attachment. In response to user comments, a cover has been designed that can be added to give protection to the patient and attendant in poor weather. Made of treated cotton, the cover is durable and waterproof.

Questions 1-4

Do the following statements agree with the information given in Reading Passage 1? In boxes 1-4 on your answer sheet, write

YES	if the statement agrees with the writer
NO	if the statement does not agree with the writer
NOT GIVEN	if there is no information about this in the passage

(1) A slow developing economy often can not afford some road networks especially for those used regardless of weather conditions.

(2) Rural communities' officials know how to improve alternative transport technically.

(3) The primary aim for Practical Action to improve rural transport infrastructures is meant to increase the trade among villages

(4) Lanka Organic Agriculture Movement provided service that Practical Action highly involved in.

Questions 5-8

Answer the questions below.

Choose **NO MORE THAN THREE WORDS AND/OR A NUMBER** from the passage for each answer.

(5) WHAT is the first duty for many rural communities to reach unrestricted development?

(6) WHAT was one of the new ideas to help poor people carry their goods, such as vegetables and charcoal, to markets for sale?

(7) WHAT service has put an end to rural people's social isolation in Sri Lanka?

(8) WHAT solution has been applied for people who live in remote, mountainous areas getting food to market?

Questions 9-13

Complete the following summary of the paragraphs of Reading Passage, using **no more than two words** from the Reading Passage for each answer. Write your answers in boxes 11-14 on your answer sheet.

Besides normal transport tasks, changes are also implemented to the trailers in these workshops at the request of the buyers when it is used in a medical emergency or a moveable**9**....., 'Ambulance' is made from metal, with rubber wheels and driven by another bicycle. When put with**10**..... in the two-wheeled "ambulance", the patient can stay comfortable and another**11**.....can sit on caring for the patient in a transport journey. In order to dismantle or attach other equipment, an assemblage**12**.....is designed. Later, as user's suggest,.....**13**..... has also been added to give protection to the patient.

Reading Passage 2

TV Addiction

{A} The amount of time people spend watching television is astonishing. On average, individuals in the industrialized world devote three hours a day to the pursuit --fully half of their leisure time, and more than on any single activity save work and sleep. At this rate, someone who lives to 75 would spend nine years in front of the tube. To some commentators, this devotion means simply that people enjoy TV and make a conscious decision to watch it. But if that is the whole story, why do so many people experience misgivings about how much they view? In Gallup polls in 1992 and 1999, two out of five adult respondents and seven out of 10 teenagers said they spent too much time watching TV. Other surveys have consistently shown that roughly 10 percent of adults call themselves TV addicts

{B} To study people's reactions to TV, researchers have undertaken laboratory experiments in which they have monitored the brain waves (using an electroencephalograph, or EEG) to track behavior and emotion in the normal course of life, as opposed to the artificial conditions of the lab. Participants carried a beeper, and we signaled them six to eight times a day, at random, over the period of a week; whenever they heard the beep, they wrote down what they were doing and how they were feeling using a standardized scorecard.

{C} As one might expect, people who were watching TV when we beeped them reported feeling relaxed and passive. The EEG studies similarly show less mental stimulation, as measured by alpha brain-wave production, during viewing than during reading. What is more surprising is that the sense of relaxation ends when the set is turned off, but the feelings of passivity and lowered alertness continue. Survey participants say they have more difficulty concentrating after viewing than before. In contrast, they rarely indicate such difficulty after reading. After playing sports or engaging in hobbies, people report improvements in mood. After watching TV, people's moods are about the same or worse than before. That may be because viewers' vague learned sense that they will feel less relaxed if they stop viewing. So they tend not to turn the set off. Viewing begets more viewing which is the same as the experience of habit-forming drugs. Thus, the

irony of TV: people watch a great deal longer than they plan to, even though prolonged viewing is less rewarding. In our ESM studies the longer people sat in front of the set, the less satisfaction they said they derived from it. For some, a twinge of unease or guilt that they aren't doing something more productive may also accompany and depreciate the enjoyment of prolonged viewing. Researchers in Japan, the U.K. and the U.S. have found that this guilt occurs much more among middle-class viewers than among less affluent ones.

{D} What is it about TV that has such a hold on us? In part, the attraction seems to spring from our biological 'orienting response.' First described by Ivan Pavlov in 1927, the orienting response is our instinctive visual or auditory reaction to any sudden or novel stimulus. It is part of our evolutionary heritage, a built-in sensitivity to movement and potential predatory threats. In 1986 Byron Reeves of Stanford University, Esther Thorson of the University of Missouri and their colleagues began to study whether the simple formal features of television--cuts, edits, zooms, pans, sudden noises - activate the orienting response, thereby keeping attention on the screen. By watching how brain waves were affected by formal features, the researchers concluded that these stylistic tricks can indeed trigger involuntary responses and 'derive their attentional value through the evolutionary significance of detecting movement.... It is the form, not the content, of television that is unique!

{E} The natural attraction to television's sound and light starts very early in life. Dafna Lemish of Tel Aviv University has described babies at six to eight weeks attending to television. We have observed slightly older infants who, when lying on their backs on the floor, crane their necks around 180 degrees to catch what light through the yonder window breaks. This inclination suggests how deeply rooted the orienting response is.

{F} The Experience Sampling Method permits us to look closely at most every domain of everyday life: working, eating, reading, talking to friends, playing a sport, and so on. We found that heavy viewers report feeling significantly more anxious and less happy than light viewers do in unstructured situations, such as doing nothing, daydreaming or waiting in line. The difference widens when the viewer is alone. Subsequently, Robert D. McIlwraith of the University of Manitoba extensively studied those who called themselves TV addicts on surveys. On a measure called the Short Imaginal Processes Inventory (SIPI), he found that the self described addicts are more easily bored and distracted and have poorer attentional control than the non-addicts. The addicts said they used TV to distract themselves from unpleasant thoughts and to fill time. Other studies over the years have shown that heavy viewers are less likely to participate in community activities and sports and are more likely to be obese than moderate viewers or non-viewers.

{G} More than 25 years ago psychologist Tannis M. MacBeth Williams of the University of British Columbia studied a mountain community that had no television until cable finally arrived. Over time, both adults and children in the town became less creative in problem solving, less able to persevere at tasks, and less tolerant of unstructured time.

{H} Nearly 40 years ago Gary A. Steiner of the University of Chicago collected fascinating individual accounts of families whose set had broken. In experiments, families have volunteered or been paid to stop viewing, typically for a week or a month. Some fought, verbally and physically. In a review of these cold-turkey studies, Charles Winick of the City University of New York concluded: 'The first three or four days for most persons were the worst, even in many homes where viewing was minimal and where there were other ongoing activities. In over half of all the households, during these first few days of loss, the regular routines were disrupted, family members had difficulties in dealing with the newly available time, anxiety and aggressions were expressed..... By the second week, a move toward adaptation to the situation was

common. Unfortunately, researchers have yet to flesh out these anecdotes; no one has systematically gathered statistics on the prevalence of these withdrawal symptoms.

{|} Even though TV does seem to meet the criteria for substance dependence, not all researchers would go so far as to call TV addictive. McIlwraith said in 1998 that 'displacement of other activities by television may be socially significant but still fall short of the clinical requirement of significant impairment. He argued that a new category of 'TV addiction' may not be necessary if heavy viewing stems from conditions such as depression and social phobia. Nevertheless, whether or not we formally diagnose someone as TV-dependent, millions of people sense that they cannot readily control the amount of television they watch.

You should spend about 20 minutes on question 14-26, which are based on reading passage 2 on the following pages.

Questions 14-18

Do the following statements agree with the claims of the writer in Reading Passage? In boxes 14-18 on your answer sheet, write

TRUE	if the statement is True
FALSE	if the statement is false
NOT GIVEN	If the information is not given in the passage

- (14) Study shows that males are more likely to be addicted to TV than females.
- (15) Greater improvements in mood are experienced after watching TV than playing sports.
- (16) TV addiction works in similar ways as drugs.
- (17) It is reported that people's satisfaction is in proportion to the time they spend watching TV.
- (18) Middle-class viewers are more likely to feel guilty about watching TV than the poor.

Questions 19-23

Look at the following researchers (Questions 19-23) and the list of statements below. Match each researcher with the correct statements. **Write the correct letter A-H in boxes 19-23 on your answer sheets.**

- (19) Byron Reeves and Esther Thorson
- (20) Dafna Lemish
- (21) Robert D. McIlwraith

(22) Tannis M. MacBeth Williams

(23) Charles Winick

List of Statements

- (A) Audiences would get hypnotized from viewing too much television.
- (B) People have been sensitive to the TV signals since a younger age.
- (C) People are less likely to accomplish their work with television.
- (D) A handful of studies have attempted to study other types of media addiction.
- (E) The addictive power of television could probably minimize the problems.
- (F) Various media formal characters stimulate people's reaction on the screen.
- (G) People who believe themselves to be TV addicts are less likely to join in the group activities.
- (H) It is hard for people to accept life without TV at the beginning.

Questions 24-26

Choose the correct letter, A, B, C or D.

Write the correct letter in boxes 24-26 on your answer sheet.

Q.24 People in the industrialized world

- (A) devote ten hours watching TV on average.
- (B) spends more time on TV than other entertainment.
- (C) call themselves TV addicts.
- (D) enjoy working best.

Q.25 When compared with light viewers, heavy viewers

- (A) like playing sports more than reading.
- (B) feel relaxed after watching TV.

- (C) spends more time daydreaming.
- (D) are more easily bored while waiting in line.

Q.26 Which of the following statements is true about the family experiment?

- (A) Not all the subjects participate in the experiment for free.
- (B) There has been complete gathered data.
- (C) People are prevented from other activities during the experiment.
- (D) People can not adapt to the situation until the end.

Reading Passage 3

Knowledge in Medicine

{A} What counts as knowledge? What do we mean when we say that we know something? What is the status of different kinds of knowledge? In order to explore these questions we are going to focus on one particular area of knowledge---medicine.

{B} How do you know when you are ill? This may seem to be an absurd question. You know you are ill because you feel ill; your body tells you that you are ill. You may know that you feel pain or discomfort but knowing you are ill is a bit more complex. At times, people experience the symptoms of illness, but in fact they are simply tired or over-worked or they may just have a hangover. (ks.ipredicting.com) At other times, people may be suffering from a disease and fail to be aware of the illness until it has reached a late stage in its development. So how do we know we are ill, and what counts as knowledge?

{C} Think about this example. You feel unwell. You have a bad cough and always seem to be tired. Perhaps it could be stress at work, or maybe you should give up smoking. You feel worse. You visit the doctor who listens to your chest and heart, takes your temperature and blood pressure, and then finally prescribes antibiotics for your cough.

{D} Things do not improve but you struggle on thinking you should pull yourself together, perhaps things will ease off at work soon. A return visit to your doctor shocks you. This time the doctor, drawing on years of training and experience, diagnoses pneumonia. This means that you will need bed rest and a considerable time off work. The scenario is transformed. Although you still have the same symptoms, you no longer think that these are caused by pressure at work. You now have proof that you are ill. This is the result of the combination of your own subjective experience and the diagnosis of someone who has the status of a medical expert. You have a medically authenticated diagnosis and it appears that you are seriously ill; you know you are ill and have evidence upon which to base this knowledge.

{E} This scenario shows many different sources of knowledge. For example, you decide to consult the doctor in the first place because you feel unwell---this is personal knowledge about your own body. However, the doctor's expert diagnosis is based on experience and training, with

sources of knowledge as diverse as other experts, laboratory reports, medical textbooks and years of experience.

{F} One source of knowledge is the experience of our own bodies; the personal knowledge we have of changes that might be significant, as well as the subjective experience of pain and physical distress. These experiences are mediated by other forms of knowledge such as the words we have available to describe our experience and the common sense of our families and friends as well as that drawn from popular culture. Over the past decade, for example, Western culture has seen

a significant emphasis on stress-related illness in the media. Reference to being 'stressed out' has become a common response in daily exchanges in the workplace and has become part of popular common-sense knowledge. It is thus not surprising that we might seek such an explanation of physical symptoms of discomfort.

{G} We might also rely on the observations of others who know us. Comments from friends and family such as 'you do look ill' or 'that's a bad cough' might be another source of knowledge. Complementary health practices, such as holistic medicine, produce their own sets of knowledge upon which we might also draw in deciding the nature and degree of our ill health and about possible treatments.

{H} Perhaps the most influential and authoritative source of knowledge is the medical knowledge provided by the general practitioner. We expect the doctor to have access to expert knowledge. This is socially sanctioned. It would not be acceptable to notify our employer that we simply felt too unwell to turn up for work or that our faith healer, astrologer, therapist or even our priest thought it was not a good idea. We need an expert medical diagnosis in order to obtain the necessary certificate if we need to be off work for more than the statutory self-certification period. The knowledge of the medical sciences is privileged in this respect in contemporary Western culture. Medical practitioners are also seen as having the required expert knowledge that permits them legally to prescribe drugs and treatment to which patients would not otherwise have access. However there is a range of different knowledge upon which we draw when making decisions about our own state of health.

{I} However, there is more than existing knowledge in this little story; new knowledge is constructed within it. Given the doctor's medical training and background, she may hypothesize 'is this now pneumonia?' and then proceed to look for evidence about it. She will use observations and instruments to assess the evidence and---critically---interpret it in the light of her training and experience. This results in new knowledge and new experience both for you and for the doctor. This will then be added to the doctor's medical knowledge and may help in future diagnosis of pneumonia.

Questions 27-33

*Complete the table. Choose **no more than three words** from the passage for each answer. Write your answers in boxes 27-33 on your answer sheet*

Examples

Source of knowledge	
Personal experience	Symptoms of a (27) and tiredness Doctor's measurement of (28)and temperature Common judgment from (29) around you.
Scientific Evidence	Medical knowledge from the general (30) e.g. doctor's medical (31) Examine the medical hypothesis with the previous drill and (32)

Question 33-40

The reading Passage has nine paragraphs A-I

Which paragraph contains the following information?

Write the correct letter A-I, in boxes 33-40 on your answer sheet.

you may use any letter more than once

- (33)** the contrast between the nature of personal judgment and the nature of doctor
- (34)** the reference of culture about pressure
- (35)** sick leave will be not permitted if employees are without the professional diagnosis
- (36)** how doctors are regarded in the society
- (37)** the symptom of the patients can be added as new information
- (38)** what the situation will be if we come across knowledge from non-specialised outer sources
- (39)** an example of collective judgment from personal experience and professional doctor
- (40)** a reference about those people who do not realize their illness