

Tutorial letter 101/3/2017

HIV/Aids care and counselling PYC2605

Semesters 1 & 2

Department of Psychology

IMPORTANT INFORMATION:

This tutorial letter contains important information
about your module.

CONTENTS

	<i>Page</i>
1 INTRODUCTION	4
1.1 To get started.....	4
1.2 Letter of declaration	5
2 PURPOSE OF AND OUTCOMES FOR THE MODULE.....	6
2.1 Purpose	6
2.2 Outcomes	6
3 LECTURER(S) AND CONTACT DETAILS.....	6
3.1 Lecturer(s)	6
3.2 Department of Psychology	7
3.3 University	7
4 MODULE-RELATED RESOURCES.....	7
4.1 Prescribed books	7
4.2 Recommended books	8
4.3 Electronic Reserves (e-Reserves).....	8
5 STUDENT SUPPORT SERVICES FOR THE MODULE	9
5.1 Tutorial offerings at Unisa	9
6 MODULE-SPECIFIC STUDY PLAN	9
6.1 Syllabus: What to study for the exams	10
6.2 Learning units on myUnisa.....	13
6.3 Joining myUnisa	13
6.4 Other resources – Printed support materials	13
6.5 The myUnisa tools you will use	14
7 MODULE PRACTICAL WORK AND WORK-INTEGRATED LEARNING	15
8 ASSESSMENT	15
8.1 Assessment plan	15
8.2 General assignment numbers	16
8.2.1 Unique assignment numbers	16
8.2.2 Due dates for assignments	16
8.3 Submission of assignments	16
8.4 Assignments.....	17
8.4.1 First Semester Assignments	17
8.4.2 Second Semester Assignments	29

8.5	Feedback and commentaries on assignments	40
9	OTHER ASSESSMENT METHODS	41
10	EXAMINATION.....	41
10.1	Examination admission	41
10.2	Examination period	41
10.3	FI concession students	41
10.4	Basic information about the paper.....	41
10.5	Format of the examination paper	41
10.6	Previous examination papers	42
10.7	Tutorial letter with information on the examination	42
10.8	Assessment and marking policy.....	42
11	FREQUENTLY ASKED QUESTIONS	43
12	SOURCES CONSULTED	43
13	CONCLUSION.....	43
14	ADDENDUM.....	43

INTRODUCTION

Dear Student

We are pleased to welcome you to HIV/Aids care and counselling. We hope that you will find the module interesting and that it will empower you to make a contribution in the fight against HIV. We further hope that the module will equip you with the necessary skills to help people infected with HIV and their loved ones to realise that there is life beyond an HIV positive diagnosis.

Students often wonder who their co-students on a course are. Well, our student population for this module in HIV and Aids care and counselling consists of individuals from all walks of life who care enough to try and make a difference in the midst of the epidemic. Our students are lay counsellors, psychologists, nurses, educators and teachers, faith workers, doctors, homemakers and people infected with HIV who are interested to know more about the disease and its management.

We shall do our best to make your study of this module successful. You will be well on your way to success if you start studying early in the semester and resolve to do the assignment(s) early and with enthusiasm. This module is offered in two semester periods of fifteen weeks each. Please make sure for which semester you are registered and follow the instructions for that specific semester. Also note that the assignments for Semester 1 and Semester 2 are not the same.

Tutorial Letter 101 contains important information about the scheme of work, resources and assignments, instructions on the preparation and submission of the assignments, as well as the assessment criteria. This tutorial letter also provides all the information you need with regard to the prescribed study material and other resources and how to obtain it. Please obtain the prescribed material as soon as possible. We urge you to read this Tutorial Letter carefully and to keep it at hand to revisit important information.

1.1 To get started...

This module is presented in a new online format and we hope that it will enrich your learning experience. Although it is an online course, we prefer to call it a “blended” approach because we also try to accommodate our students who do not have constant access to the internet. All the material that is presented online will also be printed and sent to all our students. You do not have to let us know how you prefer to study. You will automatically have access to the learning units on myUnisa, and you will also receive the printed material. If you do not have regular access to the internet, please try to access myUnisa on a regular basis to experience our rich learning environment.

To get you started, go to the website <https://my.unisa.ac.za> and login with your student number and password. You will see PYC2605-15-S1/S2 in the row of modules in the blocks across the top of the webpage. Remember to also look in the “More Sites” tab if you cannot find your module in the blocks at the top. Click on the module you want to open. It will take you to the welcome page for PYC2605. After familiarising you with the contents of the welcome page, click on the LEARNING UNITS tab on the left hand side to access the electronic learning units.

As said above, in addition to the online learning units, you will receive this tutorial letter and a printed copy of the online study materials of your module (called MO001). These printed materials are exactly the same as the online learning units and it contains nothing more or nothing less. We provide all the web links to YouTube videos and other material that we used in the printed document as well, so that you have it available to visit some of these sites when you have internet access.

(Please note that all links to the internet are for enrichment purposes only and no assignment or exam questions will be based on internet resources like YouTube videos).

All the learning units are available in pdf format on myUnisa (the files will automatically open in pdf format). You are welcome to save these files onto your computer. You can then work directly on your computer and you will have access to all the web links if you are connected to the internet. To work directly from the pdf files is often faster – especially if myUnisa is slow or offline.

Apart from Tutorial Letter 101, you will also receive other tutorial letters during the semester. We will post these letters on myUnisa and it is therefore important to go to myUnisa from time to time. If your myLife e-mail address is activated, you will get an e-mail notification of tutorial letters that are posted on myUnisa. (Tutorial letters will be posted under “Official study material”).

1.2 Letter of declaration

After successful completion of this course, you will automatically (and free of charge) receive an official Declaration Letter from the University, declaring that you have successfully completed a six month theoretical course in HIV and Aids care and counselling at the University of South Africa. The syllabus you followed will be printed on this Declaration Letter. Declaration letters will be posted automatically to all students who pass the module six to eight weeks after you have received your official examination results. Please note that this letter of declaration DOES NOT endorse you as a trained or registered counsellor, nor is it equivalent to a certificate in counselling.

Make a few copies of the Declaration Letter immediately. This letter will UNDER NO CIRCUMSTANCES be replaced or re-issued. Make sure that you receive your declaration letter by following two simple steps:

- Make sure that Unisa has your most recent postal address. We will send your Declaration Letter to the address that you registered with Unisa. If your address changed, please notify Unisa (not the Psychology Department) to change your address on the student system (follow the instructions in my Studies @ Unisa to change your address).
- Make sure that all outstanding fees are paid. If your study fees are in arrears, Unisa will unfortunately not release your exam results, and we will not be able to issue the Declaration Letter either.

Please note that we do not issue certificates for this course.

DO NOT:

- Do not phone/e-mail us and ask for a certificate. This is not a certificate course and we do not issue certificates. You will only receive a declaration letter.
- Do not phone/e-mail us and ask for a copy of the declaration letter. Declaration Letters will UNDER NO CIRCUMSTANCES be replaced.
- If you lose your Declaration Letter, please use your official Unisa results.

1 PURPOSE OF AND OUTCOMES FOR THE MODULE

Students who successfully complete this module will be able to demonstrate competence relating to a large variety of topics associated with HIV and Aids education, care and counselling.

2.1 Purpose

The purpose of this module is to empower you with the necessary knowledge, skills and attitudes to:

- Manage your own life in the risky environment posed by the HIV epidemic. That is, to help you in discovering how you can protect yourself from the virus, or alternatively if you are HIV positive, how to live positively and how to curtail the effects of the virus on your life;
- Enable you to assist other people in your community by helping them to manage their lives in the HIV and Aids environment, by facilitating a process of behaviour change, or by curtailing the effects of HIV on their lives.

2.2 Outcomes

For this module, there are several outcomes that we hope you will be able to accomplish by the end of the course:

- Outcome 1: Apply your newly gained knowledge and skills to keep yourself healthy and safe in an HIV and Aids environment.
- Outcome 2: Disseminate correct and relevant information on HIV and Aids within your community to prevent HIV infection; and facilitate the breakdown of negative attitudes, stereotypes and misconceptions about HIV and Aids in your community.
- Outcome 3: Do basic counselling to support people living with HIV and Aids.
- Outcome 4: Care for people living with HIV and Aids – especially in the home-based-care environment; and care for yourself as caregiver to prevent burnout.
- Outcome 5: Be an advocate for the legal and ethical rights of people living with HIV or Aids.

You will recognise these outcomes in your syllabus and study programme.

2 LECTURER(S) AND CONTACT DETAILS

3.1 Lecturer(s)

You are welcome to contact your lecturers by e-mail, telephone or on myUnisa. All queries about the content of this module should be directed to us. Remember to always have your course code (PYC2605) and your student number ready when making an enquiry. We offer various Aids courses in the Department and without the course code we cannot assist you. When you e-mail us, always **write** the course code (PYC2605), your student number and a brief title in the subject line.

Name of Lecturer	Building & Office nr	Tel. number	E-mail address
Mrs Helena Erasmus (Module Leader)	Theo van Wijk 5-110	(012) 429-2823	erasmh@unisa.ac.za
Ms Keit Shirinda-Mthombeni (Psychology)	Theo van Wijk 5-39	(012) 429-8317	shirik@unisa.ac.za
Mr Fana Simelane (Psychology)	Theo van Wijk 5-87	(012) 429-4438	simelfz@unisa.ac.za

3.2 Department of Psychology

All queries of an **administrative nature** should be directed to the module secretary. Her contact details are as follows:

Name of Administrative Personnel	Building & Office nr	Telephone number	E-mail address
Ms Tidie Sekhalela (Administrative Officer)	Theo van Wijk 5-98	(012) 429-8088	sekhapt@unisa.ac.za

We really like to meet our students, but please make an appointment beforehand. We do not want to disappoint you if we are not available when you arrive.

3.3 University

If you need to contact Unisa about matters not related to the content of this module, please consult the brochure *Studies @ Unisa*. In this document you will find the contact details of various administrative departments. Lecturers cannot assist you with administrative queries and telephone numbers and we will refer you to this brochure. If you did not receive this document, you can find it on myUnisa under the 'Resources' option.

To assist you we provide some of the contact details that you may need below:

General Unisa telephone number	012 429 3111
Online address:	http://my.unisa.ac.za
Unisa website:	http://www.unisa.ac.za
Examinations:	exams@unisa.ac.za
Aegrotat and special examinations:	aegrotats@unisa.ac.za
Study information:	study-info@unisa.ac.za

3 MODULE-RELATED RESOURCES

4.1 Prescribed books

Your prescribed textbook for this module is:

Van Dyk, A., Tlou, E., & Van Dyk, P. (2017). *HIV and Aids education, care and counselling: A multicultural approach* (6th ed.). Cape Town: Pearson Education.

Please note: The prescribed book is not included in your study package and it is also not available on myUnisa. You have to buy the prescribed book from one of our official booksellers (see the *Studies @ Unisa* brochure).

Code of Ethics: Please note that the prescribed book is authored by Unisa employees. The Unisa School Tuition Committee has considered the ethical implication of prescribing the book (as informed by the Unisa Code of Ethics and Conduct) and has approved it. The ethical clearance is based on the following principles: The process of prescribing the book is transparent and impartial; the book is peer reviewed; published by a recognised international academic publisher; forms part of a study package containing a wraparound guide; is the best book available on the market - given the learning outcomes of the module, contextualisation, Africanisation, appropriate language level and the expertise of the author; and it is prescribed at various other higher education institutions.

Your textbook will introduce you to a wide range of aspects regarding HIV and Aids. You will get the most recent and updated information on the fundamental facts about HIV and Aids. This includes information on the virus, the immune system, HIV testing, antiretrovirals and vaccines. The book will further prepare you to offer education, counselling and care in the HIV and Aids context. It will engage you in discussions about behaviour change, safer sex practices, self-awareness and attitudes, traditional African beliefs and customs, basic counselling skills, cross-cultural counselling, pre- and post- HIV test counselling, orphan care, bereavement counselling, home-based care and many more.

Please consult the list of official booksellers and their addresses listed in the Studies @ Unisa brochure. If you cannot locate the book in the bookshop, please always ask a shop attendant to help you. There may be more copies available in the store room. If the book is not available, ask the shop attendant to order the book for you immediately.

If you prefer to buy the e-book, go to: <http://shop.pearson.co.za> and type the title of the book (or part of it, e.g. “education, care and counselling”) in the search box.

If you have any difficulties in obtaining books from these booksellers, please contact the Prescribed Book Section as soon as possible at telephone number 012 429-4152 or email address vospresc@unisa.ac.za.

Note: Please do not use any previous edition of the prescribed book (such as the 5th or 2012/2013 edition) since the information is outdated. Please appreciate the fact that the Aids field is not a static field and that things are constantly changing as new research comes to light – especially in terms of virology, antiretrovirals, testing and treatment protocols and policies. The book is regularly updated to bring you the latest information and research. The exam paper will also be based on the latest edition of the book – in this case, the 6th (2017) edition.

4.2 Recommended books

Not applicable.

4.3 Electronic Reserves (e-Reserves)

Not applicable.

Please note that your lecturers cannot help you with missing study material. Please contact the Department of Despatch at despatch@unisa.ac.za or you can send an sms to Nr 43579.

4 STUDENT SUPPORT SERVICES FOR THE MODULE

For information on the various student support systems and services available at Unisa (e.g. student counselling, tutorial classes, e-tutors, language support), please consult the publication the Studies @ Unisa brochure, which you will receive with your study material. If you have any special needs and need special examination arrangement please note that you have to apply to the Registrar Academic in writing. See the Studies @ Unisa brochure for more information.

5.1 Tutorial offerings at Unisa

Please be informed that, with effect from 2013, Unisa offers online tutorials (e-tutoring) to students registered for certain modules, including PYC2605. Once you have been registered for the module, you will be allocated to a group of students with whom you will be interacting during the tuition period as well as an e-tutor who will be your tutorial facilitator. Thereafter you will receive an sms informing you about your group, the name of your e-tutor and instructions on how to log onto myUnisa in order to receive further information on the e-tutoring process.

Online tutorials are conducted by qualified e-tutors who are appointed by Unisa and are offered free of charge. All you need to be able to participate in e-tutoring is a computer with internet connection. If you live close to a Unisa regional centre or a Telecentre contracted with Unisa, please feel free to visit any of these to access the internet. E-tutoring takes place on myUnisa where you are expected to connect with other students in your allocated group. It is the role of the e-tutor to guide you through your study material during this interaction process. For you to get the most out of online tutoring, you need to participate in the online discussions that the e-tutor will be facilitating.

5 MODULE-SPECIFIC STUDY PLAN

Use your Studies @ Unisa brochure for general time management and planning skills.

In this section we will explain to you how to reach the outcomes of this module as stated in Section 2 in this tutorial letter. Each part of the prescribed book coincides with a specific outcome. To make it easier for you, we have divided the work into three sections.

The first section (Section A) is compulsory for all students and consists of all the theory and information you need to become a competent counsellor or caregiver in the HIV and Aids field. You then have to choose between Section B (guidance track) and Section C (care track). This means that you do not have to study all the chapters in your prescribed book.

In a nutshell, your syllabus consists of the following chapters in the prescribed book:

SECTION A (COMPULSORY SECTION):

Chapters 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 21, 22, and 23;

AND

SECTION B (GUIDANCE TRACK*):

Chapters 10, 16 and 18;

OR

SECTION C (CARE TRACK):**

Chapters 17, 19 and 20.

Your syllabus (and outcomes) are summarised in Table 1.

Table 1: Your syllabus in a nutshell

Learning Unit or Chapter	Title	Study category
Part 1 – Knowing the virus (Outcome 1)		
1	HIV and Aids: A brief history	Compulsory
2	HIV and the immune system	Compulsory
3	Transmission and Prevention	Compulsory
4	HIV-associated symptoms and diseases	Compulsory
5	HIV tests	Compulsory
6	Antiretroviral therapy	Compulsory
Part 2 – Aids education and empowerment (Outcome 2)		
7	Theories of behaviour change	Compulsory
8	Aids education	Compulsory
9	Changing unsafe practices	Compulsory
10	Aids education for school children	Guidance Track *
11	Aids education in traditional Africa	Compulsory
Part 3 – HIV Counselling (Outcome 3)		
12	Counselling principles and skills	Compulsory
13	HIV counselling and testing	Compulsory
14	Ongoing counselling	Compulsory
15	Bereavement counselling	Compulsory
16	Spiritual counselling and the meaning of life	Guidance Track*
Part 4 - Care and Support (Outcome 4)		
17	Home- and community-based care	Care Track **
18	Orphans and vulnerable children	Guidance Track*
19	Infection control	Care Track**
20	Care and nursing principles	Care Track**
21	Care for the caregiver	Compulsory
Part 5 – Legal and policy issues (Outcome 5)		
22	Aids and the law (Only selected sections)	Compulsory
23	Aids in the workplace	Compulsory

6.1 Syllabus: What to study for the exams

We strongly recommend that you read every prescribed chapter in its entirety to get a complete picture before you study the demarcated sections for the examinations. Although there will be no exam questions on the parts indicated next to *Do not study*, it will help you to understand the sections you have to study for examination purposes better if you also read through these sections. Study the introductions of all the prescribed chapters.

Read the conclusions of every chapter and try to answer the questions in the section Test your understanding. There will be no direct questions on tables and figures, but please look at these as it would greatly enhance your understanding of the work.

Section A: Compulsory section

Chapter 1: HIV and Aids: A brief history	
Study for exam	All sections.
Do not study	Enrichment: Statistics on HIV and Aids Enrichment: The difference between HIV incidence and HIV prevalence Enrichment: SA National HIV Prevalence and Incidence report.
Chapter 2: HIV and the immune system	
Study for exam	All sections.
Do not study	Enrichment: The immune system in pictures Enrichment: The genes of HIV Enrichment: HIV infection in pictures
Chapter 3: Transmission and prevention	
Study for exam	All sections. Chapter 19, Section 19.1
Do not study	Enrichment: Methods and devices used for VMMC (Voluntary Male Medical Circumcision). Enrichment: Did you know the following about microbicides?
Chapter 4: HIV-associated Symptoms and Diseases	
Study for exam	Sections 4.1 - 4.2, 4.4 - 4.6
Do not study	Section 4.3: Symptoms of HIV infection in children. Enrichment: YouTube videos. Enrichment: Immune status in children. The table under <i>Molecular testing</i> . FAQs on MDR-TB and XDR-TB.
Chapter 5: HIV tests	
Study for exam	All sections.
Chapter 6: Antiretroviral therapy	
Study for exam	Sections 6.1 – 6.3, 6.5 – 6.14
Do not study	Section 6.4: Antiretroviral drugs available in Southern Africa. ART abbreviations. There will be no exam questions on: <ul style="list-style-type: none"> • <i>ART for adolescents aged 10 to 15 years</i> • <i>ART for children</i> • <i>Use of ART in patients with TB</i> Enrichment: 'Starter' packs for PEP.
Chapter 7: Theories of Behaviour Change	
Study for exam	All sections.
Do not study	Enrichment: Partners for Prevention.
Chapter 8: Aids education	
Study for exam	All sections.
Do not study	Enrichment: Ice breakers for workshops. Enrichment: Creative learning aids.
Chapter 9: Changing Unsafe Practices	
Study for exam	All sections
Do not study	Enrichment: How are condoms tested?
Chapter 11: Aids Education in Traditional Africa	
Study for exam	All sections

Chapter 12: Counselling Principles and Skills	
Study for exam	All sections
Do not study	Enrichment: The duty to warn or protect third parties from harm.
Chapter 13: HIV Counselling and Testing	
Study for exam	All sections
Chapter 14: Ongoing Counselling	
Study for exam	Section 14.1, 14.3 – 14.5 Chapter 20, Section 20.1 (Promotion of health and positive living) and Section 20.2 (Nutrition).
Do not study	Section 14.2: Emotional impact of HIV infection. Enrichment: Alison's story. There will be no examination questions on <i>Counselling women/couples on pregnancy</i> (in Section 14.5).
Chapter 15: Bereavement Counselling	
Study for exam	All sections
Chapter 21: Care for the Caregiver	
Study for exam	All sections
Do not study	Enrichment: Coping mechanisms to manage stress levels. Enrichment: Visualisation technique or imagery.
Chapter 22: Aids and the Law	
Study for exam	Section 22.1 – 22.3, 22.5, 22.7 – 22.8.
Do not study	Section 22.4: Health Professions Council ethical guidelines for good practice with regard to HIV. Enrichment: National HIV Counselling and Testing Policy Guidelines. Enrichment: TB as a compensable disease. Enrichment: Resources for children. Section 22.6: Department of Basic Education policy on HIV, STIS & TB.
Chapter 23: Aids in the Workplace	
Study for exam	All sections
Do not study	Enrichment: Guidelines for managing HIV and TB in the workplace.

Choose either Section B or Section C

Section B: Guidance Track (Chapters 10, 16 & 18)

Chapter 10: Aids education for School Children	
Study for exam	All sections
Do not study	Enrichments: HIV and Aids has touched the lives of many South African school children. South African school children's perceptions of Aids: The foundation phase. South African school children's perceptions of HIV and Aids: The intermediate phase. South African school children's perceptions of Aids: The senior phase. South African school children's perceptions of Aids: The further education phase.
Chapter 16: Spiritual Counselling and the Meaning of Life	
Study for exam	All sections
Chapter 18: Orphans and Vulnerable Children	
Study for exam	All sections
Do not study	Enrichment: The rights of children.

Choose either Section B or Section C

Section C: Care Track (Chapters 17, 19 & 20)

Chapter 17: Community and home based care (CHBC)	
Study for exam	All sections
Do not study	Enrichment: What are the Millennium Developmental Goals? Enrichment: Services delivered as part of a CHBC programme. Enrichment: Evolution of CHBC in the context of antiretroviral therapy.
Chapter 19: Infection Control	
Study for exam	All sections
Chapter 20: Care and Nursing Principles	
Study for exam	All sections
Do not study	Enrichment: Psychoneuroimmunology. Enrichment: Documents to download.

6.2 Learning units on myUnisa

PYC2605 is an online module. An online module is a module that is designed for online study. This means that all your study materials are designed to be online on myUnisa. The online design allowed us to enrich your learning tremendously by integrating videos, illustrations, pictures, photos, case studies and stories into your study material. These additional materials (videos etc.) can only be accessed online and will not be printed. If you prefer to study mostly from the printed material, we recommend that you nonetheless go online to look at some of the videos and other material for enrichment purposes.

The learning units on myUnisa (or the printed copy of the online learning units which is the MO001) are your guide through the syllabus. It is therefore important to start with the learning units and follow the instructions carefully.

There are many links to Open Electronic Resources (OERS) like YouTube videos to illustrate certain concepts to you (e.g. the working of the immune system). It is a lot of fun and very educational to watch all the links in the learning units, but please do not get carried away. Time yourself and make sure that you have enough time to work through the syllabus.

You will find the following module-related material on myUnisa:

- Introduction (read this first)
- Syllabus
- Learning Units 1 to 23

But let's talk about how to join myUnisa.

6.3 Joining myUnisa

Please consult the publication **Studies @ Unisa** which you received with your study material for more information on PYC2605_Tut Letter 101_2017.

6.4 Other resources – Printed support materials

Because we want you to be successful in this online module, we also provide you with the study materials in printed format. This will be the Tutorial Letter MO001. It will allow you to read the study materials, even if you are not online. The MO001 will be sent to you at the beginning of the semester and it will be available on myUnisa (Additional Resources) should you wish to print

it. The **printed** copy of the learning units will give you the chance to do a lot of the studying of this module WITHOUT having to go to the internet or to an internet cafe. This will save you money, of course, and you will be able to take as much time as you need to read - and to re-read - the materials and to do the activities.

As said before, it is important that you log into myUnisa regularly (at least every 2 weeks), even if you decide to mostly study offline, to check if there are any announcement, to participate in the Discussion Forum and to do other online activities as requested. Note that you can also set up your myLife e-mail so that you receive the Announcement e-mails on your cell phone.

We hope that this system will help you to succeed in this online module by giving you extra ways to study the materials and practice with all of the activities and assignments.

Please note: The printed support materials (MO001) are a back-up to everything that is found online, on myUnisa. There are no extra things there. In other words, you should not wait for the printed support materials to arrive to start studying.

6.5 The myUnisa tools you will use

All of the information about myUnisa tools is located on the myUnisa website for this module. Play around with your myUnisa tools by clicking on them to see what they have to offer.

We will use the following myUnisa tools during the semester:

- Announcements: From time to time we will draw your attention to important matters via an announcement. You will also receive an e-mail notification of important announcements.
- Schedule: Please consult the Schedule about important dates and events such as examination dates and assignment submission dates. This will assist you in planning your own schedule and managing your timelines so that you can keep up with all the learning activities.
- Prescribed books: We use a prescribed book for this module. You will find the name of the prescribed book as well as the names of the official Unisa booksellers here.
- Official study material: Here you can access all the official study material in electronic format, for example the tutorial letters and old examination papers.
- Syllabus: Here you will find a summary of your syllabus.
- Learning Units: This is your study guide which will guide you through the prescribed book. We strongly advise you to make use of this useful tool and look at some of the videos and pictures we provide.
- Discussion forums: We will use discussion forums to share and explore important issues around HIV and Aids, discuss the content of the work and to get to know each other. We will alert you about the discussions via announcements.
- Blogs: This is your space to reflect about your feelings about and experiences with HIV and Aids in general.
- Additional resources: All material additional to the official study material can be accessed here. The learning units in pdf format will also be available here. If you do not want to study online all the time (e.g. when Unisa's system is slow), you are welcome to download these files onto your computer. Most of the links will work and you will be able to watch the videos (if you are connected to the internet at home, off course).
- Assignments: Here you can submit your assignments as well as monitor your results.
- Glossary: If you do not understand a specific concept, consult the glossary (or list of definitions). We provide the definitions of the most important concepts in four languages, namely English, Afrikaans, Northern Sotho and isiZulu.

We hope that you will find the online environment an exciting new experience.

6 MODULE PRACTICAL WORK AND WORK-INTEGRATED LEARNING

There are no practicals or group visits for this module.

7 ASSESSMENT

8.1 Assessment plan

Two assignments have been set for this module. You will find the assignments in Section 8.4.1 (First Semester) and Section 8.4.2 (Second Semester) of this tutorial letter. Assignments 01 and 02 consist of 15 and 20 multiple choice questions respectively. Assignment 01 is compulsory to obtain examination admission, but we strongly advise you to also do Assignment 02 to obtain a higher year mark. Note that you **do not have to pass** Assignment 01 to gain examination admission – but you **have to submit** it. Because your assignments count towards your year mark, it is in your own best interest to try your best to gain good marks in both assignments.

Your assignments must reach us by the **closing date**. Please note that there are **NO** further opportunities to gain examination admission and **NO EXTENTION** will be given. It is expected from a **repeat student** to submit all assignments again. Students will not obtain examination admission without the submission of assignments.

Please note that although students may work together when preparing assignments, each student must **complete and submit his or her own individual assignment**. It is unacceptable for students to submit identical assignments on the basis that they worked together. That is copying (a form of plagiarism) and none of these assignments will be marked. Furthermore, you may be penalised or subjected to disciplinary proceedings by the university. Please do not use your myUnisa Discussion Forums to get the answers to questions. You are welcome to debate and reason about questions and then to arrive at the correct answer in this way.

Please note that we adjust the marks to accommodate the effect of 'blind guessing' or 'random guessing' by subtracting a fraction of the marks for each incorrect answer. Therefore we deduct 1 mark for every 4 incorrect answers. Multiple choice questions are marked by computer and 'answers left open' are treated as 'wrong answers'.

However, to assist our students, we **will not use this system in the examinations**. In the examination you will thus only lose marks for wrong answers, and we will not correct for guessing (or as students like to call it, "negative marking").

Assignment contribution to the final mark and the year mark: In this module the year mark counts 20% and the examination 80% of the final mark. Both Assignments 01 and 02 counts towards the year mark. Please note that you should obtain a sub-minimum of 40% in the examination for the year mark to count. You need 50% to pass the examinations.

Computation of your assignment marks: Please do not phone or e-mail us to complain that your marks are wrongly computed! First use your basic arithmetic skills to work out your marks, or ask someone to help you. For example: Assignment 01 has 15 questions. If you have 5 questions wrong (and we deduct 1 mark for each 4 questions that you have wrong) your mark will be 15 minus 5 minus 1. This gives you a mark of 9 out of 15. Your percentage for this assignment will thus be 60% (or $(9 \div 15) \times 100 = 60$).

Computation of your Year Mark: If you have 12/15 (or 80%) for Assignment 01 and 15/20 (or 75%) for Assignment 02, your year mark will be 16/20. This is computed as follows: Both assignments count 10 marks each towards the year mark. For Assignment 01 you will get $[(80 \div 100) \times 10] = 8$; and for Assignment 02, $[(75 \div 100) \times 10] = 7.5$, which adds up to a year mark of 15.5, rounded to 16.

8.2 General assignment numbers

Assignments are numbered consecutively per module, starting from 01. For this module you have two assignments, namely Assignment 01 and Assignment 02.

8.2.1 Unique assignment numbers

Each assignment has its own unique number. Please make sure that you fill in the correct unique number for each assignment on myUnisa or on the mark reading sheet. The computer identifies all assignments by the unique number. Also, do not forget to fill in your student number. For detailed information on and requirements for assignments, as well as instructions for the use of mark reading sheets, consult **Studies @ Unisa**.

8.2.2 Due dates for assignments

The assignment numbers, unique numbers and due dates for your assignments are tabled below. It is very important that you submit your assignments in the semester that you are registered for. If you are registered for the second semester (exam date October/November) and you submit your assignments in the first semester, your assignments will not be marked and it will get lost in the system. Spare yourself the heartache and frustration of not getting examination admission by making sure that you submit your assignments correctly (in the semester that you are registered for).

FIRST SEMESTER 2017		
Assignment Number	Unique number	Closing date
01	693068	20 March 2017
02	621763	20 April 2017

SECOND SEMESTER 2017		
Assignment Number	Unique number	Closing date
01	668949	21 August 2017
02	827254	21 September 2017

8.3 Submission of assignments

We strongly recommend that you submit your assignments electronically via myUnisa. Postal strikes can create havoc! One of the great advantages myUnisa offers is that your assignment is immediately delivered to the Assignment Section at Unisa so that you do not have to agonise as to whether your assignment has arrived safely, and you also no longer have to worry about postal delays. If you submit your assignments through the postal system, you need to check regularly on myUnisa if your assignment has been received by Unisa and captured on the system. Assignments may not be submitted by fax or e-mail (it will be deleted). For detailed information and requirements as far as assignments are concerned, see the brochure **Studies @ Unisa** that you received with your study material.

To submit an assignment **via myUnisa**:

- Go to myUnisa.
- Log in with your student number and password.
- Select the module.
- Click on assignments in the menu.
- Click on the assignment number you want to submit.
- Follow the instructions on the screen.

Please note that you will find answers to all your assignment-related enquiries (e.g. whether or not the University has received your assignment or the date on which an assignment was returned to you) on myUnisa. You can also address these questions to the Assignment Section at assign@unisa.ac.za. **Please do not contact your lecturers to find out if we have received your assignments – we unfortunately do not have that information.**

8.4 Assignments

Please take note of the following important guidelines before you submit your assignments:

- Remember to use the correct student and unique numbers.
- Read the instruction on how to complete multiple choice questions on myUnisa or on a mark reading sheet in **Studies @ Unisa**.
- Students who do not have access to the internet must complete their assignments on the mark reading sheet provided with your study material. **Take note of the following important information:**
 - Use only an HB pencil (not a 'pacer') and mark your answers clearly and distinctly.
 - Mark as follows [-]
 - If you mark a block incorrectly, make sure that the mark is erased properly.
 - Do not staple your mark reading sheet to any document.

8.4.1 First Semester Assignments

FIRST SEMESTER 2017		
Assignment Number	Unique number	Closing date
01	693068	20 March 2017
02	621763	20 April 2017

ASSIGNMENT 01 – FIRST SEMESTER (Multiple choice questions)

Important note: This assignment consists of 15 multiple choice questions and is based on Learning Units 1 to 8. It contributes 10 marks to your **year mark** and its submission before the closing date is **compulsory** for examination admission. Please do your best to submit this assignment **via myUnisa** to assure that we receive it. Submit your assignment before the closing date to allow yourself enough time should myUnisa be offline or very busy.

QUESTION 1

When was HIV first isolated by scientists?

- (1) 1953
- (2) 1973
- (3) 1983
- (4) 1992

QUESTION 2

Two viruses are associated with Aids, namely HIV-1 and HIV-2. The difference between the two viruses is

- (1) HIV-1 progresses faster to final stage Aids than HIV-2.
- (2) HIV-1 infections have a longer latency period than HIV-2 before the disease develops.
- (3) HIV-2 is more pathogenic than HIV-1.
- (4) HIV-1 has lower viral counts than HIV-2.

QUESTION 3

What feature of HIV makes it so effective and so difficult for the immune system to kill?

- (1) Although it is a very fragile virus, it has the ability to survive harsh conditions and environments.
- (2) The important defensive cells of the human immune system (i.e. the CD4+T cells) have no way of defending themselves against HIV.
- (3) The fact that HIV reproduces inside the human body.
- (4) The reproduction rate of the virus takes place in latent memory cells which makes it difficult for the immune system to detect.

QUESTION 4

What role do antibodies play in the immune response to foreign pathogens?

- (1) They attach themselves to the outermost antigens of the pathogen and act as a shield between the pathogen and the host cell.
- (2) They generate antigens to present to the CD4+T cells so that the CD4+T cells can organise a proper immune response against the pathogens.
- (3) In collaboration with the killer T cells, they directly attack and kill pathogens.
- (4) They attach themselves to the outermost antigens of the pathogens to accelerate the movement of the pathogens, which makes them easy victims for the phagocytes to ingest.

QUESTION 5

Mlungisi is a young teenage boy and considers going to an initiation school to be circumcised. He wants to do it as it is part of his culture, and he strongly believes that young people should respect the culture of their parents. What would you advise him?

- (1) Don't go! Traditional circumcision is a dangerous practice and always leads to HIV infection. Hundreds of boys die every year.
- (2) Mlungisi's wish to be circumcised for cultural reasons should be respected, as long as he makes sure that it is done by a reputable person who uses sterile blades, or, alternatively he should take his own sterile blade with him.
- (3) Research findings are very controversial and there is no proof yet that circumcision might prevent HIV infection. It would be better for Mlungisi to wait until there is more proof that circumcision definitely prevents HIV infection.
- (4) It is not the counsellor's place to give Mlungisi any advice about cultural issues. If he wants to go the circumcision is a matter between him and the traditional healer only.

QUESTION 6

Although there are overlaps between prevention methods, the use of condoms is essentially an example of _____ intervention to prevent HIV infection.

- (1) structural
- (2) biomedical
- (3) behavioural
- (4) political

QUESTION 7

Being HIV positive, Karel is most infectious for his sex partners in the final stage of Aids, as well as in the

- (1) stage of primary HIV infection when sero-conversion has taken place.
- (2) asymptomatic stage.
- (3) minor or mild symptomatic stage.
- (4) secondary infection stage.

QUESTION 8

One usually only says that a patient has Aids when

- (1) sero-conversion has taken place and the person tests HIV positive.
- (2) the person has passed the asymptomatic stage and has started showing symptoms of HIV disease.
- (3) certain key opportunistic infections, such as swelling of the lymph nodes, become evident.
- (4) the symptoms of HIV disease become more severe and acute and more persistent and untreatable conditions begin to manifest themselves.

QUESTION 9

Susan is HIV positive and she is worried about the HIV status of her six-month old baby. She took her baby to the hospital to be tested for HIV, but the nurse said that the baby is 'too young to be tested' with the Rapid HIV antibody test that they use at the hospital. What did the nurse mean?

- (1) The Rapid HIV antibody test is a very painful test and it is traumatic to do the test on a baby younger than 18 months of age.
- (2) During pregnancy the mother's antibodies are transferred to the baby through the placenta and it is therefore not possible before the baby is approximately 18 months old to establish if the HIV antibodies in the baby's blood are those of the baby or of the mother.
- (3) The hospital uses only Rapid HIV antibody tests, and babies younger than 18 months old should only be tested with the ELISA test to give reliable results and to make sure that the antibodies are indeed those of the baby and not of the mother.
- (4) A baby's immune system does not function properly before the baby is at least 18 months old and a baby does not, therefore, have the ability to produce HIV antibodies before he or she is older.

QUESTION 10

The HIV PCR technique can be used as a qualitative or a quantitative test for either diagnostic or post-diagnostic purposes. A qualitative PCR test is used

- (1) to diagnose an individual as HIV positive or negative.
- (2) for treatment purposes after diagnosis of the HIV infection.
- (3) to measure the amount of viruses in a person's blood after diagnosis.
- (4) to establish the health of the immune system.

QUESTION 11

Which one of the following statements about antiretroviral therapy (ART) is true?

- (1) The general aim of antiretroviral therapy is to reduce the HI viral load in the blood as much as possible for as long as possible.
- (2) Although antiretroviral therapy kills all the HIV viruses in the blood, people can get very sick from the side-effects of the medication.
- (3) One of the advantages of antiretroviral therapy is that a person can stop taking the medication as soon as the HIV viral load drops and the CD4+T cell count increases.
- (4) One of the disadvantages of antiretroviral therapy is that it can only be started when a patient has reached a CD4+T cell count of 350 or less.

QUESTION 12

In order to manage HIV infection, it is important for the clinician to monitor the individual's CD4+T cell lymphocyte count, as well as the viral load in his or her blood, on an ongoing basis. A viral load test (RNA PCR) is important to

- (a) assess the severity of the HIV infection.
- (b) prevent antiretroviral resistance.
- (c) measure the client's response to anti-retroviral medication.
- (d) prevent or treat opportunistic infections.

The correct answer is:

- (1) (a) and (c)
- (2) (b) and (d)
- (3) (a) and (b)
- (4) (b) and (c)

QUESTION 13

Susan always asks her customers to use condoms, but she usually gives in to their wishes not to use them. When an Aids educator asks her about this, she says: 'The customer is always right, and I am a very shy and weak woman. I don't have the guts or the ability to convince men to use condoms if they don't want to use them. Anyway, I can't help what is happening to me.' According to theories of behaviour change, Susan has a

- (1) low self-efficacy and an external locus of control.
- (2) low self-efficacy and an internal locus of control.
- (3) high self-efficacy and an external locus of control.
- (4) high self-efficacy and an internal locus of control.

QUESTION 14

According to the theory of gender and power which structural intervention could reduce the HIV risk of disempowered women:

- (1) Promote the decision-making power of women above men in relationships.
- (2) Teaching these women the negative effects HIV infection could have on their lives.
- (3) Advising disempowered women on how to manage their relationships.
- (4) Enforcing legal policies prohibiting violence against women.

QUESTION 15

There are many teaching methods or strategies that can promote learning. One of the advantages of role play is that

- (1) it develops feelings of group safety because it is a relaxing exercise.
- (2) learners find it beneficial to practise new learning by acting in or observing simulated exercises.
- (3) it is empowering for learners if the facilitator builds on their successes by strictly structuring the role play.
- (4) it forces silent members to play the lead roles in role-play exercises, because then they do not have to be themselves.

END OF ASSIGNMENT 01 - FIRST SEMESTER

**ASSIGNMENT 02 – FIRST SEMESTER
(Multiple choice questions)**

Important note: This assignment consists of 20 multiple choice questions. The first 15 questions are based on Chapter 9, Chapters 11-15 and Chapters 21-23 of your prescribed book. The last 5 questions are based on the track you chose, e.g. the Guidance Track (Chapters 10, 16 and 18) or the Care Track (Chapters 17, 19 and 20). It contributes 10 marks to your **year mark** and should be submitted before the closing date, although its submission is not compulsory to gain access to the examination. Please do your best to submit this assignment **via myUnisa** to assure that we receive it. Submit your assignment before the closing date to allow yourself enough time should myUnisa be offline or very busy.

QUESTION 1

By using latex condoms people can protect themselves from HIV infection. Which of the following practices, however, make the usage of the male condom more risky?

- (a) The usage of oil-based lubricants such as Vaseline with the condom.
- (b) The usage of water-based lubricants with latex condoms.
- (c) Not squeezing out the air in the nipple of the condom when putting on the condom.
- (d) Unrolling the condom only halfway down the penis.

The correct answer is:

- (1) (a)
- (2) (a), (c) and (d)
- (3) (d)
- (4) (a) and (c)

QUESTION 2

According to the traditional African worldview, ancestors form a very important and intrinsic part of the daily lives of traditional Africans. Ancestors are seen as

- (1) vindictive spirits with only one purpose: to punish their people with illness and death if they misbehave.
- (2) supreme beings who have withdrawn themselves from human beings.
- (3) benevolent spirits who preserve the honour and the traditions of the tribe.
- (4) good but powerless beings who cannot protect their people against evil and destructive forces.

QUESTION 3

John went to the traditional healer, and complained about feeling dizzy and sick every time he has sex with his girlfriend when she is menstruating. According to the traditional African worldview as discussed in your prescribed book, the traditional healer would diagnose the sickness as caused by (a) _____, and he would probably prescribe the following treatment: (b) _____ .

- (1) (a) a witch; (b) John must find out who has something against him or his girlfriend
- (2) (a) God; (b) John should ask forgiveness for his sins and marry his girlfriend
- (3) (a) pollution; (b) John should cleanse himself by performing a cleansing ritual
- (4) (a) a germ; (b) John should not have sex with his girlfriend while she is menstruating

QUESTION 4

Counsellors working in the Aids field often feel the need to 'rescue' their clients by taking responsibility for them. Which statement about rescuing is true?

- (1) To try and rescue a client is often the counsellor's selfish need to feel important, or need to feel that he or she is needed by somebody else.
- (2) It is usually not a good thing to try and rescue your clients, but we need to make an exception in the case of Aids, because the Aids client often has nobody on their side but the counsellor.
- (3) When a counsellor shows the need to rescue his or her client, the counsellor shows confidence in the client's ability to take responsibility for himself or herself.
- (4) Rescuing implicitly communicates deep respect for the client's ability to cope, and also a caring attitude on the part of the counsellor.

QUESTION 5

A counsellor responds as follows to her client: 'Do I understand correctly? Are you saying that you contemplated suicide after you received your HIV test results?' Which communication skill is the counsellor using?

- (1) Clarification
- (2) Reflective commenting
- (3) Probing
- (4) Summarising

QUESTION 6

Active listening is not an easy skill to acquire and counsellors should be aware of hindrances to effective listening. Which one of the following thoughts is an example of labels as filter?

- (1) That woman with Aids has a sad story.
- (2) I will respond that I understand that she feels hurt.
- (3) I wonder what I should make for supper tonight?'
- (4) What she is saying now is right. Her previous understanding was wrong.

QUESTION 7

Thandiwe was tested for HIV when she was hospitalised for the birth of her baby. The doctor gave her the following form to fill in: 'I, the undersigned, agree to the drawing of a blood specimen to be tested for the presence of blood transmissible pathogens.' Is the use of this form legal or illegal?

- (1) The form is legal. Thandiwe gave permission for her blood to be drawn and tested for HIV, because HIV is a blood transmissible pathogen.
- (2) The form is illegal. Thandiwe gave her permission for a blood test to be done, but she did not know that it was an HIV test, and nobody explained the consequences of the test to her.
- (3) The form is legal. Thandiwe was a hospital patient and hospital patients know that they can be tested for HIV on admission.
- (4) The form is illegal. Thandiwe gave permission for an HIV test to be done, but the form does not explicitly state that pre-HIV test counselling was done.

QUESTION 8

To tell a client that he or she is HIV positive is one of the most difficult things that a counsellor can do. Although there are no hard and fast rules when sharing the news, which of the following issues below is/are important?

- (1) Never give the positive results to a client if he or she is alone. Always call a family member or friend to be with the client when the results are given.
- (2) Tell the client as soon as he or she enters your office that you have very bad news and that he or she had better sit down. Give the bad news as soon as the client is seated comfortably.
- (3) It helps people a lot to cope and take their mind off things if they are inundated with new information. So give the client as much information as possible after you have given him or her the bad news.
- (4) Be there for your client and respond to his/her needs. Let the client's lead your counselling after you gave him or her the positive HIV test result.

QUESTION 9

What does it mean when we say that disclosing to a child that he or she is HIV positive is 'a process and not an event'?

- (a) You don't have to tell the child everything at once.
- (b) The child's age and development stage must be kept in mind.
- (c) Assuring the child that the virus is not contagious and that his or her friends won't get it.
- (d) Not making a special event out of the disclosure process – taking the child to a comfortable place such as a park or a garden.

The correct answer is:

- (1) (c) and (d)
- (2) (a) and (b)
- (3) (b) and (d)
- (4) (a), (b), (c) and (d)

QUESTION 10

Which of the following clients experienced an adjustment disorder?

- (1) Sue's father died unexpectedly. She experienced excessive distress and she could not function properly at work. Sue started feeling better 5 months after the funeral, when she learned to adapt to her father not being there for her.
- (2) Cary was diagnosed as HIV positive and she experienced severe feelings of anxiety and helplessness for the first two weeks after the diagnosis. She had nightmares and could think of nothing else except her positive diagnosis. Cary came to terms with her diagnosis and felt better 4 weeks after her diagnosis.
- (3) Pete was in a car accident where he lost his wife. For the first 5 months or so, Pete seemed to cope well, but then the death of his wife really hit him: he felt anxious and helpless, experienced problems with sleeping, could not concentrate and lost all interest in social contact with others. This condition lasted for about a year before Pete went to a psychologist for help in coping with his wife's death.
- (4) Luke lost his job and took it very hard. He felt sad, pessimistic and hopeless all the time, could not sleep, did not wash or take care of his hygiene in any way, and he did not eat properly. His friends were very concerned because he showed a radical change from his previous levels of functioning.

QUESTION 11

Terry, whose partner died from an Aids related illness, shows signs of withdrawing her emotional energy when she

- (1) accepts that her partner was the love of her life and that she will never love anyone else in the same way again.
- (2) is able to accept her 'death-in-life', in that, while she may not be physically dead, the loss has resulted in her own emotional and spiritual death.
- (3) start to build new friendships and redefine existing relationships.
- (4) is able to reckon with the devastating reality that her life has prematurely stopped.

QUESTION 12

What behaviour should be seen as complicated grief?

- (1) Denying yourself the opportunity of experiencing the pain of loss.
- (2) Debilitating depression lasting much longer than three months and the acute part of the bereavement process stretches over a period longer than a year.
- (3) Keeping as busy as possible by travelling, socialising or working long hours so that you do not have time to think about your loss.
- (4) Denying the importance of this life/ with an overemphasis on the life hereafter.

QUESTION 13

Which one of the following nurses experiences over-involvement and over-identification with her patients?

- (1) Nurse A cannot 'get the patients out of her head.' She thinks of them all night at home and she cries about their problems.
- (2) Nurse B is very caring towards her patients but when she goes home she completely forgets about them till the next day.
- (3) Nurse C is profoundly touched by the negative effects of stigmatisation on her patients' lives but also by the secondary stigmatisation on her own life.
- (4) Nurse D is overwhelmed by the Aids statistics and she wonders how the country will cope with the Aids crisis in the future.

QUESTION 14

When may a woman who is 18 weeks pregnant have her pregnancy terminated?

- (1) Never, because it is already too late and will pose a serious risk to the mother and her baby.
- (2) Whenever she wishes to do so, and she does not have to give a reason why she needs to terminate her pregnancy.
- (3) If she was raped.
- (4) If she is estranged from the father of the child.

QUESTION 15

Which one of the following tasks forms part of an integrated Aids strategy for the workplace?

- (1) Establish a management team.
- (2) Assess the risk of Aids on workplaces.
- (3) Develop and implement an HIV and Aids policy.
- (4) Review HIV and Aids programmes.

NOTE: If you have chosen the GUIDANCE TRACK, do Section B, Questions 16 to 20. If you have chosen the CARE TRACK, go to Section C and answer Questions 16 to 20.

Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions. (This means that the answer to Question 16 of Section B will be the same as the answer to Question 16 of Section C.)

SECTION B: GUIDANCE TRACK**QUESTION 16**

In Thandiwe's children's school the education programme pays a lot of attention to what children need to know (e.g. how their bodies work, problems they may experience and how to prevent HIV infection) as well as assertiveness skills (e.g. how to say 'no' and how to resist sexual abusers). What important building block for successful Aids education is missing from this programme?

- (1) A holistic skills development programme.
- (2) Sex education and giving explicit details about condom usage to children of all ages.
- (3) Dealing with attitudes and values (e.g. positive self-esteem).
- (4) How to deal effectively with peer group pressure.

QUESTION 17

Your school principal wants to implement a new HIV and life skills educational programme. What requirements and standards does the principal have to comply with in order for the programme to be successful?

- (1) Aids education should preferably be presented in isolation, in a special HIV and Aids period.
- (2) Aids education should preferably be presented by an outsider (not one of the known teachers).
- (3) Aids education should always be presented as part of religious instruction.
- (4) Aids information should preferably be integrated into the existing school curriculum.

QUESTION 18

In which school phase are children especially prone to the acquisition of myths (e.g. about Aids)?

- (1) Foundation phase (grades 1 to 3).
- (2) Senior school phase (grades 7 to 9).
- (3) Intermediate phase (grades 4 to 6).
- (4) Further education and training phase (grades 10 to 12).

QUESTION 19

What are the implications for Aids counsellors when dealing with secularised HIV infected clients?

- (1) Counsellors should try to win their clients over to their own religious views.
- (2) They should recognise the fact that their clients won't necessarily blame God or a higher agent for their illness.
- (3) They should deal more extensively with the possible role of black magic in the client's infection.
- (4) They should refrain from any kind of spiritual counselling because secularised people don't have any spiritual needs.

QUESTION 20

The Convention on the Rights of the Child is a legal document that sets minimum acceptable standards for the well-being of all children. Which basic right of a street child is violated when the child is deprived of shelter and primary healthcare?

- (1) Survival
- (2) Protection
- (3) Development
- (4) Participation

NOTE: If you have chosen the CARE TRACK, do Section C, Questions 16 to 20.

Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions. (This means that the answer to Question 16 of Section B will be the same as the answer to Question 16 of Section B.)

SECTION C: CARE TRACK

QUESTION 16

The prevention of constipation in an HIV positive person should involve the following measures:

- (a) The intake of fluids, such as water and fruit juices, as well as an increase in fresh fruits and vegetables.
- (b) The intake of a low-fibre diet, rich in nutrients, should be increased if tolerated well by the patient.
- (c) Certain medications that can cause constipation (e.g. codeine) should be avoided.
- (d) The patient should be encouraged to exercise.

The correct answer is:

- (1) (a) and (c)
- (2) (a) and (b)
- (3) (a) and (d)
- (4) (b) and (d)

QUESTION 17

Why are Aids patients prone to falling, and what would you do to limit the risk of falling?
(Choose the most correct answer).

- (1) Severe diarrhoea often leads to falling accidents in Aids patients. Patients should be persuaded not to walk to the toilet, but rather to stay in the toilet until the diarrhoea is over.
- (2) Sedation (e.g. pain medicine) often leads to falling accidents in Aids patients. Catheterise the patient so that he or she does not have to walk to the toilet.
- (3) Aids patients are often prone to falling due to mental confusion. Use signs to orient mentally confused patients to their surroundings.
- (4) Aids patients are often prone to falling due to hypotension or low blood pressure. Assist the patient when he/she wants to get out of the bed, or out of a chair.

QUESTION 18

Aids can often make a person feel very tired and weak due to problems such as diarrhoea, anaemia, poor nutrition and depression. When should a home-based caregiver, who cares for a patient who experiences general fatigue and weakness, seek professional help?

- (a) If the patient suddenly becomes very weak and cannot walk anymore.
- (b) If the patient develops a high fever.
- (c) If the patient is confused.
- (d) If the patient complains of a headache.

The correct answer is:

- (1) (a) and (c)
- (2) (b) and (d)
- (3) (a), (b), (c) and (d)
- (4) (a), (c) and (d)

QUESTION 19

Complete the following sentence: Precautions should be taken during vaginal or caesarean deliveries to decrease the chances of transmission of HIV

- (a) while performing internal vaginal examinations on the mother.
- (b) when cutting the umbilical cord.
- (c) when suturing episiotomies.
- (d) while handling the baby until all amnion fluid has been removed.

The correct answer is:

- (1) (a) and (c)
- (2) (a), (b), (c) and (d)
- (3) (a), (b) and (c)
- (4) (b) and (d)

QUESTION 20

Home-based care is often the best way to look after someone with Aids. There are, however, certain potential problems associated with community home-based care, such as the following:

- (a) Families often don't want home-based caregivers in their homes due to stigma, ignorance and superstition.
- (b) Patients often feel very isolated when they have to stay at home or in the bed all day.
- (c) Patients often show symptoms of burnout by being cared for by the same home-based caregivers day-in and day-out.
- (d) Many family caregivers are afraid of looking after Aids patients due to a lack of knowledge and fear that they might become infected themselves.

The correct answer is:

- (1) (a), (b) and (d)
- (2) (a) and (b)
- (3) (b) and (c)
- (4) (a), (b), (c) and (d)

END OF ASSIGNMENT 02 - FIRST SEMESTER

8.4.2 Second Semester Assignments

SECOND SEMESTER 2017		
Assignment Number	Unique number	Closing date
01	668949	21 August 2017
02	827254	21 September 2017

ASSIGNMENT 01 – SECOND SEMESTER (Multiple choice questions)

Important note: This assignment consists of 15 multiple choice questions and is based on Learning Units 1 to 8. It contributes 10 marks to your **year mark** and its submission before the closing date is **compulsory** for examination admission. Please do your best to submit this assignment **via myUnisa** to assure that we receive it. Submit your assignment before the closing date to allow yourself enough time should myUnisa be offline or very busy.

QUESTION 1

Choose the MOST CORRECT and most COMPLETE answer to complete the following sentence. Aids is called an 'acquired' disease because it is

- (1) caused by an organism that enters the body from outside.
- (2) caused by an organism that enters the body from outside, and is therefore primarily acquired by malnourished people living in poor conditions.
- (3) acquired and not genetically inherited, and therefore a person can do nothing to prevent it.
- (4) acquired and not genetically inherited, and is caused by an organism that enters the body from outside.

QUESTION 2

When a person is newly infected with HIV, his or her immune system responds in the following way: The phagocytes (as a group) have the following general function:

- (1) They manufacture antibodies which attach themselves to the viral proteins in an unsuccessful attempt to protect the immune system against the virus.
- (2) They are the 'lookout guards' of the immune system who first of all need to identify any pathogen as a potentially damaging agent before they try to kill it.
- (3) They are the 'spies' or the regulatory cells of the immune system, and they stimulate the rest of the immune response to act against the virus.
- (4) They are antigen-presenting cells, and they present the foreign HIV antigens in the person's body to the immune system so that the immune system acts against the virus.

QUESTION 3

The immune system recognises a foreign pathogen by its unique proteins, called

- (1) antibodies.
- (2) antigens.
- (3) organelles.
- (4) genes.

QUESTION 4

Rebecca is a young HIV positive woman, who gave birth to a baby whom she breastfed. When the baby was one year old, it was established that it was also HIV positive. How did Rebecca's baby probably get infected?

- (1) Rebecca's baby definitely got infected during pregnancy, because the virus can pass through the placenta from the mother to the baby.
- (2) Rebecca's baby definitely got infected during childbirth because there is always blood involved in childbirth.
- (3) The baby definitely got infected through breastfeeding.
- (4) It is difficult to say how Rebecca's baby got infected, because it could have been during pregnancy, during childbirth or through breastfeeding.

QUESTION 5

Why do people who inject drugs have a high risk of contracting HIV?

- (1) Drugs - especially street drugs - are often accidentally contaminated and infected with HIV during the manufacturing process.
- (2) People who use drugs often share needles which contain minute quantities of blood from the previous user.
- (3) People who use drugs always resort to prostitution to pay for their drugs and thus become infected by the HI virus.
- (4) People who use drugs often need blood transfusions to cleanse their systems of accumulated drugs.

QUESTION 6

Why do many doctors in Africa believe that controlling STIs (sexually transmitted infections) could play a key role in combating HIV?

- (1) Medication for STIs is also effective in lowering the viral load in HIV positive people.
- (2) The presence of STIs makes the transmission of HIV easier – so if we control STIs we also combat HIV.
- (3) People who have previously had an STI will be more careful, in the future, not to contract HIV.
- (4) People are more willing to admit that they have an STI than to disclose their HIV status.

QUESTION 7

The minor symptomatic stage of HIV disease (or the stage of mild symptoms)

- (1) is the third stage of HIV infection.
- (2) is characterised by persistent hairy leucoplakia, cough and reactivated tuberculosis.
- (3) is usually associated with a CD4+T cell count between 350 and 499 cells/mm³.
- (4) is the ideal time to start treating the patient with ARVs.

QUESTION 8

Which important sexually transmitted infection cannot be treated by antibiotics because it is caused by a virus?

- (1) Gonorrhoea.
- (2) Syphilis.
- (3) Acute Pelvic Inflammatory Disease (PID).
- (4) Genital herpes (herpes simplex).

QUESTION 9

If you were a health care worker in a remote rural clinic where only Rapid HIV antibody tests are available, which procedures would you follow to eliminate possible false negative or false positive test results?

- (a) Making sure that the tests are used correctly.
- (b) Always using the tests within two weeks of receiving them.
- (c) Confirming all positive results with a second Rapid test from the same batch of tests.
- (d) Confirming all positive results with a second Rapid test from a different batch of tests.
- (e) Always retesting an HIV positive person with a p24 antigen test.

The correct answer is:

- (1) (a) and (b)
- (2) (a) and (c)
- (3) (b) and (d)
- (4) (b) and (c)

QUESTION 10

The HIV PCR technique can be used as a qualitative or a quantitative test for either diagnostic or post-diagnostic purposes. A qualitative PCR test is used

- (1) to diagnose an individual as HIV positive or negative.
- (2) for treatment purposes after diagnosis of the HIV infection.
- (3) to measure the amount of viruses in a person's blood after diagnosis.
- (4) to establish the health of the immune system.

QUESTION 11

Anti-retroviral therapy is, in some cases, so effective that the viral load becomes undetectable in a person's blood. This means that

- (1) the person tests HIV negative, an indication that the virus has been completely eliminated from the body.
- (2) the virus is still present in the blood, but at such low levels that the tests are not sensitive enough to detect its presence.
- (3) the virus has become dormant and the viral load became undetectable.
- (4) the virus has been completely eliminated from the blood, but is still active in the other cells of the body.

QUESTION 12

The anti-retroviral class, Reverse Transcriptase Inhibitors, disturb the life cycle of HIV by interfering with the (a)___ enzyme. Interference with this enzyme (b)___.

- (1) (a) protease; (b) prevents the virus from changing its RNA into proviral DNA
- (2) (a) reverse transcriptase; (b) prevents the virus from changing its RNA into proviral DNA
- (3) (a) protease; (b) prevents the formation and release of new HI viruses from the infected cells
- (4) (a) integrase; (b) prevents the formation and release of new HI viruses from the infected cells

QUESTION 13

Susan always asks her customers to use condoms, but she usually gives in to their wishes not to use them. When an Aids educator asks her about this, she says: 'The customer is always right, and I am a very shy and weak woman. I don't have the guts or the ability to convince men to use condoms if they don't want to use them. Anyway, I can't help what is happening to me.' According to theories of behaviour change, Susan has a

- (1) low self-efficacy and an external locus of control.
- (2) low self-efficacy and an internal locus of control.
- (3) high self-efficacy and an external locus of control.
- (4) high self-efficacy and an internal locus of control.

QUESTION 14

Before a person's behaviour can be changed, it is important to establish if this specific behaviour is under attitudinal control or under normative control. Normative control means that

- (1) the person's positive or negative attitude towards the specific behaviour will determine whether or not the person changes his or her behaviour.
- (2) a person's beliefs in his or her own control over the health and life of loved ones, will determine whether or not the person will change his or her behaviour.
- (3) the beliefs and attitudes of a person's friends will determine whether the person changes his or her behaviour.
- (4) the person's subjective feelings about the desired behaviour, its consequences, obstacles and rewards will determine whether the person changes his or her behaviour.

QUESTION 15

A negative attitude to members of a group, based solely on their membership of that group, is called

- (1) a stereotype.
- (2) prejudice.
- (3) a misconception.
- (4) discrimination.

END OF ASSIGNMENT 01 - SECOND SEMESTER

**ASSIGNMENT 02 – SECOND SEMESTER
(Multiple choice questions)**

Important note: This assignment consists of 20 multiple choice questions. The first 15 questions are based on Chapter 9, Chapters 11-15 and Chapters 21-23 of your prescribed book. The last 5 questions are based on the track you chose, e.g. the Guidance Track (Chapters 10, 16 and 18) or the Care Track (Chapters 17, 19 and 20). It contributes 10 marks to your **year mark** and should be submitted before the closing date, although its submission is not compulsory to gain access to the examination. Please do your best to submit this assignment **via myUnisa** to assure that we receive it. Submit your assignment before the closing date to allow yourself enough time should myUnisa be offline or very busy.

QUESTION 1

Which one or more of the following statements about the risk of anilingus or oral-anal sex is/are true?

- (a) Anilingus carries a very high risk of infection with the hepatitis-B and the herpes simplex viruses.
- (b) Anilingus carries a very high risk of HIV infection.
- (c) Anilingus carries a high risk of infection from all sorts of parasites.
- (d) Anilingus does not carry a high risk of HIV infection unless there is blood present.

The correct answer is:

- (1) (a), (b) and (c)
- (2) (b) and (c)
- (3) (a) and (d)
- (4) (a), (c) and (d)

QUESTION 2

The collective existence of traditional Africans should be kept in mind by Aids educators when they work in Africa. What is meant by the concept 'collective existence'?

- (1) Collective existence is based on the unity of the person with his or her community, with the emphasis on the self.
- (2) Collective existence is based on principles such as the interest of the group, independence and individualism.
- (3) Collective existence is based on values such as the interests of the group, survival of the community and total control and power over nature.
- (4) Collective existence is based on the notion that the traditional African cannot exist alone and that his or her identity is totally embedded in the community or tribe.

QUESTION 3

Language barriers between counsellors and clients often pose problems, especially in South Africa with its 11 official languages. A counsellor at a rural clinic uses an interpreter when she interviews an elderly woman. The woman is not happy with the experience. Which of the following actions on the part of the counsellor do you think can lead to an unhappy client?

- (a) The counsellor used a young child as an interpreter.
- (b) The counsellor asked only one question at a time, which was time consuming.
- (c) The counsellor never looked at the woman but concentrated on what the interpreter said.
- (d) The counsellor interrupted the woman when her answer was too long.

The correct answer is:

- (1) (a)
- (2) (b) and (d)
- (3) (a), (c) and (d)
- (4) (a), (b), (c) and (d)

QUESTION 4

Counsellors working in the Aids field often feel the need to 'rescue' their clients by taking responsibility for them. Which statement about rescuing is true?

- (1) To try and rescue a client is often the counsellor's selfish need to feel important, or need to feel that he or she is needed by somebody else.
- (2) It is usually not a good thing to try and rescue your clients, but we need to make an exception in the case of Aids, because the Aids client often has nobody on their side but the counsellor.
- (3) When a counsellor shows the need to rescue his or her client, the counsellor shows confidence in the client's ability to take responsibility for himself or herself.
- (4) Rescuing implicitly communicates deep respect for the client's ability to cope, and also a caring attitude on the part of the counsellor.

QUESTION 5

From the counsellor's responses provided below, select the most empathic response to the following reaction from Khumo, one of your HIV positive clients: 'My life is a mess. I am discouraged! Everything is going wrong in my life. It seems that everything I do is doomed to failure – and now this! I might as well not even try.'

- (1) You feel discouraged and ready to give up because things aren't working out for you.'
- (2) Your whole life is a mess and you feel suicidal.'
- (3) Do I understand you correctly if I say that you are feeling very discouraged because things aren't working out for you?'
- (4) Am I correct in saying that you are feeling very unhappy right now?'

QUESTION 6

Your client tells you during a session that he is furious because his partner did not tell him that she was HIV positive. You reply by saying: 'You feel angry because she did not tell you, but perhaps you also feel a bit hurt?' This is an example of advanced empathy, because you

- (1) highlighted the explicit message hiding behind your client's covert (implicit) message.
- (2) did not become distracted by what your client was actually trying to say, and still managed to provide your own interpretation.
- (3) really 'stepped into the shoes of your client' and tried to understand the client's world as he or she experienced it.
- (4) brought to the fore something your client was only half hinting at, namely the feeling of hurt.

QUESTION 7

The health care worker in a tuberculosis clinic suggests that a client go for an HIV test. She should explain the following to the client beforehand:

- (a) the reasons for requesting the test
- (b) that the test is in the interest of treatment
- (c) that testing for HIV is compulsory owing to the TB-HIV co-infection problem in Africa
- (d) that testing is voluntary and the client has the right to choose not to be tested

The correct answer is:

- (1) (a), (b) and (d)
- (2) (b) and (c)
- (3) (a) and (d)
- (4) (d)

QUESTION 8

The clinic in Thandiwe’s town encourages people to go for HIV counselling and testing (or HCT) and to disclose their status. What are the advantages of disclosing one’s HIV status?

- (a) It always reduces the stigma, discrimination and denial that surround HIV and Aids.
- (b) It helps other people to make the road to full disclosure – the ultimate purpose of HCT – more easily.
- (c) It gives people access to much needed medical and counselling services.
- (d) It can help the HIV positive person to reduce the stress of coping on his or her own.

The correct answer is:

- (1) (a), (b) and (c)
- (2) (a) and (d)
- (3) (a), (b), (c) and (d)
- (4) (c) and (d)

QUESTION 9

Important symptoms of depression that health care professionals should look out for in their patients or clients are:

- (1) Anger, denial and hyperactivity.
- (2) A radical change in the individual’s previous level of functioning that lasts at least one or two days at a time.
- (3) Increasing activity and negative behaviour.
- (4) Continuous feelings of sadness and apathy, loss of motivation and interest, and sleep and appetite disturbances.

QUESTION 10

Sean is an eight year old boy whose mother recently died of Aids. Sean never cries about his mother and he goes on with his life like before. He told his father that he sees his mother in the kitchen all the time, and that he hears her voice. Sean’s father often hear him speaking to his mother. According to the stages of bereavement Sean is in the stage of

- (1) bargaining.
- (2) acceptance.
- (3) denial.
- (4) depression.

QUESTION 11

Which of the following statements about the counsellor's own grief is the most accurate?

- (1) Counsellors in the Aids field who have lost their own loved ones to the epidemic are less likely to experience pain when witnessing their client's grief, because they would have worked through the mourning process themselves.
- (2) Only those who have not been exposed to the loss of a loved one should provide bereavement counselling.
- (3) By counselling the HIV infected-person and his/her significant others, counsellors become more aware of their own losses because they are regularly confronted with others' losses.
- (4) Counsellors who become anxious and stressed as a result of bereavement counselling should retire from practice in order to prevent further emotional burnout.

QUESTION 12

A nurse said the following about her HIV and Aids work: 'I am so overwhelmed by Aids. It traumatises me. Every time I get sick, I suspect that I have Aids. I am worried the whole time because I see in myself the same symptoms my patients have. I have become obsessed. I also don't trust my teenage children and this causes a lot of problems at home. I cannot forget my poor patients.' This example is an indication that the nurse experiences mainly the following problem/s which can lead to burnout if she doesn't get help:

- (1) grief and bereavement overload.
- (2) secondary stigma.
- (3) over-identification with her patients.
- (4) role expansion and lack of skills.

QUESTION 13

Dudu informed her employers that she has Aids and they took steps to lighten her workload. Her condition, however, worsened and for the last couple of months she has only been able to work for four days in a month. Her employers have decided to terminate her employment. Were they legally permitted to dismiss Dudu and on what grounds?

- (1) Yes. Dudu was no longer able to do her work and the law recognises permanent incapacity as a ground for termination of employment.
- (2) No. It is unfair labour practice and thus unlawful to dismiss an employee on the basis of her HIV status.
- (3) Yes. Dudu was no longer qualified to do the job that she was appointed to do in the first place.
- (4) No. The law required employers to make reasonable accommodation for employees with Aids and they should have done more to accommodate her.

QUESTION 14

According to the law, an HIV test may not be done without a person's informed consent. What does this mean?

- (a) The client must understand the purpose and the nature of the test.
- (b) The client must understand the possible implications of the test.
- (c) The client must give his or her consent for the test to be done, preferably in writing.
- (d) The client must inform his or her partner, friends and family that he or she is going for an HIV test.

The correct answer is:

- (1) (c)
- (2) (a), (b) and (c)
- (3) (a) and (b)
- (4) (a), (b) (c) and (d)

QUESTION 15

Which one of the following tasks forms part of an integrated Aids strategy for the workplace?

- (1) Monitor and evaluate HIV and Aids policies and programmes.
- (2) Assess the risk of Aids on workplaces.
- (3) Establish a representative HIV and Aids management team.
- (4) Review workplace programmes.

NOTE: If you have chosen the GUIDANCE TRACK, do Section B, Questions 16 to 20. If you have chosen the CARE TRACK, go to Section C and answer Questions 16 to 20.

Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions. (This means that the answer to Question 16 of Section B will be the same as the answer to Question 16 of Section C.)

SECTION B: GUIDANCE TRACK

QUESTION 16

Adolescents often adhere to the idea of a 'personal fable'. What does this mean in the HIV and Aids context?

- (1) That adolescents do not yet fully grasp the concept that all behaviour has consequences. It is therefore difficult for HIV and Aids educators to convince them that their sexual activities may have serious consequences.
- (2) That adolescents will often believe that HIV is a fable which was invented by adults to prevent them from experimenting with sex.
- (3) That adolescents are prone towards emphasising the fabulous and hence perceive the spread of HIV not merely in physical terms but essentially in a fatalistic way – they can do nothing to prevent infection.
- (4) That adolescents, while fully able to grasp cause and effect, nonetheless may firmly believe that they are personally exempted from the consequences of high risk behaviour.

QUESTION 17

What is meant by the term 'reversed' prejudice in children in the intermediate school phase (grades 4 to 6), with regard to Aids?

- (1) When children become opposed to society's prejudices and refuse to accept them.
- (2) When children label other people as HIV positive on the basis of attributes which they personally dislike (e.g. when another child is dirty, fat or has a disagreeable personality).
- (3) When children feel that other children discriminate against them because of some imaginary attribute.
- (4) When children become jealous of those children who are HIV positive, because they receive more attention, albeit sometimes negative attention.

QUESTION 18

Which one of the following statements is true in terms of the child in the intermediate phases' (grades 4-6) perception of the causes, effect and prevention of illness?

- (1) They are too young to have formed any perceptions of illness and can therefore not distinguish between cause, effect and prevention.
- (2) They understand the difference between internal and external symptoms, but they find it difficult to distinguish between cause of illness and prevention.
- (3) They can distinguish between the causes and symptoms of disease, but they find it difficult to conceptualise prevention.
- (4) They are old enough to distinguish between the cause and effect of illness, and they have a good understanding of prevention.

QUESTION 19

Coming to terms with death is an important aspect of spiritual counselling with HIV positive people. There are, however, two extreme views regarding life after death. They are: a) A total denial of life after death; b) Despising earthly life and yearning only for the life hereafter. How do you think a spiritual counsellor should deal with these two extremes?

- (1) Disregard the life hereafter to a large extent because people need to live their lives to the fullest.
- (2) Promote a balanced view, emphasising the importance of both this life and the life hereafter, even when the client does not accept the existence of a life hereafter.
- (3) Emphasise the life hereafter, because it will give HIV positive people hope.
- (4) Promote a balanced view, emphasising the importance of both this life and the life hereafter only when the client accepts the existence of a life hereafter.

QUESTION 20

Max-Neef et al. (1991) identified five different types of satisfiers that satisfy human needs. They termed the satisfier that satisfies a given need and stimulates and contributes to the fulfillment of other needs a/an (a) _____. An example of this type of satisfier is (b) _____.

- (1) (a) pseudo-satisfier, (b) a refugee camp for displaced children
- (2) (a) synergistic satisfier, (b) effective education
- (3) (a) singular satisfier, (b) preventive medicine
- (4) (a) inhibitor, (b) the indiscriminate distribution of food to poor children

NOTE: If you have chosen the CARE TRACK, do Section C, Questions 16 to 20.

Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions. (This means that the answer to Question 16 of Section B will be the same as the answer to Question 16 of Section B.)

SECTION C: CARE TRACK**QUESTION 16**

Some people in the later stages of Aids may experience continuous pain. One of the conditions that can cause pain is peripheral neuropathy. What is peripheral neuropathy?

- (1) It is a viral infection that is caused by the same virus that causes chicken pox. It affects nerve cells and it is extremely painful.
- (2) It is a bacterial skin infection which causes a peripheral skin rash, as well as tiny blisters on the limbs.
- (3) It is a mental condition that was previously referred to as Aids dementia. It is characterised by symptoms such as severe headaches and seizures.
- (4) It is an infection that is caused by the HI virus attacking nerve cells. It causes extreme pain in the lower extremities.

QUESTION 17

The purpose of palliative care is to

- (a) affirm life while regarding dying as a normal process
- (b) make treatment choices for the patient and family
- (c) provide relief from pain and other distressing symptoms
- (d) integrate the psychological and the spiritual aspects of care

The correct answer is:

- (1) (b) and (d)
- (2) (a), (c) and (d)
- (3) (a) and (c)
- (4) (a), (b), (c) and (d)

QUESTION 18

What advice would you give a home-based caregiver on how to care for a patient with shingles to alleviate the symptoms?

- (1) Relief pain with aspirin or paracetamol and put the patient on bed rest.
- (2) If the sores are infected, red or full of puss, apply heat packs on the skin.
- (3) Bathe the sores with clean water 3 times a day and apply calamine lotion twice a day.
- (4) Give the patient lots of fluids to drink to keep the patient and the skin hydrated.

QUESTION 19

You are working in a rural area where there is a critical water shortage. What advice would you give your colleagues in terms of washing their hands?

- (1) Pour water in a basin or container and use the same water to wash and rinse your hands. Change the water at least once a day.
- (2) It is not necessary to wash your hands between patients if you treat all the patients with a healthy skin first, and give attention to those with skin lesions last.
- (3) Use a wet face cloth and wipe your hands on the cloth after contact with each patient. Wash the face cloth a few times a day and hang it on a tree.
- (4) Pour clean water in a 2 litre milk bottle with holes in the cap, and ask somebody to pour the water over your hands while you wash and rinse them.

QUESTION 20

The following are factors to consider when selecting volunteers who are directly involved in the physical care of the patient in home-based care programmes:

- (a) the ability to read and write, and to speak the language of the sick person.
- (b) the ability to obtain objective distance. It is therefore preferable that the volunteer come from outside the community.
- (c) the willingness to render a service to the sick person, irrespective of the volunteer's personality or abilities.
- (d) a basic knowledge about caring for sick people.

The correct answer is:

- (1) (c) and (d)
- (2) (a) and (d)
- (3) (a), (b) and (d)
- (4) (b) and (c)

END OF ASSIGNMENT 02 - SECOND SEMESTER

8.5 Feedback and commentaries on assignments

You will receive the correct answers for the multiple choice questions automatically on myUnisa. Feedback on Assignments 01 and 02 will be posted on myUnisa under Official Study Material approximately 1 week after the closing dates. The tutorial letter numbers will be 201 and 202.

We usually look at the statistical analysis of your answers (it is done by computer and send to us by the Assignment Section) and we respond to this analysis by explaining questions carefully if we see that you have battled with them. It also gives us insight to improve our questions for future use.

As soon as you have received the feedback, please check your answers. The assignments and the commentaries on these assignments constitute an important part of your learning and should help you to be better prepared for the next assignment and the examination.

8 OTHER ASSESSMENT METHODS

There are no other assessment methods in this module.

9 EXAMINATION

Use your Studies @ Unisa brochure for general examination guidelines and examination preparation guidelines.

10.1 Examination admission

You gain admission to the examinations by submitting Assignment 01 on time. Note that you do not have to pass Assignment 01 to gain examination admission.

10.2 Examination period

This module is offered in a semester period of fifteen weeks. This means that if you are registered for the first semester, you will write the examination in May/June and the supplementary examination will be written in October/November of the same year. If you are registered for the second semester you will write the examination in October/November and the supplementary examination will be written in May/June of the next year.

The Examination Section will provide you with information regarding the examination in general, examination venues, examination dates and examination times. Please make sure early in the semester that you have these details. If you do not know your examination date or venue, please contact the examination department (see the Studies @ Unisa brochure for details). Your lecturers will unfortunately not be able to help you with this.

10.3 FI concession students

You may qualify for an FI concession (Final year concession) if you are a final year student, if you fail PYC2605 and if you need to pass only one or two modules to obtain your degree. If you qualify and if you are granted an FI Concession, it will be communicated to you via your myLife@unisa e-mail address. It is therefore important to activate this e-mail address and to access it on a regular basis. Please do not contact your lecturers to ask for an FI concession. We are not allowed to grant FI concessions. Unisa will identify the students who qualify and Unisa will communicate it to you.

10.4 Basic information about the paper

The examination paper in HIV and Aids care and counselling is a two-hour paper. The paper consists of 70 multiple choice questions and the paper is marked out of 70. These marks are converted to a mark out of 80. The other 20 points come from your year mark (see Section 9.2 above).

The examination paper will be in English only. Given the fact that the prescribed book is available only in English, as well as your familiarity with the HIV and Aids terminology in English, we hope that this will not inconvenience you. Please use the glossary on myUnisa to assist you.

10.5 Format of the examination paper

The examination paper covers the whole syllabus, as explained in Section 7 above.

The examination paper is divided into three sections:

- **Section A** (60 questions) is compulsory and should be answered by all students. This section is based on your prescribed book HIV and Aids: Education, Care and Counselling (2017).

See Section 7.1 above for compulsory chapters in the book to study.

- **Section B** (10 questions) should only be answered by students who chose the **GUIDANCE TRACK**. (See Section 7.1 above for chapters to study for the Guidance Track);

OR

- **Section C** (10 questions) should only be answered by students who chose the **CARE TRACK**. (See Section 7.1 above for chapters to study for the Care Track).

Exam Tip: Students frequently ask how we (or rather the computer) know whether they have completed Section B or C. Please note that the exam has been set in such a way that the correct alternatives to the questions in Section B and C are precisely the same. For example, if the answer to Question 65 in the Guidance Track is (3), then the answer to Question 65 in the Care Track will also be (3). If you studied both tracks, this information may be very helpful!

10.6 Previous examination papers

Previous examination papers are available on myUnisa.

Serious warning: Our exam pass rate was very low in 2014. It came to our attention that many students did not work through the prescribed book, but only worked out old examination papers. Almost none of the questions from previous papers were asked in 2014 (and the same goes for the 2017 examination papers). Please do not make this mistake. It is a good idea to work out old exam papers as **revision** after you have studied the **prescribed material**.

10.7 Tutorial letter with information on the examination

To help you in your preparation for the examination, we will provide detailed information on the exam paper in Tutorial Letter 102/2017 which you will receive soon. We will explain the general structure of multiple choice questions, as well as the different types of questions that can be asked. We also give helpful tips on how to choose the correct answer. Tutorial Letter 102/2017 will also contain an **example exam paper** for you to complete when you prepare for the examination. We suggest that you set yourself a 2 hour mock exam situation without any distractions to answer all the questions without using the prescribed book. Mark your own paper to see how you have done (the answers are provided at the back of Tutorial Letter 102/2017).

10.8 Assessment and marking policy

Your examination paper is set by your lecturers, but it is marked by computer (since it is multiple choice questions). The module leader takes the responsibility to make sure that the correct answers go to the examination section. We always study the statistical analysis of your results to make sure that our assessment was fair and reliable, and we make adjustments if necessary.

We do not adjust the examination marks to accommodate the effect of 'blind guessing' or 'random guessing.' Please try to answer all the questions. If you leave questions out, you will lose marks. 'Intelligent guessing', where you use your knowledge to eliminate some of the alternatives before guessing the answer from the remaining alternatives, is acceptable and even

advisable. The chance of selecting the correct alternative with intelligent guessing is much bigger than with blind guessing.

Computation of your Exam Mark: If you have a mark of 50 out of 70 for the exam paper, you have 71.4%. This mark is computed to a mark out of 80, which means that you have 57.1 marks out of 80. This is calculated as follows: $(71.4 \div 100) \times 80 = 57.1$. If you add your year mark (let's say it is 14 out of 20) to this mark, your final mark for the examination is **71%**.

Please note that you must obtain a sub-minimum of 40% in the examination for your year mark to count. For example, if you receive 38% in the examination, your year mark of 14 (see example above) will not count, and your final mark will be 38%.

To pass the examination you need a minimum of 50%.

10 FREQUENTLY ASKED QUESTIONS

The Studies @ Unisa brochure contains the most relevant study information and will probably answer all your questions. Most of the frequently asked questions about this module are already answered in this Tutorial Letter – please make sure that you read it carefully.

Please let us know what you think of our online module. If you have any comments or suggestions on how to improve the module, please e-mail your suggestions to the module leader erasmhc@unisa.ac.za.

11 SOURCES CONSULTED

Not applicable.

12 CONCLUSION

Your lecturers wish you all the best with this module and hope that you enjoy the journey.

13 ADDENDUM

Not applicable.