

# Tutorial Letter 101/3/2018

## HIV/Aids care and Counselling PYC2605

Semesters 1 and 2

Department of Psychology

This tutorial letter contains important information  
about your module.

BARCODE

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# 1 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 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**

At the end of the semester a declaration letter will be made available to students who successfully completed the module. The syllabus you followed will be printed on this declaration letter. The method of distribution will be communicated to you during the course of the module. 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. Please note that we do not issue certificates for this course.

## **2 PURPOSE AND OUTCOMES**

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 lives in the risky environment posed by the HIV/AIDS epidemic. That is, to help you in discovering how you can protect yourselves 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 lives.

This module also equips you with the skills, knowledge and values on how to treat other people in their communities by helping them to manage their lives in the HIV/AIDS environment and also by facilitating a process of behaviour change, by curtailing the effects of HIV on their lives, and by facilitating the breakdown of negative attitudes, stereotypes and misconceptions.

## 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: Explain the fundamentals of HIV/AIDS in terms of the effect of the HI virus on the immune system, the transmission of HIV, HIV/AIDS related symptoms and diseases, diagnosis and management.
- Outcome 2: Demonstrate an understanding of the prevention of HIV with recognition of the complexities of age, gender and cultural issues.
- Outcome 3: Apply basic counselling principles and skills to various HIV-related contexts.
- Outcome 4: Demonstrate the knowledge and skills to offer care and support for people living with HIV infection and AIDS.
- Outcome 5: Conduct HIV/AIDS counselling and care in an ethical manner with respect for the human rights and dignity of all people.

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

## 3 LECTURER(S) AND CONTACT DETAILS

### 3.1 Lecturer(s)

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
Prof. Alta van Dyk	Working from home	(012) 429-4499	vdykac@unisa.ac.za
Ms Keit Shirinda-Mthombeni	Theo van Wijk 5-39	(012) 429-8317	shirik@unisa.ac.za
Mr Fana Simelane	Theo van Wijk 5-87	(012) 429-4438	simelfz@unisa.ac.za

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.

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.

### 3.2 Department

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	Tel. number	E-mail address
Ms Tidie Sekhaulela (Administrative Officer)	Theo van Wijk 5-98	(012) 429-8088	<a href="mailto:sekhapt@unisa.ac.za">sekhapt@unisa.ac.za</a>

### 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:	<a href="http://my.unisa.ac.za">http://my.unisa.ac.za</a>
Unisa website:	<a href="http://www.unisa.ac.za">http://www.unisa.ac.za</a>
Assignments:	<a href="mailto:assign@unisa.ac.za">assign@unisa.ac.za</a>
Examinations:	<a href="mailto:exams@unisa.ac.za">exams@unisa.ac.za</a>
Aegrotat and special examinations:	<a href="mailto:aegrotats@unisa.ac.za">aegrotats@unisa.ac.za</a>
Study information:	<a href="mailto:study-info@unisa.ac.za">study-info@unisa.ac.za</a>

## 4 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](mailto:vospresc@unisa.ac.za).

**Note:** Please do not use any previous edition of the prescribed book (such as the 5<sup>th</sup> 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 6<sup>th</sup> (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](mailto:despatch@unisa.ac.za) or you can send an sms to Nr 43579.

#### **4.4 Library services and resources information**

For brief information, go to [www.unisa.ac.za/brochures/studies](http://www.unisa.ac.za/brochures/studies)

For detailed information, go to <http://www.unisa.ac.za/library>. For research support and services of personal librarians, click on "Research support".

The library has compiled a number of library guides:

- finding recommended reading in the print collection and e-reserves – <http://libguides.unisa.ac.za/request/undergrad>
- requesting material – <http://libguides.unisa.ac.za/request/request>
- postgraduate information services – <http://libguides.unisa.ac.za/request/postgrad>
- finding, obtaining and using library resources and tools to assist in doing research – [http://libguides.unisa.ac.za/Research\\_Skills](http://libguides.unisa.ac.za/Research_Skills)
- how to contact the library/finding us on social media/frequently asked questions – <http://libguides.unisa.ac.za/ask>

### **5 STUDENT SUPPORT SERVICES**

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.

## 6 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
<b>Part 1 – Knowing the virus (Outcome 1)</b>		
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
<b>Part 2 – Aids education and empowerment (Outcome 2)</b>		
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
<b>Part 3 – HIV Counselling (Outcome 3)</b>		
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*
<b>Part 4 - Care and Support (Outcome 4)</b>		
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
<b>Part 5 – Legal and policy issues (Outcome 5)</b>		
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**

<b>Chapter 1: HIV and Aids: A brief history</b>	
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.
<b>Chapter 2: HIV and the immune system</b>	
Study for exam	All sections.
Do not study	Enrichment: The immune system in pictures Enrichment: The genes of HIV Enrichment: HIV infection in pictures
<b>Chapter 3: Transmission and prevention</b>	
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?
<b>Chapter 4: HIV-associated Symptoms and Diseases</b>	
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.
<b>Chapter 5: HIV tests</b>	
Study for exam	All sections.
<b>Chapter 6: Antiretroviral therapy</b>	
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"> <li>• <i>ART for adolescents aged 10 to 15 years</i></li> <li>• <i>ART for children</i></li> <li>• <i>Use of ART in patients with TB</i></li> </ul> Enrichment: 'Starter' packs for PEP.
<b>Chapter 7: Theories of Behaviour Change</b>	
Study for exam	All sections.
Do not study	Enrichment: Partners for Prevention.
<b>Chapter 8: Aids education</b>	
Study for exam	All sections.
Do not study	Enrichment: Ice breakers for workshops. Enrichment: Creative learning aids.
<b>Chapter 9: Changing Unsafe Practices</b>	
Study for exam	All sections
Do not study	Enrichment: How are condoms tested?
<b>Chapter 11: Aids Education in Traditional Africa</b>	
Study for exam	All sections
<b>Chapter 12: Counselling Principles and Skills</b>	
Study for exam	All sections
Do not study	Enrichment: The duty to warn or protect third parties from harm.
<b>Chapter 13: HIV Counselling and Testing</b>	

Study for exam	All sections
<b>Chapter 14: Ongoing Counselling</b>	
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).
<b>Chapter 15: Bereavement Counselling</b>	
Study for exam	All sections
<b>Chapter 21: Care for the Caregiver</b>	
Study for exam	All sections
Do not study	Enrichment: Coping mechanisms to manage stress levels. Enrichment: Visualisation technique or imagery.
<b>Chapter 22: Aids and the Law</b>	
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.
<b>Chapter 23: Aids in the Workplace</b>	
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	<b>Enrichments:</b> 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
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**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.
<b>Chapter 19: Infection Control</b>	
Study for exam	All sections
<b>Chapter 20: Care and Nursing Principles</b>	
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 Learning Units - as set out on myUnisa - in printed format as a Study Guide. It will allow you to read the study materials, even if you are not online. The Study Guide will be sent to you at the beginning of the semester and it will be available on myUnisa under Additional Resources.

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 announcements and to engage with your e-Tutor. Note that you can also set up your myLife e-mail so that you receive the Announcement e-mails on your cell phone.

**Please note:** The Study Guide and the Learning Units on myUnisa have the same content. Do 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.
- **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.

## **7 PRACTICAL WORK AND WORK-INTEGRATED LEARNING**

There are no practicals or group visits for this module.

## **8 ASSESSMENT**

## 8.1 Assessment criteria

The assessment criteria for this module is linked to the module's outcomes as indicated under section 2 (Purpose and Outcomes). The criteria

Outcome	We will know students are competent when they are able to
1	<ul style="list-style-type: none"> <li>• Explain the effect of the HI virus on the immune system.</li> <li>• Critically evaluate the circumstances under which HIV will transmit from one person to another.</li> <li>• Understand the symptoms and disease progression of HIV/AIDS, with specific reference to TB and STIs.</li> <li>• Advise clients on the various tests available to diagnose HIV infection.</li> <li>• Understand the functioning of ARVs and the importance of adherence</li> </ul>
2	<ul style="list-style-type: none"> <li>• Apply the theoretical principles of behaviour change to sexual behaviour change such as the use of condoms.</li> <li>• Demonstrate the use of safer sex practices such as the use of male as well as female condoms.</li> <li>• Develop HIV/AIDS life skills programmes for school children based on their cognitive developmental stages.</li> <li>• Explain how traditional African beliefs and customs impact on HIV/AIDS education programmes.</li> </ul>
3	<ul style="list-style-type: none"> <li>• Demonstrate an understanding of basic counselling principles and skills by applying them to case studies.</li> <li>• Explain the principles of pre- and post- HIV testing.</li> <li>• Compare Western counselling with traditional African healing and come to conclusions about cross-cultural counselling in the HIV/AIDS context.</li> <li>• Apply basic counselling principles and skills to HIV/AIDS related specific problems like disclosure, bereavement and spiritual issues.</li> <li>• Develop a self-care plan for themselves as caregivers to prevent burnout.</li> </ul>
4	<ul style="list-style-type: none"> <li>• Explain the principles of home-based community care.</li> <li>• Critically discuss and evaluate the support options for orphans and other vulnerable children.</li> <li>• Explain the application of universal precautions and other infection control measures in the hospital and home-based care context.</li> <li>• Illustrate care and nursing principles of people with HIV infection and AIDS by giving examples.</li> </ul>
5	<ul style="list-style-type: none"> <li>• List the basic human rights according to the Constitution and apply it to people living with HIV/AIDS.</li> <li>• Critically discuss the guidelines and principles of various HIV/AIDS related policies and laws, for example: the national policy on testing for HIV, the HPC guidelines on the management of patients with HIV/AIDS, code of good practice for employment, and the national policy on HIV/AIDS for learners and educators.</li> </ul>

## 8.2 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. At least one assignment should be submitted to obtain examination admission, but we strongly advise you to do both assignments to obtain a higher year mark. Note that you do not have to pass the assignments to gain examination admission. 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 loose 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 1.25. This gives you a mark of 8.75 out of 15. Your percentage for this assignment will thus be 58% (or  $(8.75 \div 15) \times 100 = 58$ ).

**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.

## 8.3 Assignment numbers

### 8.3.1 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.

### 8.3.2 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.

## 8.4 Assignment due dates

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).

### 8.4.1 First semester 2018 assignment due dates

Assignment Number	Unique number	Closing date
01	680025	20 March 2018
02	852780	20 April 2018

### 8.4.2 Second semester 2018 assignment due dates

Assignment Number	Unique number	Closing date
01	867780	21 August 2018
02	831034	21 September 2018

## 8.5 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](mailto: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.**

## 8.6 The 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.

### 8.6.1 First Semester Assignments

FIRST SEMESTER 2018		
Assignment Number	Unique number	Closing date
01	680025	20 March 2018
02	852780	20 April 2018

#### 8.6.1.1 First Semester Assignment 01

**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

What is currently the most widely accepted scientific theory about the origin of Aids?

- (1) An ancestor of HIV-1 group M virus was transmitted from a chimpanzee to a hunter.
- (2) HIV was introduced into the human population by polio vaccines which were produced on monkey kidney cell cultures in the 1950s.
- (3) Aids is not a new disease, but has probably been present for many centuries in central Africa.
- (4) HIV originated in the white gay communities of America and Europe in the early 1980s.

#### QUESTION 2

How do viruses (including HIV) reproduce?

- (1) Viruses can reproduce in any warm and humid environment; the cells of the virus divide to form new viruses.
- (2) Viruses reproduce in the open air; they cannot reproduce in anaerobic conditions.
- (3) Viruses 'inject' their genetic material into a living cell and then use the cell to reproduce more viruses.
- (4) Viruses first kill cells, then enter them and then use the remains of the cell as 'food' for the new viruses.

**QUESTION 3**

The defences of the immune system can be divided into two main groups: the non-specific defences, for example (a) \_\_\_\_\_, and the specific defences, for example (b)\_\_\_\_\_.

- (1) (a) the skin and mucous membranes; (b) plasma proteins
- (2) (a) phagocytes (e.g. macrophages); (b) lymphocytes (e.g. T cells and B cells)
- (3) (a) plasma proteins; (b) phagocytes (e.g. macrophages)
- (4) (a) T lymphocytes (e.g. CD4+T cells); (b) B lymphocytes (e.g. B memory cells)

**QUESTION 4**

An example of a body fluid that requires universal precautions, is (a)\_\_\_\_, while (b)\_\_\_\_ do/does not require any special precautions.

- (1) (a) blood; (b) cerebrospinal (CSF) fluid
- (2) (a) vomit containing visible blood; (b) faeces and urine
- (3) (a) nasal secretions; (b) saliva and tears
- (4) (a) wound secretions; (b) amniotic fluid

**QUESTION 5**

The World Health Organization's recommendations on universal access to safe blood and blood products include that

- (a) no blood should be accepted from homosexual donors.
- (b) donated blood should randomly be screened for HIV, hepatitis B and syphilis.
- (c) donors should be voluntary and not be paid for donating blood.
- (d) clinical transfusion practices should be safe and of good standard.

The correct answer is:

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

**QUESTION 6**

The health status of the immune system of an HIV infected person can be more accurately predicted by

- (1) doing a CD4+T cell count. The lower the CD4+T cell count, the sicker the person will be and the higher the possibility of opportunistic infections.
- (2) measuring the viral load in the person's blood. The lower the viral count, the sicker the person will be.
- (3) counting the number of opportunistic infections the person had over the last four weeks. More opportunistic infections are an indication of an inadequately functioning immune system.
- (4) the patient's adherence to the prescribed drug regime as well as how well the patient take care of him-/herself in terms of diet and exercise.

**QUESTION 7**

Opportunistic infections and diseases, such as tuberculosis, often attack people with Aids. An opportunistic infection

- (a) is caused by pathogens which usually do not attack a healthy immune system.
- (b) is always characterised by fever, weight loss and diarrhoea.
- (c) is characterised by both a high viral count and a high CD4+T cell count.
- (d) takes the 'opportunity' to attack a deteriorated immune system.

The correct answer is:

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

### **QUESTION 8**

Which combination of symptoms is an indication that a person has tuberculosis?

- (1) Fever with chills, swollen glands, diarrhoea and oral thrush.
- (2) Coughing, enlarged liver, weight loss and shingles.
- (3) Anaemia, shingles, malaise and persistent fever.
- (4) Fever, night sweats, a current cough and weight loss.

### **QUESTION 9**

What is meant by the 'window period' within the HIV testing environment?

- (1) The person still tests HIV negative and cannot, therefore, transmit the virus to another person.
- (2) The person already tests HIV positive, but is not yet infectious to others.
- (3) The person received a false positive result and may be infectious to others.
- (4) The person may be infected with the HI virus, but antibodies are not yet detectable.

### **QUESTION 10**

Which test do we prefer to use to exclude existing HIV infection in rape survivors before starting ARVs?

- (1) Rapid HIV antibody test
- (2) HIV p24 antigen test
- (3) ELISA antibody test
- (4) DNA PCR test

### **QUESTION 11**

Under ideal conditions, how does anti-retroviral medication (ART) work to prevent HIV infection after needle-stick injuries?

- (1) ART interferes with the integrase enzyme and prevents the viral RNA from integrating with the cell's DNA.
- (2) ART 'seals' the entry point of injury and prevents viruses getting past the first line of defence, namely the skin or mucose membranes.
- (3) ART interferes with the replication mechanisms of HIV and prevents the virus from attacking the CD4+T cells and thus from reproducing.
- (4) ART kills all the CD4+T cells in the vicinity of the HI viruses before the viruses have a chance to attack the CD4+T cells.

### **QUESTION 12**

There are many reasons why people do not adhere to their antiretroviral medication. Which of the following reasons are medication-related problems or barriers?

- (a) difficult treatment regime;
- (b) not enough stock;
- (c) use traditional medicine;
- (d) pills too big to swallow;
- (e) side-effects.

The correct answer is:

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

### QUESTION 13

One of the main reasons why people do not change their behaviour is because of obstacles that hinder change. Which one of the following is an obstacle that often hinders people from changing their sexual behaviour?

- (1) Society's tolerance and encouragement of certain unsafe sex practices makes it difficult for people to change their behaviour, because 'if society approves, why change'?
- (2) High self-efficacy and an external locus of control often make it difficult for people to change their sexual behaviour.
- (3) If condoms are not available and accessible it is often difficult to ask for condoms over the counter; it is also difficult for young people to buy condoms if they do not have money.
- (4) Some people have a fatalistic attitude which makes it difficult for them to ask their sex partners to change their behaviour, even though they believe in it themselves.

### QUESTION 14

The following intervention could empower women and young girls and reduce their HIV risk:

- (1) Asking the partners on behalf of these women to start using condoms.
- (2) Teaching women to use less alcohol as part of a reproductive programme.
- (3) Enforcing legal policies prohibiting violence against women.
- (4) Create structural change to narrow the gap in access to education.

### QUESTION 15

It takes a lot of work to develop HIV prevention programmes. What are the basic principles and practical aspects that should be taken into consideration when developing such programmes?

- (1) Involving only people living with HIV to avoid stigmatization.
- (2) Holistic approach, cultural sensitivity and assertiveness.
- (3) Negotiation skills, life skills and communication skills.
- (4) National support, peer support and partnership.

**END OF FIRST SEMESTER ASSIGNMENT 01**

### 8.6.1.2 First Semester Assignment 02

**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

Rinse your mouth with (a)\_\_\_\_\_ if it has come into contact with semen and (b)\_\_\_\_\_ immediately afterwards.

- (1) (a) warm water; (b) brush your teeth
- (2) (a) a strong mouthwash; (b) do not brush your teeth
- (3) (a) cold water; (b) do not brush your teeth
- (4) (a) hot water; (b) use a strong mouthwash

#### QUESTION 2

According to Mbiti, traditional African beliefs are based on principles such as

- (1) the survival of the community
- (2) the interest of the individual
- (3) union with one's own rational being
- (4) independence

#### QUESTION 3

Cultural beliefs and customs should be respected by Aids educators who work in Africa. The following cultural practices practised by some traditional Africans are, however, dangerous and should be changed:

- (a) dry sex;
- (b) prostitution;
- (c) widow cleansing;
- (d) offerings to ancestors;
- (e) swallowing semen.

The correct answer is

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

#### QUESTION 4

When you counsel someone who has a different view of the world from yours, it is important to

- (1) make sure that the client understood your values.
- (2) show respect for your client's ideas.
- (3) ensure that you and your client share the same views or ideas.
- (4) allow the client to 'see the world through your eyes'.

**QUESTION 5**

The aim of the first phase of counselling (relationship building) is to establish an open relationship in which the client will feel safe enough to address personal issues and to disclose information to the counsellor. In which of the following statements is the counsellor seen to achieve this goal?

- (a) Hello, do have a seat, can I offer you a cup of tea? I'm sure you will find tea welcome on a day as cold as this. Hasn't the weather been terrible lately?
- (b) Hi, my name is Jill and I am the counsellor at this clinic. The aim of our counselling sessions is to provide a safe space in which to discuss any issues or concerns that you may have.
- (c) I would like to reassure you that anything you say to me during these meetings will be treated with complete confidentiality, and will not leave this room.
- (d) I can understand that your partner's rejection must have hurt very much, and I don't think he/she was being fair or gentle in making that response.

The correct answer is

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

**QUESTION 6**

Language barriers between counsellors and clients often pose problems, especially in South Africa with its 11 official languages. The following points should be kept in mind when using the services of an interpreter or translator:

- (a) Be sensitive to age and class differences between the client and the translator.
- (b) Make sure rapport does not develop between the client and the translator, as it may jeopardise your relationship with the client.
- (c) Communicate directly with the client to reinforce interest in the client, even if the client does not understand you and has to listen to the translator asking the question.
- (d) Interrupt the translator if you get the feeling that the discussion is not going the way that you intended.

The correct answer is:

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

**QUESTION 7**

If an illiterate person wishes to give signed consent to HIV testing

- (1) the person should be advised to rather give verbal consent.
- (2) the right hand thumbprint can be used in place of a signature.
- (3) a cross can be made instead of a signature.
- (4) the person should be informed that the law does not make provision for illiterate people to sign consent forms.

### 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) Tell the client openly, directly and without beating around the bush that he or she is HIV positive.
- (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 to cope and take their mind off things if they are inundated with new information. Give the client as much information as possible after giving the results.
- (4) Take control over the situation and do not allow the client's needs to lead your counselling as this may have devastating effects that you might not be able to contain.

### QUESTION 9

Which of the following statements about stress research is true?

- (a) Chronic stress was found to create greater susceptibility to many diseases such as flu, dermatitis and the recurrence of herpes symptoms.
- (b) Self-efficacy was associated with a slower deterioration of the immune system in HIV-infected individuals.
- (c) Research has found that psychological factors such as emotional inhibition, a negative self-concept and a lack of social support, did not contribute to a more rapid disease progression.
- (d) Looking after a partner with dementia, especially without social support, as well as the loss of a partner, significantly weakened the immune system of the affected other.

The correct answer is:

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

### QUESTION 10

Which of the following statements about ethical concerns in counselling research is true?

- (1) A counsellor should take the side of his/her client when dealing with family issues.
- (2) A counsellor should avoid stereotyping as it may hamper the counselling process.
- (3) Note keeping is essential to the counselling process and should be done at all times.
- (4) Confidentiality is non-negotiable and may never be broken by the counsellor under any circumstances.

### QUESTION 11

The process of bereavement

- (1) is triggered only after the actual loss of something dear to you.
- (2) is defined as a process that is triggered by the actual loss of another human being.
- (3) can also be triggered by the anticipated loss of something dear to you.
- (4) can be understood in terms of stages, which follow each other in a fixed sequence.

**QUESTION 12**

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) lets go of the hope that her partner will miraculously re-appear.
- (4) is able to reckon with the devastating reality that her life has prematurely stopped.

**QUESTION 13**

Occupational stress can have a negative impact on our lives, our work and our relationships and it can lead to burnout if not addressed appropriately. Burnout can be defined as

- (1) a syndrome of physical and emotional exhaustion, involving the development of a negative self-concept, negative job attitudes and loss of concern or feelings for clients.
- (2) the perception of being unable to cope with an internal or external expectation or demand in the workplace.
- (3) feelings of sadness and unhappiness due to an unbearable demanding workload resulting in excessive stress.
- (4) a syndrome of behavioural and physiological symptoms such as lack of energy, neglect of personal appearance and a loss of appetite.

**QUESTION 14**

Prison A refuses to provide medical treatment for inmates who are HIV positive, while Prison B refuses to provide information on HIV. Which basic human rights applying to all citizens are infringed upon by Prison A and Prison B?

- (1) Prison A: the right not to be unfairly discriminated against; Prison B: the right to bodily, psychological and educational integrity
- (2) Prison A: the right to bodily and psychological integrity; Prison B: the right not to be unfairly discriminated against
- (3) Prison A: the right of access to healthcare services; Prison B: the right to information and basic education
- (4) Prison A: the right to healthcare and support services; Prison B: the right to bodily and psychological integrity

**QUESTION 15**

According to The Choice on Termination of Pregnancy Act, can a seventeen year old girl consent to termination of pregnancy?

- (1) Yes, but the doctor or midwife must advise her to speak to her parents or other family members before having the abortion. As soon as the girl has spoken to someone in her family about the abortion, it can be done.
- (2) No, a woman may not request an abortion without the knowledge and consent of the baby's father – even if she is unmarried and only seventeen years old.
- (3) Yes, but the doctor or midwife must advise her to speak to her parents or other family members before having the abortion. However, the girl does not have to follow this advice.
- (4) No, a girl should be at least eighteen years old before she can consent to the termination of her pregnancy without her parents' approval.

**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 B.)

## Section B: Guidance Track

### QUESTION 16

Thandiwe's eldest daughter is 10 years old and attending a school where Aids education is offered to them. Which of the following meet the basic requirements for successful Aids education?

- (a) Her school has appointed a special teacher who is very knowledgeable about HIV and Aids and gives Aids education only to all the senior children in the school. (b)
- (b) Aids education in her school starts in Grade 1, because the school principle argued that children at this age are very receptive towards accepting a healthy life style.
- (c) The Aids education forms part of a larger lifeskills education programme that is presented to the whole school once a week in the school hall.
- (d) The programme was devised in cooperation with the community and includes the input from parents, the community- and spiritual leaders.

The correct answer is:

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

### QUESTION 17

The reason why children in the intermediate school phase (Grades 4 to 6) are prone to acquire myths is because

- (1) group pressure will never be more important than at this stage, causing children to believe what their peers believe without questioning the validity of these beliefs.
- (2) their awakening sexual feelings are confusing to them and cause them to entertain many irrational fears, making it easy to believe myths about the things they fear.
- (3) children at this age are not yet fully capable of hierarchical classification and are therefore not able to classify things into 'cause' and 'non-cause' (i.e. to distinguish between fact and fantasy).
- (4) children at this age like storytelling, and this lends itself to the acquisition of myths.

### QUESTION 18

Jacob is eighteen years old and in Grade 12. He received limited Aids education at school, and the teacher made crucial mistakes in his approach. Which of the following are MISTAKES?

- (a) Assuming that all children abstain from sexual intercourse.
- (b) Telling the learners that they have the right to postpone sexual activity.
- (c) Focusing on healthy behaviours and the ability to plan ahead.
- (d) Frightening the children by explaining the horror of HIV and Aids.

Which combination correctly identifies the mistakes?

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

### QUESTION 19

According to Pargament's research, religious factors can

- (1) provide a framework of meaning to a patient, which can facilitate the understanding and integration of problematic life experiences.
- (2) be more of a hindrance than a help when dealing with life-threatening diseases.
- (3) complicate the health of patients, because they mostly encourage feelings of guilt.
- (4) have a positive effect on the health of patients, not only as coping mechanisms, but also by opening up the possibility of a miracle.

### QUESTION 20

One of the fundamental needs of every child is the need to believe that they are part of something bigger than themselves and that the world is more than a physical reality. This is the need for

- (1) protection.
- (2) participation.
- (3) identity.
- (4) transcendence.

**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

Patients with Aids often suffer from respiratory problems such as difficulty in breathing, shortness of breath and infections. Advise home-based caregivers to seek professional help if the patient in their care develops any of the following symptoms:

- (a) high fever
- (b) discoloured sputum
- (c) severe pain in the chest
- (d) a cough that lasts for more than 3 weeks

The correct answer is:

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

**QUESTION 17**

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 get involved in exercise at frequent intervals.

The correct answer is:

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

**QUESTION 18**

The purpose of palliative care is to

- (1) alleviate a patient's suffering by terminating all medical treatment to bring death and thus relief to the patient as soon as possible.
- (2) take care of the physical needs of the patient, because the patient is too sick to care about psychological or spiritual needs.
- (3) provide relief from pain and other distressing symptoms, without hastening or postponing death.
- (4) do anything in one's power to preserve life and therefore to try new anti-retroviral medications and other therapies to try and save the patient's life.

**QUESTION 19**

HIV can enter the bloodstream through broken skin. How can a health care worker protect her or his skin?

- (a) Use hand lotion to prevent skin cracking.
- (b) Apply lotion right after washing your hands with an antimicrobial solution.
- (c) Cover skin lesions on your hands with waterproof dressings.
- (d) Refrain from direct patient care if you have an oozing skin lesion.

The correct answer is:

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

**QUESTION 20**

Home-based care is often the best way to look after someone with Aids. Which one or more of the following, however, highlight(s) the potential problems associated with home-based care?

- (1) Many home-based caregivers do not care for their patients and do it only for the money.
- (2) Owing to all the unknown home-based caregivers in the home, the patient has no privacy.
- (3) Patients often do not take their medication correctly, because they become used to the home-based caregivers and do not listen to them.
- (4) Families often do not want home-based caregivers in their homes because of stigma, ignorance and superstition.

**END OF FIRST SEMESTER ASSIGNMENT 02**

## 8.6.2 Second Semester Assignments

SECOND SEMESTER 2018		
Assignment Number	Unique number	Closing date
01	867780	21 August 2018
02	831034	21 September 2018

### 8.6.2.1 Second Semester Assignment 01

**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

We know how many people are infected with HIV by looking at the HIV incidence and the HIV prevalence. What is the definition of HIV prevalence?

- (1) It is the percentage of people living with HIV (as a proportion of the total population) at a specific time.
- (2) It is a 'snapshot' view of the number of people who were infected with HIV in a specific year in the past 5 years.
- (3) It is the percentage of new cases of HIV infection in a defined period of time, for example in one year.
- (4) It is a percentage which is calculated by dividing the number of new infections by the number of previously uninfected people.

#### QUESTION 2

How do the dendritic cells warn the lymphocytes (B and T cells) that they should mobilise to protect the body against an organic invader such as a virus? The dendritic cells

- (1) swallow the virus and then carry it to the lymphocytes, which then destroy both the dendritic cells and the virus.
- (2) surround the virus, grab an antigen from it and display it like a 'banner of war' in order to mobilise the lymphocytes.
- (3) surround the virus and render it inactive until the lymphocytes find it and kill it.
- (4) swallow the virus and, when the dendritic cells die, the virus dies with them, thus warning lymphocytes about the presence of the foreign antigens in the process.

#### QUESTION 3

HIV is present in many body fluids. The concentration of HIV is particularly high in some body fluids such as (a) ... , while it is relatively low in others, such as (b) ... .

- (1) (a) blood; (b) semen
- (2) (a) saliva; (b) tears
- (3) (a) sweat; (b) vaginal fluids
- (4) (a) vaginal fluids; (b) urine

#### QUESTION 4

There are various biological, epidemiological and other factors that contribute to or influence the spread of HIV infection. Which of the following conditions contribute to the spread of HIV infection in Africa?

- (a) Socio-economic conditions.
- (b) Gender, age and cultural conditions.
- (c) Other sexually transmitted infections.
- (d) High prevalence of tuberculosis

The correct answer is:

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

#### QUESTION 5

Beatrix is a young married woman who looks after her HIV positive brother, who also has tuberculosis. Her husband is a truck driver who sometimes has unprotected sex with other women at truck stops. Beatrix and her husband occasionally have problems with sexually transmitted diseases. Beatrix's risk of HIV infection is increased by the fact that

- (a) she is living in the same house as her brother who is HIV positive.
- (b) she is often infected with other sexually transmitted diseases.
- (c) her husband has frequent unprotected sex with women at rest stops.
- (d) she is in constant contact with tuberculosis in the home.

The correct answer is:

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

#### QUESTION 6

A doctor performed a viral test on her HIV positive patient and said to him: 'The viral load in your blood is undetectable at this stage'. What does it mean?

- (1) There are no more HI viruses in the blood, and the person is no longer infected with HIV.
- (2) HI viruses in the blood could not be detected because the patient is still in the window period.
- (3) The person is infected with HIV, but the viral levels are too low for the test to detect them.
- (4) The person is infected with HIV, but the viral load test cannot detect counts below 350 cells.

#### QUESTION 7

Clinical stage 3 of HIV is characterised by

- (1) persistent generalised lymphadenopathy and mild fever.
- (2) unexplained chronic diarrhoea, oral hairy leukoplakia and pulmonary TB.
- (3) a CD4+T count between 350 and 499 cells / mm<sup>3</sup>.
- (4) moderate unexplained weight loss, and recurrent respiratory tract infections.

**QUESTION 8**

The two factors that determine the accuracy of a blood test are sensitivity and specificity. The sensitivity of a test is its ability to pick up very low levels of antibodies. The specificity of an HIV antibody test refers to its ability to

- (1) ignore the presence of antibodies that are not specific to HIV.
- (2) detect HIV positivity and not give false negative results.
- (3) recognise cross-reacting non-specific antibodies.
- (4) pick up very high levels of antibodies not to give false positive results.

**QUESTION 9**

The dried blood spot test is a convenient way to test for HIV infection in young babies because it reacts to the (a) ... in the baby's blood and is (b) ... .

- (1) (a) infection (b) laboratory based
- (2) (a) p24 antigens (b) inexpensive and easy to use
- (3) (a) p24 antigens (b) more sensitive than other tests
- (4) (a) antibodies (b) less invasive to use

**QUESTION 10**

Why do we use a combination of three antiretroviral drugs (also called 'triple-therapy' or HAART) instead of only one drug (or single-drug regimes)?

- (a) It increases the number of drug regimes available to patients.
- (b) It is most effective in reducing viral loads.
- (c) It decreases the chances of the virus becoming drug resistant.
- (d) Combination therapy aggressively attacks the virus on a single level.

The correct answer is:

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

**QUESTION 11**

It is widely accepted in the scientific community that an adherence level of (a)\_\_\_\_\_ % is necessary to suppress the virus sufficiently to avoid the risk of (b)\_\_\_\_\_ and to prevent (c)\_\_\_\_\_.

- (1) (a) at least 90%; (b) mutation; (c) development of drug-resistant strains
- (2) (a) 100%; (b) drug failure; (c) opportunistic infections
- (3) (a) 95%; (b) opportunistic infections; (c) development of drug-resistant strains
- (4) (a) at least 90%; (b) wild-type viruses gaining fitness; (c) drug failure

**QUESTION 12**

The most common immune reconstitution inflammatory syndrome (or IRIS) in South Africa is (a)\_\_\_\_\_ which occurs in about (b)\_\_\_\_\_ of patients starting antiretroviral therapy when on treatment for this disease.

- (1) (a) herpes zoster; (b) 10%
- (2) (a) cryptococcal meningitis; (b) a third
- (3) (a) hepatitis B; (b) 10%
- (4) (a) tuberculosis; (b) a third

**QUESTION 13**

Which one of the following people is in the preparation phase of behaviour change according to the Transtheoretical Model?

- (1) Maboe knows about the dangers of Aids, but he believes that it will never happen to him.
- (2) Puleng has decided to use condoms every time she has sex. She is very proud of herself because she consistently used condoms now for the past six months.
- (3) John is seriously thinking of changing his behaviour and to be faithful to his girlfriend. He even said no to sex with random women on a couple of occasions now.
- (4) Lebo is considering the advantages and the disadvantages of using condoms, but she is not sure yet if it is worth the trouble to use condoms.

**QUESTION 14**

You want to powerfully promote an HIV related policy. Which one of the following theories could be followed to get the most attention in the shortest period of time to mobilise individuals and communities to exert pressure on government?

- (1) The empowerment model
- (2) Diffusion of innovation theory
- (3) Media advocacy
- (4) Social network theory

**QUESTION 15**

As the facilitator of a workshop, you find that most of the learners in the class have very negative attitudes towards people with HIV. Which method of teaching will you choose that will provide a powerful learning experience for learners that will challenges their stereotypes and prejudices?

- (1) Discussion in character
- (2) Guest speakers
- (3) Roleplay and simulation
- (4) Interviews with HIV-infected people

**END OF SECOND SEMESTER ASSIGNMENT 01**

### 8.6.2.2 Second Semester Assignment 02

**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

Sexual behaviours can be placed on a continuum ranging from no risk to high risk sexual behaviour. Which one of the following answers represents a continuum of sexual behaviour ranging from (a) no risk to (b) low risk to (c) some risk to (d) high risk?

- (1) (a) masturbation; (b) fellatio with a condom; (c) thigh sex; (d) contact with menstrual blood.
- (2) (a) thigh sex; (b) swallowing semen;(c) anal sex with a condom;(d) oral sex without a condom.
- (3) (a) personal sex toys; (b) cunnilingus with a latex barrier; (c) oral sex without a condom; (d) vaginal penetrative sex with a condom using Vaseline as lubricant
- (4) (a) sexual fantasies; (b) kissing; (c) vaginal penetrative sex with a condom; (d) oral sex without a condom.

#### QUESTION 2

According to Sow, traditional African beliefs are based on principles such as

- (1) independence
- (2) the interest of the individual
- (3) union with nature
- (4) the survival of the fittest

#### QUESTION 3

The aim of counselling or helping an HIV infected client is to

- (1) allow the client to tell his or her story so that the counsellor, as an effective listener and Aids expert, develop a plan of action to help the client face his or her difficulties.
- (2) facilitate the process of change and help the client to face and concentrate on the constraints of the disease without the help of a support system.
- (3) improve the client's quality of life by helping him or her to manage problems and to become effective self-helpers in coping with problems.
- (4) do crisis counselling to establish the specific needs of the client, and then to refer him or her to a professional person who can better help the client.

#### **QUESTION 4**

The counselling process usually consists of four phases: defining the relationship, obtaining information, describing the problem and making interventions. Which one of the following statements in relation to this view is correct?

- (1) In each interview or counselling session with a client, all four of these phases will feature to a larger or lesser extent depending on how far the counsellor and the client are in the counselling process.
- (2) The order of the four phases will differ, depending on the model the counsellor uses and depending on the counsellor's theoretical assumptions.
- (3) Each of the four phases is separate from the others, and there is no overlapping between them.
- (4) The framework provided by these four phases should be strictly adhered to by the counsellor.

#### **QUESTION 5**

During the counselling session, your client discloses to you that he is HIV positive and explains that the reason for not telling you before was because he was afraid of your response. According to Egan, in which one of the following responses listed below would you, as the counsellor, demonstrate basic empathy?

- (1) You felt afraid to tell me that you are HIV positive, because you feared that I would reject you.
- (2) I know how you feel. I have experienced exactly the same a couple of years ago.
- (3) Do I understand you correctly if I say that you are HIV positive and that you did not want to tell me because you were afraid of my response?
- (4) You felt afraid to tell me that you are HIV positive. I wonder if you maybe experience counsellors as judgemental figures?

#### **QUESTION 6**

The following cultural differences should be kept in mind in cross-cultural counselling in Africa:

- (1) Clients should be prepared to make decisions in the counselling session without discussing it with their family first.
- (2) Group-orientated cultures often find it difficult to talk about personal feelings or emotions, and may regard it as a symptom of individualism.
- (3) Most African cultures find it disrespectful if the counsellor does not make eye contact with them.
- (4) The directive, advice-giving approach should not be used in traditional African counselling contexts.

#### **QUESTION 7**

Pre-HIV test counselling include exploring together with clients the possible advantages and disadvantages of testing. Which one of the following is a disadvantage?

- (1) An inability to plan for the future when the results are positive.
- (2) Knowing the result may increase the stress associated with uncertainty.
- (3) Starting ARV-treatment which could have severe side-effects.
- (4) Emotional problems and a disintegration of the individual's life;

**QUESTION 8**

Complete the following definition of crisis intervention: Crisis intervention is a (a)\_\_\_\_ designed to (b)\_\_\_\_. Crisis intervention is (c)\_\_\_\_ and occurs shortly after a crisis has happened.

- (1) (a) short-term helping process; (b) provide immediate relief; (c) active, direct and brief
- (2) (a) form of emotional 'first aid'; (b) support and assist the client; (c) passive, non-directive and empathic
- (3) (a) long-term helping process; (b) ensure ongoing therapy; (c) attentive, non-directive and respectful
- (4) (a) way of preventing suicide; (b) refer the client to an emergency service; (c) prescriptive, supportive and passive

**QUESTION 9**

The symptoms of depression can be categorised as affective, physiological, cognitive and behavioural. Affective symptoms of depression include (a)\_\_\_\_, while cognitive symptoms of depression include (b)\_\_\_\_\_.

- (1) (a) pessimistic beliefs about the future, suicidal thoughts, negative thinking and concentration problems; (b) sadness, unhappiness, worthlessness, anxiety and apathy
- (2) (a) neglect of personal appearance, crying, social withdrawal and slow or reduced speech; (b) pessimistic beliefs about the future, suicidal thoughts, negative thinking and concentration problems
- (3) (a) loss of appetite and weight, sleep disturbance, loss of libido, disrupted menstrual cycle in women and constipation; (b) neglect of personal appearance, crying, social withdrawal and slow or reduced speech
- (4) (a) sadness, unhappiness, worthlessness, anxiety and apathy; (b) pessimistic beliefs about the future, suicidal thoughts, negative thinking and concentration problems

**QUESTION 10**

What advice would you give an HIV positive person, to keep her immune system as healthy as possible?

- (1) She must take pain medication regularly to feel that she is in control of her life.
- (2) She must eat defensively and avoid raw or undercooked meat, fish or eggs.
- (3) She must understand the relationship between too much sleep and rest and depression.
- (4) She must practice alternative therapies such as psychoneuroimmunology (PNI).

**QUESTION 11**

The term 'stages' of bereavement should be avoided in favour of the term 'tasks' of bereavement. The reason for this is to

- (1) emphasise the active nature of bereavement rather than imply a passive process 'flowing over' the grieved person.
- (2) avoid the idea that the loss was punishment for a sin.
- (3) convey the idea that working hard on the tasks of mourning may speed up the process significantly.
- (4) keep the person busy with all kinds of tasks to limit his or her time to think about the loss.

### QUESTION 12

Men and women often differ in the ways they grieve. Therefore (depending on the client) counsellors should concentrate on (a) ... activities when working with women and (b) ... activities when working with men.

- (1) (a) loss-orientated (b) restoration-orientated
- (2) (a) group-based (b) individually focussed
- (3) (a) emotion-orientated (b) physiological-orientated
- (4) (a) feminist-based (b) patriarchal-orientated

### QUESTION 13

Which one of the following nurses finds it difficult to set professional boundaries between themselves and their 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 feels frustrated with her patients who do not follow her advice and who keep on drinking and smoking..
- (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 are employers entitled to insist that their employees must be tested for HIV infection?

- (1) Never.
- (2) When the person is so sick that he or she cannot continue doing his or her job.
- (3) If the employer thinks that the person may endanger the lives of other employees or customers.
- (4) When employers believe it is justifiable, and have received permission from the labour court to do so.

### QUESTION 15

The Aids epidemic has had a profound impact on employees' and employers' organisational and economic lives. Which option reflect these effects?

- (1) burnout, making jokes at work, increased sick leave
- (2) discrimination, and time loss to counselling and testing during work hours
- (3) termination of employment, occupational confidentiality and health and safety issues
- (4) low staff morale, and increased absenteeism and labour turnover

**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 B.)

**Section B: Guidance Track****QUESTION 16**

In which school phase will Aids education deal primarily with fear and re-assurances that children do not easily contract Aids, while giving only very basic information about HIV and Aids??

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

**QUESTION 17**

When do children begin to understand the concept of a syndrome for the first time, and do they realise that illness is not merely a collection of symptoms without any causative link between them?

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

**QUESTION 18**

Deeply rooted negative attitudes towards sexuality in general are often found among the members of religious communities. These negative attitudes

- (1) are basic to most religions, because they emphasise the spiritual as opposed to the matters of the 'flesh'.
- (2) have no real connection with general religious principles and contradicts the religious emphasis on compassion and acceptance.
- (3) are an important way in which religion should express its condemnation of sinful behaviour.
- (4) contradict the emphasis in most religions on free love.

**QUESTION 19**

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

**QUESTION 20**

Which one of the following is an example of a pseudo-satisfier of children's needs?

- (1) An orphanage where the child can stay safely.
- (2) A soup kitchen where the child gets food once a day.
- (3) The city with its bright lights and promises of a better life.
- (4) A loving home which provides for most of the child's needs.

<b>NOTE:</b> If you have chosen the CARE TRACK, do Section C, Questions 16 to 20.
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**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

One of Sibongile's home-based care patients has genital herpes. What advice could Sibongile give her patient on how to care for his herpes at home?

- (1) Sit in a bath or a basin every three hours and bath your genital area with a solution of 1 teaspoon of table salt in half a liter of clean water. Keep the area dry between bathing.
- (2) Go to the clinic as soon as possible to get treatment as home-remedies will not help. You need to get an injection and a prescription for penicillin. Only antibiotics can treat and cure genital herpes.
- (3) Drink lots of fluids and eat bland, pureed foods. Stay away from heavily spiced foods.
- (4) Wash the genital area every two hours with a strong lemon juice solution to eliminate the fungus growth, and give pain medication when necessary.

#### QUESTION 17

Peter has oral thrush and his mouth and throat are very painful. Owing to this he has difficulty eating and swallowing. To alleviate his discomfort, his mother could

- (a) give him bland pureed foods to eat and make sure that he drinks enough fluids.
- (b) prepare a warm salt water solution to rinse his mouth with after meals.
- (c) give him lemon juice once a day as the acid will slow down the fungal growth.
- (d) help him to brush his teeth and tongue three times a day with a soft brush.

The correct answer is:

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

#### QUESTION 18

The objective/s of HIV infection control in hospitals, clinics and in the home is/are to

- (a) protect the patient against opportunistic infections.
- (b) keep hospitals, clinics and homes sterile and to kill absolutely all germs.
- (c) prevent transmission of infection from one person to another.

The correct answer is:

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

**QUESTION 19**

The community and home based care (CHBC) can be described as comprehensive health and social services offered by primary and community caregivers. The primary caregivers are

- (1) family and friends
- (2) trained counsellors
- (3) primary care nurses
- (4) trained community caregivers

**QUESTION 20**

The use of volunteers in home-based care programs can be successful if

- (1) they are not chosen by the community where the service is rendered because confidentiality might be a problem for the patients.
- (2) they do not have to be involved in decision making processes since they are already inundated with caring responsibilities.
- (3) they are properly trained in basic home care.
- (4) all of the above conditions are met.
- (4) keep the person busy with all kinds of tasks to limit his or her time to think about the loss.

**END OF SECOND SEMESTER ASSIGNMENT 02**

## **8.7 Other assessment methods**

There are no other assessment methods in this module.

## **8.8 The examination**

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

### **8.8.1 Examination admission**

You gain admission to the examinations by submitting at least one (any one) assessment on time. Note that you do not have to pass the assignment to gain examination admission.

### **8.8.2 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.

### **8.8.3 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 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 and inform the students who qualify.

### **8.8.4 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.

### **8.8.5 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 Guidance 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!

### 8.8.6 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**.

### 8.8.7 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).

### 8.8.8 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%.

## **9 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](mailto:erasmhc@unisa.ac.za).

## **10 SOURCES CONSULTED**

Not applicable.

## **11 IN CLOSING**

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

## **12 ADDENDUM**

Not applicable.