

**E-TUTOR NOTES****E-TUTOR NOTES**

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**HIV/Aids care and Counselling****PYC2605****NOTES FROM TUTOR****Chapter 1: HIV & Aids: A brief History****Chapter 1: Tutorial** 💡

Please add your answers to the tutorial of Chapter 1 in this discussion thread. As soon as there are replies we can discuss them accordingly. Good luck!

1. What do the acronyms HIV and Aids stand for?
2. Why is Aids called an acquired deficiency of the immune system?
3. Who received the Nobel Prize for physiology and medicine for discovering HIV?
4. What are some of the functions of conspiracy theories?
5. What is the difference between key populations and vulnerable populations?

**Chapter 1: Tutorial answers**

1. **What do the acronyms HIV and Aids stand for?**

HIV is an acronym for 'human immunodeficiency virus'

Aids is an acronym for 'acquired immunodeficiency syndrome'

2. **Why is Aids called an acquired deficiency of the immune system?**

Aids is a disease that is **acquired**, which means that it is **not inherited**. Instead, it is caused by a virus that is outside the body (the human immunodeficiency virus or HIV) that finds its way into the body.

**E-TUTOR NOTES****3. Who received the Nobel Prize for physiology and medicine for discovering HIV?**

Luc Montagnier and Françoise Barré-Sinoussi (for discovery of HIV) and Harald zur Hausen (for development of the HP virus vaccine), won the Nobel Prize for physiology and medicine in 2008

**4. What are some of the functions of conspiracy theories?**

Urban legends and conspiracy theories are often born out of fear and they have the function of making people feel that they have power over their situation. They are also used by people to make themselves feel blameless and instead blame someone or something else for their misfortune.

**5. What is the difference between key populations and vulnerable populations?**

The term '*key populations at higher risk*' should be used and not '*high risk groups*'. 'Key populations' differ across countries. In South Africa, **key populations** refer mainly to sex workers, men who have sex with men (MSM) and young women. Key populations are crucial to both the epidemic's dynamics and the response to it. HIV key populations and vulnerable populations are not the same thing. **Vulnerable populations** are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.

**CHAPTER 1: Self-Assessment**

Please reply with your answers in this discussion thread. These self-assessments will help you prepare for your examination. Correct answers will be uploaded in due time.

**QUESTION 1**

When did the world first become aware of a new disease that affected the immune systems of young homosexual men?

1. 1981
2. 1985
3. 1991
4. 1995

**QUESTION 2**

Who won the Nobel Prize in Physiology or Medicine in 2008 for the discovery of HIV?

1. Robert Gallo
2. Louis Pasteur
3. Luc Montagnier
4. Françoise Barré-Sinoussi and Luc Montagnier

**E-TUTOR NOTES****QUESTION 3**

HIV crossed the species barrier from primates to humans. We now know that HIV-1 (Group M) was originally transmitted from a ..... to a human being, probably during hunting.

1. Green monkey
2. Chimpanzee
3. Vervet monkey
4. Gorilla

**QUESTION 4**

Define the concept “HIV incidence”.

**QUESTION 5**

Define the concept “HIV prevalence”.

**Chapter 1: Self-assessment Feedback****FEEDBACK QUESTION 1**

The correct answer is 1981 (alternative 1)

**FEEDBACK QUESTION 2**

The correct answer is Françoise Barré-Sinoussi and Luc Montagnier (alternative 4)

**FEEDBACK QUESTION 3**

The correct answer is chimpanzee (alternative 2).

**FEEDBACK QUESTION 4**

It is the annual number of new HIV infections as a proportion of previously uninfected people. (See Section 1.3.1 in your prescribed book for a full explanation of HIV incidence.)

**FEEDBACK QUESTION 5**

HIV prevalence is the percentage of people living with HIV (as a proportion of the total population) at a specific time. (See p.8 in your prescribed book.)

**E-TUTOR NOTES****Chapter 2: HIV and the Immune system****Chapter 2: Tutorial**

1. What makes HIV different from ordinary viruses?
2. Why can we call CD4+T cells the 'generals' of the immune system?
3. What is the difference between active and passive immunity?
4. Why are antibodies ineffective against HIV?
5. What is an antigen?
6. Why does HIV change or mutate so rapidly?

**Chapter 2: Tutorial Answers****1. What makes HIV different from ordinary viruses?**

What makes the process of infection by HIV unique is the kind of host cell it attacks. Different from other viruses, HIV is able to directly attack and infect the human immune system's most vital defensive cells: the 'generals' or CD4+T cells. By doing this, HIV slowly reduces the total number of healthy CD4+T cells in the body, thus progressively weakening the immune system's ability to defend itself. Not only is the immune system then unable to fight against HIV; it is also unable to defend itself against the attack of other pathogens it would normally have been able to kill.

**2. Why can we call CD4+T cells the 'generals' of the immune system?**

The CD4+T cells are the main regulatory or controlling cells of the immune system. Consequently, they can be described as the generals, manning the control room of the immune system.

**3. What is the difference between active and passive immunity?**

**Active immunity** is when a person has been infected by a pathogen, the immune system (through memory T and memory B cells) 'remembers' the specific invader or antigen.

**Passive immunity** is the short-term immunity that a newborn baby gets from its mother.

**Active and passive immunity:** Some of the surviving T cells and B cells become memory T and memory B cells and they will forever remember the specific invader (antigen), thus providing active immunity against the disease. Passive immunity (IgG antibodies) is transferred from a mother to her baby, but has a limited lifespan.

**4. Why are antibodies ineffective against HIV?**

The answer is that viruses (especially certain kinds of virus, called retroviruses) change or mutate so quickly (and with that the antigens on their surfaces) that the previously produced antibodies no longer fit onto the antigens of the virus. In effect, we can say that the virus has changed its unique and identifying insignia. If the structure of the antigen changes, the antibody cannot attach to it, and then the host's immune protection system cannot function.

**E-TUTOR NOTES****5. What is an antigen?**

Antigens is short for antibody-generating proteins. Any foreign (or invading) substance which, when introduced into the body, elicits an immune response such as the production of antibodies that react specifically with these antigens. Antigens are almost always composed of proteins and they are usually present on the surface of viruses or bacteria. Antibodies and antigens are always linked. Antigens always generate antibodies.

**6. Why does HIV change or mutate so rapidly?**

There are basically two reasons why HIV changes so rapidly: (i) the introduction of mutations into the viral genome during reproduction, and (ii) recombinations between viral genomes that shuffle these mutations. (More detail on pg. 45 – 46).

**Chapter 2: Self-assessment****QUESTION 1**

What is the first line of defence for the body's immune system?

1. Antibiotics
2. The skin
3. White blood cells
4. Plasma B-Cells

**QUESTION 2**

CD4 T+ cells are part of the:

1. Specific defences of the body
2. Acquired immune system
3. Non-specific defences of the body
4. Innate immune system

**QUESTION 3**

The ..... of a pathogen can be regarded as the unique "insignia" which is used by the body's immune system to recognise the specific pathogen. The missing word is:

1. Antibody
2. Colour
3. Antigen
4. Smell

**E-TUTOR NOTES****QUESTION 4**

Which kind of immunity can one get by having immunoglobulin injections?

1. Protective passive immunity
2. Active immunity
3. Passive immunity
4. Non-specific immunity

**QUESTION 5**

Name the four stages of immune system function when the body is attacked by a pathogen.

**QUESTION 6**

Name the seven steps in the replication of HIV.

**QUESTION 7**

HIV is called a ..... because it does not have DNA but RNA as genetic code in its nucleus. The missing word is?

**Chapter 2: Self-assessment Feedback****FEEDBACK QUESTION 1**

The correct answer is alternative 2. The skin is the first line of defence for the body.

**FEEDBACK QUESTION 2**

The correct answer is alternative 1. CD4 T+ cells are lymphocytes which form part of the specific defences of the body and the acquired immune system. See Section 2.1.1 in your prescribed book.

**FEEDBACK QUESTION 3**

The correct answer is alternative 3. The “antigen” of a pathogen is the unique insignia by which it is recognised. Do not confuse the words antigen and antibody – although antigens stimulate the development of antibodies, they have different functions.

**E-TUTOR NOTES****FEEDBACK QUESTION 4**

The correct answer is alternative 1. Protective passive immunity provides short-term protection through the injection of immunoglobulin (a preparation rich in antibodies) into a person's bloodstream. (Passive immunity is acquired by a baby from his or her mother).

**FEEDBACK QUESTION 5**

1. Recognition and warning
2. Mobilisation and battle
3. Demobilisation
4. Active and passive immunity

**FEEDBACK QUESTION 6**

1. Attachment
2. Fusion
3. Injection
4. Reverse transcription
5. Integration of genetic material
6. Replication of genetic material
7. Production of new viruses

**FEEDBACK QUESTION 7**

“Retrovirus”. The usual transcription of genetic material is from DNA to RNA to DNA. HIV is called “retro” because it transcribes in the reverse order.

**E-TUTOR NOTES****Chapter 3: Transmission & Prevention****Chapter 3: Tutorial** 

*Please reply with your answers in this discussion thread.*

1. Why is it relatively easy for HIV to gain entry through the linings of the genital and anal tracts?
2. Give reasons why the presence of STIs makes a person more vulnerable to HIV infection.
3. When does drug usage become a high-risk behaviour in terms of HIV infection?
4. What is the risk of HIV infection after accidental exposure to contaminated blood, and which factors increase the risk?
5. How can the chances of HIV transmission be reduced during breastfeeding?
6. What is a microbicide and what do we hope to achieve with an HIV microbicide?
7. What does the latest research on male circumcision reveal in terms of HIV prevention for men?

**Chapter 3: Tutorial Answers****1. Why is it relatively easy for HIV to gain entry through the linings of the genital and anal tracts?**

To gain entry into the body, HIV must connect to CD4 receptors and co-receptors, which are found on various types of cells, such as macrophages, dendritic cells and CD4+T cells. Many of the cells in the linings of the genital and anal tract have these types of receptors. Consequently, HIV can easily enter the cells in the genital and anal tract linings.

**2. Give reasons why the presence of STIs makes a person more vulnerable to HIV infection.**

The presence of other sexually transmitted infections (STIs) also influences sexual transmission of HIV. Individuals who have sexually transmitted infections that cause genital ulcers (such as syphilis, chancroid and herpes) or a discharge (such as gonorrhoea, chlamydia and trichomoniasis) are especially susceptible to HIV infection. STIs increase the risk of HIV transmission on average about fourfold.

**3. When does drug usage become a high-risk behaviour in terms of HIV infection?**

People who share syringes and needles to inject drugs run a very high risk of being infected with HIV. HIV is easily transmitted when needles are shared because drug users usually inject drugs directly into their bloodstream.



**E-TUTOR NOTES****4. What is the risk of HIV infection after accidental exposure to contaminated blood, and which factors increase the risk?**

There is a small but significant risk of transmission of HIV as a result of occupational exposure. According to the Centres for Disease Control (CDC) the average risk of HIV transmission after a **percutaneous** exposure to HIV-infected blood (i.e. needlesticks or injuries with other sharp instruments) is approximately 0.3% (or one chance in 300). This means that 99.7% of needlestick or cut exposures to HIV-contaminated blood will not lead to HIV infection. The risk of HIV transmission may be higher if an injury involves large volumes of blood (e.g. in the case of a deep-penetrating wound); if the needle has been in the vein or artery of the HIV-infected person; or if the viral load in the blood is high (as is the case in terminal Aids patients or during acute **seroconversion illness**).

**5. How can the chances of HIV transmission be reduced during breastfeeding?**

There are HIV-infected cells in the breastmilk of HIV-infected mothers for the whole breastfeeding period. However, research evidence shows that the risk of postnatal transmission of HIV through breastfeeding can be significantly reduced by antiretroviral drugs to either the HIV-infected mother or the HIV-exposed infant. Breastfeeding and ART intervention combined has the potential to improve significantly infants' likelihood of surviving and remaining free from HIV infection.

**6. What is a microbicide and what do we hope to achieve with an HIV microbicide?**

A microbicide is a substance that kills microscopic organisms such as bacteria, viruses and parasites. Researchers are currently developing microbicides that can be inserted into the vagina (or into the rectum) with the aim of destroying infection-causing organisms, including HIV. In other words, microbicides could be used to prevent the sexual transmission of HIV and other STIs.

**7. What does the latest research on male circumcision reveal in terms of HIV prevention for men?**

Three large randomised controlled trials (with over 11 000 men) conducted in South Africa, Kenya and Uganda between 2002 and 2007, consistently demonstrated that medical male circumcision reduces the risk of heterosexually acquired HIV infection in men by about 60%.

**Chapter 3: Self-assessment**

Please reply with your answers in this discussion thread.

**QUESTION 1**

Under which one of the following conditions is HIV transmission the most likely to happen?

1. Kissing an HIV-positive person.
2. Sharing food with a person with Aids.
3. Having sex with many partners without using condoms.
4. Being bitten by an infected mosquito.

**E-TUTOR NOTES****QUESTION 2**

What is the correct statement about socio-economic factors influencing the spread of HIV?

1. Sexually transmitted infections (STIs) influence sexual transmission of HIV.
2. Shaking hands with a person with HIV can cause HIV infection.
3. Extreme poverty forces women into selling sexual services.
4. Women are more likely than men to become infected with HIV during unprotected vaginal intercourse.

**QUESTION 3**

Choose the correct statement about the prevention of HIV.

1. HIV prevention programmes are often not well planned and coordinated.
2. Total abstinence from sex cannot bear any fruits in the fight against HIV and Aids.
3. Interventions to prevent HIV infection can broadly be classified into two main categories: Behavioural intervention and biomedical intervention.
4. Behavioural intervention focusing only on faithfulness to one partner.

Here is feedback on the questions:

**FEEDBACK QUESTION 1**

The correct answer is having sex with many partners without using condoms. (alternative 3).

**FEEDBACK QUESTION 2**

The correct answer is that extreme poverty forces women into selling sexual services (alternative 3). Note: although alternatives 1 and 4 are also correct, they are not socio-economic factors.

**FEEDBACK QUESTION 3**

The correct answer is that HIV prevention programmes are not well planned and co-ordinated (alternative 1).

**E-TUTOR NOTES****Chapter 4: HIV-associated symptoms & diseases****Chapter 4: Tutorial**

Please reply with your answers in this discussion thread.

1. When is the HIV viral load at its highest?
2. Name three ways to prevent opportunistic infections.
3. List the main symptoms of pulmonary (lung) tuberculosis.
4. Discuss the two stages of TB development in the human body.

**Chapter 4: Tutorial Answers****1. When is the HIV viral load at its highest?**

The HIV viral load (or HIV RNA level) is usually very high during the primary phase and can be more than 100 000 copies/ml (see Figure 4.2). This is because of very rapid multiplication and replication of the virus after infection.

**2. Discuss three ways to prevent opportunistic infections.**

three ways to prevent opportunistic infections:

- by preventing exposure;
- by providing chemoprophylaxis; and
- by immunisation.

**E-TUTOR NOTES****3. List the main symptoms of pulmonary (lung) tuberculosis.**

The four main symptoms of pulmonary (lung) TB are (also see Table 4.3):

- persistent cough for two weeks or more (if the person is HIV-infected, cough of any duration);
- fever for more than two weeks;
- unexplained weight loss (more than 1.5 kg in a month); and
- drenching night sweats.

**4. Discuss the two stages of TB development in the human body.**

TB develops in two stages in the human body, namely primary and post-primary (or secondary) TB. The *primary stage of infection* occurs when an individual is exposed to TB bacilli for the first time. This usually occurs in childhood, but can also occur to a previously unexposed individual at any age. **Primary TB infection** is usually asymptomatic, and the immune system brings this original infection under control.

The *post-primary (or secondary) stage* of TB results from endogenous (from within) reactivation of latent infection, or from exogenous (from outside) reinfection. TB reactivation from within happens when the immunity of the host is suddenly weakened or compromised during the latent phase of infection. This can happen when a person is subject to continuous malnutrition, or when the immune system is suppressed, for example by HIV, stress, cancer or diabetes.

**Chapter 4: Self-assessment****QUESTION 1**

Complete the following sentence:

The health of an HIV-infected patient depends on the condition of his/her ....., and the ..... is the best predictor of how easily the patient maybe infected with opportunistic infections.

**QUESTION 2**

Disease progression depends on the viral load and on the CD4+T cell count in the blood. The following condition will make it easy for infections to attack the body:

1. A high viral load and a high CD4+T cell count.
2. A high viral load and a low CD4+T cell count.
3. A low viral load and a low CD4+T cell count.
4. A low viral load and a high CD4+T cell count.

**E-TUTOR NOTES****QUESTION 3**

HIV infection is divided into different stages. Name each of these stages.

**QUESTION 4**

Which infection is the most serious and common opportunistic infection affecting HIV patients in Africa?

**QUESTION 5**

Explain the difference between the diagnostic approach and the syndromic approach in the treatment of STIs.

**Chapter 4: Feedback****FEEDBACK QUESTION 1**

The sentence should read: The health of an HIV-infected patient depends on the condition of his/her immune system, and the CD4+ cell count is the best predictor of how easily the patient maybe infected with opportunistic infections.

**FEEDBACK QUESTION 2**

The correct answer is: A high viral load and a low CD4+T cell count (alternative 2).

**FEEDBACK QUESTION 3**

The stages are:

Primary HIV infection

Clinical Stage 1: The asymptomatic latent stage

Clinical stage 2: The minor symptomatic stage

Clinical stage 3: The major symptomatic stage

Clinical Stage 4: The severe symptomatic stage

**E-TUTOR NOTES**

**FEEDBACK QUESTION 4**

Tuberculosis

**FEEDBACK QUESTION 5**

The diagnostic approach involves the identification of the causing organism and precise treatment of the infection. The syndromic approach involves the recognition of the clinical signs and the patient symptoms and treatment of the major causes of the syndrome.

**E-TUTOR NOTES****Chapter 5: HIV tests****Tutorial: Chapter 5**

1. What is meant by the 'window period'?
2. What are the implications of the window period for the diagnosis of HIV infection?
3. Why is the use of rapid HIV-antibody tests not suitable to test babies who are younger than 18 months old?
4. What is meant by an indeterminate test result?
5. Describe the HIV testing algorithm for adolescents and adults (including pregnant and breastfeeding women).
6. Describe the HIV testing algorithm for babies.

**Chapter 5: Tutorial Answers**

1. **What is meant by the 'window period'?**

The time between infection with HIV and the development of detectable HIV antibodies. Any HIV test done during this time will render false negative results (see False negative), even though the person is actually already infected with HIV.

2. **What are the implications of the window period for the diagnosis of HIV infection?**

If the test is conducted during the window period (i.e. before 22 days are up), it could provide false negative results. This means that although the virus is present in the person's blood, the test is not able to detect any antibodies. The tests will indicate, incorrectly, that the person is not infected. An antibody test will become positive only after the host has mounted the initial immune response namely to develop antibodies.

3. **Why is the use of rapid HIV-antibody tests not suitable to test babies who are younger than 18 months old?**

HIV-antibody detection tests cannot tell the difference between a mother and her baby's antibodies. Healthcare practitioners, therefore, cannot use HIV antibody tests, such as ELISA or rapid tests, to test babies who are younger than 18 months' old to diagnose HIV infection. In babies younger than 18 months, it is not clear whether the baby or the mother produced the antibodies in the baby's blood.

4. **What is meant by an indeterminate test result?**

Rapid test results are indeterminate if the first rapid test is positive and the second rapid test is negative.

**E-TUTOR NOTES**

5. **Describe the HIV testing algorithm for adolescents and adults (including pregnant and breastfeeding women).**

Refer to Figure 5.4

6. **Describe the HIV testing algorithm for babies**

Refer to Figure 5.5

**Chapter 5: Self-assessment**

Test your knowledge by replying with your answers in this discussion thread.

Read the following scenario (or story) about a clinic in rural KwaZulu-Natal where you have to counsel two clients on testing for HIV and related issues. Fill in the missing word or sentences in the spaces provided.

"You are working as a counsellor in a clinic in rural KwaZulu-Natal. Your closest town with laboratory facilities is very far from your clinic. Therefore, you use \_\_\_\_\_ tests to diagnose HIV infection in your clients. This test reacts to the \_\_\_\_\_ in the client's blood which can usually be detected in the blood \_\_\_\_\_ days/weeks after infection with HIV. If this test is HIV positive, your rural clinic's policy is to use \_\_\_\_\_ to confirm the results and to make sure that you do not give your client a false positive result. Recently, you had two clients, John and Mary, with inconclusive or indeterminate test results. An indeterminate result means that \_\_\_\_\_. Both John and Mary practised unsafe sex in the past, but John shows no symptoms of HIV infection at all, while Mary shows the following symptoms: swollen glands, weight loss, persistent fever and oral as well as vaginal thrush. In John's case you decide to confirm his HIV results by \_\_\_\_\_. You further counsel him to \_\_\_\_\_. The best course of action in Mary's case is to \_\_\_\_\_."

*Tip:* Context is very important when you work in the Aids field. Your first clue in the story that should lead you to the correct answers is that you are working in a rural clinic very far from a laboratory. You will therefore probably only have the rapid HIV antibody test available. Your clue on how to handle Mary and John's cases (which have some similarities) should be the fact that Mary already shows symptoms of Aids, while John has no symptoms.



## E-TUTOR NOTES

**Chapter 5: FEEDBACK**

The paragraph should read as follows:

You are working as a counsellor in a clinic in rural KwaZulu-Natal. Your closest town with laboratory facilities is very far from your clinic. Therefore, you use rapid HIV antibody tests to diagnose HIV infection in your clients. This test reacts to the antibodies in the client's blood which can usually be detected in the blood 3 to 6 weeks (or sooner depending on the test) after infection with HIV. If this test is HIV positive, your rural clinic's policy is to use a second rapid test to confirm the results and to make sure that you do not give your client a false positive result.

Recently, you had two clients, John and Mary, with inconclusive or indeterminate test results. An indeterminate result means that it is not clear if the test result is positive or negative. Both John and Mary practised unsafe sex in the past, but John shows no symptoms of HIV infection at all, while Mary shows the following symptoms: swollen glands, weight loss, persistent fever and oral as well as vaginal thrush. In John's case you decide to confirm his HIV results by sending blood to the lab for an ELISA test. You further counsel him to practise safer sex and to check his health. The best course of action in Mary's case is to treat her opportunistic infections, send blood away for a CD4 count and get her ready for an antiretroviral programme. She should also be educated about safer sex practices and healthy living to boost her immune system.

**E-TUTOR NOTES****Chapter 6: Antiretroviral Therapy**

Please answer these questions as a means of completing the tutorial for Chapter 6.

1. What is the overall purpose of antiretroviral therapy (ART)?
2. Why is highly active antiretroviral therapy (treatment with three drugs) recommended for the treatment of HIV infection?
3. What is an advantage of FDCs (fixed-dose combinations)?
4. Can antiretroviral medication eliminate HIV completely from the body?
5. How soon should antiretroviral therapy be started in the case of rape survivors?

**Chapter 6: Tutorial Answers**

1. **What is the overall purpose of antiretroviral therapy (ART)?**

Antiretroviral therapy has the following four primary goals:

- a. *Virological goal:* to reduce the HIV viral load as much as possible – preferably to undetectable levels – for as long as possible.
- b. *Immunological goal:* to restore and/or preserve immunological function so as to improve immune functioning, reduce opportunistic infections and delay the onset of Aids.
- c. *Therapeutic goal:* to improve the quality of the HIV-infected patient's life.
- d. *Epidemiological goal:* to reduce HIV-related sickness and death (morbidity and mortality) and to reduce the impact of HIV transmission in the community.

2. **Why is highly active antiretroviral therapy (treatment with three drugs) recommended for the treatment of HIV infection?**

The Southern African HIV Clinicians Society (2014) recommends that HIV patients should be given antiretroviral regimens that are maximally suppressive in order to achieve the best clinical results and to prevent resistance. Highly active antiretroviral therapy (HAART) with three antiretroviral agents is therefore recommended for optimal results. A combination of three different antiretroviral drugs has been shown to produce the best effects in terms of both viral suppression and reducing the development of drug-resistant viruses.

3. **What is an advantage of FDCs (fixed-dose combinations)?**

Compliance to treatment has been greatly improved since the availability of FDCs (a person now has to take only one pill instead of three to four pills, as in the past).

**E-TUTOR NOTES****4. Can antiretroviral medication eliminate HIV completely from the body?**

No.

**5. How soon should antiretroviral therapy be started in the case of rape survivors?**

It is very important to begin prophylactic treatment with antiretroviral therapy as soon after the incident as possible (no later than 72 hours after the event, but preferably within the first hour or two) after the first act of penetration or attempted penetration. Children who are sexually assaulted or raped especially need to be treated with ART as soon as possible (within the first two hours) after the incident.

**Chapter 6: Self-assessment**

Please reply with your answers in this discussion thread.

**QUESTION 1**

Antiretroviral therapy has four primary goals. The virological goal is to:

1. Reduce HIV-related sickness and death
2. Improve quality of life
3. Reduce the HIV viral load
4. Restore the immune system

**QUESTION 2**

Antiretroviral therapy is usually initiated as follows:

1. As soon as the person can adhere to ART, irrespective of CD4+cell count.
2. In all pregnant women
3. When CD4+cell count  $\leq$  200 cells/mm<sup>3</sup>
4. When the patient is ready to commit to treatment

**QUESTION 3**

What is the difference between an individualised and standardised drug regime approach?

**QUESTION 4**

Explain what drug resistance is.

**E-TUTOR NOTES**

**QUESTION 5**

Read the following paragraph and fill in the missing words in the spaces provided.

It is extremely important to adhere to your ARVs. To adhere to one's medication means that (a) .....

Research has shown that an adherence level of at least (b) .....is necessary for ARVs to suppress HIV sufficiently.

Non-adherence can lead to (c) .....

When this happens, the problem is that (d) .....

The following can be done to assist people to adhere to their medications:

(e) .....

(f) .....

(g) .....

(h) .....

(i) .....

(j) .....

**Chapter 6: Self-assessment Feedback**

**FEEDBACK QUESTION 1**

The correct answer is (3) – to reduce the viral load.

**FEEDBACK QUESTION 2**

The correct answer is (1)–When the CD4+cell count is  $\leq$  500 cells/mm<sup>3</sup>.

**FEEDBACK QUESTION 3**

Individualised approach: A combination of ARVs is selected that suits the specific individual patient.  
Standardised approach: A specific regime of ARVs is prescribed to all patients with HIV infection.

**E-TUTOR NOTES****FEEDBACK QUESTION 4**

If a patient does not take his or her medication as prescribed, or if an insufficient ART regime is prescribed, the concentration of drugs in the bloodstream will fall too low to keep the pathogen depressed and mutants will develop. The drugs will be ineffective against these mutants. It is therefore important to have enough drugs (e.g. antibiotics, anti-tuberculosis medication or antiretrovirals) in the bloodstream for 24 hours a day to keep the pathogen depressed.

**FEEDBACK QUESTION 5**

- (a) the patient must take his/her medication exactly as prescribed and not skip any doses.
- (b) 90% or above.
- (c) drug resistant viruses
- (d) the ARVs the patient is taking will no longer have any effect on the virus that has developed drug-resistant. The viral load will go up again.
- (e) to (j) Any of the strategies to improve adherence to ARVs mentioned in your prescribed book.

**E-TUTOR NOTES****Chapter 7: Theories of behaviour change****Chapter 7: Tutorial**

Please reply with your answers in this discussion thread. The correct answers will be uploaded towards the end of the week. Good luck!

1. List possible obstacles to condom use for adolescents with regards to subjective norms. How could you make changes so that the obstacle are no longer obstacles?
2. Give a definition of Bandura's term "self-efficacy" and provide an example to illustrate its meaning.
3. What is the difference between Internal and External health locus of control?
4. What is the six stage of The Transtheoretical Model?
5. Give a short explanation of the Social Network Theory:
6. Explain why we particularly need gender-focused theories in Africa.
7. Name the basic requirements for health.

**Chapter 7: Tutorial Answers**

1. **List possible obstacles to condom use for adolescents with regards to subjective norms. How could you make changes so that the obstacle are no longer obstacles?**

If condom use is not acceptable to friends or partners, and if it is important for the person to impress his or her friends, it will be very difficult for that person to change his or her behaviour and start using condoms. In such cases where a person's behaviour is under **normative control**, it may be necessary to include peer groups or partners in intervention programmes before individuals will consent to use condoms.

If a person has a negative attitude towards condom use because it decreases his/her sexual pleasure, the person's decision to not use a condom is under **attitudinal control**. The educator attempts to change behaviour by focusing on the person's attitudes towards condom use.

2. **Give a definition of Bandura's term "self-efficacy" and provide an example to illustrate its meaning.**

Self-efficacy is a person's belief in his or her ability to control behaviour, or to carry out specific behaviour successfully.

3. **What is the difference between Internal and External health locus of control?**

**Internal health locus of control:** People who believe that they can do something to improve their health.

**External health locus of control:** People who believe they do not have the ability to control their own health.

**E-TUTOR NOTES****4. What is the six stage of *The Transtheoretical Model*?**

Stage 1: Pre-contemplation

Stage 2: Contemplation

Stage 3: Preparation

Stage 4: Action

Stage 5: Maintenance

Stage 6: Termination

**5. Give a short explanation of the Social Network Theory:**

A theory that asserts that the attributes of individuals are less important than their relationships and ties with other people or groups within the social network, when trying to facilitate change.

**6. Explain why we particularly need gender-focused theories in Africa.**

The individual-based and social theories that we have are essentially 'gender-blind'. In Africa we need social theories that specifically take the disempowered position in which many women find themselves, into consideration.

**7. Name the basic requirements for health.**

- Peace
- Shelter
- Education
- Food income
- A stable ecosystem
- Sustainable resources
- Social justice
- Equity

**Chapter 7: Self-assessment**

Please reply with your answers in this discussion thread.

**QUESTION 1**

Name the 3 main groups of theories of behaviour change.

**E-TUTOR NOTES****QUESTION 2**

Complete the following paragraph:

Theories of behaviour change that focus on the ..... are mainly based on cognitive, ..... and ..... constructs. Social theories work with the principle that ..... can be broken into ..... and that it is the ..... have the most significant influence on the individual's behaviour.

Structural and environmental theories and models see human behaviour as a function of the ..... and his/her ....., as well as on the wider ....., ....., and ..... environment.

**QUESTION 3**

Link each of the basic principles of individual psychosocial theories with a description:

- a. Because Jack does not understand HIV he finds it difficult to change his behaviour.
- b. Jeff doubts that he will be able to change his behaviour.
- c. Action, target, context and time are important components related to this principle.
- d. Joe views the use of condoms as a waste of his money.
- e. Julia realises that HIV can affect her whole life.
- f. Jill decides to practice safe sex as her movie hero practices safe sex.
- g. This is an indication of how hard Jackie will try to change her behaviour.

**Chapter 7: Self-assessment Feedback****FEEDBACK QUESTION 1**

The three groups of behaviour change are:

1. Individual, psychosocial and cognitive approaches
2. Social theories and models
3. Structural and environmental theories



**E-TUTOR NOTES****FEEDBACK QUESTION 2**

The paragraph should read as follows:

Theories of behaviour change that focus on the individual are mainly based on cognitive, attitudinal and affective constructs. Social theories work with the principle that society can be divided into smaller subcultures and that it is the peer group that have the most significant influence on the individual's behaviour.

Structural and environmental theories and models see human behaviour as a function of the individual and his/her immediate social networks, as well as on the wider communal, political and economic environment.

**FEEDBACK QUESTION 3**

- a. Jack: Knowledge
- b. Jeff: Self-efficacy or perceived behaviour control
- c. Principle: Know what behaviour to change
- d. Joe: Attitude
- e. Julia: Recognition of the need to change
- f. Jill: Subjective norms
- g. Jackie: Intention to change

**E-TUTOR NOTES****Chapter 8: Aids Education****Chapter 8: Tutorial**

1. Provide a definition of what is meant with a *'Holistic continuum'*.
2. Explain the different *'languages'* health care workers need to be careful of when they speak.
3. What is important to do before beginning any education programme?
4. You have to give Aids education to a group of adults in a community centre. If you could choose any method of teaching/learning, which one would you choose? Why would you choose that specific method? (Please note that this question has no right or wrong answer, it is opinion based).

**Chapter 8: Tutorial Answers**

1. **Provide a definition of what is meant with a 'Holistic continuum'.**

A comprehensive prevention programme that addresses various aspects of HIV prevention, and not only one aspect such as condom use.

2. **Explain the different 'languages' health care workers need to be careful of when they speak.**
  - Prejudice language: may alienate them from the target group
  - Divisive language: divide the population into 'us' who do not have Aids and 'them' who do have Aids.
  - Discriminatory language: refer to people with HIV infection as 'those people'
  - Sexist language: referring to one gender in the context of HIV may imply that one gender is the guilty party
  - Victimising language: using the word suffer or victim, rather than referring to rape survivor than rape victim.
3. **What is important to do before beginning any education programme?**

It is important to assess the learning needs of the group and to be familiar with the participant's cultural environment. You should therefore begin with a questionnaire to establish the group's needs and also to find out what they already know, what they don't know, and what misconception they have.

4. **You have to give Aids education to a group of adults in a community centre. If you could choose any method of teaching/learning, which one would you choose? Why would you choose that specific method? (Please note that this question has no right or wrong answer, it is opinion based).**

Please note that these questions have no right or wrong answer, it is only opinion based.

**E-TUTOR NOTES****Chapter 8: Self-assessment****QUESTION 1**

Which one of the following reflects some of the principles/aspects to be kept in mind when developing an Aids prevention programme?

1. Facilitating empowerment, individual approach, partnerships
2. International support, partnerships, a holistic approach
3. Partnerships, facilitating empowerment, a holistic approach
4. National support, peer support, facilitating growth

**QUESTION 2**

What are the main reasons why people do not go for HIV tests, access ARV drugs, adopt safe feeding methods for their babies, or change sexual behaviour?

**QUESTION 3**

Name some of the entities who should implement efforts to fight against stigma and discrimination?

**QUESTION 4**

Link the descriptions below with the corresponding methods of teaching/learning:

1. After a play, the class asks questions of the character played by the actor.
2. The use of posters, leaflets, written information, cartoons, and comic strips.
3. A short account of a person's experience to clarify what is being taught in class.
4. Using the experiences of learners who have achieved something relevant to what is being

taught, to teach the other learners.

5. Active involvement of the learners.

**QUESTION 5**

Indicate whether the following statements on facilitation skills are true or false:

1. Subjectivity is very important.
2. The facilitator should provide many opportunities to ask questions.
3. All people attach the same meanings to concepts.
4. The facilitator should be alert to expressions indicating deep or strong feelings.
5. The four cornerstones of being a good facilitator are empathy, respect, genuineness, and concreteness.

**E-TUTOR NOTES****Chapter 8: Self-assessment Feedback****FEEDBACK QUESTION 1**

The correct answer is partnerships, facilitating empowerment and a holistic approach (alternative 3).

**FEEDBACK QUESTION 2**

The main reasons why people do not access HIV-related services are stigma and discrimination.

**FEEDBACK QUESTION 3**

Some of these entities are: all leaders; people living with HIV; human rights protectors; governments; the legal environment; prevention and treatment, care and support services.

**FEEDBACK QUESTION 4**

The corresponding method of learning is:

1. Discussion in character
2. Social marketing and the use of the media
3. Case study
4. Building on successes of learners
5. Group participation

**FEEDBACK QUESTION 5**

The correct answers are:

1. Subjectivity is very important: False.
2. The facilitator should provide many opportunities to ask questions: True.
3. All people attach the same meanings to concepts: False.
4. The facilitator should be alert to expressions indicating deep or strong feelings: True.
5. The four cornerstones of being a good facilitator are empathy, respect, genuineness, and concreteness: True.

**E-TUTOR NOTES****Chapter 9: Changing unsafe practices****Chapter 9: Tutorial**

1. What is the most common form of HIV transmission in Africa?
2. Why should oil-based lubricants (such as Vaseline) never be used with latex condoms?
3. Give a comparison between the female and the male condom, focusing on the application, protection, lubrication and failure.
4. List 9 *high risk* sexual practices.

**Chapter 9: Tutorial Answers**

1. **What is the most common form of HIV transmission in Africa?**

Male-to-female transmission.

2. **Why should oil-based lubricants (such as Vaseline) never be used with latex condoms?**

Lubricants with an oil base on latex condoms weaken, dissolve and break latex condoms.

3. **Give a comparison between the female and the male condom, focusing on the application, protection, lubrication and failure.**

Please refer to Table 9.1 on page 240 for a table between the differences.

4. **List 9 *high risk* sexual practices.**

- Vaginal penetrative sex without a condom
- Anal penetrative sex without a condom (very high risk)
- Swallowing semen
- Sharing uncovered sex toys
- Vaginal or anal penetrative sex with a condom if using a petroleum-based lubricant
- Unprotected oral-anal contact if blood is present
- Unprotected manual-anal intercourse (fisting) without latex glove
- Unprotected manual-vaginal intercourse (fisting) without a latex glove
- Contact with menstrual blood

**E-TUTOR NOTES****Chapter 9: Self-assessment****QUESTION 1**

Complete the following sentences:

- The most common means of transmission of HIV is via ..... or contact with ....., ....., or ..... and .....
- The only 100% effective way of protection against the sexual transmission of HIV is .....
- Additional sex partners ..... the risk of contracting HIV.

**QUESTION 2**

Choose the most accurate statement.

Both male and female condoms:

- can be put in place/inserted after sexual intercourse has started, but before ejaculation.
- are made from latex, lambskin or polyurethane
- can be used after the expiry date as long as the condom is not damaged, discoloured, brittle, or sticky.
- are classified as barrier methods.

**QUESTION 3**

Name three safe sex practices that are still enjoyable.

**QUESTION 4**

Which solution can be used to sterilise injecting equipment?

**QUESTION 5**

Is there a programme in South Africa for registered drug users to swap used needles and syringes for sterile equipment?

**QUESTION 6**

Define the following gender concepts:

- Biological sex
- Gender identity
- Sexual orientation
- Transgender
- Men who have sex with men
- Women who have sex with women
- **Chapter 9: Self-assessment Feedback**

**E-TUTOR NOTES****FEEDBACK QUESTION 1**

The sentences should read as follows:

- a. The most common means of transmission of HIV is via sexual intercourse or contact with infected blood, semen, or cervical and vaginal fluids.
- b. The only 100% effective way of protection against the sexual transmission of HIV is total abstinence.
- c. Additional sex partners increase the risk of contracting HIV.

**FEEDBACK QUESTION 2**

The correct answer is (d). Both male and female condoms are classified as barrier methods.

**FEEDBACK QUESTION 3**

You can mention any option provided under 'General safer sex rules' in your prescribed book (hugging, cuddling, erotic massage, using personal sex toys, etc).

**FEEDBACK QUESTION 4**

A bleach and water solution (Jik) can be used to sterilise injecting equipment.

**FEEDBACK QUESTION 5**

The answer is no. There is NO programme in South Africa for registered drug users to swap used needles and syringes for sterile equipment.

**FEEDBACK QUESTION 6**

You will find the answers in your prescribed book in the Enrichment box under Section 9.3, page 247.

**E-TUTOR NOTES****Chapter 11: Aids Education in traditional Africa****Chapter 11: Tutorial**

1. What is an Indigenous knowledge system?
2. How are Ancestors seen?
3. What is the difference between bereaved and bereavement?
4. What is meant with 'Pollution' as a cause of illness?
5. Explain why condoms could prevent the 'ripening of the foetus'?
6. List 3 examples of harmful traditional behaviours.

**Re: Chapter 11: Tutorial**

by N CLOETE - 26 Mar 2018 @ 8:23

**Chapter 11: Tutorial Answers****1. What is an Indigenous knowledge system?**

IKS is made up of local knowledge that is unique to a given culture or society. It contains insights, skills and experiences of people and it is mainly applied to improve people's lives. It is indigenous knowledge that is passed down from generation to generation, but is adapted continuously to accommodate new environments.

**2. How are Ancestors seen?**

Ancestors are seen as **benevolent** spirits who preserve the honour and traditions of a tribe, and they usually protect their people against evil and destructive forces.

**3. What is the difference between bereaved and bereavement?**

**Bereaved:** Loss of a close relative or friend through death.

**Bereavement:** The experience of pain, loss and grief that is usually experienced when someone close dies.

**4. What is meant with 'Pollution' as a cause of illness?**

There is a belief that people sometimes get sick because they neglect to purify themselves from pollution by failing to carry out the age-old prescribed rituals for everyday life. The crucial difference between this set of beliefs (pollution) and the others (ancestors and witchery) is that illness caused by not performing rituals is not actually sent by a person or spirit, but consequences of neglect. Illness of this kind is regarded as originated from an **impersonal causation**.

**5. Explain why condoms could prevent the 'ripening of the foetus'?**

There is a widespread belief in some parts of Africa that repeated contributions of semen are needed to form or 'ripen' the growing foetus in the womb.



**E-TUTOR NOTES****6. List 3 examples of harmful traditional behaviours.**

- Having multiple sexual partners
- Cleansing rituals, whereby a widow has to have sexual intercourse with a close relative of her deceased husband to cleanse her of her husband's spirit
- The custom of inheriting the wife of a deceased brother
- The impregnation of an impotent or sterile brother's wife
- The use of sex to express hospitality
- Female genital mutilations
- Testing the 'spear'
- The practice of 'dry sex' to heighten sexual sensation for men

**Chapter 11: Self-assessment****QUESTION 1**

Research shows that condoms are not very popular everywhere in Africa, despite an increased awareness and knowledge of Aids. Which one of the following is the reason for resistance to condom use in Rwanda?

1. Ignorance about HIV and Aids.
2. Political conspiracy theories about condoms in Rwanda.
3. Cultural beliefs of Rwandans about condoms.
4. The belief that condoms are not effective.

**QUESTION 2**

According to some African Christians, Aids is seen as:

1. Punishment meted out by the ancestors.
2. God's punishment for immorality and sins.
3. Being caused by witchcraft.
4. Being caused by sorcerers.

**QUESTION 3**

Which of the following represents an African perception of sexuality?

1. Sex not only serves a biological function in African societies. Sex also conquers death and symbolises immortality.
2. Sex is part of life.
3. Sex is taboo.
4. Sex means different things to different people.

**E-TUTOR NOTES****Chapter 11: Self-assessment Feedback****FEEDBACK QUESTION 1**

The correct answer is “cultural beliefs of Rwandans about condoms”. They believe that condoms prevent fertility and also that they cause all sorts of illness (alternative 3).

**FEEDBACK QUESTION 2**

The correct answer is “God’s punishment for immorality and sins” (alternative 2).

**FEEDBACK QUESTION 3**

The correct answer is “Sex not only serves a biological function in African societies. Sex also conquers death and symbolises immortality” (alternative 1).

## E-TUTOR NOTES

**Chapter 12: Counselling Principles & Skills****Empathic responding**

In the following exercise you are going to practise your skills to reflect *feeling* and to *paraphrase* or *reflect* what a client has said. Imagine that you are listening to each of the people quoted below. Try to communicate to each person an accurate understanding of their feelings. Then paraphrase what the person has said.

1. **“My husband has a lot of girlfriends and there’s nothing I can do about it. I mean, you know what men are like, and you just have to accept it. But when I try to talk to him about condoms he beats me up – I want to lay charges against him, I’ve had enough.”**

- a. How would you reflect feeling? Start with: “You feel ...”
- b. How would you paraphrase this statement? .....

2. **“I met this guy at a club, and we had sex. We should have used a condom, but you know how it is, I mean the condoms were right there but in the heat of the moment I felt it would be OK. Well, now he tells me he is HIV positive and I am ready to kill him. But how could I have done it? I know better!”**

- a. How would you reflect feeling? Start with: “You feel ...”
- b. How would you paraphrase this statement? .....

3. **“My wife died of Aids last year, and this year my youngest son went away to university. The other children are married. So now that I’m retired, I spend a lot of time rambling around a house that’s really too big for me.”**

- a. How would you reflect feeling? Start with: “You feel ...”
- b. How would you paraphrase this statement? .....

**NO ANSWER SUPPLIED FOR ABOVE QUESTIONS**

**E-TUTOR NOTES****QUESTION 1**

Counselling consist of four phases, which phase below is the first phase?

1. Helping the client tell his or her story
2. Developing understanding of the problem
3. Relationship building
4. Intervention or action

**QUESTION 2**

What is another name for reflective commenting in counselling?

1. Summarising
2. Paraphrasing
3. Clarifying
4. Integrating

**QUESTION 3**

Complete the following sentence: SOLER is the acronym that summarises the .....used by counsellors when attending to their clients.

1. Listening skills
2. Verbal skills
3. Probing skills
4. Non-verbal skills

**QUESTION 4**

Define the term "immediacy."

**QUESTION 5**

What is attending skills?

**E-TUTOR NOTES**

**Chapter 12: Self-assessment Feedback**

**FEEDBACK QUESTION 1**

The correct answer is Alternative 3. Relationship building.

**FEEDBACK QUESTION 2**

The correct answer is Alternative 2. Paraphrasing.

**FEEDBACK QUESTION 3**

The correct answer is Alternative 4. Non-verbal skills.

**FEEDBACK QUESTION 4**

Immediacy is the skill of communicating what is happening in the counselling relationship while it is happening.

**FEEDBACK QUESTION 5**

“Attending skills” refers to the ways in which counsellors can be with their clients both physically and psychologically.

**E-TUTOR NOTES****Chapter 13: HIV Counselling & Testing****Chapter 13: Tutorial**

1. What is the difference between Client-initiated counselling and testing vs Provider-initiated counselling and testing?
2. What are the two main reasons for pre-test counselling?
3. What is meant with an inconclusive or discordant test?
4. What happens when the HIV test result is inconclusive or discordant?
5. What does informed consent means?
6. How can role play be helpful in post-test HIV counselling?
7. At what age may children independently request an HIV test/condoms/contraceptives?

**Chapter 13: Tutorial Answers**

1. **What is the difference between Client-initiated counselling and testing vs Provider-initiated counselling and testing?**

CICT is when people voluntarily go for HIV counselling and testing at facilities that offer these services.

PICT is when health care providers recommend to all adults, youth and children attending health care facilities that they receive HIV counselling and testing as a standard component of medical care.

2. **What are the two main reasons for pre-test counselling?**
  - To provide all the necessary information and support to someone considering being tested for HIV so that he or she can make an informed decision.
  - To find out the reasons an individual wants to be tested, the nature of high-risk behaviour, action required to prevent the individual from becoming infected or transmitting HIV infection.

3. **What is meant with an inconclusive or discordant test?**

It is when the results of the rapid test is positive and the confirmatory test is negative.

4. **What happens when the results is inconclusive or discordant?**

Blood from a vein will be taken and sent to a laboratory for an ELISA test.

5. **What does informed consent means?**

Informed consent means that the client must have enough information (e.g. about the nature of the test and its consequences) to give permission to be tested. Permission to be tested must be in written and/or verbal format.

**E-TUTOR NOTES****6. How can role play be helpful in post-test HIV counselling?**

Role play can be used in situations where the client can practice communicating his or her HIV-positive status to others.

**7. At what age may children independently request an HIV test/condoms/contraceptives?**

Children aged 12 years and older.

**Chapter 13: Self-assessment****QUESTION 1**

What are the three human rights principles that should be taken into consideration during counselling and testing?

**QUESTION 2**

What are the two main approaches to counselling and testing?

**QUESTION 3**

Complete the following sentence:

..... counselling is done with a client before the HIV test is done and ..... counselling when the test result is given.

**QUESTION 4**

What is the purpose of pre-HIV test counselling?

**QUESTION 5**

What is the purpose of post-HIV test counselling?

**E-TUTOR NOTES****Chapter 13: Self-assessment Feedback****FEEDBACK QUESTION 1**

The three principles are:

Counselling

Informed consent

Confidentiality

**FEEDBACK QUESTION 2**

The two main approaches to testing are:

Provider-initiated counselling and testing

Client-initiated counselling and testing

**FEEDBACK QUESTION 3**

Pre-HIV test counselling is done with a client before the HIV test is done and post-HIV test counselling when the test result is given.

**FEEDBACK QUESTION 4**

The purpose of pre-HIV test counselling is to give a person who is considering being tested for HIV all the necessary information and support to make an informed decision.

**FEEDBACK QUESTION 5**

The purpose of post-HIV test counselling is to counsel a person after testing. The nature of the counselling will depend on the outcome of the test which may be negative, positive or inconclusive.



**E-TUTOR NOTES****Chapter 14: Ongoing Counselling****Chapter 14: Tutorial**

1. Name and discuss briefly the four approaches used in ongoing counselling?
2. What is the effect of stress on the immune system?
3. Bereavement often causes an adjustment disorder. What is an adjustment disorder?
4. Name the possible warning signs of suicide in children and adolescents.
5. Discuss the guidelines that may help the counsellor working with couples.

**Chapter 14: Tutorial Answers****1. Name and discuss briefly the four approaches used in ongoing counselling?**

- *Psycho-education*: When the client are coached in particular growth-enhancing direction.
- *Casework*: When clients do not have emotional problems, but requires help in resolving specific environmental, institutional or social problems that undermine their ability to cope, as case work approach is applicable.
- *Counselling approaches*: Interviewing characterized by the counsellor qualities such as a supportive or guidance role in which the client is helped with self-understanding and the acquisition of skills to manage various life issues they face.
- *Crisis intervention*: A form of emotional 'first aid' or a short-term helping process designed to provide immediate relief in an emergency situation.

**2. What is the effect of stress on the immune system?**

- Lessen the efficiency of the immune system
- Create greater susceptibility to many diseases
- Contribute to more rapid deterioration of the immune system in HIV-infected individuals

**3. Bereavement often causes an adjustment disorder. What is an adjustment disorder?**

Adjustment disorder is the development of maladaptive symptoms (emotional or behavioural) in response to stressors. Social, occupational and academic functioning may be seriously impacted.

An HIV-positive diagnosis can also be the cause of an adjustment disorder.

**E-TUTOR NOTES****4. Name the possible warning signs of suicide in children and adolescents.**

- Signs of increase anxiety or withdrawal
- A decline in school attendance and achievement
- Inability to concentrate
- Lack of interest in hobbies and usual social activities
- Preoccupation with death or suicide
- Impulsive risk taking
- Marked changes in everyday living habits such as eating, sleeping and hygiene
- Repeated running away from school

**5. Discuss the guidelines that may help the counsellor working with couples.**

Refer to page 457 in your textbook for a full list of guidelines.

**Chapter 14: Self-assessment****QUESTION 1**

The symptoms of acute stress disorder and post traumatic disorder are similar. Is this statement true or false?

**QUESTION 2**

Name the four categories that describe the symptoms of depression.

**QUESTION 3**

Complete the following sentence:

Bereavement often causes a/an ..... disorder in which a person's response to a life stressor is maladaptive, such as when a person is unable to function as usual in his/her social, occupational or academic life.

**QUESTION 4**

Define the term "crisis intervention".

**E-TUTOR NOTES****QUESTION 5**

There are many creative ways to communicate with children in counselling. Which of the following work well when communicating with children?

1. Writing memos and reading.
2. Storytelling and dreams.
3. Training and workshops.
4. Teaching and guiding.

**QUESTION 6**

One of the benefits of disclosure is that the HIV infected person can access support from health services and family members. Is this statement true or false?

**Chapter 14: Self-assessment Feedback****FEEDBACK QUESTION 1**

The statement is true. The symptoms of acute stress disorder and post traumatic disorder are similar.

**FEEDBACK QUESTION 2**

The four categories that describe the symptoms of depression are:

Affective symptoms

Cognitive symptoms

Behavioural symptoms

Psychological symptoms

**FEEDBACK QUESTION 3**

The sentence should read: Bereavement often causes a/an **acute stress** disorder in which a person's response to a life stressor is maladaptive, such as when a person is unable to function as usual in his /her social, occupational or academic life.

**FEEDBACK QUESTION 4**

Crisis intervention is a form of emotional first aid or a short-term helping process designed to provide immediate relief in an emergency situation.

**FEEDBACK QUESTION 5**

Storytelling and dreams will work best (alternative 2).

**FEEDBACK QUESTION 6**

The statement is true. One of the benefits of disclosure is that the HIV infected person can access support from health services and family members.

**E-TUTOR NOTES****Chapter 15: Bereavement Counselling.****Chapter 15: Tutorial**

1. Name the four phases of bereavement.
2. Explain the two processes of bereavement as proposed by the DPM.
3. List important aspects to remember when counselling bereaved children.
4. How should counsellors handle their own grief?

**Chapter 15: Tutorial Answers****1. Name the four phases of bereavement.**

- Shock/Denial
- Awareness of loss (which may include anger and bargaining)
- Acute mourning (Sadness and depression)
- Resolution (some degree of acceptance and return to equilibrium)

**2. Explain the two processes of bereavement as proposed by the DPM.**

- a. Loss-oriented process – deals with the loss and the stress caused by the loss itself
- b. Restoration-oriented process – focus more on problem solving than on emotions, which might be a more positive process in the sense that it focusses on the life ahead.

**3. List important aspects to remember when counselling bereaved children.**

Refer to page 481 in your textbook for a full list of how children come to gradually understand death and dying as they get older.

**4. How should counsellors handle their own grief?**

To prevent burnout and to be able to deal effectively with bereaved people, counsellors should deliberately take care of themselves. Take regular breaks, attend debriefing sessions, have an adequate support system with your own grieving process, counsellors can avoid emotional burnout.

**Chapter 15: Self-assessment**

Read the following story and then answer the questions.

**E-TUTOR NOTES**

*Tracey has Aids and in the last month has contracted tuberculosis as well as various other opportunistic infections that do not react well to treatment. She is 20 years old and lives at home with her parents and her sister Susan, who is 9 years old. Tracey is very sick and everybody realises that she is going to die.*

**QUESTION 1**

When should bereavement counselling be started with Tracey's family and, ideally, which members should be involved in the counselling process? Choose the correct alternative.

1. The moment Tracey dies, all her family members should receive bereavement counselling.
2. Bereavement counselling should start as soon as possible because the anticipated loss of a family member often initiates the bereavement process. Tracey, her sister and her parents should be counselled because of the anticipated loss involved.
3. The best time to start bereavement counselling is one month after the burial of the deceased person and only people with symptoms of complicated grief should be counselled.
4. All the adult family members (i.e. Tracey and her parents) should immediately be counselled.

**QUESTION 2**

Tracey experiences severe bouts of anger and starts to verbally abuse the social worker who counsels her family. How would you handle the situation if you were the social worker? Choose the correct alternative.

1. Explain to Tracey that anger is unacceptable and that she should rather channel her emotional energy towards helping her family.
2. Put an ultimatum to Tracey that if she doesn't stop her verbal abuse you will stop helping her family.
3. Acknowledge her anger as a natural part of bereavement and explore the reasons for her anger.
4. Ask the doctor to give her drugs to suppress her anger.

**QUESTION 3**

Tracey's mother flatly denies that her daughter has Aids. What might be the reasons for her denial?

- a. She lives in a very conservative community and possibly fears stigmatisation of her daughter and family.
- b. She understands the link between Tuberculosis and Aids.
- c. Denial is a typical reaction to bereavement.

Choose the correct combination:

1. (a), (b) & (c)
2. (c)
3. (a) & (c)
4. (b)

**E-TUTOR NOTES****Chapter 15: Self-assessment Feedback****FEEDBACK QUESTION 1**

Alternative 2 is correct, because counselling should start even before a loss occur, that is, when the loss is anticipated and all members of the family (including the child) should be counselled. Alternative 4 is incorrect because it excludes the young sister.

**FEEDBACK QUESTION 2**

Alternative 3 is correct, because anger is a natural part of the bereavement process. The best is therefore to explore the reasons for this anger rather than reprove Tracey.

**FEEDBACK QUESTION 3**

Alternative 2 (c only) is correct. Denial is often irrational, but is nonetheless a part of bereavement.

**E-TUTOR NOTES****Chapter 21: Care for the Caregiver****Chapter 21: Tutorial**

1. List the symptoms that burnout consists of.
2. How stressed are you? Use the checklist on page 630 and page 631 to identify the symptoms of stress and burnout you display.
3. How can stress and burnout in caregivers be prevented or managed?
4. What is the difference between mentoring and supervising?

**Chapter 21: Tutorial Answers**

1. **List the symptoms that burnout consists of.**
  - Overwhelming physical and emotional exhaustion
  - Inability to offer psychological support to others
  - Development of negative self-concept
  - Sense of ineffectiveness and a lack of personal accomplishment
  - Negative job attitudes
  - Feelings of cynicism and detachment from the job
  - Depersonalization or loss of concern for patients, clients and colleagues.
2. **How stressed are you? Use the checklist on page 630 and page 631 to identify the symptoms of stress and burnout you display.**

Your stress levels will all differ.

3. **How can stress and burnout in caregivers be prevented or managed?**

Caregivers should take care of themselves to ensure self-preservation and for emotional survival. Re-evaluate expectations and performance goals, development of self-awareness, self-care and using support systems.

4. **What is the difference between mentoring and supervising?**

Supervision is important to guide caregivers in their work, while mentors are responsible for the welfare of the caregivers.

**E-TUTOR NOTES****Chapter 21: Self-assessment****QUESTION 1**

Nancy goes to her local priest and confesses to him that she is HIV positive. She asks him what sin she may have committed to deserve such an illness. What would your answer as counsellor be to such a question?

1. She should look into her heart and identify the sin that she committed and confess it (e.g. unfaithfulness to her husband).
2. It doesn't matter which specific sin she has committed, but she should accept that all illness eventually is for the good of the believer.
3. It is not her individual sins, but the sins of her whole family that have caused the crisis in their family.
4. Sin and disease cannot be linked directly. Although we all sin in many ways, God loves us nonetheless if we repent and ask for forgiveness.

**QUESTION 2**

What are the possible problems, according to your prescribed book, with preaching ONLY morals (e.g. abstinence and faithfulness) while condemning safer sex practises such as condom usage?

1. It is unnecessarily prudish and old fashioned.
2. It does not take the fact that all people are sinners seriously, and it does not take sufficiently into account the ethical principle of the preservation of life.
3. It ignores modern Bible interpretations about acceptable sexual morals.
4. It is in contrast with the view of the majority of church and religious leaders.

**QUESTION 3**

Nomsa belongs to a Christian church, but believes that her HIV infection was caused by witchcraft. As a religious counsellor, what would you tell her?

1. Witchcraft has nothing to do with it and it is incompatible with Christian beliefs.
2. HIV infection is caused by a virus and not by witchcraft or religion.
3. It is sometimes difficult for believers to understand why bad things happen to them, but if it is important to her, she should consult a traditional healer to help her deal with the disease.
4. She should confess her sins and cleanse herself from thoughts about witches.

**QUESTION 4**

How would a religious counsellor answer secularised clients' questions about why they were infected by HIV?

1. God wanted to punish them for their sins. They should therefore confess their sins (e.g. an immoral lifestyle) and ask God's forgiveness.
2. God often brings illness and pain into life's way to make us better people and to teach us important truths about life.
3. We don't always understand why things happen to us, but "bad things sometimes happen to good people" and being HIV positive doesn't mean that one is a bad person.
4. The devil is constantly trying to attack us and we should therefore expect that illness and pain will sometimes come our way.



**E-TUTOR NOTES****Chapter 21: Self-assessment Feedback****FEEDBACK QUESTION 1**

Alternative 4 is correct, because it is taught by most religions that one should not directly link specific sins to specific diseases. Although we all commit sins, diseases have many causes and may have many functions within a religious framework.

**FEEDBACK QUESTION 2**

Alternative 2 is correct. The preservation of life is always an important ethical consideration. If one therefore takes into account that all people are sinners it is important to teach people about life-saving practices, even if one does not condone the sins they may commit and which put them in danger.

**FEEDBACK QUESTION 3**

Alternative 3 is correct. It is NOT the role of the religious counsellor to convert a client to his/her own beliefs. In many traditional African churches beliefs in witchcraft and Christian beliefs co-exist. Although the immediate cause of Aids is a virus, this does not preclude the fact that the ultimate cause of Aids may be seen in a religious framework, which may include witchcraft.

**FEEDBACK QUESTION 4**

Alternative 3 is correct. Within a secularised framework any reference to supernatural powers (God or the devil) as being the primary cause of disease is not accepted.

**E-TUTOR NOTES****Chapter 22: Aids & the Law****Chapter 22: Tutorial**

1. What does informed consent imply?
2. What is proxy consent?
3. Should employees inform their employer about their HIV status? Please explain.
4. May a school refuse a child admission on the basis of his or her HIV-positive status? Please explain.
5. At what age may a child ask to be tested for HIV without parental consent?

**Chapter 22: Tutorial Answers****1. What does informed consent imply?**

The kind of consent to medical testing or treatment that is accompanied by information and permission. Before an HIV test can be done, the client must understand the nature of the test and he or she must also give verbal or written permission to be tested. A client may never be misled or deceived into consenting to an HIV test.

**2. What is proxy consent?**

Proxy consent is consent by a person legally entitled to grant consent on behalf of another individual. For example, a spouse or partner, a parent or guardian of a child under the age of consent to medical treatment may give proxy consent to HIV testing of the child.

**3. Should employees inform their employer about their HIV status?**

No. All persons, including those with HIV and Aids have the legal right to privacy. A worker is therefore not legally required to disclose his or her HIV status or related medical information to his or her employer or to other workers.

**4. May a school refuse a child admission on the basis of his or her HIV-positive status?**

No. Every person of school age has the right to basic education. No learner will be denied access to basic education on the basis of his or her actual or perceived HIV or TB status.

**5. At what age may a child ask to be tested for HIV without parental consent?**

A child over the age of 12 years (with sufficient maturity) may consent to HIV testing.

**E-TUTOR NOTES****Chapter 22: Self-assessment****QUESTION 1**

Before Mabel was diagnosed as HIV positive she worked as a cashier at the local grocery store. After her HIV positive test result, she was legally obliged to:

1. keep her HIV status unknown to the customers of the shop.
2. immediately inform her employer about her HIV status.
3. take basic hygienic precautions to prevent infecting her co-workers, for example, by properly disposing of menstrual pads and any clothing containing blood.
4. keep quiet about her HIV status to protect her family and children.

**QUESTION 2**

After a while Mabel decided to inform her employer about her HIV positive status. In terms of the South African law her employer could:

1. discontinue her service as long as he paid her proper compensation – for example, three months' salary.
2. not fire her as long as she could do her work, or continue with other work in the shop if she could no longer do her current job as cashier.
3. immediately transfer her to another part of the shop and offer her a lower salary.
4. fire her if her co-workers refused to work with her because she is HIV positive.

**QUESTION 3**

When Nwabisa first started to feel sick, she decided to have an HIV test done at her local clinic. On the wall of the clinic was a written notice stating that it would be accepted that all patients coming for treatment had given their consent for an HIV test. According to the law this is:

1. illegal, because not all people can read.
2. legal, because it is the responsibility of all patients to ensure that they take notice of all notices and forms that they sign.
3. illegal, because although the hospital ensured Nwabisa's informed consent through the notice, they did not ask her to sign a consent form.
4. legal, because the patients are formally informed about the tests.

**QUESTION 4**

What does Section 12 of the Children's Act say about virginity testing? Do you think the law is general knowledge and that people abide by it?

**QUESTION 5**

Complete the following sentence: A child may consent to his or her own medical treatment if the child is over the age of ..... And if the child is of sufficient ..... and has the ..... This means that this child may consent to ....., ....., ..... and .....

## E-TUTOR NOTES

**Chapter 22: Self-assessment Feedback****FEEDBACK QUESTION 1**

The correct answer is 3. Mabel has no legal obligations to tell anyone that she is HIV positive. As a cashier, there is no possibility that she will infect someone in the course of her work. What the law does require from her is to take basic hygienic precautions to prevent infecting her co-workers, for example, by properly disposing of menstrual pads and any clothing containing blood (if such a situation should ever arise).

**FEEDBACK QUESTION 2**

The correct answer is 2. The boss could not fire her as long as she could do her work, or continue with other work in the shop if she could no longer do her current job as cashier. All the other alternatives constitute unlawful behaviour.

**FEEDBACK QUESTION 3**

The correct answer is 1. It is not enough for hospitals or clinics to put a notice on the wall and to assume that all people will read it, or can read it.

**FEEDBACK QUESTION 4**

A child who is older than 16 years of age must give written and signed consent to undergo a virginity test. The consent form must also be signed by the person conducting the virginity test and official proof of the child's age must be attached to this form.

**FEEDBACK QUESTION 5**

The paragraph should read:

A child may consent to his or her own medical or surgical treatment if the child is over the age of **12 years** and if the child is of sufficient **maturity** and has the **mental capacity to understand the benefits, risks, social implications and other implications of the treatment or surgical procedure.** This means that this child may consent to **HIV testing, ARV treatment, treatment for STIs** and **may ask for condoms or other forms of contraception.**

**E-TUTOR NOTES****Chapter 23: Aids in the workplace****Chapter 23: Tutorial**

1. Name 5 main effects of the HIV and Aids epidemic could have on the workplace.
2. What is the 6 tasks for developing an integrated HIV, STI and TB strategy for the workplace?
3. What is medical incapacity?

**Chapter 23: Tutorial Answers**

1. **Name 5 main effects of the HIV and Aids epidemic could have on the workplace.**

Name any 5 effects listed from page 680.

- High morbidity and mortality rates
- Increased absenteeism
- Loss of productivity
- Increased cost of employee benefits, as well as increased insurance costs
- A decline in profits

2. **What is the 6 tasks for developing an integrated HIV, STI and TB strategy for the workplace?**

- Task 1: Establish a representative HIV and Aids management team
- Task 2: Assess the risk and impact of HIV on the specific workplace
- Task 3: Assess the current preparedness, needs and resources of the workplace
- Task 4: Develop and implement an HIV and Aids policy
- Task 5: Develop and implement an integrated HIV and Aids programme
- Task 6: Monitor, evaluate and review workplace policies and programmes

3. **What is medical incapacity?**

Medical incapacity refers to a situation where an employee is unable to carry out or perform his or her contracted obligations. For example, when an employee is unable to do his or her work due to serious or chronic ill health.

**E-TUTOR NOTES****Chapter 23: Self-assessment****QUESTION 1**

Complete the following paragraph.

An Aids management team should consist of a ....., a ..... and ..... facilitators. The steering committee must be ..... of all members of the company. They should further have ..... and influence, and be highly ..... in the organisation.

It is important to assess the direct as well as indirect costs of Aids to the company. Examples of direct cost are: ....., while examples of indirect cost are .....

Workplace prevention programmes will not work without support from .....

**Chapter 23: Self-assessment Feedback****FEEDBACK QUESTION 1**

The paragraph should read as follows:

An Aids management team should consist of a **steering committee**, a **coordinator** and **peer facilitators**. The steering committee must be **representative** of all members of the company. They should further have **credibility** and influence, and be highly **visible** in the organisation.

It is important to assess the direct as well as indirect costs of Aids to the company. Examples of direct cost are **employee benefits, medical costs, training and recruitment costs**, while examples of indirect cost are **increased absenteeism, employee morbidity, loss of productivity, decline in workplace morale**.

Workplace prevention programmes will not work without support from **top management**.