

PYC2605

(471016)

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RPY2605

(476646)

HIV/AIDS CARE AND COUNSELLING

Duration 2 Hours

70 Marks

EXAMINERS

FIRST

SECOND

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Closed book examination.

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This paper consists of 25 pages plus instructions for completion of a mark reading sheet

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Please complete the attendance register on the back page, tear off and hand to the invigilator.

This paper consists of 70 multiple-choice questions which must be answered on the mark reading sheet

Your mark for this examination will be converted to a mark out of 90 Note that your mark for Assignment 01 and 02 will be converted to your year mark and a mark out of 10 which will be added to the mark you obtain for this examination paper

After completing your answers, you must hand in the following

- (i) The mark reading sheet
- (ii) This examination paper (All the pages must be handed in)

ENSURE THAT YOU HAVE WRITTEN YOUR STUDENT NUMBER, MODULE CODE AND UNIQUE NUMBER ON THE MARK READING SHEET.

- Answer the following seventy multiple choice questions on the mark reading sheet
- Follow the attached instructions carefully
- Submit your completed mark reading sheet together with the examination paper

NO STAPLES PLEASE!

Note: Section A (Question 1 to 55) is compulsory for all students. Students may then choose between Section B (Guidance track) and Section C (Care track)

SECTION A

QUESTION 1

When was the HI virus first isolated by scientists?

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

QUESTION 2

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 3

When a person is newly infected by HIV, the immune system responds in the following way. The macrophages

- (1) manufacture antibodies, which attach themselves to the viral proteins in an unsuccessful attempt to protect the immune system against the virus.
- (2) rush to the site of the infection to devour (or eat) the invading organisms.
- (3) are the central regulatory cells of the immune system, and they stimulate the rest of the immune response to take action against the virus
- (4) are helper cells who are specially adapted and designed for their tasks to deal with specific invaders such as HIV

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QUESTION 4

The immune system consists of two parts the innate immune response and the acquired immune response The acquired immune response is

- (1) an adaptive immune response, which means that it is specifically designed to attack specific pathogens
- (2) evolutionary a very old immune system and nearly all living things (plants and animals) have one
- (3) nonspecific and cannot adapt to special circumstances
- (4) inherited from our parents

QUESTION 5

There are two forms of immunological memory or immunity active and passive immunity Active immunity

- (1) is the short-term immunity that a newborn baby gets from its mother through the placenta or/and from the first breast milk
- (2) is a type of long-term immunity where memory T cells and memory B cells will be activated when a person becomes infected with the same pathogen again
- (3) consist of high levels of IgG antibodies that are present after active infections
- (4) can be given to adults by injecting them with antibody-rich serum to provide long-term protection against diseases like hepatitis B

QUESTION 6

Researchers work very hard to develop a microbicide If they are successful, microbicides will hopefully have the following advantages

- (a) They will kill the HI virus in the blood of infected people
- (b) They will kill the HI virus in the vagina and therefore prevent transmission of the virus
- (c) They will be a non-barrier method which women can apply without the knowledge of their partners
- (d) They will block infection by creating a barrier between the virus and the mucous membranes

The correct answer is.

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

QUESTION 7

Why are people with STIs (sexually transmitted infections) particularly vulnerable to HIV infection?

- (1) STIs, especially those that cause genital ulcers, make it easier for the HI virus to enter the body
- (2) HIV positive people are so promiscuous that they also contract and spread STIs.
- (3) The CD4+T cells, which are turned into 'virus factories', occur mainly in the cells surrounding the genitalia
- (4) People with STIs have very low antibody counts and this opens the 'gates of the immune system' for all kinds of opportunistic diseases, such as HIV, to attack the body

QUESTION 8

In areas where HIV is a public health problem, healthcare workers should use the AFASS criteria to evaluate the feasibility of replacement feeding. One of the AFASS criteria is to assess if replacement feeding is

- (1) available in all clinics and shops
- (2) favourable for mothers to use
- (3) supplied by the World Health Organisation
- (4) sustainable to supply the baby with milk for as long as necessary

QUESTION 9

Pre-exposure prophylaxis (or PrEP) is a (a) _____ intervention based on the principle of (b) _____ and in terms of its effectiveness we can say (c) _____

- (1) (a) biomedical, (b) taking ARVs before exposure to HIV, (c) nothing yet because research is still under way
- (2) (a) behavioural, (b) preparing (PrEP) the patient for ARVs, (c) that it helps the patient to adhere to his/her medications
- (3) (a) structural, (b) changing policies to make PrEP available to the general public, (c) policy changes are taking place very slowly and we need more activism to make PrEP generally available
- (4) (a) biomedical, (b) taking ARVs before exposure to HIV, (c) that it is very effective and can decrease HIV infection by 70% if it is taken within 24 hours before exposure to HIV

QUESTION 10

Prophylactic (or preventative) treatment of opportunistic diseases (e.g. TB and PCP) in HIV infected people is generally based on

- (1) the onset of the first symptoms of the disease
- (2) the results of blood tests, confirming the diagnosis of a specific opportunistic disease
- (3) CD4+T cell counts - as soon as the CD4+T cell count reaches a certain level, treatment should commence
- (4) the person's previous health history - whether he or she has experienced other opportunistic infections in the past

QUESTION 11

One usually only says that a patient has Aids when

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

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QUESTION 12

The treatment of STIs (sexually transmitted infections) in Africa is based on either the diagnostic or the syndromic management approach. The following are some of the advantages of syndromic case management

- (a) It does not require laboratory support
- (b) It is impossible to over-treat patients by giving them more drugs than they actually need
- (c) It does not require highly trained STI specialists
- (d) A definite diagnosis of the STI can be established by identifying the organism that causes it

The correct answer is

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

QUESTION 13

We can distinguish between primary prophylaxis and secondary prophylaxis in the prevention of opportunistic infections. The purpose of primary prophylaxis is to

- (1) prevent primary infection by treating all HIV-infected patients with a CD4+T cell count below 350 cells/mm³
- (2) prevent the re-occurrence of an opportunistic infection which means that the infection occurred in the patient before
- (3) prevent opportunistic infections irrespective if they are occurring for the first time or are re-occurring for the second time or more
- (4) prevent an opportunistic infection that has never occurred in the patient before

QUESTION 14

The (a) ___ tests detect the HIV antibodies in the blood, while the (b) ___ tests detect the HIV antigens or HIV nucleic acids in the blood

- (1) (a) p24 and PCR; (b) ELISA and Western Blot
- (2) (a) dried blood spot, (b) NAT
- (3) (a) ELISA and Western Blot, (b) Proviral DNA PCR and RNA PCR
- (4) (a) Proviral DNA PCR, (b) ELISA

QUESTION 15

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

- (1) The HIV rapid test
- (2) HIV p24 antigen test
- (3) ELISA
- (4) The DNA PCR test

QUESTION 16

What is the difference between HIV antibody tests and HIV viral tests?

- (1) The HIV viral test is more likely to give false positive results than the HIV antibody test
- (2) The results of HIV viral tests are available within 10 to 30 minutes, while the results of HIV antibody tests are available only after 5 to 10 days
- (3) HIV viral tests are more reliable than HIV antibody tests because the window period of the HIV viral test is much shorter than the window period of the HIV antibody test
- (4) HIV antibody tests react to antibodies in the blood which have formed in reaction to the HI virus, while HIV viral tests react to the presence of the actual virus in the blood

QUESTION 17

Current guidelines in South Africa suggest the following regarding the initiation of anti-retroviral therapy

- (1) Delay ART until patients are prepared to commit themselves to long-term treatment and to complying with the therapy
- (2) Treat all patients with WHO stage 4 of infection, regardless of their CD4+T cell count
- (3) Treat all patients with CD4+T cell counts below 350 cells/mm³ with ART
- (4) All of the above guidelines apply

QUESTION 18

How does Nevirapine (an antiretroviral drug) work to prevent mother-to-child transmission of HIV when it is given to the mother before she is giving birth?

- (1) Nevirapine lowers the HI viral concentration in the blood of the mother which lowers the baby's chances of becoming infected during the birth process
- (2) Nevirapine is cheap, easy to administer and very effective to prevent mother-to-child transmission of HIV
- (3) Nevirapine lowers the HI viral concentration in the blood of the baby which lowers the baby's chances of becoming infected during the birth process
- (4) Nevirapine works by giving the mother a single dose at the onset of labour with three-hourly AZT until delivery

QUESTION 19

It is recommended that the following patients be fast-tracked and that ARVs be initiated within two weeks

- (1) All pregnant women
- (2) Patients with multidrug-resistant tuberculosis
- (3) Patients with CD4+T cell counts below 300 cells/mm³
- (4) All of the above.

QUESTION 20

How does ARV drug resistance develop? Choose the most comprehensive answer

- (1) Drug resistance develops when patients have and adhere of < 95%
- (2) Drug resistance develops when the wild-type virus is sufficiently suppressed but not the mutants
- (3) Drug resistance develops when the wild-type virus is not sufficiently suppressed and mutants gain fitness and reproduce
- (4) Drug resistance develops when patients do not adhere to their medications and wild-type viruses gains fitness and takes over the ecology of the body

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QUESTION 21

One of the main reasons why people do not change their behaviour is because they believe that there are obstacles in the way of the behaviour change. Which one of the following factors has been identified by researchers as obstacles that often hinder change in people's sexual behaviour?

- (1) Flooding the market with free condoms. This leads to 'over-sensitisation' and gets in the way of behaviour change.
- (2) High self-efficacy. A person with high self-efficacy usually believes that condoms are effective in preventing the spread of HIV, but the opinion of their partners may prevent the use of condoms.
- (3) The use of alcohol or recreational drugs. This depletes the immune system and makes people more vulnerable to HIV infection.
- (4) The lack of communication skills. People find it hard to change their sexual behaviour if they do not know how to discuss sex with their partners.

QUESTION 22

An important principle of stages of change theories is that

- (1) one intervention plan fits all individuals so it is an easy model to use for behaviour change.
- (2) behaviour change moves in a linear fashion through the various stages.
- (3) the Aids educator firstly has to establish in which stage of change a person is before an appropriate behaviour change intervention can be planned.
- (4) change is an individual process and the individual's needs must be taken into account when planning a behaviour change intervention.

QUESTION 23

The Aids Risk Reduction Model (ARRM) of Catania, Kegeles and Coates (1990) identifies the following stages in reducing the risk for HIV transmission:

- (1) Behaviour labelling, Cost and benefit assessment, Commitment to change, and Action.
- (2) Pre-contemplation, Contemplation, Preparation; Action, Maintenance, and Termination.
- (3) Preparation, Contemplation, Behaviour labelling, Action, Maintenance, and Termination.
- (4) Behaviour labelling; Commitment to change, and Taking action.

QUESTION 24

Which one of the following people is in the contemplation 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) 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.
- (3) 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.
- (4) 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.

QUESTION 25

Structural and environmental theories of behaviour change see human behaviour as a function of

- (1) the individual.
- (2) the individual's social networks.
- (3) the wider communal, political and economic environment.
- (4) all the above.

QUESTION 26

An oversimplified, one-sided and relatively fixed generalisation of an individual, a group or of certain roles is an example of

- (1) a stereotype
- (2) prejudice
- (3) a negative attitude
- (4) discrimination

QUESTION 27

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) sharing uncovered sex toys; (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 with Vaseline as lubricant
- (4) (a) sexual fantasies, (b) kissing, (c) vaginal penetrative sex with a condom, (d) oral sex without a condom

QUESTION 28

It is important for Aids counsellors to know the terminology of sex practices practised by their clients. If your client has oral-vaginal contact or oral sex performed on a female partner, it is called

- (1) anilingus
- (2) cunnilingus
- (3) fellatio
- (4) femilingus

QUESTION 29

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

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

QUESTION 30

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

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

QUESTION 31

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 you with a safe space in which to discuss any issues or concerns that you may have at present, to try and establish how you would prefer things to be, and to produce strategies that will enable you to accomplish these goals.
- (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), (c), and (d)
- (2) (b) and (d)
- (3) (b) and (c)
- (4) (c) and (d)

QUESTION 32

When you counsel someone who has a different view of the world from yours, it is very 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 end up having the same views or ideas.
- (4) allow the client to 'see the world through your eyes'.

QUESTION 33

The counselling process can be divided into four phases to provide a framework or map for the counselling process. The goal of the phase to facilitate an increased understanding of the problem is to (a)____, while the goal of the intervention or action phase is to (b)____

- (1) (a) allow the client to tell his or her story , (b) set goals and to decide on methods of achieving them
- (2) (a) establish an open and trusting relationship, (b) get insight into the client's context and explore the actions to be taken
- (3) (a) facilitate self-exploration and to clarify feelings, (b) set goals, decide on methods of achieving them and monitor and evaluate results
- (4) (a) get insight into the client's context, (b) facilitate self-exploration and clarify feelings

QUESTION 34

Mary is a counsellor who works at a health clinic for sex workers. She respects and accepts her clients as they are, irrespective of their values, work and sexual preferences. According to Roger's theory this means that she

- (1) is 'there for her clients' and will always take their side no matter what
- (2) shows her clients unconditional positive regard.
- (3) acknowledges and honours the sex workers' individual sexual diversity and will never challenge their choices
- (4) is a genuine but incongruent person

QUESTION 35

According to Egan (1998), probing involves statements and questions from the counsellor that enable clients to explore a relevant issue in their lives more fully. According to Egan's principles, which one of the following questions would best demonstrate this technique?

- (1) Is that acceptable to you?
- (2) Did you agree with his response?
- (3) Does your partner understand your condition?
- (4) Could you tell me more about that experience?

QUESTION 36

To show empathy is to

- (1) understand the world of the client by stepping into his or her shoes and experiencing the same emotions as the client
- (2) concentrate only on the non-verbal, hidden expressions of a client's feelings and making these feelings known to the client
- (3) recognise and acknowledge the feelings of the client and to communicate this understanding to the client in such a way that the client understands him or herself better
- (4) share information about your own feelings, experiences or behaviour with the client, because this can help the client to solve his or her own problems

QUESTION 37

Which one the following statements about helper self-disclosure is the most correct?

- (1) Within the HIV and Aids context, helper self-disclosure is essential, because knowing whether or not the counsellor is HIV positive or negative will help the client to tell his/her story
- (2) Self-disclosure is a basic counselling technique that can be usefully applied by both the experienced and novice counsellor
- (3) If used correctly, self-disclosure can enhance the helping relationship and help in problem-solving
- (4) The counselling relationship is not a social occasion and the counsellor should not disclose any information about him/herself

QUESTION 38

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

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

QUESTION 39

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 40

What are some of the disadvantages of provider-initiated counselling and testing (PICT)?

- (1) People may feel coerced into being tested
- (2) Vulnerable communities such as sex workers may not come to the attention of healthcare workers
- (3) Clients don't necessarily understand the concept of 'opting-out' of testing
- (4) All of the above

QUESTION 41

Stefan, who is already very sick, refuses to tell anybody that he has Aids. What are some of the disadvantages of not disclosing his HIV positive status?

- (a) The secrecy and the fact that Stefan has nobody to talk to can lead to a lot of stress
- (b) Stefan is denying himself the emotional and physical support of his loved ones
- (c) Stefan may lose his job as well as his insurance claims, because it is important to disclose one's HIV status in both cases
- (d) Family members and friends are not getting the opportunity to come to terms with Stefan's HIV status

The correct answer is

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

QUESTION 42

Which of the following statements about the impact of HIV infection on affected significant others are correct?

- (a) Affected significant others experience significantly different psychological feelings compared with their HIV positive loved ones
- (b) Affected significant others may experience fear and anxiety about their own risk of infection as a function of their relationship with the HIV infected person, and this may place a significant strain on the relationship.
- (c) The affected significant others' experience of issues such as loss, bereavement and uncertainty coincide with the experience of the HIV infected person, making it possible for the HIV infected person to deal with these issues
- (d) Affected significant others often feel unable to cope with the new demands that the infection places on them, and are often left feeling incompetent, unqualified and powerless

The correct answer is.

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

QUESTION 43

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 stress, emotional inhibition, a negative self-concept and a lack of social support, contribute to a more rapid progression from HIV infection to Aids
- (d) It was found that psychological and social stressors, such as 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)
- (2) (a) and (c)
- (3) (c) and (d)
- (4) (a), (b), (c) and (d)

QUESTION 44

On being diagnosed HIV positive, Alan's physician recommended that he join a local peer support group. Which one of the following positive benefits would Alan gain from doing this?

- (1) He would have an opportunity to learn from the experiences of others, and to find out which of the various medical and psychological interventions they have found to be the most useful
- (2) Belonging to a peer support group would help to reduce Alan's need to disclose his status to others, especially the non-infected, because he would have access to a group of people who have a better understanding of his experience
- (3) It would help Alan to control his sexual urges, since he would have access to a supportive place where he could talk freely about his sexual needs and meet new potential sex partners who understand his problem
- (4) A peer support group would help Alan to vent his feelings about people who do not understand him, because a support group creates the ideal context to gossip

QUESTION 45

Which one of the following statements about the process of mourning is the most correct?

- (1) The process of mourning is a passive state that requires the bereaved person to accept that healing comes with time and he/she has no control over its course
- (2) Counsellors applying Kubler-Ross' well-known stages of bereavement enhanced her original work by emphasising the discrete (separate) nature of each phase, with each following on from the previous one in a set order
- (3) Counsellors should encourage their clients to work through each stage of the bereavement process thoroughly before moving onto the next phase, and dissuade them from trying to work through several phases simultaneously
- (4) Bereaved people should actively work through their grief in their own time

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QUESTION 46

Terry shows signs of adapting successfully to her changed environment after her partner's death when she

- (1) chooses to get involved in a new relationship so that she does not have to live and sleep alone
- (2) begins to volunteer at the local hospice by offering support to those who, like herself, have lost loved ones to Aids related illnesses
- (3) withdraws from her usual social activities and increasingly spends all of her time on her own
- (4) begins to feel deeply frustrated and irritated by having to complete the small tasks around the home that her partner previously took care of

QUESTION 47

A practical technique to facilitate the bereavement process that works well in children is ____ because it gives the child the opportunity to speak to the person and to say all the things that he/she would like to have said to that person

- (1) the open-chair technique
- (2) cognitive restructuring
- (3) the use of rituals
- (4) to draw pictures of the deceased

QUESTION 48

The young child between 6 and 9 years can

- (1) not grasp the irreversibility of death
- (2) see death as universal and personal
- (3) grasp the irreversibility of death, but not the universal and personal aspects of death
- (4) not yet emotionally handle death and should therefore, as far as possible, be excluded from burial and mourning rites

QUESTION 49

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 50

HIV positive people are usually more vulnerable to contracting food-borne illnesses and it is therefore important for them to eat defensively. What does it mean to eat defensively?

- (1) HIV positive clients should eat low microbial foods such as biltong, dried meat and sprouts
- (2) HIV positive clients need all the vitamins they can get, and therefore they should never overcook their food and rather eat undercooked fish, chicken and meat
- (3) HIV positive clients should avoid raw or soft-boiled eggs and unpasteurised dairy products such as cheese and milk, because it may contain bacteria that could make the person very sick
- (4) There should be no restrictions on the diet of HIV positive clients. They should eat whatever they like and if they get sick, the symptoms can be treated

QUESTION 51

Trudy is a nurse with a very heavy workload. Which of the following may be an indication that Trudy is experiencing stress and burnout?

- (a) Trudy experiences a loss of sensitivity in dealing with her patients
- (b) Trudy shows an increased commitment towards her work
- (c) Trudy is always late for work and she neglects her duties
- (d) Trudy shows a tendency to spend more and more time with her patients

The correct answer is

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

QUESTION 52

Which one of the following statements about coping mechanisms is true?

- (1) The aim of problem-focussed coping is to reduce the emotional discomfort that the caregiver is experiencing when his or her workload becomes overwhelming
- (2) When caregivers are faced with situations that they cannot control or change, problem-focussed coping may be more appropriate to use than emotion-focused coping
- (3) The best form of coping is passive attempts to deal with a situation that is perceived as stressful
- (4) Caregivers who use problem-focused coping strategies have a greater sense of control over work-related stressors and will suffer less burnout than caregivers who use emotion-focused coping mechanisms

QUESTION 53

Stefan is a security guard at a shopping mall in Cape Town. He was diagnosed as HIV positive many years ago. Stefan decides to inform his employer about his HIV positive status because he is experiencing health problems. For example, it is often not possible for him to stand on guard for long periods of time. In terms of the South African law, what are his employers' legal obligations?

- (1) They can discontinue his service as long as they pay him proper compensation – for example, three months salary
- (2) They are not allowed to fire him as long as he can do his work, or as long as he can do other work in the security company (e.g. administrative) if he is no longer able to do his current job as security guard
- (3) They should immediately transfer him to another type of work (e.g. an office job) and offer him a lower salary
- (4) They can only fire him if his co-workers refuse to work with him because he is HIV positive

QUESTION 54

A child may consent to or ask for the following if he/she is over the age of 12 years, with sufficient maturity to understand the request and its consequences

- (a) HIV testing
- (b) Antiretroviral treatment
- (c) Treatment for STIs
- (d) Condoms
- (e) Other forms of contraception

The correct answer is

- (1) (a)
- (2) (d)
- (3) (a), (b), (c), (d) and (e)
- (4) None of the above

QUESTION 55

What does the South African law say about virginity testing?

- (1) Unfortunately, the law does not make provision for virginity testing
- (2) Virginity testing is a cultural issue and only recommendations can be made on how to do virginity testing safely
- (3) A child who is older than 16 years must give written and signed consent to undergo a virginity test
- (4) The child's parent must give consent for virginity testing to be done

NOTE: If you have chosen the **GUIDANCE TRACK**, do Section B, Questions 56 to 70. If you have chosen the **CARE TRACK**, go to Section C on page 21 and answer Questions 56 to 70.

SECTION B: GUIDANCE TRACK

QUESTION 56

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 57

Juan and Kevin are brothers. Juan is in Grade 4 (intermediate school phase), while Kevin is in Grade 8 (senior school phase). In terms of their cognitive development and their perception of illness in general, what would you teach them about HIV and Aids?

- (1) In Juan's case, I would concentrate on life skills and a healthy lifestyle, because he is too young to understand the concepts of causes, symptoms and transmission of HIV. In Kevin's case, I would concentrate on all the aspects of HIV and Aids, including prevention.
- (2) I would teach Juan about the causes, symptoms and ways of transmission of HIV, without going into too much detail about prevention, while I would teach Kevin about the prevention of HIV infection as well.
- (3) Both Juan and Kevin are not old enough to conceptualise or understand the complexities of prevention, and therefore I would only concentrate on the causes, symptoms and transmission of HIV.
- (4) I would make no differentiation between the Aids education of Juan and Kevin, and I would teach them exactly the same in terms of the causes, symptoms, transmission and prevention of HIV and Aids.

QUESTION 58

When can Aids education start to focus on prevention strategies, because children can understand how HIV is transmitted and how not?

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

[TURN OVER]

QUESTION 59

Adolescents are often very self-absorbed or egocentric. Adolescent egocentricity manifests in two ways that may have important implications for their health-related beliefs and decisions. Which one of the following adolescent's behaviour illustrates the influence of imaginary audience?

- (1) Jacob refuses to use condoms because he truly believes that Aids is a disease that other people get and that he personally is safe from it
- (2) Mary refuses to go to school because she looks at the other pupils and imagines that they all have Aids and that they will infect her
- (3) Musa, who is HIV positive, does not want to take his medication at school because he believes that everybody will notice that he takes medication and they will then know that he is HIV positive
- (4) Ethel is so self-centred that she believes that she can spot an HIV positive person in an audience, and therefore she only practises safer sex when she thinks that a man is HIV positive

QUESTION 60

School environments are

- (1) usually safe, but any blood spills or body fluids containing blood should be handled with care (eg by wearing latex gloves and by flooding such spills with a hypochlorite solution)
- (2) very high risk areas for HIV infection and universal precautions should therefore be taken, and every school should have at least two first-aid kits
- (3) usually low risk environments and no specific precautions are necessary to prevent HIV infection
- (4) often unsafe because of close contact between children and the high risks of HIV transmission during contact play

QUESTION 61

Which elements would you include in your programme when teaching children in the intermediate school phase (Grade 4 to Grade 6) about HIV and Aids?

- (a) How HIV is transmitted
- (b) Affirming that it is natural for all people to have sexual feelings
- (c) Include a simple, concrete explanation about the workings of the immune system
- (d) Give a comprehensive explanation of all the possible ways in which the transmission of HIV can be prevented
- (e) Restricting oneself to using a small vocabulary when explaining HIV and Aids

The correct answer is

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

QUESTION 62

Complete the following sentence According to the United Nations Convention on the Rights of the Child, and the National Policy on HIV and Aids

- (a) children should have access to information about HIV and Aids
- (b) life skills and Aids education should not be presented as isolated learning content and should be integrated in the curriculum
- (c) appropriate course content should be available for teachers to help them to cope with HIV and Aids in schools
- (d) all school children should be supplied with condoms on a regular basis

The correct answer is

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

QUESTION 63

Nomsa's child is a seven year old boy and he is in Grade 1 He asks his teacher to explain the illness HIV and Aids to him If you were his teacher how would you do it?

- (1) By eradicating irrational fears, and by reassuring him that children of his age usually don't contract the disease as long as they do not touch another person's blood
- (2) By emphasising the causes of the disease
- (3) By explaining the internal effect of the HI virus on the body
- (4) By emphasising that the HI virus is transmitted through sexual intercourse and by explaining in very basic terms the mechanism of transmission.

QUESTION 64

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 65

How do young school children picture God and religion?

- (1) They may picture God in abstract non-human terms and are not overly concerned about death
- (2) They picture God in human terms and are fascinated by the concepts of heaven and hell because they are very afraid to go to hell One should therefore reassure them that God does not expect them to be perfect
- (3) They picture God in human terms, mostly as a loving father or mother whom they can trust and who will never harm them if they do wrong
- (4) They are primarily concerned with internal commitment and the fairness of life

[TURN OVER]

QUESTION 66

According to Victor Frankl the meaning of life is something to be

- (1) invented
- (2) created
- (3) suggested to you by an expert or guru
- (4) discovered by each person

QUESTION 67

A secularised person or client

- (1) in Africa usually believes in a traditional religious African framework
- (2) usually believes in a higher benevolent spiritual being
- (3) does not believe that his/her whole life is necessarily guided by the divine
- (4) usually belongs to a secularised church, which recognises the reality of witchcraft

QUESTION 68

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 health care?

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

QUESTION 69

According to Manfred Max-Neef, the needs of children are few, finite and classifiable. The need for being productive and having the capacity and skills to produce something can be classified as the need for

- (1) creation
- (2) participation
- (3) transcendence
- (4) subsistence

QUESTION 70

A child's fundamental need for transcendence is deprived due to HIV and Aids when the child

- (1) has no understanding of its place in the larger context of spirituality or religion
- (2) loses autonomy and control over its destiny and when he or she has no choice regarding home, family structure or marital status
- (3) is deprived from school and when there is a loss of inquisitiveness and connection with the wider world outside of the immediate culture
- (4) loses its family home and when there is a general decline into a state of physical poverty

NOTE: If you have chosen the CARE TRACK, do Section C, Questions 56 to 70.

SECTION C: CARE TRACK

QUESTION 56

Some people in the final phase of Aids may experience constant pain. What does it mean to use the 'ladder approach' in managing a patient's pain?

- (1) Pain medication should be taken on a regular basis (e.g. every 4, 6 or 8 hours) to help people to feel that they have control over their pain.
- (2) Start with the strongest medication the patient can take. If it helps for the pain, give a more moderate pain medication the next time, and if that relieves the pain as well, you know that the patient will react well to mild medications at the bottom of the ladder.
- (3) Do not give the patient the strongest pain medication to start with. Start by administering a mild pain medication, and if that does not help, give moderate medication. If that still doesn't help, give a strong medication such as morphine.
- (4) Encourage mental imagery, relaxation and breathing exercises for pain management, and if that doesn't help use the ladder approach and give a moderate medication such as codeine.

QUESTION 57

When should a patient with Aids be isolated in a special room in the hospital?

- (1) Patients with Aids should never be isolated, because being HIV positive is no reason to isolate a patient.
- (2) An Aids patient who is severely immune-depressed should be isolated to protect him or her from secondary infections.
- (3) Patients with Aids should always be isolated when they are hospitalised to protect them and the other patients from diseases.
- (4) An Aids patient should be isolated when the other patients in the ward feel uncomfortable about having an Aids patient in their midst.

QUESTION 58

What advice would you give a mother of an HIV positive baby about caring for her baby to keep the child as healthy as possible?

- (1) If the baby is sick, she should preferably be hospitalised, because a hospital is the best place for sick babies to be.
- (2) The baby should under no circumstances receive the standard vaccinations such as the polio vaccine, because vaccines are prepared from a weak form of the infecting agent, and to immunise an already sick baby may cause these diseases to occur.
- (3) Fever is a danger sign in babies with Aids because fever, convulsions and shock can easily develop. The mother should therefore bathe her baby in ice cold water when she has a fever.
- (4) Because babies with HIV can get very sick very quickly, the mother must take her baby to the clinic immediately if the baby shows symptoms such as dehydration or fever.

[TURN OVER]

QUESTION 59

Mat is a volunteer home-based caregiver and one of her patients has a high fever. Although she looks after her patient very well, when would you advise her to seek professional help from a clinic or hospital?

- (1) If the patient is often thirsty
- (2) If the patient has chronic HIV infection
- (3) If the patient also has a cough and weight loss
- (4) If the patient also complains of peripheral neuropathy

QUESTION 60

A patient with Aids had a heart attack at work, and the health care provider on the emergency team decided not to resuscitate the patient because he has Aids and will probably not make it anyway. Her intention was really to save the patient pain and suffering. With which one of the following statements do you agree?

- (1) Unilateral decisions not to resuscitate people with HIV are a violation of fundamental rights and may lead to disciplinary action being taken against the health care provider
- (2) Although normal standards of treatment may usually not be withheld, variation of treatment that is determined to be in the patient's interest, is allowed
- (3) Disciplinary action will probably be taken against the health care provider, but she will most probably only get a warning not to do it again because she really had the best interest of the patient at heart
- (4) A mentor will be appointed to evaluate the health care provider's work in future

QUESTION 61

What follows, is a list of foods in Maya's cupboard and fridge. If Maya has acute diarrhoea, which of these foods should she avoid, because it may aggravate her diarrhoea? List: All Bran flakes, mashed potatoes, wholewheat bread, mashed bananas, cooked carrots, nuts and seeds, Marmite on dry toast, white rice, popcorn, fried potato chips, Bovril soup, brown rice, apple juice, dried fruit. The foods that Maya should avoid, are

- (1) All Bran flakes, whole wheat bread, nuts and seeds, popcorn, fried potato chips, brown rice and dried fruit
- (2) Mashed potatoes, wholewheat bread, cooked carrots, nuts and seeds, white and brown rice, and fried potato chips
- (3) All Bran flakes, wholewheat bread, popcorn and brown rice
- (4) Mashed potatoes, mashed bananas, cooked carrots, Marmite on dry toast, white rice, Bovril soup, and apple juice

QUESTION 62

Some of the basic rules for treating problems of the oral mucous membranes (such as thrush or sores and blisters) are

- (1) Take adequate fluids to prevent dehydration, eat soft, bland foods, take a mouthwash after every meal, and avoid foods containing yeast and sugar
- (2) Drink more fluids than usual, stop the intake of solid foods for at least 48 hours, and be on the lookout for danger signs such as weight loss
- (3) Restrict the intake of fluids, clean the tongue with a hard toothbrush and a strong toothpaste, and suck a lemon or drink lemon juice to slow down the rate of fungus growth
- (4) Drink more fluids than usual, eat small amounts of nutritious, low-fat foods and make sure that the food has enough spices and acid to kill the fungus

[TURN OVER]

QUESTION 63

Cytomegalovirus (CMV) retinitis often occurs in Aids patients. This is an inflammation of the retina of the eye, and it usually occurs

- (1) in the late stages of Aids when the CD4+T cell levels fall below 50 cells/mm³
- (2) in pregnant women who come into contact with infected blood
- (3) when patients with Aids clean cat litter boxes, because cats are the main host of CMV
- (4) in Aids patients who are co-infected with the protozoa that causes Pneumocystis pneumonia (PCP)

QUESTION 64

What advice would you give health care workers in a rural clinic on how to clean up blood spills with the minimum resources available?

- (1) Pour clean water onto the spilled blood and leave for at least one hour before cleaning it up with a dry cloth. Burn the cloth immediately.
- (2) Mix a quarter cup of Jik with two cups of water and pour it onto the spilled blood. Clean with disposable paper cloths.
- (3) Do not pour any fluids on the blood spills to prevent further spreading of the blood. Clean the blood with disposable paper cloths.
- (4) Leave the blood uncovered for a couple of hours until it is dry before you clean it up with a dry cloth. The HI virus lives only in 'fresh' blood and will be dead by the time the blood is dry.

QUESTION 65

In which of the following situations is it necessary for the nurse to wear surgical masks?

- (1) When the nurse draws blood from a patient, gives an injection or when she empties blood-containing drains
- (2) When the patient has tuberculosis, when the nurse has a cold and wants to protect the patient, or when the nurse empties blood-containing drains and other containers
- (3) When the nurse has a cold and wants to protect a patient with a compromised immune system, and when she gives the patient an injection
- (4) The nurse will wear surgical masks in all of the above cases

QUESTION 66

Which one of the following statements concerning mouth-to-mouth resuscitation on an accident scene is true?

- (1) Mouth-to-mouth resuscitation is not safe, and it should never be done without an ambu bag or a mouthpiece, since the HI virus has been detected in saliva
- (2) Saliva is one of the body fluids that do not contain the HI virus, and it is therefore perfectly safe to perform mouth-to-mouth resuscitation
- (3) There is not enough evidence about the safety of mouth-to-mouth resuscitation, and one should rather not place one's own life at risk by resuscitating people at accident scenes.
- (4) The chance of HIV transmission during mouth-to-mouth resuscitation is extremely low, and it is theoretically only possible if blood from the patient's mouth comes into contact with an open lesion in the helper's mouth

[TURN OVER]

QUESTION 67

The World Health Organization recommends the following standardised regime for first-time patients with HIV infection

- (1) Two NNRTIs plus one NRTI
- (2) Two NRTI plus one PI
- (3) Two NRTIs plus one NNRTI
- (4) One NRTI plus two PIs

QUESTION 68

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

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

The correct answer is

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

QUESTION 69

Which one of the following statements illustrates an advantage of home-based-care?

- (1) Home-based care is less expensive for the family, and care can be more comprehensive than in the local hospital that is overflowing with patients
- (2) The patient's HIV positive diagnosis can be kept a secret from the family if a home-based-caregiver takes care of him or her in the privacy of the home
- (3) It is easier for the patient to comply with a complicated treatment or medication regime in the home than in the hospital
- (4) The family understands the patient's sickness much better than a health care professional

[TURN OVER]

QUESTION 70

HIV and Aids makes demands on the local community and society at large that cannot be met by hospitals alone. How would you develop a home-based-care programme in a community which is situated in a rural area in the Limpopo province?

- (a) Compile a community profile to establish the extent of the needs in the community
- (b) Appoint experts from outside the community with experience in home-based care to implement their programme in the community
- (c) Make a list of all the resources and networks in the community and contact them to establish a good referral system
- (d) Put together a multidisciplinary team consisting only of non-professional community volunteers to offer comprehensive care to patients with Aids

The correct answer is

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

[70]

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Specimen only