

Tutorial Letter 201/3/2012
HIV/AIDS care and counselling

PYC2605

Semesters 1 and 2

Department of Psychology

Feedback on Assignment 01.

Bar code

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1 INTRODUCTION AND WELCOME

Dear Student,

We hope that you are enjoying your module in *HIV/AIDS Care and Counselling*. If you find the course helpful, please tell your friends and colleagues about it. Remember, it is possible for students to enrol only for this one module for non-degree purposes, if they wish to do so. The only prerequisite for the course is matric (Standard 10/Grade 12). It may also interest you to know that almost 5 000 students enrol for the *HIV/AIDS Care and Counselling* course (PYC2605) per year!

The main purpose of this tutorial letter is to give feedback on Assignment 01. However, before we do so, let's address some other issues first.

Assignment issues

In the previous semester, many students did not get examination admission because (a) their assignments were never received by Unisa; and (b) the assignments were submitted in the wrong semester. Please note that it is your own responsibility to make sure that Unisa has received and marked your assignments. Please check *myUnisa* regularly to see if your assignment has been received and marked. If you check the system regularly and it seems that your assignment was not received or marked, please direct your enquiries to Students Assessment and Assignment Department (Assignment and Examination section) about examination admission, dates or venues. Please do not contact your lecturers to find out what happened to your assignments. Your multiple choice assignments go directly to the Assignment section to be marked by computer. Unfortunately, lecturers do not see your multiple choice assignments at all.

Please note that you have to submit both Assignments 01 and 02 to gain examination admission. Together the two assignments contribute 10% to your final year mark.

Please take careful note of your assignment closing dates. In each semester there are two compulsory multiple choice assignments each with a specific closing date and unique number.

Make sure that you know exactly if you are registered for the **first** or for the **second** semester. Use the **assignment closing date** and **unique number** of that specific semester ONLY on your mark reading sheet. If you are registered for the 2nd semester, please do not submit your assignments for the 1st semester closing dates or use the 1st semester unique numbers. *Your assignment will NOT be registered on the system and it will get lost.*

The Study Guide and CD-ROM

Do you enjoy your study guide? We surely had a lot of fun writing it! Some students find the study guide a bit daunting but keep in mind that the purpose of the guide is only to *guide you through the prescribed book* and to challenge you to think differently about HIV and AIDS and to motivate you to do things in your communities. There will be no examination questions on the content of the guide directly. The examination questions are based on your prescribed book only, but the guide will tell you what to study in your

prescribed book (in the **READ** sections) and it will explain some of the more difficult material to you. The CD-ROM is material for further enrichment, and there will definitely not be exam questions on that.

Declaration Letters

As discussed in Tutorial Letter 101/2012, you will *automatically* receive a Declaration Letter after successful completion of this module. Please note that we cannot re-issue this Letter of Declaration if you do not receive it the first time or lose it. Please make sure that you receive your Declaration Letter by following three simple steps:

- (a) Make sure that Unisa has your most recent postal address. We will send your Declaration Letter to the address that you registered with Unisa. If your address changed, please notify Unisa (not the Psychology Department) to change your address on the student system (fill in the form at the back of **my Studies @ Unisa** and send it to The Registrar (Academic), PO Box 392, UNISA 0003).
- (b) Please make sure that all outstanding fees are paid. If your study fees are in arrears, Unisa will unfortunately not release your exam results, and we will not be able to issue the Declaration Letter either.
- (c) Return all your library books that are outstanding. Unisa will not release your exam results if you still have library books in your possession.

Note: We do **NOT** print or issue the letters of declaration in our offices in the Department of Psychology. Please do not visit us on campus to issue the letters because we are not able to do so.

The examination paper

Tutorial Letter 103 contains a practice examination paper to familiarise you with what to expect in the examinations. Please make use of the opportunity to see if you can complete it (without your prescribed book) within the two hours allowed for the paper. DO NOT send your answers to Unisa to be marked. The answer sheet is at the back of the tutorial letter for you to mark your own paper. Old examination papers for this module are unfortunately not available to students.

Feedback on Assignment 01

The purpose of this assignment was to help you to assess where you are in terms of your HIV/AIDS reading and comprehension skills, knowledge and attitudes at this early stage of your studies. Use your assignment mark and our feedback to sensitise you to possible problems in your learning. Table 1 gives a summary of the correct answers to Assignment 01.

Table 1. Correct answers to Assignment 01.

Question	Assignment 1 correct answer	Question	Assignment 1 correct answer
1	4	14	4
2	3	15	3
3	2	16	4
4	1	17	2
5	3	18	2
6	2	19	3

7	3	20	1
8	4	21	1
9	2	22	4
10	3	23	4
11	4	24	4
12	5	25	1
13	3		

Unique number: Semester 1: 355397 (if you are registered for Semester 1)
Semester 2: 393116 (if you are registered for Semester 2)

Students generally did very well in Assignment 01. I will now discuss each one of the questions in more detail.

Read the information in the following box and answer Questions 1 to 5.

(Extract from Chapter 1 in your prescribed book, *HIV/AIDS Care and Counselling*.)

What is AIDS? AIDS is short for Acquired Immune Deficiency Syndrome. We say that this disease is *acquired* because it is not a disease that is inherited. It is caused by a virus (the human immunodeficiency virus or HIV) that enters the body from outside. *Immunity* is the body's natural ability to defend itself against infection and disease. A *deficiency* is a shortcoming – the weakening of the immune system so that it can no longer defend itself against passing infections. A *syndrome* is a medical term for a collection of specific signs and symptoms that occur together and that are characteristic of a particular condition. Although we use the term 'disease' when we talk about it, AIDS is *not a specific illness*. It is really a *collection of many different conditions* that manifest in the body (or specific parts of the body) because the HI virus has so weakened the body's immune system that it can no longer fight the disease-causing agents that are constantly attacking it. It is therefore more accurate to define AIDS as a *syndrome* of opportunistic diseases, infections and certain cancers — each or all of which has the ability to kill the infected person in the final stages of the disease.

QUESTION 1

What does the author of the above passage want to convey to the reader?

- (1) The fact that AIDS is an *acquired* disease.
- (2) A feeling of compassion for people with weakened immune systems.
- (3) A warning that AIDS kills.
- (4) The definition of *AIDS*.

Feedback on Question 1

The correct answer is 4. Although alternative 1 can also be correct, the author conveys more than only that one fact in the definition. This is an example of a good and comprehensive definition of AIDS. (See *HIV/AIDS care and counselling*, p. 4.) It is important to choose the most correct or the most comprehensive answer when you do multiple choice questions.

QUESTION 2

The term 'acquired' expresses the fact that HIV

- (1) May be inherited by a child from one of his or her parents.
- (2) Has an unknown origin.
- (3) Is caused by an organism from outside the body.
- (4) Can be acquired by a person without his or her knowledge.

Feedback on Question 2

The correct answer is 3. HIV is *acquired* because it is not *inherited* but is rather *caused* by a virus that enters the body from the *outside*. (See HIV/AIDS care and counselling, p. 4.) Although alternative 4 might be correct when read on its own, it is wrong in this context. Always keep the context in mind when answering questions.

QUESTION 3

The term 'immune deficiency' refers to the fact that

- (1) HIV can only be transmitted to a person who already has a deficient immune system due to poverty or other diseases such as TB or malaria.
- (2) HIV attacks the immune system of an infected person and renders it deficient.
- (3) HIV is a virus that is immune to any deficiencies.
- (4) HIV is deficient in the sense that it is a retrovirus.

Feedback on Question 3

The correct answer is 2. The term '*immune deficiency*' refers to the fact that HIV attacks the immune system of an infected person and renders it deficient. (See HIV/AIDS care and counselling, p. 4.)

QUESTION 4

The term 'syndrome' is a medical term that means that AIDS presents itself

- (1) Not as a specific illness or disease, but as a collection of many conditions.
- (2) As a clearly definable single disease.
- (3) As a series of unrelated conditions that are all directly caused by HIV.
- (4) As the main problem when the syndromatic approach to diagnosis is used.

Feedback on Question 4

The correct answer is 1. AIDS presents itself as a syndrome in that it is a collection of many conditions that attack the body as a result of the HI virus weakening the body's immune system and the body's inability to fight off diseases.

QUESTION 5

What does it mean when we say that AIDS is a syndrome of *opportunistic* diseases?

- (1) Only opportunistic diseases are known as a 'syndrome'.
- (2) All AIDS patients are infected with tuberculosis, which is a well-known opportunistic disease.
- (3) The body is attacked by all sorts of diseases, infections and cancers that would usually not attack a healthy immune system.
- (4) An opportunistic disease is a disease with two major symptoms associated with AIDS.

Feedback on Question 5

The correct answer is 3. The definition of an opportunistic disease is discussed in the enrichment box on page 55 in HIV/AIDS care and counselling. Be careful of statements that over-generalise such as alternative 2, namely that '*ALL* AIDS patients also have TB.' Although *many* do, it is not true that *all* do.

Questions 6 to 12 are based on the knowledge and ideas that you have acquired so far on your journey that brought you to this course. Use the following story to answer the questions.

Your daughter in grade 9 and her friends are talking about sex and HIV/AIDS and they ask you the following questions. How would you answer their questions?

QUESTION 6

How can HIV be transmitted? What should we be careful about? Your answer is: HIV can be transmitted through:

- (a) Contact with infected blood. For example if there is an injury on the sports field and the blood of an infected player comes into contact with the broken skin or sores of another player.
- (b) Swimming pools. It is therefore very important for schools to make sure that they add enough chlorine to the water.
- (c) Unprotected sex, or when learners have sexual intercourse without a condom.
- (d) Sharing food and drinks.
- (e) Sharing needles for drug usage.
- (f) Sharing cigarettes.

Your answer is:

- (1) (a), (c), (d) and (f)
- (2) (a), (c) and (e)
- (3) (b), (d) and (e)
- (4) (c)
- (5) All of the above

Feedback on Question 6

The answer is 2. HIV cannot be transmitted through swimming pools (b), food and drinks (c), or by sharing cigarettes (f). Don't ever lie to your children about HIV and AIDS!

QUESTION 7

Some of the girls in the school have anal sex with the boys. That way they stay virgins and they cannot fall pregnant. Is it safe?

- (1) It is difficult to say if anal sex in this case is safe or not. It can be perfectly safe if there is no bleeding involved.
- (2) Anal sex is safe and it is a good way to prevent pregnancy.
- (3) Anal sex is a very high risk practice for girls because the anus is not flexible, tears easily and HIV transmission is very likely to take place.
- (4) Anal sex is not risky for the girls, but it is a very high risk sexual practice for boys.
- (5) Anal sex is disgusting, and I hope that I never catch you girls doing it.

Feedback on Question7

The correct answer is 3. Anal sex is a very high risk practice, especially for the receiving partner. Therefore, based on the preceding statement, alternative 4 is clearly incorrect. Be aware of the fact that many girls practice anal sex because it prevents pregnancy. The danger of this practice should be discussed with girls whenever appropriate. A word about alternative 5: It is never a good idea to be judgemental because people then often stop listening to you and your message gets lost. Give the facts in a calm way with logical reasons.

QUESTION 8

How can we prevent getting infected by HIV?

- (a) By always practising safer sex.
- (b) By always using a condom when you have sex.
- (c) By never having unprotected sex.
- (d) By abstaining from sex altogether.

The correct answer is:

- (1) (a)
- (2) (b)
- (3) (d)
- (4) All of the above

Feedback on Question 8

The correct answer is 4. You should now be aware of the ways in which HIV is transmitted, if you still have problems with this, go back and read more in HIV/AIDS care and counselling, page 148.

QUESTION 9

Surely we will be able to see if a boy is HIV positive. When is a person most infectious?

- (1) An infected person is usually evenly contagious through all the stages of the infection, so be careful!
- (2) An infected person is most infectious soon after becoming infected as well as during the latter stages when AIDS has developed.
- (3) A person is only contagious after he has developed AIDS, so yes you will be able to see if a boy is sick.
- (4) My advice to you girls is that you should stay away from boys altogether because you can't say by looks if they are infected or not.

Feedback on Question 9

The correct answer is 2. The reason why a person is more infectious during the beginning and a final phase of the disease is because the viral load in the blood and semen is very high during these stages of infection. And if you have sex with a person with a very high viral load in his blood or semen, your chances of getting infected are so much higher. Note that alternative 4 is a judgemental or advice-giving statement that should rather be avoided.

QUESTION 10

Mary says that you can sleep around all you want without using condoms when you are on ARVs, because the ARVs kill the virus and cure AIDS.

- (1) There is no cure for AIDS.
- (2) It is true that ARVs cures AIDS, but you should never sleep around.
- (3) ARVs only lower the viral load in the body, and if you have unprotected sex, you can get re-infected with HIV and your viral load can go up again.
- (4) You should always use condoms when you have sex – you can still fall pregnant.

Feedback on Question 10

The correct answer is 3. Although HIV infection can be treated with antiretrovirals so that the viral load is kept low and the immune system is kept as healthy as possible, there is still no cure for AIDS or HIV infection (see HIV/AIDS care and counselling, p.104). Although alternatives 1 and 4 are correct on their own, they do not answer the question that was asked by the girls.

QUESTION 11

I went for an HIV antibody test the other day and the sister at the clinic said that I tested negative. What does it mean? You answer that an HIV negative antibody test could mean any one or more of the following:

- (a) No antibodies against HIV have been found in your blood.
- (b) You have not been infected with HIV.
- (c) You may have been infected but antibodies have not yet formed.
- (d) You are in the 'window period' and do not yet show HIV antibodies.

The correct answer is:

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

Feedback on Question 11

The correct answer is 4. A negative HIV antibody test can mean any of the above alternatives a, b, c, and d. In cases (a) and (b), the person may have tested negative because they are not infected with HIV. In cases (c) and (d) the person may have tested negative because the antibodies have not yet formed against the virus, or the antibody levels are still too low to be picked up by the antibody test (which means that the person is still in the window period.)

QUESTION 12

Who is to blame for AIDS? Where does it come from?

- (1) AIDS is a gay disease.
- (2) Prostitution and promiscuity are to be blamed for the spread of AIDS.
- (3) The AIDS virus was manufactured in a laboratory to do harm to people.
- (4) Nobody is to be blamed for AIDS.

Feedback on Question 12

The correct answer is 5. Nobody is to blame for AIDS but it is our responsibility to protect ourselves from contracting the virus as well as caring for those infected.

Read the information in the following box and answer Questions 13 to 18.

(Extract from unit 4 in your study guide.)

Things in the AIDS field change very rapidly and it is important that you stay abreast of new developments by reading a lot, or by regularly surfing the internet for useful scientific information. For example, there is an exciting new test available for the assessment of paediatric HIV infection in resource-limited countries. It is called the 'dried blood spot (DBS) plasma p24 antigen test'. The test reacts to the p24 antigen in the baby's blood (and not to antibodies). The test is easy to use, inexpensive and has high levels of sensitivity and specificity. But the best part of the dried blood spot test is that it can be done on babies younger than 18 months of age. You will learn in this course that HIV antibody tests cannot be done on babies younger than 18 months old because they will still have the antibodies of their mothers in their blood. The dried blood spot test, however, react to the p24 antigen which is a protein particle of the HI virus.

QUESTION 13

What is the *main message* of the above paragraph?

- (1) You should read more and surf the internet to stay abreast new developments in the HIV/AIDS field.
- (2) HIV testing is an exciting, new field with new developments happening regularly.
- (3) There is a new HIV test available to test babies younger than 18 months.
- (4) HIV antibody tests cannot be done on babies younger than 18 months.

Feedback on Question 13

The correct answer is 3. The main message is that there is a new HIV test available to test babies younger than 18 months. Alternatives 1, 2, and 4 are all correct, however, they are not the *main message* of the passage. When you read a paragraph, it is important to extract and grasp the main message immediately. (Exam questions are often set on the main messages that are conveyed in a text.)

QUESTION 14

What is the name of the new test that is discussed in the above paragraph?

- (1) The p24 antigen test.
- (2) The DBS test.
- (3) The paediatric dried blood spot test.
- (4) The dried blood spot plasma p24 antigen test.

Feedback on Question 14

The correct answer is 4. The test name is the dried blood spot plasma p24 test. Alternative 1 might look correct because the test *reacts to p24 antigens* in the blood, but it is not the *name* of the new test. Always think about what you read.

QUESTION 15

The new test has been developed specifically to diagnose HIV infection in

- (1) adults
- (2) children
- (3) babies younger than 18 months
- (4) babies older than 18 months

Feedback on Question 15

The correct answer is 3. The test has been specifically developed to diagnose HIV infection in babies younger than 18 months. The test reacts to the p24 *antigen* in the baby's blood rather than *antibodies* because babies younger than 18 months still have antibodies of their mother's in their blood.

QUESTION 16

The following is/are one or more of the advantages of the new test:

- (1) The test is inexpensive.
- (2) It can be used in resource-limited settings.
- (3) The test is easy to use.
- (4) All of the above.

Feedback on Question 16

The correct answer is 4. All the alternatives are advantages of the new test for it is inexpensive, can be used in resource-limited settings and is easy to use. Therefore, alternatives (a), (b), (c) and (d) are correct.

QUESTION 17

The new test reacts to the _____ in a baby's blood.

- (1) dry blood spots
- (2) HIV protein particles
- (3) antibodies
- (4) all of the above

Feedback on Question 17

The correct answer is 2. The new test reacts to the p24 antigen which is a *protein particle of the HI virus*. A good technique to use with a difficult question like this one is 'elimination'. We know that a test cannot react to *dry blood spots*, but rather to something *in* the blood spots, so alternative 1 cannot be correct. We further know that the test reacts to the p24 antigen and not to antibodies. So alternative 3 is also not correct. That leaves us with alternative 2, and if you also know that p24 is a protein part of the HI virus, you have your correct answer!

QUESTION 18

The 'old' HIV antibody tests cannot be used on babies younger than 18 months of age because

- (1) It is impossible for babies to develop antibodies against HIV before they are 18 months old.
- (2) It is not possible to say if the antibodies in a baby's blood belong to the baby or to the mother before 18 months of age.
- (3) Babies younger than 18 months only develop p24 antigens against HIV.
- (4) It is very painful for young babies to draw their blood for the 'old' test, while the dry blood spot involves only a slight prick of the baby's heel to get a drop of blood.

Feedback on Question 18

The correct answer is 2. HIV antibodies tests cannot be used on babies younger than 18 months because these babies still have their mothers' antibodies in their blood. If the test then is positive, how would you know if it reacted on the mother or on the baby's antibodies? Also see answer to question 15.

Read the following extract from a debate between various scientists at the XVIIth International AIDS conference and then answer questions 19 to 25.

At the XVIIth International AIDS Conference which was held in Mexico City in August 2008, a debate on '*scaling up HIV testing and counselling: A human rights and public health imperative*' was held. Ana Langer opened the procedures by saying that there are currently two main approaches to HIV testing, namely *provider initiated* and *client initiated* testing. Both approaches share a common assumption, namely that knowing one's status means an individual will access additional counselling and health services that can change behaviour and/or jumpstart a regime of life preserving medication.

Provider initiated testing means that health facilities offer HIV information, counselling and testing to everyone who access services with the possibility of opting out. This means that all people who access health services will by default receive HIV counselling and testing *unless they specifically decline the HIV test*.

Client initiated testing relies on voluntary counselling and testing. This means that if testing services are known to be available in a community, individuals may decide for themselves whether to be tested or not.

So what we have here is the crux of so many public health debates through time: A sweeping effort that includes everyone, or a voluntary approach emphasising individual choice and rights. A classic example of this debate is mandatory mass vaccination programs, which have contributed to some of the greatest success stories of public health in the last 100 years. But is there not a critical difference between the decision to commit to mass vaccine programs (a method that clearly worked) and mass HIV testing programs (with no evidence at all that it will be working)?

QUESTION 19

The main issue debated in the section above was about

- (1) The two approaches to HIV testing, namely provider- versus client initiated testing.
- (2) Scaling up testing to change behavior and jumpstart the use of ARVs.
- (3) The human rights versus public health issues about the two approaches of HIV testing under discussion, namely provider- versus client initiated testing.
- (4) The advantages of mandatory mass vaccination programmes.

Feedback on Question 19

The correct answer is 3. The main issue being debated is the *human rights versus public health* issues about the two approaches to HIV testing, provider-versus client initiated testing. All the alternatives form part of the message but they are not the main message. Always read passages carefully to establish the main message.

QUESTION 20

Provider initiated testing refers to testing where health providers such as clinics

- (1) Offer voluntary counselling and testing by default and if clients do not want to be tested they specifically have to decline the service.
- (2) Offer voluntary counseling and testing but clients must specifically ask for the service if they want to be tested.
- (3) Have to be registered with the department of health before they can offer voluntary counselling and testing services.
- (4) May only offer voluntary counselling and testing after written consent from the client.

Feedback on Question 20

The correct answer is 1. Provider initiated testing refers to health providers such as clinics who offer voluntary counselling and testing by default and if clients do not want to be tested they specifically have to decline the service. Alternative 2 is incorrect because the service provider offers testing by default and the client does not have to ask for it. However, it is up to the client to decline the service. Alternative 4 is also incorrect because it does not answer the *core* of the question, namely what provider initiated testing means. Also note that verbal consent is often enough for testing and counselling, although most health care providers ask for written consent.

QUESTION 21

Client initiated testing refers to testing where

- (1) Clients have to initiate HIV counselling and testing by going to a health provider and ask for the test.
- (2) Health service providers offer voluntary counselling and testing by default and clients have to decline the service if they do not want it.
- (3) Clients buy home-testing kits from their pharmacies to test themselves in the privacy of their homes.
- (4) Health services may only offer voluntary counselling and testing after written consent from the client.

Feedback on Question 21

The correct answer is 1. Client initiated testing refers to the fact that clients have to initiate HIV counselling and testing by going to a health provider and asking for the test. Alternatives 2 and 4 are incorrect because they suggest provider initiated testing where the provider offers testing to the client. The statement here refers to client initiated testing. Alternative 3 is incorrect. Although home-testing can strictly speaking be seen as client-initiated, it is not relevant in this context. Again, don't read questions in isolation, but always keep the context in mind (in this case the debate about client- versus provider initiated testing).

QUESTION 22

The typical *human rights versus public health* debate in the HIV/AIDS field refers to

- (1) In-fighting between scientists, activists and lay counsellors about what is the best for the health of the HIV infected person.
- (2) The protection of the human rights of every person living with HIV infection.
- (3) The protection of the rights of the public who comes into contact with HIV infected people.
- (4) The achievement of a healthy balance between the rights of the HIV infected individual and the rights of the public in general.

Feedback on Question 22

The correct answer is 4. Typical human rights versus public health debate in the HIV/AIDS field refer to the achievement of a healthy balance between the rights of the HIV infected individual and the rights of the public in general. Alternatives 2 and 3 are incorrect because they focus only on the rights of certain individuals (the public or the individual). The aim of this debate is to have a balance between the two, not the one or the other. Alternative 1 is incorrect because this is constructive debate between scientists, activists and lay counsellors and not in-fighting (although in reality a lot of in-fighting is often going on).

QUESTION 23

Is there any possibility that human rights can be violated if *provider initiated* testing becomes the norm in a hospital?

- (1) No. Hospitals have the welfare of patients at heart and want to offer HIV positive patients treatment options.
- (2) Yes. Provider initiated testing implies that a patient do not have to give informed consent to be tested for HIV.
- (3) No. Hospital admission forms will automatically include permission for HIV testing to be done.
- (4) Yes. If patients are not well informed that HIV counselling and testing is offered by default, they will not necessarily realise that they have to say *no* if they do not want to be tested.

Feedback on Question 23

The correct answer is 4. Yes provider initiated testing could violate human rights if patients are not well informed that HIV testing and counselling is offered by default and will not necessary know that they have a right to refuse being tested. Alternative 2 is incorrect because even though the service is provider initiated, clients still have to give informed consent and they have the right to refuse testing. Alternatives 1 and 3 are incorrect because there are always chances for human rights abuse in a setting if proper facilities and guidelines are not put in place.

QUESTION 24

Which of the following is/are disadvantage/s of *provider initiated* HIV counselling and testing?

- (a) We might miss many opportunities to diagnose and counsel individuals who do not visit hospitals.
- (b) The receipt of informed consent might be a problem.
- (c) The rights of people in vulnerable positions like prisoners might be violated because they will not really have a choice to opt-out and refuse testing if it is offered as a matter of course in prisons.

The correct answer is:

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

Feedback on Question 24

The correct answer is 4. Some disadvantages of provider initiated counselling and testing include that we might miss many opportunities to diagnose and counsel individuals who do not visit hospitals and sometimes the rights of people in vulnerable positions like prisoners might be violated because they will not have a choice to decline testing if it's offered as a matter of course in prisons.

QUESTION 25

Which of the following is/are disadvantage/s of *client initiated* HIV counselling and testing?

- (a) We might miss many opportunities to diagnose and counsel individuals who do not go to VCT clinics.
- (b) The receipt of informed consent might be a problem.
- (c) The rights of people in vulnerable positions like prisoners and sex workers might be violated because they might feel pressurised to go for testing.

The correct answer is:

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

Feedback on Question 25

The correct answer is 1. Unfortunately not many people initiate their own testing. The slow uptake of VCT worldwide is one of the reasons why the provider initiated testing initiative was launched.

We hope that you have learned more than theory in this assignment and that you are stimulated to read more about new developments in the HIV/AIDS field. Best wishes with all the work ahead, and make the best of it!

Your lecturers in *HIV/AIDS care and counselling*.