Tutorial Letter 101/3/2012
HIV/AIDS care and counseling

PYC2605

Semesters 1 and 2

Department of Psychology

This tutorial letter contains important information about your module.

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SUGGESTED WORK FLOW	TICK (√)
1. Read this tutorial letter first.	
2. Buy/order the prescribed book.	
3. Work through your prescribed book as indicated in this tutorial letter.	
4. Complete and submit Assignments 01 and 02. These assignments are compulsory.	
5. Complete and submit Assignment 91. This assignment is not compulsory.	

Please note / important notes:

Formal tuition in this course will be conducted in English only. Where capacity exists, and upon request, individual discussions will be conducted in any preferred South African language.

Formele onderrig in hierdie kursus word slegs in Engels aangebied. Waar die kapasiteit bestaan, en op versoek, sal individuele besprekings met studente gevoer word in enige verkose Suid-Afrikaanse taal.

1 INTRODUCTION AND WELCOME

Dear Student

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

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

We shall do our best to make your study of this module successful. You will be well on your way to success if you start studying early in the semester and resolve to do the assignment(s) early and with enthusiasm.

You will receive a number of tutorial letters during the year. A tutorial letter is our way of communicating with you about teaching, learning and assessment.

Tutorial Letter 101 contains important information about the scheme of work, resources and assignments for this module. We urge you to read it carefully and to keep it at hand when working through the study material, preparing the assignment(s), preparing for the examination and addressing questions to your lecturers.

This module is offered in two semester periods of fifteen weeks each. Please make sure for which semester you are registered and follow the instructions for that specific semester.

In Tutorial Letter 101, you will find the assignments and assessment criteria as well as instructions on the preparation and submission of the assignments. This tutorial letter also provides all the information you need with regard to the prescribed study material and other resources and how to obtain it. Please study this information carefully and make sure that you obtain the prescribed material as soon as possible.

We have also included certain general and administrative information about this module. Please read this section of the tutorial letter carefully.

Right from the start we would like to point out that **you must read all the tutorial letters** you receive during the semester **immediately and carefully**, as they always contain important and, sometimes, urgent information.

We hope that you will enjoy this module and wish you all the best!

Prof Alta van Dyk and the PYC2605 team.

1.1 Tutorial matter

Some of this tutorial matter may not be available when you register. Tutorial matter that is not available when you register will be posted to you as soon as possible, but is also available on *my*Unisa.

Inventory letter and Study Material

At the time of registration, you will receive an inventory letter that will tell you what you have received in your study package and also show items that are still outstanding. Also see the booklet entitled **my Studies @ Unisa**.

The Department of Despatch should supply you with the following study material for this module:

- Tutorial Letter 101 at registration and others later
- Study guide for PYC2605 (only study guide for this course). Note that this study guide is for additional reading purposes only.
- DVD to accompany the study guide.

Check the study material that you have received against the inventory letter. You should have received all the items listed in the inventory, unless there is a statement like “out of stock” or “not available”. If any item is missing, follow the instructions on the back of the inventory letter without delay.

> Please note that your lecturers cannot help you with missing study material. Please contact the Department of Despatch at despatch@unisa.ac.za or you can send a sms to No 43579.
>
> **You can also access study guides and tutorial letters for all modules on *my*Unisa at http://my.unisa.ac.za. All tutorial material is loaded onto this website as soon as it leaves the department – it will therefore be available here long before you can possibly receive it by post. We suggest that you check the site on a regular basis.**

Apart from Tutorial Letter 101, you will also receive other tutorial letters during the semester. These tutorial letters will not necessarily be available at the time of registration. Tutorial letters will be dispatched to you as soon as they are available or needed. You will, for example, receive a tutorial letter with a practice examination paper, as well as a tutorial letter with feedback on the assignments.

2 PURPOSE OF AND OUTCOMES FOR THE MODULE

2.1 Purpose

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

- manage your own life in the risky environment posed by the HIV epidemic. That is, to help you in discovering how you can protect yourself from the virus, or alternatively if you are HIV positive, how to live positively and how to curtail the effects of the virus on your life;

- enable you to assist other people in your community by helping them to manage their lives in the HIV/ADS environment, by facilitating a process of behaviour change, or by curtailing the effects of HIV on their lives.

2.2 Outcomes

When you have completed this module, some of the things you will be able to do are to:

- apply your newly gained knowledge and skills to keep yourself healthy and safe in an HIV/AIDS environment (outcome 1);

- disseminate correct and relevant information on HIV/AIDS within your community to prevent HIV infection (outcome 2);

- facilitate the breakdown of negative attitudes, stereotypes and misconceptions about HIV/AIDS in your community (part of outcome 2);

- do basic counselling to support people living with HIV/AIDS (outcome 3);

- care for people living with HIV/AIDS – especially in the home-based-care environment (outcome 4)

- be an advocate for the legal and ethical rights of people living with HIV infection or AIDS (outcome 5); and to

- care for yourself as caregiver to prevent burnout (part of outcome 4).

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

3 LECTURER AND CONTACT DETAILS

3.1 Lecturers

This module is presented by a multi-disciplinary team consisting of lecturers from different departments. You are welcome to contact us if you have any problems with the course. The lecturers responsible for this module are given in the table below. All queries **about the content**

of this module should be directed to us. Please have your study material with you when you contact us.

You may contact your lecturers by post, e-mail, telephone or on *my*Unisa.

Name of Lecturer	Building & Office nr	Telephone number	E-mail address
Ms Keit Shirinda-Mthombeni (Module Leader)	Theo van Wijk 5-39	(012)429-8317	shirik@unisa.ac.za
Ms Louise Henderson	Theo van Wijk 5-91	(012)429-8214	hendeh@unisa.ac.za
Ms Precious Mubiana	Theo van Wijk 5-83	(012)429-8577	mubiapb@unisa.ac.za
Ms Motshedisi Chauke Health Studies	Theo van Wijk 7-157	(012) 429-8815	chaukme@unisa.ac.za
Prof Alta van Dyk (Not available between March and August 2012 due to R&D leave.)	N/A	(012) 429-8514	vdykac@unisa.ac.za
Prof Peet van Dyk (Not available between March and August 2012 due to R&D leave.)	N/A	(012)429-3244	vdykpj1@unisa.ac.za

3.2 Department

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

Name of Administrative Personnel	Building & Office nr	Telephone number	E-mail address
Mrs Christa Barrish (Administrative assistant)	Theo van Wijk 5-42	(012)429-8251	**barrich@unisa.ac.za**
Ms Thandeka Thwala (Assistant Administrator)	Theo van Wijk 5-49	(012)429-8216	**thwaltn@unisa.ac.za**
Department of Psychology (Administrative member of staff)	Theo van Wijk 5-50	(012)429-8088	

E-mail and telephone numbers are included above but you might also want to write to us. Letters **about the content of the module** should be sent to:

Ms Keit Shirinda-Mthombeni (PYC2605)
Department of Psychology
PO Box 392
UNISA
0003

Enquiries of an **administrative nature can** be directed to:

Mrs C Barrish
Department of Psychology
PO Box 392
UNISA
0003

We really like to meet our students, but please make an appointment beforehand. We do not want to disappoint you if we are not available when you arrive. Some of us are professors working from home, and we are not on campus every day.

PLEASE NOTE: Letters to lecturers may not be enclosed with or inserted into assignments.

3.3 University

If you need to contact Unisa about matters not related to the content of this module, please consult the brochure **my Studies @ Unisa**, which you should have received with your study material. In this document you will find the contact details of various administrative departments. If you did not receive this document and have access to the Internet, you can find it on *my*Unisa under the 'Resources' option. Remember to always have your student number ready when making an enquiry.

Please ensure that you contact the correct section or department for each enquiry as this will result in a speedy resolution of the enquiry.

The contact details are:

Fax number (RSA only):	(012) 429 4150
Fax number (international):	+27 12 429 4150
E-mail address:	study-info@unisa.ac.za

Other means of contacting the university are:

Physical address:	University of South Africa Preller Street Muckleneuk Pretoria City of Tshwane
Postal address:	University of South Africa PO Box 392 UNISA 0003
Online address:	http://my.unisa.ac.za
Unisa website:	http://www.unisa.ac.za

E-mails Addresses:

Examinations: exams@unisa.ac.za

Aegrotat and special examinations: aegrotats@unisa.ac.za

4 MODULE RELATED RESOURCES

4.1 Prescribed books

Your prescribed textbook for this module is:

Van Dyk, A.C. (2012). *HIV and Aids: Education, Care and Counselling* (5th Ed.). Cape Town: Pearson Education.

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

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

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

Note: Please do not use any previous edition of the prescribed book (such as the 4th or 2008 edition) since the information is outdated. The exam paper is based on the 5th (2012) edition of the book.

4.2 Study guide

Please note that the study guide you have received is based on a previous edition of the prescribed book and that the page and chapter references in the guide do not correspond with the page and chapter numbers of the current (5th) edition of your prescribed book. We therefore suggest that you use the study guide (for example additional explanations, activities and exercises) for enrichment purposes only. Use the syllabus in this tutorial letter (Section 6) to structure your studies. You will receive a tutorial letter (Tutorial Letter 102) with more detail on what to 'Study' and what to 'Read only'. Please do not wait for Tutorial Letter 102 before commencing your studies. Although there will be no examination questions on the 'Read only' sections, you still need to read every prescribed chapter in its entirety to be able to understand the work.

4.3 Recommended books

The following book is strongly recommended to bring what you have learned in the prescribed textbook to life.

Steinberg, J. (2008). *Three letter plaque*. Johannesburg: Jonathan Ball. (This book was published in the USA under the title *Sizwe's Test.*)

Please note that this book is not an academic handbook but the true story (or case study) about one man and his community's struggle with HIV. The backdrop to the story is Ithanga – a village in one of the remotest corners of Lusikisiki in the old Transkei. The author (Steinberg) explores the lives of this rural community caught up in a battle to survive the ravages of HIV/AIDS. He befriends Sizwe Magadla, a young local man who refuses to be tested for HIV despite the fact that there is a well-run testing and antiretroviral programme in his community. It is this apparent illogic that becomes the key to understanding the dynamics that thread their way through a complex and traditional rural community.

Extracts from the book are used in the study guide to illustrate certain issues in your prescribed book.

Three letter plaque is not for examination purposes, but it will enrich you tremendously to read it. A **limited** number of copies are available in the Library.

LIST OF RECOMMENDED BOOKS WITH BOOK NUMBERS
LYS VAN AANBEVOLE BOEKE MET BOEKNOMMERS

PYC2605 2012

When requesting recommended books from the Library, please supply **full book number** on your request card.

Verskaf asseblief **volledige boeknommer** wanneer aanbevole boeke by die Biblioteek aangevra word.

Books supplied subject to availability

TITLE	**AUTHOR** **REQUEST NUMBER**
Three letter plague : a young 362.19697920096875 STEI	Steinberg, Jonny, 19

4.4 Electronic Reserves (e-Reserves)

There are no e-Reserves for this module.

5 STUDENT SUPPORT SERVICES FOR THE MODULE

Important information appears in your **my Studies @ Unisa** brochure.

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

Contact with fellow students

Study groups

It is advisable to have contact with fellow students. One way to do this is to form study groups. The addresses of students in your area may be obtained from **my Studies @ Unisa**.

***my*Unisa**

If you have access to a computer that is linked to the internet, you can quickly access resources and information at the University. The *my*Unisa learning management system is Unisa's online campus that will help you to communicate with your lecturers, with other students and with the administrative departments of Unisa – all through the computer and the internet.

To go to the *my*Unisa website, start at the main Unisa website, http://www.unisa.ac.za, and then click on the "Login to *my*Unisa" link on the right-hand side of the screen. This should take you to the *my*Unisa website. You can also go there directly by typing in http://my.unisa.ac.za.

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

Tutorial classes

Please contact our Regional Centres for more information on tutorial classes.

Discussion classes

There are no discussion classes for this module.

Repeat students

It is expected from a repeating student to submit all assignments again. Students will not obtain examination admission without the submission of assignments.

6 MODULE SPECIFIC STUDY PLAN

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

In this section we will explain to you how to reach the outcomes of this module as stated in Section 2 in this tutorial letter. Each part of the prescribed book coincides with a specific outcome. To make it easier for your, we have divided the work into three sections. The first section (Section A) is compulsory for all students and consists of all the theory and information you need to become a competent counsellor or caregiver in the HIV/AIDS field. You then have to choose between Section B (guidance track) and Section C (care track). This means that you do not have to study all the chapters in your prescribed book.

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

SECTION A (COMPULSORY SECTION): Chapters 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 21 and 22;

AND

SECTION B: (GUIDANCE TRACK): Chapters 10, 16 and 18;

OR

SECTION C: (CARE TRACK): Chapters 17, 19 and 20.

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

Table 1: Your syllabus in a nutshell

Chapter	Title	Study category
Part 1 – Fundamentals about HIV and AIDS (Outcome 1)		
1	HIV and AIDS: A brief history	**Compulsory**
2	HIV and the immune system	**Compulsory**
3	Transmission and Prevention	**Compulsory**
4	HIV-associated symptoms and diseases	**Compulsory**
5	HIV tests	**Compulsory**
6	Antiretroviral therapy	**Compulsory**
Part 2 – Education and empowerment (Outcome 2)		
7	Theories of behaviour change	**Compulsory**
8	AIDS education	**Compulsory**
9	Changing unsafe practices	**Compulsory**
10	AIDS education for school children	**Guidance Track**
11	AIDS education in traditional Africa	**Compulsory**
Part 3 – HIV Counselling (Outcome 3)		
12	Counselling principles and skills	**Compulsory**
13	HIV counselling and testing	**Compulsory**
14	Ongoing counselling	**Compulsory**
15	Bereavement counselling	**Compulsory**
16	Spiritual counselling and the meaning of life	**Guidance Track**
Part 4 - Care and Support (Outcome 4)		
17	Home and community-based care	**Care Track**
18	Orphans and vulnerable children	**Guidance Track**
19	Infection control	**Care Track**
20	Care and nursing principles	**Care Track**
21	Care for the caregiver	**Compulsory**
Part 5 – Legal and policy issues (Outcome 5)		
22	Aids and the law (Only selected sections – see Tutorial Letter 102.)	**Compulsory**
23	AIDS and the workplace	**Leave Out**

Depending on when you enrolled for the course, you will have approximately 15 weeks to study. The suggested study programme below has been spread over 15 weeks. Please adapt the programme to your own needs, preferences and study style and remember to submit the assignments according to the closing dates. If you chose the **Guidance Track** follow Programme A. If you chose the **Care Track** follow Programme B. The programme is based on the chapters in your prescribed book.

PROGRAMME A: GUIDANCE TRACK

Week	Chapter	Theme and Chapter Title
Theme 1: Knowing the challenge (Outcome 1)		
1	Chapter 1 Chapter 2	HIV and AIDS: A brief history HIV and the immune system
2	Chapter 3 Chapter 4	Transmission and Prevention HIV-associated symptoms and diseases
3	Chapter 5 Chapter 6	HIV tests Antiretroviral therapy
Theme 2: Education and empowerment (Outcome 2)		
4	Chapter 7 Chapter 8 Chapter 9	Theories of behaviour change AIDS education Changing unsafe practices
5	Chapter 10	AIDS education for schoolchildren
6	Chapter 11	AIDS education in traditional Africa
Theme 3: Counselling in the HIV context (Outcome 3)		
7	Chapter 12	Counselling principles and skills
8	Chapter 13	HIV counseling and testing
9	Chapter 14	Ongoing counseling
10	Chapter 15 Chapter 16	Bereavement counseling Spiritual counseling and the meaning of life
Theme 4: Care and Support (Outcome 4)		
11	Chapter 18	Orphans and vulnerable children
12	Chapter 21	Care for the caregiver
Theme 5: Legal, Ethical and Policy Issues (Outcome 5)		
13	Chapter 22	AIDS and the law
14	-	Examination preparation – Review your notes and summary of the book
15	-	Examination preparation – Do example examination paper in Tutorial Letter 103/2012.

PROGRAMME B: CARE TRACK

Week	Chapter	Theme and Chapter title
Theme 1: Knowing the challenge (Outcome 1)		
1	Chapter 1 Chapter 2	HIV and AIDS: A brief history HIV and the immune system
2	Chapter 3 Chapter 4	Transmission and Prevention HIV-associated symptoms and diseases
3	Chapter 5 Chapter 6	HIV tests Antiretroviral therapy
Theme 2: Education and empowerment (Outcome 2)		
4	Chapter 7 Chapter 8	Theories of behaviour change AIDS education
5	Chapter 9 Chapter 11	Changing unsafe practices AIDS education in traditional Africa
Theme 3: Counselling in the HIV context (Outcome 3)		
6	Chapter 12	Counselling principles and skills
7	Chapter 13	HIV counseling and testing
8	Chapter 14	Ongoing counseling
9	Chapter 15	Bereavement counseling
Theme 4: Care and Support (Outcome 4)		
10	Chapter 17 Chapter 19	Home and community-based care Infection control
11	Chapter 20	Care and nursing principles
12	Chapter 21	Care for the caregiver
Theme 5: Legal, Ethical and Policy Issues (Outcome 5)		
13	Chapter 22	AIDS and the law
14	-	Examination preparation – Review your notes and summaries of the book.
15	-	Examination preparation – Example examination paper in Tutorial Letter 103

7 MODULE PRACTICAL WORK AND WORK INTEGRATED LEARNING

There are no practicals for this module.

8 ASSESSMENT

8.1 Assessment plan

Multiple choice questions are marked by computer. Please note that we adjust the marks to accommodate the effect of 'blind guessing' or 'random guessing' by subtracting a fraction of the marks for each incorrect answer. We base our decision on the statistical analysis of the answers, but practice has shown that we usually deduct 1 mark for every six incorrect answers. However, the **maximum** we can deduct for questions with four alternatives is 1 mark for three incorrect answers (i.e. 0,33 marks for each wrong answer).

Computation of your assignment marks: Please do not phone or e-mail us to complain that your marks are wrongly computed! First use your basic arithmetic skills to work out your marks, or ask someone to help you. For example: Assignment 01 has 25 questions. If you have 9 questions wrong (and we deduct 1 mark for each 6 questions that you have wrong) your mark will be 25 minus 9 minus 1.5. This gives you a mark of 14.5 out of 25. Your percentage for this assignment will thus be 58% (or 14.5 X 4 = 58). (My sincere apologies to students who feel insulted by this explanation - but we are inundated by calls from students who do not understand this basic computation.)

Please note that although students may work together when preparing assignments, each student must **complete and submit his or her own individual assignment**. It is unacceptable for students to submit identical assignments on the basis that they worked together. That is copying (a form of plagiarism) and none of these assignments will be marked. Furthermore, you may be penalised or subjected to disciplinary proceedings by the university.

How the assignments contribute to the year mark

In this module the year mark counts 10% and the examination 90% of the final mark. **Both Assignments 01 and 02** count towards the year mark. Please note that you should obtain a sub-minimum of 40% in the examination to obtain a final pass mark.

Computation of your year mark: If you have 20/25 (or 80%) for Assignment 01 and 18/30 (or 60%) for Assignment 02, your year mark will be 7/10. This is computed as follows: Both assignments count 5 marks each towards the year mark. For Assignment 01 you will get [(80÷100) X 5] = **4**; and for Assignment 02, [(60÷100) X 5] = **3,** which adds up to a year mark of 7.

8.2 General assignment numbers

Assignments are numbered consecutively per module, starting from 01.

This section contains your assignments for this module. It is very important that you submit your assignments in the semester that you are registered for. If you are registered for the second semester (exam date October/November) and you submit your assignments in the first semester, your assignments will not be marked and it will get lost in the system. Spare yourself the heartache and frustration of not getting examination admission by making sure that you submit your assignments correctly (in the semester that you are registered for). Fill in the following block to assist you.

Read the following statements and make a cross (X) in the block that applies to you.

1. I am registered for the

First semester (Jan to June)	
Second semester (July to November)	

2. This means that I will write my exams in

May / June 2012	
October / November 2012	

3. My assignments are therefore due as follows

First semester	Ass 01: 12 March 2012 Ass 02: 10 April 2012 Ass 91: 2 May 2012	
Second semester	Ass 01: 22 August 2012 Ass 02: 19 September 2012 Ass 91: 28 September 2012	

4. My examination date and venue is

Examination date	
Examination venue	

8.2.1 Unique assignment numbers

FIRST SEMESTER		SECOND SEMESTER	
Assignment	**Unique number**	**Assignment**	**Unique number**
01	355397	01	393116
02	214075	02	320554
91	204559	91	215075

8.2.2 Due dates of assignments

FIRST SEMESTER		SECOND SEMESTER	
Assignment	**Due date**	**Assignment**	**Due date**
01	12 March 2012	01	22 August 2012
02	10 April 2012	02	19 September 2012
91	02 May 2012	91	28 September 2012

8.3 Submission of assignments

Assignments and learning

Assignments are seen as part of the learning material for this module. As you do the assignment, study the reading texts, consult other resources, discuss the work with fellow students or tutors or do research, you are actively engaged in learning. Looking at the assessment criteria given for each assignment will help you to understand what is required of you more clearly.

For students attending tutorial sessions, tutors may also set additional tasks and give feedback in class.

General remarks

Please note that enquiries about assignments (e.g. whether or not the University has received your assignment or the date on which an assignment was returned to you) must be addressed to the Assignment Section at assign@unisa.ac.za. You might also find information on *my*Unisa.

You may submit written assignments and assignments done on mark reading sheets either by post or electronically via *my*Unisa. Assignments may **not** be submitted by fax or e-mail. For detailed information and requirements as far as assignments are concerned, see the brochure **my Studies @ Unisa** that you received with your study material.

To submit an assignment **via *my*Unisa:**

- Go to *my*Unisa.
- Log in with your student number and password.
- Select the module.

- Click on assignments in the left-hand menu.
- Click on the assignment number you want to submit.
- Follow the instructions on the screen.

Assignments submitted by post should be addressed to:

The Registrar
PO Box 392
UNISA
0003

Feedback and commentaries on assignments

You will receive the correct answers automatically for multiple choice questions. Feedback or commentaries on compulsory assignments **will be sent to all students registered for this module** in a follow-up tutorial letter, and not only to those students who submitted the assignments. The tutorial letter number will be 201, 202, etcetera.

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

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

Note that you will not receive feedback on Assignment 91 (mini research project). The questionnaires that we receive for Assignment 91 will be kept by the teaching team for research purposes. The results will be published in a scientific journal in due course.

Assignments, unique numbers and submission dates

Four assignments have been set for this module, but only two of these assignments are compulsory. You will find the assignments from page 20 to page 52 of this tutorial letter. Assignments 01 and 02 consist of 25 and 30 multiple choice questions respectively. Both these assignments are **compulsory.** By submitting **BOTH** Assignment 01 and 02 **on time,** you gain examination admission. Note that you do not have to **pass** the assignments to gain examination admission – but you have to **submit** them. Assignments 01 and 02 count towards your year mark and it is in your own best interest to try your best to gain good marks in both assignments (also see par. 11 below). Your assignments must reach us by the **closing date**. PLEASE NOTE that there are **NO** further opportunities to gain examination admission.

Assignment 91 is not compulsory. Assignment 91 comprises a mini research project.

You will see that each multiple choice assignment has a **unique assignment number**. Please indicate this unique number on your mark reading sheet before submitting your assignments. The computer identifies all assignments by the unique number. Also, do not forget to fill in your student number on your mark reading sheet. For detailed information on and requirements for assignments, as well as instructions for the use of mark reading sheets, consult **my Studies @ Unisa.**

Each semester has its own closing date (and unique number where applicable) for the assignments. Please consult the following tables for the closing dates, unique numbers and other relevant information of assignments.

Assignment Number	**Semester 1**	**Semester 2**	**Type of Assignment**	**Number of Questions**
01 **Unique Nr**	**355397**	**393116**	Compulsory Multiple Choice	25
02 **Unique Nr**	**214075**	**320554**	Compulsory Multiple Choice	30
91 **Unique Nr**	**204559**	**215075**	Optional Mini-research	Written

General assignment guidelines

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

- Always keep a copy of your assignment answers, in case your assignment does not reach the University.
- Please submit the **original** copy.
- Remember to use the correct student and unique numbers.
- Where an assignment involves the use of a MARK READING SHEET, you should read the section “INSTRUCTIONS FOR THE USE OF MARK READING SHEETS” in **my Studies @ Unisa.**
- Students who do not have access to the internet must complete their assignments on the mark reading sheet provided with your study material. **Take note of the following important information:**
    - Use only an **HB pencil** (not a ‘pacer’) and mark your answers **clearly** and **distinctly**.
    - Mark as follows [**--**]
    - If you mark a block incorrectly, make sure that the mark is erased properly.
    - Do not staple your mark reading sheet to any document.
- You may submit your multiple choice and written assignments through the internet by using *my*Unisa instead of using a mark reading sheet. Please adhere strictly to the requirements applicable to the completion and submission of assignments in **my Studies @ Unisa.** One of the great advantages that *my*Unisa offers is that your assignment is immediately delivered to the Assignment Section at Unisa so that you do not have to agonise as to whether your assignment has arrived safely, and you also no longer have to worry about postal delays.

8.4 Assignments

ASSIGNMENT 01
(Multiple choice)

CLOSING DATE AND UNIQUE NUMBER	FIRST SEMESTER	SECOND SEMESTER
❑ Closing date	12 March 2012	22 August 2012
❑ Unique assignment number	355397	393116

Note: This assignment is **compulsory**. You have to **submit** it before the closing date to gain admission to the examinations and it also counts towards your **year mark**. The assignment consists of 25 multiple choice questions which must be answered on a mark reading sheet or via *my*Unisa.

NOTE: You do not need your prescribed book to complete this assignment. All the information you need to answer the questions is provided here.

The purpose of this assignment is to help you to assess where you are in terms of your HIV/AIDS reading and comprehension skills, knowledge and attitudes at this stage of your studies. Use your assignment mark and our feedback (to be provided in Tutorial Letter 201/2012) to sensitise you to possible problems in your learning.

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 d*eficiency* 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.*

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.

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.

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.

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.

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?

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

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.

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

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.

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 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.

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)

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.

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

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 (or HIV infection in babies) 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, reacts 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.

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.

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

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.

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

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 moths 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.

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.

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.

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.

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.

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.

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)

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)

END OF ASSIGNMENT 01

ASSIGNMENT 02
(Multiple choice)

CLOSING DATE AND UNIQUE NUMBER	FIRST SEMESTER	SECOND SEMESTER
❑ Closing date	10 April 2012	19 September 2012
❑ Unique assignment number	214075	320554

Note: This assignment is **compulsory**. You have to **submit** it before the closing date to gain admission to the examinations in *HIV/AIDS care and counselling*. The assignment contributes to your **year mark**.

The assignment is based on Chapters 1, 2, 3, 4, 5, 6, 7, 9, 11 and 12 of your prescribed book and it consists of 30 multiple choice questions which must be answered on a mark reading sheet or via *my*Unisa.

Questions 1 to 3 are based on Chapters 1 and 2.

QUESTION 1

When was the HI virus first isolated by scientists?

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

QUESTION 2

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

(1) Although it is a very fragile virus, it has the ability to survive harsh conditions and environments.
(2) The important defensive cells of the human immune system (i.e. the CD4 cells) have no way of defending themselves against the HI virus.
(3) The fact that the HI virus reproduces inside the human body.
(4) The reproduction rate of the virus is too quick for the immune system to be able to kill it.

QUESTION 3

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

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

Questions 4 to 7 are based on Chapter 3.

QUESTION 4

The risk of becoming infected with HIV is two to four times higher for women than it is for men. Women are *biologically* more vulnerable to HIV infection than men, because women

(1) living in traditional African societies are usually forced to comply with cultural practices, such as living with their in-laws and subjecting themselves to the practice of widow cleansing.
(2) are exposed to semen for a longer time during sex than men are to vaginal fluids, and semen contains higher concentrations of HIV than do vaginal fluids.
(3) living in poor and deprived conditions are often forced to become sex workers in order to keep themselves and their children alive.
(4) often have more sexual partners than men.

QUESTION 5

Jacob is a teenage boy who has heard a lot about HIV transmission from his friends. However, because there are so many myths about how HIV is transmitted, it is difficult for him to distinguish between fact and myth. As a health-care worker, you ask him to compile examples of facts and myths about transmission. Jacob gave a correct answer by stating that transmission of HIV through (a) ____ is a fact, while transmission of HIV through (b) ____ is a myth.

(1) (a) coughing or sneezing (b) handshaking or hugging
(2) (a) unprotected sex (b) breastmilk
(3) (a) contact with infected blood (b) mosquito bites
(4) (a) swimming pools (b) blood transfusions

QUESTION 6

Nomsa is a young HIV positive mother who decides to bottle feed her baby with formula milk. The nurse should

(1) give Nomsa six tins of baby milk powder and instruct her to read the instructions on the tin before she prepares it.
(2) refuse to give her the milk powder because all mothers should breastfeed their babies for at least two years.
(3) show Nomsa how to prepare the milk by mixing the correct amount of powder in a clean bottle with clean, boiled and cooled water.
(4) explain to Nomsa how to prepare the milk by using less milk powder than recommended so that there is enough milk left for her other children.

QUESTION 7
Linda is a lesbian who never engages in heterosexual activities. She has, however, multiple woman partners and is worried about getting infected with HIV. What would you advise her?

(1) All homosexual activities are high risk and she should drastically reduce her number of partners.
(2) Lesbian sexual activities are not particularly high risk, but she should refrain from sharing sex toys and she should use barriers (e.g. latex squares) when participating in oral sex.
(3) She does not need to worry at all because lesbians fall into a low risk group.
(4) Lesbians should always refrain from using sex toys because these may cause bleeding of the vaginal lining.

Questions 8 to 10 are based on Chapter 4.

QUESTION 8
The health status of an HIV infected person can be predicted by

(1) doing a CD4 cell count. The lower the CD4 cell count, the sicker the person will be and the higher the possibility of opportunistic infections.
(2) measuring the viral load in the person's blood. The lower the viral count, the sicker the person will be.
(3) counting the number of opportunistic infections the person had over the last four weeks. More opportunistic infections are an indication of an inadequately functioning immune system.
(4) testing the patient for tuberculosis.

QUESTION 9
"HIV infection has become a manageable chronic disease. What we should worry about now is tuberculosis (TB) and the development of drug-resistant TB organisms. Drug-resistant TB is very hard to treat and thousands of people will die at the hand of this new threat in our midst." (World Health Organisation official, 2001). What can health care professionals do to prevent the development of drug resistant TB while caring for HIV positive patients?

(1) TB prophylactic (preventive) medication should only be given to HIV positive patients with low CD4 cells who do not show any signs of active tuberculosis and who are committed to adhering to the medication programme.
(2) Tuberculosis is such a huge problem in Africa that TB prophylactic medication should be given to all HIV infected individuals, regardless of whether they show symptoms of active tuberculosis or not.
(3) The only way to prevent drug-resistant TB bacilli is to offer TB prophylactic medication to all HIV positive patients with a CD4 cell count lower than 350 cells/mm^3, regardless of any symptoms.
(4) Only HIV positive patients who present with symptoms of active tuberculosis should be treated with TB prophylactic medication. To treat patients who do not show any signs of TB is like giving people antibiotics when they are not sick.

QUESTION 10

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)

Questions 11 to 13 are based on Chapter 5.

QUESTION 11

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

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

QUESTION 12

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

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

The correct answer is:
(1) (a) and (b)
(2) (a) and (d)
(3) (a), (b) and (e)
(4) (b) and (c)

QUESTION 13

In order to manage HIV infection, it is important for the clinician to monitor the individual's CD4 cell count and the viral load in his or her blood on an ongoing basis. *CD4 cell counts* are important to

(a) evaluate the status of the immune system.
(b) measure the client's response to medication.
(c) indicate when to start to prevent or treat opportunistic infections.

The correct answer is:
(1) (b) and (c)
(2) (a) and (c)
(3) (a)
(4) (a), (b) and (c)

Questions 14 to 15 are based on Chapter 6.

QUESTION 14

What are some of the *disadvantages* of antiretroviral therapy?

(a) Some antiretrovirals have very negative side-effects on some patients.
(b) Antiretroviral therapy may prolong the life of the patient.
(c) Antiretroviral therapy involves a strict and complex medication regime which is often difficult for patients to follow.
(d) Antiretrovirals has to be taken every day throughout a person's life.

The correct answer is:

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

QUESTION 15

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

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

Questions 16 to 18 are based on Chapter 7.

QUESTION 16

One of the principles of behaviour change is that the counsellor should be absolutely specific about the behaviour that needs to be changed. It is therefore important to identify the *action, target, context* and *time* of the behaviour that you want to change. The important conceptual difference between casual sex *once a week* and casual sex *once a year* refers to the _____ of the behaviour.

(1) action
(2) target
(3) context
(4) time

QUESTION 17

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

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

QUESTION 18

According to the health locus of control theory, people with an external locus of control

(1) will be more inclined to change their sexual behaviour, because they believe in their ability to carry out the required behaviour in order to promote their own health.
(2) believe that they have no control over their own health, and will be less inclined to change their sexual behaviour in order to prevent illness.
(3) will not change their sexual behaviour, because they feel so self-assured that they do not realise the need to change their behaviour in the first place.
(4) believe that they have external control over their own health, and that they will be able to change their sexual behaviour whenever they want to.

Questions 19 to 20 are based on Chapter 9.

QUESTION 19

If sexual behaviours can be placed on a continuum from no-risk to high-risk behaviours, *oral sex* constitutes

(1) low risk, if a condom or latex barrier is used to cover the genitalia.
(2) no risk, if pre-seminal fluids are allowed into the partner's mouth, because pre-seminal fluids do not contain the HI virus.
(3) very high risk unless a condom or latex barrier is used.
(4) low risk if the partner has sores in his or her mouth.

QUESTION 20

The femidome or female condom empowers women by giving them control over their sex lives. What are the some of the advantages of the female condom?

(a) Because it is made of latex, it requires no special storage.
(b) It can be used with water- and oil-based lubricants such as Vaseline, KY-Gel, baby oil and cooking oil.
(c) It can be inserted an hour or so before intercourse.
(d) It can be used by a woman without her male partner knowing about it.

The correct answer is:
(1) (c)
(2) (b) and (c)
(3) (a) and (d)
(4) (a), (b), (c) and (d)

Questions 21 to 22 are based on Chapter 11.

QUESTION 21

In some African countries, witchcraft is believed to be the causal agent of AIDS. What is the psychological function of blaming witchcraft for AIDS?

(a) It alleviates feelings of guilt and anxiety if external factors can be blamed.
(b) People feel empowered to change their behaviour if they can project responsibility on outside forces.
(c) People can only effectively deal with AIDS and eradicate it from their society if they know who to blame.
(d) To blame outside forces, such as witchcraft, fulfils the function of attributing meaning to the horrible things that are happening to people with the advent of AIDS.

The correct answer is:
(1) (a) and (d)
(2) (a) and (b)
(3) (b) and (c)
(4) (c) and (d)

QUESTION 22

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.

Questions 23 to 28 are based on Chapter 12.

QUESTION 23

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

(1) allow the client to tell his or her story so that the counsellor, as an effective listener and AIDS expert, can come up with a plan of action to help the client face his or her difficulties.
(2) facilitate the process of change and help the client to primarily face and concentrate on the constraints of the disease.
(3) improve the client's quality of life by helping him or her to manage problems, to change his or her behaviour where necessary and to become effective self-helpers in coping with any problems that may arise in the future.
(4) do only crisis counselling to establish the specific needs of the client, and then to refer him or her as soon as possible to a professional person who can help the client.

QUESTION 24

The counselling process can be divided into four phases. The goal of the *relationship building* phase is to (a) ___, while the goal of the phase that involves helping the client to *tell his or her story* is to (b)___.

(1) (a) get to know the client well
    (b) set goals and to decide on methods of achieving them
(2) (a) establish an open relationship
    (b) get insight into the client's context
(3) (a) set goals and to decide on methods of achieving them
    (b) get to know the client well
(4) (a) get insight into the client's context
    (b) facilitate self-exploration and clarify feelings

QUESTION 25

Nomsa discusses her marital problems with a counsellor who responds as follows: "Nomsa, I understand exactly how you feel. Your husband is a very selfish person for sleeping around and infecting you." The counsellor is showing

(1) empathy.
(2) immediacy.
(3) self-disclosure.
(4) sympathy.

QUESTION 26

During the counselling session, your client Pete discloses to you that he is HIV positive and explains that the reason for not telling you before was because he feared your response. How would you, as the counsellor, respond with a view to demonstrating *basic empathy*?

(1) You remain silent after Pete's disclosure because you are not sure what to say and you think that silence would be better than a brief response.
(2) You match Pete's emotional tone, even if it means you are not being yourself in that moment.
(3) You name the relevant emotion expressed by Pete and refer to the relevant experience that gave rise to his feelings.
(4) You appreciate the importance of Pete's disclosure and therefore use the standard response recommended by Egan for client's self-disclosure, rather than your own words.

QUESTION 27

You counselled your HIV positive client, Pete, on the importance of disclosing his HIV status to his wife. Pete, however, refuses to tell his wife that he is HIV positive because he does not feel ready to do so yet. By allowing Pete to make his own decision to not tell his wife that he is HIV positive at this stage, according to the person-centred approach, you demonstrate which of the following aspects of respect?

(1) The realisation that the principle of unconditional positive regard is not possible in practice.
(2) A willingness to give up your values in order to put Pete's values first.
(3) The ability to deny to Pete the fact that his decision upsets you.
(4) The willingness to understand Pete's decision, even though you do not agree with it.

QUESTION 28

In which one of the following would you have conveyed *advanced empathy* in response to Pete telling you that he does not want to disclose his HIV positive status to his wife?

(1) "Maybe you feel guilty about what happened and fear your wife's response?"
(2) "You feel that your wife was the unfaithful one."
(3) "Do I understand you correctly if I say that you do not want to tell your wife at this stage that you are HIV positive?"
(4) "I know that your wife will forgive you."

Questions 29 to 30 are based on Chapter 13.

QUESTION 29

When the counsellor at the clinic advised Nomsa to be tested for HIV, Nomsa asked her why it is so important to know one's HIV status. What do you think the counsellor said that convinced Nomsa to be tested?

(1) "If we want to de-stigmatise AIDS in Africa, it is important for everybody to know and disclose their HIV status."
(2) "It is important to know your HIV status because this will determine your future plans. For example, there is no sense in looking for a new job if you know you are HIV positive."
(3) "If we know your status, we can immediately start treating you with anti retroviral medications to stop the infection."
(4) "If you know that you are HIV positive, it is easier to confirm and treat symptoms, and there is a lot we can do to prevent opportunistic diseases and we can then get you onto an ART programme when necessary."

QUESTION 30

Suzi is 16 years old and has been sent by her mother for an HIV test. She explains to you that her mother is convinced that she is already having sex with her boyfriend. She, however, tells you that she is not sleeping with her boyfriend. On the basis of the above information, which one of the following actions is the most appropriate for you to take?

(1) You can see that Suzi is telling the truth and you decide to send her for the HIV test without providing counselling, because you already know that the results are going to be negative.
(2) You know that 16 is a vulnerable age and so you spend some time getting to know Suzi, hoping that she will open up more to you as the pre-test counselling continues.
(3) You do not know who is telling the truth and so you send Suzi back home with a letter, explaining that the reasons for HIV testing must be clear before counselling can continue.
(4) You do not simply want to believe that Suzi is telling the truth, and so you spend the pre-test counselling session telling her about the moral implications of sleeping with one's boyfriend before sending her for the test.

END OF ASSIGNMENT 02

ASSIGNMENT 91
(Mini Research Project)

ASSIGNMENT 91	FIRST SEMESTER	SECOND SEMESTER
❑ Closing date:	2 May 2012	28 September 2012
❑ Unique number	204559	215075

Please note: This assignment is **not compulsory**, and carries **no exam credits**. We would, however, appreciate it tremendously if you could take the time to complete and submit Assignment 91, as you will be making a valuable contribution towards research in the HIV/AIDS field.

It is extremely important to do research in the HIV/AIDS field. We cannot afford to base our HIV/AIDS prevention, counselling and care strategies on trial-and-error. It is important therefore to find out what the community needs from us. This assignment not only gives you the opportunity to learn research skills in the HIV/AIDS field, but also gives you the chance to be part of a research project which may make a difference to our understanding of HIV/AIDS.

The assignment consists of a mini research project. The aim of the project is to determine to what extent cultural and religious beliefs influence health choices.

The influence of cultural and religious beliefs on health choices

It is important for health care providers to realise that culture and religion often influence our choices in life – not only personal choices but also health choices. The main aim of this study is to determine to what extent cultural and religious beliefs impact on people's health choices. This will help counselors and other health care providers to better understand their clients' health behaviour, for example, why they often stop taking their ARVs. We would like to have as a **diverse sample** as possible of adults only (>18 years) and would appreciate it if you keep this in mind when choosing your participants. Please ask two adults to participate in the research.

How to complete the research project

- Remove the two questionnaires (one questionnaire for Participant 1 and one for Participant 2) from this tutorial letter by cutting out pages 41 to 46 (Questionnaire 1) and pages 47 to 52 (Questionnaire 2). Staple the pages of the two questionnaires together.
- Ask **two** people, from your own community, to fill in the questionnaire, using the steps below to select them. If you feel enthusiastic about this research, you are welcome to make copies of the questionnaire and to give them to more than two persons in your community.
- Attach the completed questionnaire (or envelope) to an assignment cover and send it to the assignment department at Unisa.
- Submit the questionnaire as **Assignment number 91** before or on the closing date. (However, late assignments are welcome and will be accepted in this case only.)

Ethical considerations

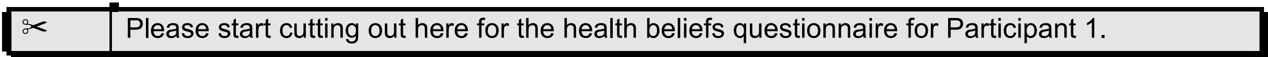
(1) Always keep confidentiality issues in mind when you approach a person to fill in the questionnaire.
(2) Explain to participants what the purpose of the questionnaire is (namely to establish the influence of beliefs on their health choices).
(3) Research participants should give their explicit permission (informed consent) to be part of the research project before they fill in the questionnaire. Please do not approach minors (<18 years) to fill in the questionnaire.
(4) Assure the participant that the questionnaire is anonymous.

Steps to select participants and how to avoid bias

- Ask two willing participants (from your community, who are **NOT co-Unisa students**) to fill in the questionnaire. Take a pen or pencil with you, which they can use.
- Choose one person with an **education level** lower than Grade 12, and one person with Grade 12 or higher.
- If a person is not able to read or write (we really would also like to include some people who may not be able to read or write), please ask them the questions and fill in the answers on their behalf. If you asked the questions and filled in the questionnaire on behalf of the participant, please indicate it on the first page of the questionnaire. Please take extra care in this case not to influence the participant's answers or suggest a specific choice
- Choose the participant from any age (above 18 years) or cultural group. We would like to get responses from people from diverse backgrounds.
- The Questionnaire is anonymous - people don't have to write their names on the Questionnaire. To reinforce the idea of anonymity, ask the participant to seal the completed questionnaire in an envelope (or do it yourself). Assure the participant that you will not look at his or her answers (or if you filled in the questionnaire for the person, that you will not share the information with anybody).
- Assure participants that this is not a test, and that there are no wrong answers. We are interested in people's beliefs and their health behaviour in general.
- Pay special attention to the ethical considerations as spelled out above (e.g. information about research and informed consent).
- Please don't help the participant or try to influence their answers
- Thank the participant for his or her time.
- If you want to write a few comments on your experiences (e.g. with the participant, or comments on the research in general) please feel free to do so. Write your comments on a separate page, and send it in with your assignment.

Please note:

- Always shows the highest **respect** for other people's beliefs and traditions. As a researcher it is not your place to question or challenge people.
- To be an HIV/AIDS counsellor or educator is a big responsibility. Don't ever give information or advice if you are not absolutely sure of your facts. If you don't know something, say so, find the correct answer and go back to the person with the correct information.


Please start cutting out here for the health beliefs questionnaire for Participant 1.

PARTICIPANT 1

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HEALTH BELIEFS QUESTIONNAIRE

Our beliefs often influence our health choices and our health behaviour. As health care providers, we need to know how to assist our clients and we can do this only if we understand the beliefs underlying their health choices. Please assist us by filling in this questionnaire.

Please answer the following questions or choose the statement that reflects your answer best.

Section A: Biographical Information

Please give the following information about yourself. Place a cross (X) in the block that corresponds with your answer, or write your answer in the space provided.

---

1. Age

2. Gender

1	2
Female	Male

3. Where do you live?

1	2	3
Metro/City	Town	Rural area

4. Home language

1	2	3	4	5	6
Sepedi	IsiZulu	isiXhosa	Xitsonga	Tshivenda	English
Afrikaans	Setswana	Sesotho	isiNdebele	Other (please specify)	
7	8	9	10	11	

5. Highest academic qualification

1	2	3	4	5
No formal schooling	Grade 1-7) (Gr 1-Std 5)	Grade 8-11 (Std 6-9)	Grade 12 (Matric)	Post Matric (diploma or degree)

6. Occupation

1	2	3	4	5	6
Education	Medical/nursing	Financial/ Commercial	Administrative	Social Work/ Religious	Unemployed
Scholar/ Student	Trade/Technical	Lay counsellor	Unskilled Worker	Domestic	Other ....
7	8	9	10	11	12

7. Religion

1	2	3	4	5	6
Christian	Traditional African	Both Christian and traditional African	African Independent (e.g. ZCC, Shembe, Apostolic)	Other (specify)	Not religious

8. Are you currently on any medication for a chronic disease?

1	2	3
Yes	No	I am not sure

9. If you are currently taking medication for chronic or other diseases, what are the medicines for?

1	2	3	4	5
Tuberculosis (TB)	Diabetes	Cancer	HIV/AIDS	Other (please specify) .... …………………………………………………..

10. How often do you forget to take your medication?

1. I **never forget** to take my medicines. I take them exactly as prescribed.	
2. I **very seldom** forget to take my medicines (maybe one out of ten times I forget).	
3. I **sometimes** forget to take my medicines (maybe two out of ten times I forget).	
4. I **often** forget to take my medicines (maybe four out of ten times I forget).	
5. I **usually** forget to take my medicines (more than half of the time, I forget).	

Section B: Health beliefs

The following are statements about cultural and religious beliefs about health and health care. Please read the following statements and mark with an X one of the blocks, for example, if you agree, are unsure, or disagree with a statement. Please note that there are no right or wrong answers.

1. Diseases are caused by God.

Agree	Unsure	Disagree

2. Diseases are caused by germs **only**.

Agree	Unsure	Disagree

3. Diseases are caused by the ancestors.

Agree	Unsure	Disagree

4. Diseases are caused by witches and black magic.

Agree	Unsure	Disagree

5. Diseases are caused by supernatural causes (e.g. God, ancestors, magical powers) using germs to make us sick.

Agree	Unsure	Disagree

6. My health is largely determined by my own choices and deeds.

Agree	Unsure	Disagree

7. My health is largely determined by God.

Agree	Unsure	Disagree

8. My health is largely determined by the ancestors.

Agree	Unsure	Disagree

9. My health is largely determined by fate.

Agree	Unsure	Disagree

10. The healing power of medicine or herbs is primarily caused by its chemical properties.

Agree	Unsure	Disagree

11. The healing power of medicine or herbs is primarily caused by how much I believe in their healing power.

Agree	Unsure	Disagree

12. The healing power of medicine or herbs is primarily caused by their magical properties.

Agree	Unsure	Disagree

13. The healing power of medicine or herbs is primarily caused by their divine power.

Agree	Unsure	Disagree

14. The healing power of medicine or herbs is primarily caused by the power of the Sangoma or herbalist who prepared them.

Agree	Unsure	Disagree

15. The healing power of medicine or herbs is primarily caused by the working of the ancestors.

Agree	Unsure	Disagree

16. The healing power of medicine or herbs is primarily determined by the working of God.

Agree	Unsure	Disagree

17. I belief that AIDS was sent by God.

Agree	Unsure	Disagree

18. I belief that AIDS was sent by the ancestors.

Agree	Unsure	Disagree

19. I belief that people who have AIDS was bewitched.

Agree	Unsure	Disagree

20. If a person has AIDS it is really because of bad luck.

Agree	Unsure	Disagree

21. People get AIDS because they took a chance with unprotected sex.

Agree	Unsure	Disagree

22. When a person gets AIDS it is purely accidental.

Agree	Unsure	Disagree

23. Medicines will only help for AIDS if it is a poison that can kill the virus.

Agree	Unsure	Disagree

24. Medicines will only help for AIDS if God gives it the power to do so.

Agree	Unsure	Disagree

25. Medicines will only help for AIDS if the ancestors give it the power to do so.

Agree	Unsure	Disagree

26. Medicines will only help for AIDS if these medicines are powerful magic.

Agree	Unsure	Disagree

27. If I were infected with HIV I could only be healed by God.

Agree	Unsure	Disagree

28. If I were infected with HIV I could only be healed by powerful magic.

Agree	Unsure	Disagree

29. If I were infected with HIV I could only be healed by the ancestors.

Agree	Unsure	Disagree

30. If I were infected with HIV I could only be helped by using ARVs (antiretrovirals).

Agree	Unsure	Disagree

31. When I feel ill, I prefer to go to a Western-trained doctor.

Agree	Unsure	Disagree

32. When I feel ill, I prefer to go to a traditional healer.

Agree	Unsure	Disagree

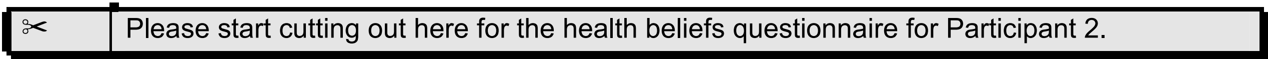
33. When I feel ill, I prefer to go to both a Western-trained doctor and a traditional healer.

Agree	Unsure	Disagree

34. Traditional healing cannot be separated from traditional African religion.

Agree	Unsure	Disagree

Thank you for your participation


Please start cutting out here for the health beliefs questionnaire for Participant 2.

PARTICIPANT 2

Office use only

HEALTH BELIEFS QUESTIONNAIRE

Our beliefs often influence our health choices and our health behaviour. As health care providers, we need to know how to assist our clients and we can do this only if we understand the beliefs underlying their health choices. Please assist us by filling in this questionnaire.

Please answer the following questions or choose the statement that reflects your answer best.

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Sepedi	IsiZulu	isiXhosa	Xitsonga	Tshivenda	English
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1	2	3	4	5
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1	2	3
Yes	No	I am not sure

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Tuberculosis (TB)	Diabetes	Cancer	HIV/AIDS	Other (please specify) ………………………………………………………………

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Agree	Unsure	Disagree

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Agree	Unsure	Disagree

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33. When I feel ill, I prefer to go to both a Western-trained doctor and a traditional healer.

Agree	Unsure	Disagree

34. Traditional healing cannot be separated from traditional African religion.

Agree	Unsure	Disagree

Thank you for your participation

END OF ASSIGNMENT 91

9 EXAMINATIONS

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

10 OTHER ASSESSMENT METHODS

There is no other assessment method for this module.

11 FREQUENTLY ASKED QUESTIONS

The **my Studies @ Unisa** brochure contains an A-Z guide of the most relevant study information.

If you have any comments or suggestions on how to improve the course (or the prescribed book), please e-mail your suggestions to vdykac@unisa.ac.za. If you enjoyed the course, please let us know as well!

Best wishes with all the hard work!