

# Tutorial letter 101/3/2016

## HIV/Aids care and counselling

## PYC2605

## Semesters 1 & 2

## Department of Psychology

**IMPORTANT INFORMATION:**

*Please activate your myUnisa and myLife e-mail addresses and ensure you have regular access to the myUnisa module site PYC2605-2016-S1 or S2.*

**Note:** This is an online module, and therefore your module is available on myUnisa. However, in order to support you in your learning process, you will also receive all the material that is on myUnisa in printed format.

BAR CODE

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**Please note:** 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

Dear Student

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

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

We shall do our best to make your study of this module successful. You will be well on your way to success if you start studying early in the semester and resolve to do the assignment(s) early and with enthusiasm. This module is offered in two semester periods of fifteen weeks each. Please make sure for which semester you are registered and follow the instructions for that specific semester. Also note that the assignments for Semester 1 and Semester 2 are not the same.

Tutorial Letter 101 contains important information about the scheme of work, resources and assignments, instructions on the preparation and submission of the assignments, as well as the assessment criteria. This tutorial letter also provides all the information you need with regard to the prescribed study material and other resources and how to obtain it. Please obtain the prescribed material as soon as possible. We urge you to read this Tutorial Letter carefully and to keep it at hand to revisit important information.

## 1.1 TO GET STARTED...

This module is presented in a brand new online format and we hope that it will enrich your learning experience. Although it is an online course, we prefer to call it a “blended” approach because we also try to accommodate our students who do not have constant access to the internet. All the material that is presented online will also be printed and sent to all our students. You do not have to let us know how you prefer to study. You will automatically have access to the learning units on myUnisa, and you will also receive the printed material. If you do not have regular access to the internet, please try to access myUnisa on a regular basis to experience our rich learning environment.

To get you started, go to the website <https://my.unisa.ac.za> and login with your student number and password. You will see PYC2605-16-S1/S2 in the row of modules in the blocks across the top of the webpage. Remember to also look in the “More Sites” tab if you cannot find your module in the blocks at the top. Click on the module you want to open. It will take you to the welcome page for PYC2605. After familiarising you with the contents of the welcome page, click on the LEARNING UNITS tab on the left hand side to access the electronic learning units.

As said above, in addition to the online learning units, you will receive this tutorial letter and a printed copy of the online study materials of your module (called MO001). These printed materials are exactly the same as the online learning units and it contains nothing more or nothing less. We provide all the web links to YouTube videos and other material that we used in the printed document as well, so that you have it available to visit some of these sites when you have internet access. (Please note that all links to the internet are for enrichment purposes only and no assignment or exam questions will be based on internet resources like YouTube videos).

All the learning units are available in pdf format on myUnisa (the files will automatically open in pdf format). You are welcome to save these files onto your computer. You can then work directly on your computer and you will have access to all the web links if you are connected to the internet. To work directly from the pdf files is often faster – especially if myUnisa is slow or offline.

Apart from Tutorial Letter 101, you will also receive other tutorial letters during the semester. We will post these letters on myUnisa and it is therefore important to go to myUnisa from time to time. If your myLife e-mail address is activated, you will get an e-mail notification of tutorial letters that are posted on myUnisa. (Tutorial letters will be posted under “Official study material”).

Please note that your lecturers cannot help you with missing study material. Please contact the Department of Despatch at [despatch@unisa.ac.za](mailto:despatch@unisa.ac.za) or you can send an sms to No 43579.

## 2. OVERVIEW OF THIS MODULE: PYC2605

Students who successfully complete this module will be able to demonstrate competence relating to a large variety of topics associated with HIV and Aids education, care and counselling.

### 2.1 Purpose

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

- Manage your 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 and Aids environment, by facilitating a process of behaviour change, or by curtailing the effects of HIV on their lives.

## 2.2 Outcomes

For this module, there are several outcomes that we hope you will be able to accomplish by the end of the course:

- **Outcome 1:** Apply your newly gained knowledge and skills to keep yourself healthy and safe in an HIV and Aids environment.
- **Outcome 2:** Disseminate correct and relevant information on HIV and Aids within your community to prevent HIV infection; and facilitate the breakdown of negative attitudes, stereotypes and misconceptions about HIV and Aids in your community.
- **Outcome 3:** Do basic counselling to support people living with HIV and Aids.
- **Outcome 4:** Care for people living with HIV and Aids – especially in the home-based-care environment; and care for yourself as caregiver to prevent burnout.
- **Outcome 5:** Be an advocate for the legal and ethical rights of people living with HIV or Aids.

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

## 3. LECTURERS AND CONTACT DETAILS

### 3.1 Lecturers

You are welcome to contact your lecturers by e-mail, telephone or on myUnisa. All queries **about the content of this module** should be directed to us. Remember to always have your course code (PYC2605) and your student number ready when making an enquiry. We offer various Aids courses in the Department and without the course code we cannot assist you. When you e-mail us, always write the course code (PYC2605), your student number and a brief title in the subject line.

Name of Lecturer	Building & Office No	Telephone number	E-mail address
<b>Mrs Helena Erasmus</b> (Module Leader)	Theo van Wijk 5-110	(012) 429-2823	erasmh@unisa.ac.za
<b>Ms Keit Shirinda-Mthombeni</b> (Psychology)	Theo van Wijk 5-39	(012) 429-8317	shirik@unisa.ac.za
<b>Mr Fana Simelane</b> (Psychology)	Theo van Wijk 5-43	(012) 429-4438	simelfz@unisa.ac.za

### 3.2 Department of Psychology

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 No	Telephone number	E-mail address
<b>MsTidie Sekhalela</b> (Administrative Officer)	Theo van Wijk 5-98	(012) 429-8088	<a href="mailto:sekhapt@unisa.ac.za">sekhapt@unisa.ac.za</a>

We really like to meet our students, but please make an appointment beforehand. We do not want to disappoint you if we are not available when you arrive.

### 3.3 University

If you need to contact Unisa about matters not related to the content of this module, please consult the brochure **my Studies @ Unisa**. In this document you will find the contact details of various administrative departments. Lecturers cannot assist you with administrative queries and telephone numbers and we will refer you to this brochure. If you did not receive this document, you can find it on myUnisa under the 'Resources' option.

To assist you we provide some of the contact details that you may need below:

<b>General Unisa telephone number</b>	012 429 3111
<b>Online address:</b>	<a href="http://my.unisa.ac.za">http://my.unisa.ac.za</a>
<b>Unisa website:</b>	<a href="http://www.unisa.ac.za">http://www.unisa.ac.za</a>
<b>Examinations:</b>	<a href="mailto:exams@unisa.ac.za">exams@unisa.ac.za</a>
<b>Aegrotat and special examinations:</b>	<a href="mailto:aegrotats@unisa.ac.za">aegrotats@unisa.ac.za</a>
<b>Study information:</b>	<a href="mailto:study-info@unisa.ac.za">study-info@unisa.ac.za</a>

## 4. MODULE-RELATED RESOURCES

### 4.1 Prescribed books

Your prescribed textbook for this module is:

**Van Dyk, A.C. (2012 or 2013). *HIV and Aids: Education, Care and Counselling* (5<sup>th</sup> ed.). Cape Town: Pearson Education.**

**Please note:** The prescribed book is not included in your study package and it is also not available on myUnisa. You have to buy the prescribed book from one of our official booksellers (see **my Studies @ Unisa**).

**Code of Ethics:** Please note that the prescribed book is authored by Unisa employees. The Unisa School Tuition Committee has considered the ethical implication of prescribing the book (as informed by the Unisa Code of Ethics and Conduct) and has approved it. The ethical clearance is based on the following principles: The process of prescribing the book is transparent and impartial; the book is peer reviewed; published by a recognised international academic publisher; forms part of a study package containing a wraparound guide; is the best book available on the market - given the learning outcomes of the module, contextualisation, Africanisation, appropriate language level and the expertise of the author; and it is prescribed at various other higher education institutions.

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



#### 4.4 Other resources – Printed support materials

Because we want you to be successful in this online module, we also provide you with the study materials in printed format. This will allow you to read the study materials, even if you are not online. These printed study materials will be sent to you at the beginning of the semester (i.e. MO001). The **printed** copy of the learning units will give you the chance to do a lot of the studying of this module **WITHOUT** having to go to the internet or to an internet cafe. This will save you money, of course, and you will be able to take as much time as you need to read - and to re-read - the materials and to do the activities.

As said before, it is important that you log into myUnisa regularly (at least every 2 weeks), even if you decide to mostly study offline, to check if there are any announcement, to participate in the Discussion forum and to do other online activities as requested. Note that you can also set up your myLife email so that you receive the Announcement e-mails on your cell phone.

We hope that this system will help you to succeed in this online module by giving you extra ways to study the materials and practice with all of the activities and assignments.

**REMEMBER, THE PRINTED SUPPORT MATERIALS ARE A BACK-UP TO EVERYTHING THAT IS FOUND ONLINE, ON MYUNISA. THERE ARE NO EXTRA THINGS THERE. IN OTHER WORDS, YOU SHOULD NOT WAIT FOR THE PRINTED SUPPORT MATERIALS TO ARRIVE TO START STUDYING.**

### 5. HOW TO STUDY THIS MODULE ONLINE

#### 5.1 What does it mean to study fully online?

An online module is a module that is designed for online study. This means that all your study materials are designed to be online on myUnisa. The online design allowed us to enrich your learning tremendously by integrating videos, illustrations, pictures, photos, case studies and stories into your study material. These additional materials (videos etc.) can only be accessed online and will not be printed. If you prefer to study mostly from the printed material, we recommend that you nonetheless go online to look at some of the videos and other material for enrichment purposes.

To study online also means that you can submit all your assignments online. We encourage students who prefer to study offline to also make use of this function to submit assignments online instead of making use of the postal services.

Please visit this module site regularly. It is our only “face-to-face” contact opportunity with you and it creates a great way for students to interact and to get to know each other.

#### 5.2 The myUnisa tools you will use

All of the information about myUnisa tools is located on the myUnisa website for this module. Play around with your myUnisa tools by clicking on them to see what they have to offer.

We will use the following myUnisa tools during the semester:

- **Announcements:** From time to time we will draw your attention to important matters via an announcement. You will also receive an e-mail notification of important announcements.
- **Schedule:** Please consult the Schedule about important dates and events such as examination dates and assignment submission dates. This will assist you in planning your own schedule and managing your timelines so that you can keep up with all the learning activities.
- **Prescribed books:** We use a prescribed book for this module. You will find the name of the prescribed book as well as the names of the official Unisa booksellers here.

- **Official study material:** Here you can access all the official study material in electronic format, for example the tutorial letters and old examination papers.
- **Syllabus:** Here you will find a summary of your syllabus.
- **Learning Units:** This is your study guide which will guide you through the prescribed book. We strongly advise you to make use of this useful tool and look at some of the videos and pictures we provide.
- **Discussion forums:** We will use discussion forums to share and explore important issues around HIV and Aids, discuss the content of the work and to get to know each other. We will alert you about the discussions via announcements.
- **Blogs:** This is your space to reflect about your feelings about and experiences with HIV and Aids in general.
- **Additional resources:** All material additional to the official study material can be accessed here. The learning units in pdf format will also be available here. If you do not want to study online all the time (e.g. when Unisa's system is slow), you are welcome to download these files onto your computer. Most of the links will work and you will be able to watch the videos (if you are connected to the internet at home, off course).
- **Assignments:** Here you can submit your assignments as well as monitor your results.
- **Glossary:** If you do not understand a specific concept, consult the glossary (or list of definitions). We provide the definitions of the most important concepts in four languages, namely English, Afrikaans, Northern Sotho and isiZulu.

We hope that you will find the online environment an exciting new experience.

## 6. STUDENT SUPPORT SERVICES FOR THE MODULE

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

### 6.1 Tutorial offerings at Unisa

Please be informed that, with effect from 2013, Unisa offers online tutorials (e-tutoring) to students registered for certain modules, including PYC2605. Once you have been registered for the module, you will be allocated to a group of students with whom you will be interacting during the tuition period as well as an e-tutor who will be your tutorial facilitator. Thereafter you will receive an sms informing you about your group, the name of your e-tutor and instructions on how to log onto myUnisa in order to receive further information on the e-tutoring process.

Online tutorials are conducted by qualified e-tutors who are appointed by Unisa and are offered free of charge. All you need to be able to participate in e-tutoring is a computer with internet connection. If you live close to a Unisa regional centre or a Telecentre contracted with Unisa, please feel free to visit any of these to access the internet. E-tutoring takes place on myUnisa where you are expected to connect with other students in your allocated group. It is the role of the e-tutor to guide you through your study material during this interaction process. For you to get the most out of online tutoring, you need to participate in the online discussions that the e-tutor will be facilitating.

## 7. 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 you, we have divided the work into three sections.

The first section (Section A) is compulsory for all students and consists of all the theory and information you need to become a competent counsellor or caregiver in the HIV and Aids field. You then have to choose between Section B (guidance track) and Section C (care track). This means that you do not have to study all the chapters in your prescribed book.

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

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

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

## 7.1 Syllabus: What to study for the exams

We strongly recommend that you read every prescribed chapter in its entirety to get a complete picture before you study the demarcated sections for the examinations. Although there will be no exam questions on the sections marked *Recommended reading, not for examination purposes*, it will help you to understand the *Sections you have to study for examination purposes* better if you read through the recommended sections. Study the introductions of all the prescribed chapters.

Read the conclusions of every chapter and try to answer the questions in the section *Test your understanding*. There will be no direct questions on tables and figures, but please look at these as it would greatly enhance your understanding of the work.

### **Section A: Compulsory section**

#### **Chapter 1: HIV and Aids: A brief history**

- Section 1.1 The birth of a new epidemic. **Study** for examination purposes.
- Section 1.2 The origin of HIV. **Study** for examination purposes.
- Section 1.3 The global Aids epidemic. **Study** for examination purposes.
- Section 1.4 The world's response. **Study** for examination purposes.

#### **Chapter 2: HIV and the immune system**

**Study** the whole chapter for examination purposes.

There will be no questions on the enrichment box *The genes of HIV* on page 30.

#### **Chapter 3: Transmission and prevention**

**Study** the whole chapter for examination purposes.

**Also study** Section 19.1 of Chapter 19 on page 368-369 in your prescribed book.

#### **Chapter 4: HIV-associated symptoms and diseases**

- Section 4.1 The CD4+T cell count, viral load and stages of infection. **Study** for examination purposes.
- Section 4.2 The stages of HIV infection. **Study** for examination purposes.
- Section 4.3 Symptoms of HIV infection in children. **Recommended reading** (not for exams).
- Section 4.4 Prevention of opportunistic infections. **Study** for examination purposes. Note that the focus will be on tuberculosis prophylaxis on pages 77 to 78.
- Section 4.5 Tuberculosis. **Study** for examination purposes. There will be no exam questions on *The diagnosis of TB* on pages 81 to 82 and *The treatment of TB* on pages 83 to 84. You have to study 'Resistance to anti-tuberculosis drugs' on pages 85 to 87.
- Section 4.6 Sexually transmitted infections. **Study** for examination purposes, but note that you do not have to know the specific causes, symptoms and treatment of the STIs.

#### **Chapter 5: HIV tests**

**Study** the whole chapter for examination purposes.

#### **Chapter 6: Antiretroviral therapy**

- Section 6.1 Clinical assessment. **Study** for examination purposes.
- Section 6.2 Goals of antiretroviral therapy. **Study** for examination purposes.
- Section 6.3 Classes of ARVs and their mechanisms of action. **Study** for examination purposes.
- Section 6.4 ARVs available in Southern Africa. **Recommended reading** (not for exams).
- Section 6.5 Guidelines for the use of ART. **Study** for examination purposes. However, there will be no exam questions on *The use of ART in patients with TB*, *Use of ART in patients with hepatitis B* or *ART for children* on pages 116 to 118.
- Section 6.6 Adverse effects of ART. **Study** for examination purposes.
- Section 6.7 How to know if ART is effective. **Study** for examination purposes.
- Section 6.8 When to change treatment. **Study** for examination purposes.
- Section 6.9 The development of drug-resistant viruses. **Study** for examination purposes.

- Section 6.10 Adherence to antiretroviral therapy. **Study** for examination purposes.
- Section 6.11 Prevention of MTCT of HIV. **Study** for examination purposes.
- Section 6.12 Post-exposure prophylaxis after occupational exposure. **Study** for examination purposes.
- Section 6.13 PEP after rape or sexual assault. **Study** for examination purposes.

### **Chapter 7: Theories of behaviour change**

**Study** the whole chapter for examination purposes.

### **Chapter 8: Aids education**

**Study** the whole chapter for examination purposes.

### **Chapter 9: Changing unsafe practices**

**Study** the whole chapter for examination purposes.

### **Chapter 11: Aids education in traditional Africa**

**Study** the whole chapter for examination purposes.

### **Chapter 12: Counselling principles and skills**

**Study** the whole chapter for examination purposes.

### **Chapter 13: HIV counselling and testing**

**Study** the whole chapter for examination purposes.

### **Chapter 14: Ongoing counselling**

Section 14.1 Emotional impact of HIV infection. **Recommended reading** (not for exams).

Section 14.2 Psychological challenges. **Study** for examination purposes.

Section 14.3 Disclosure. **Study** for examination purposes.

Section 14.4 Counselling special groups. There will be no examination questions on *Counselling women/couples on pregnancy* on pages 304 to 307 (**Recommended reading** only). **Study** the rest of Section 14.4 for examination purposes (from pages 307 to 312).

Section 14.5 Ethical concerns in counselling. **Study** for examination purposes.

Go to Chapter 20 and study Section 20.1 (Promotion of health and positive living) and Section 20.2 (Nutrition) on pages 388 to 393.

### **Chapter 15: Bereavement counselling**

**Study** the whole chapter for examination purposes.

### **Chapter 21: Care for the caregiver**

**Study** the whole chapter for examination purposes.

### **Chapter 22: Aids and the law**

Section 22.1 The constitution and the legal framework. **Study** the first part of this section about the constitution and the rights of people for examination purposes.

Section 22.2 The basic rights of people living with HIV and Aids. **Study** for examination purposes.

Section 22.3 National HIV counselling and testing guidelines. **Study** for examination purposes.

Section 22.4 Health Professions Council ethical guidelines. Only those who chose the **Care Track** should **study this section** for examination purposes. Guidance Track students: Ignore

Section 22.5 Aids and employment: Code of good conduct. **Study** for examination purposes.

Section 22.6 National policy for learners and educators. Only students who chose the **Guidance Track** should **study this section** for examination purposes. Care Track students: Ignore.

Section 22.7 Women's rights. **Study** for examination purposes.

Section 22.8 The rights of children. **Study** for examination purposes.

**Chapter 23: Aids in the workplace**

**Study** the whole chapter for examination purposes.

**NOTE: CHOOSE ONLY ONE SECTION – EITHER SECTION B OR C**

**Section B: Guidance Track**

Students who chose the guidance track must do the following chapters in addition to Section A.

**Chapter 10: Aids education for school children**

**Study** the whole chapter for examination purposes.

**Chapter 16: Spiritual counselling and the meaning of life**

**Study** the whole chapter for examination purposes.

**Chapter 18: Orphans and vulnerable children**

**Study** the whole chapter for examination purposes.

**OR**

**Section C: Care Track**

Students who chose the care track must do the following chapters in addition to Section A.

**Chapter 17: Home- and community-based care**

**Study** the whole chapter for examination purposes.

**Chapter 19: Infection control**

**Study** the whole chapter for examination purposes.

**Chapter 20: Care and nursing principles**

**Study** the whole chapter for examination purposes.

**8. MODULE PRACTICAL WORK AND WORK-INTEGRATED LEARNING**

There are no practicals or group visits for this module.

**9. ASSESSMENT****9.1 Assessment plan**

Two assignments have been set for this module. You will find the assignments in Section 13 (First Semester) and Section 14 (Second Semester) of this tutorial letter. Assignments 01 and 02 consist of 15 and 20 multiple choice questions respectively. Assignment 01 is compulsory to obtain examination admission, but we strongly advise you to also do Assignment 02 to obtain a higher year mark. Note that you do not have to **pass** the assignments to gain examination admission – but you have to **submit** them. Because your assignments count towards your year mark, it is in your own best interest to try your best to gain good marks in both assignments.

Your assignments must reach us by the **closing date**. Please note that there are **NO** further opportunities to gain examination admission and **NO EXTENTION** will be given.

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 4 or 6 incorrect answers.

Please answer all the questions (unfortunately the computer cannot distinguish between 'wrong answers' and 'answers left open'.)

However, to assist our students, we **will not use this system in the examinations**. In the examination you will thus only lose marks for wrong answers, and we will not correct for guessing (or as students like to call it, "negative marking").

**Computation of your assignment marks:** Please do not phone or e-mail us to complain that your marks are wrongly computed! First use your basic arithmetic skills to work out your marks, or ask someone to help you. For example: Assignment 01 has 15 questions. If you have 5 questions wrong (and we deduct 1 mark for each 4 questions that you have wrong) your mark will be 15 minus 5 minus 1. This gives you a mark of 9 out of 15. Your percentage for this assignment will thus be 60% (or  $9 \div 15 \times 100 = 60$ ). (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. Please do not use your myUnisa Discussion forum to get the answers to questions. You are welcome to debate and reason about questions and then to arrive at the correct answer in this way.

## 9.2 How the assignments contribute to the year mark

In this module the year mark counts 20% and the examination 80% 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 for the year mark to count. You need 50% to pass the examinations.

**Computation of your year mark:** If you have 12/15 (or 80%) for Assignment 01 and 15/20 (or 75%) for Assignment 02, your year mark will be 16/20. This is computed as follows: Both assignments count 10 marks each towards the year mark. For Assignment 01 you will get  $[(80 \div 100) \times 10] = 8$ ; and for Assignment 02,  $[(75 \div 100) \times 10] = 7.5$ , which adds up to a year mark of 15.5, rounded to 16.

## 9.3 Assignment numbers and closing dates

Assignments are numbered consecutively per module, starting from 01. For this module you have two assignments, namely Assignment 01 and Assignment 02.

Each assignment has its own **unique number**. Please make sure that you fill in the correct unique number for each assignment on myUnisa or on the mark reading sheet. The computer identifies all assignments by the unique number. Also, do not forget to fill in your student number. For detailed information on and requirements for assignments, as well as instructions for the use of mark reading sheets, consult **my Studies @ Unisa**.

The assignment numbers, unique numbers and due dates for your assignments are tabled below. It is very important that you submit your assignments in the semester that you are registered for. If you are registered for the second semester (exam date October/November) and you submit your assignments in the first semester, your assignments will **not be marked** and it will **get lost in the system**. Spare yourself the heartache and frustration of not getting examination admission by making sure that you submit your assignments correctly (in the semester that you are registered for).

FIRST SEMESTER 2016		
Assignment Number	Unique number	Closing date
01	894874	24 March 2016
02	743313	18 April 2016

SECOND SEMESTER 2016		
Assignment Number	Unique number	Closing date
01	871717	24 August 2016
02	698533	21 September 2016

#### 9.4 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, or who have e-tutors, tutors may also set additional tasks and give feedback in class.

#### 9.5 Submission of assignments

We strongly recommend that you submit your assignments electronically via myUnisa. Postal strikes can create havoc! One of the great advantages myUnisa offers is that your assignment is immediately delivered to the Assignment Section at Unisa so that you do not have to agonise as to whether your assignment has arrived safely, and you also no longer have to worry about postal delays. If you submit your assignments through the postal system, you need to check regularly on myUnisa if your assignment has been received by Unisa and captured on the system. Assignments may **not** be submitted by fax or e-mail (it will be deleted). For detailed information and requirements as far as assignments are concerned, see the brochure **my Studies @ Unisa** that you received with your study material.

To submit an assignment **via myUnisa**:

- Go to myUnisa.
- Log in with your student number and password.
- Select the module.
- Click on assignments in the menu.
- Click on the assignment number you want to submit.
- Follow the instructions on the screen.

Please note that you will find answers to all your assignment-related enquiries (e.g. whether or not the University has received your assignment or the date on which an assignment was returned to you) on myUnisa. You can also address these questions to the Assignment Section at [assign@unisa.ac.za](mailto:assign@unisa.ac.za). **Please do not contact your lecturers to find out if we have received your assignments – we unfortunately do not have that information.**

## 9.6 Feedback and commentaries on assignments

You will receive the correct answers automatically for multiple choice questions. Feedback or commentaries on compulsory assignments will be posted on myUnisa. 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 have 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.

## 9.7 Repeat students: Do they have to submit assignments again?

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

## 9.8 General assignment guidelines

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

- Remember to use the correct student and unique numbers.
- Read the instruction on how to complete multiple choice questions on myUnisa or on a mark reading sheet in **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.

*Your assignments are in Section 13 (First Semester) and Section 14 (Second Semester) at the end of this tutorial letter.*

## 10 EXAMINATION

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

### 10.1 Examination admission

You gain admission to the examinations by submitting **BOTH** Assignment 01 and 02 **on time**. Note that you do not have to **pass** the assignments to gain examination admission – you have to **submit** them.

### 10.2 Examination period

This module is offered in a semester period of fifteen weeks. This means that if you are registered for the first semester, you will write the examination in May/June and the supplementary examination will be written in October/November of the same year. If you are registered for the second semester you will write the examination in October/November and the supplementary examination will be written in May/June of the next year.

The Examination Section will provide you with information regarding the examination in general, examination venues, examination dates and examination times. Please make sure early in the semester that you have these details. If you do not know your examination date or venue, please contact the examination department (see **my Studies @ Unisa** for details). Your lecturers will unfortunately not be able to help you with this. .

### 10.3 FI concession students

If you are a final year student who failed PYC2605 (and you need to pass only one or two modules to obtain your degree) you may qualify for an FI concession (Final year concession). If you qualify and if you are granted an FI Concession, it will be communicated to you via your myLife@unisa e-mail address. It is therefore important to activate this e-mail address and to access it on a regular basis. Please **do not contact your lecturers to ask for an FI concession**. We are not allowed to grant FI concessions. Unisa will identify the students who qualify and Unisa will communicate it to you.

### 10.4 Basic information about the paper

The examination paper in *HIV and Aids care and counselling* is a two-hour paper. The paper consists of 70 multiple choice questions and the paper is marked out of 70. These marks are converted to a mark out of 80. The other 20 points come from your year mark (see Section 9.2 above).

The examination paper will be in English only. Given the fact that the prescribed book is available only in English, as well as your familiarity with the *HIV and Aids* terminology in English, we hope that this will not inconvenience you. Please use the glossary on myUnisa to assist you.

### 10.5 Format of the examination paper

The examination paper covers the whole syllabus, as explained in Section 7 above.

The examination paper is divided into three sections:

- **Section A** (60 questions) is compulsory and should be answered by all students. This section is based on your prescribed book *HIV and Aids: Education, Care and Counselling* (2012/2013). See Section 7.1 above for compulsory chapters in the book to study.
- **Section B** (10 questions) should only be answered by students who chose the **GUIDANCE TRACK**. (See Section 7.1 above for chapters to study for the Guidance Track);

#### **OR**

- **Section C** (10 questions) should only be answered by students who chose the **CARE TRACK**. (See Section 7.1 above for chapters to study for the Guidance Track).

**Exam Tip:** Students frequently ask how we (or rather the computer) know whether they have completed Section B or C. Please note that the exam has been set in such a way that the correct alternatives to the questions in Section B and C are precisely the same. For example, if the answer to Question 65 in the Guidance Track is (3), then the answer to Question 65 in the Care Track will also be (3). If you studied both tracks, this information may be very helpful!

### 10.6 Previous examination papers

Previous examination papers are available on myUnisa.

**Serious warning:** Our exam pass rate was very low in 2014. It came to our attention that many students did not work through the prescribed book, but only worked out old examination papers. Almost none of the questions from previous papers were asked in 2014 (and the same goes for the 2016 examination papers). Please do not make this mistake. It is a good idea to work out old exam papers as **revision** after you have studied the **prescribed material**.

## 10.7 Tutorial letter with information on the examination

To help you in your preparation for the examination, we will provide detailed information on the exam paper in Tutorial Letter 102/2016 which you will receive soon. We will explain the *general structure* of multiple choice questions, as well as the different *types* of questions that can be asked. We also give helpful tips on how to choose the correct answer. Tutorial Letter 102/2016 will also contain an **example exam paper** for you to complete when you prepare for the examination. We suggest that you set yourself a 2 hour mock exam situation without any distractions to answer all the questions without using the prescribed book. Mark your own paper to see how you have done (the answers are provided at the back of Tutorial Letter 102/2016).

## 10.8 Assessment and marking policy

Your examination paper is set by your lecturers, but it is marked by computer (since it is multiple choice questions). The module leader takes the responsibility to make sure that the correct answers go to the examination section. We always study the statistical analysis of your results to make sure that our assessment was fair and reliable, and we make adjustments if necessary.

We do not adjust the examination marks to accommodate the effect of 'blind guessing' or 'random guessing.' Please try to answer all the questions. If you leave questions out, you will lose marks. 'Intelligent guessing', where you use your knowledge to eliminate some of the alternatives before guessing the answer from the remaining alternatives, is acceptable and even advisable. The chance of selecting the correct alternative with intelligent guessing is much bigger than with blind guessing.

**Computation of your exam mark:** If you have a mark of 50 out of 70 for the exam paper, you have 71.4%. This mark is computed to a mark out of 80, which means that you have 57.1 marks out of 80. This is calculated as follows:  $(71.4 \div 100) \times 80 = 57.1$ . If you add your year mark (let's say it is 14 out of 20) to this mark, your final mark for the examination is **71%**.

Please note that you must obtain a sub-minimum of 40% in the examination for your year mark to count. For example, if you receive 38% in the examination, your year mark of 14 (see example above) will not count, and your final mark will be 38%.

To pass the examination you need a minimum of 50%.

## 11 LETTER OF DECLARATION

After **successful** completion of this course, you will automatically (and free of charge) receive an official **Declaration Letter** from the University, declaring that you have successfully completed a six month theoretical course in *HIV and Aids care and counselling* at the University of South Africa. The syllabus you followed will be printed on this Declaration Letter. Declaration letters will be posted automatically to all students who pass the module **six to eight** weeks after you have received your official examination results. Please note that this letter of declaration **DOES NOT** endorse you as a trained or registered counsellor, nor is it equivalent to a certificate in counselling.

Make **a few copies** of the Declaration Letter immediately. This letter will **UNDER NO CIRCUMSTANCES** be replaced or re-issued. Make sure that you receive your declaration letter by following two simple steps:

- 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 (follow the instructions in **my Studies @ Unisa** to change your address).
- 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.

Please note that we do not issue certificates for this course.

**DO NOT:**

- Do not phone/e-mail us and ask for a certificate. This is not a certificate course and we do not issue certificates. You will only receive a declaration letter.
- Do not phone/e-mail us and ask for a copy of the declaration letter. Declaration Letters will **UNDER NO CIRCUMSTANCES** be replaced. If you lose your Declaration Letter, please use your official Unisa results.

## **12 FREQUENTLY ASKED QUESTIONS**

The **my Studies @ Unisa** brochure contains the most relevant study information and will probably answer all your questions.

Please let us know what you think of our online module. If you have any comments or suggestions on how to improve the module, please e-mail your suggestions to the module leader [erasmhc@unisa.ac.za](mailto:erasmhc@unisa.ac.za).

***Best wishes with all the hard work! Your assignments follow.***

## 13 FIRST SEMESTER ASSIGNMENTS

FIRST SEMESTER 2016		
Assignment Number	Unique number	Closing date
01	894874	24 March 2016
02	743313	18 April 2016

### ASSIGNMENT 01 – FIRST SEMESTER (Multiple choice questions)

**Note:** This assignment is **compulsory**. You have to **submit** it before the closing date to gain admission to the examinations. Please do your best to submit this assignment **via myUnisa** to assure that we definitely receive it (the postal system cannot be trusted). Submit your assignment before the closing date to allow yourself enough time should myUnisa be offline or very busy. This assignment contributes 10 marks to your **year mark**. The assignment consists of 15 multiple choice questions.

This assignment is based on Learning Units (and corresponding chapters in the prescribed book) 1 to 8.

#### QUESTION 1

It is widely accepted that HIV originated through interspecies transmission (from primates to humans) that occurred at some time around the 1930's. What is the most likely theory of how this happened?

- (1) The virus was most probably transmitted from primates to hunters where the hunter was bitten or cut while hunting or butchering the animals.
- (2) It is well known that the people in equatorial West-Africa had sex with the primates in the early 1990s.
- (3) Green monkeys were often kept as pets by children in Africa, and they bit or scratched the children and transmitted the virus in this way to humans.
- (4) Monkey kidneys were used to develop vaccines for polio and the contaminated vaccines introduced the HI virus into the human population.

#### QUESTION 2

How would you explain to a client what is meant by 'immune deficiency'?

- (1) The HI virus in your body is immune to any deficiencies caused by the syndrome.
- (2) Your immune system can no longer protect your body against infections from outside.
- (3) The HI virus is deficient because it is a retrovirus.
- (4) Your immune system is so deficient that it can only produce new viruses.

#### QUESTION 3

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

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

**QUESTION 4**

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

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

**QUESTION 5**

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

- (1) People with STIs have very low antibody counts and this opens the 'gates of the immune system' for all kinds of opportunistic diseases, including HIV, to attack them.
- (2) STIs cause genital inflammation which attracts numerous immune cells with CD4+T cell receptors to the site of infection.
- (3) Enzymes such as integrase occur in the genital area, and serve as 'taxis' that transport the virus from an infected to an uninfected person and integrate it into the CD4+T cells.
- (4) People with STIs are very promiscuous and they will therefore also be exposed to HIV.

**QUESTION 6**

The asymptomatic latent phase of HIV infection is characterised by the following:

- (1) The person is HIV positive, has already sero-converted, has no symptoms of HIV infection, and can infect sex partners.
- (2) The person is HIV positive, has not yet sero-converted, has latent symptoms of HIV infection, and cannot infect sex partners.
- (3) The person is HIV positive, has already sero-converted, has an array of minor symptoms and can infect sex partners.
- (4) The person is still HIV negative, has not yet sero-converted, has no symptoms of HIV infection, and cannot infect sex partners.

**QUESTION 7**

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

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

The correct answer is:

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

**QUESTION 8**

The two factors that determine the accuracy of a blood test are sensitivity and specificity. The sensitivity of an HIV antibody test refers to its ability to

- (a) pick up very low levels of antibodies.
- (b) detect HIV positivity and not give false negative results.
- (c) distinguish specific antibodies from other cross-reacting, non-specific antibodies.
- (d) demonstrate HIV negativity and not give false positive results.

The correct answer is:

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

### QUESTION 9

Why is the availability of the Rapid HIV antibody test especially useful in rural and resource poor communities?

- (1) The Rapid test detects the HI virus itself in the blood and does not have to rely on antibodies.
- (2) The results are usually available within 10 minutes which means that the client does not have to come back again for the results.
- (3) The Rapid test has a 100% reliability and specificity, making a second confirmatory test unnecessary.
- (4) The test can be used as a home-test by clients, which therefore makes pre- and post-HIV test counselling unnecessary.

### QUESTION 10

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

- (a) It is less expensive in the long run.
- (b) It is more effective in reducing viral loads, because different kinds of medication interfere with the replication of viruses in different ways.
- (c) It decreases the chances of the virus becoming drug resistant.
- (d) It is more effective in reducing viral loads, because of the higher dosages involved.

The correct answer is:

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

### QUESTION 11

Anti-retroviral therapy has four primary goals: The therapeutic goal is to

- (1) improve the quality of the HIV positive person's life.
- (2) reduce the HIV viral load as much as possible.
- (3) reduce HIV-related sickness and death and to reduce the impact of HIV transmission in the community.
- (4) improve immune functioning, reduce opportunistic infections and delay the onset of Aids.

### QUESTION 12

The post-exposure prophylaxis protocol for occupational exposure to HIV-infected blood is as follows: If the baseline HIV test is negative and the healthcare worker access help within (a)\_\_\_\_\_ after the incident, a (b)\_\_\_\_\_ course of ARVs should be offered.

- (1) (a) 24 hours; (b) 28-day
- (2) (a) 48 hours; (b) 30-day
- (3) (a) 2 hours; (b) 60-day
- (4) (a) 72 hours; (b) 28-day

**QUESTION 13**

According to Bandura's theory, individuals with a high self-efficacy

- (1) will be more inclined to change their sexual behaviour because they have a self-driven external locus of control.
- (2) will not change their sexual behaviour because a high self-efficacy was identified by many researchers as an obstacle to behavioural change.
- (3) will be more inclined to change their sexual behaviour because they believe in their ability to adopt the required behaviour.
- (4) will not change their sexual behaviour because they feel so self-efficient that they do not realise the need to change their behaviour in the first place.

**QUESTION 14**

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

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

**QUESTION 15**

It can be very helpful for a facilitator to introduce an 'icebreaker' at the beginning of a training session. What is the role of an 'icebreaker'?

- (1) Icebreakers relax participants by making fun of them.
- (2) Icebreakers force silent members to take the lead in the group discussions.
- (3) Icebreakers help learners to learn and practise new behaviour.
- (4) Icebreakers help to break down some of the barriers that often exist between people.

**END OF ASSIGNMENT 01**

**ASSIGNMENT 02 – FIRST SEMESTER  
(Multiple choice questions)**

**Note:** This assignment is **compulsory**. You have to **submit** it before the closing date to gain admission to the examinations. Please do your best to submit this assignment **via myUnisa** to assure that we definitely receive it (the postal system cannot be trusted). Submit your assignment before the closing date to allow yourself enough time should myUnisa be offline or very busy. This assignment contributes 10 marks to your **year mark**. The assignment consists of 20 multiple choice questions.

The first 15 questions are based on Chapter 9, Chapters 11-15 and Chapters 21-23 of your prescribed book. The last 5 questions are based on the track you chose, e.g. the guidance tract (Chapters 10, 16 and 18) or the care track (Chapters 17, 19 and 20).

### QUESTION 1

June is a sex worker and she is HIV positive. Is it dangerous for her to have sex with men who are also HIV infected?

- (1) Yes, because she can be reinfected with another strain of the virus.
- (2) No, because she is already HIV infected herself.
- (3) Yes, because her CD4+T count is very low due to the virus in her blood.
- (4) No, because many sex workers in Africa have developed immunity to HIV infection.

### QUESTION 2

According to the traditional African worldview, ancestors form a very important and intrinsic part of the daily lives of traditional Africans. Ancestors are seen as

- (1) vindictive spirits with only one purpose: to punish their people with illness and death if they misbehave.
- (2) supreme beings who have withdrawn themselves from human beings.
- (3) benevolent spirits who preserve the honour and the traditions of the tribe.
- (4) good but powerless beings who cannot protect their people against evil and destructive forces.

### QUESTION 3

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

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

### QUESTION 4

One day, in one of their counselling sessions, Mary says to Thandiwe: 'Thandiwe, I feel as if I must give my permission before you make any contributions to our discussions, and maybe we should talk about it.' Mary used the advanced communication skill of (a) \_\_\_\_\_, which is a useful skill when (b) \_\_\_\_\_.

- (1) (a) information sharing; (b) a session is directionless and no progress is being made
- (2) (a) advanced empathy; (b) diversity between the counsellor and client gets in the way of counselling
- (3) (a) self-disclosure; (b) trust between counsellor and client seems to be a problem
- (4) (a) immediacy; (b) dependency seems to interfere with the helping process

### QUESTION 5

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 6**

During the counselling session, your client shares with you the reasons why he thinks it is necessary for him to take an HIV test. However, he says that, at the same time, these are the very same reasons why he does not want to go for the test. According to Egan, in which one of the following responses would you, as the counsellor, be demonstrating basic empathy?

- (1) I so understand your confusion. I felt the same way when I had to go for my test.
- (2) You feel unsure about whether or not to take the test because you are frightened about what the results may be?
- (3) I understand that you feel afraid, but don't you think it would be better to get it over and done with? Then at least you would know for sure.
- (4) The confusion you are experiencing about whether or not to take the test is to be expected and is a natural part of the process.

**QUESTION 7**

Pre-HIV test counselling is compulsory in South Africa. What do you say to a client who says the following to you: 'I don't want to be counselled. Just do the test and get it over with.'

- (1) The law of the land is above all and unfortunately I may not test you without counselling you first. I promise I will do my job as well as possible, but you will have to bear with me.
- (2) I understand your hesitation, but I can get into serious trouble if I test you without pre-test counselling. Please make my job easier, otherwise I will have to refuse to test you and I really don't want to do that!
- (3) I will test you, but please sign this form to indicate your aggression and your refusal to be counselled. Please roll up your sleeve so that I can draw the blood.
- (4) I sense that you have reservations about counselling. Did you have a bad counselling experience in the past? Can we perhaps talk about it for a while before I do the test?

**QUESTION 8**

A male university lecturer, aged 31, consults a counsellor for pre-test counselling. The lecturer has been in a monogamous relationship for two years. Prior to this he had two male partners and they did not always use condoms. He has been feeling very tired lately and is worried that he may be HIV positive. The counsellor's reaction is as follows: 'This was a very stupid thing to do, but it is not too late if you start practising safer sex now. Tiredness is, anyway, not necessarily a symptom of HIV infection.' Is this a good or a bad response, and why?

- (1) It is a good response, because the counsellor puts the lecturer at ease about his symptoms and she gives him good advice about practising safer sex.
- (2) It is a bad response, because the counsellor passes judgement on his behaviour and she does not take his symptoms seriously.
- (3) It is a good response, because the counsellor shows empathy by acknowledging the lecturer's feeling that he knows he did a stupid thing.
- (4) It is a bad response, because the counsellor should concentrate on his positive behaviour by acknowledging the fact that he is currently in a monogamous relationship.

**QUESTION 9**

For a parent to disclose his or her HIV positive status to a child is a very difficult thing to do. How would you, as a counsellor, facilitate the process of disclosure?

- (a) Help the parent to deal with his or her feelings of guilt and shame first.
- (b) Explain to the parent that disclosure is not a once-off experience. Tell the child only what he or she needs to know and build on that as the need comes up.
- (c) Allow children to participate in grieving and discuss the situation with the child – this leaves the child with less unfinished business to manage after the parent's death.
- (d) Plan for the child's future, but do not share the plans of who is going to take care of the child after the parent's death with the child, since this will lead to the child experiencing untimely grief and depression.

The correct answer is:

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

#### **QUESTION 10**

During the post-test counselling session, you have to share with your client the news that he is HIV positive. Your client is devastated at the result and, during the session, you become convinced that he is a definite suicide risk. You decide that the situation calls for a crisis intervention. Which one of the following statements below describes a correct crisis intervention?

- (1) The actual issue is the crisis situation itself, rather than your client's emotional reaction to it. You therefore directly tackle any false beliefs or fears your client may have about a positive diagnosis.
- (2) You regard the situation as being very serious and recommend to your client that he continues seeing you for counselling on an ongoing basis.
- (3) You give your client the space to be his own source of support and assistance so that you do not disempower him.
- (4) You take charge of the session, and provide your client with advice and direction in an empathic manner, since he is in no state to think clearly himself.

#### **QUESTION 11**

Typical manifestations of normal grief behaviour may include some of the following behaviours, feelings, physical sensations and cognitions:

- (1) Sleep and appetite disturbances, dreams of the deceased, crying, sadness, anxiety, loneliness, helplessness.
- (2) Hollowness in the stomach, tightness in the chest, weakness of muscles, disbelief, confusion, pre-occupation.
- (3) Avoidance patterns, yearning, anger, dry throat, over sensitivity, sense of depersonalisation, hallucination.
- (4) All of the above.

#### **QUESTION 12**

One of the techniques used to facilitate the bereavement process is cognitive restructuring. The assumption/s behind cognitive restructuring is/are that

- (a) our emotions and feelings are influenced by what we think about.
- (b) we should get rid of negative or destructive thoughts.
- (c) we should adopt healthier and life-affirming thoughts.

The correct answer is:

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

#### **QUESTION 13**

In which one or more of the following situations would you advise a health care worker to adhere to 'universal blood and body fluid precautions'?

- (a) Mary is dressing the open wound of an HIV positive patient.
- (b) John, a dentist assistant, is cleaning the mouth of a patient after draining an abscess that formed in the patient's mouth.
- (c) Puleng is a nurse in a Tuberculosis hospital where she handles the sputum of patients who often cough up blood.
- (d) Juan is giving an HIV positive patient with malaria (who has a fever and is sweating profusely) a sponge bath to try and get his temperature down.

The correct answer is:

- (1) Mary and Juan, because both their patients are HIV positive.
- (2) Mary, because she is exposed to the blood of an HIV positive person.
- (3) Mary, John and Puleng, because they are exposed to body fluids requiring universal precautions, regardless if the patient is HIV positive or not.
- (4) Juan, because HIV positive patients with malaria are ten times more likely to transmit the HI virus due to the very high viral load in the blood of HIV positive people with malaria.

#### QUESTION 14

Occupational stress and burnout are very serious issues in the health care professions. Employers and organisations should offer their employees professional supervision and mentoring to assist them to cope with their work. There are, however, important differences between the terms 'mentoring' and 'supervision'. A good mentor should

- (a) be in a hierarchical managerial position in the organisation where the caregiver works.
- (b) also evaluate the quality of the work of the caregiver on a regular basis.
- (c) be involved in a supportive and equal relationship with the caregiver.
- (d) help caregivers to re-evaluate their expectations and performance goals.

The correct answer is:

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

#### QUESTION 15

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

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

**NOTE: If you have chosen the GUIDANCE TRACK, do Section B, Questions 16 to 20. If you have chosen the CARE TRACK, go to Section C and answer Questions 16 to 20.**

**Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions. (This means that the answer to Question 16 of Section B will be the same as the answer to Question 16 of Section C.)**

## **SECTION B: GUIDANCE TRACK**

### **QUESTION 16**

Teachers who work with children in the intermediate school phase (Grades 4 to 6) should take their cognitive developmental skills into account when they devise Aids educational programmes. The main purpose of Aids education in this school phase should be to:

- (a) develop their ability to think scientifically and to establish a good knowledge of HIV and Aids prevention.
- (b) rectify misconceptions about HIV and Aids.
- (c) prevent the formation of prejudice.
- (d) help the children to identify concrete causes of HIV and Aids.

The correct answer is:

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

### **QUESTION 17**

Adolescents are often very self-absorbed or egocentric. Adolescent egocentricity manifests in two ways, namely (a) imaginary audience and (b) personal fable. Which one of the following adolescents illustrates the imaginary audience form of egocentrism?

- (1) Susan is so afraid of Aids that she thinks of nothing else and she imagines that she has all the symptoms of Aids.
- (2) Peter believes that he and his problems are so unique that nobody else could have the same experiences.
- (3) Tulani is so self-conscious that he believes that he is the focus of everyone else's attention.
- (4) Tseko is so self-centered that he gossips or tells fables about other children in his school who - in his opinion - have Aids.

### **QUESTION 18**

Should the fact that people do not immediately die from HIV and Aids, be explained to children in the foundation school phase (Grade 1 to Grade 3)?

- (1) Yes, but reasons or explanations for this will be above their capacity of understanding and should therefore not be given.
- (2) No, it should not be explained to children in this phase because they are unable to comprehend the reasons for it.
- (3) No, it should not be explained to children in this phase because it will make them even more scared of the HI virus.
- (4) Yes, but they should also be given a better understanding of how the virus works because it will make other aspects of the disease more comprehensible to them.

### **QUESTION 19**

Teachers who work with children in the foundation or junior primary school phase (Grade 1 to Grade 3) should include the following aspects in their Aids education and life skills programmes:

- (1) Give a lecture about the dangers of drug use and specify the dangers of ecstasy and marijuana.
- (2) Address the children's fears about Aids and warn them to be careful because children of their age can contract Aids.
- (3) Teach children general safety consciousness, such as wearing safety belts and why they should not play with fire.
- (4) Encourage the children to feel positive about their own bodies, but make it very clear that sex is something to be ashamed of and something that belongs to adults.

**QUESTION 20**

One of the most important developmental tasks of adolescents is to develop a personal value system. In order to develop such a system they have to

- (1) learn to accept the rules of society without challenging them.
- (2) question existing values and decide which values are acceptable to them.
- (3) achieve the ability to think in abstract terms and therefore be able to align their views with those of society.
- (4) accept rules even though these rules may not seem especially useful to them.

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

**Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions. (This means that the answer to Question 16 of Section B will be the same as the answer to Question 16 of Section B.)**

**SECTION C: CARE TRACK****QUESTION 16**

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

- (1) Patients are often very poor and they cannot afford to pay the home-based caregivers for their services.
- (2) Owing to all the unknown home-based caregivers in the home, the patient has no privacy, and the one thing that is important for the Aids patient, is isolation.
- (3) Families often do not want home-based caregivers in their homes because of stigma, ignorance and superstition.
- (4) Many home-based caregivers are afraid of looking after Aids patients because of a lack of knowledge and fear that they might become infected themselves, and they only do it for the money.

**QUESTION 17**

Aids makes demands on the local community and society at large that cannot be met by hospitals alone. How would you develop a home-based care programme in a rural community in KwaZulu-Natal?

- (1) Compile a community profile to establish the extent of HIV infection in the community.
- (2) Make sure that you exclude community leaders from your preliminary profiling of the community, because research has shown that politics hinders health programme development.
- (3) Put together a multidisciplinary team consisting of professional caregivers and community volunteers to offer a comprehensive care service to patients with Aids.
- (4) Appoint volunteer workers to take over the tasks of the primary caregivers, who are usually the mothers and grandmothers, because they are usually not trained to care for Aids patients and might unintentionally do more harm than good.

**QUESTION 18**

Volunteers play a very important role in home-based-care programmes. Which of the following statements are true in terms of the selection of volunteers?

- (1) Volunteers should be selected and used in a community where they fit best in terms of their personalities, qualities, expertise and interest.
- (2) Volunteers should be used where they are needed. We are coping with a crisis and there is no time to place volunteers in terms of their personalities, qualities, expertise and interest.
- (3) There should be no selection procedure for volunteers. Health care professionals and communities should be thankful for all the help they can get, and they should therefore not be choosy.
- (4) The only prerequisite for a volunteer worker is that he or she should be able to read and write.

**QUESTION 19**

Health care workers should wear safety glasses or face shields when they (a) \_\_\_\_\_. It is therefore advisable to wear protective glasses during procedures such as (b) \_\_\_\_\_.

- (1) (a) perform procedures where there is potential contact with blood; (b) drawing blood or starting an intravenous line
- (2) (a) come into contact with instruments or other material that could have been used on an HIV positive person; (b) cleaning instruments or handling dressings
- (3) (a) perform procedures where there is a potential threat of blood or body fluid splashing into their eyes; (b) dental procedures or childbirth
- (4) (a) perform general patient care; (b) giving an injection or measuring blood pressure

**QUESTION 20**

The purpose of palliative care is to

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

**END OF ASSIGNMENT 02**

## 14 SECOND SEMESTER ASSIGNMENTS

SECOND SEMESTER 2016		
Assignment Number	Unique number	Closing date
01	871717	24 August 2016
02	698533	21 September 2016

**ASSIGNMENT 01 – SECOND SEMESTER  
(Multiple choice questions)**

**Note:** This assignment is **compulsory**. You have to **submit** it before the closing date to gain admission to the examinations. Please do your best to submit this assignment **via myUnisa** to assure that we definitely receive it (the postal system cannot be trusted). Submit your assignment before the closing date to allow yourself enough time should myUnisa be offline or very busy. This assignment contributes 10 marks to your **year mark**. The assignment consists of 15 multiple choice questions.

This assignment is based on Learning Units (and corresponding chapters in the prescribed book) 1 to 8.

**QUESTION 1**

Which HI virus type is predominant in Southern Africa?

- (1) HIV 1 Subtype B
- (2) HIV 1 Subtype C
- (3) HIV 2 Subtype B and C in combination
- (4) HIV 2 Subtype C

**QUESTION 2**

How do viruses (including HIV) reproduce?

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

**QUESTION 3**

The HI virus uses different enzymes to help it to reproduce. The role of the enzyme reverse transcriptase, is to

- (1) help the HI virus to attach to the CD4+T cell's receptors.
- (2) enable the new viral RNA and viral proteins to merge and bud from the cell membrane.
- (3) assist fusion of viral DNA and CD4+T cell DNA.
- (4) transform viral RNA into viral DNA.

#### QUESTION 4

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 5

Research has established that \_\_\_\_\_ for 4 to 6 months is the optimal feeding type for all babies, irrespective of their HIV status.

- (1) formula feeding
- (2) mixed feeding
- (3) exclusive breastfeeding
- (4) breastfeeding with no solids, but with water and juice

#### QUESTION 6

Health workers in Africa often find the syndromic management approach for STI (sexually transmitted infection) treatment in Africa more practical than the diagnostic management approach. The following are some of the disadvantages of the diagnostic management approach in resource-poor settings in Africa:

- (a) Laboratories with sophisticated techniques and facilities need to be acquired to diagnose the specific STI.
- (b) Over-treating patients, who may receive more drugs than they actually need.
- (c) Patients with asymptomatic STI infections do not get treated at all.
- (d) STIs often go untreated because it is often not possible for patients who reside far from clinics to return for test results and treatment at a later stage.

The correct answer is:

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

#### QUESTION 7

HIV counselling and testing (HCT) clinics should use TB checklists and refer patients with symptoms to their nearest TB treatment clinic. Which of the following symptoms would you include in your TB checklist?

(a) swollen glands; (b) anaemia; (c) diarrhoea; (d) persistent coughing; (e) enlarged liver; (f) weight loss; (g) shingles; (h) shortness of breath; (i) malaise; (j) oral thrush; (k) loss of appetite; (l) recurrent herpes infections; (m) night sweats and fever; (n) coughing blood.

- (1) (a), (d), (f), (h), (j), (m) and (n)
- (2) (b), (c), (d), (e), (f), (h), (i), (k), (m) and (n)
- (3) (d), (f), (h), (i), (k), (m) and (n)
- (4) (b), (d), (f), (g), (j), (l) and (m)

**QUESTION 8**

Mary is worried about her HIV status because she has two sex partners. The result of her ELISA antibody test is negative. This result can mean any of the following:

- (a) Mary has not been infected with HIV.
- (b) No antibodies against HIV have been found in Mary's blood.
- (c) Mary may be infected with HIV, but antibodies against the virus have not yet formed.
- (d) Mary is in the 'window period.'

The correct answer is:

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

**QUESTION 9**

After the discovery of HIV, the great search for a test to diagnose HIV began. The first kits for antibody testing became available in April

- (1) 1983
- (2) 1985
- (3) 1987
- (4) 1994

**QUESTION 10**

The anti-retroviral class, Protease Inhibitors, disturb the life cycle of the HI virus by interfering with the (a)\_\_\_ enzyme. Interference with this enzyme (b)\_\_\_.

- (1) (a) protease; (b) prevents the virus from changing its RNA into proviral DNA
- (2) (a) reverse transcriptase; (b) prevents the virus from changing its RNA into proviral DNA
- (3) (a) protease; (b) prevents the formation and release of new HI viruses from the infected cells
- (4) (a) integrase; (b) prevents the formation and release of new HI viruses from the infected cells

**QUESTION 11**

It is recommended by the World Health Organisation that an HIV-infected pregnant woman with a CD4+T cell count < 350 cells/mm<sup>3</sup> should receive

- (1) lifelong antiretroviral treatment to prevent mother-to-child transmission as well as for her own health.
- (2) AZT, Nevirapine and TDF from 14 weeks of pregnancy onwards.
- (3) antiretroviral prophylaxis to prevent mother-to-child transmission.
- (4) treatment for TB and other opportunistic infections.

**QUESTION 12**

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 BUYING a condom and USING a condom refers to the \_\_\_\_\_ of the behaviour.

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

### QUESTION 13

Mabel read an article about Aids in the November edition of Love Life and realised that she may be at risk from contracting HIV, but that she has the ability to change the situation. She made a New Year's resolution to ask her boyfriend to always use condoms - starting on the first day of January. Which one or more of the principles of behaviour change do you recognise in Mabel's decision to change her behaviour?

- (a) Recognition of the need to change.
- (b) Intention to perform a specific behaviour.
- (c) Self-efficacy.
- (d) A realistic perception that there are more obstacles to behaviour change than benefits and that the road ahead will be difficult.

The correct answer is:

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

### QUESTION 14

Daisy is in the behavioural labelling stage of the Aids Risk Reduction Model. Daisy's behaviour is shaped by factors such as:

- (1) seeking information on how to modify her behaviour.
- (2) believing that being infected by HIV is undesirable.
- (3) what her friends think of the new behaviour, and the social support she gets for the new behaviour.
- (4) Both (1) and (2) above.

### QUESTION 15

According to your prescribed book, which one or more of the following HIV and Aids group facilitators has/have the qualities of a good and successful facilitator?

- (1) Jan helps her group to discover how much they already know, and build upon their experiences by involving them in their own learning.
- (2) May found that participants often remember the wrong answers that group members gave, and therefore prefers to give the group all the necessary information and only then allow them to ask questions.
- (3) April remains as objective as possible, but when it comes to negative attitudes towards people with Aids, she imposes her very strong opinions on the participants and tries to force them into agreeing with her that negative attitudes are harmful.
- (4) All three of the facilitators are good because each one has something to contribute to the learning process.

**END OF ASSIGNMENT 01**

**ASSIGNMENT 02 – SECOND SEMESTER  
(Multiple choice questions)**

**Note:** This assignment is **compulsory**. You have to **submit** it before the closing date to gain admission to the examinations. Please do your best to submit this assignment **via myUnisa** to assure that we definitely receive it (the postal system cannot be trusted). Submit your assignment before the closing date to allow yourself enough time should myUnisa be offline or very busy. This assignment contributes 10 marks to your **year mark**. The assignment consists of 20 multiple choice questions.

The first 15 questions are based on Chapter 9, Chapters 11-15 and Chapters 21-23 of your prescribed book. The last 5 questions are based on the track you chose, e.g. the guidance tract (Chapters 10, 16 and 18) or the care track (Chapters 17, 19 and 20).

**QUESTION 1**

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

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

**QUESTION 2**

Dancing, singing, rituals and ceremonies are often used in traditional African communities for healing or educational purposes. Should these forms of dramatisation be encouraged by Aids educators?

- (1) Yes, it should be encouraged, because dramatisation helps people to overcome their anxiety and to express their emotions.
- (2) No, it should be discouraged, because dramatisation distracts people's attention from the real, serious issues of Aids.
- (3) Yes, it should be encouraged, because dramatisation helps people to relax and to forget the serious realities of Aids.
- (4) No, it should be discouraged, because dramatisation discourages people from accepting and integrating threatening issues into their own personal reality.

**QUESTION 3**

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

- (1) You felt afraid to tell me that you are HIV positive, because you feared that I would reject you.
- (2) I know how you feel!
- (3) Do I understand you correctly if I say that you are HIV positive and that you did not want to tell me because you were afraid of my response?
- (4) When did you find out that you were HIV positive?

#### QUESTION 4

When and how should referral of clients take place within the Aids context?

- (a) Referral should be arranged in such a way that the client does not feel rejected.
- (b) In cases of psychopathology or severe depression, it may be necessary to refer the client to a clinical psychologist.
- (c) Referral should be arranged if a counsellor no longer wants to be responsible for the client.
- (d) Referral should be arranged if the client needs additional helpers (e.g. spiritual or financial).

The correct answer is:

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

#### QUESTION 5

A counsellor who works at a health clinic for sex workers shows her clients unconditional positive regard when she

- (1) respects and accepts her clients as they are, irrespective of their values, work and sexual preferences.
- (2) accepts her clients' uniqueness as human beings but judges them for the work they do in order to help them to change their ways.
- (3) respects and accepts her clients as they are by putting aside her own Christian values and beliefs.
- (4) is 'there for her clients' by always taking their side and acting as their advocate.

#### QUESTION 6

One of the differences between a Western counsellor and a traditional African healer is that the traditional healer (a) \_\_\_\_\_, while the Western counsellor (b) \_\_\_\_\_.

- (1) (a) bases his help on common sense, scientific evidence and logic; (b) uses intuition and symbols in her counselling
- (2) (a) is mainly directive in his approach and gives his clients advice on what to do; (b) is non-directive and expects her clients to take responsibility for their own decisions
- (3) (a) makes his clients feel good about themselves by placing emphasis on individuality and self concept; (b) emphasises the unity between her, her parents and her community
- (4) (a) gives attention to his clients' feelings and thoughts through introspection; (b) follows a more holistic approach and emphasises the unity of the body and mind

#### QUESTION 7

Maria's HIV test results turned out to be positive. She felt a sense of relief when the counsellor shared the news with her during a post-test counselling session. Which one of the following statements best explains Maria's reaction?

- (1) Maria's reaction is abnormal and she is definitely in denial and not ready to accept her HIV positive status.
- (2) Maria is displaying quite a normal reaction to her test results - perhaps this puts into perspective some of the unexplained symptoms that she often gets; also, now she does not have to live with the uncertainty any longer.
- (3) Maria's reaction is very abnormal - no one has ever reacted this way to an HIV positive test result.
- (4) Maria's reaction is not unusual for a person suffering from post-traumatic stress syndrome.

**QUESTION 8**

If a parent has to tell a child that the child is HIV positive, which of the following principles apply?

- (1) Disclosure is an ongoing process that may last for years, and the parent does not have to tell the child everything at once.
- (2) To withhold information from the child will later be experienced by the child as lying. It is therefore better to give the child all the information about the condition at once.
- (3) If a child is still very young (e.g. pre-school) and asks difficult questions, it is better to lie to the child about certain issues than to confuse the child with complex answers.
- (4) Parents experience so much fear and guilt about their child's HIV positive status, that a parent is not the ideal person to disclose the child's status to the child.

**QUESTION 9**

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

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

**QUESTION 10**

Which one of the following recommendations would most effectively help the bereaved person to cope with his/her loss?

- (1) Counsellors should be more direct with their bereaved clients and provide them with solutions to their problems, so that they do not get stuck in the grief process.
- (2) Clients should be encouraged to make a major-life change during the grief process, like moving to another town or changing their jobs, since this will help them to reinvest their emotional energy.
- (3) While cautioning clients against the 'rebound' effect, counsellors should encourage their clients to relocate emotionally by making new friends and even finding new partners with time.
- (4) Clients should not be encouraged to mark the anniversaries of their loved ones' deaths, because this will slow the rate at which they are successfully able to work through the mourning process.

**QUESTION 11**

Juan recently found out that he is HIV positive. He also realised that he has done a lot of wrong things in his life. He promised God that he will never have sex again and go to church and charity events if God will cure him from HIV. In which of the Kübler-Ross stages of bereavement is Juan?

- (1) Denial
- (2) Bargaining and guilt
- (3) Sadness and depression
- (4) Resolution and acceptance

### QUESTION 12

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

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

### QUESTION 13

Which one of the following steps may help Andrew to manage his stress and burnout?

- (1) He should re-evaluate his belief in his own abilities, strive to achieve his performance goals even if they are unrealistically high, and he must lower his standards.
- (2) He should learn to trust and accept the knowledge he already has, rather than further pressurise himself to attend the additional refresher and training courses.
- (3) He must learn how to draw firm boundaries between himself and his clients so that he can remain unaffected should one of them die.
- (4) He should be encouraged to nurture himself as much as possible by ensuring that he gets enough exercise and rest and takes time to do things that he really enjoys.

### QUESTION 14

Dudu felt sick, and visited her local clinic. On the clinic's wall was a written notice stating that all patients coming for treatment were expected to give their consent for an HIV test. This practice is

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

### QUESTION 15

According to the Sterilisation Act of 1998, a woman of (a)\_\_\_\_\_ years or older can consent to sterilisation and the husband's consent is (b)\_\_\_\_\_.

- (1) (a) 18 (b) required
- (2) (a) 18 (b) not required
- (3) (a) 21 (b) required
- (4) (a) 21 (b) not required

**NOTE: If you have chosen the GUIDANCE TRACK, do Section B, Questions 16 to 20. If you have chosen the CARE TRACK, go to Section C and answer Questions 16 to 20.**

**Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions. (This means that the answer to Question 16 of Section B will be the same as the answer to Question 16 of Section B.)**

**SECTION B: GUIDANCE TRACK****QUESTION 16**

Young children (grades 1 to 3) have an overwhelming fear of Aids, because

- (1) they can already grasp the consequences of HIV infection and what the virus can do to their bodies.
- (2) although they can already comprehend that Aids is not a punishment for sin, they find it difficult to understand how one can prevent infection.
- (3) they have a good understanding of how sex and drug usage can cause Aids, but find it difficult to deal with it emotionally.
- (4) they see disease in rather vague, supernatural and imaginative terms due to the level of their emotional development.

**QUESTION 17**

Spiritual counsellors should consider a child's development stage when talking to the child about death. For example, when a young school child's parent dies (early primary school), the counsellor should

- (1) explain to the child that it was God's will to take the parent away and that the child should accept this.
- (2) explain religion to the child in terms of abstract forms to help the child not to feel guilty about the parent's death.
- (3) explain to the child that the illness and death of the parent was not punishment for a wrongdoing.
- (4) use symbols to explain the death of the parent to the child because children of this age respond better to concrete examples.

**QUESTION 18**

If you are a Christian counsellor, how would you counsel HIV positive clients from other religions, such as Muslims or Buddhists?

- (a) Stress the importance of and reverence for life.
- (b) Encourage people to partake in purification rituals, to meditate and/or restructure their lives.
- (c) Urge them to convert to Christianity or be doomed.
- (d) Explain to them that religion is not important and that they should rather concentrate on medical and psychological aspects of the disease.

The correct answer is:

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

**QUESTION 19**

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

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

## QUESTION 20

The fundamental need for transcendence will be fulfilled by

- (1) allowing children to experience and express their independence and to honour the rights of children.
- (2) providing the child unconditionally with a family home, adequate nutritious food, clothing and primary health care.
- (3) adults who provide life skills, insight and guidance to build a child's knowledge of his or her family and community.
- (4) adults who inculcate in children a sense of wonder at the larger world and who encourage cultural and religious practices.

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

**Please note: You do not have to indicate your choice between Section B or Section C because the correct alternatives are the same for equivalent questions. (This means that the answer to Question 16 of Section B will be the same as the answer to Question 16 of Section B.)**

## SECTION C: CARE TRACK

### QUESTION 16

It is very difficult to decide when to stop active treatment and to begin to prepare a patient and his or her family for dying. When does palliative care usually begin?

- (a) When medical treatment is no longer effective.
- (b) When the patient with Aids does not want to continue with treatment.
- (c) When the side-effects of treatment outweigh the benefits.
- (d) When there is no reasonable chance of improvement.

The correct answer is:

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

### QUESTION 17

Garth started to abuse alcohol and to smoke heavily when his doctor told him that he is HIV positive. Is it necessary for him to stop the habit?

- (1) Yes, it is necessary, because alcohol abuse and smoking mask the signs of opportunistic infections, and might lead to a situation where his infections are not diagnosed and treated in time.
- (2) No, it is not necessary, because he is infected anyway and to stop his habits will cause him too much stress, which is not good for his health.
- (3) Yes, it is necessary, because alcohol and cigarettes have been linked to the suppression of the immune system by lowering of the CD4+T cell count, as well as to an increase in secondary infections and illnesses such as pneumonia.
- (4) No, it is not necessary, because alcohol interacts very well with some of the medications that the doctor will prescribe for him to decrease the spread of infection in the body.

**QUESTION 18**

Anne's daughter, who is three years old, has a severe chronic illness and is bedridden as a result. The health care professional who visits Anne and her daughter at home gives Anne the following advice: 'A bedridden child should be held in someone's lap as often as possible.' Do you agree with this advice?

- (1) Yes. It will help with the digestion of the child's food and it will prevent constipation.
- (2) Yes. It will improve the child's circulation and give her the love and attention she needs.
- (3) No. It will spoil her rotten and the last thing a mother needs is a spoiled, sick child.
- (4) No. To be picked up all the time by other people will result in chronic pain.

**QUESTION 19**

Some degree of mental confusion or dementia is common among people with Aids because of the effect of the HI virus on the brain. How would you care for a patient who has problems with memory loss, concentration, confusion and disorientation?

- (1) Keep the patient's room or home structured, avoid unnecessary changes, place familiar things like photographs around the patient and keep a light on at night.
- (2) Talk about the distant past, and when the patient is confused, or has the facts wrong, argue with the patient until he or she has all the facts straight.
- (3) Challenge the patient's delusions with reality because if you play along or ignore the delusions, the patient will become more confused and disorientated.
- (4) Be very patient and talk to the person as though he or she is a child - that is the only way that a confused person will feel cared for.

**QUESTION 20**

Diarrhoea is one of the most common problems in patients with HIV infection and Aids. The difference between acute and chronic diarrhoea is that acute diarrhoea (a) \_\_\_\_, while chronic diarrhoea (b) \_\_\_\_.

- (1) (a) is when a person has three or more loose or watery stools per day;  
(b) is when a person has six or more loose or watery stools per day
- (2) (a) can be treated by prescribing a proper diet and a rehydration fluid;  
(b) has to be treated with an appropriate antibiotic, loperamide or codeine
- (3) (a) is seldom associated with nausea and vomiting;  
(b) is almost always associated with nausea and vomiting
- (4) (a) lasts for less than two weeks;  
(b) usually lasts for more than two weeks

<b>END OF ASSIGNMENT 02</b>
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