

Tutorial letter 103/1/2017

HIV/Aids care and counselling PYC2605

Semester 1

Department of Psychology

**A Practice Examination Paper and Page numbers
of Sections in the Prescribed Books.**

CONTENTS

1	INTRODUCTION.....	2
2	THE GENERAL STRUCTURE OF A MULTIPLE CHOICE QUESTION.....	2
3	DIFFERENT TYPES OF MULTIPLE CHOICE QUESTIONS.....	3
4	COMPLETING THE MARK READING SHEET.....	5
5	EXAMINATIONS.....	6
6	A PRACTICE EXAMINATION PAPER.....	6
7	PAGE NUMBERS OF SECTIONS IN THE PRESCRIBED BOOK.....	33

1 INTRODUCTION

Dear Student,

We hope that you are working very hard to get through the syllabus. This tutorial letter will give you some information about the examination paper, a practice exam paper for you to practice as well as the page numbers of the sections in the prescribed book.

Multiple choice questions will be used in the exam to assess your understanding of the syllabus. Some of you may feel that this is an easier way to be examined, while others may regard this approach as more difficult than paragraph or essay questions. To help you and make the examination less daunting, please use the information and tips under Sections 1 to 5 of this tutorial letter.

The printed material (TL101 and MO001) was completed before the prescribed book was made available to us. Therefore the places where page numbers should have been was filled with x's (e.g. pp. xx – xx). Please make use of the table in Section 6 if you have struggled up to now to find the relevant pages in you prescribed book.

2 THE GENERAL STRUCTURE OF A MULTIPLE CHOICE QUESTION

We believe that you benefit the most from your studies when you are able to understand what you have learnt and apply this knowledge in your everyday world, as opposed to simply regurgitating information from a textbook in the exam. It is for this reason that many of our multiple choice questions are based on a scenario that describes a possible real-life experience. Even when we ask you more factually based questions, our aim is still to test your insight into the theory.

Each multiple choice question begins with a stem, which contains the core of the question. The stem can consist of any of the following:

1. a story or short case study (that requires application of theory);
2. a factual question (that tests knowledge);
3. a statement, with which you are asked to agree or disagree (that requires insight, knowledge and application); or
4. an incomplete sentence or paragraph that you need to complete by choosing the correct answer.

Each stem is followed by four alternative answers. You need to select the answer that fits best with the stem. Sometimes all 4 of the alternative answers may be factually accurate, and each alternative, if read on its own, will appear to be correct. However, when each alternative is read in conjunction with the stem, it will become evident that only one of them is the correct answer. It is therefore essential that you read the question (which includes the stem and each of the

alternative answers) carefully and consider each alternative answer in relation to the stem before making your choice. While you will need to take the constraint of time into account during the exam, you will simultaneously need to ensure that this dynamic does not distract you from reading the question and alternatives thoroughly. It often happens that students know their work very well, but still choose the wrong answer because they do not give sufficient attention to the detail contained within the question.

3 DIFFERENT TYPES OF MULTIPLE CHOICE QUESTIONS

The basic structure outlined above applies to all multiple choice questions, the composition of which however may vary. While not exhaustive, the following examples will give you a good idea as to the different types of multiple choice questions you may encounter in the exam. Focus here on getting to grips with the structure of the question, as opposed to selecting the correct answer.

TYPE 1

The first type of multiple choice question is when you are given a stem with four alternatives. This type of question is very simple, since you merely have to choose one correct alternative answer.

Example 1

Petra is HIV positive and the latest test results have revealed that her baby has the virus too. How do you think Petra's baby got infected?

- (1) Petra's baby definitely got infected during pregnancy, because the virus can pass through the placenta from the mother to the baby.
- (2) Petra's baby definitely got infected during childbirth, because there is always blood involved during birth.
- (3) The baby definitely got infected through breastfeeding, because Petra breastfed the baby and it is a known way for the virus to spread.
- (4) It is difficult to say how Petra's baby got infected, because it could have been during pregnancy, during childbirth or through breastfeeding.

How to choose the correct answer:

In this example alternatives 1, 2 and 3 may seem to be correct by themselves, as none of these alternatives contain any inaccurate statements. However, within the context of the stem, or story, alternative 4 is the most correct answer from the alternatives provided. The stem does not tell us how Petra's baby became infected, nor does it tell us whether or not Petra breastfed her baby.

Tip:

Read the question and the alternative answers very carefully and ensures that your answer fits with what is being asked. Do not give the first answer that looks right! While an answer may appear to be correct, it may not fit best with the question that is being asked. Although not an absolute rule, always be careful of alternatives with exclusive words such as 'always', 'definitely' or 'never' in them.

TYPE 2

The next common type of question is when you are given the stem, but the alternatives consist of different possible combinations.

Example 2

Statistically, more women than men are infected with HIV in Africa. Why are women more vulnerable to HIV infection than men?

- (a) In general women's living conditions are very poor and deprived, while men usually have enough money to live comfortably.
- (b) Women, as the recipients of semen, are exposed to the sexual fluids of their partner(s) for a longer time than men.
- (c) Men have stronger immune systems than women. Therefore women are also more vulnerable to HIV infection than men.
- (d) The area or surface that is exposed to the partner's secretions during sexual intercourse is larger in the case of women than in men.

The correct answer is:

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

How to choose the correct answer:

Read the stem together with each of the possible answers and make a tick mark next to the correct answers. Remember that one or more of these possible answers may be correct. Alternative (a) is a rough generalisation and is therefore incorrect. Place a tick mark next to (b) if you think it is a correct answer; ignore (c) as it is untrue that men have stronger immune systems than women. Place a tick mark next to (d) if you think it is correct. Then look at which combination of answers you believe to be correct. The answer that you would place on your mark reading card in this example is alternative (3).

Tip:

If you are not sure what the correct answer for a question is, make an 'educated guess', by first eliminating those answers that you believe are incorrect. If, for example, you believe that (a) in the example above was incorrect, you could immediately rule out alternatives (1) and (2) as the correct answer. This would leave you only having to decide between alternatives (3) and (4).

TYPE 3

This type of question gives you different combinations with which to complete the stem of the question.

Example 3

The reason why HIV - the virus that causes Aids - is so dangerous to human beings is because HIV 'hijacks' the most important cells in the immune system, namely the (a) _____, and 'forces' them to (b) _____.

- (1) (a) CD4+ T cells (b) manufacture more HI viruses
- (2) (a) macrophages (b) kill all other invading organisms
- (3) (a) CD4+ T cells (b) change the viral DNA to viral RNA
- (4) (a) macrophages (b) stop initiating their chemical reactions which kills viruses

How to choose the correct answer:

Selecting the correct alternative in this case may be difficult if you don't read the question carefully or don't understand the work. You may then for example on an initial appraisal (incorrectly) select alternative (3) because it 'looks right'. Do the following to choose the correct answer: Read the whole stem and all of the alternatives through once to get an overall sense of the question. Then try to establish the missing answer in (a). If you know that HIV 'hijacks' the CD4+ T cells, then you automatically know that only alternatives (1) or (3) may be correct. The next step is to decide what it is that the CD4+ T cells are forced to do. If you know your work you will understand that it is viral RNA that is converted into viral DNA within the CD4+ T cell, and not the other way around. The correct answer is therefore (1).

Tip:

While we have already given you the tip, we cannot emphasise it enough that you: Read the question and alternatives through very carefully. Do not choose the first answer that appears to fit because you recognise the words therein!

4 COMPLETING THE MARK READING SHEET

All multiple choice assignments and exams need to be completed on a **mark reading sheet**. If you complete Assignments 01 and 02 therefore, please ensure that you complete and return your answers on a mark-reading sheet and not on ordinary A4 paper or on the tutorial letter itself. You will find an example of a mark reading sheet in **my Studies@Unisa** brochure that you received at registration. Scan the contents of your **my Studies@Unisa** and look for the section about 'Assignments and mark-reading sheets'. This section gives exact guidelines on how to complete the mark-reading sheet, while there is an example of what a mark reading sheet looks like in the brochure.

If you have not received either the brochure or a mark reading sheet for the completion of your assignments in your registration pack, kindly contact the Department of Despatch at despatch@unisa.ac.za or you can send a sms to 43579.

It is important to familiarise yourself with the completion of mark reading sheets before the exam, in order to ensure that you do not waste valuable time during the exam reading up on how the mark-reading sheet needs to be completed. We also recommend that you take more than one pencil with you, as well as an eraser and sharpener, to ensure that you are adequately prepared for any possibility. Also take care to complete the mark-reading sheet correctly. Hence, ensure that the answer to Question 45, for example, is recorded as number 45 on your reading sheet. If you choose not to answer a particular question ensure that the corresponding number is blank on your reading sheet.

Finally, ensure that you have written your student number, course code and unique number correctly on the mark reading sheet before you hand it in. Please remember that your mark-reading sheet is marked by computer. Hence if your student number is not filled in, there will be no way for us to trace who the mark-reading sheet belongs to. You will in such an instance receive 0% for the exam. You will also receive 0% if you only mark the answers on your exam paper instead of on your mark reading sheet.

5 EXAMINATIONS

The exam paper will consist of 70 multiple choice questions. Remember that your Assignments contribute a maximum of 20% of your examination mark. Section A (which will contain 60 questions) will need to be completed by all students.

Thereafter you may select to answer the remaining questions (10 questions) either from Section B: The Guidance Track or Section C: The Care Track, depending on which track you selected for study during the semester (see Tutorial Letter 101). If you have been so studious as to have studied both, you may decide in the exam whether to answer Section B or Section C.

All students have to answer section A. Then choose either Section B or Section C.

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 60 in the Guidance Track is (3), then the answer to Question 60 in the Care Track will also be (3). If you studied both tracks, this information may be very helpful!

6 A PRACTICE EXAMINATION PAPER

To follow is an example exam paper which may help you in preparing yourself for the exam. We suggest that you create an examination condition for yourself: set aside 2 hours in which you are free from distractions, and complete the example paper as if it was an exam. Don't use the prescribed book to answer the questions! Try to structure your time so that you have enough time to cover the whole exam paper. You have 120 minutes in which to complete 70 multiple choice questions. This means that you will have approximately one and a half minutes (or 90 seconds) per question, with roughly 15 minutes left over to complete the mark reading sheet. While students generally complete the paper with ease during this timeframe, there is no time to procrastinate. You therefore need to enter the exam hall prepared for the 2 hours of concentration that will follow.

We hope that the example paper will help you prepare yourself for the exam context, thereby reducing the anxiety that is naturally experienced when you are unsure what to expect. We have also provided you with the correct answers so that you may check what aspects of the syllabus you will need to focus your attention on in preparation for the exam.

Please keep the following in mind when doing the example paper:

1. This example paper is only an example of what the exam paper may look like. You will not get the same questions in your exam! At best, maybe one or two of the questions contained in this paper may re-appear in the exam. It will therefore not help you to memorise this paper. Rather use it as an opportunity to get a sense of the structure of the exam paper and to see if you understand your work well enough to be able to answer any type of question. **From past experience we know that some students ONLY study the example exam paper and that they always fail miserably!**
2. What aspects of the theory are covered by different questions will also vary from one paper to the next. If for example, if there are 5 questions on Chapter 6 in the example paper, it does not mean that there will also be exactly 5 questions on Chapter 6 in the exam paper. There could be more or less. In this paper Section A consists of 55 questions, and Sections B and C of 15 questions each. In your exam, however, Section A will consist of 60 questions, and Sections B and C of 10 questions each. It is also possible that there

are no questions about certain chapters in this exam paper. It does NOT mean that those chapters are not important. The examination paper will cover ALL the chapters.

3. **The syllabus (what to learn for the examinations) may change slightly from year to year. There may therefore be questions in this practice examination paper that is not part of your syllabus. Please just ignore these questions. If there are no questions on certain sections of the book in this paper, it does not mean that there are no questions in the exam on these sections!**
4. DO NOT send the answer sheet of your example exam paper to Unisa. Use the answer key on the last page of this guide to mark your own answers.
5. To familiarise you with the outlay of the exam paper, we provide the instructions exactly as they will be given on the real exam paper.

The practice examination paper starts on the next page.

PYC2605 (Unique number) May/June
RPY2605 (Unique number)

HIV/AIDS CARE AND COUNSELLING

Duration : 2 Hours

EXAMINERS:

FIRST:

SECOND:

Closed book examination.

This examination paper remains the property of the University of South Africa and may not be removed from the examination venue.

This paper consists of 20 pages plus instructions for completion of a mark reading sheet.

This examination paper remains the property of the University of South Africa and may not be removed from the examination room.

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

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

Your mark for this examination will be converted to a mark out of 80. Note that your mark for Assignment 01 and 02 will be converted to your year mark (a mark out of 20) which will be added to the mark you obtain for this examination paper.

After completing your answers, you must hand in the following:

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

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

- ANSWER THE FOLLOWING SEVENTY MULTIPLE CHOICE QUESTIONS ON THE MARK READING SHEET.**
- FOLLOW THE ATTACHED INSTRUCTIONS CAREFULLY.**
- SUBMIT YOUR COMPLETED MARK READING SHEET TOGETHER WITH THIS EXAMINATION PAPER.**

NO STAPLES PLEASE!

Note: Section A (Question 1 to 60) is compulsory for all students. Students may then choose between Section B (Guidance track) and Section C (Care track).

SECTION A

QUESTION 1

Nomsa lives with her four children, her brother and her mother in a small house in a rural area of KwaZulu-Natal. Nomsa's brother has Acquired Immune Deficiency Syndrome or Aids. This means that

- (1) He has acquired the disease from his sister due to their deficient living conditions.
- (2) He inherited the infection from his mother, just like his sister and her baby did.
- (3) He has acquired the disease from green monkeys in central Africa.
- (4) His infection is caused by an organism from outside the body that attacked his immune system and rendered it deficient.

QUESTION 2

How would you explain to Nomsa's brother 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

The reason why HIV - the virus that causes Aids - is so dangerous to human beings is because HIV 'hijacks' the most important cells in the immune system, namely the (a) _____, and 'forces' them to (b) _____.

- | | |
|----------------------|--|
| (1) (a) CD4+ T cells | (b) manufacture more HI viruses |
| (2) (a) macrophages | (b) kill all other invading organisms |
| (3) (a) CD4+ T cells | (b) change the viral DNA to viral RNA |
| (4) (a) macrophages | (b) stop initiating their chemical reactions which kills viruses |

QUESTION 4

Statistically, more women than men are infected with HIV in Africa. Why are women more vulnerable to HIV infection than men?

- (a) In general women's living conditions are very poor and deprived, while men usually have enough money to live comfortably.
- (b) Women, as the recipients of semen, are exposed to the sexual fluids of their partner(s) for a longer time than men.
- (c) Men have stronger immune systems than women. Therefore women are also more vulnerable to HIV infection than men.
- (d) The area or surface that is exposed to the partner's secretions during sexual intercourse is larger in the case of women than in men.

The correct answer is:

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

QUESTION 5

A person's risk of HIV infection is increased when he or she

- (a) Lives in the same house as a person who has Aids.
- (b) Is also infected with other sexually transmitted infections.
- (c) Has a partner who frequently has unprotected sex.
- (d) Is in constant contact with tuberculosis in the home.

The correct answer is:

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

QUESTION 6

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

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

QUESTION 7

Petra is HIV positive and the latest test results have revealed that her baby has the virus too. How do you think Petra's baby got infected?

- (1) Petra's baby definitely got infected during pregnancy, because the virus can pass through the placenta from the mother to the baby.
- (2) Petra's baby definitely got infected during childbirth because there is always blood involved during birth.
- (3) The baby definitely got infected through breastfeeding because Petra breastfed the baby and it is a known way for the virus to spread.
- (4) It is difficult to say how Petra's baby got infected, because it could have been during pregnancy, during childbirth or through breastfeeding.

QUESTION 8

Petra decides to bottle feed her baby with formula milk. If you are the registered nurse you would

- (1) Give Petra six tins of baby milk powder and instruct her to read the instructions on the tin before she prepares it.
- (2) Refuse to give her the milk powder because you strongly believe that all mothers should breastfeed their babies for at least two years.
- (3) Show Petra how to prepare the milk by mixing the correct amount of powder in a clean bottle with clean, boiled and cooled water.
- (4) Explain to Petra how to prepare the milk by using less milk powder than recommended so that there is enough milk left for her sick brother to boost his immune system.

QUESTION 9

HIV-infected people are considered to be most infectious soon after becoming infected with the virus, and again when the symptoms of full-blown Aids appear, because

- (1) Sera-conversion has taken place.
- (2) People in these phases often do not know that they are infected.
- (3) The viral load in the infected person's blood is very high during these phases.
- (4) The CD4+ T cells are depleted during these phases and cannot protect the infected person.

QUESTION 10

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

- (1) The person is HIV positive, has no symptoms but can infect sex partners.
- (2) The person is HIV false-positive, has no symptoms and cannot infect sex partners.
- (3) The person is HIV positive, has an array of minor symptoms and can infect sex partners.
- (4) The person is HIV negative, has no symptoms and cannot infect sex partners.

QUESTION 11

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 a high CD4+ T cell count and a low viral count.
- (d) Takes the 'opportunity' to attack a deteriorated immune system.

The correct answer is:

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

QUESTION 12

Which combination of symptoms is a definite indication of tuberculosis?

- (1) Fever, swollen glands, diarrhoea and oral thrush.
- (2) Coughing, enlarged liver, weight loss and shingles.
- (3) Anaemia, shingles, malaise and skin infections.
- (4) Fever with chills, night sweats, a persistent cough and weight loss.

QUESTION 13

Which of the following statements about the *rapid HIV antibody test* are correct?

- (a) The results are available within 10 to 30 minutes.
- (b) The results are available within a few days.
- (c) The test reacts to the antibodies in the blood which have formed in reaction to the HI virus.
- (d) The test reacts to the presence of the actual virus in the blood.

The correct answer is:

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

QUESTION 14

Which of the following statements about the *HIV viral test* are correct?

- (a) The results are available within 10 to 30 minutes.
- (b) The results are available within a few days.
- (c) The test reacts to the antibodies in the blood which have formed in reaction to the HI virus.
- (d) The test reacts to the presence of the actual virus in the blood.

The correct answer is:

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

QUESTION 15

Thandi took her 12 month old baby to the clinic to be tested for HIV, but the nurse said that the baby is too young to be tested with the ELISA tests that they use at the clinic. What did the nurse mean?

- (1) The ELISA test is a very painful test and it is cruel to do the test on a baby younger than 18 months of age.
- (2) During pregnancy, the mother's antibodies are transferred to the baby through the placenta, and it is therefore not possible before the baby is approximately 18 months old, to establish if the HIV antibodies in the baby's blood are those of the baby or to the mother.
- (3) The clinic uses only ELISA tests, while babies can only be tested with rapid HIV antibody tests, because these tests give rapid results at an early age.
- (4) A baby's immune system does not function properly before the baby is at least 18 months old, and therefore it does not have the ability to produce HIV antibodies before the child is older.

QUESTION 16

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

The correct answer is:

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

QUESTION 17

Paul is HIV positive but he refuses to take antiretrovirals. What advice would you give him to keep as healthy as possible?

- (a) Paul must visit his local clinic regularly for check-ups, and go to the clinic immediately when he gets sick.
- (b) He should eat healthy foods, take vitamins and avoid unhealthy practices to keep his immune system as healthy as possible.
- (c) If he refuses ARVs, he may also not receive prophylactic (preventative) treatment for tuberculosis.
- (d) Paul should be treated with AZT because it is cheap, it eradicates the HI virus to almost undetectable levels, and resistance to the drug can never develop.

The correct answer is:

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

QUESTION 18

Which one of the following statements on antiretroviral therapy (ART) is true?

- (1) The general aim of antiretroviral therapy is to reduce the HIV viral load in the blood as much as possible for as long as possible.
- (2) Although antiretroviral therapy kills all the HIV viruses in the blood, people can get very sick with the side-effects of the medication.
- (3) Antiretrovirals are very expensive and it is better for people if they rather use the money to buy healthy food.
- (4) One of the advantages of antiretroviral therapy is that a person can stop taking the medication as soon as the HIV viral load drops and the CD4+ T cell count increases.

QUESTION 19

What advice - based on the theories of behaviour change - would you give an HIV and Aids educator who is in the process of developing a 'safer sex campaign' for truckers at rest stops?

- (1) Knowledge is power. Develop a pamphlet that explains the illness to truckers, as well as the need for behaviour change.
- (2) People are unique beings. You will have to take the specific person's intentions, beliefs, attitudes and subjective norms into account before you can change his (or her) behaviour.
- (3) To condomise is the only answer. Distribute as many free condoms as possible at the rest stops.
- (4) People are reasonable beings. In the end they will do what is good for them, and nothing you do will make any difference.

QUESTION 20

Although Nomsa's husband, Peter, does not have anything against condoms, he refuses to use them, because all his friends believe that 'real men do not use condoms.' Peter's refusal to use condoms is under

- (1) normative control, because it is very important for Peter to impress and please his friends.
- (2) Subjective control, because Peter does what he thinks is best for him and his friends.
- (3) attitudinal control, because Peter have very negative attitudes towards condom use.
- (4) intentional control, because Peter has no intentions to use condoms.

QUESTION 21

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 behaviour change.
- (3) will be more inclined to change their sexual behaviour because they believe in their ability to carry out 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 22

A group of HIV and Aids educators working at truck stops in Africa, decided to open Counselling and Testing services along the trucking routes. If they took the principles of behaviour change as discussed in chapter 7 into account, what do you think they hoped to achieve by doing this?

- (a) They want to force all truckers to voluntary test themselves for HIV.
- (b) They hope that truckers who test HIV negative will be motivated to adopt safer sex practices to stay negative in future.
- (c) They want to disclose the truckers' HIV status to motivate other truckers to go for testing.
- (d) They hope that truckers who test HIV positive will take the necessary steps to prevent HIV transmission to sex partners.

The correct answer is:

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

Read the following story and then answer questions 23 to 25.

The HIV and Aids educators offered a workshop at one of the hotels at a truck stop to prevent HIV infection. They advertised the workshops as: 'Truckers! Stop spreading death all over Africa!' The presenters (a young white female and male presenter) were well prepared and they gave three interesting lectures covering most of the aspects of HIV and Aids. They used an overhead projector to explain all the scientific and medical words they used. The audience consisted of Black truckers, sex workers (prostitutes), shopkeepers, teachers and other locals. The main prevention message of the presenters to truckers and sex workers was that they should turn back to old values and abstain from sex outside marriage. To enforce their own message, they distributed comic books to keep truckers occupied instead of condoms.

QUESTION 23

The HIV and Aids educators gave the audience a lot of time to ask questions. However, during the question and answer session there was a deadly silence. Nobody asked any questions. What did the presenter do incorrectly?

- (a) They did not introduce themselves to the group.
- (b) They did not take the cultural and group dynamics into consideration, and they mixed the sexes as well as the different age groups.
- (c) The comic books were based on Western fairy tales and people of Africa have no appreciation of these stories.
- (d) The presenters based their prevention message on their own personal values, and they did not take the needs of their audience into consideration.

The correct answer is:

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

QUESTION 24

Peter and his friends do not feel happy about the workshop at all. They decide to boycott all future workshops for truckers. What do you think is the most obvious reason for their resentment?

- (1) To visit the female sex workers is their only pleasure on their long journeys, and now the presenters turned the sex workers against them.
- (2) Peter and his friends felt embarrassed because they had to attend the workshop with teachers.
- (3) Peter and his friends felt that the presenters discriminated against truck drivers because they blamed them for spreading the disease through Africa.
- (4) It is unacceptable for Peter and his friends that two white facilitators presented the workshop.

QUESTION 25

What advice would you give the presenters before they plan their next workshop?

- (a) Although factual medical information can best be explained by lectures, people learn best when they participate in learning. The presenters should therefore alternate their lectures with group discussions and other group activities.
- (b) Peer education and support is very important, and the presenters should give the people a chance to discuss their problems and to come up with their own solutions.
- (c) Condom distribution should always be an important component of any HIV prevention programme, especially in a context where the presenters work with truckers and sex workers.
- (d) Research has shown that people learn best with the help of visual learning aids, and therefore the presenters should rather show a video without any group discussions or mini lectures.

The correct answer is:

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

QUESTION 26

By using latex condoms people can protect themselves from HIV infection. Which of the following practises make the usage of the male condom more risky?

- (a) The usage of oil-based lubricants such as Vaseline with the condom.
- (b) The usage of water-based lubricants with latex condoms.
- (c) When the air in the nipple of the condom is not squeezed out when putting on the condom.
- (d) To unroll the condom only halfway down the penis.

The correct answer is:

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

QUESTION 27

What is a disadvantage of the female condom?

- (1) It is made from polyurethane plastic and not from latex.
- (2) It needs special storage requirements.
- (3) It can only be used with water-based lubricants.
- (4) It is more expensive than male condoms and not always readily available.

QUESTION 28

Traditional Africans believe that illness has an immediate and ultimate cause. They also believe that illness can be caused by pollution. If for example a person holds the belief that Aids is caused by a virus, this refers to a belief in (a) _____. If the person believes Aids is caused by witches or witchcraft, this refers to a belief in (b) _____.

- (1) (a) the ultimate cause of the illness
(b) the immediate cause of the illness
- (2) (a) the ultimate cause of the illness
(b) pollution as the cause of the illness
- (3) (a) the immediate cause of the illness
(b) the ultimate cause of the illness
- (4) (a) pollution as the cause of the illness
(b) the ultimate cause of the illness

QUESTION 29

Sow (1980) said: "The traditional African cannot exist alone: his or her identity is totally embedded in his or her collective existence." This statement implies that the traditional African will respect the values of:

- (a) community orientation
- (b) working together
- (c) interdependence
- (d) independence
- (e) domination over nature

The correct answer is:

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

QUESTION 30

'Counselling is a structured conversation aimed at facilitating a client's quality of life in the face of adversity.' This definitions of counselling means that

- (1) the client has problems and the counsellor as expert must give him or her advice and tell him or her what to do to overcome these problems.
- (2) the counselling sessions must be structured in such a way that the client experiences it as a social conversation and feels comfortable to discuss his or her problems with the counsellor.
- (3) the counsellor facilitates the process of change by helping the client to review his or her problems and by making his or her own choices on how to solve these problems.
- (4) the counsellor must allow the client to tell his or her story so that the counsellor can come up with a plan of action to help the client face his or her adversities.

QUESTION 31

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 judging 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 throwing her own Christian values and beliefs overboard.
- (4) is 'there for her clients' by always taking their side and acts as their advocate.

QUESTION 32

What message does *listening attentively* convey to the client?

- (1) The counsellor is really sympathetic with me and he does not ask any questions.
- (2) The counsellor does not only listen to my words, he also listens to my hidden messages, and I get the feeling that he really understands where I am coming from.
- (3) The counsellor is very good because he knows all the answers and he never hesitates to respond. It is almost as if he rehearsed the answers.
- (4) The counsellor does not apply the *SOLER* rules to put me at ease, and it is very clear that he is in control of my life.

QUESTION 33

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

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

QUESTION 34

To show empathy is to

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

QUESTION 35

Which one of the following statements illustrates the difference between traditional African healing and Western counselling?

- (1) The traditional healer is mainly directive in his or her approach by giving advice to the client, while the Western counsellor tends to follow a more non-directive approach by expecting the client to take responsibility for his or her own decisions.
- (2) Western counselling is mainly based on the unity between the person and the community, while traditional African healing emphasises the importance of the individual and the self.
- (3) The traditional healer is only interested in the client's relationship with his or her ancestors, neighbours and family, while the Western counsellor is interested in personality integration, wholeness and positive growth.
- (4) Western counselling is based on self-analysis, while traditional African healing is based on introspection.

QUESTION 36

Why is it important for a counsellor to explore the reasons *why* a client wants to be tested for HIV?

- (1) Counsellors have a natural curiosity about their client's lives that they have to satisfy by asking personal questions.
- (2) If the client's reasons for wanting to be tested do not sound serious enough, the counsellor can discourage the client from going for testing.
- (3) It gives the counsellor the opportunity to assess the client's risk for infection as well as their knowledge and beliefs about HIV infection and safer sex.
- (4) It gives the counsellor the opportunity to impress his or her own good values on the client.

QUESTION 37

During pre-test counselling the client asks his counsellor why it is so important to know one's HIV status. What do you think the counsellor said that convinced this client to be tested?

- (1) If we want to de-stigmatise Aids in Africa, it is important for everybody to know and disclose their HIV status.
- (2) It is important to know your HIV status because this will determine your future plans, for example, there is no sense in making long-term future plans if you know you are going to die.
- (3) If we know your status, we can immediately start treating you with antiretroviral medications to stop the infection.
- (4) If you know that you are HIV positive, it is easier to confirm and treat symptoms, to prevent opportunistic diseases and to start antiretrovirals when necessary.

QUESTION 38

According to the law, an HIV test may not be done without a person's *informed consent*. What does this mean?

- (a) The client must understand the purpose and the nature of the test.
- (b) The client must understand the possible implications of the test.
- (c) The client must give his or her consent for the test to be done, preferably in writing.
- (d) The client must inform his friends, colleagues and family that he or she is going for an HIV test.

The correct answer is:

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

QUESTION 39

A sex worker visits the HIV counselling and testing clinic for an HIV antibody test. She tests HIV negative. What would you as counsellor say to her?

- (1) Although you tested HIV negative on this test, we must do a test again in about six weeks time due to the high risk involved in your work, and due to the fact that your body might not have formed antibodies yet. Now let us talk about safer sex practices.
- (2) Congratulations! You are HIV negative. You must be one of those lucky few sex workers who are immune against the virus.
- (3) Your test results on your HIV antibody test came back negative, but this must be one of those rare cases of a false negative test result. I definitely think that you are HIV positive, and therefore you should practice safer sex from now on.
- (4) I don't want to give you false hope, or even worse, a false sense of security. I am therefore not going to disclose your HIV status now. I want you to go home and think about your life and future, and come back in three months time so that we can test you again.

QUESTION 40

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

- (a) Tell the client openly, directly and without beating around the bush that he or she is HIV positive.
- (b) Allow the client to deal with the news in his or her own way, but state it clearly that this is not your fault and that he or she should not be rude to you.
- (c) It helps people to cope with their HIV positive status when they are inundated with new information. Make sure that you tell the client everything there is to know about his or her infection before he or she leaves your office.
- (d) Let the client's needs at the moment lead your responses, and ask the client where he or she is going after leaving your office, and who will be there for the client to support him or her.

The correct answer is:

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

QUESTION 41

What are the *advantages* of disclosing one's HIV positive status?

- (a) It can help the HIV positive individual to reduce the stress of coping on his or her own.
- (b) It can give the person access to much needed medical and counselling services.
- (c) It makes the road to full disclosure easier, because other people seldom keep the information to themselves.
- (d) It always reduces the stigma, discrimination and denial that surround HIV and Aids.

The correct answer is:

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

QUESTION 42

What are some of the *disadvantages* of disclosing one's HIV positive status?

- (1) It might lead to violence if the person is in an abusive relationship.
- (2) The person will definitely loses his or her life assurance benefits.
- (3) The medical scheme will ask the person to sign a full disclosure contract.
- (4) There are absolutely no disadvantages if a person discloses his or her HIV status.

QUESTION 43

The most important symptoms of depression that health care professionals should look out for in their patients or clients are:

- (1) Anger, denial and hyperactivity.
- (2) A radical change in the individual's previous level of functioning that lasts at least one or two days at a time.
- (3) Increasing activity and negative behaviour.
- (4) Continuous feelings of sadness and apathy, loss of motivation and interest, and sleep and appetite disturbances.

QUESTION 44

The young child between 6 and 9 years can

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

QUESTION 45

Which one of the following would constitute unethical or unacceptable behaviour on the part of a counsellor?

- (1) He refused to support his client's intention to force her mother to accept the HIV status of her brother.
- (2) He was reluctant to discuss the approach of a previous social worker who counselled his client at an earlier stage.
- (3) Without first asking her, he discussed his client's case with all the other health care workers in her community to get their support and advice in dealing with her case.
- (4) He wanted to refer his client to a psychologist to deal with some of her more serious psychological problems.

QUESTION 46

How should counsellors handle the possibility of suicide by their HIV-infected clients?

- (1) Counsellors must avoid the subject as much as possible, because this may suggest suicide to the client.
- (2) Counsellors should assess the amount of detail involved in a suicide threat - the more detail given the more serious the person may be about committing suicide.
- (3) Counsellors should realise that a person who threatens to commit suicide seldom does it.
- (4) Counsellors must not involve other health care workers in preventing the suicide, because this usually communicates a lack of trust in the client.

QUESTION 47

Stress and burnout in caregivers are often suggested by

- (a) a loss of sensitivity in dealing with clients and patients.
- (b) an increased commitment towards their work.
- (c) failure to observe punctuality and neglect of duties.
- (d) a tendency to spend more and more time with their clients.

The correct answer is

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

Read the following story and then answer questions 48 to 50.

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

QUESTION 48

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

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

QUESTION 49

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

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

QUESTION 50

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

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

The correct answer is:

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

QUESTION 51

Universal precautions are based on

- (1) a positive diagnosis of HIV infection or Aids.
- (2) contact with HIV infected individuals.
- (3) a patient's physical appearance.
- (4) risk of exposure to blood and other body fluids that might contain the HI virus.

QUESTION 52

An example of body fluids that require universal precautions is (a) ____, while (b) ____ do/does not require any special precautions.

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

QUESTION 53

Before Sharon was diagnosed as HIV positive she worked as a cashier at the local groceries store. After the HIV positive test results she was legally obliged to

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

QUESTION 54

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

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

QUESTION 55

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

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

SECTION B: GUIDANCE TRACK

Note: If you have chosen the **Guidance** track, do Section B, Questions 56 to 70. If you have chosen the **Care** track, go to Section C and answer Questions 56 to 70.

QUESTION 56

According to the UNAIDS, an orphan is a child

- (1) who has no surviving parent caring for him or her.
- (2) under the age of 18 who has lost his or her mother to death.
- (3) who has no surviving parents or extended family members to care for him or her.
- (4) under the age of 18 who has lost at least one parent to death.

QUESTION 57

The unconditional provision of adequate nutritious food satisfies the child's fundamental need for

- (1) protection.
- (2) affection.
- (3) transcendence.
- (4) subsistence.

QUESTION 58

The risk of HIV transmission during contact play or contact sport at school

- (a) is generally significant.
- (b) is generally insignificant.
- (c) increases where open wounds or sores are exposed to infected blood.
- (d) is so small that universal precautions are unnecessary to observe.

The correct answer is

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

QUESTION 59

If you were the teacher of a 13 year old pupil whose mother you know is HIV positive, how would you handle HIV and Aids education with her class?

- (1) By occasionally devoting a special period to HIV and Aids education.
- (2) By starting HIV and Aids education as part of a lifeskills programme, but at this stage it is still too early to make sex education part of the curriculum.
- (3) By scaring the children as much as possible, by relating the disastrous effects of the disease.
- (4) By adding elements of HIV and Aids education on a regular basis to existing school curriculum.

QUESTION 60

The **primary** purpose of HIV and Aids education for children in the senior school phase is

- (1) the dissemination of correct information only.
- (2) to concentrate mainly on safer sex practices.
- (3) to present a programme that includes a balance between knowledge, life skills, attitudes and values.
- (4) not to teach life skills, but to instil the correct attitudes and values in the children.

QUESTION 61

You are a Grade 1 teacher and know that one of the seven year old boys in your class has a father who is HIV positive. In order to explain the illness of HIV and Aids to this child if he asked, you would

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

QUESTION 62

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

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

The correct answer is

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

QUESTION 63

Trevor's brother is eighteen years old and is HIV positive. Before he became ill he was in Grade 12. They received limited HIV and Aids education at school, but the teacher made crucial mistakes in his approach. Which of the following is/are MISTAKEN?

- (a) Assuming that all children abstain from sexual intercourse.
- (b) Stressing the fact that children have the right to abstain or postpone sexual activity.
- (c) Focussing on healthy behaviours and the ability to plan ahead.
- (d) Frightening the children by vividly explaining the horror of HIV and Aids.

Which combination correctly identifies the mistakes?

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

QUESTION 64

The reason why children in the intermediate school phase are prone to acquire myths is because

- (1) group pressure will never be more important than at this stage, causing children to believe what their peers believe without questioning the validity of these beliefs.
- (2) children at this age are not yet fully capable of hierarchical classification and are therefore not able to classify things into 'cause' and 'non-cause' (i.e. to distinguish between fact and fantasy).
- (3) their awakening sexual feelings is confusing to them and cause them to entertain many irrational fears, making it easy to believe myths about the things they fear.
- (4) children at this age like storytelling, and this lends itself to the acquisition of myths.

QUESTION 65

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) question existing values and decide which values are acceptable to them.
- (2) learn to accept the rules of society without challenging 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 they may not seem especially useful to them.

QUESTION 66

Complete the following sentence about the safety of school environment under normal circumstances. School environments are

- (1) often high risk areas for HIV infection.
- (2) usually low risk environments and no specific precautions are necessary to prevent HIV infection.
- (3) often unsafe because of close contact between children and the high risks of HIV transmission during contact play.
- (4) usually safe, but any blood spills or body fluids containing blood should be handled with care (e.g. by wearing latex gloves and by flooding such spills with a hypochlorite solution).

QUESTION 67

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

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

QUESTION 68

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

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

QUESTION 69

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

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

QUESTION 70

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

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

Note: If you have chosen the **Care** track, do Section C, Questions 56 to 70.

SECTION C: CARE TRACK

QUESTION 56

The distinctive feature and purpose of community- and home-based care are to

- (1) ensure that all homeless people get acceptable homes to live in and have running water and a clean environment to live in.
- (2) organise volunteer groups to help health care workers in their tasks within hospitals, clinics and practices.
- (3) organise multidisciplinary teams of health care workers to offer a more holistic programme of care to sick people and extend care beyond the mere physical needs of sick people.
- (4) empower families or loved ones within the community to care for sick people within their own homes and to organise multidisciplinary teams and volunteers to assist these caregivers.

QUESTION 57

Which of the following people should form part of a team for community home-based care?

- (a) Family members.
- (b) The person with HIV and Aids.
- (c) Traditional healers and herbalists.
- (d) A professional who acts as the programme coordinator.
- (e) Trained volunteers.

The correct answer is:

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

QUESTION 58

Basic requirements for volunteers who are directly involved in the physical care of the patient in community home-based care programmes, are

- (a) the ability to read and write and speak the language of the sick person.
- (b) the ability to obtain objective distance. It is therefore preferable that the volunteer should come from outside the community.
- (c) the willingness to render a service to the sick person, irrespective of the volunteer's personality or abilities.
- (d) a basic knowledge about caring for sick people.

The correct answer is:

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

QUESTION 59

Sindiwe has Aids. He has become too ill to go to school and is cared for by his family. The nurse of the local clinic and their priest visit him regularly. What are the possible advantages for this home-based care of Sindiwe?

- (a) Sindiwe feels more at ease to be comforted and cared for by his own family, than staying in a hospital and being cared for by strangers.
- (b) Home-based care makes it is easier for Sindiwe to comply with his treatment and to take his medication on a regular basis.
- (c) Sindiwe's mother understands what Aids is doing to her son, and can therefore look after him better than any other health care worker.
- (d) Home-based care is cheaper and can be a more comprehensive form of treatment than the care possible in the local hospital that is overflowing with Aids patients.

The correct answer is:

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

QUESTION 60

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

- (1) Mouth-to-mouth resuscitation is not safe, and it should never be done without an ambu bag or a mouthpiece, since the HI virus has been detected in saliva.
- (2) Saliva is one of the body fluids that do no contain the HI virus, and it is therefore perfectly safe to perform mouth-to-mouth resuscitation.
- (3) The chance of HIV transmission during mouth-to-mouth resuscitation is extremely low, and it is theoretically only possible if the patient's blood comes into contact with an open lesion in the helper's mouth.
- (4) There is not enough evidence about the safety of mouth-to-mouth resuscitation, and one should rather not place one's own life at risk by resuscitating people at accident scenes.

QUESTION 61

The objective/s of HIV infection control in hospitals, clinics and in the home is/are to

- (a) ensure that health care workers do not discriminate against people with Aids.
- (b) protect the patient against opportunistic infections.
- (c) keep hospitals, clinics and homes sterile and to kill all germs.
- (d) prevent transmission of infection from one person to another.

The correct answer is:

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

QUESTION 62

The purpose of palliative care is to

- (1) provide relief from pain and other distressing symptoms, without hastening or postponing death.
- (2) alleviate a patient's suffering by terminating all medical treatment to bring death and thus relief to the patient as soon as possible.
- (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.

QUESTION 63

In which of the following situations is it necessary to wear disposable latex gloves?

- (a) when you change drainage bags.
- (b) when you draw a patient's blood.
- (c) when you give a patient an injection.
- (d) when you have open sores on your hands.

The correct answer is:

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

QUESTION 64

What advice would you give an HIV positive person, to keep her immune system as healthy as possible?

- (a) She must take pain medication regularly (at least every 4 hours) to feel that she is in control of her life.
- (b) She must eat defensively and avoid raw or undercooked meat, fish or eggs.
- (c) She must make sure that she gets enough rest and sleep.
- (d) She must take a taxi to the city every weekend to practice alternative therapies such as psychoneuroimmunology (PNI).

The correct answer is:

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

QUESTION 65

If Nosisa and her husband are both HIV positive, is it still necessary for them to use condoms when they have sexual intercourse?

- (1) Yes, it is necessary, because Nosisa and her husband may re-infect each other, which may further increase their viral loads and decrease their CD4+ T cell counts.
- (2) No, it is not necessary, because Nosisa and her husband are both infected anyway and to use condoms will make no difference. What is important is that they should not have sexual intercourse with anybody else.
- (3) Yes, it is necessary, because every time Nosisa and her husband have sex, Nosisa's CD4+ T cell count decreases because she is a woman.
- (4) No, it is not necessary, because the other strain of HIV that causes re-infection, namely HIV-2, occurs only in West-Africa and Nosisa and her husband live in KwaZulu-Natal.

QUESTION 66

The basic rules for treating diarrhoea in adults are:

- (1) Drink more fluids than usual, stop the intake of solid foods for at least 24 hours, and be on the lookout for danger signs such as weight loss.
- (2) Drink something nutritious like Milo or milkshake after every loose stool, eat small amounts of nutritious foods high in fibre, and be on the lookout for any signs of dehydration such as a rapid pulse.
- (3) Restrict the intake of fluids as well as solid foods for at least 12 hours, and be on the lookout for danger signs such as fever and irritability.
- (4) Drink more fluids than usual, eat small amounts of nutritious, low-fat foods and be on the lookout for any signs of dehydration such as a dry skin.

QUESTION 67

Trudy's baby is HIV positive. What advice would you give her about caring for her baby to keep the child as healthy as possible?

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

QUESTION 68

Patrick is HIV positive and has oral thrush. His mouth and throat are very painful and it is difficult for him to eat and swallow. To alleviate his discomfort, his mother could

- (a) give him bland pureed foods to eat and make sure that he drinks enough fluids.
- (b) prepare a warm salt water solution to rinse his mouth with after eating and between meals.
- (c) give him spicy foods with lemon juice once a day, because the acid in lemon juice slows down the growth of the fungus that causes thrush.
- (d) help him to brush his teeth and tongue 3 times a day with a soft brush.

The correct answer is:

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

QUESTION 69

Olivia is HIV positive and has vaginal thrush. What could she do to alleviate her symptoms?

- (1) She should douche (or wash out her vagina) with a lemon juice solution, because lemon juice slows down the growth of the fungus that causes thrush.
- (2) She must wear only tight, nylon panties to contain the infection.
- (3) She should eat more defensively and avoid foods containing yeast.
- (4) She must apply a gentian violet solution to the herpes sores that are caused by the vaginal thrush.

QUESTION 70

Some people in the final phase of Aids may experience continuous pain. How should pain preferably be dealt with?

- (1) Patients with Aids can easily become addicted to pain medication, and it is therefore advisable to avoid pain medication and rather to encourage relaxation exercises.
- (2) Use the 'ladder' approach, and start with the strongest medication the patient can take, rather than giving medication that won't help at all.
- (3) Encourage patients to take their pain medication on a regular basis as prescribed, before the pain becomes too great.
- (4) Aspirin and paracetamol should be avoided as pain medication if possible, because these drugs often cause constipation.

[70]

ARE YOUR STUDENT NUMBER, UNIQUE NUMBER AND MODULE CODE FILLED IN ON THE MARK READING SHEET?

ANSWER KEY : EXAMPLE EXAMINATION PAPER

QUESTION	ANSWER	QUESTION	ANSWER	QUESTION	ANSWER
1	4	26	2	51	4
2	2	27	4	52	3
3	1	28	3	53	3
4	3	29	1	54	2
5	2	30	3	55	1
6	1	31	1	56	4
7	4	32	2	57	4
8	3	33	4	58	1
9	3	34	3	59	4
10	1	35	1	60	3
11	2	36	3	61	2
12	4	37	4	62	1
13	3	38	2	63	2
14	4	39	1	64	2
15	2	40	3	65	1
16	4	41	4	66	4
17	1	42	1	67	4
18	1	43	4	68	2
19	2	44	3	69	3
20	1	45	3	70	3
21	3	46	2		
22	2	47	2		
23	4	48	2		
24	3	49	3		
25	2	50	3		

7 PAGE NUMBERS OF SECTIONS IN THE PRESCRIBED BOOK

Learning Unit	Section	Page numbers
	Theme 1 – Knowing the Challenge	
1	Section 1: Introduction	p. 3
1	Section 1.1: The birth of a new epidemic	pp. 4-6
1	Section 1.2: The origin of HIV	pp. 6-9
1	Section 1.3: The global Aids epidemic	pp. 9-11
1	Section 1.4: The world's response to the Aids epidemic	pp. 11-23
2	Section 2: Introduction	p. 26
2	Section 2.1: The Immune system	pp. 26-37
2	Section 2.2: The HI virus	pp. 37-47
3	Section 3: Introduction	p. 50
3	Section 3.1: Sexual transmission of HIV	pp. 50 – 56
3	Section 3.2: Transmitting HIV through contaminated blood	pp. 56-61
3	Section 3.3: Mother-to-child transmission of HIV	pp. 61-67
3	Section 19.1: Universal precautions	pp. 548-550
3	Section 3.1.1: Contributing factors influencing the spread of HIV	pp. 51-56
3	Section 3.4: Myths about the transmission of HIV	pp. 67-69
3	Section 3.5: Prevention of HIV	pp. 70-79
4	Section 4: Introduction	p. 84
4	Section 4.1: The CD4, the viral load and the stages of HIV infection	pp. 84-86
4	Section 4.2: The stages of HIV infection	pp. 86-96
4	Figure 4.3 HIV/Aids timeline and symptom progression in a person with untreated HIV infection	p. 88
4	Section 4.4: Prevention of opportunistic infections	pp. 99-106
4	Section 4.5: Tuberculosis	pp. 106-116
4	Section 4.6: Sexually transmitted infections	pp. 116-122
5	Section 5: Introduction	p. 129
5	Section 5.1: HIV testing as diagnostic tool	pp. 130-131
5	Section 5.2: HIV antibody tests	pp. 132-135
5	Section 5.3: HIV virus tests	pp. 135-138
5	Section 5.4: HIV counselling and testing algorithms	pp. 138-144
6	Section 6: Introduction	p. 146
6	Section 6.1: Clinical assessment	pp. 146-147
6	Section 6.2: Goals of ART	pp. 147-148
6	Section 6.3: Classes of ART and their mechanisms of action	pp. 148-150
6	Section 6.4: ARVs available in S.A	p. 151
6	Section 6.5: Guidelines for the use of ART	pp. 151-160
6	Section 6.6: Adverse effects of ARVs	pp. 160-162
6	Section 6.7: How to know if ART is effective	pp. 162-163
6	Section 6.8: When to change ART	p. 163
6	Section 6.9: The development of drug-resistant viruses	pp. 163-166
6	Section 6.10: Adherence to antiretroviral therapy	pp. 166-169
6	Section 6.11: Prevention of mother-to-child transmission	pp. 169-171
6	Section 6.12: Post-exposure prophylaxis after occupational exposure	pp. 171-174
6	Section 6.13: PEP after rape or sexual assault	pp. 174-176
6	Section 6.14 Pre-exposure prophylaxis	p. 176

Learning Unit	Section	Page numbers
	Theme 2 – Aids education and empowerment	
7	Section 7: Introduction	pp. 186-187
7	Section 7.1: Individual psychosocial theories	pp. 187-198
7	Section 7.2: Social theories and models	pp. 199-204
7	Section 7.3: Structural and environmental theories	pp. 204-206
8	Section 8: Introduction	p. 209-
8	Section 8.1: Prevention programmes	pp. 210-212
8	Section 8.2: Changing negative attitudes	pp. 212-214
8	Section 8.3: Aids education	pp. 214-223
8	Section 8.4: Facilitation skills	pp. 223-226
9	Section 9: Introduction	p. 230
9	Section 9.1: Prevention of sexually transmitted HIV	pp. 230-231
9	Section 9.2: Barrier methods	pp. 231-245
9	Section 9.3 Talking to clients about sex	pp. 246-247
9	Section 9.4: Prevention of HIV in people who inject drugs	pp. 248-249
10	Section 10: Introduction	p. 252
10	Section 10.1: Learners, teachers and HIV	pp. 252-253
10	Section 10.2: Basic requirements for integrated Aids education	pp. 253-255
10	Section 10.3: Building blocks for successful HIV, STI and TB education	pp. 255-258
10	Section 10.4: The middle childhood years	pp. 258-267
10	Section 10.5: Aids education and life-skills training in the foundation phase	pp. 267-274
10	Section 10.6: Aids education and life-skills training in the intermediate phase	pp. 275-283
10	Section 10.7: The adolescent years	pp. 283-291
10	Section 10.8: Aids education and life orientation in the senior phase	pp. 291-298
10	Section 10.9: Aids education and life orientation in the further education phase	pp. 298-304
10	Section 10.10: Learners living with HIV in school	pp. 304-305
11	Section 11: Introduction	pp. 310-311
11	Section 11.1: Perceptions of illness	pp. 311-320
11	Section 11.2: Perceptions of sexuality	pp. 320-323
11	Section 11.3: Perceptions of condoms	pp. 323-325
11	Section 11.4: The importance of community life	pp. 325-329
11	Section 11.5: Using traditional beliefs in Aids education	pp. 330-334
	Theme 3 – HIV Counselling	
12	Section 12: Introduction	p. 342
12	Section 12.1: What is counselling	pp. 342-344
12	Section 12.2: The counsellor's values, ethics and attitudes	pp. 344-349
12	Section 12.3: Four fundamental questions clients should ask themselves	pp. 349-351
12	Section 12.4: The four phases of counselling	pp. 351-361
12	Section 12.5: Basic communication skills	pp. 361-371
12	Section 12.6: Advanced communication skills	pp. 371-375
12	Section 12.7: Referral skills	pp. 375-376
12	Section 12.8: Record keeping	pp. 376-377
12	Section 12.9: Supervision	p. 377
12	Section 12.10: Counselling in Africa	pp. 377-390
13	Section 13: Introduction	p. 396
13	Section 13.1: Legal and ethical aspects	p. 396
13	Section 13.2: Approaches to HIV counselling and testing	p. 397
13	Section 13.3: The counselling process	p. 398

Learning Unit	Section	Page numbers
13	Section 13.4: Pre-HIV test counselling	pp. 398-406
13	Section 13.5: Post-HIV test counselling	pp. 406-414
13	Section 13.6: Counselling children and adolescents	pp. 414-416
14	Section 14: Introduction	p. 420
14	Section 14.1: Ongoing counselling process approaches	pp. 420-423
14	Section 14.2: Emotional impact of HIV infection	pp. 423-431
14	Section 14.3: Ongoing counselling in conditions prevalent in HIV and Aids	pp. 432-450
14	Section 14.4: Counselling special groups	pp. 450-465
14	Section 14.5: Ethical concerns in counselling	p. 465
14	Section 20.1: The promotion of health and positive living	pp. 578-581
14	Section 20.2: Nutrition	pp. 582-585
15	Section 15: Introduction	p. 470
15	Section 15.1: Attachment theory and bereavement	pp. 470-471
15	Section 15.2: Stages of bereavement	pp. 471-472
15	Section 15.3: Grief work	p. 473
15	Section 15.4 The Dual Process Model (DPM) of bereavement	pp. 473-481
15	Section 15.5 Children and bereavement	pp. 481-483
15	Section 15.6 The counsellor's own grief	pp. 483-484
16	Section 16: Introduction	p. 488
16	Section 16.1 The task of the spiritual counsellor	pp. 488-489
16	Section 16.2 Operating within different spiritual frameworks	pp. 490-493
16	Section 16.3 Complicating factors	pp. 493-496
16	Section 16.4 Children and religion	p. 497
16	Section 16.5 The role of religious institutions	pp. 497-501
16	Section 16.6 Religious coping mechanisms	pp. 501-502
	Theme 4 - Care and Support	
17	Section 17: Introduction	pp. 510-511
17	Section 17.1: Definition of community- and home-based care	pp. 511-512
17	Section 17.2 The goal and functions of community- and homebased care programmes	pp. 512-514
17	Section 17.3 Advantages of community- and home-based care	pp. 514-515
17	Section 17.4 Potential problems with community- and home-based care	pp. 515-516
17	Section 17.5 Models of community- and home-based care	pp. 516-518
17	Section 17.6 The community- and home-based care team	pp. 518-519
17	Section 17.7 Volunteers in community- and home-based care	pp. 519-522
17	Section 17.8 Using children in community- and home-based care	pp. 522-523
17	Section 17.9 Developing an integrated community- and home-based care programme	pp. 523-524
17	Section 17.10 Implementation of a CHBC programme	pp. 524-526
17	Section 17.11 Training community- and home-based caregivers	pp. 526-527
18	Section 18: Introduction	p. 530
18	Section 18.1: The United Nations Convention on the Rights of the Child	pp. 531-532
18	Section 18.2 The needs of the child	pp. 532-533
18	Section 18.3 Satisfiers of needs	pp. 533-534
18	Section 18.4 Vulnerability of children affected by Aids	pp. 534-536
18	Section 18.5 Psychosocial support	pp. 537-539
18	Section 18.6 Models of care and support	pp. 540-543
19	Section 19: Introduction	p. 548
19	Section 19.1: Universal precautions	pp. 548-550
19	Section 19.2 The objective of infection control	pp. 550-551
19	Section 19.3 Basic principles of hygiene	pp. 551-554

Learning Unit	Section	Page numbers
19	Section 19.4 Protective clothing	pp. 555-559
19	Section 19.5 Injections and invasive procedures	pp. 559-561
19	Section 19.6 Vaginal or Caesarean deliveries	pp. 562-563
19	Section 19.7 Cleaning up blood and other body fluid spills	pp. 563-564
19	Section 19.8 Resuscitation precautions	pp. 564-565
19	Section 19.9 Handling laboratory specimens	pp. 565-566
19	Section 19.10 Cleaning contaminated equipment	pp. 566-568
19	Section 19.11 Linen, infected waste and general waste	pp. 568-571
19	Section 19.12 Post-mortem procedures	p. 571
19	Section 19.13 Creating a safe working environment	pp. 572-575
20	Section 20: Introduction	p. 578
20	Section 20.1 Promotion of health and positive living	pp. 578-581
20	Section 20.2 Nutrition	pp. 582-585
20	Section 20.3 Care of general health problems	pp. 586-617
20	Section 20.4 Comorbidities, co-infections and complications	pp. 617-623
20	Section 20.5 Palliative care of Aids patients	pp. 623-625
21	Section 21: Introduction	pp. 627-628
21	Section 21.1 Stress, compassion fatigue and burnout	pp. 628-631
21	Section 21.2 Factors associated with occupational stress in the Aids field	pp. 631-633
21	Section 21.3 Care for the self	pp. 633-637
21	Section 21.4 Organisational support	pp. 637-642
	Theme 5 – Legal and Practical issues	
22	Section 22: Introduction	p. 648
22	Section 22.1 The Constitution and the legal framework	pp. 648-649
22	Section 22.2 The basic rights of people living with HIV and Aids	pp. 649-651
22	Section 22.3 National HIV Counselling and Testing Guidelines	pp. 652-654
22	Section 22.4 Health Professions Council Ethical Guidelines for good practice with regard to HIV	pp. 655-661
22	Section 22.5 HIV, Aids and employment: Code of Good Practice	pp. 661-666
22	Section 22.6 Department of Basic Education policy on HIV, STIs and TB	pp. 667-672
22	Section 22.7 Women's rights	pp. 672-675
22	Section 22.8 The rights of children	pp. 676-678
23	Section 23: Introduction	p. 680
23	Section 23.1 The impact of HIV and Aids on the workplace	pp. 680-681
23	Section 23.2 Response of the workplace to the Aids epidemic	pp. 682-683
23	Section 23.3 Representative HIV and Aids management team	pp. 684-685
23	Section 23.4 Assess the risk and impact of HIV and Aids on the workplace	pp. 685-686
23	Section 23.5 Assess workplace preparedness, needs and resources	pp. 686-687
23	Section 23.6 Develop and implement an HIV and Aids policy	pp. 687-689
23	Section 23.7 An HIV, STI and TB prevention and wellness programme	pp. 690-692
23	Section 23.8 Monitor, evaluate and review workplace policies and programmes	p. 693
23	Section 23.9 Form HIV and Aids partnerships	pp. 693-694