

Tutorial letter 202/1/2017

HIV/Aids care and counselling PYC2605

Semester 1

Department of Psychology

Feedback on Assignment 02

INTRODUCTION

Dear Student,

We hope that you are enjoying your module in HIV/Aids care and counselling. If you find the course helpful, please tell your friends and colleagues about it. Remember, it is possible for students to enrol only for this one module for non-degree purposes, if they wish to do so. The only prerequisite for the course is matric (Standard 10/Grade 12). It may also interest you to know that almost 6 000 students enrol for the HIV/Aids care and counselling course (PYC2605) per year!

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

Assignment issues

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

Please note that you have to submit Assignment 01 to gain examination admission. Together Assignments 01 and 02 contribute 20% to your final year mark.

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

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

Electronic Learning Units and Open Electronic Resources

Do you enjoy the online module? We surely had a lot of fun compiling it! Some students find the online approach a bit daunting but keep in mind that the purpose of the online module is only to guide you through the prescribed book and to challenge you to think differently about HIV and Aids and to motivate you to do things in your communities. There will be neither examination questions directly on the content of the electronic learning units, nor on the open educational resources (e.g. videos and webpages).

The examination questions are based on your prescribed book only, and Tutorial Letter 101/2017 (Section 7.1 Syllabus: What to study for the exam) indicates what to study in your prescribed book.

Declaration Letters

As discussed in Tutorial Letter 101/2017, you will automatically receive a Declaration Letter after successful completion of this module. Please note that we cannot re-issue this Letter of Declaration if you do not receive it the first time or lose it. Please make sure that you receive your Declaration Letter by following three simple steps:

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

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

The examination paper

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

Feedback on Assignment 02

The purpose of this assignment was to help you to assess where you are in terms of your HIV and Aids reading and comprehension skills, knowledge and attitudes at this early stage of your studies. Use your assignment mark and our feedback to sensitise you to possible problems in your learning. Table 1 gives a summary of the correct answers to Assignment 02.

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

Table 1. Correct answers to Assignment 02.

Question	Assignment 02 correct answer	Question	Assignment 02 correct answer
1	2	11	3
2	3	12	2
3	3	13	1
4	1	14	3
5	1	15	3
6	1	16	3
7	2	17	4
8	4	18	3
9	2	19	2
10	1	20	1

Students generally did very well in Assignment 01. I will now discuss each one of the questions in more detail. All page number included in the feedback refers to pages in your prescribed book.

Take note: two page numbers will be provided. e.g. p. 10 / p. 15. The first page number refers to the 6th edition and the second page number to the 5th edition.

QUESTION 1

By using latex condoms people can protect themselves from HIV infection. Which of the following practices, however, 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) Not squeezing out the air in the nipple of the condom when putting on the condom.
- (d) Unrolling the condom only halfway down the penis.

The correct answer is:

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

Feedback on Question 1

The correct answer is 2. The correct use of latex condoms is one of the most effective ways to protect the people from HIV infection. However, some practices make the usage of condoms more risky. The only option mentioned above that will not increase one's risk to be infected with HIV is the use of water-based lubricants. Read "How to use a male condom" (p. 232 / p.167) in your prescribed book for more information.

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.

Feedback on Question 2

The correct answer is 3. The ancestors are seen as benevolent spirits who preserve the honour and the traditions of the tribe. Also, they protect their people against evil and destructive forces. The ancestors do not only punish their people with illness and death if they misbehave as they also protect them against evils. The ancestors are not withdrawn from human beings and they are not powerless to protect their people (alternatives 1, 2 and 4 incorrect).

Read "The ancestors and God as causal agents of illness" (p. 312 / p. 217) in your prescribed book for more information.

QUESTION 3

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

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

Feedback on Question 3

The correct answer is 3. There is belief amongst Africans that people sometimes get sick because they neglect to purify themselves from pollution through the age-old prescribed rituals. For example, it is believed that a man having sexual intercourse with a woman during menstruation causes 'bad blood' to rush to his head which causes delirium and this is considered as ritual pollution. So the person should cleanse himself by performing a cleansing ritual. Read "'Pollution' as cause of illness" (p. 318 / p. 222) in your prescribed book for more information.

QUESTION 4

Counsellors working in the Aids field often feel the need to 'rescue' their clients by taking responsibility for them. Which statement about rescuing is true?

- (1) To try and rescue a client is often the counsellor's selfish need to feel important, or need to feel that he or she is needed by somebody else.
- (2) It is usually not a good thing to try and rescue your clients, but we need to make an exception in the case of Aids, because the Aids client often has nobody on their side but the counsellor.
- (3) When a counsellor shows the need to rescue his or her client, the counsellor shows confidence in the client's ability to take responsibility for himself or herself.
- (4) Rescuing implicitly communicates deep respect for the client's ability to cope, and also a caring attitude on the part of the counsellor.

Feedback on Question 4

The correct answer is 1. It is important for the counsellor to take into consideration that the clients are capable of making their own decisions about their problems. Therefore, for the counsellor to try and rescue a client is often seen as the counsellor's selfish need to feel important and needed by somebody else. Alternative 2 and 3 are not correct because rescuing is not recommended, even in the case of Aids because it is disrespectful towards the other person's ability to take responsibility for himself or herself. Read "Empowerment and self-responsibility" (p. 346 / p. 237) in your prescribed for more information.

QUESTION 5

A counsellor responds as follows to her client: 'Do I understand correctly? Are you saying that you contemplated suicide after you received your HIV test results?' Which communication skill is the counsellor using?

- (1) Clarification
- (2) Reflective commenting
- (3) Probing
- (4) Summarising

Feedback on Question 5

The correct answer is 1. Clarification is to ensure that you have understood the client correctly and it will sometimes be necessary to seek clarity from your client. Reflective commenting, probing and summarising (alternatives 2, 3 and 4) form part of basic communication skills (p. 361 / p. 247) but are not reflected in the question. Read "Clarification" (p. 369 / p. 254) in your prescribed book for more information.

QUESTION 6

Active listening is not an easy skill to acquire and counsellors should be aware of hindrances to effective listening. Which one of the following thoughts is an example of labels as filter?

- (1) That woman with Aids has a sad story.
- (2) I will respond that I understand that she feels hurt.
- (3) I wonder what I should make for supper tonight?'
- (4) What she is saying now is right. Her previous understanding was wrong.

Feedback on Question 6

The correct answer 1. The diagnostic labels can prevent you from really listening to your client. For example, that woman with Aids has a sad story. Alternative 2 rehearsing, alternative 3 is inadequate or on-off listening, and alternative 4 is evaluative listening. Read "Roadblocks to effective listening" (p. 363 / p. 249) in your prescribed book.

QUESTION 7

Thandiwe was tested for HIV when she was hospitalised for the birth of her baby. The doctor gave her the following form to fill in: 'I, the undersigned, agree to the drawing of a blood specimen to be tested for the presence of blood transmissible pathogens.' Is the use of this form legal or illegal?

- (1) The form is legal. Thandiwe gave permission for her blood to be drawn and tested for HIV, because HIV is a blood transmissible pathogen.
- (2) The form is illegal. Thandiwe gave her permission for a blood test to be done, but she did not know that it was an HIV test, and nobody explained the consequences of the test to her.
- (3) The form is legal. Thandiwe was a hospital patient and hospital patients know that they can be tested for HIV on admission.
- (4) The form is illegal. Thandiwe gave permission for an HIV test to be done, but the form does not explicitly state that pre-HIV test counselling was done.

Feedback on Question 7

The correct answer is 2. The use of the form is illegal because Thandiwe was told that the test was for blood transmissible pathogens. This information is vague and Thandiwe was therefore tested for HIV without proper information on the test and the consequences thereof. This is therefore not regarded as informed consent. Informed consent means that the client must have

enough information about the nature of the test and its consequences. Alternatives 1, 3 and 4 are therefore incorrect. Read “Legal and ethical aspects: consent” (p. 396 / p. 268) in your prescribed book for more information.

QUESTION 8

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

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

Feedback on Question 8

The correct answer is 4. It is very important that as a counsellor you are there for the client and you respond to his/her needs. However, you must allow the client to lead the counselling after you gave him or her positive HIV test results. The feedback is private and the client can decide whether to be alone or not (alternative 1 incorrect). The client should be greeted and welcomed, and the counsellor should make sure that the client is ready for the results (alternative 2 incorrect). Value should not be attached to the results and the client should lead the sessions – the client would not necessarily want a lot of information at that stage (alternative 3 incorrect). Read “Counselling after a positive HIV test result” (p. 407 / p. 275) in your prescribed book for more information.

QUESTION 9

What does it mean when we say that disclosing to a child that he or she is HIV positive is ‘a process and not an event’?

- (a) You don't have to tell the child everything at once.
- (b) The child's age and development stage must be kept in mind.
- (c) Assuring the child that the virus is not contagious and that his or her friends won't get it.
- (d) Not making a special event out of the disclosure process – taking the child to a comfortable place such as a park or a garden.

The correct answer is:

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

Feedback on Question 9

The correct answer is 2. There are many advantages for an HIV positive child to know his/her HIV status. Take into account that you do not have to tell the child everything at once and that the child's age and cognitive developmental stage should be considered when an HIV positive status is disclosed. Option (c) is incorrect as it does not convey the truth and option (d) is

incorrect as going to a comfortable place where you will have time and privacy is recommended. Read “How to tell a child that he or she is HIV infected” (p. 462 / p. 302) in your prescribed book for more information.

QUESTION 10

Which of the following clients experienced an adjustment disorder?

- (1) Sue’s father died unexpectedly. She experienced excessive distress and she could not function properly at work. Sue started feeling better 5 months after the funeral, when she learned to adapt to her father not being there for her.
- (2) Cary was diagnosed as HIV positive and she experienced severe feelings of anxiety and helplessness for the first two weeks after the diagnosis. She had nightmares and could think of nothing else except her positive diagnosis. Cary came to terms with her diagnosis and felt better 4 weeks after her diagnosis.
- (3) Pete was in a car accident where he lost his wife. For the first 5 months or so, Pete seemed to cope well, but then the death of his wife really hit him: he felt anxious and helpless, experienced problems with sleeping, could not concentrate and lost all interest in social contact with others. This condition lasted for about a year before Pete went to a psychologist for help in coping with his wife’s death.
- (4) Luke lost his job and took it very hard. He felt sad, pessimistic and hopeless all the time, could not sleep, did not wash or take care of his hygiene in any way, and he did not eat properly. His friends were very concerned because he showed a radical change from his previous levels of functioning.

Feedback on Question 10

The correct answer is 1. Some of the people find it difficult to adjust to life stressors such as loss of a job. In this case, Sue’s father died unexpectedly and she experienced excessive distress and she is not functioning properly at work. However, she adapted after 5 months. Alternative 2 portrays acute stress disorder, and alternatives 3 and 4 portray depression. Read “Adjustment disorder” (p. 437 / p. 289) in your prescribed book for more information.

QUESTION 11

Terry, whose partner died from an Aids related illness, shows signs of withdrawing her emotional energy when she

- (1) accepts that her partner was the love of her life and that she will never love anyone else in the same way again.
- (2) is able to accept her ‘death-in-life’, in that, while she may not be physically dead, the loss has resulted in her own emotional and spiritual death.
- (3) start to build new friendships and redefine existing relationships.
- (4) is able to reckon with the devastating reality that her life has prematurely stopped.

Feedback on Question 11

The correct answer is 3. The counsellor can facilitate the process of starting new relationships by encouraging the clients to build new friendships and redefine existing relationships. Alternatives 1, 2 and 4 is not correct as it does not represent the withdrawing of emotional energy as the energy is still invested in the death of her partner. Read “Reconstructing meaning” / “Task 4: Withdrawing emotional energy” (p. 478 / p. 321) in your prescribed book for more information.

QUESTION 12

What behaviour should be seen as complicated grief?

- (1) Denying yourself the opportunity of experiencing the pain of loss.
- (2) Debilitating depression lasting much longer than three months and the acute part of the bereavement process stretches over a period longer than a year.
- (3) Keeping as busy as possible by travelling, socialising or working long hours so that you do not have time to think about your loss.
- (4) Denying the importance of this life with an overemphasis on the life hereafter.

Feedback on Question 12

The correct answer is 2. Bereavement and the accompanying psychological pain is a normal process when loss is experienced. Grief can though become disproportionate and complex (as indicated in alternative 2). Alternative 1 implies that grief is not experienced and is therefore incorrect while alternatives 3 and 4 also imply a kind of ignorance towards the loss which does not portray a complex grieving process. Read "Complicated grief" (p. 480 / p. 324) in your prescribed book for more information.

QUESTION 13

Which one of the following nurses experiences over-involvement and over-identification with her patients?

- (1) Nurse A cannot 'get the patients out of her head.' She thinks of them all night at home and she cries about their problems.
- (2) Nurse B is very caring towards her patients but when she goes home she completely forgets about them till the next day.
- (3) Nurse C is profoundly touched by the negative effects of stigmatisation on her patients' lives but also by the secondary stigmatisation on her own life.
- (4) Nurse D is overwhelmed by the Aids statistics and she wonders how the country will cope with the Aids crisis in the future.

Feedback on Question 13

The correct answer is 1. The caregivers have the responsibility to take care of their clients. However, one of the challenges facing the caregivers is the fact that some of the caregivers become very emotionally involved and found the pain and suffering of their clients extremely stressful. Alternative 2 is not correct because over-involvement means that even if when they get home they are worried about their clients. Therefore, they struggle to keep a professional distance from their clients. Alternatives 3 and 4 are also incorrect as it does not implicate an involvement with the patients. Read "Over-involvement, over-identification and boundary problems" (p. 632 / p. 425) in your prescribed book for more information.

QUESTION 14

When may a woman who is 18 weeks pregnant have her pregnancy terminated?

- (1) Never, because it is already too late and will pose a serious risk to the mother and her baby.
- (2) Whenever she wishes to do so, and she does not have to give a reason why she needs to terminate her pregnancy.
- (3) If she was raped.
- (4) If she is estranged from the father of the child.

Feedback on Question 14

The correct answer is 3. Under specific circumstances a pregnancy can be terminated at any time (alternative 1 incorrect), it depends therefore on various factors and is not always permissible (alternative 2 incorrect). Alternative 4 is not a condition that justifies the termination of a pregnancy after 13 weeks. Read "Termination of pregnancy" (p. 672 / p. 458) in your prescribed book for more information.

QUESTION 15

Which one of the following tasks forms part of an integrated Aids strategy for the workplace?

- (1) Establish a management team.
- (2) Assess the risk of Aids on workplaces.
- (3) Develop and implement an HIV and Aids policy.
- (4) Review HIV and Aids programmes.

Feedback on Question 15

The correct answer is 3 as it reflects Task 4 of the strategy. A representative HIV and AIDS management team has to be established (alternative 1 incorrect), the risk and impact of HIV on the specific workplace should be assessed (alternative 2 incorrect), while workplace policies and programmes should be monitored, evaluated and reviewed (alternative 4 incorrect). Read "Response of the workplace to the Aids epidemic" / "The workplace's response to the Aids epidemic" (p. 682 / p. 465) in your prescribed book for more information.

SECTION B: GUIDANCE TRACK

QUESTION 16

In Thandiwe's children's school the education programme pays a lot of attention to what children need to know (e.g. how their bodies work, problems they may experience and how to prevent HIV infection) as well as assertiveness skills (e.g. how to say 'no' and how to resist sexual abusers). What important building block for successful Aids education is missing from this programme?

- (1) A holistic skills development programme.
- (2) Sex education and giving explicit details about condom usage to children of all ages.
- (3) Dealing with attitudes and values (e.g. positive self-esteem).
- (4) How to deal effectively with peer group pressure.

Feedback on Question 16

The correct answer is 3. In order for an Aids education programme to be successful, there should be a balance between knowledge, life skills, values and attitude. Alternative 1 does not reflect any of these building blocks but rather focuses on the importance of including all the building blocks (knowledge, attitudes and values, and skills) in to the programme instead of only focusing on knowledge. Alternative 2 reflects knowledge and Alternative 4 reflects skills.

Therefore attitudes and values are missing from the programme. Read “Building blocks for successful HIV, STI and TB education” / “Building blocks for successful Aids education” (p. 255 / p. 184) in your prescribed book for more information.

QUESTION 17

Your school principal wants to implement a new HIV and life skills educational programme. What requirements and standards does the principal have to comply with in order for the programme to be successful?

- (1) Aids education should preferably be presented in isolation, in a special HIV and Aids period.
- (2) Aids education should preferably be presented by an outsider (not one of the known teachers).
- (3) Aids education should always be presented as part of religious instruction.
- (4) Aids information should preferably be integrated into the existing school curriculum.

Feedback on Question 17

The correct answer is 4. Alternative 1 is not correct because Aids education is not recommended to be presented in isolation. Alternative 2 is incorrect as it should either be presented by a class teacher or by a specially trained teacher with whom the children can easily identify. Alternative 3 is incorrect as religious instruction is just one example of various subject areas in which HIV and Aids-related examples could be included. Therefore alternative 4 is the most correct option as it indicates that Aids information should be integrated in a curriculum and in order for the HIV education programme to be successful it should be integrated into a health education curriculum or as part of Life Skills and Life Orientation programmes.

Read “Basic requirements for integrated Aids education” (p. 253/ p. 183) in your prescribed book for more information.

QUESTION 18

In which school phase are children especially prone to the acquisition of myths (e.g. about Aids)?

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

Feedback on Question 18

The correct answer is 3. Children between the ages of 10-12 years are very prone to the acquisition of myths about Aids. They are more likely to be in grades 4 to 6 which form the intermediate school phase. Read “Acquisition of myths” (p. 276/ p. 197) in your prescribed book for more information.

QUESTION 19

What are the implications for Aids counsellors when dealing with secularised HIV infected clients?

- (1) Counsellors should try to win their clients over to their own religious views.
- (2) They should recognise the fact that their clients won't necessarily blame God or a higher agent for their illness.
- (3) They should deal more extensively with the possible role of black magic in the client's infection.
- (4) They should refrain from any kind of spiritual counselling because secularised people don't have any spiritual needs.

Feedback on Question 19

The correct answer is 2. Secularised clients may attribute their HIV to high risk behavior and will not necessarily blame God or other higher agents. To try to win a client over to religion will most probably result in a client who was not effectively counselled and who will not return to you as a professional boundary has been crossed (alternative 1 incorrect). Alternative 3 is incorrect as black magic does not form part of the secularised person's worldview and discussing issues surrounding black magic will not be of any benefit to the client. Even secularised people may attribute their infection to a higher purpose or intention in which case the counsellor may engage in a form of spiritual counselling (alternative 4 incorrect). Read "A secular framework" (p. 492 / p. 333) in your prescribed book for more information.

QUESTION 20

The Convention on the Rights of the Child is a legal document that sets minimum acceptable standards for the well-being of all children. Which basic right of a street child is violated when the child is deprived of shelter and primary healthcare?

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

Feedback on Question 20

The correct answer is 1 as shelter and primary health care improve a child's ability to physically survive. Protection refers to protection against actions such as abuse and neglect (alternative 2 incorrect). Development refers to the chance to normal physical, emotional and psychological development (alternative 3 incorrect). Participation refers to being part of, having a say in, and having access to aspects affecting them (alternative 4 incorrect). Read "The United Nations Convention on the Rights of the Child" (p. 531 / p. 357) in your prescribed book for more information.

SECTION C: CARE TRACK

QUESTION 16

The prevention of constipation in an HIV positive person should involve the following measures:

- (a) The intake of fluids, such as water and fruit juices, as well as an increase in fresh fruits and vegetables.
- (b) The intake of a low-fibre diet, rich in nutrients, should be increased if tolerated well by the patient.
- (c) Certain medications that can cause constipation (e.g. codeine) should be avoided.
- (d) The patient should be encouraged to exercise.

The correct answer is:

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

Feedback on Question 16

The correct answer is 3. It is normal for patients to be constipated. Therefore, they must be encouraged to take fluids such as water and fruit juices. Mobility and exercise must also be encouraged. Option b is incorrect as high-fibre foods should be included in the diet and alternative c is incorrect as one should be aware of medications that could cause constipation and bring in preventative measures. Read "Constipation" (p. 595 / p. 400) in your prescribed book for more information.

QUESTION 17

Why are Aids patients prone to falling, and what would you do to limit the risk of falling? (Choose the most correct answer).

- (1) Severe diarrhea often leads to falling accidents in Aids patients. Patients should be persuaded not to walk to the toilet, but rather to stay in the toilet until the diarrhea is over.
- (2) Sedation (e.g. pain medicine) often leads to falling accidents in Aids patients. Catheterise the patient so that he or she does not have to walk to the toilet.
- (3) Aids patients are often prone to falling due to mental confusion. Use signs to orient mentally confused patients to their surroundings.
- (4) Aids patients are often prone to falling due to hypotension or low blood pressure. Assist the patient when he/she wants to get out of the bed, or out of a chair.

Feedback on Question 17

The correct answer is 4. Aids patients are more likely to fall because of factors such as sedation, weakness, mental confusion, severe diarrhea and hypotension. Therefore, it is important to assist the patient when he/she wants to get out of the bed, or out of a chair. Patients with diarrhea should rather use a bed pan than walking to the toilet (alternative 1 incorrect). Catherisation and the use of signs are not recommendations to prevent falling (alternatives 2 and 3 incorrect). Read "Impaired mobility" / "The risk of falling" (p. 611 / p. 411) in your prescribed book for more information.

QUESTION 18

Aids can often make a person feel very tired and weak due to problems such as diarrhea, anaemia, poor nutrition and depression. When should a home-based caregiver, who cares for a patient who experiences general fatigue and weakness, seek professional help?

- (a) If the patient suddenly becomes very weak and cannot walk anymore.
- (b) If the patient develops a high fever.
- (c) If the patient is confused.
- (d) If the patient complains of a headache.

The correct answer is:

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

Feedback on Question 18

The correct answer is 3. Read the danger signs in the community- and home-based care box “Tiredness and weakness” (p. 610 / p. 411) in your prescribed book for more information.

QUESTION 19

Complete the following sentence: Precautions should be taken during vaginal or caesarean deliveries to decrease the chances of transmission of HIV

- (a) while performing internal vaginal examinations on the mother.
- (b) when cutting the umbilical cord.
- (c) when suturing episiotomies.
- (d) while handling the baby until all amnion fluid has been removed.

The correct answer is:

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

Feedback on Question 19

The correct answer is 2. All the precautions should be taken into account by health care workers when performing vaginal or caesarean deliveries to decrease the chances of HIV transmission. Read “Vaginal or Caesarean deliveries” (p. 562 / p. 377) in your prescribed book for more information.

QUESTION 20

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

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

The correct answer is:

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

Feedback on Question 20

The correct answer is 1. Home-based care is often the best way to look after someone with Aids. However, there are challenges associated with Home-based care such as mentioned in options a, b, and d. Burnout is a possible challenge facing the caregiver, not the patient. Read “Potential problems with community- and homebased care” / “Potential problems with HCBC” (p. 515 / p. 346) in your prescribed book for more information.

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

Your lecturers in HIV/Aids care and counselling.

The End