

**MULTIPLE CHOICE QUESTIONS**

**SOCIAL FACTORS SHAPING ARV ACCESS AND ADHERENCE:**

**FACILITATING A SMOOTHER SERVICE-USER INTERFACE**

|  |  |  |  |
| --- | --- | --- | --- |
| Instructor: | [Type your name] | Name: |  |
| Class: | [Type a class name] | Date: |  |
| Period: | [Type a period name] | Results: |  |

**Instructions**

Students to read each question carefully and then print the letter of the correct answer next to the question

Part I: Psycho-social determinants of access and adherence and the role of professional-patient relations in smoothing the service-patient interface

|  |  |  |
| --- | --- | --- |
| 1) |  | The ideals of ‘patient-centred treatment’ suggest that: |
|  | a. | Treatment plans rely on nurses giving their patients strict instructions about how to behave. |
|  | b. | Patients’ views are more important than those of nurses in shaping treatment plans. |
|  | c. | Treatment plans should result from a respectful dialogue between nurses and patients. |

|  |  |  |
| --- | --- | --- |
| 2) |  | Ideally public health professionals should: |
|  | a. | Try and persuade individuals to adopt healthier behaviors. |
|  | b. | Create social environments that support healthier behaviors. |
|  | c. | Wherever possible do both (a) and (b) above. |

|  |  |  |
| --- | --- | --- |
| 3) |  | An AIDS Competent Community is one where: |
|  | a. | Community members work together to develop effective local responses to HIV/AIDS. |
|  | b. | Community members know the facts about AIDS because they are well educated. |
|  | c. | A mobile clinic brings a regular supply of condoms. |

|  |  |  |
| --- | --- | --- |
| 4) |  | Why do people need ‘safe social spaces’ to talk about AIDS: |
|  | a. | People who have been bewitched are scared to talk in public. |
|  | b. | People need opportunities to discuss how they can turn alien medical advice into action in their own lives. |
|  | c. | High HIV prevalence areas often also have high crime levels. |

|  |  |  |
| --- | --- | --- |
| 5) |  | In calling for a ‘new theology’ to support church leaders in responding to AIDS, Dr Haddad argues that: |
|  | a. | The Bible teaches many lessons about love, compassion and tolerance for prostitutes and sinners. |
|  | b. | The Bible teaches us that AIDS is God’s punishment for sinners. |
|  | c. | Church leaders must look to sources beyond the Bible to develop new theologies. |

Part II: Nurse-patient relations in the context of ARV treatment

|  |  |  |
| --- | --- | --- |
| 1) |  | Jewkes et al (1998) suggest that black nurses in South Africa struggled to retain their middle-class identities by emphasizing how different they were from their patients. Examples of the nurses efforts include all EXCEPT: |
|  | a. | The nursing profession’s emphasis on uniforms and insignia. |
|  | b. | Nurses reprimanding and not being compassionate towards patients. |
|  | c. | Nurses learning local dialects and languages. |

|  |  |  |
| --- | --- | --- |
| 2) |  | A doctor makes a nurse wait for 10 minutes to ask him an important question while he talks to his friend on the phone. The nurse then goes back to her office and yells angrily at a patient who failed to understand how to adhere to her ARVs. The nurse’s treatment of his patient is an example of: |
|  | a. | Displacing oppression. |
|  | b. | Expressing solidarity. |
|  | c. | Finding the root cause to the problem. |

|  |  |  |
| --- | --- | --- |
| 3) |  | An HIV-positive patient admits that she and her husband do not use condoms because the husband does not like them. The nurse feels very frustrated and cannot understand why the patient would risk re-infection. This conflict is an example of: |
|  | a. | A patient who has not had enough education. |
|  | b. | The nurse failing to recognize the importance of patient priorities and perspectives. |
|  | c. | The nurse not explaining the details of how re-infection occurs well enough. |

|  |  |  |
| --- | --- | --- |
| 4) |  | Which of the following is not a reason why low salaries can lead to problematic nurse-patient interactions? |
|  | a. | Low salaries make all nurses take more time off. |
|  | b. | Low salaries make many nurses feel underappreciated. |
|  | c. | Low salaries make some nurses preoccupied because they are worrying about money. |

|  |  |  |
| --- | --- | --- |
| 5) |  | Self care involves all EXCEPT: |
|  | a. | Paying attention to your emotional wellness. |
|  | b. | Attending skills enhancement classes on the latest antiretroviral treatments. |
|  | c. | Making time to talk about your emotions or do an activity you enjoy. |

Part III: Factors facilitating and hindering children’s adherence

|  |  |  |
| --- | --- | --- |
| 1) |  | In which continent are most cases of pediatric AIDS found? |
|  | a. | Asia. |
|  | b. | Europe. |
|  | c. | Africa. |

|  |  |  |
| --- | --- | --- |
| 2) |  | What does Social Capital refer to? |
|  | a. | The amount of money available within a social context. |
|  | b. | The supportive social networks that characterize a context. |
|  | c. | The number of people living within a community. |

|  |  |  |
| --- | --- | --- |
| 3) |  | Why is it important to learn what factors facilitate children’s adherence to ART? |
|  | a. | Because African countries are failing to support children’s adherence to ART. |
|  | b. | i) Because African countries are doing comparatively well in promoting children’s adherence and other countries can learn from Africa and ii) we can draw on these lessons to facilitate children’s adherence. |
|  | c. | Because most child are without treatment partners. |

|  |  |  |
| --- | --- | --- |
| 4) |  | More widespread public acceptance of HIV and improved health services have contributed to what? |
|  | a. | Improved levels of condom use. |
|  | b. | An increase in PMTCT. |
|  | c. | Improved ART adherence. |

|  |  |  |
| --- | --- | --- |
| 5) |  | What do programmes seeking to improve children’s adherence need to consider? |
|  | a. | The gender of nurses. |
|  | b. | Social norms. |
|  | c. | Local religions. |

Part IV: How does masculinity impact on access and adherence by men themselves, and by their wives?

|  |  |  |
| --- | --- | --- |
| 1) |  | Which of the following statements are true? |
|  | a. | More men than women access VCT and enroll onto ART. |
|  | b. | More women than men access VCT and enroll onto ART. |
|  | c. | An equal number of men and women access VCT and enroll onto ART. |

|  |  |  |
| --- | --- | --- |
| 2) |  | How are men in many communities typically characterized as? |
|  | a. | Emotional and courageous. |
|  | b. | Strong and tough. |
|  | c. | Overweight and intelligent. |

|  |  |  |
| --- | --- | --- |
| 3) |  | Which of the following is not a reason why men are less likely to adhere to masculinity |
|  | a. | Men see HIV as a threat to their sense of masculinity. |
|  | b. | Nurses require men to come to go for regular health checks at the hospital – a place women normally go to. |
|  | c. | Men gain weight from ART and fear their clothes will no longer fit. |

|  |  |  |
| --- | --- | --- |
| 4) |  | In what ways can husbands prevent their wives from adhering to ART? |
|  | a. | By stealing their medicine for own use or by denying them the right to take the medicines. |
|  | b. | By telling the nurse and local doctor not to treat his wife. |
|  | c. | By going to the traditional healer and put a spell on his wife. |

|  |  |  |
| --- | --- | --- |
| 5) |  | Which of the following recommendations do not promote men’s participation in HIV services? |
|  | a. | Health clinics for men only |
|  | b. | Gender neutral HIV services |
|  | c. | Support groups for men |
|  |  |  |

Part V: AIDS amongst workers: what special factors influence the access and adherence of workers?

|  |  |  |
| --- | --- | --- |
| 1) |  | Which sector employees would likely have the lowest HIV prevalence rate? |
|  | a. | Mining |
|  | b. | Transportation |
|  | c. | Banking |

|  |  |  |
| --- | --- | --- |
| 2) |  | Which of the following is NOT a reason why larger companies do more about employee HIV than smaller companies? |
|  | a. | Larger companies are often pressured by large and organized worker groups |
|  | b. | Larger companies are often closer to hospitals and clinics |
|  | c. | Larger companies are more likely to be under pressure from customers and international shareholders to do something about HIV among workers |

|  |  |  |
| --- | --- | --- |
| 3) |  | Which of the following IS NOT likely an example of a cost of HIV business? |
|  | a. | An decrease in international investment |
|  | b. | A higher rate of absenteeism |
|  | c. | A shortage of well trained and experienced workers |

|  |  |  |
| --- | --- | --- |
| 4) |  | A forestry company offers onsite HIV testing. Very few people come. What could be the reason? |
|  | a. | The employees are worried that the nurse will tell the management who is HIV-positive |
|  | b. | The employees are working hard to meet a deadline and cannot come to the clinic |
|  | c. | Both of the above |

|  |  |  |
| --- | --- | --- |
| 5) |  | ‘Reasonable accommodation’ at the workplace refers to |
|  | a. | End of year bonuses for HIV positive people |
|  | b. | Reducing or adjusting the workload to suit the capacities of HIV-positive workers |
|  | c. | Building onsite HIV clinics |