

Appendix C: Pre-/Post-test Answer Key

Scoring the pre-/post-test: Each test item, including multiple choice questions, is worth 1 point (e.g., if any portion of the response is incorrect, do not award a point). The total number of test items/points is 25. Multiply the number of correct test items/points by 4 to get the percent. A passing score is usually a minimum of 20 correct test items/points resulting in a score of 80% or above.

Multiple Choice

For each of the following questions, circle the letter(s) of the correct answer(s).

1. What cultural and societal factors make women more vulnerable to HIV?
 - a. Gender inequities
 - b. Limited opportunities
 - c. Economic dependence on men
 - d. Imbalance in sexual relationships
 - e. All of the above**
2. What is NOT a biological factor that makes women more vulnerable to HIV infection?
 - a. Large vaginal surface allows more exposure
 - b. Women have a weaker immune system than men**
 - c. Cervical ectopy may facilitate acquisition
 - d. None of the above
3. What possible roles can family planning services fill for clients with HIV?
 - a. Make HIV counselling and testing accessible within FP services
 - b. Provide counseling support for HIV status disclosure and treatment adherence
 - c. Provide referrals for ART treatment initiation
 - d. Be sources of information and methods to prevent unintended pregnancy and HIV transmission to uninfected partners
 - e. Help to plan for healthy pregnancy
 - f. All of the above**
4. Which of the below is not one of the ways family planning programs can contribute to a reduction in the number of HIV infections?
 - a. Promote dual method use
 - b. Assist couples with HIV who desire pregnancy to achieve safe conception
 - c. Provide ART to all pregnant women with HIV**
 - d. Reduce mother-to-child transmission of HIV by preventing unintended pregnancies among women with HIV

5. All of the following statements are considered to be Guiding Principles for FP/HIV Integration **EXCEPT**:
 - a. People living with HIV/AIDS receive comprehensive information and be able to exercise voluntary choices about their health, including FP.
 - b. All individuals have a right to choose the number, timing, and spacing of their children, and decide on the use of FP methods, regardless of their HIV status.
 - c. FP use should always be a choice, made freely and voluntarily, independent of the person's HIV status.
 - d. The decision to use or not to use FP should be free of any discrimination, stigma, coercion, duress, or deceit and informed by accurate, comprehensible information, and access to a variety of contraceptive methods.
 - e. **All providers should exercise their responsibility to tell individuals with HIV what method is best for them.**
 - f. Access to and provision of health services, including antiretroviral treatment, for people living with HIV and AIDS should never be conditioned on that person's choice to accept or reject any other service, such as family planning.
 - g. Women living with HIV and AIDS who wish to have children should have access to safe and respectful pregnancy counseling, antenatal, and childbirth services.
6. Which of the following factors should **NOT** affect contraceptive method choice for people living with HIV?
 - a. Safety and effectiveness of the method
 - b. Duration of protection desired
 - c. Ease of use and possible side effects
 - d. Cost and access to resupply
 - e. Effect on breastfeeding
 - f. **Provider's opinion about contraceptive method**
 - g. Interaction with other medications, including ARVs
 - h. Whether it provides protection from STI/HIV transmission and acquisition
 - i. Whether partner involvement or negotiation are required
7. All of the following World Health Organization (WHO) recommendations regarding breastfeeding for women with HIV are accurate **EXCEPT**:
 - a. **When ART is not available, do not breastfeed longer than 3 months**
 - b. Breastfeed exclusively for the first 6 months of life even if ART is not available
 - c. In the absence of ART, continue breastfeeding after 6 months unless replacement feeding is safe, affordable and available
 - d. With ART (and adherence support), breastfeed for at least 12 months or longer

True or False

Circle true or false for each statement.

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| 8. Family planning is both effective and cost effective in reducing the number of infant infections by reducing unintended pregnancies among women with HIV. | True | False |
| 9. Most women with HIV in sub-Saharan Africa who have a desire to prevent pregnancy have their need for contraception met. | True | False |
| 10. Programmatic synergies can result from providing family planning and HIV services together. | True | False |
| 11. Studies demonstrate when couples are counseled about contraception, they are more likely to adopt an FP method. | True | False |
| 12. When comprehensive FP services are made available as part of HIV treatment and care services, women are more likely to initiate use of contraception; however, unplanned pregnancy rates do <u>not</u> significantly decrease. | True | False |
| 13. Contraceptive options for women with HIV are similar to those of women without HIV and include hormonal and non-hormonal options. | True | False |
| 14. Emergency contraceptive pills (ECPs) are not recommended for use by women on ARV therapy because drug interactions between ECPs and ARV drugs make ECPs ineffective. | True | False |
| 15. Some ARVs can reduce effectiveness of some hormonal contraceptives by speeding up liver metabolism and reducing blood levels of contraceptive hormones. | True | False |
| 16. DMPA is the only hormonal contraceptive that is rated as a Category 1 with respect to drug interactions with all ARV drugs, rifampicin and rifabutin. | True | False |
| 17. COC users whose ARV regimen contains efavirenz or nevirapine should be advised to also use condoms for increased pregnancy protection and encouraged to take COCs on time, without missing pills. | True | False |
| 18. Concurrent use of contraceptive implants and the ARV, efavirenz may reduce implant effectiveness. | True | False |
| 19. Women using rifampicin and rifabutin should usually <u>not</u> initiate or continue using combined oral contraceptives (COCs) or progestin-only pills (POPs) because drug interactions make them ineffective. | True | False |

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| 20. Women with HIV should <u>not</u> initiate or continue using copper or hormonal IUDs because of increased risk of HIV transmission to their partners. | True | False |
| 21. A man or woman with an acute AIDS-related illness can have the sterilization procedure without delay. | True | False |
| 22. Spermicides alone and diaphragms with spermicides are highly recommended for women with HIV because they reduce the transmission of all other STIs. | True | False |
| 23. Clients with HIV who desire pregnancy should be reassured that in the presence of ART, pregnancy does not accelerate HIV disease. | True | False |

Yes or No Questions

For each of the following mini-case studies, state whether the client is eligible by answering Yes or No (assume that all other eligibility criteria are met).

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| 24. Your client is 28-year old woman with HIV and on ART. She is planning to use a contraceptive implant. Is she eligible? | Yes | No |
| 25. Your client is nulliparous 17-year old who has HIV. She is doing well on ARV therapy and is interested in using a copper IUD. Is she eligible? | Yes | No |