



Prof. A.J. Claassen
Editor/Project
Manager



Prof. L. Moja
Dean of the Faculty
of Health Sciences



Prof. G. van Zyl
Head of the Faculty
of Health Sciences



Prof. Riaz Y. Seedat
Project Co-ordinator
/Editor



Mr. Frans Makhele
South Sotho
Translator



Magteld Smith
Medical-Social
Researcher
(PhD student)

Projek vir gestremdes 1ste van sy soort in Afrika

Doelwit is gelyke geleenthede vir almal



TRANSFORMATION: *Voices of Change Project from the Faculty of Health Sciences from the University of the Free State in conjunction with Volksblad, Express and Daily Sun, were from the left Prof. Riaz Seedat, Senior lecturer, Otorhinolaryngologist, Project Co-ordinator, John Davids, General Manager of Volksblad, Prof. André Claassen, Head of the Department of Otorhinolaryngology, Editor and Project Manager, Magteld Smith, PhD student, and Prof. Gert van Zyl, Head of the Faculty of Health Sciences* Photo: Jabulani Dlamini

■ MAGTELD SMITH

'n REVOLUSIONÊRE projek, die eerste in sy soort in Afrika, onder leiding van prof. André Claassen, hoof van die Departement otorinolaringologie (oor, neus, keel, kop en nekchirurgie) van die Fakulteit gesondheidswetenskappe aan die Universiteit van die Vrystaat (UV), en Voices of Change

(VOC), transformasie vir mense met gestremdhede, is al vir 'n geruime tyd bekend aan die publiek.

Die Voices of Change-projek het reeds die vordering ondersoek wat die afgelope 14 jaar vir mense met gestremdhede gemaak is. Die toegangsverwante prestasies en die beste praktyke oor die tydperk van

ons demokrasie is geëvalueer. Die uitdagings wat oorby om mense met gestremdhede te bevoordeel moet nou eerlik en realisties getakel word.

Die beginsel van gelyke regte vir mense met of sonder gestremdhede beteken dat die behoeftes van elke individu ewe

belangrik is. Sodoende is dit dan van kardinale belang dat alle moontlike bronne aangewend moet word in die vooruitbeplanning van ons gemeenskap. Gelyke geleenthede moet gebied word sodat elke gestremde 'n kans het om in die hoofstroom van ons samelewing opgeneem te kan word.

Die Wêreld-gesondheidsorganisasie (WGO) het bevestig en dit duidelik gestel dat lande en veral ontwikkelende lande soos Suid-Afrika, op 'n medies-sosiale model hul beleidsrigtinge moet ontwerp. Die sosiale model vir die transformasie vir mense met gestremdhede

■ vervolg /4

Joint project will help people with disabilities

■ THE VOC TEAM

A REVOLUTIONARY PROJECT set to change the lives of many people with disabilities has been undertaken by the University of the Free State (UFS), Faculty of Health Sciences. This is the first disability newspaper in the history of South Africa and Africa that are distributed as an insert in the Volksblad, Daily Sun and Express newspapers which aims to highlight the plight of people with visible and invisible disabilities.

Prof. Andre Claasen, head of the UFS' Otorhinolaryngology (ear, nose and throat) department and

■ continue /4



Afrikaans

English

Sotho



General etiquette when communicating with people with disabilities

Editor: Prof André Claassen

INTERACTING WITH A PERSON WITH A VISUAL IMPAIRMENT

The following points of etiquette are helpful to keep in mind when interacting with a person who is blind or visually impaired.

■ Introduce yourself to people who are blind or visually impaired using your name and/or position, especially if you are wearing a name badge containing this information.

■ Speak directly to people who are blind or visually impaired, not through a companion, guide, or other individual.

■ Speak to people who are blind or visually impaired using a natural conversational tone and speed.

■ Address people who are totally blind or severely visually impaired by name when possible. This is especially important in crowded areas.

■ Immediately greet people who are blind or visually impaired when they enter a room or a service area. This allows you to let them know you are present and ready to assist. It also eliminates uncomfortable silences.

■ Indicate the end of a conversation with a person who is totally blind or severely visually impaired to avoid the embarrassment of having them continue speaking when no one is actually there.

■ Feel free to use words that refer to vision during the course of conversations with people who are blind or visually impaired. Vision-oriented words such as look,

see, and watching TV are a part of everyday verbal communication. The words blind and visually impaired are also acceptable in conversation.

■ Be precise and thorough when you describe individuals, places, or things to people who are totally blind. Don't leave things out or change a description because you think it is unimportant or unpleasant. It is also important to refer to specific people or items by name or title instead of general terms like "you", or "they" or "this."

■ Feel free to use visually descriptive language. Making reference to colours, patterns, designs, and shapes is perfectly acceptable.

■ Offer to guide people who are blind or visually impaired by asking if they would like assistance. Offer them your arm. It is not always necessary to provide guided assistance; in some instances it can be disorienting and disruptive. Respect the desires of the person you are with.

■ Guide people who request assistance by allowing them to take your arm just above the elbow when your arm is bent. Walk ahead of the person you are guiding. Never grab a person who is blind or visually impaired



Prof André Claassen

by the arm and push him/her forward.

■ Guide dogs are working mobility tools. Do not pet them, feed them, or distract them while they are working.

■ Do not leave a person who is blind or visually impaired standing in "free space" when you serve as a guide. Always be sure that the person you guide has a firm grasp on your arm, or is leaning against a chair or a wall if you have to be separated momentarily.

■ If you see a person who is blind or visually impaired about to encounter a dangerous situation. For example, if a person who is blind is about to bump into a stand in a hotel lobby, calmly and firmly call out, "Wait there for a moment; there is a pole in front of you."



INTERACTING WITH PEOPLE WITH INVISIBLE DISABILITIES

There are a variety of disabilities, such as stroke, cerebral palsy, and deafness that may involve speech impairments. People with speech disabilities communicate in many different ways.

■ They may use a variety of ways to communicate. The individual may choose to lip read, written communication, assistive devices, use sign language, write, speak, use a communication device, or a combination of methods. Find out the person's preferred method and use it.

■ Be appropriate when speaking with a

person with a speech disability. Never assume that the person has a cognitive disability just because he or she has difficulty speaking.

■ Move away from a noisy source and try to find a quiet environment for communicating with the person.

■ If the person with a speech disability has a companion or attendant,

talk directly to the person. Do not ask the companion about the person.

■ Listen attentively when you are talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. If necessary, ask short questions that require short answers, a nod, or shake of the head.

■ If you do not understand what the person has said, do not pretend that you did. Ask the person to repeat it. Smiling and nodding when you have no idea what the person said is embarrassing to both parties. Instead,

■ continue/3

Melawana kapa mekgwa e akaretsang ha o buisana le batho ba nang le boqhwalala

EDITOR: FRANS MAKHELE

Bua ka motho ya nang le boqhwalala ka tsela ya hore o lebise puo ya hao ho yena pele, mme o ntano bua ka boqhwalala ba hae. Lebisa puo ho "batho ba fufetseng/batho ba sa boneng" ho e na le ho re: "ba fufetseng batho/ba sa boneng batho".

Ha o bua le motho ya nang le boqhwalala, bua o mo tobole (o lebisitse puo ho yena), ho e na le ho toba ya tsamayang le yena kapa ya mo thusang ka puo ya matsoho ha a le teng.

Ha o tsebiswa ho motho ya nang le boqhwalala, ho lokile hore le tshwarane ka matsoho. Batho ba sa sebediseng matsoho ka ho phethahala kapa ba nang le setho sa maiketsetso le bona hangata ba atisa ho tshwarana ka matsoho. Ho tshwarana ka matsoho a leqele le hona ke tumedisoe dumeletsweng.

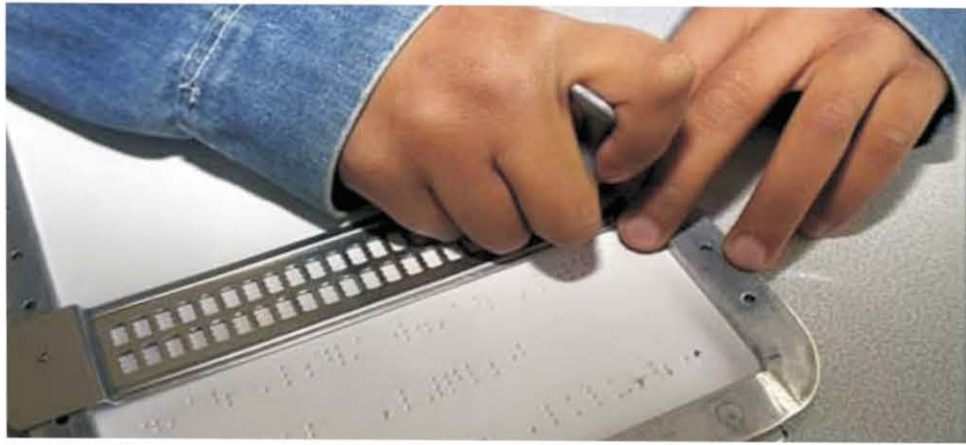
Ha o kopana le motho ya nang le

from /2

repeat what you have understood and allow the person to respond.

When you have difficulty conversing on the telephone with the person, suggest the use of a speech-to-speech relay service so that a trained professional can help you communicate with the person. Either you or the person can initiate the call free of charge via the relay service.

Do not make assumptions about what a person can or cannot do based on his disability. All people with disabilities are different and have a wide variety of skills and personalities.



bothata ba pono, itsebise ka mehla, mme o tsebise le ba nang le wena. Ha le qoqa/buisana le le sehlopheng sa batho, hopola ho hlahisa /tsebisatho eo o buang le yena.

Ha o batla ho fana ka thuso, emela ho fihlela boithaopo ba hao bo amohelwa. Ebe o a mamela kapa o botsa ditaelo (ka moo o tshwanetseng ho etsa ka teng).

Tshwara batho ba baholo jwaloka batho ba baholo. Bua le batho ba nang le boqhwalala ho sebedisa feela mabitso a bona a pele, ha o lebisa puo e tshwa-nang ho batho bohle ba leng teng. Le ka mohlala o se ke wa sebedisa nyenye-fatso e ipatiling bathong ba tsamayang ka ditulo tsa mabidi ka ho ba phaphatha hloohong kapa mahetleng.

Ha motho a le setulong sa mabidi, ho itshetleha kapa ho itshwarella ho sona, ho tshwana le ho itshetleha kapa ho itshwarella ho yena, mme sena ka kakaretso se nkwa se kgopisa. Setulo ke karolo e nngwe e ikgethang ya motho ya se sebedisang.

Mamela ka hloko ha o bua le motho ya nang le bothata ba puo. Eba le mamello, mme o emele motho eo ho qeta, ho e na le hore o mo lokise kapa o mmuelle. Ha ho hlokeha, botsa dipot-so tse

kgutshwane tse hlohang dikarabo tse kgutshwane, dumela ka hlooho, kapa o sisinye hloo-ho. O se ke wa etsa e ka o a utlwisisa ha o fumana bothata ba ho utlwisisa. Ho e na le ho etsa jwalo, phetha seo o se utlwisitseng, mme o dumelle eo o buang le yena ho araba. Karabo e tla o fa mohlala, mme e tataise kutlwisiso ya hao.

Ha o bua le motho ya setulong sa mabidi kapa motho ya sebedisang dithupa/-diikokotlelo, ipeye boemong ba mahlo/tjhebanong e nepahet-seng le motho eo o buang le yena ho nolo-fatsa puisano.

Kgatholoha. Ho lokile ha o na le ho sebedisa dipuo tse amohelang, tse tlwaelehile, jwaloka "ke tla o bona hamorao" kapa "o utlwile ka sena", seo se bonahala se amana le boqhwalala ba motho.

HO BA LE DIKAMANO LE MOTHO YA NANG LE BOTHATA BA PONO

Dintlha tse latelang tsa melawana le mekgwa ya puisano di bohlokwa ho di boloka kelellong mabapi le dikamano tsa hao le motho ya fufetseng kapa ya nang le bothata ba pono.

Itsebise ho

batho ba fufetseng kapa ba nang le bothata ba pono ka ho sebedisa lebitso la hao le/kapa boemo ba hao, haholo-holo ha o kentse betjhe ya lebitso la hao.

Bua ka ho otloloha le batho ba fufetseng kapa ba nang le bothata ba pono, e seng ka ho fetisa puo ka eo a tsamayang le yena, kapa ka ya mo bontshang tsela, kapa ka motho e mong.

Bua le batho ba fufetseng kapa ba nang le bothata ba pono o sebedisa puo ka mokgwa wa tlwaelo.

Bua le batho ba fufetseng ho hang kapa ba nang le bothata bo kenellet-seng ba pono ka ho ba bitsa ka mabitso ha ho kgoneha. Sena se bohlokwa haholo dibakeng tse nang le sephethephethe.

Ha batho ba fufetseng kapa ba nang le bothata ba pono ba kena ka tlung kapa sebakeng sa tshebetso o ba dume-dise hanghang. Sena ke tsebisoe ya hore o teng ka moo, mme o itokiseditse ho fana ka thuso. Hape ke ho fedisa kgutso e sa amohelang.

Hlalosetsa motho ya fufetseng ho hang kapa ya nang le bothata bo kenellet-seng ba pono ha puisano ya lona e fella, e le ho qoba tlontlollo ya hore a nne a tswelle ka puo ho se ho se motho eo a buang le yena.

O lokolohile ho

ka sebedisa mantswe a buang ka pono nakong eo o buisanang le motho ya fufetseng kapa ya nang le bothata ba pono. Mantswe a tobileng pono jwaloka: sheba, bona, le ho shebella TV, ke karolo ya puo dipuisanong tsa ka mehla. Mant-swe a jwaloka bofoku le bothata ba pono, le ona a a amohelha puisa-nong.

Hlalosa hantle ka botlalo ha o bua ka motho, sebaka, kapa dintho, ho batho ba fufetseng ho hang. Tlhalosong ya hao se tlohele dintho tse ding kapa hona ho fetola ka moo di leng ka teng, hobane o nahana hore ha ho bohlokwa kapa ha ho thabise. Hape ho bohlokwa ho bua ka mabitso kapa thaetlele ha o bua ka batho ba itseng kapa dintho tse itseng, ho e na le hore o sebedise mantswe a akaretsang jwaloka "wena/lona" kapa "bona" kapa "ena/-sena".

Lokoloha ho sebedisa puo e hlalosang se ka bonwang ka mahlo. Ho etsa tlhaloso ka mekala, paterone, mokgabiso, le dibopeho, ho amohelhele ka hohle-hohle.

Ithaope ho fana ka tataiso bathong ba fufetseng kapa ba nang le bothata ba pono, ka ho ba botsa hore na ba tla lakatsa ho thuswa. E re ba itshwarelle sephakeng sa hao. Ha se ka mehla moo ho leng bohlokwa ho fana ka tataiso; ka nako tse ding empa e le feela tahlehelo ya thuto ya sebaka kapa tshitiso eo a bileng le yona. Hlompha ditakatso tsa motho eo o nang le yena.

Tataisa batho ba kopang thuso ka ho ba dumella ho

itshwarella ka hodima setswe sephakeng sa hao o se kobile. Tsamaya ka pele ho motho eo o mo tataisang. O se ke wa phamola motho ya fufetseng kapa ya nang le bothata ba pono ka sephaka, mme wa mo suthumeletsa pele.

Dintja tse tataisang batho ba fufetseng ke disebediswa tse tsamayang. O se ke wa di phaphatha/pholla, wa di fepa, kapa wa di sitisa ha di le tseleng.

O se ke wa tlohela motho ya fufetseng kapa ya nang le bothata ba pono a eme a le mong "sebakeng se lokolohileng" ha o le tataisang. Ka mehla ha le tshwanetse ho kgaohana nakwana, etsa bonnete ba hore motho eo o mo tataisang o itshwarelletse sephakeng sa hao, kapa o itshet-lehile setulong kapa leboteng.

Ha o bona hore motho ya fufetseng kapa ya nang le bothata ba pono o tobane le maemo a kotsi, theola maikutlo, mme o nahane hantle ka seo o tla se etsa. Mohlala, ha o bona hore motho ya fufetseng o tlo thula palo malebana le monyako o moholo wa hotele, theola maikutlo, mme o hweletse, "ema moo motsotswana; ho na le palo ka pele ho wena".

Ho ba le dikamano le batho ba nang le boqhwalala bo sa BONAHALENG





Simon Ndaba with a disabling hearing impairment, won the excellence award of the Provincial Department of Education as the best performing candidate in the Free State Province in 2008.

Photo provided

■ vanaf /1

was tot dusver grootliks onsuksesvol. Dit is baie duidelik sigbaar uit statistieke van die departement van arbeid en onder meer die WGO, die Ontwikkelingsbank van Suider-Afrika en die Wêreldbank.

Die minister van arbeid het hom sterk uitgespreek oor die laksheid van openbare en private organisasies wat versuim om mense met gestremdhede in diens te neem. Die situasie vererger jaarliks en feitlik geen vooruitgang vir mense met gestremdhede vind plaas nie. Die doelstelling van die Voices of Change-inisiatief is om 'n bylae met artikels oor (en ook deur) mense met gestremdhede voortaan maandeliks in Volksblad, Daily Sun en Express, te laat verskyn. Sodoende

moet 'n forum vir alle betrokkenes geskep word. Die hantering van gestremdheid vereis kundigheid van diagnose (mediese model) af regdeur die persoon se ontwikkeling en beplanning tot en met sosiale en ekonomiese (sosiale model) bemagtiging. Vele akademiese prestasies deur mense met gestremdhede is behaal oor die jare, maar om 'n onbekende rede is hierdie "rolmodelle" nie suksesvol aangewend om ander met gestremdhede te motiveer nie. Hulle het eenvoudig "verdwyn" in die stelsel.

Volgens Claassen is die langtermyn-doelwit om transformasie van en kennisoordrag van kundigheid en vaardigheid aan te moedig op die gebied van toegangs-

wetgewing.

"Ekonomiese bemagtiging, beleidsrigtings, programme, hulp-toestel, benutting van die tegnologie en omgewingstoeganklikheid is van die belangrike doelwitte."

Met die deelname van mense met gestremdhede aan hoofstroom-aktiwiteite en -agenda van demokrasievierings sal die bewuswordingsinisiatief aangehelp word sodat meer klem op die saak geplaas word. Voices of Change is as 'n nie-winsgewende organisasie in die nasionale departement van maatskaplike ontwikkeling geregistreer.

Sy dienste is in pas met die departement se ontwikkelingsgerigte maatskaplike welsynsbeleid.

■ from /1

the project's manager, says the project aims to fill in the huge gaps left by the government and society as they do not do enough to empower people with disabilities. "If a person with a hearing disorder, especially a child, needs a hearing apparatus or an implant it usually takes up to a year for this to be done through government channels and this has a damaging impact," Claassen said. "People with disabilities should integrate with the rest of the community and thus we want to tackle all sorts of disability-related problems," he said.

Prof. Claassen, Prof Riaz Seedat (Project co-ordinator), other specialists in the field of

disabilities and Magteld Smith, who has a disabling hearing impairment since birth, voluntarily contribute to this project monthly. "This project is the first of its kind and it is all about transformation. I am a revocrat," Smith said. "The State has been used as the main agent of change by many governments in the history of transformation and development. However, South Africa needs more progressive leadership from all organisations to overcome the legacy of inequality to manage adequately the difficult balance of the demand for immediate improvement in living standards of people with disabilities, since this sector is part of affirmative action and is starving for longer-term and sus-

tained change," Smith said.

"Human, P. (1998): 'Yenza: a blueprint for transformation', Oxford University Press, uses the term revocrat to suggest the sort of person required to make such a change happen". Smith said the idea is to move away from the welfare model to the medical-social model as prescribed by the World Health Organisation to socio-economically empower people with disabilities by making sure that the disability does not determine who we become." The future and sustainability of Voices of Change depends on the support of businesses to place advertisements in our newspaper. Please contact Marianna Truter at 082 532 4798

'n Eerste vir Sherie



Sherie Brynard en haar ma Dr Susette Brynard voor die funksie.

Foto verskaf

Special kids, super sons

HERMAN TOERIEN

We are on our way home in Bloemfontein after visiting several specialists in Pretoria, to try and find out what is wrong with our youngest, Jahnre. The specialists at the university and a private practice have been kind, have impressed us. In any normal situation we would have been relieved. But nothing about this situation is normal. By then we were probably ready to accept a diagnosis of autism. Or, as a professor in Bloemfontein later suggested, the Aspergers variation. At least, then we would have a name for what is wrong, and could direct our efforts at treating it as best we could.

Yet, it would not be all that easy. Some things do not match. He is far to a loving child, very fond of being hugged. Eventually he went to a special school, where real angels do the teaching, the Martie du Plessis School in Bloemfontein. The occupational and

speech therapists are angels as well. Later, with the child reaching grade one at the age of nine, another angel was added to the team - the remedial teacher. By now he had been at the school for some years, taking approximately a year to adapt to a new class, before making significant headway in the next. At the age of nine, he still had very limited speech. A diagnosis has come, in the mean time after for the first time brain scans and an EEG were done; a diagnosis which for now, has stuck. Cognitive aphasia. This basically boils down to him having inherited a condition where the section of the brain handling speech, or communication, develops slowly. But not all agreed. But to get to the present was not all that easy. Chromosome tests had been done to see whether he did not belong to a rare group, called the fragile X-group. But his chromosomes are

normal. Finding a problem with the genes is like finding a needle in a haystack. Doctors need clues, but where does one start when nothing matches?

At the age of four, he was in a bad mood once when visiting one of the therapists. He crawled under a bench, where he was left alone for a while to cool off. When the therapist went down on her knees she was surprised. The boy had taken play blocks with numbers on, and arranged them in a straight line from one to ten. His mother tested him that same afternoon on a calculator, and found to her surprise that he could tick in numbers in the right sequence from one to 59. These splint abilities gave no indication that the earlier tentative diagnosis of autism might be of the mark.

His absolute loving nature did, however. If once he started loving some one, he is very fond him. This circle of people, whom he loves,

Sherie Brynard het geskiedenisboeke herskryf toe sy die eerste kandidaat geword het om 'n onderwysdiploma aan 'n VOO kollege te verwerf.

Sy het boonop ook die Ewald Fichardt-prys van Motheo VOO Kollege

ontvang. Die prys word toegeken aan 'n student wat onder moeilike omstandighede uitstekende werk lewer. Sherie het Graad 10 aan Martie du Plessis-skool behaal. Sy het daarna die Nasionale

Sertifikaat N3 - N6 beroeps-gerigteopleiding in Educare voltooi. Haar toepaslike ervaring het sy aan Lettie Fouché Skool opgedoen en kon dus so haar diploma verwerf. 'n Ware winner!

Belastingkorting vir besighede en skenkers

Voices of Change is deur die Inkomste-diens as 'n openbare welsynsorganisasie geregistreer om skenkings te ontvang en 'n kwitansie (sertifikaat) ingevolge Artikel 18 van die Inkomstebelastingwet uit te reik.

Ons doen 'n beroep op korporatiewe ondernemings, individue en organisasies om van hierdie opbouende geleentheid gebruik te maak en ons bylae te ondersteun deur advertensies te plaas of in die vorm van geld-skenking om nood-

saaklike dienste, alle vorme van ontwikkeling, hulpvoorsiening, hulptoevoersiening en tegnologie te verskaf aan mense met gestremdhede.

Adverteerders en Skenkers kan gevolglik hul skenkings van hul belastbare inkomste aftrek en dan belastingkorting kry.

Voorletters, van en volledige adres en of besigheidsbesonderde moet verskaf word en aandui of 'n Artikel 18-kwitansie verlang word.

Dié sertifikaat sal aan skenkers geos

of gefaks word.

Voices of Change se vrystellingsnommer is 63112.

Skakel Marianna Truter by 082 532 4798. Mense wat wil bydraes skenk kan gestuur word aan: Voices of Change Trust, Posbus 38425, Langenhovenpark, 9330.

Tjeks moet aan Voices of Change uitgemaak word.

Bankbesonderhede: Voices of Change Trust, rekno 407211 9782 (tjekrekening), tak: Absa Brandwag, takkode: 632005.

grows wider gradually. Yet, he is not a group person. He prefers cross-country running to soccer, the other choice they have at sports participation. His fondness is also not limited to people. Animals seem to be very fond of him. The dog of relatives goes absolutely crazy when he hears our car or bakkie coming. If the boy were not with us, this dog would be clearly unhappy. The 16 year old Jandré surprised everyone with his ability to make models out of almost anything. This ability led to ceramic models of quality and is known as the Savant-autism ability. He spontaneously uses bright colours



Jahnre's painting got R2 300 at an auction. The money raised is for a Centre for autism in Central South Africa. Foto verskaf



MODERNE GENEESKUNDE EN KINDERS MET GEHOORGESTREMDHEDE

ABC

.Magteld Smith

Die moderne geneeskunde bied nuwe hoop en 'n voller lewe vir kinders met gehoorgestremdhede. Doofheid moet verkieslik teen die ouderdom van 7 maande gediagnoseer word. Babas wat doof gebore is, kan leer om te hoor.

Gehoorarapparate help, maar dit is nie genoeg nie. Die gehoorgestremde kind kan alleenlik leer om

en dus om te praat, as hy gehelp word deur 'n energieke span bestaande uit gemotiveerde ouers, terapeute, oudioloë en die spesialis. Dit is nie die graad van gehoorverlies wat bepaal of 'n kind kan leer praat nie, maar wel sy vermoë om te leer hoor d.m.v. die bogenoemde spanpoging.

Dit is hoog tyd dat alle

ouers, dokters, skoolhoofde, onderwysers, Jan Alleman en veral professionele persone, hulself afvra of hul hantering van kinders met gehoorgestremdhede voldoen aan die eise van ons tyd.

Indien die ouer of die dokter begin wonder of 'n baba kan hoor, is dit dringend noodsaaklik om die kind se gehoor volledig te laat toets. Die ideaal sou wees om daarop aan te dring dat

alle babas op die ouderdom van 7 maande getoets word. Indien daar vasgestel word dat 'n baba gehoorgestremd is, moet hy na die Carel du Toit Sentrum verwys word. Hierdie sentrum is, na die beste van my wete, tans die enigste professionele instansie in Suid-Afrika wat 'n behandelingsprogram van die aard aan kinders onder die ouderdom van 3 jaar bied.

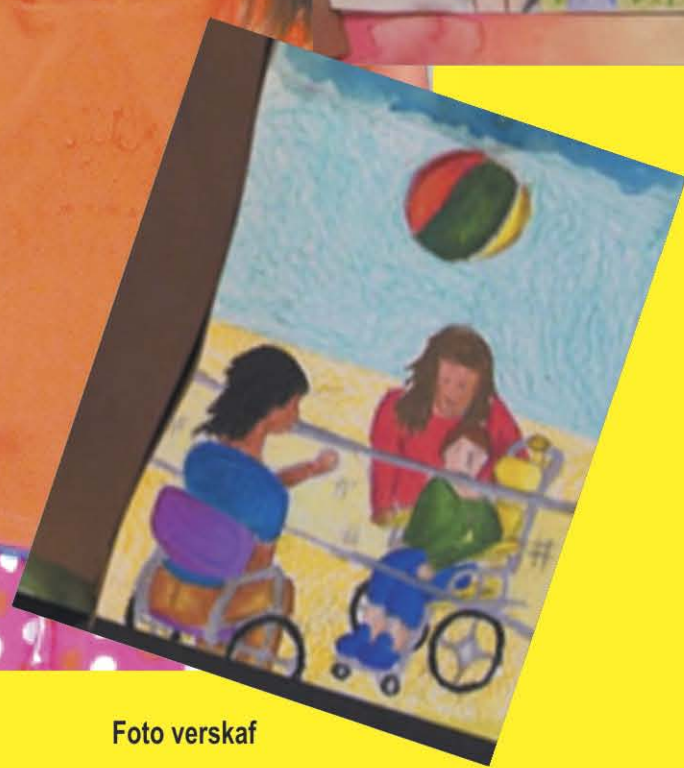
**Prof.
Riaz
Seedat**



1+4



2+3





Epilepsie - 'n kort oorsig

Junie-maand is Epilepsiemaand

Dr. Elmarie van Rensburg, Fakulteit Geneeskunde, Departement Neurologie, Universiteit van die Vrystaat

Epilepsie is een van die heel oudste mediese toestande beskryf en is alreeds in 400 V.C. akkuraat deur Hippokrates gedokumenteer. die woord "epilepsie" is afkomstig van 'n Griekse term wat beteken "om te besit", "te gryp" of "hou vas op te kry" en is beskou as "n "heilige siekte" omdat geglo is dat net die gode iemand op die grond kan laat neerslaan, onwillekeurige trekkings kan laat kry en dan weer kan verlaat.

Dwarsdeur die eeue was daar nog altyd 'n noue verwantskap tussen geloof en epilepsie, met epileptikers op verskillende tye in die geskiedenis van die kerk asof demonies of heilig beskou.

In die Nuwe Testament word daar ook op 3 geleenthede melding gemaak van hoe Jesus 'n bese gees uit 'n epileptiese kind verdryf, nl. In Matt. 17:14-18, Markus 9:17-18, 20-22, 25-27; en Lukas 9:38-39, 42. (Die weergawe in Markus gee 'n klassieke beskrywing van 'n tipiese tonies-klonies konvulsie).

WAT IS EPILEPSIE?

'n Epileptiese toeval vind plaas as daar 'n skielike oormatige of ongekontroleerde ontlading van kortikale neurone plaasvind, hetsy gelokaliseerde of verspreid deur die brein en word klinies gekenmerk deur in intermitterende, stereotipe versteuring van bewussynsvlak, emosies, motoriese of sensoriese funksie.

Aanvalle moet herhaaldelik en onuitgelok wees om die diagnose van epilepsie te maak; per definisie is 'n enkele aanval nie genoeg om die diagnose te maak nie. Epileptiese aanvalle wat net



Prof Riaz Seedat
Editor

voorkom in assosiasie met presipiterende of uitlokkende faktore (bv. koors in kinders, alkoholonttrekking in volwassenes) word akuut simptome of situasie-gerelateerde aanvalle genoem; en self al sou dit herhalend voorkom, word dit nie as "epilepsie" beskou nie.

Wat ook belangrik is om te onthou, is dat "n epileptiese toeval gewoonlik 'n sieklike aanvang het, van korte duur is (sekondes of minute) en gewoonlik spontaan ophou. Hulle word ook dikwels gevolg deur 'n periode van lomerigheid en verwarring.

HOE WORD DIE DIAGNOSE VAN EPILEPSIE GEMAAK?

Die diagnose van 'n epileptiese toeval of epilepsie per sê in essensieel klinies en berus veral op 'n akkurate beskrywing van die aanval – soos waargeneem deur 'n ooggetuie (veral as daar enige versteuring in bewussynsvlak tydens die aanval is) en tot 'n mindere mate deur die pasiënt self. Lg. het dikwels net "n beperkte herroeping van wat bv. in die aura-fase gebeur het (en verder niks nie) en kan net weergee wat deur omstanders aan hom vertel is.

Epilepsie word dikwels oordiagnoseer en neuroloë word geleer dat die diagnose nooit gemaak moet word tensy sekerheid bestaan nie, "vals positiewe" diagnose in die aanvanklike beoordeling van die pasiënt.

HOE WORD EPILEPTIESE AANVALLE GEKLASSIFISEER?

Epileptiese aanvalle word verdeel in twee hoofgroepe na aanleiding van die oorsprong van die primêre epileptiese ontlading; die wat ontstaan uit gelokaliseerde kortikale areas of epileptiese fokus (gedeeltelike aanvalle); en die wat gekenmerk word deur gelyktydige ontladings oor beide hemisfere (veralgemeende aanvalle).

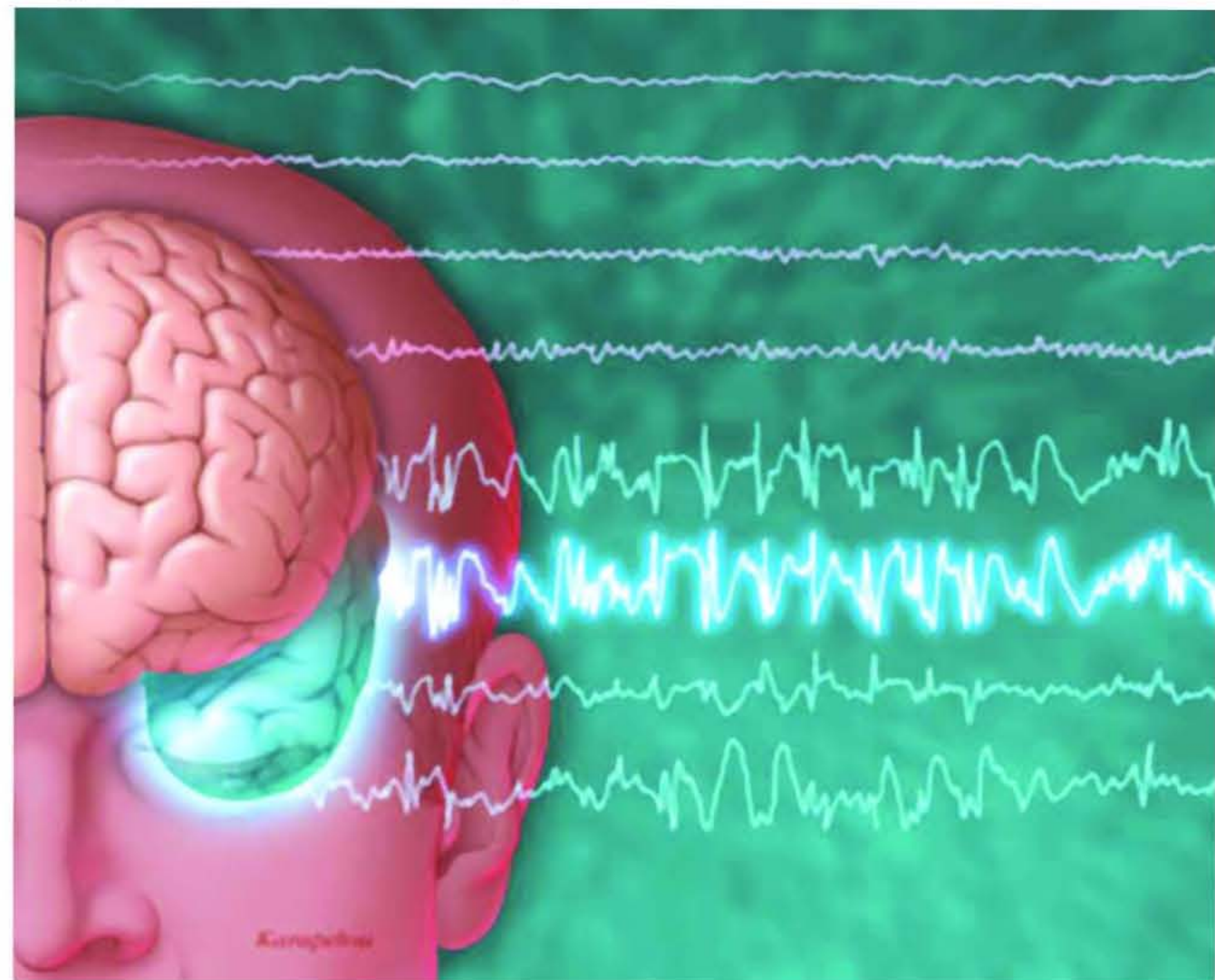
Die kliniese manifestasies van 'n gedeeltelike aanval hang af van die ligging van die fokus in die serebrale korteks, of die ontlading gelokaliseerd bly en/of dit versprei en indien dit versprei, deur watter kortikale bane. Die mees algemene setel van oorsprong van epileptiese aanvalle is die temporale lobbe. Aanvalle wat vanuit die frontale areas ontstaan is ook nie ongewoon nie, maar die pariëtale of oksitale lobbe word minder algemeen betrek.

DIE PASIËNT WAT GEWOONLIK VERWYS WORD MET SG. "UITSNY EPISODES", (M.A.W. INTERMITTERENDE EPISODES VAN BEWUSSYNSVERLIES SONDER DAT BV. 'n TONIES-KLONIESE KONVULSIE WAARGENEEM WORD), HET GEWOONLIK OF

1. AFWESIGHEIDSEPILEPSIE (PETIT MAL); of
2. KOMPLEKS GEDEELTELIKE AANVALLE (wat bv. Uit die temporale lob ontstaan)

KLINIESE BEELD VAN KOMPLEKS GEDEELTELIKE AANVALLE

'n Kompleks gedeeltelike aanval behels per definisie altyd 'n mate van bewussynsbeweging. 'n Aura word ook dikwels waar-



geneem en behels daardie deel van die aanval wat plaasvind voordat die bewussyn beneweld raak (dus die eenvoudige gedeelte van die aanval) en wat die pasiënt gewoonlik onthou. Algemeen by temporale lob aanvalle is 'n snaakse "opstygende" sensasie vanuit die maag in die aura-fase, asook snaakse reuke of smake (dikwels offensief). Pasiënte mag outonome veranderings ondergaan, bleek of rooi word in die gesig, met pupilverwyding, sweet en verandering in harttempo.

Verskeie psigiese simptome mag ook ervaar word deur pasiënte met temporale lob toevalle; hierdie sluit in dismnestiese simptome soos déjà-vu. en affektiewe versteurings soos vrees. Pasiënte mag ook gehoor of visuele hallusinasies of illusies ervaar.

'n Algemene aanvanklike kenmerk van 'n tipiese kompleks gedeeltelike aanval is wat genoem word 'n "arres-reaksie" of 'n beweginglose staar. Automatisme kan onmiddellik begin of volg op laasgenoemde.

Automatisme behels onwillekeurige, outomatiese motoreise gedrag wat plaasvind

wanneer die bewussynsvlak beneweld is. Dit kan gedurende of na die aanval voorkom en spontaan of reaktief wees. Spontane outomatisme is stereotiep en is 'n konstante kenmerk van die pasiënt se gewone aanval. Algemene vorme behels klap van lippe, kou of slukbewegings, vat aan klere, krap, aan- en uittrek, rondloop of hardloop in 'n spesifieke patroon of stereotipe frases soos "Help my"; of "hier kom die weer".

Reaktiewe outomatisme is nie stereotiep nie, want hulle word bepaal deur omgewingstimuli. Dikwels kan daar met 'n eenvoudige aktiwiteit waarmee die pasiënt besig was toe die aanval begin het, voortgegaan word sonder dat 'n toeskouer agterkom dat 'n aanval plaasvind. So mag 'n pasiënt voortgaan om skottelgoed te was of te skryf (alhoewel die skryfwerk dan nie leesbaar is nie) maar geen geheue hê van die gebeure agterna nie. Pasiënte mag vrae beantwoord, eenvoudige bevels gehoorsaam of korrek reageer op nuwe situasies, bv. motors vermy as hy oor 'n straat sou loop. Sulke reaksies kan soms daartoe lei dat aange- neem word dat die

bewussyn nie beneweld is nie. Reaktiewe outomatisme is egter meer dikwels ontoepaslik en kan ontstellend wees vir ander persone wat nie weet wat aangaan nie, bv. as die persoon papierwerk ontvang om te doen, sal hy dit in sy mond steek en probeer kou.

Kompleks gedeeltelike aanvalle word feitlik altyd in die postiktale (na die aanval) periode gevolg deur verwarring en hier kan die pasiënt soms hewig reageer op 'n vermeende bedreiging of poging om hom vas te druk. Soms kan 'n kompleks gedeeltelike aanval ook progressieër na 'n sekondêre veralgemeende konvulsie.

KLINIESE BEELD VAN TIPIESE AFWESIGHEIDSAANVALLE:

Hierdie tipe aanvalle vind tipies in andersins normale kinders plaas, begin dikwels tussen die ouderdom van 4-8 jaar en skaars voor 3 jarige ouderdom. Dit bestaan uit 'n skielike staking van die aktiwiteit waarmee die kind besig is, gevolg deur 'n kortstondige staar episode wat gewoonlik korter as 10 sekondes duur, waarna die kind weer bykom en aangaan daarmee waarmee hy/sy besig was.



What is epilepsy?

■ Epilepsy South Africa

Epilepsy is one of the most common serious neurological conditions, characterized by unusual electrical activity in the brain and affects at least 1 in every 100 people in South Africa.

Epilepsy is the tendency to have recurrent, unprovoked seizures and seizures are caused by a temporary change in the way the brain cells (neurons) work. Epilepsy is a disorder, not a disease, illness, psychiatric disorder nor a mental illness; and it is not contagious. Epilepsy affects all people, both genders, all ages, all races, people of all levels of intelligence and of all

social backgrounds.

In more than 50 % of cases, the underlying cause of the epilepsy is unknown. This is called idiopathic epilepsy. In the rest of the cases, the underlying cause can be identified. This is called symptomatic epilepsy. With symptomatic epilepsy there can be many different underlying causes, such as head injury, birth injury, hemorrhage, strokes, tumors, etc.

The brain consists of millions of nerve cells, called neurons. Billions of electrical messages are passed on or fired between these cells, controlling our whole body, including what we think, feel, do,



see, muscle movement, etc. The body has its own built-in balancing mechanisms which ensure that messages usually travel between neurons in an orderly way. Sometimes, an upset in the brain chemistry causes messages to get scrambled. When this happens the neurons fire off faster than usual or in bursts or too many neurons are triggered and fire off at the same time. This disturbed activity, which

is like a small "electrical storm" in the brain, triggers seizures. Due to the complex nature of the brain, symptoms and seizure duration can vary considerably from person to person.

The type of seizure the person has depends on the site in the brain where the electrical disturbance originates, e.g.:

■ If the nerve cells in the part of the brain responsible for movement are affected, then the per-

son may experience involuntary twitching of an arm, leg or even an entire side of the body. If it affects an entire side, it can unbalance the person.

■ If the nerve cells in the center of the brain are affected, it will cause unconsciousness and would often result in a major seizure.

There are several types of epilepsy. The different types of seizures are divided into two main categories, namely generalised seizures and partial seizures. Generalised seizures occur when the excessive electrical activity in the brain encompasses the entire organ, during

which there may be loss of consciousness. There are several kinds of seizure types in this generalised category with distinct features; like generalized tonic clonic seizures, absence seizures, myoclonic seizures, tonic seizures and atonic seizures. Partial seizures occur when the excessive electrical activity in the brain is limited to one area, which causes either simple partial seizures or complex partial seizures. In some cases partial seizures may develop into generalized seizures if the disturbance spreads from the localized area in the

■ continue /9



**Epilepsy is not a cause to discriminate.
It's a motivation to realise potential.**

www.epilepsy.org.za

EPILEPSY
SOUTH AFRICA



■ from /9

brain to affect the whole brain. This is known as a secondarily generalized seizure. The two main forms of partial seizures are; simple partial seizures and complex partial seizures.

Living with epilepsy

Most people with epilepsy are diagnosed before age 20, but the onset can be at any age. Many children with epilepsy do outgrow it and are able to live drug-free and seizure-free as adults.

As seizures are mostly unpredictable they may cause a disruption or interruption of the person's daily routines. Many people who have epilepsy however state that the actual seizures do not impact negatively on their lives, but that it is the ignorance, stigmatization, discrimination and lack of knowledge of society that impact very negatively on their lives. Due to the fact that society does not understand what epilepsy is and people often fear the condition, they discriminate against people with epilepsy, such as not allowing them to participate in social events, careers, etc.

It is important to know that persons with epilepsy, both adults and children, can live active and normal lives, as long as society is willing to accept and learn more about epilepsy.

Ensure that you and your whole family receive adequate information about epilepsy, as well as counseling, which can prevent any long term psychosocial impact.

Epilepsy does not effect the physical /neurological development except for certain severe childhood epilepsy syndromes, where

seizure activity is so severe that it does have a negative impact on development. Certain anti-convulsant medications could also have side effects for some people, such as increased memory loss, which could impact on the functioning and development of the person.

The most important thing to remember is that every person's seizure activity is different and that every person experience living with epilepsy differently from another person and that one should never generalize when talking about epilepsy.

Factors to diaries for future medical consideration:

- Seizure frequency and impact
 - Possible side effects of anti-convulsants
 - Psychosocial impact of living with epilepsy
- If any marked behavior change is noted in the person with epilepsy the parents, teachers, family and friends should immediately investigate and address the situation in a supportive manner.

These simple guidelines should assist parents, teachers, family members and friend to support the person with epilepsy:

- Emphasise what the person can do, not what he or she cannot do while at the same time taking sensible precautions
- Treat the person like all other.
- Help the person integrate into as many social activities as possible, helping to develop the required social skills like all other
- Do not over - protect .
- Do not make the person/child or his / her condition the centre of attention or every discussion

■ Do not blame the child/person or the epilepsy if the family experiences difficulties

Outlook for the future

The prospect of seizure control by means of anti-epileptic drugs is positive for many with epilepsy. This however depends on the type of epilepsy / seizures the person has. It is recommended that all role players in the child's life work hand in hand with the neurologist in respect of the medical treatment plan and towards supporting them to try and obtain seizure control and maintain quality of life. To assist in achieving this everybody should ensure that they have sufficient knowledge about epilepsy. Very importantly, every person should know what to do and what not to do during a seizure.

What to do during a seizure

Do...

- Remain calm and note the time
- Clear a space around the person, prevent others from crowding around
- Loosen tight clothing / neckwear. Remove spectacles.
- Cushion the head to prevent injury
- Put person into shock recovery position (i.e. roll person into his / her side, top leg bent, bottom arm slightly extended)
- Wipe away excess saliva to facilitate breathing
- Reassure and assist until person has recovered or become re-orientated
- Allow the person to rest / sleep is necessary – cover with a blanket.
- Note the



duration of the seizure and the time it took place. Provide this information to the person who had the seizure after the person has recovered fully, in order for him / her to record the information in his / her seizure diary.

Do Not...

- Restrict or restrain the person's movements.
 - Move the person unless the person might hurt him / herself or is in immediate danger (i.e. in a busy road)
 - Put anything between the person's teeth or in the person's mouth
 - Give anything to eat or drink during the seizure
 - Give extra anti-convulsants, unless stipulated to do so by the neurologists
 - Call a doctor
- or an ambulance unless the person has injured him / herself badly or the seizure lasts longer than 6 minutes, or the person has repeated seizures without recovering.
- Should someone in your family or a friend experience a seizure you firstly need to consult a medical practitioner (preferably a neurologist) in order to obtain a diagnosis. Should the person be diagnosed with epilepsy you, all the friends and family members of that person and the person him / herself needs to learn more about the condition, in order to accept the diagnosis and carry on with life.
- You can call Epilepsy South Africa for supportive and information

services. Epilepsy South Africa is a Non-Profit Human Services Organisation that renders services to persons with epilepsy and/or other disabilities as well as persons affected by the condition.

To contact your closest epilepsy South Africa branch please call: 0860 EPILEPSY 0860 374537

Your call will automatically be routed to the closest Epilepsy South Africa Branch. You can also send an e-mail to: info@epilepsy.org.za Or visit the web-site: www.epilepsy.org.za Or contact the National Office at: Tel:021 – 447 3014, Fax:021 – 448 5053

Project Marketing Contact Marianna Truter

Tel. 082 532 4798 or visit our website: www.ufs.ac.za/voc

e-mail: voicesofchange.md@mail.uovs.ac.za



vanaf /7

Die ogies mag opwaarts draai, maar mag flikkering van die ooglede plaasvind en soms ook geringe rukbewegings van die handjies.

Onbehandelde afwesighedsaanvalle vind tipies herhaaldelik, soms honderde kere per dag plaas. Dit mag inmeng in die kind se skoolwerk en soms verwar word met dagdromery. Hierdie aanvalle word tipies uitgelok deur die pasiënt te laat hiperventileer en 40% word ook deur fotiese stimulasie uitgelok. Omdat hierdie

aanvalle gewoonlik so baie maal per dag voorkom, is die stelling onlangs gemaak dat "reporting that a child has some absences per week means that either the majority of episodes are being missed, or that the diagnosis is wrong.

WAT IS DIE PROGNOSE VAN EPILEPSIE?

Na 'n eerste enkele epileptiese toeval sal ongeveer 50% van alle pasiënte herhaal episodes kry, veral as die EEG abnormaal is of daar onderliggende

brein patologie is. Dit was voorheen standaard praktyk om pasiënte net te begin behandel na twee of meer aanvalle. Dit word egter al meer algemeen om na die eerste aanval te behandel, soms wel net vir "n beperkte periode van 6-12 maande. In praktyk word meeste gevalle op individuele basis hanteer.

Die prognose vir die beheer van aanvalle is oor die algemeen goed. Studies het aangetoon dat 70-80% van alle pasiënte wat epilepsie onttrek kan word. "n

Minderheid van pasiënte (20-30%) sal chroniese epilepsie ontwikkel; veral die waar die epilepsie simptome van aard is (Bv. na hipoksiese breinskade), waar meer as 1 aanval tipe gevind word, waar meegaande leerprobleme is, of ander neurologiese probleme. ("Bad epilepsy occurs in bad brains")

VEROORSAAK EPILEPSIE BREIN-SKADE?

'n Kontroversiële area in epilepsie is die vraag of toevale op

sigself neuronale skade kan veroorsaak – en die antwoord is waar-skyndik nie. Dit is al gesuggerer dat chroniese epileptiese ontladings aanleiding mag gee tot sekondêre epileptogenese (Sg. "kindling") In sommige eksperimentele diere modelle lyk dit of dit wel die geval mag wees, maar soortgelyke bewyse bestaan nie in mense nie, in wie die hipotese moeilik is om te bewys. Dit lyk ook "kindling" baie moeiliker is in meer ontwikkelde diere (bv.

primate). Dit word tans gemeen dat kort, ongekompliceerde aanvalle geen permanente of progressiewe neurologiese disfunksie in mense veroorsaak nie. Verlengde algemene tonies-kloniese aanvalle (sg. status epilepticus) is egter geassosieer met 'n hoë neurologiese morbiditeit en mag aanleiding gee tot permanente breinskade, maar hier is ook dan verskeie sistemiese faktore ter sprake, wat kan bydra.

WORLD ACHIEVERS WITH EPILEPSY

Editor: Prof André Claassen

VINCENT VAN GOGH LIVED WITH EPILEPSY



Van Gogh was born on the 30th of March 1853 in Groot-Zundert (Holland) and died on the 29th of July 1890 in Auvers-sur-Oise (France). A 19th-century painter, Van Gogh is almost as famous for his mental instability as for his vivid paintings. His career as an artist lasted only 10 years and coincided with frequent bouts of depression and anguish; in a famous 1888 incident he slashed off his left earlobe with a razor. He died a pauper 2 days after shooting himself in the chest with a pistol, having sold only one single painting in his lifetime – a far cry from the millions paid for his work after his death. For the largest

part of his life, Van Gogh was financially supported by his brother, Theo. Van Gogh lived with focal epilepsy accompanied by simple focal and complex focal seizures. A difficult, protracted birth, pronouncedly abnormal behaviour in childhood but normal intelligence, and focal and possibly also secondary generalized epileptic seizures points to the temporal region as the focus of the epileptic activity. It is also possible that there was a genetic tendency to epilepsy in the family as evidenced by indications that van Gogh's mother's sister, his brother (Theo), and his nine years younger sister Wilhelmine also experienced epileptic seizures for a time. It will never be known in how far the therapy-resistant seizures played a role in van Gogh's decision to commit suicide. However, the painter's letters reveal that his seizures were a source of great suffering for him. His last words, spoken to his brother on his deathbed, enable us to guess some of the tragedy

he himself felt about his life which had been so full of misfortune and disappointment: 'Sorrow is eternal'.

A CHAOTIC LIFE YET FILLED WITH BRILLIANCE

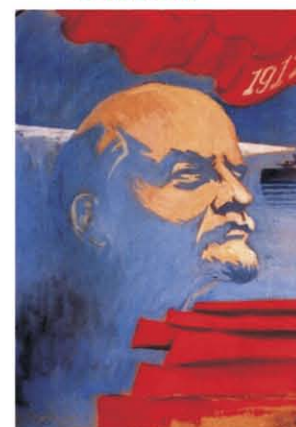


Napoleon Bonaparte The life and times of Napoleon Bonaparte was nothing less than chaotic, yet filled with brilliance. Napoleon was born on the 15th of August 1769 in Corsica and past away on the 5th of May 1821 on St Helena. Following a series of successful battles, Napoleon aspired to the highest office in France and came to believe in his own superiority, to the extent that he crowned himself as emperor by placing the crown on his own head. The downfall of Na-

poleon lies in his Russian campaign which resulted in his first exile to the island of Elba. Following his escape, he again rallied the French army and engaged the British forces at the Battle of Waterloo resulting in his ignominious defeat and his banishment to St Helena where he died. Reports about Napoleon's epilepsy include one by Talleyrand in 1805 ("He sighed and frothed at the mouth, he had the type of convulsions which stopped after a quarter of an hour..."). An anecdote taken from one of Napoleon's biographies (published as early as 1838) states: "From his youth, he had epileptic fits. When he was at school in Paris, he had to eat on his knees as a punishment for insubordination, but he had such a huge seizure that they had to let him off." And in the memoirs of the imperial chamberlain Constant, in the entry dated 10 September 1804, we can read that during the previous night the emperor had 'had a severe nervous

shock or epileptic seizure, which he is afflicted with.'

LENIN: SOVIET UNION



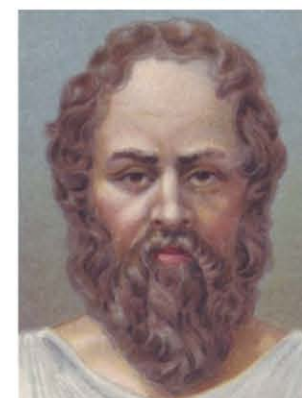
Lenin was a driving force behind the Russian Revolution of 1917 and became the first great dictator of the Soviet Union. After his brother was executed in 1887 (for plotting to kill the Czar), Lenin gave up studying law and became a full-time revolutionary.

Vladimir was born on 22 April 1870 in Russia and died 21 January 1924 at Gorky near Moscow. His preserved body is on permanent display at the Lenin Mausoleum in Moscow. He studied Karl Marx and formed workers' groups, but was arrested and exiled to Siberia in 1895. In 1900 he went to Europe, and in 1903

he led the Bolsheviks in the split of the Russian Social-Democratic Workers' party. When revolution broke out in Russia in 1917, he led the Bolsheviks to control the government. Lenin had complete political control over the Union of Soviet Socialist Republics (U.S.S.R.) until his death, and is remembered as the man who put Marx's ideas to practical use.

Lenin's final year was characterised by neurological decline and loss of function. In his last few months, he developed epilepsy. His seizures worsened and he died in status epilepticus, which had lasted 50 minutes.

SOCRATES GREEK



Socrates was an ancient Greek

continue /12



REGISTRATION AS A VOC MEMBER

NGODISO YA VOC KEYA BATHO

REGISTRASIE AS VOC LIDMAAT

VOICES OF CHANGE, PO BOX 38425, LANGENHOVENPARK, 9330



APPLICANT DETAILS / AANSOEKER BESONDERHEDE / DINTLHA TSA MOIGODISI (PERSON WITH A DISABILITY) / (PERSOON MET 'N GESTREMDHEID) / (MOTHO YA NANG LE BOQHWALA)				Do you have any difficulty joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can? Ondervind u dit moeilik om deel te neem aan gesamentlike aktiwiteite in u gemeenskap. Na o na le bothata bo itseng ba ho nka karolo diketsahalong tsa setjhaba (mohlala meketens, bodumending kapa diketsahalong tse ding) ka tsela e tshwanang le ya batho ba bang?							
Full Names Volle Name Mabitso ka botla				☐							
Surname Van Fane											
Title Titel Thaetle		Marital status Huwelikstatus Boemo ba tsa lenyalo		PARENT OF A PERSON/S WITH A DISABILITY/TIES OUER MET 'N KIND/ERS MET 'N GESTREMDHEID/HEDE MOTSWADI ADI WA MOTHO/BATHO YA/BA NANG LE BOQHWALA							
ID number ID-nommer Nomoro ya ID		Gender Geslag Male Manlik Botona Female Vroulik Botshehadi									
Residential Address Woonadres Aterese ya bodulo poso		E-mail address E-pos adres Aterese ya imeile		Postcode Poskode Khoutu ya		Education Opvoeding Thuto		Marital status Getroude status Boemo ba tsa lenyalo		Employment Werkzaamheid Tsa shebetso	
Postal address Posadres Aterese ya poso		Cellphone Selfoon Nomoro ya selefounu		Postcode Poskode Khoutu ya poso							
Date of birth Geboortedatum Letsatsi la tlhaho		Occupation Beroep Mosebetsi		No schooling Geen skoolopleiding Ho se be le thuto ho hang		Married Getroud O nyetse/O nyetswe		Employed fulltime Werkzaam voltyds Mosebeletsi wa sarus l /nako e telele			
Please tick ☒ the applicant's preferred method/s of communication Merk asseblief ☒ die aansoeker se voorkeur metode/s van kommunikasie Jwaloka moingodisi, tshwaya ka ☒ mokgweng wa dipuisano wa kgetho ya hao				Primary school Primêre skool Thuto ya motheo		Living together Woon saam Ho dula mmoho		Unemployed Werkloos Ho se sebetse			
English ☐		Afrikaans ☐		Sesotho ☐		High school Hoërskool Thuto e phahameng		Never married Ongetroud Ho se nyale/nyalwe ho hang		Entrepreneur Entrepreneur Rakgwebo	
Telephone Telefoon Thelefounu		Email E-pos Imeile		Mailing Pos Poso		Certificate Sertifikaat Setefikeiti		Widower/widow Wewenaar/wedevrou Mohlolohadi		Employed part-time Werkzaam deelyds Mosebeletsi wa nakwana	
Symbols and pictures Simbole en prente Matshwao le ditshwantsho		Braille Braille Mongolo wa Braille		Audio Klank Modumo		Diploma Diploma Diploma		Divorced Geskei O hladike/hladike			
Deafblind signing Doof-blind gebare Puo ya ditholo le difofu		Finger spelling Vingerspel		Sign language Gebaretaal		Degree Graad Dikri		Missing Vermis Lahlehile			
Large print Groot druk Mongolo o moholo Other (please specify) Enige ander metode (spesifiseer asseblief) Mekgwa e mens (ka kopo hlaos)		Total communication Volle kommunikasie Puisano ka botlalo		SMS texting SMS teks Puisano ka SMS		Postgraduate Nagraads Thuto ka mora dikri					
WHEN WERE YOU DIAGNOSED WITH A DISABILITY/TIES? WANNEER IS U MET 'N GESTREMDHEID GEDIAGNOSEER? HO HLAHELLETSE NENG HORE O NA LE BOQHWALA?				Education Opvoeding Thuto		Marital status Getroude status Boemo ba tsa lenyalo		Employment Werkzaamheid Tsa tshebetso			
Birth Geboorte Tswalo		Age Ouderdom Dilemo		No schooling Geen skoolopleiding Ho se be le thuto ho hang e telele		Married Getroud O nyetse/ O nyetswe		Employed fulltime Werkzaam voltyds Mosebeletsi wa sarus l/nako			
Autism Outisme Bothata ba ho kopana le batho		Disabling hearing impairment (deafness) Gehoorgestremd (doofheid) Do you have difficulty hearing, even infusing your hearing aid? Bothata (Na o ntse o na le bothata ba kutlo le ha o sebedisa dithusa-kutlo?)		Primary school Primêre skool Thuto ya motheo		Living together Woon saam Ho dula mmoho		Unemployed Werkloos Ho se sebetse			
Visual impairment (blindness) Gesigsgestremd (blindheid) Bofofu		Speech impairment Spraakgebrek		High school Hoërskool Thuto e phahameng		Never married Ongetroud Ho se nyale?		Run or do any kind of business, big or small, for yourself or with one or more partners Doen u enige besigheid van watter aard ookal, klein of groot, vir uself of met ander vennote? Ho na le kgwebo eo o e etsang e kgolo/ nnyane, o le mong kapa le motho e mong			
Do you have difficulty seeing, even if wearing your glasses? Is dit vir u moeilik om te sien tenspyte daarvan dat u 'n bril dra? Na o ntse o na le bothata ba pone le ha o sebedisa diborele?		Do you have difficulty remembering or concentrating Is dit vir u moeilik om te konsentreer of dinge te onthou?		Certificate Sertifikaat Setefikeiti		Widower/widow Wewenaar/wedevrou Mohlolohadi		Employed part-time Werkzaam deelyds Mosebeletsi wa nakwana			
Do you have difficulty walking or climbing steps? Is dit vir u moeilik om te stap of om trappe trappe te klim? Na o na le bothata ba ho ysamaya kapa ho hlwa ditepise?		Do you have difficulty because of a physical, mental, or emotional health condition, communicating, (for example understanding or being understood by others)? Is dit vir u moeilik as gevolg van 'n fisiese,geestelike of emosionele toestand om te kommunikeer met ander of om verstaan te word? Na o na le bothata ba dipuisano kapa hore batho ba utlwisise seo o se bolelang, ka lebaka la boqhwa mmeleng, kelellong, kapa yshetiso ya maikutlo?		Diploma Diploma Diploma		Divorced Geskei O hladike/hladike					
Do you have difficulty with self-care, such as washing all over or dressing? Het u enige probleem met self-versorging, soos bad of stort en om u self te klee? Na o na le bothata ba ho tlhokomela, jwaloka ho ithapisa hohle mmeleng kapa ho ikapesa?				Degree Graad Dikri		Missing Vermis Lahlehile					
				Postgraduate Nagraads Thuto ka mora dikri							



South African achievers with epilepsy

■ **MAGTELD SMITH**

VUSI MAHLASELA

Vusi Sidney Mahlasela Ka Zwane was born in Lady Selbourne, Pretoria in 1965 and grew up in Mamelodi, a township famed as a cradle of culture and well known musicians. Vusi never knew his father, lost his mother at a young age, and was raised by his maternal grandmother. The young Vusi began to teach himself to play on a homemade guitar (a remarkable instrument made of tin cans and fishing line) and was a seasoned

performer by the age of seventeen. He started writing his own music and lyrics focusing on the themes of political and social significance. An accomplished guitarist, percussionist, composer, arranger, band leader and performer. Vusi now enjoys an ever-growing following that spans worldwide. In his home country of South Africa, Vusi is fondly known as "The Voice". Vusi's music is featured in the Oscar-winning South African film "Tsotsi" and he has acted as a spokesperson for people

with epilepsy and has become a local role-model for children and youth with epilepsy.

SOUTH AFRICAN CRICKETER LIVES WITH EPILEPSY

Jonathan Neil (Jonty) Rhodes was born 27 July 1969 in Pietermaritzburg (South Africa). He was a South African cricketer, who was especially noted for his feats whilst fielding. A right handed batsman, he represented the South African national side in both the Test match and one-day international forms of the game. ■

Hearing Impaired and vision Impaired



Morena Sello Monnanyane, Senior Admin Clerk, Admissions section

Universitas Hospital, communicating with Magteld Smith at the Faculty of Health Sciences with the assistance with Marianna Truter. Patience, patience, patience.

With patience people with different disabilities can communicate!!!!

■ **from /10**

philosopher who is widely credited for laying the foundation for Western philosophy. This great philosopher was born 469/470 BC in Ancient Greece, known today as Athens and died 399BC in Athens. As an old man, he fell into grave disrepute with the Athenian state powers, and was commanded to stop his public disputes, and his associations with young aristocrats. He carried on as usual. Finally, he was arrested and accused of corrupting the youth, inventing new deities (heresy), and disbelieving in the divine (atheism). According to traditional accounts, he was sentenced to die by drinking poison. Presented with an opportunity to leave Athens, he believed it

would be more honourable to stay in his home country. Therefore, at the age of 70, he drank the hemlock and died. It is speculated that his demonian was a simple partial seizure and that he had temporal lobe epilepsy.

The most influential men in world history:

GAIUS JULIUS: CAESAR: ROMAN



Gaius Julius Caesar
Born 12/13 July 100 BC in Rome and died 15 March 44 BC in

Rome was a Roman military and political leader and one of the most influential men in world history, widely considered to be one of the foremost military geniuses of his time. He was also a brilliant tactician and politician, and one of the ancient world's strongest leaders.

After assuming control of the government, he was proclaimed dictator for life. Marcus Julius Brutus (Caesar's friend) conspired with others to assassinate him.

Julius Caesar had four documented episodes of what were probably complex partial seizures. He may additionally have had absence seizures in his youth. There is family history of epilepsy amongst his ances-

tors and descendants. Some Roman authors linked Caesar's epilepsy to cerebral sclerosis, while others attributed it to alcohol. This would suggest that in ancient Rome a distinction was already being made between the 'genuine falling sickness' and a symptomatic type of epilepsy. ■



THE VOC TEAM

Prof André Claassen: Editor / Project Manager

Prof Riaz Seedat: Project Coordinator

Mr Frans Makhele: South Sotho Translator

Magteld Smith: Medical/Social Researcher

Marianna Truter: Project Marketing

Andrelise Meiring: Layout and Graphics



Spangenberg Zietsman & Bloem

Prokureurs Notarisse Transportbesorgers/ Attorneys Notaries Conveyancers

Tel. 051 409 5001, Sewendestraat6, Arboretum, Bloemfontein