

Aug / Sept 2009

VOICES OF CHANGE



Transformation for PEOPLE with disabilities

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DEAF AWARENESS



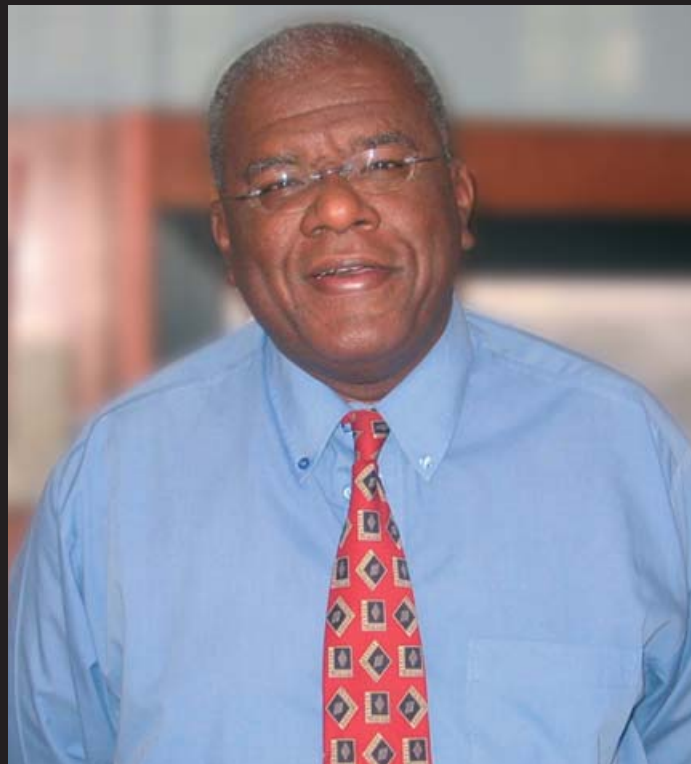
The Vision of VOC is that we live in a community where people with disabilities can participate on an equal basis.

VOC is a non-political, non-religious, non-governmental and non-profit-making organisation in partnership with the University of the Free State, voices of people with disabilities, parents and different academic disciplines writing about their news and views.

READ US, RECYCLE US, IF YOU HAVE A DISABILITY-REGISTER WITH US OR
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University of Free State VOC & MTN create 'intelligent environment' for people with disabilities in Africa

VOC in partnership with MTN will make a greater effort to provide access to communication technology for people with disabilities



Prof Jonathan Jansen , Rector of the University of the Free State



Prof André Claassen, Chief Specialist, Department of Otorhinolaryngology, UOFS

• Correspondent

Prof André Claassen of the University of the Free State , Voices of Change (VOC) project from the Department of Otorhinolaryngology (Ear, Nose and Throat) and MTN bring together a revolutionary project in telecommunication technologies for people with disabilities.

This is the first project in the history of Africa designed to meet the needs of people with disabilities in the sense that it is an absolute affordable cell-phone contract package, including a free handset, airtime, sms and mms.

Prof Claassen said: "This is what you call an "intelligent environment" for the transformation for people with disabilities in South Africa." We are taking the leadership to "walk the talk" together with Prof Gert van Zyl,

Acting Dean from the Faculty of Health Sciences.

The main aim is to give affordable and equal services that are accessible to people with disabilities.

The emphasis is on presenting current services and how they are likely to evolve in the future to demonstrate what the potential impact could be on people with disabilities.

Magteld Smith, a person with disabling hearing impair-



ment submitted since 1999 submissions to various national and provincial government departments and telecommunication companies for the transformation of telecommunication methods for people with disabilities. "It all end up falling on deaf ears"

she said, but UFS, VOC and MTN demonstrates that partnership allows people to attain significant results. It is clear that the Rector believes that you can succeed best by helping other to succeed, Smith said. ■

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VOC bids Prof Letticia Moja goodbye ...



Prof Letticia Moja and Prof André Claassen

• Magteld Smith

VOC held a farewell function for the Dean of the Faculty of Health Sciences, Prof Letticia Moja. Prof. Moja has resigned from her position to take up the post of Principal and Deputy Vice-Chancellor at the University of Limpopo, MEDUNSA Campus as from the 1st of August 2009. In his speech, Prof André Claassen highlighted some lighter moments, but also focused on the achievements of Prof Moja by mentioning the growth of the project during this time. During the farewell function, a portrait of Prof Moja by artist Simon Ndaba was given as a "long life partnership-present and agreement". VOC wishes her all of the best with her new endeavours. ■

46 Jaar se ondervinding in die veld van die kind met gehoorgestremdheid

• Magteld Smith

Dr. Johan Hamilton was skoolhoof van die bekende De la Bat vir Dowes sedert 1976. As oud-onderwyser van die skool was hy bekend met die omstandighede van die kind met gehoorgestremdheid. Die jare wat hy aan die Universiteit van Stellenbosch en die Kinderleiding –Kliniek verbonde was, het hom met die nuutste ontwikkelinge op die gebied van gespesialiseerde onderwys toegerus. Hy was dus goed toegerus vir sy nuwe taak, wat hy met groot entoesiasme en ondernemingsgees aangepak het. Altesaam het Dr. Hamilton 46 jaar se kennis oor die gehoorgestremde kind op feitlik alle terreine.

Projekte wat deur sy voorgangers gevisualiseer is maar wat nog hangende was, het Dr. Hamilton verder gevoer en afgehandel met groot sukses.

Dr. Hamilton het geglo aan akoestiese apparaat en toerusting en geen leerder in die skool was ooit sonder gehoorapparaat tydens skoolonderrig ongeag die klassifikasie van die gehoorgestremdheid van die leerder toegelaat nie.

Verder is daar baie selde gehoorgestremdes met geen hoorreste. Dr. Hamilton en sy span het geglo om die geringste hoorreste maksimaal te ontwikkel. Gehoorgestremdes kan vibrasies d.m.v. gehoorapparaat optel wat dan help met die ontwikkeling van hoorreste.

Daarom is dit nie vreemd dat die kind met 'n gehoorgestremdheid klavier, trompet, dromme en ander musiekinstrumente bespeel nie. Hierdie is alles tegnieke wat help om hoorreste maksimaal te ontwikkel. ■

Transformation for PEOPLE with disabilities

Watch Your Words

• Prof André Claassen



It is important to maintain natural language when interacting with people with disabilities. Some common usages are encouraged by the

World Health Organization. Useful short definitions are:

- impairment - the functional damage
- disability - the restriction of normal activities
- handicap - the resulting social disadvantage
- Fuller descriptions are:

Impairment

This denotes any loss or abnormality of bodily function, whether physiological, psychological or anatomical.

This can include brain lesions, loss of a limb, hearing or damage to or malfunction of organs. When speaking of impairment, the accent is on the organic or medical problem.

Disability

Generally, a disability is a restriction or lack of ability to perform an activity in a normal manner, resulting from an impairment. The emphasis is on the practical problems faced in the performance of activities.

Handicap

Handicaps are the social, behavioural and psychological consequences of disabilities. They are the disadvantages facing the individual resulting from an impairment or disability which limits or prevents them from fulfilling a normal social role of someone of their age, sex and culture. When talking

about people with disabilities, please keep in mind the following guidelines which promote the fair and accurate portrayal of people with disabilities.

In conclusion:

Avoid stereotypical or stigmatising depictions of people with disabilities.

Avoid phrases and words that demean individuals with disabilities.

Promote the "people first" concept, i.e. not "disabled person" but "person with a disability".

Portray people with disabilities in the same multidimensional fashion as others. ■

• Prof Gert van Zyl



Prof G van Zyl, Acting Dean, Faculty of Health Sciences

As part of "Voices of Changes (VOC)" initiative, we need to hear your voice to transform our beautiful country's view on disability in the medical-social context. ■



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Belastingkorting vir adverteerders en skenkers ingevolge Artikel 18 van die Inkomstebelastingwet.



No one can see my disability

Early hearing loss is an emergency in SA

• Prof André Claassen

The birth of a child is an exciting, life changing event. A beautiful new baby comes into your home, family and neighbourhood. It is time for joy and celebration.

Genetic or acquired severe disabling hearing loss prior to speech development (prelingual hearing loss) is

estimated to occur in between, .5 and 5% per 1000 births.

A. GENETIC

Fifty percent of early childhood hearing loss is genetic in origin. Of these 30% will be part of a syndrome (also other congenital abnormalities) and 70% will be non-syndromic (not necessarily other congenital abnormalities). Fifteen percent

are strongly inherit (affected family members) but the majority do not have affected family members. However, they can occur with intermarriage of distant family members.

B. PRENATALLY

Acquired early hearing loss can occur prenatally (before birth) and/or postnatal (after birth).

1. The important causes before birth are due to infections such as



Toxoplasmosis, German measles (rubella), Herpes and Cytomegalic virus. Maternal conditions such as Toxaemia of pregnancy, Diabetes mellitus and renal disease are regarded as high risk situations. Drugs taken by the mother can cross the placenta and affect the foetus.

2. With and immediately after birth (peri-natal) prematurity lack of oxygen and birth trauma are important causes. Pathological jaundice (from day one) can also cause hearing impairment as well as other serious conditions of the brain.
3. Post-natal: (Early and later childhood)
 - Post-natally the important causes of hearing loss are fluid accumulation in the middle ear (glue ears) and chronic bacterial infection resulting in damage to the middle ear and tympanic membrane (ear drum)
 - Viral infections play an important role post-natally. Mumps, measles and German measles can result in severe hearing loss. Fortunately this usually occurs on one side only.
 - Head injuries with fractures through the cochlea (inner ear) can result in total permanent hearing loss.
 - Serious infections like meningitis can result in total deafness on both sides. This includes meningococcal and tuberculosis meningitis.
 - Medication for serious non-ear related conditions can cause severe hearing impairment. Amino glycosides (medication often used for TB and early post-natal infections) are usually the main culprits. Ototoxic ear drops can cause severe hearing impairment.
4. Idiopathic: Up to 25% of cases we do not know what caused the hearing loss, but it is probably due to viral infections. ■

Doofheid: Die andersoortige gestremdheid

• Dr. Johan Hamilton



Wanneer daar na hierdie alledaags-roerkommerde belemmering gekyk óf oor besin óf oor verstaanbaarmaking vertel óf geskryf word, is dit belangrik

om die volgende kernpunte as uitgangspunt te aanvaar.

- Doves is anders maar nie minder nie.
- Doves se beperkings is oorkombaar/omseilbaar omdat hulle oor dieselfde verstand en liggaamlike vermoëns as die mense in die gewone samelewing beskik.
- Doves se leefwêreld is verskillend van gestremdhede wie se belemmering hulle afsny van dinge - doves word afgesny van mense en die gepaardgaande leerwêreld van interaktiewe kommunikasie.
- Doves is nie dom omdat hulle "stom" of soms moeilik praat en nie so maklik verstaanbaar is nie.
- Doves het hulle al self bewys op akademiese, sosiale, kulturele en sportvlakke binne

hulle eie georganiseerde strukture en mits hulle die geleentheid gegun word en/of genoeg waardeer word om nie uitgesluit te word voordat hulle nog hulle vernuf en bekwaamheid kon bewys het in die "horende" wêreld nie.

- Doves is meesal beter vakmanne en motorbestuurders omdat die bedrywighede in 'n sigwêreld plaasvind en hulle deur eie ervaring en/of toeganklike demonstrasie en verduidelikings gesnap het wat van hulle in die besondere situasie, wat vernugtigheid veg, kan funksioneer.
- Doves en die onderwys en opleiding van hulle is seker van die mees uitdagende kreatief vergende aktiwiteite en opvoedkundige take waarin 'n ouer en beroepkundige hulle kan bevind. Terselfdertyd is dit van die mees vervullende aksies waarby 'n mens betrokke kan raak omdat jy die gevoel kry en die wete het dat as jy vir 'n dove een woord geleer het of een voorbeeld kan gee, mens heel dikwels die wêreld vir hom oopmaak as hy/sy net verstaan. ■

Invitation to all graduates with disabilities

Since 1996, the employment situation of persons with disabilities are investigated. To help

micro and macro organisations, government and the corporate world with this process, VOC would like to provide such responsible citizens with a database of graduates with disabilities. It would be highly appreciated if people with disabilities could forward their CV's to voicesofchange.md@ufs.ac.za. We are focusing on both unemployed and employed persons with disabilities to contribute to the transformation for people with disabilities. ■

We are in the process of collecting true stories of funny moments experienced by people with disabilities. As we all know, often very strange or embarrassing things happen to us.

We want to appeal to Voices of Change readers who have a story to share to send us an e-mail. We need original stories that have never been published in any form before.

We also would need written permission that we may use and publish your story. People may stay anonymous if they would prefer not to have their names published. We are interested in the facts and the emotions of what happened and therefore people do not need to be concerned about any language mistakes in their mails. We shall appreciate any contributions.

VOC Team ■

Funny stories wanted



Die geleentheid van 'n leeftyd open 'n leeftyd van geleenthede.

By die Universiteit van die Vrystaat se Fakulteit Ekonomiese en Bestuurwetenskappe is jy nie net 'n nommer nie. Jy is 'n individu met 'n toekoms. En nie sommer enige toekoms nie. Ons sal jou help om die beste te wees en as ons met jou klaar is, sal die wêreld aan jou voete wees. So waarvoor vag jy? Kontak ons vandag nog.



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Early detection of hearing loss

• Prof André Claassen

The early detection of hearing loss is the most important aspect in the management of severe disabling hearing loss. The earlier the better the outcome with rehabilitation be it with hearing aids or after cochlear implantation. This offers the best chance of getting the child into the mainstream education. Our youngest cochlear implant baby was 8 months old at the time of surgery.

"Can your baby hear?" should be the question that every mother should be aware of. Awareness is the secret and all individuals who deal with babies should be sensitive to the possibility of hearing loss which can occur in up to 4 out of 1000 babies born.

There are also high risk factors that can help with early detection of severe hearing loss. Affected family members should alert the parents to the possibility. Any severely jaundiced baby at birth is at risk. Infections of the mother



during pregnancy by the rubella virus (German measles), Herpes, Toxoplasmosis and Cytomegalic viruses should raise suspicion of possible hearing loss. Toxaemia of pregnancy, Diabetes mellitus and drugs taken during pregnancy should be noted. Babies born with abnormalities of the face and ears are also at risk. Any baby who for some reason is admitted to the neonatal intensive care unit should be regarded as a high risk candidate. ■

So wat kan ons doen?

• Prof André Claassen

Dit sou ideal wees om elke baba te kan toets. Ongelukkig in Suid-Afrika is die infrastruktuur nie in plek nie. Party lande het al daarin geslaag. Wêreldwyd is daar al meer as 80 000 kogliëre implantings gedoen in kinders nadat die eerste kind eers in die mid-tagtigs gedoen is. Tot tyd en wyl ons dit kan regkry in SA moet ons ten minste die hoë risiko babas vroeg toets. So sal die meeste gediagnoseer word.

Moet nooit 'n moeder bevraagteken as sy sê haar kind kan nie hoor nie. "DIE MOEDER IS ALTYD REG".

Die tegnologie stel ons in staat om babas vroeg net na geboorte te toets. In die toekoms sal dit heelwaarskynlik voor geboorte reeds moontlik wees. Oto-akoestiese emissies (OAE), Breinstamontlokte potensiaal oudiometrie en deesdae die ASSR (Auditory Steady State Response) stel ons in staat om objektief na die baba se gehoor te kyk sonder die samewerking van die pasiënt. Hulle moet net kan

So what can we do?

• Prof André Claassen

Ideally every baby born in the country should be tested. Is this possible? Yes it is, but only if resources are made available. Some countries have been able to accomplish this. However, until such time that we can do this, we should at least pay attention to high risk patients and test them as soon after birth as possible. In this way most of them will be picked up.

Never overrule parents specifically the mother when they express concern about hearing in their babies "THE MOTHER IS ALWAYS RIGHT".

The technology allows us to test hearing soon after

birth hopefully soon the future even before delivery. OAE's (Oto-acoustic emissions), ABR (Auditory brainstem responses) and ASSR (Auditory steady state response) are all objective ways of assessing the hearing without the patient taking active part in the testing. They just need to be still.

So remember your baby can be tested early. Unnecessary delay jeopardizes the rehabilitation of the child. You do not want your child institutionalised if it is possible to place him in the mainstream. ■



stillê. Hoekom moet jou kind in 'n inrigting beland as hy moontlik in die hoofstroom geplaas kan word? ■

26 Successful Cochlea implants under the leadership of Prof Claassen



Prof André Claassen, Chief Specialist, Department Otorhinolaryngology, UOFS

There's new hope for people with profound and severe hearing impairment in the Free State

• Magteld Smith

Province following a batch of successful cochlear implant operations performed at the Universitas Hospital in Bloemfontein.

All these procedures, estimated to cost about R280 000, have been fully funded by the state over a period of 6 years. A heart by-pass, estimated cost is between R250 000 - R500 000. The cochlear implant programme, established in 2003, is the first of its kind in the Free State, Northern Cape and Eastern Cape. It is run by the Ear, Nose, Throat, Head and Neck Surgery (ENT) Department of the Faculty of Health Sciences of the University of the Free State, Bloemfontein and Speech Therapy and Audiology, in partnership with the Department of Health.

Thabiso Tsoau and Tiffany Buckle, became the first recipients of a cochlear implant at the hospital in 2003.

To date 26 adults and children have undergone successful cochlear implants under the leadership of Prof André Claassen.

When the unit opened its doors to the public three years ago, the hospital was optimistic about the far-reaching effects it would have.

"Through the dedication of the highly trained support staff, in both the ENT and Speech and Audiology, the selected patients will receive the highest level of post surgical care and speech rehabilitation necessary to make the implant a success," said Claassen. ■

Cochlea implant team



• Dr. Iain Butler

Each candidate for cochlear implantation needs to be evaluated

by the relevant members of a cochlear implant team. This always means consulting with an Ear, Nose and Throat Specialist, an Audiologist and Speech therapist. Other specialists that may need to be consulted include a Paediatrician, Psychologist, Social worker and Geneticist. The assistance of a Radiologist is always required to perform CT scan and MRI imaging of the ears. This is necessary

for assessing the inner ear structure and auditory nerves for signs of malformations or damage and in preparation for the surgery.

The findings and opinions of all members of the team are then discussed. Firstly, to assess candidacy, and secondly, to formulate realistic goals which can then be conveyed to the patient and family. The criteria used for selecting suitable candidates are so strict that one can expect 20-50% of patients sent for evaluation not to be implanted. Most candidates will also undergo a period of intensive speech therapy and audiological training with hearing aids before being implanted. This not only rules out the possibility that hearing aids would be sufficient, but also provides the patient and the support group with insight into what the rehabilitation would entail, which also provides for more rapid progress once the device is implanted. ■

Cochlea Implants are no "science fiction"

• Dr. Iain Butler



The cochlear implant is a highly specialized device that converts sound energy into an electrical signal for direct stimulation of the auditory (hearing) nerves. It therefore bypasses the malfunctioning cochlea. This means that the 'sound' that is carried by the auditory nerves to the brain is not the same as the sound that a normal hearing person hears. The recipient of a cochlear implant must therefore undergo a

prolonged process of learning to hear with the CI. For this reason, it is extremely important that any patient who is considered for a CI be properly motivated and have a strong support system in place to cope with this demanding process.

The CI is different from traditional acoustic hearing aids. These amplify sound, which must then pass through the ear canal and middle ear to the inner ear

where it must be processed by the cochlea in the same way as a normal hearing individual. The implication is that a CI can be used in a patient with some residual hearing, but a traditional hearing aid cannot work in a patient with no hearing. The decision on which device is needed is best taken in consultation with one of the CI teams around the country. ■



The new South Africa claims to be colour-blind, but for those with albinism, is this the case?

• Prof Werner Sinclair



Prof Werner Sinclair, Chief Specialist of the Department of Dermatology

Albinism (oculo-cutaneous albinism) is a common, inherited condition of the skin and eyes that is often seen in the Free State. Affected individuals have an inability to make pigment (melanin) in the skin and eyes, leaving them with a very white skin, yellowish hair and very light brown or blue eyes. In some cases the patient may develop dark brown freckles, which can be cosmetically very distressing. Apart from not being able to see normally,

these patients are otherwise completely healthy and normal, with normal intelligence and physical abilities.

The manner of inheritance (recessive) is such that the parents of the affected patient are usually not affected and the birth of the albino baby then comes as a complete surprise.

The biggest problem with albinism is the fact that the skin of these patients have no defence against the sun and sun damage can be seen at a very early age. Precursors of skin cancer are usually already seen in teenagers and invasive skin cancer in early adulthood and even the late teenage years. This is a massive problem and almost all albino patients will sooner or later develop skin cancer. These growths are often multiple, very large and fast growing and are often untreatable and potentially fatal at the time of first diagnosis, especially in people who are also HIV-sufferers.

Advice to albino patients should be aimed at protecting the skin against all forms of sun exposure, from birth to old age, at all times. These people should never go outside without a wide-brimmed hat (a cap is not good enough) or umbrella; long

sleeves should be worn at all times and preferably also long trousers, for both sexes.

Do not rely on sun blocking creams: They make very little difference and are expensive.

Children with albinism should be seen by a dermatology clinic at least once a year so that early skin cancers can be detected and removed. Adults need to be seen every three months for the same purpose. ■

Bosofe (oculo-cutaneous albinism) ke boemo bo tlwaelehleng bo amang letlalo le mahlo, bo bakwang ke lefutso; mme bo atisa ho bonwa Freistata. Bosofe bo etsa hore letlalo le mahlo a motho di se be le bokgoni ba ho etsa mmala o hlokahalang, mme jwale motho a be le letlalo le lesweu haholo, moriri o be mosehla, mme mahlo a be le bosootho bo hlakileng kapa a be bolou. Maemong a mang mokudi (motho ya nang le bosofe) a ka ba le matheba a sootho, a ka bakang tsieleho e kgolo tshbedisong ya ditlalo. Ntle le ho se bone ka mokgwa o tlwaelehleng, bakudi bana ba phela hantle, mme ba phethahetse ka

hohle-hohle, hape ba na le bohlale bo felletseng le bokgoni bo phethahetseng tshebetsonong.

Mokgweng ona wa lefutso, hangata e ba hore batswadi ba mokudi enwa ya amehang; bona ha ba na bosofe, mme ha lesea le hlaha le na le bosofe e ba se makatsang e le ka nnete.

Bothata bo bohlo ka bosofe ke ba hore matlalo a batho ba amehang ha a na tshireletso e lekaneng kgahlanong le letsatsi; mme tshenyo e bakwang ke letsatsi e ka bonahala dilemong tse tlase tsa bongwana. Hangata matshwao a pele a kankere ya letlalo a atisa ho bonahala batjheng, mme kankere ya letlalo e kenelletseng yona e bonahala ha motho a kena bohlong.

Bona ke bothata bo bohlo, mme nakong e itseng; ho ka bonahala bongata ba batho ba nang le bosofe ba ba le kankere ya letlalo. Dipalopalo tsena di atisa ho menahana haholo, mme hape le ka potlako; hape-hape di atisa ho hloka pheko. Athe hape di ka ba kotsi, haholoholo ho batho bao hape ba nang le tshwaetso ya HIV.

Keletso ho batho ba nang le bosofe e ka ba hore ka dinako tsohle ba tshireletse matlalo a bona kgahlanong le letsatsi, ho tloha tlhahong ya bona ho isa

botsofading. Batho bana ba se ye ka ntle letsatsing ba sa rwala katiba e kgolo ya letsatsi kapa ba sa nka sekgele (kepisi hase tshireletso e phethahetseng); hape ka dinako tsohle, ho e motona le e motshehadi, ba ka apara hempe e matsoho a matelele le borikgwe bo botelele. Hantlente banana ba nang le bosofe ho lokile hore ba be le marikgwe feela ba se be le mese. Ba dumellwe ho apara marikgwe ka dinako tsohle, esita le sekolong le hona kerekeng. Sena se ka etsa phetoho e kgolo e le ho fokotsa mathata a ka hlahang hamorao.

Se ka bea tshepo ya hao ditlolong tse thibelang letsatsi; di etsa phetoho e nyenyane haholo, mme hape di turu/ theko e phahameng.

Bana ba nang le bosofe ba ka bonwa ke ngaka tlilining ya tsa saense ya letlalo, bonyane hanngwe ka selemo; e le hore kankere ya letlalo e tle e elelluwe e sa le nako, mme e tloswe. Batho ba baholo bona ba hloka ho bonwa kotara e nngwe le e nngwe e le ho lokisa mabaka a tshwanang le a boletsweng baneng. ■

Pelonomi Private Hospital

Pelonomi Private Hospital is progressive, fully accredited Primary and secondary health care facility and our vision is to develop and implement successful solution in providing quality, affordable healthcare to the people of Heidedal, Mangaung, Bloemfontein and surrounding areas. The hospital's aim is to address the challenges facing South Africa's health system as a whole within the Netcare Public Private Partnership with the Free State Department of Health.

We are currently operating with 87 beds and are certified long term care facility set out as follows:

- 38 Bed General Medical & Surgical ward
- 16 Bed Gynaecology / Obstetric ward
- 10 Bed Day ward
- 11 Bed Paediatric ward
- 6 Bed Neonatal ICU
- 6 Bed ICU/ HCW

Support services rendered by:

- Ampath (Pathology)
- Netcare 911 (Tel 082911) Emergency services
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- Dentist
- Occupational health Therapist
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- 24 Hrs Emergency department
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Our highly qualified nursing personnel are caring for our patients, living the Netcare value.

The following disciplines are offered at the hospital:

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- Ear, Nose & Throat surgeon
- Gastroenterologist
- General surgeon
- Maxillo-facial & oral surgery
- Obstetrician & Gynaecologist
- Orthodontist
- Orthopaedic surgery
- Paediatricians
- Psychiatry
- Physician
- Trauma surgery
- Urologist



For more information regarding the facility and the services rendered at our hospital please feel free to contact us on:

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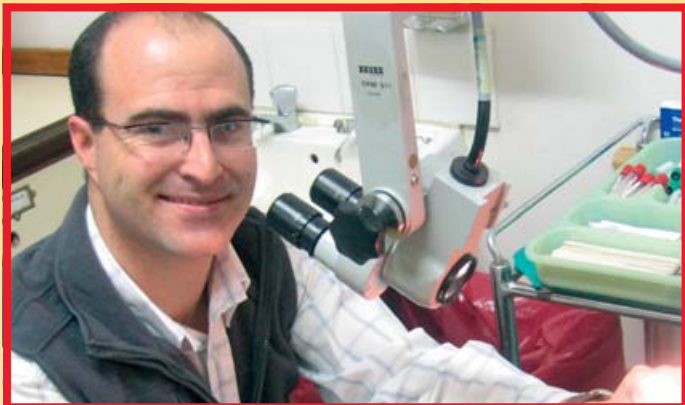
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What is a hearing aid?

• Dr Werner Hoek



A hearing aid is a device that amplifies sound to assist people with a hearing deficit. It consists of a microphone to pick up sounds, a battery-powered amplifier to increase the volume, and a speaker to produce the sound in the ear. Unfortunately, a hearing aid does not restore normal hearing but it assists certain patients with hearing loss, to function as a normal individual in the society. It assists in hearing speech and music and improves communication that is so desperately needed for

normal social and emotional development.

It is the work of the ear, nose and throat specialists and audiologists to decide if a patient will benefit from a hearing aid and what type of hearing aid is necessary for the appropriate hearing loss. Unfortunately so many patients receive their hearing aids but do not use them to their full potential. Extensive pre- and post fitting sessions needs to be attended to give the patient the best chances of success.

Although these devices can give a hearing impaired

patient the possibility to improve their functioning in the society, the costs involved is a major problem. The health department funds only a limited amount of hearing aids per annum. The patients that need hearing aids excel the amount issued by far. This means that long waiting lists need to be implemented. Frequently patients wait for months to years before receiving their hearing aid. Unfortunately it is not only the costs of the hearing aids but also the batteries to power the device, which makes it impossible for most of our patients to use their hearing aids.

If there is any individuals or companies that are willing to make a donation to assist us in this major problem it will be greatly appreciated. For further information, please contact Prof. Riaz Seedat, Dept. Otorhinolaryngology, University of Free State at 051 405 3344.

For more information on hearing aids please visit the following website www.nidcd.nih.gov/health/hearing/hearingaid.asp ■

Doofheid: die gestremdheid waarom die meeste wanopvattinge en mites heers

• Prof André Claassen

Doofheid is vir naïwe waarnemer 'n onsigbare stremming; in realiteit is dit egter 'n ingrypende gestremdheid.

Die onvermoë om die gesproke woord te hoor, belemmer die aanleer van die belangrikste wyses van kommunikasie, naamlik taal en spraak. Die primêre effek van doofheid is dus die beperking van kommunikasie en dit lei tot die ervaring van onbeskryfbare stilte en isolasie wat 'n effek het op elke aspek van die gehoorgestremde kind se ontwikkeling.

Helen Keller, bekende persoon met 'n dowe en blinde gestremdheid, het vele kere genoem dat gehoorgestremdheid erger is as blindheid.

Prof. Wagenfeld van die Universiteit van Stellenbosch maak die volgende stelling: "Hearing loss is arguably the most devastating form of sensory deprivation for the sufferer. Not only does hearing loss interfere with the ability to perceive sounds in the environment, but if present from birth in a severe degree, it also prevents the acquisition of speech and, more importantly, language, unless treated actively and continuously".

Gehoorgestremdheid is 'n onsigbare dog komplekse gestremd-

heid en word beskou as die gestremdheid waarom die meeste wanopvattinge en mites heers. Gehoorgestremdheid het 'n effek op elke ontwikkelingsdimensie van die gehoorgestremde kind; medies, ekonomies, oudiologies, tegnologie, linguisties, opvoedkundig, sosiaal en psigologies. Doofheid, as 'n enkelvoudige gestremdheid, beperk egter nie noodwendig die aangebore potensiaal van die kind nie. Dit bemoeilik wel die ontwikkeling en die benutting van hul aangebore potensiaal.

Faktore wat die gehoorgestremde kind se ontwikkeling kan beïnvloed is eerstens die onvermydelike gevolge van doofheid. Die belangrikste gevolge van doofheid is die beperking van emosionele interaksies, waarneming, taalontwikkeling en kommunikasie. Tweedens het die verskeie sisteme waarbinne 'n gehoorgestremde kind hom/haar bevind, 'n effek op die kind se ontwikkeling.

Dit is dus van uiterste belang om ouers van 'n gehoorgestremde kind asook die kind met die gehoorgestremdheid van vroegaf laat begryp dat daar baie hoop is vir 'n kind wat besef dat hy anders is aangaande sy/haar doofheid, dit erken en gedissiplineer hard werk om die gestremdheid te bestuur. ■

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Microbial Biotechnology
Geographical Information Systems
Physics
Agronomy
Food Biotechnology
Information Technology
Astrophysics
Microbial Biodiversity
Geology
Material Science
Agrometeorology

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Geography
Consumer Science
Animal Science
Geochemistry

Home Economics
Grassland Science
Human Molecular Biology
Mathematics
Irrigation Science





Prof Claassen en sy puik span

Ear, nose and throat (ENT) - EARS POPPING ALL DAY EVERYDAY



**Prof Riaz Seedat
• Helena van Pletzen**

Deafness need not to be experienced as a sentence. There are many options in managing the problem. AWARENESS is the first step in the process of



Dr. Tammy Daniller

development. ear diseases, family history of deafness, inconsistent responses to sound/noise, inconsistent responses to speech, unintelligible speech, speech characterized

A cochlear implantation, or to fit a patient with a hearing aid, does not complete the management of the patient with a hearing loss as regularly monitoring

of patients' hearing levels and adjustment or programming of speech processors for cochlear implants and hearing aids is indicated.



Ms Helena van Pletzen



Leandro Concalves



Prof Louise Louw - Mediese Navorser

The speech therapist has also an important role to play in the rehabilitation of both adults and children with hearing impairment. Before speech and language development can be addressed, the child who was born deaf and who was never before exposed to sound, should "learn" to listen – listening skills should be developed. Addressing speech and language development also includes parent guidance. Parents should be guided on how to stimulate the child to develop speech and language. When the child reaches school age, the speech therapist, in collaboration with other relevant professionals will guide and support the parents with regard to school placement. For adults with a profound hearing loss there is a training program to promote better speech monitoring and to improve communication skills. Academic Institutions and local Provincial Hospitals or Health Clinics can be contacted for information on facilities available for the assessment and management of hearing impairment. The message to all hearing impaired people is that for both adults and children diagnosed with deafness there is a way forward - Utilize all the facilities and support systems available! ■



Dr. Johan Tiedt en Mnr Jan Kock van Fouriesburg

the management of deafness; awareness of deafness if it exists and awareness of what can be done and where to go for professional management. Adults and older children will have the ability to detect a hearing impairment. With babies, toddlers and younger children detection of a hearing impairment is more difficult and the parents or care givers should take special notice if any of the following is present: chronic ear infections or chronic ear diseases, family history of deafness, inconsistent responses to sound/noise, inconsistent responses to speech, unintelligible speech, speech characterized by articulation disorders and a delay or impairment in language



**Celeste Fourie - Friendly PA:
Prof Seedat**

by articulation disorders and a delay or impairment in language development.

Assessment of hearing can be performed at any age, even a very young baby can be tested. The tests to be utilized in a hearing assessment will be different, depending on the age of the patient to be tested. The earlier a hearing impairment in children is identified, diagnosed and accordingly addressed the better the chance for normal speech and language development. Individual factors for example the age of onset of the deafness, at what stage/age it was diagnosed, the extent and degree of the hearing loss and many other personal and individual factors will determine the professional management of the person with deafness,

the chance for normal speech and language development.



Dr. Theresa. Erasmus



**Patient
Tumelo Pule,
M. Titi, MP
Dichaba, M.
Mouare, N.
Monyane,
and D.
Mokoala.
Absent:
Louise Nel.**



Dr. Johannes Claassen



Dr. RB Lesoli en Ntate PJ Metu from Rocklands



Marianna van Heerden



Sophia Concalves



Special message to people involved with children with disabling hearing impairment (deaf)

• Magteld Smith

I want to share my knowledge as a person born with profound deafness the cognitive education and its potential for helping young learners with disabling hearing impairment (DHI) in several ways. It is my opinion that we have two foundations for early childhood education. First is what educators know about the cognitive development of children with DHI, based on recent research; second are intervention programs that have clear potential for helping these children acquire very important thinking strategies to serve them throughout their lives.

As point of departure, we know that for a long time, research identified persons with DHI as having less than full cognitive potential; in the period between the end of the nineteenth century and the 1960's, the research reports (**all done by hearing people!**), used in reference to 'deaf persons' cognition the terms "inferior", "retarded", and "concrete." But in the 1960's a researcher—Hans Furth from The Catholic University of Washington, D.C. and a person outside the field of deafness—finally identified part of the problem; the problem was not with deaf persons' cognition, but rather it was with the type of tests being used. ■

decision for each child will take far more effort and research than is simply assumed—and one of the key challenges for all the role players involve of the child is to help parents of implanted children to realize that each case is unique.

In today's world many DHI children are placed in regular classrooms with hearing peers, despite the fact that specialized education by specially-prepared

environment where she or he must depend on an interpreter. Thus, systematic training for interpreters is essential.

We now know that all children who develop normally—whether they are hearing or deaf, need at some early point in their lives to develop a Theory of Mind—the point at which we become aware that other people have a view of the world that is theirs and not ours. Evidence indicates that the only DHI children who automatically develop a Theory of Mind at the normal point prior around age 5 are those who are the children

of parents with DHI— children with DHI of hearing parents frequently have a delay in this area, perhaps due to their missing a so-called native language. But a Theory of Mind is essential for functioning in the social and intellectual world, and thus for the majority of children with DHI—whose parents are hearing—they must make special efforts at early ages, prior to age 5, to focus explicit efforts to teach this concept of others having thoughts which are independent of one's own. ■



teachers may be the best option for many such children. For DHI children who are placed in regular classrooms with the services of a sign language interpreter, we must recognize that interpreters often filter some detailed information and also sometimes focus only on factual material when higher-level meaning would also be appropriate. This point has a double implication—improved training for interpreters, but also very careful thought when placing a child in an inclusive

Several strategies essential to survive in a hearing world

• Magteld Smith

In preparing children with DHI for living and working in a hearing world, undoubtedly several strategies are essential: formulation of problems, identification of information, evaluation and analysis of information, integration of knowledge, construction of arguments, making decisions, living with ambiguity, and creation of effective communications with others.

Cognitive intervention for children who are hearing impaired, regardless of their communication modality, essential cognitive strategies that will serve them well later in their lives. Cognitive strategies

have important applications in at least three areas: for the learning of school subject matter, for mastering needed skills for the workplace, and for functioning successfully in an adult social-economic world and in solving the problems that life will present.

First, we must in every part of SA have universal newborn screening and not only in some places, and it should be government-supported for widespread implementation; only when we know the facts about an infant close to its birth that parents can make intelligent decisions on education if the child happens to be hearing impaired. ■

Every person with disabling hearing impairment is UNIQUE

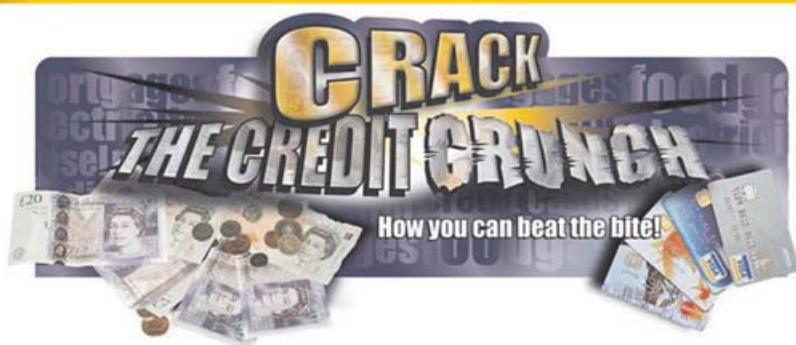
• Magteld Smith

In a time when cochlear implants are becoming ever more common in every country and in every segment of the DHI population, we need to keep in mind the research that clearly indicates thus far that all persons with DHI are UNIQUE—that for some implanted children, an exclusively

oral and aural program is appropriate; but for others, a combination of oral/aural and sign language based education is far more appropriate; and for still others, we need to see whether a primarily sign language-oriented education may still be best for their linguistic, social, emotional, and cognitive development. This



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Never fall into the trap that there is one solution that is best for ALL children with disabling hearing impairment

• Magteld Smith

Second, once we know at an early stage that a child has a hearing loss, we must bear in mind that there continues to be a CONTINUUM of placement options, parents must never fall into the trap that there is one solution that is best for ALL children who are hearing impaired. We know, for example, that some children with a moderate loss will benefit from an oral program; others with nearly the same level of loss will benefit more from a program that is based on signed communication—there are individual differences that must be taken into account. Other children who have a severe hearing loss proved that even

with severe and profound deafness; learners with DHI can obtain University degrees. This already happened since 1968 at the University of Stellenbosch. One student with DHI even received the Eben Donges bursary. A few obtained Masters Degrees from various Universities in SA. It's a tragedy that this students with DHI "disappears in the system" while they should be mentors to other learners with DHI. There are even learners with mild hearing loss that benefit from a signed communication environment. If it happens that the child is self disciplined and motivated with supportive parents, she or he will benefit from auditory training. ■

Spectrum of choices available to children with disabling hearing impairment

• Prof André Claassen

Thus, the need for maintaining viable options with appropriately prepared professionals as staff. It also remains important for critical decisions of this type to be made by a combination of individuals—not only doctors but also parents and educators who represent a spectrum of choices.

The basic message is that ALL young children, including children who are deaf—regardless of whether they use sign language, voice, or both; regardless of whether they have been implanted; regardless of whether they use amplification; regardless of the type of classroom in which they are placed, ; regardless their social and economic status; regardless their culture,—have great intellectual potential. Please, people who are involved with children with DHI put your efforts into helping them to develop their potential fully.

I wish every parent with a child with DHI, specialists, educators, the corporate sector and the public, you the very best in your continuing efforts to make the best possible early childhood education for our learners with DHI into a reality now. Remember, that what is good for the one person is not good for another person. ■



Marius en Heidi Claassens van Bothaville. Albei seuns is gehoor-gestremd. Rugard is 3 en 'n half jaar en MC het 'n koglea implanting ontvang en is "aangesit." Dit was 'n wonderlike gebeurtenis. M.C is 18 maande oud.

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Hearing loss in the elderly

• Prof Riaz Seedat



Many elderly people have hearing loss. Although a person initially only has difficulty hearing high pitched sounds, and may cope by asking people to repeat what has been said and turning up the volume of the radio or TV, the hearing loss becomes progressively worse. It can be a debilitating condition leading to embarrassing situations, frustration, avoidance of group situations, social isolation and depression.

Although hearing loss occurs as part of the normal process of aging, it is essential that patients be assessed to make sure that there isn't a treatable cause of the hearing loss, such as impacted wax in the ear canal, a perforation (hole) in the tympanic membrane (ear drum) or a problem affecting the ossicles (bones for hearing). If these problems, if present, are treated, a significant improvement in hearing can occur. It is therefore essential that the patient be seen by a medical practitioner, preferably an ear, nose and throat specialist.

Patients should then be evaluated by an audiologist who will perform an audiogram (hearing test) to determine the type and severity of the hearing loss, which will aid in determining if a hearing aid is appropriate for the hearing loss that is present and in determining which hearing aid would be the most suitable. Purchasing a hearing aid without a proper assessment is not advisable as the hearing aid may not be suitable for the type of hearing loss present. ■

Voices of Change Corner

Speak for yourself

Write to Letters and Readers' Corner at:

VOICES OF CHANGE, PO BOX 38425, LANGENHOVENPARK, 9330
 OR e-mail: voicesofchangeletters.md@ufs.ac.za

"Dear VOC

I appreciate your time ke rebosela nako ya hao to read this letter. I am Eric Musi from Thaba Nchu. I started to read this newspaper Voices of Change. I read about what is epilepsy. I read about the general etiquette when communicating with people with disabilities. I believe in this newspaper and believe it will help us to reach our dream. I am disabled but GOD love me. I have a dream. I need help. My dream is to drive a bus in 2010 for people with disabilities. I need to help them. God bless Voices of Change. Eric Musi"

"Baie dankie dat VOC ons artikels plaas soos dit is. Vir my as gestremde het dit baie beteken. Ek het weer waardevol gevoel en so baie mense het my erken en gekontak. Ander weer het my nommer by ander gekry en sodoende het ons self 'n ondersteuningsgroep begin. Dit help ook baie om van 'n mens en ander mense met gestremdhede te leer. Mens vergeet ook hoe baie mense daar is met onsigbare gestremdhede soos epilepsie. Groete"

"Uiteindelik! 'n Koerant vir mense met gestremdhede. Dis baie lekker en vol baie inligting. Universiteit van die Vrystaat, ons is trots op julle!! Sien uit na nog."

"Thank you for the inspirational story of Johan Steyl from the Medical Faculty of the UOFS. I survived a serious accident and is still in a mental state. Yes, not everybody understand disability, but talking about it openly helps a lot. Thank you for Prof Claassen, your support, understanding, advice and care are helping our people to live the best life we can."

"Ons het uitstekende terugvoer gekry van ons advertensie in die Voices of Change koerant."
 Fakulteit Regsgeleerdheid: Prof Voet du Plessis

"Daars geen twyfel dat die meriete van hierdie koerant hoog op die agenda lys is, eenparig het ons besluit om VOC te ondersteun."
 Prof Henning
 Fakulteit Regsgeleerdheid

"Ons departement sal alles in ons vermoë doen om VOC te ondersteun. Dit is 'n belangrike projek en kennis is dringend nodig op die gebied van gestremdheid."
 Prof Herman van Schalkwyk
 Fakulteit Natuur- en Landbouwetenskappe

We love hearing from you, so please keep sending in your letters.



REGISTRATION AS A VOC MEMBER

REGISTRASIE AS VOC LIDMAAT

BOINGODISO JWALOKA SETHO SA VOC

VOICES OF CHANGE, PO BOX 38425, LANGENHOVENPARK, 9330

APPLICANT DETAILS / AANSOEKER BESONDERHEDE / DINTLHA TSA MOINGODISI (PERSON WITH A DISABILITY) / (PERSOON MET 'N GESTREMDHEID) / (MOTHO YA NANG LE BOQHWALA)

Full Names Volle Name Mabitso ka botlalo	
Surname Van Fane	
Title Titel Thaetlele	Gender Geslag Bong
Male Manlik Botona	Female Vroulik Botshehadi
ID number ID-nommer Nomoro ya ID	Marital status Huwelikstatus Boemo ba tsa lenyalo
Residential Address Woonadres Aterese ya bodulo	Postal address Posadres Aterese ya poso
Postcode Poskode Khoutu ya poso	Postcode Poskode Khoutu ya poso
E-mail address E-pos adres Aterese ya imeile	Cellphone Selfoon Nomoro ya selefounu
Date of birth Geboortedatum Letsatsi la tlhaho	Occupation Beroep Mosebetsi

PLEASE TICK (X) THE APPLICANT'S PREFERRED METHOD/S OF COMMUNICATION MERK ASSEMBLIEF (X) DIE AANSOEKER SE VOORKEUR METODE/S VAN KOMMUNIKASIE JWALOKA MOINGODISI, TSHWAYA KA (X) MOKGWENG WA DIPUISANO WA KGETHO YA HAO

English	<input type="checkbox"/>	Afrikaans	<input type="checkbox"/>	Sesotho	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Email	<input type="checkbox"/>	Mailing	<input type="checkbox"/>
Telefoon	<input type="checkbox"/>	E-pos	<input type="checkbox"/>	Pos	<input type="checkbox"/>
Thelefounu	<input type="checkbox"/>	Imeile	<input type="checkbox"/>	Poso	<input type="checkbox"/>
Symbols and pictures	<input type="checkbox"/>	Braille	<input type="checkbox"/>	Audio	<input type="checkbox"/>
Simbole en prente	<input type="checkbox"/>	Braille	<input type="checkbox"/>	Klank	<input type="checkbox"/>
Matshwao le ditshwantsho	<input type="checkbox"/>	Mongolo wa Braille	<input type="checkbox"/>	Modumo	<input type="checkbox"/>
Deafblind signing	<input type="checkbox"/>	Finger spelling	<input type="checkbox"/>	Sign language	<input type="checkbox"/>
Doof-blind gebare	<input type="checkbox"/>	Vingerspel	<input type="checkbox"/>	Gebaretaal	<input type="checkbox"/>
Puo ya ditholo le difofu	<input type="checkbox"/>	Mopeleto wa menwana	<input type="checkbox"/>	Puo ka matshwao	<input type="checkbox"/>
Large print	<input type="checkbox"/>	Total communication	<input type="checkbox"/>	SMS texting	<input type="checkbox"/>
Groot druk	<input type="checkbox"/>	Volle kommunikasie	<input type="checkbox"/>	SMS teks	<input type="checkbox"/>
Mongolo o moholo	<input type="checkbox"/>	Puisano ka botlalo	<input type="checkbox"/>	Puisano ka SMS	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>				
Enige ander metode (spesifiseer asseblief)	<input type="checkbox"/>				
Mekgwa e meng (ka kopo hlalosa)	<input type="checkbox"/>				

PARENT OF A PERSON/S WITH A DISABILITY/TIES OUER MET 'N KIND/ERS MET 'N GESTREMDHEID/HEDE MOTSWADI WA MOTHO/BATHO YA/BA NANG LE BOQHWALA

Education Opvoeding Thuto	Postgraduate Nagraads Thuto ka mora dikri	Diploma Diploma Diploma	Degree Graad Dikri	No schooling Geen skoolopleiding Ho se be le thuto ho hang e telele	Primary school Primêre skool Thuto ya motheo	High school Hoërskool Thuto e phahameng	Certificate Sertifikaat Setefikeiti
Marital status Getroude status Boemo ba tsa lenyalo	Never married Ongetroud Ho se nyale/nyalwe ho hang	Living together Woon saam Ho dula mmoho	Married Getroud O nyetse /O nyetswe	Widower/widow Wewenaar/wedevrou Mohlolohadi	Divorced Geskei O hladiile/hladiilwe	Missing Vermis Lahlehile	
Employment Werkzaamheid Tsa tshebetso	Employed fulltime Werkzaam voltyds Mosebeletsi wa saruri/nako e telele	Unemployed Werkloos Ho se sebetse	Employed part-time Werkzaam deeltjds Mosebeletsi wa nakwana	Entrepreneur Entrepreneur Rakgwebo			

PERSON WITH A DISABILITY/TIES PERSOON MET 'N GESTREMDHEID/HEDE MOTHO YA NANG LE BOQHWALA

Education Opvoeding Thuto	Postgraduate Nagraads Thuto ka mora dikri	Diploma Diploma Diploma	Degree Graad Dikri	No schooling Geen skoolopleiding Ho se be le thuto ho hang e telele	Primary school Primêre skool Thuto ya motheo	High school Hoërskool Thuto e phahameng	Certificate Sertifikaat Setefikeiti
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Employment Werkzaamheid Tsa tshebetso	Employed fulltime Werkzaam voltyds Mosebeletsi wa saruri/nako e telele	Unemployed Werkloos Ho se sebetse	Employed part-time Werkzaam deeltjds Mosebeletsi wa nakwana	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			

Visible and Invisible Disabilities



Say it and know your disability vocabulary

• Prof André Claassen

Words to Avoid	Acceptable Words
Abnormal, subnormal (negative terms that imply failure to reach perfection)	Specify the disability
Afflicted with (most people with disabilities don't see themselves as afflicted)	Say "the person has...(the disability)"
Birth defect, also congenital defect, deformity	Say "the person with a disability since birth", "person with congenital disability"
Blind (the), visually impaired (the)	Say "person who is blind", "person with vision impairment"
Confined to a wheelchair, wheelchair-bound (a wheelchair provides mobility not restriction)	Say "uses a wheelchair" or is a "wheelchair user"
Cripple, crippled (these terms convey a negative image of a twisted, ugly body. Avoid)	Say "has a physical or mobility disability"
Deaf (the)	Only appropriate when referring to the Deaf community; say "person who is deaf"
Deaf and dumb (the inability to hear and speak does not imply intellectual disability. Avoid)	Say "hearing impaired"; lack of speech usually results an from impaired hearing
Defective, deformed (degrading terms. Avoid)	Specify the disability
Disabled (the)	Say "people with a disability"; "the disability community"
Epileptic	Say "person with epilepsy"
Fit, attack, spell	Say "seizure"
Handicapped (the)	Say "person with a disability" unless referring to an environmental or attitudinal barrier, in such cases "person who is handicapped by a disability" is appropriate.
Insane (also lunatic, maniac, mental patient, mentally diseased, neurotic psycho, psychotic, schizophrenic, unsound mind and others are derogatory terms. Avoid)	Say "person with a psychiatric disability" or a specific condition .
Mentally retarded (also defective, feeble minded, imbecile, moron and retarded are offensive and inaccurate terms. Avoid)	Say "person with an intellectual disability"
Mongol (outdated and derogatory)	Say "has Down Syndrome".
Physically/intellectually/vertically challenged, differently abled, (ridiculous euphemisms for disability. Avoid)	Say "person with a disability"
Spastic (usually refers to a person with cerebral palsy or who has uncontrollable spasms. Derogatory, often term of abuse, should never be used as a noun)	Say "person with a disability"
Suffers from, sufferer, stricken with (Not all people with disabilities actually suffer. These terms should not be used indiscriminately.)	Say "person with a disability"

VOC enigste koerant in SA wat belastingkorting aan adverteerders bied

Voices of Change is deur die Inkomstediens 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 geldskenking om noodsaaklike dienste, alle vorme van ontwikkeling, hulptoestelle en tegnologie te verskaf aan mense met gestremdhede.

Adverteerders en Skenkers kan gevolglik hul skenkings van hul belasbare inkomste aftrek en dan belastingkorting kry. Voorletters, van en volledige adres en of besigheidsbesondere moet verskaf word en aandui of 'n Artikel 18-kwitansie verlang word.

Dié sertifikaat sal aan skenkers gepos of gefaks word.

Voices of Change se vry stellingsnommer is **63112**. Mense met navrae kan **Marianna Truter** by **082 532 4798** skakel.

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.

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Voices of Change



Transformation for the Disabled



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VOC SMS Competition!!

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- A: Wheelchair user
B: Visual Impairment
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Walala Wasala
Win!
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