



## Transformation for PEOPLE with disabilities

# Has begging become a choice of employment?



## ENTREPRENEURSHIP OR SCAM?

By Magteld Smith,  
Hearing impaired

It seems that begging has become a choice of employment for a growing number of people from all corners of our society. What troubles me is the guilt that these street-corner con artists use to get your sympathy and relieve you of a few coins at a time until they've reached their daily financial target, which they will use as they please.

It's a typical, busy afternoon in Nelson Mandela Avenue, Bloemfontein, I sit needlessly in a queue of traffic, staring at everything around me and all of the sudden I observed two ladies begging for money. Just there and then a little voice in my head clicks on when I observe this two ladies for a long time and says, "Today I Got you!"

It must be inescapable that an analytic mind repeatedly

enduring heavy traffic will analyse and theorise about the phenomenon: people begging pretending to be people with a disability. While observing these beggars as blind people, my memory flashed back to the years I stayed in Worcester attending the School for the Deaf. I had a lot of friends who were blind. So many times we communicate to one another, Who is blind? Who is deaf?

This is an emotionally charged question which invariably leads to extremely emotional and irrational answers. In our society to be disabled is considered to be inferior. To lack one sense short of the basic five senses, means you lack one or more of the five senses. Moreover, the reasoning goes, you have less to work with and so you are, obviously, less capable.

Regrettably, these days, less capable means less valuable, indeed, inferior; in the same way that a 4 speed car is considered inferior to a 5 speed car. Nobody wants to be inferior so, naturally,

almost nobody want to admit to being blind or deaf!

These beggars pretending to be blind, rape the human rights and integrity of people with disabilities. The misconception that more vision equals more competence and no vision equals incompetence perpetuates the false assumption that people who can see can also "do", and people who cannot see cannot do. Because it is an assumption based on false logic it seems perfectly reasonable and people don't question it, they accept it as truth!

Regrettably, the falseness of an assumption does not reduce its power to influence thinking, decisions and lives and so this insidious assumption continues, largely unchallenged, to affect individuals and society alike. The horrible fact is, is that these beggars create a total untruth, based on a totally false assumption about the correlation between people with a disability and one's competence in life.

This behaviour of beggars pretending to be blind can only be vanquished by the truth, as blind people assume that they are competent and then live it out in the hope that the sighted will see.

Congratulations to Blind SA and Dr. William Rowland, Immediate past President of the World Blind Union, Advocate Luckey

Mokaba, Chairman of the SA National Council for the Blind for becoming role models for other vision impaired consumers.

Sorry, your full-time occupation is no longer conning people into feeling pity and being charitable by using people's sympathy against them and towards the beggars financial end. ■

## Who represents people with disabilities?

By Magteld Smith,  
Hearing impaired

I am a revocrat and will be asking disability organisations to transform their operations and let people with disabilities control their own destiny. As a point of departure, these organisations need to transform from the top structures of their organisations by professional people with disabilities. Salaries are abnormally high for their "executive management" and the organisations are not operated or controlled by people with disabilities, yet some of them claim to speak for us. Persons with Intellectual Disabilities are used to beg for money in front of well-known supermarkets by non-disabled people. My message to non-disabled people who are doing so, sending messages to society. It's time for you to stop exploiting people with disabilities. Exploitation of people with disabilities to raise funds is wrong. People with disabilities are regularly used to generate income through begging. Charities in SA have become the major stumbling block to people with disabilities with many of the organisations that segregating people with disabilities from mainstream society. Most of the disability organisations in SA are in competition with one another, trying to outdo the other in raising funds. Some non-disabled people with good intentions sometimes create more problems and harm to people with disabilities than they solve. We've got to get

the public to understand what a disability is like. While the role of Non Profitable Organisations (NPO's) and government programmes are crucial in addressing human rights for people with disabilities, this cannot be done without a significant leadership role also being taken by management of NPO's, community leaders and members of society. Society must work with families of children with disabilities and disability advocacy groups to take a leading role in advocating change to ensure inclusion of individuals with disability throughout society. NPO's can play a particularly important role in addressing negative attitudes and behaviours by also not begging for funds at supermarkets and shopping centres. There is a need for oversight of administrators, professionals, staff and volunteers for workable, comprehensive reporting mechanisms. As Deputy President Kgalema Mothlanthe said "Economic transformation has been frustratingly slow. We have to admit that the broad-based part of BEE has seemed elusive. The story of Black economic empowerment in the last 25 years has been a story dominated by a few individuals benefiting again and again." Disappointing but true, when it comes to the transformation of disability, it is a story dominated by non-disabled people in management positions in the last 135 years and a few individuals benefiting again and again. The question remains: Who represents people with disabilities? ■

**We invite people with visible and invisible disabilities to send us your biography, CV and photo.**

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**Inserts: Volksblad, Daily Sun, and Express.**

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**DAILY SUN**





Buti receives his B.Admin.Hons

# VOC IS THE BEST

"VOC is the best. It is very accommodative and unique piece of information. I love reading about the different stories of achievements of people with disabilities that are published in this newspaper. I want to ask the editor-in-Chief of this newspaper not to stop the good work ever. I say Halala VOC Halala. Thank you."

- Buti Motsamai

## I was born with a condition called albinism

By Buti Motsamai

I was born 37 years ago with a condition called albinism and as a result I encountered a problem of a poor vision (could not see so well). My eyes are so sensitive that I am unable to look at the sun directly with both eyes open. I am the first of seven children at home; 3 boys (two of whom has albinism) and four girls (one of whom has albinism). I am a father of two, Mpho (8) is a girl and Mamello (3) is a boy and has also has albinism. I am engaged to Nobelungu Kambule and she also has albinism. I grew up on the farm with people (both young and old) who bullied me because of my looks. There were also those who became my friends and supported me.

I attended primary schooling at Aangeheg Bantu School (Sub standard A – standard 1) between 1981 and 1983 and Isawil Primary School (standard 2 – standard 5) between 1984 and 1986. The following primary teachers helped me build my character; Mrs. Kobue (Aangeheg), Mrs.

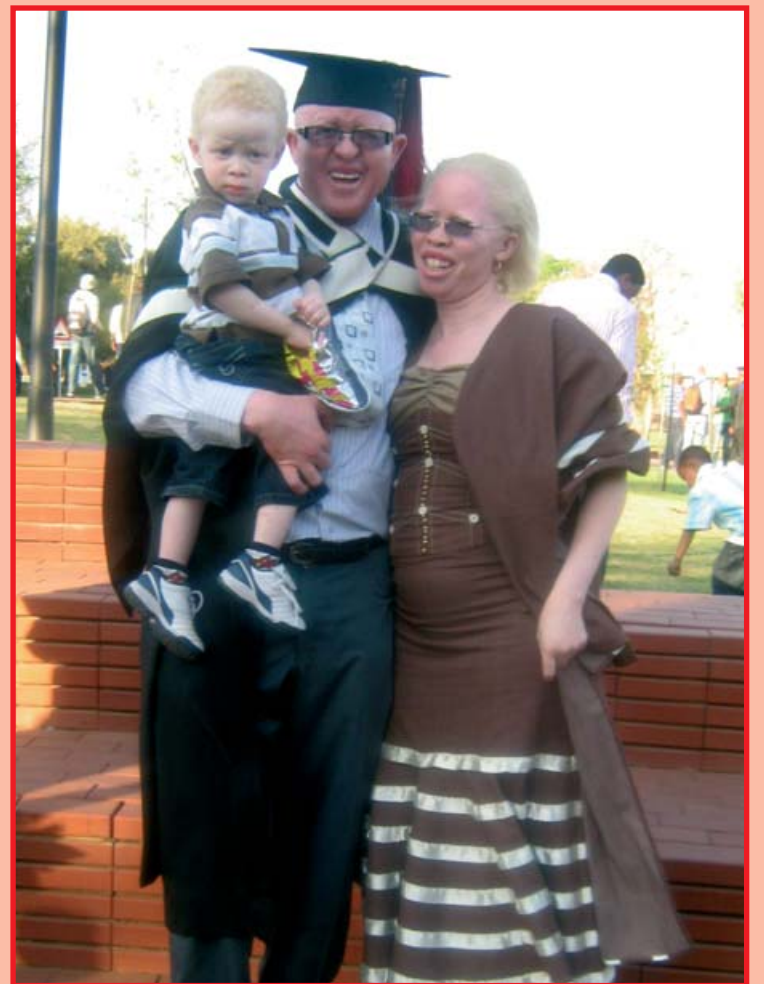
Rele (Aangeheg), the late Mr. Makhalema (Isawil), Mrs. Majoro (Isawil) and Mr. Motsoahole (Isawil). They did whatever that was on their power to make it easy for me to learn. I was allowed to stand up and go in front at the chalkboard to look clearly at what I wanted to write that was on the board. In 1987 I went to Bahale Secondary School at Phomolong in Hennenman under leadership of Mr. Molapo who together with his staff also supported me. With all help that I had to make me study, life became very easy until 1991 when I completed my Matric (now grade 12).

From 1992 I left home to look for employment and things did not work my way. I only got garden work which also was temporary. In 1996 I registered for B. Ed with then Vista Welkom Campus and only lasted for two years due to outstanding fees and lack of facilities such as units for students with disabilities. From 1998 to 2000 my life came to a standstill until in 2001 when the following changes took occurred;

- 2001 – worked as a handyman for a certain construction company that was given a

tender to build RDP houses in Phomolong.

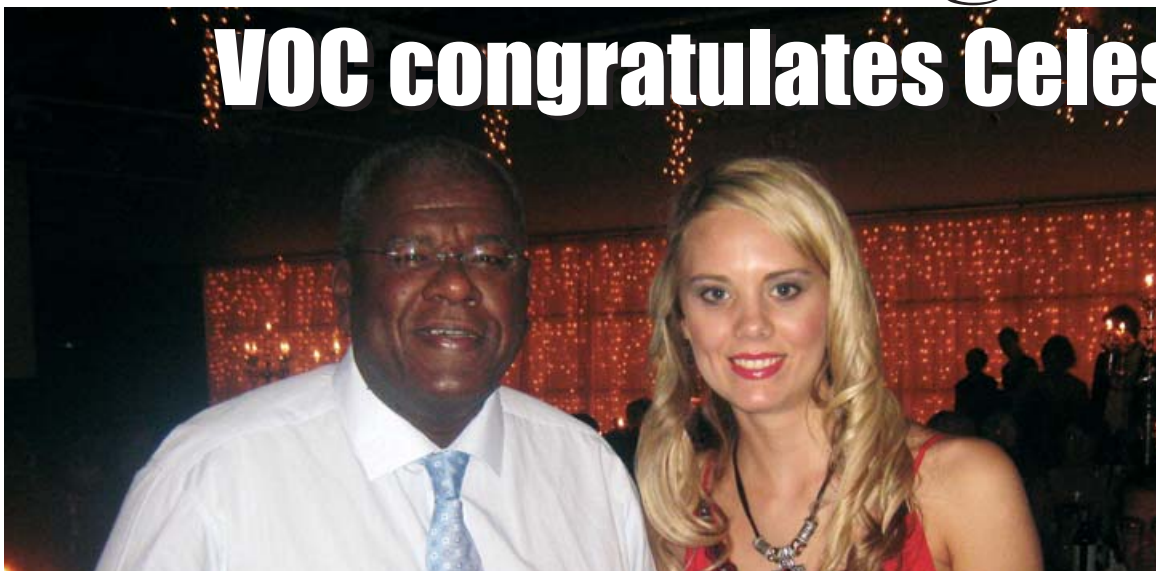
- was elected the chairperson of the Interim Committee of Matjhabeng Youth Forum.
- 2002 – became chairperson of Matjhabeng Albinism Society Support Group
- worked at Welkom Book packaging Project as a treasurer.
- 2003 – registered for B.Admin degree with UFS and stayed in House Khayalami
- elected for portfolio of Education and Transformation under SASCO at UFS.
- 2004 – became a Secretary of the South African Blind Youth organization (SABYO) in the Motheo district.
- 2005 – became deputy-chairperson of Eben-ezer Youth Ministry at UFS.
- 2006 – completed B.Admin and registered for B.Admin. Hons in public Administration
- 2007 – got employment at Mangaung Correctional Centre as Administrative Assistant.
- 2008 – graduated with B.Admin.Hons at UFS. ■



Buti with his fiancé and son at his graduation.

## UFS Jool Rag Queen 2010

### VOC congratulates Celeste van Drunick



Rector of the UFS, Prof Jonathan Jansen and one of the judges, Miss Deaf SA, Vicki Fourie.



Jool Rag Queen 2010 – Celeste van Drunick





# A diagnoses of Dementia comes as a shock, even if you have been half expecting it



**Dr D Greyling**  
Division of Geriatrics,  
Department of Internal  
Medicine, University of the  
Free State

**D**ementia e mabapi le maemo a boko bo emisang ho sebetse karolwaneng e itseng, e kenyelletitse bohloko ba ho lebala le ho lahlehelwa

ke kelello (Alzheimer). Hape e mabapi le temalo ya boko ka mora ho hlahelwa ke kotsi ya hlooho, kapa seterouku le "dementia" e bitswang ya Parkinson. Tahlehelo e nyenyane ya mohopolo ke sephetho se fumanwang dilemong tsa botsofadi bo tlwaelehileng, empa sena hase hore se senya tshebetso ho maqheku le maqhekwana.

(Alzheimer) e tsebahala ka ho fetisisa maemong ana, mme e bakwa ke disele tsa boko (neurons) tse shwang. Mabaka a hlokolotsi ho (Alzheimer) a kenyelletitse botsofadi le nalane ya maemo ana lelokong. Monyetla wa ho futsa boemo bona ho tswa lelokong le haufinyane o etsa 10-30%. Sele ya lefutso ya boemo bona e bitswa (APOE epsilon 4).

Batho ba nang le (dementia) ba sokola ho beya mabaka/dintlha hantle, ho nka diqeto le bothata ba ho hopola; mme hape

ba na le bonyane ba tse ding ho tsena tse latelang:

- Motho ha a eellwe hore o na le bothata;
- Ha ba kgone ho phethahatsa ditaelo tse ngotsweng, mme puo le mongolo ha di hlalohanyeha;
- Ha ba eellwe tikoloho e tlwaelehileng;
- Ha ba kgone ho etsa dipolane le ho phetha mosebetsi;
- Ba na le bothata bo fetelletseng ba boitshwaro, ho bua le ho se robale hantle, mme esita le ho bona kapa ho utlwa dintho tse siyo ho ka ba teng.

Matshwao ana a boletsweng ka hodimo ke tshenyo tshebetso le boikemelong ba motho.

Mahloko a jwalo ka kगतello e phahameng ya madi, lefu la tswekere, le ho tsuba, a amahanngwa le kgolo ya (dementia). Ho na le maemo a mang a phekohehang a ka

itlhalisang jwalo ka (dementia). Maemo ana a kenyelletitse: ho nwa jwala haholo, ho se sebetse hantle ha setho se mmetsong sa kgolo ya mmele, ho ba tlase ha vitamene ya B12 mading, kगतello ya maikutlo, le ditlamorao tse seng ntle tsa meriana e meng.

Nakong ya jwale ha ho e so be le pheko ya bongaka ya (Alzheimer's dementia). Bokgoni ba ho hopola bo ka ntlafala ha motho a fumana pheko e jwalo ka (cholinesterase inhibitors). Leqhoko le boitshwaro bo sa amoheleheng di ka laolwa ka (sedating medications). Matshwao a (Parkinson) le ona a ka laolwa ka pheko. Kगतello ya maikutlo le yona e laolwa ka (serotonin reuptake inhibitors). Boikwetliso bo bontshitswe bo kgona ho theola tswelolepele kapa qaleho ya matshwao.

Bahlokomedi ba bakudi ba hloka mamello yohle le tsebo – kopana le sehlopha sa tshehetso sa lehae.

Ho etsa dintho ka tsela e tshwanang tikolohong e tlwaelehileng ho thusa e le ka nnete. Mamello e bohlokwa. Ha ho kgonahala, thusa ya nang le bothata hore a tle a tsebe ho ithusa ka boyena. Ho ka ba bohlokwa ho nka mehato ya ho etsa tikoloho hore e be e bolokehileng mabapi le motho ya nang le bothata, e le ho thibela dikotsi. Mahae a maqheku le maqhekwana, mmoho le mahae a tlhokomelo ya ba sa itekanelang a atisa ho ba bohlokwa maemong a seng a le hodimo a bohloko bona. Ngaka ya mahloko a kelello, ya methapo ya monahano, ya mahloko a akaretsang, e hlahlobang kelello ya mokudi ka ho mo fa mosebetsi, le e phuthullang mesifa; dingaka tsena kaofela di bohlokwa mabapi le taolo ya mokudi enwa. ■

## Dementia

**Dr D Greyling**  
Division of Geriatrics,  
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**D**ementia refers to a group of degenerative brain conditions which includes Alzheimer's, brain injury after head trauma or stroke and Parkinson's dementia. Normal ageing results in mild memory loss, but this does not impair function in the elderly.

Alzheimer's is the most well-known of these conditions and occurs as a result of neurons (brain cells) that die. Risk factors for Alzheimer's include old age and a family history of the condition. The chance of inheriting the condition from a direct family member is 10-

30%. The gene identified for the inheritance of this condition is named APOE epsilon 4.

Persons with dementia have problems with reasoning, judgement and memory and have at least one of the following:

- The person does not realise they have a problem
- They cannot carry out written instructions, and speech and writing are incomprehensible
- They do not recognize a familiar environment
- They cannot plan and carry out tasks
- They have behavioural abnormalities, speech and sleep disturbances, and even hallucinations are possible

The above symptoms are detrimental to the functioning and independence of the person.

Illnesses such as hypertension (high blood pressure and diabetes mellitus, as well as smoking are associated with the development of dementia. There are treatable conditions that may present like dementia. These include: excessive alcohol intake, an under-active thyroid gland, low vitamin B12 blood levels, depression, and side effects of certain medications.

There is currently no medical cure for Alzheimer's dementia. Memory may improve with medication such as cholinesterase inhibitors. Aggression and unacceptable behaviour may be managed with sedating medications. Parkinson's symptoms may also be managed with medication. Depression is managed with serotonin reuptake inhibitors. Exercise has

been shown to slow the progression or onset of symptoms.

Care-givers need a lot of patience and information – contact your local support group.

Keeping the same routine in a familiar environment certainly helps. Patience is essential. If possible, help the person to help themselves. It may be necessary to take steps to make the environment safer for the person, in order to prevent injuries. Old age homes and frail care or home care is usually necessary in advanced cases of the disease. A psychiatrist, neurologist, general practitioner, occupational therapist and physiotherapist are all important for the management of such a patient. ■

## A special thank you and good-bye to Marianna Truter



**Thank you** for the courage, **hard work, dedication** and passion contributing to the Voices of Change Project (VOC). We appreciate all your assistance, patience and effort put into the success of VOC!

May the journeys ahead be as successful & rewarding as this one. ■



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

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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**Dr. BD Henderson**  
Neurology, Human  
Genetics, UFS

### Diagnosis:

**W**illiams syndrome (WS), or rather Williams-Beuren syndrome, is one of the many microdeletion syndromes. A microdeletion occurs when a small piece of genetic information is deleted or missing from a specific chromosome. This missing piece is so small that it cannot be detected with a regular light microscope and special techniques must be utilized to identify it. WS is due to a small piece missing from the long arm of chromosome 7. It was first described in 1961 but the cause was only discovered in 1993. It probably occurs in about 1/20,000 live births.

## The diagnosis of Williams syndrome

The most important step in making the diagnosis, is suspecting the disorder. WS has typical facial features but these features are sometimes variable and not always apparent, especially to a clinician not familiar with the diagnosis. The facial features are mainly described for Caucasian children making the clinical diagnosis more difficult in other ethnic groups. The cardiac findings and neurocognitive and behavioural patterns are very typical and this is why the diagnosis is more frequently made by Paediatric Cardiologists or Paediatric Neurodevelopment specialists.

To confirm the diagnosis of WS, a FISH probe needs to be performed on the patient's blood or other cells from the body. FISH is an abbreviation of Fluorescent In Situ Hybridization. In this technique special labels or probes are made that attach to specific regions of a chromosome. Under a special fluorescent microscope these probes glow in a specific colour and this allows visualization of the presence or absence of this piece of the chromosome. This needs to be done because the

piece missing from chromosome 7 is hardly ever visible under a normal microscope.

Routine chromosome analysis in a patient with WS will invariably be normal. The missing piece that causes WS is within area 7q11.23. The FISH procedure marks chromosome area 7q11.23 orange and chromosome area 7q.31 green (this is the control region). The chromosome is then examined under a special fluorescent microscope. For a diagnosis of WS to be confirmed, the area marked orange is missing the chromosome 7. This test is positive in at least 95% of people with WS. Because the probe looks at the elastin locus only, some people may have a positive FISH test but not have the full spectrum of WS features.

From the above it is clear that the clinician must suspect the presence of WS and specifically ask the laboratory to do the appropriate test before the diagnosis can be made. If the test is not specifically requested, the result will neither confirm nor refute the diagnosis. ■

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### Infants

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## The forgotten disability Colour Blindness

**Dr. S.A Barrett,**  
Department of  
Ophthalmology, UFS

**I**f your clothes don't match, someone might have teased you about being colour blind. But some people really are colour blind.

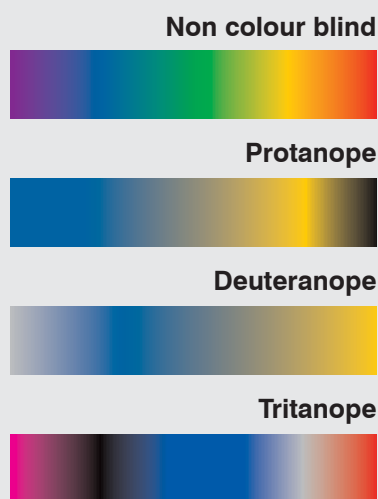
Colour blindness is a condition where the eyes have trouble distinguishing certain colours, and is most commonly due to an inherited condition. Most people have either red or green colour blindness. Blue colour blindness and *monochromatism*, a condition in which a person sees only black, white, and grey, are very rare. Most people have mild forms of colour blindness that don't interfere much with their daily lives.

### How common is colour blindness?

Eight percent of Caucasian men and less than 1 % of Caucasian women have either

red or green colour blindness. One in twelve males and one in 200 females are red-green colour blind. (Asian: 5%, French and Scandinavian : more than 10%)

### Can colour blind people see colours?



Colour blindness can be very frustrating for individuals affected by it. Being colour blind does keep one from performing certain

jobs and makes others difficult. Tests for colour blindness are generally given to children and to people applying for jobs where colour discrimination is important, such as in the case of pilots, train engineers, or electricians. Colour blindness is tested in daylight, using special colour cards. A more complicated test uses an instrument called an anomaloscope. It shines a changing mixture of red and green light and the person is asked to change the mixture until it looks the same as a yellow light. The examiner can tell how severely colour-blind a person is by looking at the redness or greenness of the adjusted mixture.

Inherited colour blindness is not treatable. In cases of acquired colour blindness, a doctor will treat the underlying disease or injury. People with mild colour blindness lead fairly normal lives, however people with severe colour blindness shouldn't do tasks that require colour discrimination. ■

## NOT SPECIAL TREATMENT SPECIAL NEEDS

*Cool! “We are all special, while other kids have special needs!”*



**By Magteld Smith,**  
Hearing impaired

**I**sn't every child special? We think so, but what do we mean when we say “kids with special needs”?

This means any kid who might need extra help because of a medical, emotional, hearing, vision or learning problem. These kids have special needs because they might need medicine, therapy, assistive devices or extra help in school, stuff other kids don't typically need or only need once in a while.

Maybe you know of kids in your school who need a wheelchair or use braces when they walk. Hearing aids, a cochlea implant or glasses. Those kids have special needs. They not only need the equipment that helps them get around, but they might need to have ramps or elevators available.

Kids who have an illness, such as epilepsy, diabetes, or cerebral palsy, would have special needs, too. They might need medicine or other help as they go about their daily activities. Kids with sight problems might need Braille books to read. Kids with hearing or speech problems would have

special needs, too. A kid who has hearing trouble might need hearing aids to hear and speech training, too, since it can be hard to say words correctly when you can't hear very well.

Kids with learning problems often have special needs. It is an invisible disability but they have special needs when it comes to learning.

You might be able to spot a few kids with special needs, but you probably don't notice all of them. A kid could have a problem that isn't noticeable unless you know the person well. For instance, someone could have trouble with anxiety (worry), but you wouldn't know it unless the kid told you about it. Privately, their parents, teachers, and counselors may be working to help them with this problem.

Never ever call anybody “insane,” “mad,” “crazy,” “lunatic,” “psycho,” “nutter,” “looser,” and phrases such as “not leka in the head”. This is serious allegations, don't use “trash” words, be a super special cool kid that can identify a super special cool kid with special needs and email voices of change and stand a change to win R100.00!!!! ■



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**It's been called 'the invisible disease', although as many as one in 10 of us will experience it in our lifetime. But depression can be managed, and it's vital that you seek help.**

## You don't have to live with it

**U**ma Thurman, Ashley Judd, Sinead O'Connor, Robbie Williams, Steven Fry, Brooke Shields, Winona Ryder, Owen Wilson, Harrison Ford, JK Rowling... This is not only a list of the rich, famous and successful. It is a list of celebrities who suffer from depression, who know first-hand the feelings of anger, helplessness, despair and futility commonly associated with this condition. According to the South African Depression and Anxiety Group (SADAG), approximately six to 10 percent of the population will experience a depressive episode in any given year. More women than men are affected, by as many as three times, according to the World Health Organization (WHO), as many as one in five women (i.e. 20 percent)

will experience a depressive episode in a year. Interestingly, new research suggests that it may be a case not of men escaping depression, but rather that their manifestations of depression are markedly different to those of women, with men being seen rather as irritable and aggressive, instead of depressed, and thus being misdiagnosed. Most frightening of all, WHO has estimated that by 2010, it will be the world's leading cause of death.

While having a good social network and the support of friends and family is no guarantee of immunity, it seems that depression is more likely to show itself in people who are socially isolated and lack close interpersonal relationships. The average age at which diagnosis of a major depressive episode is made is around 40, although life. But a person who cannot get over these feelings may suffer from an

illness called depression. In modern medicine, it is well recognised that depression is an illness caused by an imbalance of neurochemicals in the brain,' he says. Depression comes in mild, moderate and severe forms, too, and the type determines the treatment.

The key symptoms are lack of energy, feelings of hopelessness and helplessness, troubled sleep or excessive sleep, appetite changes, feelings of guilt, self-loathing and worthlessness, withdrawal, irritability, restlessness, impaired concentration, low self-esteem and morbid thoughts. There can also be physical symptoms, like back pain, headaches or stomach pains that do not respond to treatment. The number of these symptoms that present it appears across all age groups, from children to the elderly. We all experience times when we're unhappy or a bit

'blue', but this is not to be confused with depression.

Depression is a full-blown and serious medical condition. It is not merely a down mood, and depressed people can not 'just snap out of it'. It is defined as a melancholy, angry, glum or sad mood disorder that, in chronic cases, lasts for an extended period and interferes with everyday life, including social functioning and even work performance. 'Everybody feels "blue", "sad" or "upset" at times or at some stage in their life,' explains Dr Hans Dreyer, a Centurion-based counsellor specialising in depression.

Transitory feelings of sadness or discouragement are perfectly normal, especially during particularly difficult times in a person's life, and the length of time they last, indicate the severity of the depression. (There is also postpartum depression, seasonal affective disorder).

**YOU NEVER HEAR, "SNAP OUT OF IT," IT'S JUST DIABETES.**

So why do some say that about depression?

It's all in your head.  
It's just a bad mood.  
It's a personal weakness.  
These are just a few common myths about depression.

**The truth is...**  
Depression is a real medical illness that can be as debilitating as other major diseases. But like other life-threatening illnesses, it can be treated. This means there is real hope for everyone who is suffering. SADAG offers corporate talks on depression, stress and trauma.

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# Nuwe hoop vir kinders met outisme



**Deur Dr. Liesl Smith**  
Departement Neurologie,  
Universiteit van die  
Vrystaat

**D**ie vereniging vir outismespektrum-kenmerke is baie trots om aan te kondig dat ons uiteindelik 'n skool oopgemaak het. Die skool is met die hulp van die SNAP personeel van die grond af gekry. Drie ervare mense van SNAP het na Bloemfontein gekom om ons te help om die skool te begin. Ons is ook bevoorreg om 'n ervare onderwyser vanaf Engeland te hê, wat gratis vir ons sy dienste lewer tot die einde van die kwartaal.

Outisme is 'n baie besonderse gestremdheid. Dit is 'n ontwikkelings siekte wat een uit elke 100 kinders wat gebore word betrek. Dit word al hoe meer algemeen. Autisme se simptome begin voor die ouderdom van drie jaar, maar word dikwels eers na die ouderdom van 3 jaar gediagnoseer.

Simptome wat voorkom is die volgende:

- Die kinders se spraak is meestal aangetas. Hulle praat miskien 'n paar woordjies maar dan verloor hulle dit weer. As 'n kind dus op 2 jaar nog nie praat nie, soek eerder 'n professionele opinie. Moenie wag nie. Jy kan geen skade doen deur vroegtydig op te tree nie.
- Hulle sosiale interaksie is anders. Hulle kan bv nie mense se gesigsuitdrukkinge herken nie. Hulle sien nie of iemand kwaad of hartseer is nie. Hulle skryf op ander kinders se kunswerke, hulle tree impulsief op. Hulle persoonlike ruimtes is anders. Hulle staan naby aan ander mense. Hulle gaan in plekke in waar hulle nie moet wees nie.
- Kinders met outisme speel anders. Hulle pak hulle karretjies in rytjies of stapel dit opmekaar. Hulle kan vir ure speel met iets wat hulle interesseer. Water fassineer hulle.

- Sintuie werk anders in outistiese kinders. Hulle kan een oomblik hulle ore toedruk omdat geluide hulle ore seermaak. Die volgende oomblik kan hulle jou glad nie hoor nie. Hulle kan na 'n storie op TV kyk en glad nie hoor dat jy met hulle praat nie. Hulle reageer dikwels nie as jy hulle op die naam roep nie, maar sal wel geluide hoor. Hulle sien baie goed. Ligte interesseer hulle. Hulle hou baie van goed wat spin: Wiele, propellers van 'n helikoptertjie. Die kinders is geneig om hulle hande te flap as hulle opgewonde raak. Sommige kinders hou glad nie daarvan as jy aan hulle raak nie. Hulle kan ook "tantrum" as hulle bv piesang aan hulle hande het.

Al die kinders is verskillend. Hulle het almal kenmerke van wat bo beskryf is, maar almal van hulle is uniek. Dit is 'n spektrum gestremdheid. Die graad verskil van lig of hoogsfunksionierend, tot laagfunksionierend.

Hierdie kinders het uit die aard van die saak, **baie spesiale onderrig** nodig. Daar is nog nie 'n staatsskool vir hierdie kinders in die Vrystaat gebou nie. Die onderrig is duur. Dit is arbeidsintensief. Ideaal moet daar een (ingeligte en empatiese) volwassene vir elke kind wees om in 'n klas-kamer te kan funksioneer. Veral as die kind net begin skoolgaan. As die kind eers aangepas het, het hy minder "hands-on" aandag nodig. Dan is dit moontlik om drie kinders per volwassene te akkommodeer.

Dit is seker waarom die onderwys departement dit nog nie goedgevind het om 'n skool vir die kinders te bou nie. Dit gaan baie geld kos. Twee jaar gelede is daar al samesprekings gehou dat daar 'n skool vir die kinders geskep moet word. Hetsy uit die bestaande strukture of 'n spesiale aparte skool. Sover het daar nog niks van die onderwys departement (inclusive education) se kant af nie gekom nie.

Hulle het wel 'n outisme klas begin in Pholoho skool, maar die klas het meer as tien kinders in en daar is een onderwyseres en 'n hulp. Dit maak dit vir

## OUTISME IS 'N MEDIESE TOESTAND



die onderwyseres amper onmoontlik om effektief met die kinders te werk. Hulle het meer hande per klas nodig. Maksimum 6 kinders per klas met 2 volwassenes om te help.

Outisme is 'n mediese toestand. Dit het professionele mense nodig om dit te diagnoseer en te behandel. Kinders moet evalueer word om 'n diagnose te maak en sy vlak van funksionering te bepaal. Die span wat dit doen, sluit in: Pediatriese neuroloë, Spraak, Arbeids, Fisioterapeute en Sielkundiges. Dit is onwys dat ander ouers met min ervaring, 'n kind evalueer. Van die onderrig kant, het mens dan mense nodig wat ervaring in outisme-onderrig het. En laastens, maar volgens my die belangrikste: Ingeligte ouers wat baklei vir hul kinders. Want dit is 'n stryd om op die oomblik vir jou kind die regte onderrig te kry in die Vrystaat.

Volgens my is die jonger kinders van kritiese belang. Hoe vroeër jy met die regte onderrig begin, hoe beter. So 'n vroeë intervensie sentrum is my hartsbegeerte.

Ons onderwyser gaan terug na Engeland aan die einde van die eerste kwartaal. SNAP se mense kom een keer 'n maand, maar daar moet iemand wees wat met die programme kan voortgaan.

### Ons benodig die volgende:

- 'n perseel om op te werk, hetsy 'n huis of selfs 'n groter plek.
- 'n onderwyser met ervaring van outisme en wat 'n passie vir kinders met outisme het.
- befondsing om hierdie onderwyser te betaal. Tensy die onderwys departement ons van so 'n persoon voorsien.

- vrywilligers om te help met die hantering van die kinders. Daar is sekerlik 'n moontlikheid dat onderwys studente by die skool kom roteer, en dat die arbeidsterapeute hulle opleiding gedeeltelik by die skool sal kom doen.
- Papier, Velcro wat kan plak, kookies, 'n balan-

seer balk, 'n lamineer masjien, 'n drukker, ink, tafels en stoeltjies, liaseer kabinette, skryfbehoeftes kas. Die lys is lank. Ons benodig ook rekenaars om verslae op te tik en die nodige programme om dit te maak werk.

- R2000-00 per maand vir gesubsideerde skoolfonds.

Ek is baie dankbaar aan almal wat gehelp het om die skooltjie van die grond af te kry. SNAP, Tim en die helpers. Ek is ook oortuig daarvan dat ons 'n verskil maak in die drie kinders wat na die skool toe kom. ■

**Paul Kruger Laan 86.**  
**Tel: 082 856 6618**

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# “Hey Sista, take 5 and Chill!”

1. **Specific, realistic goals work best.** When it comes to making a change, the people who succeed are those who set realistic, specific goals
2. **It takes time for a change to become an established habit.** It will probably take a couple of months before any

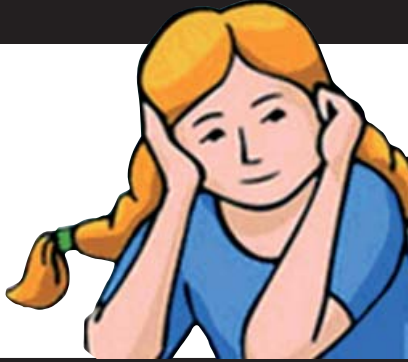
changes will become a new routine and part of your life. That's because your brain needs time to get used to the idea that this new thing you're doing is part of your regular routine.

3. **Repeating a goal makes it stick.** Say your goal out loud each morning to remind

- yourself of what you want and what you're working for.
4. **Pleasing other people doesn't work.** The key to making any change is to find the desire within yourself, you have to do it because you want it
  5. **Roadblocks don't mean failure.** Slip-ups are actually part of the learning process as

you retrain your brain into a new way of thinking. It may take a few tries to reach a goal. Just remind yourself to get back on track. ■

*No one was ever beaten unless he gives up the fight, Cool huh?!*



## Learning Problems



“Oh yeah man, I hate school, most of the teachers have a learning disability! My brain is special and it takes special people to understand special brains!?”



By Prof André Claassen

**H**aving a learning disability doesn't mean you can't learn. But you'll need some help and you'll need to work extra hard. If you have a learning

disability, such as dyslexia or dyscalculia (serious trouble with math), remember that you are not slow or dumb, you only have special needs!

Learning disabilities happen because of the way a person's brain takes in and processes information. As a result, people learn differently. The trick will be figuring out how you learn best.

There are people who know how to do just that. Your parents and teachers can help you and they can find you a learning specialist or a school psychologist. These professionals can help figure out what a child's learning problem is – and come up with ideas for how to make it better. ■

## Huh? What Are Learning Disabilities?

By Prof André Claassen

**L**earning disabilities aren't contagious, but they can be genetic. That means they can be passed down in families through the genes, like many other traits we get from our parents and grandparents, such as deafness and colour blindness

to name a few. Someone with a learning disability probably has other family members who have had some learning troubles, too.

Learners with learning problems are sometimes surprised to find out that one of their parents had similar troubles when he or she was in school.

But you know what is cool? learners today have an advantage over their parents. Why? Because learning experts now know a lot more about the brain and how learning works and it's easier for learners to get the help they need. ■



## REGISTRATION AS A VOC MEMBER REGISTRASIE AS VOC LIDMAAT BOINGODISO JWALOKA SETHO SA VOC

Voices of Change,  
PO Box 38425,  
Langenhovenpark, 9330

MOTHO YA NANG LE BOQHWALA	PERSON WITH A DISABILITY	PERSOON MET GESTREMDHEID
MABITSO KA BOTLALO:	FULL NAMES:	VOLLE NAME:
FANE:	SURNAME:	VAN:
BONG:      NOMORO YA ID	GENDER:      ID NO:	GESLAG:      ID NO:
BOTSHEADI:	POSTAL ADDRESS:	POSADRES:
NOMORO YA SELEFOUNU:	CELLPHONE:	SELFOON:
THUTO	EDUCATION:	OPVOEDING:
Thuto ka mora dikri      Dikri      Diploma      Setefikeiti      Thuto	Post graduate      Degree      Diploma      Certificate      School	Nagraads      Graad      Diploma      Sertifikaat      Skool
TSA TSHEBETSO	EMPLOYMENT	WERKSAAMHEID
Mosebeletsi wa saruri/nako e telele      Mosebeletsi wa nakwana      Ho se sebetse	Employed fulltime      Employed part-time      Unemployed	Werksaam voltyds      Werksaam deelyds      Werkloos
HO HLAHELLETSE NENG HORE A NA LE BOQHWALA?	WHEN WERE YOU DIAGNOSED WITH A DISABILITY/TIES?	WANNEER IS U MET 'N GESTREMDHEID GEDIAGNOSEER?
Tswalo      Dilemo	Birth      Age	Geboorte      Ouderdom
Bofofu:      Bothata ba ho kopana le batho:	Visual impairment (blindness):      Autism:	Gesigsgestremd (blindheid):      Autisme:
Botholo:      Bosofe:	Hearing impairment (deafness):	Gehoorgestremd (doofheid):
Na o na le bothata ba ho hoopla kapa ho tsepamisa monahano?	Do you have difficulty remembering or concentrating?	Is dit moeilik vir u om te konsentreer en dinge te onthou?
HIV/AIDS:      Mekgwa e meng (ka kopo hlalosa):	HIV/AIDS:      Any other (Please specify):	HIV/VIGS:      Enige ander (Spesifiseer asseblief):





# People with disabilities

## are vulnerable to medical-social and economic exclusion

By Magteld Smith,  
Hearing impaired

There has been a lot of progress in the last 20 years around awareness and some knowledge of disability issues internationally. A very important resource for us is the United Nations Convention on the Rights of Persons with Disabilities, which came into force on 3<sup>rd</sup> May of 2008. This is a major breakthrough in the struggle for service delivery, and is potentially the most significant development in the history of the worldwide disability rights movement.

South Africa signed the Convention and the Optional Protocol on 30th March 2007 and ratified both on 30 November 2007 and this means that our Government signals the intention to undertake legal rights and obligations contained in the Convention and Optional Protocol.

In simple terms "A convention is an agreement between countries to obey the same law about a specific issue. When a country signs and ratifies (or approves) a convention, it becomes a legal

promise and guides the action of the government. It often leads the government to adapt and change its own laws to support the goals of the convention."

Voices of Change urges all role players to mainstream issues of disability and fully implement disability related policies in all aspects of life. VOC has had several meetings together under the leadership of The Public Protector and some Commissions.

In the next five years, we must ensure that persons with disabilities are beneficiaries and equal partners in all our programmes to halve unemployment and poverty.

The Public Protector acknowledges that the active participation

and contribution of all sectors of our society, including persons with disability and disability organisations such as Voices of Change, is crucial to assist government to achieve this goal. Magteld Smith added that we all need to work together so that government can achieve its employment equity target of two percent by 2014.

These meetings with the Commissions outlined in the Constitution of the Republic of South Africa, Act no. 108 of 1996, aim to promote an understanding of disability issues and mobilise support for the dignity, rights and well-being of persons with disabilities. It also seeks to

increase awareness of gains to be derived from the inclusion of

persons with disabilities in every aspect of life. ■



Front left: Carol Maila, Manager Delivery Capacity (IDT), Suné Griesel, Free State Public Protector, left back: two staff members of the public protector's office, Marianna Truter, VOC, Paul Prins, Office of the Premier, Magteld Smith, Faculty of Health Sciences, UFS.

## Belastingkorting vir adverteerders en skenkers

Voices of Change is deur die Inkomstediens as 'n openbare welsynsorganisasie geregi-streer 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 noodsaaklike dien-ste, alle vorme van ontwikkeling, hulptoestelle en tegnologie te verskaf aan mense met gestremd-hede. Adverteerders en Skenkers kan gevolglik hul skenkings van

hul belasbare inkomste aftrek en dan belastingkorting kry. Voorlet-ters, van en volledige adres en of besigheidsbesondere moet verskaf word en aandui of 'n Artikel 18-kwitansie verlang word.

Dié sertifikaat sal aan skenkers ge-pos of gefaks word. Voices of Change se vrystellingsnommer is 63112. Mense wat asseblief wil

bydraes skenk kan gestuur word aan: Voices of Change Trust, Pos-bus 38425, Langenhovenpark, 9330. Tjeks moet aan Voices of Change uitgemaak word.

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