

# VOICES OF CHANGE



**Transformation for PEOPLE with disabilities**

**SEPTEMBER 2011**  
VOLUME 18

DEAFNESS refers to the complete loss of hearing ability in one or two ears. HEARING IMPAIRMENT refers to both complete and partial loss of the ability to hear. World Health Organisation.

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# DOWN'S GIRL MAKES SPIRIT SOAR

I have sat in audiences where I have listened to and interacted with Edward Said, Jurgen Habermas, Oprah Winfrey, Nelson Mandela and a half-dozen Nobel Laureates in the sciences

Cheri Brynard making a speech during the most recent graduation ceremony at the University of the Free State

Photo: Hannes Pieterse



Prof. Jonathan D. Jansen  
Rector and Vice-Chancellor  
UFS

BUT never before have I heard a speech with the intelligence, insight and compassion of a Down's Syndrome girl who came to my office three days ago. This is what she said:

"As you can see I am a person with Down's Syndrome, which means that I have one extra chromosome in every cell in my body. My grandmother's friends wanted to pray for me to become 'normal' but my mother asked them rather to pray that I would receive the support to reach my full potential as a Down's Syndrome person.

"I always knew that I was different. My mother explained

to me that the reason why I have more difficulty studying and doing things is because I am a person with Down's Syndrome.

"I wondered why people admire Nelson Mandela. When my mother explained that he was in jail for 27 years and stayed positive and loving, I immediately identified with him. Sometimes I feel as if I am in the jail of my own body because I cannot always say how I feel and many people talk to my mother about me, but not to me, as if I am invisible or cannot speak for myself.

"I learn new things every day and sometimes feel sorry for myself because I cannot

get married or leave the house in the same way that my sisters do. I know Gustaaf, my Down's friend for the past 12 years, will not be able to look after me. He cannot look after himself.

"He cannot even send me an SMS, even though I tried to teach him one whole afternoon. So I have decided to get married in heaven one day, where we will all be the same.

"I need dreams, just the way you do. But I adjust my dreams to my abilities.

"That was one difficult thing about going to a school with only 'normal' children

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Inserted in: **Sunday Times** **SundayWorld** **Sowetan** **VOLKSBLAD** **Express**

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## Letter from the Editor:

### DEAR READER

#### The university and the community

When the going gets tough like in the present economic recession, the tough can get going. The not so tough, like persons with disabilities and the unemployed, are even more vulnerable during these times. They are often forgotten by the privileged and the fat cats, the latter being totally engrossed with the feeding frenzy of self-enrichment. The gap between the have's and the have not's has become unrealistically large and will ultimately result in conflict. We are at present experiencing samples of protest which can potentially erupt into huge civil unrest.

The level of civilization is often measured by the compassion and care directed at persons with disabilities, as well as the poor. This responsibility cannot be carried by Government and NGO's alone. We all need to take responsibility for this mammoth task. Alleviating the plight of the not so fortunate should not be seen as hand outs only, but rather a process of empowerment by way of communication and transfer of knowledge.

The University of the Free State (UFS) and specifically the Faculty of Health Sciences are ideally placed in partaking in a regional medico-social project. Community involvement based on the passing down of information is an effective method of empowering persons with disabilities. This can address the stigma that is often associated with higher institutions. We often hear comments that the university is far removed from ordinary people which include persons with disabilities. This perspective can easily be addressed by the medico-social model.

The University of the Free State is accommodating persons with disabilities on campus which is in line with most first world countries. This is an achievement; however, reaching down to the community, especially in the immediate environment, should receive more attention. The Faculty of Health Sciences has tremendous expertise that can be used in VOC publications in reaching out to the community. Valuable information on a diverse spectrum of disabilities and disease processes can be presented to the community. This should be placed at a level that can be easily understood.

These days everybody is too "busy" to make a contribution. However, we would like to appeal specifically to the Faculty of Health Sciences to, on behalf of the University as a whole, become more involved in reaching out to the community. This will show that the University cares about and is aware of the community out there and specifically so of the persons with disabilities.

Prof. André Claassen  
Editor-in-Chief  
Chairperson

### CONTINUES FROM PAGE 1

- you have problems fitting in. So I started to ask the boys whether they wanted my extra chromosome and, because they could not understand what I was saying, they left me alone.

"My stepfather tried to teach me to drive, but I am too short. When my feet touch the pedals, I cannot see, and when I sit on cushions, my feet cannot reach the pedals.

"I received a Grade 10 certificate before leaving Martie Du Plessis High School. In my last year at school, I received a prize for the highest marks in biology and I received the highest honour of the school for drama accomplishments on National level among 'normal' learners.

"After leaving school I went to the Motheo College, a technical college,

and was also the first and only Down's Syndrome student to be accepted there.

"With the grace of our dear Lord, a lot of hard work and an ulcer because I stressed so much, I passed the N3 course, which equals 'matric', and after that I passed the N4, N5 and N6 courses. The N6 course is the highest qualification at the college. I was awarded the Education Diploma in Educare, in May 2009.

"When my mother and sister received their degrees, I started to dream about wearing a robe and mortarboard and walking across a podium. When I did eventually walk across a graduation podium all the people in the City Hall stood up for me. I was also awarded a special prize for being the first Down's student to receive a National Diploma. That was the most amazing moment of

my life. I looked at all the people and saw my mother and sisters crying.

"I am so happy to work at Lettie Fouche, a special school for learners with learning problems, as an assistant in the pre-primary classes. I enjoy every day and I help the teacher to prepare her lessons and to stimulate the learners.

"Vanessa Dos Santos of Down's Syndrome South Africa asked me to 'open' the international conference for Down's Syndrome in 2012. She also asked me to be on the International Board for Down's Syndrome.

"I live among these people. Me, a girl with Down's Syndrome, a condition that makes people abort their babies and lock them in institutions or at the back of their homes so others can't see them!

"May you also be blessed with happiness and a heart full of compassion for those in need."

## Mediese terugslae kniehalter gesin

### 'n Hulpkreet om finansiële bystand vir oogprotese

Elize Mourtzios

EK is gebore met Toksioplasmose van my linkeroog en na jare se ongemak, geen sig en geweldige hoofpyne, is dit eers in die vroeë 90's gediagnoseer. Geweldige hoë drukking het die lens van die oog afgeskeur en ek was genoodsaak om my oog te laat verwyder. As gevolg van 'n gebrek aan nodige fondse, is dit toe in April 2011 deur Dr. Matthys Labuschagne by die oogkliniek in Universitas Hospitaal in Bloemfontein verwyder.

Aangesien die staat geen finansiële hulp met oogprotheses verleen nie, was ek genoodsaak om van Art Eye's by die Pretoria Oog Instituut gebruik te maak op aanbeveling van Dr. Labuschagne. Ek het geld geleen om die deposito vir die oogprotese te betaal, aangesien ek met kliënte werk.

Einde Mei 2011 het ons na Pretoria verhuis nadat ons lank op Kroonstad

woonagtig was. Ons probeer nou in Pretoria met ons Griekse Deli en gebak op "Food Markets" 'n beter inkomste genereer omdat hier meer geleenthede is. My man, Angelo - van Griekse afkoms, maar 'n permanente inwoner van Suid-Afrika al vanaf 1983 - is 'n Hemofilie lyster wat alreeds twee knieervangings ondergaan het as gevolg van al die bloedings in sy gewrigte. Hy het ook Hepatitis C opgedoen as gevolg van al die plasma toedienings en het 'n jaarlange intensiewe behandeling deur die Griekse staat ontvang. Die virus is egter nog aktief en hy word deur Dokters Marius Coetzee en Buchel by Universitas Hospitaal gemonitor. Hy is dus nie geskik vir fisiese werk nie en ons bak saam vir die mark. Hy skilder ook bietjie om fondse aan te vul.

Dit gaan dus baie moeilik om finansiële verpligtinge na te kom. Ons jongste dogter, Katerini, studeer B.Com

Regte aan die Universiteit van Pretoria en is ook lid van Golden Key, 'n organisasie vir begaafde studente. Ons wil haar graag help om haar droom te verwesenlik en sonder finansiële bekommernisse haar aandag aan haar studies te kan wy.

Enige persoon of organisasie wat finansiële bystand aan die Mourtzios gesin wil verleen, kan Elize by 082 546 2830 kontak.



Elize Mourtzios by haar man, Angelo.

Foto: Verskaf

## You've got mail

We love hearing from you, so please keep sending in your article. Write to us at PO Box 38425, LANGENHOVEN PARK, 9330 or e-mail [voicesofchangeletters@ufs.ac.za](mailto:voicesofchangeletters@ufs.ac.za)



Front: Prof. Andre Claassen (Editor-in-Chief & Chairperson), Magteld Smith (Researcher & Co-ordinator) & Prof. Hennie Oosthuizen (Head: Dept Medical & Constitutional Law)  
Back: Prof. Riaz Seedat (Head: Dept Otorhinolaryngology & Editor) & Dr Iain Butler (Senior Otolgologist & Editor).



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## Sunglasses! More than just a mere fashion statement

### The protective benefits of sunglasses for your eyes



Nashua Naicker  
Dept of Optometry  
UFS

YES! Sunglasses can make you look attractive, "cool" and fashionable, but besides the cosmetic and aesthetic purposes of sunglasses, it's also meant to protect one of your most delicate and important sense organs in your body.

During this time of the year, the best place to be is standing out in the sun to warm up. If you do so, make sure that you are protected. Just like using SPF lotions and creams to protect your skin from sun damage, you need to wear sunglasses with UV protection as well.

Ultraviolet radiation that is invisible to the eye is the main culprit responsible for a wide range of ocular damage and diseases. The effects of UV radiation

may not be immediate, but can manifest later in life through prolonged exposure which puts your sense of sight at risk. The damage can be progressive and may unfortunately be irreversible in certain cases, even leading to serious vision impairment or blindness.

An optometrist will advise you on the correct eyewear for sun protection and will further examine your eyes to look for signs of damage from continuous sun exposure - from the anterior all the way to the posterior part of your eyes. Sunglasses as well as prescription spectacles can be UV-coated to act as a protective barrier against UV rays. Regardless of age, everyone should wear some form of UV-protected spectacles or sun shades to protect you from an invisible enemy that could leave you with a visual impairment. Remember, if you don't see it, it doesn't mean it is not there.



# A DYNAMIC LEARNING EXPERIENCE

A professor tells of the lessons learnt from an autistic student

**Prof Lucius Botes**  
Dean: The Humanities  
UFS

BETH'S presence and participation in music activities during her undergraduate years was a particularly enriching experience for her lecturers and fellow students. On the one hand, she communicated her individuality and sense of humour through a self-painted t-shirt that announced "I am autistic," which she regularly wore with a great sense of pride. On the other hand, she participated with great enthusiasm in all group activities. She taught us to understand

her emotional life by using "Beth-phrases" such as "this is awesome", but also "this is devastating." Beth taught many of us at the Odeion School of Music that inclusivity is a dynamic learning experience.

She took much initiative and implemented many strategies regarding the management of her condition. For example, when performing in a jembe ensemble for Professor Jansen's inauguration, she put cotton wool in her ears to dampen the sound, which she found unpleasant. During her Community Service training, Beth bravely overcame many obstacles regarding her need for personal space. She

also designed colourful and artistic mind maps in order to absorb information for written assessments in all modules. She wrote a letter to Dustin Hoffman after seeing the film "Rainman" and according to Beth, the film and correspondence contributed to the process of understanding herself and other people.

After her studies, Beth asked to continue partaking in weekly sessions with other music students in teaching class music to autistic children at Lettie Fouché School for disabled children. Our wish for Beth is that her dream to assist in the development of other autistic children through music therapy will come true.

**Beth Giani**

MY name is Beth Giani and I am 28 years old. I have a B.Mus. degree and I'm thinking of doing my Honours in 2012. I play both the violin and the cello and I am currently learning to play a Chinese instrument (the Pi-Pa). I am writing this article because I want people to hear my testimony and give others hope.

I was born on 21 February 1983 in Humansdorp. It was a difficult birth, because the doctor had to turn me inside the womb and I had to be pulled out with instruments. Right from birth, my mother noticed that I was different from other children. I didn't put things in my mouth like other toddlers, I didn't make eye contact

or smile socially, and I would throw frantic tantrums if there was any change in my routine. My tantrums (or meltdowns) included self-injury, such as scratching myself on my arms to the point of drawing blood, and biting myself on the wrist without feeling any pain. I would also bang my head or my whole body against the wall. I didn't speak my own words and just echoed what I

## A true story of overcoming the trials of autism

heard instead. Sensory difficulties were also present. I had (and still have today) sensitivity to noise and bright lights, and I didn't eat much, as some food textures didn't feel good inside my mouth.

My mother was very concerned about me, so she took

CONTINUES ON PAGE 4

# NOTHING SHORT OF A MIRACLE



## A mother's view on the effect of an autistic child in the family

**Beth Giani at a young age.**  
Photo: Supplied

**Tersia Giani**

ALTHOUGH I am an English teacher, I have never felt the need to write down my experience as the mom of a child on the autism spectrum. I feel that there are probably enough "success stories" out there, and I also prefer to answer questions and tell things about us verbally.

Be that as it may, Beth's story is nothing short of a miracle, and we are extremely proud of her. People look at her today and say that she was not diagnosed correctly, but I can assure you that she has some quirks that are still very "aspie-ish", even now. Every child is unique. Therefore I think that every child with autism will be unique as well, and we cannot compare one autistic child with another. We can however, learn from each other and take comfort in the fact that we are not alone.

Autism in a family can be a very isolating thing, because we tend to protect the autistic person as much as possible and the family would stop going out. Siblings are scared of bringing friends home because their friends would judge them and even call them names, such as "retard's brother" or "your family is stupid," etc.

I would like to highlight only two aspects. The first aspect is medication. Beth was one of the few who did not respond well to medication. I instinctively knew this and

whenever a doctor offered medication "to calm her down", I refused. Although this meant a lot of anguish on our part, especially at night when we had to lock her in her room so that she would not escape into the streets, I feel that this was right for Beth. I know that parents of autistic "escape artists" would agree that locking her room was the only thing we could do.

The second aspect is what I like to call "owning your autism." When I knew that Beth could understand me, I explained to her that she was autistic. I then explained that I was not and therefore, did not understand her - she needed to explain or show things to me. Whenever I could not understand and saw a "meltdown" coming, I tried to tell her to explain to me. At the beginning it was difficult and meltdowns happened often, but as she began to understand that I did not experience her autism as she did, she began to explain to me when she started feeling "bad" about a change in routine or food she did not enjoy and we would work out what to do.

There is obviously still a lot to say about our family and I would love to share a lot of our experiences with you all. Remember to see the autism rather as a blessing from God to you. God used Beth to bring all the best things in our lives to our family. She has taught us so much, especially about honesty and innocence.

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## CONTINUES FROM PAGE 3

me to an occupational therapist when I was three years old - I was diagnosed with autism. The occupational therapist helped me a lot. She helped me learn to concentrate, to answer to my name, to initiate eye contact when interacting, as well as overcome my fear of being touched and hugged. She also gave me coping skills and taught me everything a child needs to be able to function.

I started Grade 1 when I was eight years old, instead of the usual seven. My parents got special permission from the Department of Education for me to start a year later, so that I could work on my difficulties with the help of God, therapists and my parents.

I started at Browns' School, which is a school for children with special needs. I was very happy there, because no one judged me because of my condition. They accepted my quirks and difficulties and helped me in all areas of my life. I left there at the end of my Grade 5 year. From Grade 6 until Matric I was mainstreamed.

When I was around 12 or 13 years old, I began to realise that I am different from the others in my class. Some of my classmates had physical difficulties, while others had spelling-, math-, writing-, speech-, as well as behavioural difficulties

- none of the behaviours I was experiencing. At first I thought nothing of it, but as I grew older, I began to realise it and started to question myself. I became aware that all my behavioural-, communication- and sensory difficulties had a name: autism.

From age 13 to 17, I was having a really hard time (and still do now as an adult). There was nothing wrong with me physically. My body was developing at the right pace and my hormones were present as well, even though I was always skinny. Mentally and emotionally however, I had a very hard time and was very depressed; sometimes it was so severe that I even contemplated suicide. I was being bullied in high school and I responded with my fists most of the time, because I couldn't talk back. My parents always taught me that violence isn't the answer, but that I was allowed to defend myself. I once hit a boy in the face and he had a nosebleed. One day I couldn't take the bullying from the boys in my class anymore and I threw a chair at them. It felt really weird, because to this day I don't remember what happened after I threw the chair. I experienced a sensory overload that day, even though I wasn't taking any strong medication or drinking alcohol. A sensory overload is like a blackout. You don't remember what happened to you, you just go through the motions. It can last for an hour or several hours. For me, a sensory overload can last

an hour or several days, especially when I am traumatised emotionally or mentally.

I entered university in 2006, when I was 23 years old. I have always loved music, so I enrolled for a B.Mus. degree. The university where I studied (UFS) has a disability unit, which caters for a wide range of disabilities. I could write my tests and exams there, because I didn't get distracted by the other students moving around the room, and the lights weren't too bright. It was hard to adjust to life at university at first. I had to have a time-table, which helped me a lot. The rest of the time I spent there was good. I passed every subject I took, some of which I got a distinction.

I graduated in 2009, but the official graduation ceremony took place in 2010. My graduation was on 21 May 2010. I had bought the gown, mortarboard and degree band beforehand so that

I didn't have to hire them. My grandparents also attended the ceremony, which meant a lot to me. Afterwards, I had my family picture taken. It turned out beautifully. I even made a copy for my grandparents so they could have it in their house.

If it weren't for God's hand on me and Him helping me to live with my autism, I'd probably have been in an institution. I wouldn't be writing this article or have been able to achieve all that I have achieved.



Beth Giani with Prof. Theuns Verschoor during her graduation ceremony in 2010.

Photo: Hannes Pieterse

# Invest in your child's future

## Immunisations proven to combat childhood death and disability

**Dr. Riana van Zyl**  
Paediatrics and Child Health  
UFS

MENTION the word "immunisation" to any young mother and a whole array of emotions come flooding, ranging from fear due to the pain involved to uncertainty about its safety. The first thing that comes to mind is most certainly not all the benefits it holds.

However, immunisations have been proven to be one of our most effective weapons in combating childhood death and disability. Diseases like Polio, which in the era before immunisations caused severe disability, have almost been eradicated by comprehensive immunisation programmes. Another example is neonatal tetanus. As a result of intensive antenatal vaccination of mothers, this is now a disease almost only read about in textbooks.

Pneumonia and diarrhoeal disease remain the top two "killers" of children under the age of five according to the World Health Organisation (WHO). It therefore makes sense that the most common organisms responsible for these diseases should be targeted by immunisation programmes. The Pneumococcal conjugated vaccine, as well as Rotavirus Vaccine, was recently added to the Expanded Programme on Immunisation (EPI) and the results will hopefully soon be visible in reduced numbers of disease outbreaks.

Despite all the proof of the benefits of immunisations, there are still parents who choose not have their children immunised. Some of their fears stem from false truths spread by the media about complications arising from immunisations. The most publicised of these is probably the myth that the MMR (measles-mumps-rubella) vaccine is linked to the development of autism. This has been thoroughly investigated and disproved. Another concern was related

to ethyl mercury containing preservative thimerosal, which is no longer present in routine childhood immunisations.

With the development of multiple new vaccines, leading to the broadening of the immunisation schedule, concerns were also raised regarding the overburdening of the infant immune system with the administration of multiple vaccines at an early age. Studies confirmed however that there is no long-term adverse effect on neurodevelopmental outcomes.

A few handy tips to make the trip to the clinic less frightening and stressful for mom and a little less painful for baby:

- If available, local anaesthetic patches (Emla) can be applied 30 minutes before the injection to minimise pain at the site.
- Breastfeeding your baby while he/she is being immunised, reduces anxiety in both mother and baby.

- Paracetamol syrup (Panado) given after the injection will relieve pain and fever often associated with immunisations.

Timely vaccination saves lives and prevents severe long term disabilities. So whether you have your baby immunised at your local government clinic or private paediatrician, be sure that you are investing in your child's future.



Dr. Riana van Zyl busy with the vaccination of a baby.

Photo: Supplied

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# The complexity of hearing impairment

A look at the impact of hearing loss on language development, independence and self-esteem

**Dr. Iain Butler**  
Principal Specialist  
Dept of Otorhinolaryngology  
UFS

HEARING is one of our most important senses. Helen Keller, the first deaf-blind person to receive a Bachelor of Arts degree, is reported to have said that she would rather be blind than deaf... if she had the choice. The reason for this is that hearing provides our earliest exposure to language, and language, any language, is our key to the development of communication. It is an amazing thought, that any child

has the ability to learn any language in the world as their first language. Our brains seem to do this so effortlessly, but did you know that a child must hear a word used thousands of times before they learn to use it correctly? We take this process for granted.

Our ears are so important, that the inner ear is fully formed by 27 weeks gestation and that they are protected by the hardest and most unique bone in the body. It is the only bone in your body that, if broken, never heals. The cochlea, where sound pressure waves are turned into nerve impulses, is just 5mm in diameter, but is able to distinguish sounds that display subtle differences in loudness and tone.

We use these differences not only to understand the words they form, but also the direction from which the sound comes. Our brain analyses the sounds reaching each of our two ears and is able to 'focus in' on the person we are listening to. People who only have one hearing ear cannot do this, and this is why they struggle in noisy situations, such as classrooms, meetings or social gatherings. This problem is often only picked up at age seven or eight years when a child first realises that they can only hear with one ear. These children are far

CONTINUES ON PAGE 6



# Gehoorgestremd in die klaskamer

‘n Onderwyser vertel van die uitdagings om met gehoorgestremdes te werk

**Estie Basson**

DIE opdrag om hierdie artikel te skryf, het my vir ‘n oomblik onkant gevang. Ek is al vir 25 jaar van my lewe deel van gehoorgestremde onderwys. Ek is deel van gehoorapparate, batterye, oorstukkies, spraakoefeninge, gehooroefeninge, onduidelike spraak en -gebare. Wat is die uitdagings hierby betrokke? Ek besef elke dag in my daaglikse roetine hoe baie uitdagings daar is.

Onlangs het ‘n leerder my gevra wat die woord “soos” beteken en ‘n ander leerder wou die definisie hê van “terwyl”. Hierdie is woorde of begrippe wat ‘n kind dikwels spontaan aanleer. Ons hoor dit gereeld en aanvaar dit as vanselfsprekend.

Meervoud is nog ‘n uitdaging wanneer ‘n mens met ‘n gehoorgestremde werk. Omdat ons kan hoor, kan ons ‘n woord hardop uiter en sodoende deur ons kennis van die taal besluit wat is die korrekte meervoud. Ek het al ‘n hele paar pragtige, nuwe

meervoudige gehoor, insluitend “leeue” en “vuurs”. Woordjies soos in, op, te en die moet met sorg en geduld aangeleer word. ‘n Sin soos, “Die vrou loop oor die pad”, sal gewoonlik “Vrou pad loop” gesê word.

Misverstande is beslis aan die orde van die dag en dit is soms baie humoristies. Ek sal bv. hoor “My pen se battery is pap”, in plaas van “My pen skryf nie meer nie.” Verskeie ander uitdagings kom gereeld voor. Om emosies aan gehoorgestremdes te verduidelik - hartseer, ontsteld, ongelukkig. Om te verduidelik hoekom was ‘n maatjie nou lelik met hulle. Probleemoplossings in Wiskunde. Dit is ook vir my ‘n uitdaging om te verduidelik dat elke ‘n aksie ‘n reaksie tot gevolg het.

Geloofsake en sake van die hart is groot uitdagings. Soms as daar ‘n te groot saak is wat verduidelik moet word, sal ek antwoord “Want God sê so.” Met hierdie antwoord het ek al wonderlike insigte van gehoorgestremdes gekry. Die

eenvoud waarmee hulle soms dinge verduidelik, is so mooi en lê my baie na aan die hart. As ek so vir my kleintjies kyk wanneer hulle speel of gesels, besef ek hulle is baie besonder. Daar is so baie wat hulle kan leer, maar wat soms by hulle verbygaan.

Gehoorgestremdes is nie dom nie, al word hulle dikwels so gekenmerk. Dit is bloot hul uitspraak wat soms onduidelik vir horende persone is. Eienskappe soos aggressie en hardkoppigheid kom algemeen voor by alle mense, maar by gehoorgestremdes kan dit toegeskryf word aan hul onvermoë om hulself verstaanbaar uit te druk.

Gehoorapparate is vir my van kardinale belangrik. Dit moet in werkende orde wees en elke dag by die skool wees. Daar moet batterye in die kas wees vir ingeval dit pap word tydens skoolure. Indien die apparate nie by die skool is

nie, is dit ook ‘n uitdaging, omdat onderrig dan – baie moeilik – voortgaan.

Om met gehoorgestremdes te werk, is nie elke dag ‘n maklike taak nie. Tog verruil ek dit vir niks. Die beloning wanneer hulle sukses behaal, is van onskatbare

waarde. Ek gee alle eer aan ons Hemelse Vader wat my help om elke dag die uitdagings te oorkom.

Estie is ‘n leerkrag vir spesiale onderwys by Jim Fouché Laerskool.



Van links voor: Brooklyn Goodman, Estie Basson, Lelani Cilliers  
Van links agter: Cayla Smit, Rachelle Lillie

Foto: Magteld Smith

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# Plastic surgery: Not only for the rich and famous

How plastic surgery can change the lives of children with physical defects



**Prof. Fred Jooste**  
Dept of Plastic Surgery  
UFS

PLASTIC surgery is one of those subdivisions of medicine where everybody has his/her own interpretation of what plastic surgeons actually do every day. Most people outside of medicine itself will be influenced by what they see, hear or read in the media. Unfortunately as far as plastic surgery is concerned, this almost exclusively concerns cosmetic or aesthetic surgery. The perception is formed that plastic surgeons only pander to the wishes of the very rich and famous by doing operations that are not necessary, so that a select few may feel better about themselves.

This perception is absolute nonsense and as you will see in the following series of articles, the majority of operations and procedures in plastic surgery are done to alleviate disabilities. Much of the history of plastic surgery parallels humanity's effort to "close holes", or to repair deformities. During the First World War, many extremely bad injuries were suffered by soldiers fighting in trenches. Most of

these injuries were to their faces, which caused severe damage of an individual's self-esteem, when they were trying to pick up the pieces of their civilian lives after the war.

Reconstructive plastic surgery thus originated from the need to close wounds caused by severe injuries. Later these methods and practical experience gained during both World Wars, were used to correct any type of disability, whether the patient was born with the disability or the disability was caused by injury or sickness.

Plastic surgery thus endeavours to alleviate suffering by repairing defects that cause disabilities. Although the term "plastic surgery" is derived from the Greek word plastikos, meaning to shape or mold, the true essence of plastic surgery is the blending of form and function. A relevant example is a child with a cleft lip and palate. Reconstruction of the cleft lip ensures that the child appears normal, while reconstruction of the palate is absolutely necessary for function. Feeding is a major problem with a cleft palate and as the child grows older, he/she will never be able to speak properly while the palate remains open.

See the next issue for more information on disabilities caused by cleft lip and palate, both for the child with the disability and the parents of such a child. I will also be looking at how plastic surgery may be able to help overcome such disabilities.

# EARLY HEARING EVALUATION IN CHILDREN

Audiologists remain hopeful despite some challenges

**Anri Olivier**  
Audiologist and Speech therapist

THE early identification and diagnosis of children with hearing impairment are very important for the development of listening skills and speech. This is the main aim of hearing screening programmes (such as the programme at Universitas Hospital), where all infants receive objective hearing testing at birth to determine if further hearing tests are necessary. What happens if hearing loss is suspected? Identified 'at-risk' babies get referred to the Ear, Nose and Throat clinic where they are enrolled in the process of determining their true hearing levels. Specific and accurate hearing levels are very important when fitting hearing aids. Hearing that is thought to be worse than it really is, can result in the audiologist programming the hearing aids too loudly and that could at worst damage the child's actual hearing. Hearing that is thought to be better than it really is, can result in the audiologist programming the hearing aids too softly. This results in the child not receiving the benefit from the hearing aids that they need. Obtaining the exact hearing levels is challenge number one. Children often present with added middle-ear problems (such as infections) that make diagnosis difficult and some need more than one test to confirm their hearing levels.

The second challenge is the fact that waiting lists are long. This is due to a heavy patient load and the fact that Universitas is the only hospital in the Free State that has access to specialized hearing tests (Brainstem-evoked-response-audiometry BERA). This means that often patients do not receive the required hearing evaluations immediately. Time is crucial for a child with hearing impairment. The longer the child stays without hearing, the more difficult it becomes to learn spoken language. Patients often miss appointment dates due to transportation difficulties or miscommunication. It is vital for all patients

to realise the importance of attending appointments.

The third challenge is the fact that early hearing screening only recently became a rule in South African hospitals. This means that even today, there are many people that are unaware of the warning signs of deafness in children. Many children only get brought to the hospitals for help at age 3 or 4 years, when they are not speaking well or slow in developing language.

Another challenge is the fact that in many rural areas there are not as many support systems established. Enrollment in speech therapy and possible school placement in a school specializing in teaching children with hearing impairment (such as the Carel du Toit Centre in Bloemfontein), can help the child to develop much better. The Carel du Toit centre also provides parent-guidance sessions to empower parents or caregivers to teach their hearing impaired child.

Even though challenges will always be part of everyday life, we at Universitas Audiology are hopeful for the future. We will try to help and assist you in any way we can to diagnose your child as soon as possible in a reliable and continuous manner.



**Marianna van Heerden, Dr Helena van Pletzen and Anri Olivier staff at Universitas Audiology.**

Photo: Magteld Smith

## ADVOCACY AND RESOURCE CENTRE FOR STUDENTS WITH DISABILITIES (ARCSWiD) AT UNISA

### Location of ARCSWiD

ARCSWiD is situated within the Learner Support & Student Affairs portfolio and is under the Dean of Students.

### Vision of ARCSWiD

The vision of ARCSWiD is to be the leading provider of quality services for students with disabilities registered with UNISA.

### Focus Areas

#### Student Support and Administration

- Registering Students with disabilities
- Producing study material in alternative formats
- Providing academic support interventions
- Transcribing assignments and exam scripts
- Providing sign language interpretation services

#### Advocacy and Training

- Implementing train-the-trainer programmes
- Commissioning/Conducting research
- Implementing Community Outreach programmes

Some of the services students with disabilities can receive from ARCSWiD include

1. Referrals to career and counseling services
2. Assistance with fee reduction applications
3. Assistance in motivating for assistive devices and access technology equipment
4. Study guides and tutorial letters in either Braille, large-print, electronic or audio formats
5. Electronic versions of prescribed books obtained on request from publishers
6. Advice on assistive devices and access technology
7. Sign Language Interpretation services for deaf students
8. Orientation and Mobility assistance for blind and partially-sighted students
9. Advice on low-vision devices for partially-sighted students

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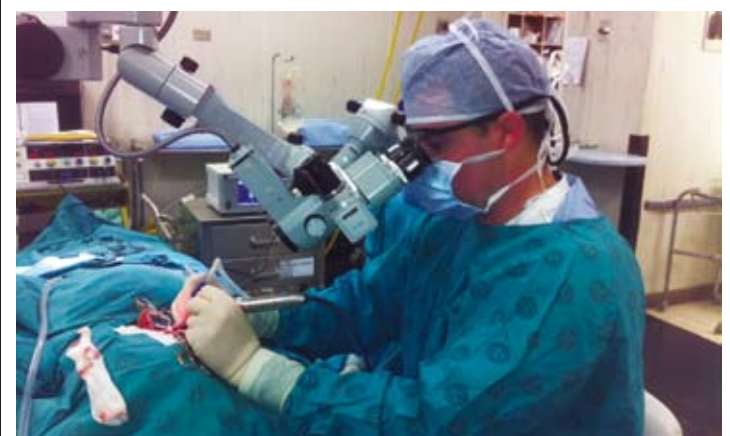
### CONTINUES FROM PAGE 4

more likely to struggle in school or even fail grades because of this.

A profound (or near-total to total) deafness in both ears is a severely debilitating condition. Such a person is isolated from all sounds and struggles with communication. Adult patients describe a feeling of their head being in a vacuum and feel cutoff from their surroundings. Unfortunately, such a person cannot carry on with their life – 'just without hearing'. These people lose their jobs and become dependent on others. This lowers their self-esteem even further. Fortunately, cochlear implantation can help such a person regain their hearing. This re-establishes their independence and allows them to remain economically active members of society. Babies who are born deaf pose an additional challenge. The nerve pathways connecting the cochlea to the primary auditory cortex of the brain are 'hardwired in'

– meaning they will always be there. However, the brain connections (or synapses) to the auditory association areas (the areas of the brain dealing with understanding sounds and speech) have to be established with use. In other words, if a baby doesn't hear, it can't develop these connections. The earlier such a baby learns to hear with a cochlear implant, the better. If the deafness remains uncorrected, the brain loses the ability to make these connections and those areas of the brain are used for the other senses, such as vibration and vision. Although this loss of ability doesn't happen overnight, there is world-wide consensus that restoring hearing over the age of four to six years will not help a child understand speech.

The bottom line is that we (doctors, audiologists and speech therapists who work with deaf children) have a limited window of opportunity to help maximise a deaf child's potential. It is a sad reality that, currently, most deaf children are identified too late.



**Dr Iain Butler performing a cochlear implant.**

Photo: Dr Michael Bekker



# I can talk - even though I'm hearing impaired

## Using modern technology to teach hearing impaired children to speak

Mary Ann Lamb  
Principal: Carel du Toit Centre

**DEAFNESS** refers to the complete loss of hearing ability in one or two ears. Hearing impairment refers to both complete and partial loss of the ability to hear. World Health Organisation.

Light years; Fathoms under the sea; Refraction; Nuclear physics - these have very little or no meaning to me and many others like me. It does not mean to say I do not have the same intellectual capacity as most other people. I have just not been exposed to those terms and what they stand for. It is exactly the same with a hearing impaired child - he/she has not been aware that something like sound exists.

However, unless there are major secondary problems, hearing impaired children can learn to talk with the use of modern technology, but this is no easy task! It takes a team of experts in their field, assisting and working with one another to implement the process of teaching these children to talk. This is truly a special educational field involving the child, the parents and the special needs teacher.

The result: the hearing impaired child can enjoy the sounds the hearing world takes for granted. He can recognise his mother's and father's voices and he can hear the birds singing or a car approaching when he wants to cross the road. He can answer the telephone and not be the only one left at his desk because he did not hear the bell ringing for break. What a difference it makes to be able to say, "I

would like some bread", instead of just being given a piece of fish, which he is allergic to in any case! He can tell you that his tummy is sore or that he likes the way you have cut your hair. He might sound a bit strange when he speaks, but then, so do most people that use "text messaging" now anyway!

Is it worth it to make the effort of having your hearing impaired child tested

and fitted with hearing aids or cochlear implants? Of course it is! The results are them being able to communicate verbally for themselves.

Please contact the Carel du Toit Centre in Bloemfontein on 051 405 2712 if you have any doubt about your child's hearing. It is worth it - deaf children can learn to speak!

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## INVITATION TO JOIN GROUP

A support group for parents of school learners with deafness and hearing impairment, as well as people with hearing impairment using speech as communication method, is being established at the Carel du Toit Centre at the National Hospital in Bloemfontein. If you wish to be part of this group please contact us on 051 405 2712 or e-mail us at [cdtfs@shisas.com](mailto:cdtfs@shisas.com). Our first meeting will be on Wednesday, 7 September 2011 at 17h00 at the Carel du Toit Centre – where deaf children learn to speak. We invite all past and present parents, as well as parents interested in sharing information about their hearing impaired child, to join us.







# OM GEHOORGESTREMD TE WEES IN 'N HORENDE WÊRELD

'n Suksesverhaal van hoe 'n gestremdheid nie 'n verlies is nie.

Stephanus Pretorius

EK is gebore in Pretoria, Suid-Afrika op 4 Junie 1981. Ek is heeltemal doof gebore (geen gehoor in my linkeroor en net 5% gehoor in my regteroor). Op die ouderdom van drie is ek na die Carel Du Toit sentrum in Kaapstad, maar drie jaar later is ek oorgeplaas na die De La Bat skool omdat ek nie kon leer praat nie. Op 11-jarige ouderdom is ek na Transoranj skool in Pretoria. Skool was vir my baie moeilik omdat ek nie kan spraaklees nie en met gebaretaal kommunikeer.

Toe ek 18 was en in die middel van standaard 8, het ons familie na Engeland verhuis. Ek moes van voor af gebaretaal leer, want BSL (British Sign Language) is baie anders as Suid-Afrikaanse gebaretaal. My skoolopleiding was ook nie goed genoeg om Universiteit toe te gaan nie en ek moes van voor af begin. Ek het begin deur myself vir 'n diploma in Rekenars en Wiskunde by 'n kollege in Londen in te skryf, om sodoende toelating tot 'n Nasionale Diploma te kry. (Dit is min of meer gelyk aan 'n Suid-Afrikaanse matriek). Daarna het ek toelating gekry om die graad BA (Hons) Animation and Illustration by die Universiteit van Hull te studeer. Ek het die animasie so geniet dat ek, nadat ek my graad verwerf het, aansoek gedoen het om 'n PgDip Character Animation (meestersgraad) by die Universiteit van die Kunste, Central Saint Martins Kollege in Londen te doen. Om toelating te kry was geen maklike taak

nie! Hierdie wêreldbekende universiteit aanvaar slegs 'n paar studente elke jaar en het nog nooit vantevore 'n dowe student gehad nie. Ek het in Julie hierdie jaar my graad met meriete verwerf. Om so lekker saam met die horende studente te werk wat my so baie gehelp het, was die beste ondervinding van my lewe.

My eerste geskrewe taal is Afrikaans, maar ek het myself ook Engels en 'n basiese kennis van Duits geleer. Omdat ek nie kan spraaklees nie, het ek 'n tolk gehad wat saam met my na my klasse toe gegaan het. Ek moes egter steeds baie selfstudie doen om al die nodige inligting in te neem. Ek het vir die afgelope ses jaar ononderbroke studeer en het elke dag van die week van vroeg in die oggend tot ná middernag aanmekaar gewerk. Ek moes baie harder werk as die horende studente, omdat ek baie van die inligting wat hulle kon hoor self moes uitvind. Gelukkig hou ek van leer. As ek nie besig is met my studies nie, lees ek oor die wêreld en geskiedenis of ek leer myself ander tale lees. Ek dink 'n mens moet nie dat doofheid jou verhoed om te leer nie - leer is baie belangrik. Noudat ek klaar studeer is, gaan ek deur Europa toer om die geskiedkundige benoemenswaardighede eerstehands te beleef.

Ek is 'n 2D/CGI animeerder en werk in Adobe (Premier Pro, After Effects, Illustrator Photoshop and Flash). My dosent by UAL het my aanbeveel om 'n blogger webtuiste te skep waar ek met ander animeerders kan kommunikeer

sonder dat ek hoef te kan hoor. Hy het my ook gehelp om by "London Animation Studio Exiles" aan te sluit waar 'n mens onder andere kan uitvind van werk wat beskikbaar is. Central Saint Martin is 'n wêreldbekende universiteit en wanneer daar poste in die industrie beskikbaar is, word die universiteit gekontak en hierdie inligting word dan per e-pos vir ons gestuur. Ek het binnekort 'n onderhoud in Londen met 'n vrou wat my werk gesien het en baie geïnteresseerd is. Ek is egter nog nie klaar geleer nie. Sodra ek terugkeer van vakansie af, gaan ek kyk vir nog iets wat ek deeltjies kan studeer, byvoorbeeld fotografie.

Die horende wêreld gaan nooit by die dowes aanpas nie. Hulle sal dit miskien vir ons bietjie makliker maak as ons hulle bewus maak van ons behoeftes, maar dit is onwaarskynlik dat almal wat kan hoor met dowes sal kan kommunikeer. Dit hang van ons dowes af om vir horende mense te wys dat ons nie dom is nie en hard kan werk. Ek dink dat dowes al te lank verwag dat

horende mense vir ons moet jammer wees en dat hulle ons iets skuld.

Ek glo dat die lewe my niks skuld nie. Dit hang van myself af wat ek van die lewe gaan maak. Ek hou van die horende wêreld en ek gee nie om om in die horende wêreld te lewe nie. Dis lekker!



Stephanus Pretorius besig met sy werk as 'n 2D/CGI animeerder

Foto: Verskaf



Stephanus Pretorius saam met medegegradeerdes tydens sy gradeplegtigheid

Foto: Verskaf

## PURSuing A DREAM, WAKING UP IN A NIGHTMARE

The harsh reality of human trafficking



Adv. Beatri Kruger

JOHN picks apples on a farm in the Western Cape. He and his 15 year-old sister Maria, were recruited in Zimbabwe by their uncle Tabu. Captivated by the promise of good jobs, they paid Tabu R5000 to transport them to South Africa. However, John was taken to a farm and never saw Maria again. On his arrival at the farm, Tom, the farm owner, took his passport "for safekeeping". John is forced to work very long hours every day. He does not earn the promised R150 per day, but only R20 a day. Tom also demands R15 per day for providing basic food and filthy lodgings. John is very unhappy, but he does not have money to return to Zimbabwe. Maria was taken to a brothel and confined to a small room with four other frightened young girls. Big Jo, the brothel boss, warned Maria that if she tries to escape, the police will arrest and imprison her for being in South Africa without a valid passport. In addition, he threatens that he will kill her mother if she does not work for him by providing sexual services to his clients.

Wheeling and dealing is part of our daily lives. But what happens when the "product" bought or sold, is a living human being? This does not bother "businessmen" trading in people. They are in the human trafficking business to make huge profits.

What is human trafficking? It is often referred to as modern-day slavery. The gist of this trade is traffickers exploiting persons

to make money. Agents in a trafficking ring identify a demand for cheap labour, sexual services or even the removal of body parts. Trafficking agents then recruit potential victims by force or false promises. Some traffickers use the "romantic" approach of appearing genuinely interested in a relationship while gradually forcing the victim into prostitution. Having been recruited, trafficked people are usually moved to another place within their own country or across international borders. Here victims are exploited by being forced to work in sweatshops, hotels or factories. Some are pressurized into prostitution, exotic dancing and pornography or even forced to beg or commit crimes such as the manufacturing and selling of drugs.

The main aim of traffickers is to make money by continuously exploiting their victims. Therefore traffickers exert permanent control over their victims, ensuring the victim does not escape. Victims are most often controlled by the use of extreme violence and threats.

Traffickers prey on people's desire for a better life - therefore all of us are potential victims of human trafficking. Tempting promises of well-paid jobs or excellent training opportunities are made, making it seem like an exciting prospect. It is thus vital to verify all job offers and to never hand over your personal ID or passport to another person. Parents should also be cautious about allowing their children to travel on their own without adult supervision.

If you need further information or want to report a matter that seems to be related to human trafficking, contact the 24 hour helpline on 0800 55555 (Childline) or the International Organization for Migration on 0800 555 999.

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