

# APD NEWS

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Affiliated to



The National Council for Persons with Physical Disabilities in SA

## TYGERBERG APD HOST SPORTS DAY ON CASUAL DAY

**O**n the fourth of September 2009, Casual Day, the Stellenbosch University social work students, Kathryn Hart and Toni Mould, of Tygerberg Association for Persons with Physical Disabilities, hosted three LSEN schools and one Main stream school for the Tygerberg APD sports day, as their community work project for the year. The aim of the sports day was to promote awareness of persons with disabilities, as well as the various types of disabilities. The three LSEN School's included Alta du Toit School, Astra School and Oasis School. The Main stream school invited to participate was De Kuilen High School.

The learners from De Kuilen High School were divided into three groups, and each of the three groups then joined with one of the LSEN school groups so that they could participate in the planned activities together, thereby allowing the Main stream learners to gain awareness of the various types of disabilities. The planned activities for the day included Boccia, presented by Ted Rhys, the Western Cape Boccia convener; Sitting Volleyball, presented by Candice, from the University of Stellenbosch; and Disabled Dancing, presented by Natasha and Claire, also from the University of Stellenbosch.

There was great excitement amongst the learners from all schools with the introduction of the invited guests for the day. These guests included Craig Moorgas, a wheelchair basketball player in the Sydney 2000 Paralympic team; Hilton Langenhoven, the 200m track, Pentathlon and Long Jump World Champion in the Beijing 2008 Paralympics, also holding the world record for Long Jump in his classification; Fanie van der Merwe, the 100m and 200m track world champion in the Beijing 2008 Paralympics, also holding the world record for the 200m track in his classification; and Roxy Burns, a cyclist in the 2008 Beijing Paralympic Team. Craig Moorgas delivered an inspirational opening speech, ending with the phrase "I'm proud to be disabled". And with that the activities began. Each of the three groups were able to participate in the three planned activities.

Each of the invited guests participated in the planned activities with the learners and interacted with them throughout the course of the day. The learners were presented with T-shirts sponsored by the South African Parliament, a lunch box, juice and bottled water sponsored by Albany, Quali Juice and Peninsula Beverage Company respectively. At the end of the day, each of the learners was presented with a medal and certificate in recognition of their participation, and each of the school's were presented with a floating trophy in recognition of their school's support of the sports day, as well as of their school's participation.

Lots of fun was had by all that attended, and positive feedback has been received. The student social workers are proud of the success of the Tygerberg APD sports day, and look forward to it becoming an annual event on the APD calendar. Without the following sponsors, the day would have been unsuccessful; Albany Bakeries, Mrs. Marie Gerber, Mr. Willem Greyling, Quali Juice, Pacmar, Peninsula Beverage Company, Physiother-

apy Department, Fruit and Veg City Monte Vista, Dr. Davies Pathologies, AFM Durbanville, F.C. Engineering, Mrs. M. Hoon, Goodwood Music and Gift Centre, Parliament of the Republic of South Africa, Boxmore, Annemarie Steyn, Mr. Arensdse, Buchanan Group SA, Peter, Doctors and Greater Good SA. Thank you for your valued support and donations.

- Kathryn Hart & Toni Mould



Ted Rhys showing the learners how to play Boccia



Hilton Langenhoven joins in the dancing activity



Candice explains the rules of sitting volleyball

## Will there be Brrrrrrrr for us in BRT?

**B**y the time you read this, the City of Johannesburg will have launched their first route of the new and long-awaited and anticipated Bus Rapid Transit (BRT) project. On the assumption this does happen and that the teething problems are not insurmountable, this should be the scenario for us:

What it does mean, for the first time, is that if you are a wheelchair user, you should be able to catch a bus from the middle of Jozi-town to Soweto. If all the stations/platforms, have been built according to the recommendations some of us have given the authorities, and if all the drivers have been properly and effectively trained, to bring their bus to the appropriate docking points, you have a fair chance, of being able to do this route independently as well. And this is great news.

Each bus has place for two wheelchairs. Some say this is not enough, and they may probably be right. It is my own personal belief there should have been allowance for more standing room in these buses than sitting room as all journeys are short, and this would allow more space for wheelchair users. But, I'm afraid, at present we will have to settle for two.

In our discussions with the project planners it was also guaranteed that all the complementary and feeder bus services (those additional buses feeding the BRT lane or taking passengers further on, must also be accessible for wheelchair users (minimum one place per bus). For this we will have to wait and see it is a critical aspect to the proper integration of this transport system and to our successful travel chain.

If you have a sight impairment, you should be catered for within the ticketing and communication system, and if you have a hearing impairment, all instructions should be communicated to you appropriately.

What we are expecting – and what we have worked towards – is a universally accessible and integrated public transport system, safe and affordable, running by a timetable system, with staff, including drivers, sensitised to the needs of people with disabilities. Is this a tall order? I don't think so, actually we have a right to all of this.

So, any of you that live close by, go and give it a try – and we would love to hear from you about your accessible transportation experience.

There are some other issues about accessible transport which are of interest. The city of Johannesburg have chosen to use a high floor bus; as their core vehicle, which means that they need to build raised platforms at each pickup/drop-off point, and so the Public Works have been tremendously expensive. They argue that the cost of running a high floor bus is cheaper than that of a low floor bus – so in the long term this is worthwhile. Also, that there is a controlled ticketing system which ensures that the revenue goes into the right pockets.

In the run-up to the introduction of BRT in Johannesburg, I had the opportunity to use accessible public transport abroad, and have seen the benefits of the low

floor buses, or kneeling buses. These can actually stop just about anywhere and take on or let-off people in wheelchairs. This alleviates the need for a dedicated and fixed position structure for a pickup/drop-off point. Furthermore, it is not then necessary to allocate a dedicated centre lane. Surely, this should have been the option, so that we can be picked up and dropped off, a lot closer to where we need to be or are for our convenience.

This seems to be consensus that accessible transport, should mean that you are not further than 500m away from where you need to be, and this formula, if implemented, will really mobilise a large percentage of the population, in an accessible and safe way.

BRT is here to stay. Twelve cities in South Africa will be implementing this transport system. Not all will be using the high floor buses, some will be using low floor buses, and so, over time I guess we will see which suits us best – I hope this is not too much of an expensive and unpleasant experiment.

What is really important for us, is that this rapid transit system is primarily accessible, hopefully in a universal way, and, to create a travel chain opportunity for all citizens, essentially, it must be integrated with all other modes of transport. We must be able to get to the bus stop, from the bus stop to the train station, from the train station to the airport. The order of this integration doesn't matter, the important thing is that each different transport mode, understands and implements the principles of universal design and accessibility. There should be no "end of the line" situation.

Furthermore, we must show our support for BRT. The taxi industry has never catered for people with disabilities and therefore we need to show a strong support for this accessible transport system. It is unfortunate that the taxi industry would not look to the future and transform itself into a more accessible and safe environment. All of a sudden, they now up in arms.

Yes, there are lots of issues which they have put on the table, the issue that affects us the most, is the fact that they have still not seen their way clear to catering for people with disabilities.

After BRT, it won't be long before the Gautrain comes on board, and this is another project that we must watch. We have engaged with the project managers, and we are guaranteed that this will be an accessible service. The success of both (BRT and Gautrain), in the city of Johannesburg will be measured by their integration.

We must not accept anything less.

*Statement from SADA (South African Disability Alliance)  
Written by  
Ari Seirlis, National Accessible Transport Task Team*

### CONGRATULATIONS TO...

**Louinne Griessel** (Breede Valley APD) on the birth of her baby boy, Driaan.  
**Rania Herbert** (Drakenstein Centre) on the birth of her baby girl.  
**Erica Laspé** (WCAPD) and **Fanie du Toit** on their engagement.

# Communications

## The humble thank you letter— just how important is it?

**R**ecession has ‘bitten’ and the response of a number of charities has been to cut back on their donor acquisition programmes. This despite the research that has shown this to be false economy, and results in a drop in income four or five years down the line. DMI’s Sandy Havercroft-Drummond reports.

Sure, everyone has to tighten their belts, but consider this: would you stop paying your children’s school fees and make them stay at home in order to save money? Just for a year or two? What would happen when you decided that you could afford to send them back?

After two years of little or no investment in their education, they would be at a significant disadvantage, and have a few years of playing ‘catch up’ before they could even hope to reach the required standard from which to progress. This is what happens when charities stop investing in acquisition—short term gain but a long term sacrifice, from which it is not easy to recover.

The default position for an NGO should be to continue to invest in acquisition— but to maximise future returns by looking after those donors a lot better than we might have in the past, in order to conquer the other demon of recession: donor retention, i.e. keeping your existing donors and bringing new donors into the fold for a lifetime.

Your appeals need to be as real and as urgent as ever, but once you have a donation - saying thank you, and saying it correctly will be the most important determinant of keeping new—and existing—donors.

Although recession is the reason given for a decline in donor retention, is there anything else that affects retention rates? A survey, carried out in America in 2008, asked donors why they had stopped giving. The number one reason? They ‘no longer felt connected to an organisation’.

This is not a new feeling. In 1997 the National Survey of Giving, Volunteering and Participating found that 50% of donors stop giving, or give less, because they felt that their gifts were not appreciated.

The thank you letter is the perfect place to show your appreciation, to tell your donors that they matter to you, that their donation made a difference.

In a 2008 study carried out in the UK 25 charities were sent an initial ‘test’ donation of R120. A staggering 14 of them failed to send any form of thank you whatsoever. There were not small, cash-strapped organisations either, but well-established charities. Of the thank you letters that were received, the one that made the most impact was a hand written card from Hope & Homes for Children. It was personal, heartfelt and much better than a compliment

slip with the words ‘thanks for your donation’ scrawled on it—one of the other thanks you’s received.

So it’s vital for your organisation to thank donors properly.

Consider the following -

**How soon after a gift is received do you send a thank you letter?**

- Promptness is a priority. Aim to send a thank you letter within 48 hours.
- Do you refer to the amount donated? If I have made a donation I want to know that you have paid attention, that you acknowledge the amount of my gift.

**Do you address the donor by name?**

- Know who the donor is—personalise your thank you letter.

**Do you supply a receipt as standard?**

- You should, as standard procedure.
- Do you differentiate what kind of letter or communication goes to people who donated very small amounts and those who sent substantial gifts?
- If someone has donated a large amount of money, send the letter, but make sure your CEO or Director makes a phone call as well.
- If someone has donated R10, this is as important a gift as any other.

**What about content?**

- You could start with something other than ‘Thank you for your gift’ to make it more exciting!
- If this is a repeat gift, acknowledge their past generosity.
- Include a contact number they can call if they have questions, or an e-mail address—but a *named* address, not a ‘info@abc’ Direct them to a real person.
- Use the words ‘you’ and ‘yours’ more than ‘we’ and ‘ours’.
- Say ‘thank you’ more than once.

**What kind of information do you have on your donors?**

Your database should be able to tell you how old I am, how often I donate, what my average gift is, whether I have a special interest in any of your projects and so on.

This is the type of data that can help you keep track of the effectiveness of your appeals, the lifetime value of donors, who to send bequest information to—your database is the lifeblood of your fundraising.

If you want to improve your retention rates, improve the way your donors feel about you. Make them part of your family.

Every NPO can do a better job of saying thank you, and it doesn’t have to cost you a great deal.

“once you have a donation  
- saying thank you, and  
saying it correctly will be  
the most important  
determinant of  
keeping ..... donors.”

## Blow-A-Bility

Blow your way through difficult tasks

By pure frustration a device was developed to assist with the simple daily tasks of the physically challenged.

Have you ever experienced the situation when you're in bed and the need arises to switch an appliance on or off or to change a TV channel with no help available at that moment.

Now it can be done by blowing on a thin pipe which is attached to a device with switching abilities.

The Blow-A-Bility is mounted so it can be used from a bed or wheelchair or anywhere in the room.

Up to 5 appliances can be connected to the BA5 device, i.e. fan, light, radio, bell, TV etc. An alarm can also be activated from this device if so desired. By simply blowing on the chosen pipe (BA5) an appliance will be switched on and remains in that position until blown again to switch it off. The BA5 sealed blow unit comes with 5 metres of cable and an adaptor socket for appliances.

The Blow-A-Bility remote (BAR) is a universal TV remote device which enables one to operate all the ordinary remote functions by just blowing. Also on a tripod, it can be maneuvered to any position to suit the physically challenged. The BAR reacts with each blow to perform a specific function.

Both devices come with a cellphone / remote holder, instruction leaflet and one year guarantee.

The device will be marketed to hospitals, old age homes, self help centres, etc. This device will be used as a nurse call system in hospitals together with the TV remote blow device.

Both systems can be adapted to suit the individual's needs. Requests are welcome.



Manufacturer & Distributor  
of aid devices for the disabled

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Phone/fax: +27 (0)21 961 8384  
E-mail: [abilitysolutions@absamail.co.za](mailto:abilitysolutions@absamail.co.za)

Additional accessories for the BA5 is a 120V bell beacon buzzer with 5 meter cord @R280.00



The blow ability concept is a patented product.



Don't hesitate, get blown away and feel more independent.

-Edited

## PROJECT PROPOSAL WRITING TOOLKIT

ELD Publishers, publishers of The Reporting Skills and Professional Writing Handbook, have launched their newest toolkit which may be of interest. It's called 'Project Proposal Writing', and takes the same effective approach to project planning and drafting winning proposals. Based on ELD's long experience training and consulting to development organisations, it's a practical toolkit for anyone interested in designing better projects and getting support for their proposals.

Just like the Reporting Skills handbook, there's a try-

a clear, practical toolkit on project planning and proposal writing for people working in international development



before-you-buy option - just go to [www.projectproposalwriting.org](http://www.projectproposalwriting.org) and you can sign up to immediately start receiving sample modules by email.

Julie Shepherd, Digital Learning Manager  
ELD Publishing



## International Day for Persons with Disabilities

**Making the MDGs Inclusive : Empowerment of persons with disabilities and their communities around the world**

The annual observance of the International Day of Persons with Disabilities on 3 December, aims to promote an understanding of disability issues, the rights of persons with disabilities and gains to be derived from the integration of persons with disabilities in every aspect of the political, social, economic and cultural life of their communities. The Day provides an opportunity to mobilize action to achieve the goal of full and equal enjoyment of human rights and participation in society by persons with disabilities, established by the World Programme of Action concerning Disabled Persons, adopted by the United Nations General Assembly in 1982.

### Background

Globally, almost one in ten people is a person living with a disability and recent studies indicate that persons with disabilities constitute up to 20 per cent of the population living in poverty in developing countries. Many persons with disabilities continue to face barriers to their participation in their communities and are often forced to live on the margins of society. They often face stigma and discrimination and are routinely denied basic rights such as food, education, employment, access to health and reproductive health services. Many persons with disabilities are also forced into institutions, a direct breach of the rights to freedom of movement and to live in their communities.

The United Nations has a long history of promoting the rights and well-being of all people, including persons with disabilities. The Organization has worked to ensure their full and effective participation in the civil, political, economic, social and cultural spheres on an equal basis with others in order to achieve a society for all. The Organization's commitment to the full and equal enjoyment of all human rights by persons with dis-

abilities is deeply rooted in a quest for social justice and equity in all aspects of societal development. The World Programme of Action concerning Disabled Persons and the Standard Rules on Equalization of Opportunities for Persons with Disabilities translated the Organization's commitment into an international policy framework, which has been further strengthened by the Convention on the Rights of Persons with Disabilities, an international legal instrument, to empower persons with disabilities to better their lives and that of their communities around the world.

### MDGs and persons with disabilities

The United Nations and the global community continue to work for the mainstreaming of persons with disabilities in all aspects of society and development. Although many commitments have been made to include disability and persons with disabilities in development, the gap between policy and practice continues. Ensuring that persons with disabilities are integrated into all development activities is essential in order to achieve internationally agreed development goals, such as the Millennium Development Goals (MDGs). The MDGs can only be achieved if persons with disabilities and their family members are included. This in turn will ensure that people with disabilities and their family members benefit from international development initiatives. Efforts to achieve the MDGs and implement the Convention are interdependent and mutually reinforcing.

More information on the MDGs and persons with disabilities [<http://www.un.org/disabilities/default.asp?id=1470>]

### An Important Tool for Action: Community-Based Rehabilitation (CBR) a bridge between policy and practice

A thriving approach to integrate persons with disabilities in development that is

*'an opportunity to mobilize action to achieve the goal of full and equal enjoyment of human rights and participation in society by persons with disabilities'*

*Contd from previous page*

practiced in over 90 countries around the world is community-based rehabilitation (CBR). CBR is part of the general community-development strategy intended to reduce poverty, equalize opportunities and involve individuals with disabilities in society. CBR is a flexible, dynamic and adaptable strategy to different socio-economic conditions, terrain, cultures and political systems throughout the world. It includes access to health care, education, livelihood, community participation and inclusion. Empowerment of disabled people and their family members are key components of a good CBR programme.

CBR provides a link between people with disabilities and development initiatives. CBR is implemented through the combined efforts of persons with disabilities, their families, organizations and communities, and relevant government and non-governmental organizations

(NGOs) working in the development sector. CBR works to ensure development initiatives are inclusive of people with disabilities and is increasingly considered as an essential component of community development. Through community action it serves to empower persons with disabilities (individually and within groups) to realise their rights and promote respect for their inherent dignity, ensuring that they have the same rights and opportunities as other community members.

This year, new ideas and options may be further explored as to how CBR can be used as a tool in operationalizing CRPD, Inclusive MDGs, similar national legislations and highlight the crucial importance of the inclusion and participation of persons with disabilities and their contributions in the development of their societies.

More information on Community-Based Rehabilitation [\[http://www.who.int/disabilities/cbr/en/index.html\]](http://www.who.int/disabilities/cbr/en/index.html)

## PARENTING A BLIND CHILD

by Nicky Roos

**T**he birth of our daughter Colette caused us to realise that modern though our civilisation may be, much ignorance exists and many primitive beliefs about blindness are still held by people across the board.

No one could advise us with certainty whether we were at risk of having a blind child, but once she had been born genetic experts were in evidence to say "we could have told you so."

Neither the gynaecologist nor the paediatrician could summon the courage to tell us, so an ophthalmologist had to tell us what was plain to see: Our child is blind. So the eye specialist contented himself with making the suggestion that we should rather not have another child and we should counsel Colette not to have children either.

Then came yet more unsolicited advice from other doctors and occupational therapists. We should not be surprised – so they told us – if Colette were to be at least six months behind other children with regards to her developmental milestones. That was the way of the world for blind children. That is probably one of the most discouraging things that a parent with a blind baby can hear!

In the face of this dire prediction we knew we needed help, but where to find it? Available services for people who are blind or partially sighted are not well-publicised in South Africa. Though we are reasonably well-informed blind people ourselves, we had to search surprisingly hard to find that two organisations in this large country of ours, claim expertise with regard to

early childhood development of blind children, and both of them are NGO's. The one who is most vocal refused to help us unless we travelled the nine hours there by car to consult with them.

So we did it alone with a little advice from the other. We were encouraged to speak to Colette often explaining what we were doing e.g. telling her that we were going to pick her up. They also explained how to get her into the crawling position so that she could get a feel for it. I also showed her how to find toys around her so that she would not expect to be handed things all the time. I put her on a blanket and put toys close to her. By taking her hand and letting her feel for them she learnt that she could find her own toys. Once she was used to finding them right next to her, I would move them a little distance away. At that stage I also made use of toys which make a noise to get her to move towards them. Other than that we managed on our own. And remarkably, Colette's milestones were basically on time.

Subsequently we had another child who is fully sighted, and there were very few differences in the way that we have brought up our two children.

If there are any parents with specific questions, I will be happy to deal with them in future newsletters, or on a personal basis if so wished.  
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## WCAPD talks at ABSA Disability Forum

During July 2009, WCAPD was asked to attend a meeting of the ABSA Disability Forum, in order to give a brief introduction to disability issues. Most of those present had a disability, but it must be said that managers and other staff in attendance without a disability showed a heightened sensitivity to disability, and the related challenges in the workplace.

ABSA indicated that they had an amount of R10 million in its support fund, to be used for the benefit of ABSA employees or their dependents who have a disability. To date, R2,5 million had been spent on 95 applications. The support also extends to dread diseases, where cases of chemotherapy and dialysis have been covered.

ABSA employees were encouraged to register their disability, so as to benefit from this fund.

WCAPD issued several challenges to ABSA in their accommodation of persons with disabilities in the work environment, specifically those pertaining to employment stereotypes. We also congratulated ABSA on the tremendous initiative they have shown, and guaranteed them our support.



## Oudtshoorn APD vier Vrouedag

Departement Maatskaplike Ontwikkeling het ons genader om tien gestremde vrouens te kies wat na Somerset-Wes kon gaan. Dit het plaasgevind die 25ste en 26ste Julie 2009 ter viering van Vrouedag. Ons het vrouens uit Oudtshoorn, Dysveldsdorp, Zoar en Lategansvlei gekies. Ons het die aand oornag in die Lord Charles Hotel in Somerset-Wes, die vrouens het dit baie geniet. Die oggend van die 26ste het ons 'n werkswinkel bygevoeg wat genoem was 'Miss Confidence'.

- Eshida May



## BETHESDA BINGO

Please join us for an afternoon of fun and games with lots of prizes to be won. Curry & rice, and tea & cake will be on sale.



**WHEN :** Saturday, 31 October 2009

**WHERE :** Sport & Recreation Centre  
Hangberg Village  
Hout Bay

**TIME :** 15H30 for 16H00

**COST :** R25 for 9 games

Contact Julia at Bethesda Hout Bay on (021) 790-7037 for tickets. This promises to be an exciting event, so hurry and get your tickets before they're sold out!

## GAME / Vodacom wheelchairs

This year once again saw Game and Vodacom handing over wheelchairs to learners from special schools across the country. The handover in the Western Cape took place at Astra School on 26 August, where a total of 63 wheelchairs were given to learners from 10 special schools in the Cape Peninsula.



Back L to R : Valda Botha (Western Cape APD), Frank Haigh and Charlie Stathakis (Game), Steve Kerrigan (Vodacom)

Front L to R : Tamaara Anderson (Vista Nova School), Tadiwanashe Kucherera (Filia School), Dennis Trotskie (Paarl School)



**apd**

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**Views and opinions expressed in this newsletter are those of the writer, and do not necessarily reflect the views of the Association, its staff, volunteers, donors or members.**

## Focus on...

# Diabetes

### Types of Diabetes

There are three main types of diabetes -

Type 1 diabetes - occurs when the pancreas stops producing insulin. It usually starts in young people under the age of 30, including very young children and infants, and the onset is sudden and dramatic. People who have type 1 diabetes must inject insulin to survive. Insulin dosages are carefully balanced with food intake and exercise programmes.

Type 2 diabetes - is caused when the insulin, which the pancreas produces, is either not enough or does not work properly. Approximately 85 - 90% of all people with diabetes are type 2, and many people who have this condition are undiagnosed. Most type 2's are over 40. They are usually overweight and do not exercise. Type 2 diabetes may be treated successfully without medication. Often loss of weight alone will reduce glucose levels. Eating patterns and exercise play important roles in management. Tablets may be prescribed to help improve control, however, many type 2's will eventually use insulin.

Although type 2 is, in itself, not life threatening, in many ways it is more dangerous than type 1, as its onset is gradual and hard to detect. High blood glucose levels over a long period of time can cause serious damage to the delicate parts of the body and lead to blindness, heart attack/stroke, kidney failure, impotence and amputation.

Gestational diabetes - is a temporary condition that occurs during pregnancy. Both mother and child have an increased risk of developing diabetes in the future.

### How serious is diabetes?

There is no such thing as 'mild' diabetes. Diabetes is always serious. If it is left untreated or is not well managed, the high levels of blood glucose associated with diabetes can slowly damage both the fine nerves and the small and large blood vessels in the body, resulting in a variety of complications.

These include heart disease, blindness, amputation, kidney disease and erectile dysfunction or impotence. The good news is that with careful management, these complications can be delayed and even prevented, but early diagnosis is very important.

You need to know what the symptoms of diabetes are and whether you are at risk.

### Who is at risk?

Risk factors for developing diabetes include the following -

- Being aged 35 or over
- Being overweight (especially if you carry most of your weight around your middle).
- Being a member of a high-risk group (in South Africa if you are of Indian descent you are at particular risk).
- Having a family history of diabetes
- Having given birth to a baby that weighed over 4kg at birth, or have had gestational diabetes during

pregnancy

- Having high cholesterol or other fats in the blood
- Having high blood pressure or heart disease

### Can you prevent diabetes?

Scientists believe that lifestyle and type 2 diabetes are closely linked. This means that lifestyle is one area which individuals can focus on to help prevent or delay the onset of the disease. A healthy diet, weight control, exercise, reduction in stress and no smoking are important preventative steps.

### How do you know you have diabetes?

Early diagnosis of diabetes is extremely important if complications are to be prevented or delayed. If you are over 35 and have any of the risk factors highlighted in the "Who is at Risk" section, you should be tested every year. A simple finger-prick test at your local pharmacy or clinic can diagnose the strong likelihood that you may have diabetes within a minute.

### How is diabetes treated?

Having diabetes need not mean the end of a normal, healthy life. People with diabetes need to first accept the fact that they have the condition and then learn how to manage it. This takes commitment and perseverance. The goal of diabetes management is to bring blood glucose levels into the normal range, that is, between 4-6mmol/l. There are various aspects to good diabetes management.

Education - All people with diabetes need to learn about their condition in order to make healthy lifestyle choices and manage their diabetes well. Join your local branch of Diabetes SA and attend courses in diabetes self-management. Make an appointment to see a Nurse Educator who will set you on the path to good diabetes management.

Healthy Eating - There is no such thing as a 'diabetic diet', only a healthy way of eating, which is recommended for everyone. However, what, when and how much you eat play an important role in regulating how well your body manages blood glucose levels. It's a good idea to visit a registered dietician who will help you work out a meal plan, which is suitable to your particular lifestyle and needs.

Exercise - Regular exercise helps your body lower blood glucose, promotes weight loss, reduces stress and enhances overall fitness and enjoyment of life.

Weight Management - Maintaining a healthy weight is especially important in the control of type 2 diabetes. Make an appointment to see a registered dietician who will work out a meal plan to help you lose weight.

Medication - People with type 1 diabetes require daily injections of insulin to survive. There are various types of insulin available in South Africa. Type 2 diabetes is controlled through exercise and meal planning and may require diabetes tablets and/or insulin to assist the body in making or using insulin more effectively.

Lifestyle Management - Learning to reduce stress levels in daily living can help people manage their blood glucose levels. Smoking is particularly dangerous for people with diabetes.