Training Manual for

Residence Leadership

2014

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DEAN OF STUDENTS DIVISION

DEAN OF STUDENTS

we care...

Disclaimer

This booklet is intended to offer basic information on a wide range of subjects. It is by no means exhaustive. Due to obvious space limitations we cannot hope to answer all questions related to the issues addressed.

Acknowledgements

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Message from the Dean of Students

Congratulations on becoming a “leader” in your residence, either through your appointment as a Sub-Warden or your election as a member of a House Committee, and welcome to the residence leadership training session. The training which will be provided during the workshops during the forthcoming week aims to prepare you for the wide range of situations and crises which you are likely to face during the year ahead, and to prepare you to help new students to cope with the demands made on them during their first year at University. Since time is limited, you will not be ‘lectured’ on the way the University works, what the rules and regulations are etc. We will assume that you already know much of this, and that you can read up what you don’t know in the University Calendar and your Hall and Residence Rule Books. For many of you, this will be your second year of leadership, and we have made every effort to avoid repetition for you by offering parallel sessions in the programme for returning students. Please take the training seriously, prepare ahead by reading this booklet, and participate actively in discussions. The more you put into something, the more you get out of it, and these workshops are a case in point.

Whether you are employed by Rhodes as Sub-Warden or elected by your peers as House committee members, you also need to remember that you are in a leadership role, and with it comes real responsibility, commitment, loyalty and hard work. Leadership also brings with it difficult times, conflict, and disagreement. In this manual are sections which are designed to help you get the balance right, and to cope with those tough times. There is a section reminding you of the importance of the relationships which you will need to build this year, and a section reminding you of the nature of your responsibilities and commitments.

The experience that lies ahead is often going to be intense, demanding and stressful – but these difficult times will be balanced with the unexpected rewards that will come your way as well: small successes, gestures of acknowledgment, deeper understanding of diversity, and immense personal growth and self-insight. Hopefully along with the frustration will come friendship and fun. Remember: you will get as much out of the year ahead as you are prepared to put into it.

As the Dean of Students, I greatly value the contribution that each of you will make during the year that lies ahead, in ensuring that each of our new students at Rhodes has a positive and enriching experience, taking advantage of all that the University has to offer. I look forward to meeting and getting to know as many of you as I can during the year ahead, and I thank you in advance for the contribution you are going to make to our wonderful residential system. I wish you a rewarding year and every success in your own studies.

Enjoy the journey, and good luck

Vivian de Klerk

Goals and learning outcomes

We aim to provide you, as a new Sub-Warden or House Committee member, with the necessary information and tools to support you in performing your job as effectively and efficiently as possible. During this training, we aim to:

1. Give you a full understanding of how best to assist your Warden in running the residence as an ideal learning and living environment
2. Remind you of all the responsibilities related to the job of Sub-Warden.
3. Describe the necessary skills you need to acquire in dealing with a diversity of people and situations, including unforeseen crises
4. Provide you with opportunities for experiential learning and real-life scenarios to help you acquire these skills and explore a range of social issues
5. Remind you of the need to look after your own wellbeing and that of your colleagues, and to help develop a strong network and support system
6. Give suggestions as to how to carry out your responsibilities professionally and responsibly.
7. Enhance your own leadership skills.

How to use this booklet

This booklet serves several purposes:

1. It provides an overview of the programme for your training session
2. It provides you with some important background reading about your own roles and responsibilities as sub-wardens and members of house committees (see section 5)
3. It provides some guidelines on leadership, and materials to help you find out more about your own leadership style
4. It offers some tips on keeping well and happy in your leadership role
5. It provides a handy guide for how to respond in case of crises and emergencies, with some detail on problems linked to sexual health, drugs and alcohol (see section 12)
6. It provides some preparatory readings for some of the sessions in the forthcoming training programme
7. It provides you with some materials which you could draw on when you plan your in-house workshops with your first-years

At the back is a list of useful contact numbers in case of emergency, so you will need to keep the booklet handy for the full year.

Where leaders learn …

Residences at Rhodes offer students a learning environment where they can develop on both the personal and intellectual level. But this can only happen if:

- The environment is genuinely conducive to study, where academic achievement is prized and recognized, and where there are times of silence and respect for the rights of others to study;
- The people living together are living in harmony, free from stress and division
- The environment is attractive, clean and comfortable;
- There are opportunities for students to take leadership positions and be nurtured and mentored when they do;
- There are successful role models (such as senior students, post grads and sub-warden) to lead the way.

1. Vision and Mission of the Dean of Students division

We seek to maximise the potential of students both academically and socially. In line with the Vision and Mission of the Dean of Students Division, we aim to:

- provide a caring and nurturing environment
    - which fosters academic success and personal growth;
    - free from discrimination, intimidation or harassment;
    - which is clean, safe and secure;
    - in which there is respect for and safety of personal property;
    - and in which the rules are fair and just, and sufficient to maintain an orderly environment conducive to learning, research and community life.
- and to create opportunities for students
    - to develop their leadership potential
    - to get involved in extramural activities
    - to engage with members of the wider Grahamstown community;
- and to build young graduates
    - who embrace diversity and value tolerance and mutual respect;
    - who act responsibly, mindful of the rights of others;
    - who are confident that they will receive help and support while at Rhodes;
    - who receive due recognition for achievements and contributions;
    - who accept their responsibility to the wider community, both locally and nationally;
    - who will value their life-long partnership with Rhodes after they have left
- staffed by people who are
    - dedicated and committed to their own integrated involvement in serving and supporting students;
    - committed to establishing an environment on campus which is conducive to academic study, research and personal growth;
    - provided with appropriate skills and training and supported by a responsive, empathetic, efficient and effective management and administrative services.

2. Developing young leaders

Development takes place in seven different areas, all of which combine to form a well-rounded, stable and competent graduate:

1. **Intellectual** — developing competence: during these critical years devoted to study, with few or no distractions, students are ideally placed to develop their minds, acquire knowledge and skills and master subject content. They need to develop their concentration, comprehension and synthesis, reflectiveness and critical thinking, reasoning ability and problem-solving, analysis and interpretation and their communication skills. We can assist in this process by providing opportunities and encouraging participation in academic activities, both curricular (i.e. courses, attending lectures) and extra-curricular (e.g. joining debating, going to inaugural lectures)

2. **Vocational** — developing purpose: Many students come to university with a very vague and unclear sense of what they finally want to do for the rest of their lives, and many of them change their minds during their programme of study. This is entirely normal, but it does cause students considerable worry and stress. The student needs to use their first year or two at Rhodes to discover what s/he loves doing, which situations are challenging, which activities are rewarding, and which subjects and skills are necessary to make them suited to an appropriate career in this area. And we need to help them to do this.

3. **Cultural** — establishing identity: Each student is unique at Rhodes, and they have a wonderful opportunity to explore the ways people from other cultures think and experience the world. Universities should encourage diversity, and provide opportunities for students to share their ideas, to argue, to express less popular views honestly and openly, to disagree and to change their minds. At Rhodes we aim to respect difference and appreciate and embrace diversity, allowing each individual to remain unique, comfortable with who they are, where they come from and what their values are. In the residence system, we can create opportunities for students to mix, and to get to know the “other” in a relaxed and inclusive way.

4. **Physical** — enhancing wellness: students need stamina and wellness in order to study successfully and develop to their full potential. Stamina comes from following a healthy lifestyle, eating a balanced diet, avoiding substance abuse, and getting regular exercise – even if this is simply daily walking. Our residences offer a range of sporting opportunities designed for recreational or competitive purposes, and participating in these has a positive spin-off for everyone. Students need to be shown how to take responsibility for their own wellness.

5. **Social** — developing relationships: A happy student is usually a successful student. Participating in group activities helps new students make life-long friends, while enhancing communication and other important life skills. Living in a small community (be it in residence or in a digs) requires considerable social skills, including listening to others, respecting their rights, taking responsibility for one’s own actions and caring concern for the welfare of others. In residence, this concern relates to the people in one’s corridor, or sharing the bathroom. In town, it extends to the neighbours who live in the same street. Another aspect of social development relates to one’s links to the community and one’s responsibility to society. Rhodes offers a range of opportunities for students to discover the value and reward in giving of one’s time and expertise to those less fortunate than themselves, and hopefully this will produce responsible citizens for the future.

6. **Psychological** — managing emotions: Students need to be mentally and emotionally stable and well-adjusted in order to reap the benefits of their time at University. Such stability comes from awareness and due consideration of one's own emotions and those of other people, the ability to cope when situations become tense and stressful, an understanding of one's own personal limitations, and a clear sense of when to ask for help. It also comes from feeling comfortable with one's identity – ethnic, gendered and sexual. University can be a particularly stressful time for young people, and Sub-Warden can help by acting as role-models, suggesting coping strategies such as goal-setting, and being available as a source of useful information when asked.

7. **Spiritual —** developing integrity: late adolescence is a time for questioning beliefs and values, and Universities offer a context where alternative life-styles and values are on offer. An atmosphere that encourages critical and principled moral thinking can help a student in the path of self-discovery, including the discovery of aesthetic and cultural interests, and the values which will guide them through adulthood.

Your responsibilities

Residence Leadership Teams

Having a leadership role is a huge honour, and wonderful opportunity for growth and personal development, but also a serious responsibility. Sub wardens and House Committee members form part of the residence leadership team, all of whom have committed themselves to perform certain duties for their full term of office: one year. Often we find that after a few weeks, some students falter, neglect their duties and abandon their responsibilities, leaving a greater burden on their fellow student leaders. We don't want this to happen, and this document aims to remind each of you what your responsibilities are, and how you will be measured up against them.

Feedback and Rewards for Good Performance

Some points to ponder

- What should happen if you don't perform well?
- How will you know if students and your fellow committee members are unhappy about your performance?
- What would you do if one of your Sub wardens of House Committee members did not pull their weight, or broke House rules?

All student leaders have certain key roles and responsibilities (see below). It goes without saying that they should also all participate fully in residence activities, ensure clear communication, provide leadership and commit themselves to teamwork.

How will you know how you are doing?

Everyone likes to be acknowledged when they have done a good job, but it's much harder to receive negative feedback, and to be told that one is not doing so well. At Rhodes, we have adopted a philosophy of "supported learning", and believe that the best way to improve is to find out what we

are doing well and where we are going wrong. If we don't get critical feedback, we don't know what should improve.

There are <u>three ways</u> in which we assess performance:

1. In the middle of each year, anonymous on-line surveys are conducted by each residence, focussing on performance of House Committee members and subwardens. During your refresher training before term 3, you will be guided in working constructively with your personal feedback.
2. During the 3rd term a comprehensive Quality of Residence Life Survey is conducted across all residences. This survey contains some questions related to subwardens and House Committees, which will enable you to check again on your performance in the eyes of your peers.
3. By the end of the year, your Wardens will know you very well. They will be asked to recommend the names of those students who have performed consistently to the best of their ability to the Dean of Students, who will write a personal letter to each of them, commending them on their excellent service.

Your Roles and Responsibilities During Leadership Training

Your primary responsibilities are:

1. Attend all sessions during the training and engage in discussions with your leadership team and Warden ***each evening***, focussed on how to apply what you have learned that day to your residence/Hall
2. In consultation with the Warden, ensure the fair and appropriate allocation of rooms to students in your residence.
3. Prepare the residence and draw up a roster to ensure that there are students ready to welcome first years and their parents throughout Saturday and Sunday.
4. Familiarise yourselves with the first-year orientation programme, and put up clear notices to inform students of where to go throughout O-week.

Roles and Responsibilities During Orientation Week

1. Sunday morning 11h00: (during Parents orientation) Organise a walking tour for the students in your residence, showing them all large lecture venues, and other relevant campus buildings (including Counselling, Health Care, Library etc.)
2. Sunday p.m. 17h00: Accompany first-year students to the VC's talk in the Monument
3. All first years must attend the 2 performances as per the schedule in the book: at least 3 students from the leadership team must accompany them to each of these shows.
4. Workshops: you are required ***to arrange*** the programme for all the compulsory workshops / discussions for the students in your residence (check the programme for times and dates)
    a. Sex, drugs …
    b. The Amazing Other Show
    c. HIV/AIDS
    d. Academic matters: usually a discussion in conjunction with your Hall Fellows

5. Check that all first years attend these workshops

1. Sub-warden job profile

Sub-wardens are employees of Rhodes University, and receive a salary for what they do. They will be held accountable, and can be dismissed for failing to perform their duties. The main purpose of the Sub-Warden's' job is to help the House Warden in the running of the residence ensuring that the environment is one conducive to good scholarship and collegiality which provides students with a safe and caring environment. You are required to be in attendance for the entire year, excluding vacations and to rotate duties with the House Warden. Duty schedules will be drawn up by the House Warden in consultation with the Sub-Warden to ensure fairness and flexibility.

Sub-wardens' responsibilities are as follows:

Student care

- Being proactively involved with students, interested in all aspects of their lives (academic, athletic, social and personal) and promoting well-being in these different spheres.
- Assisting and advising students who are experiencing academic or personal problems, referring these students to the appropriate resources within the University and reporting these problems to the House/ Hall Warden provided that permission has been granted by the student.
- Assisting the House Warden in establishing a cohesive culture in the residence.

Liaison

- Facilitating communication between the Hall/House Wardens and students, e.g. Communication of students' concerns and grievances as well as communication of policies, decisions and information for the Hall/House Warden to students.
- Advising the Hall Warden in the case of any problems, such damaged property, accidents, serious illness and death in the residence;
- Informing the House Warden of students' noteworthy achievements (e.g. Academic awards, prizes and bursaries, selection for sports teams).

Mediation and discipline

- Trying to solve any conflict within the residence
- Monitoring behaviour and discipline in the House and dining hall at all times
- Dealing with any transgression of the rules and taking necessary disciplinary action.

Administration

- Assisting your Warden with the administration involved in opening, running and closing the residence, including
- Attending house and hall meetings
- Maintaining student records
- Allocating rooms to students
- Ensuring House lists are kept up to date

- Collecting and distributing of mail
- Dealing with storage of luggage in box rooms
- Having access to and supervising the master keys.

Protection of the assets of the University

- Conducting regular inspections of the residence, and reporting damage
- Reporting problems to the appropriate support function, e.g. Estates, Housekeeping;
- Monitoring housekeeping and reporting any problems to the House Warden.

Health and safety Responsibilities

- Helping the Warden conduct regular fire, emergency and safety checks and drills in the residence.
- Reporting any problems as regards health and safety to the Warden.

2. House committee portfolios

Introduction

The summary below serves as a guideline, listing general expectations. Each portfolio is defined by what the key Roles and Responsibilities are, but they may differ to some extent from residence to residence and hall to hall. Each of you should be able to assess yourselves in terms of each responsibility listed below, and so determine your level of success.

Duties of ALL House Committee Members

1. Attend all Hall Social Functions
2. Support or participate in at least 75% of the inter/intra-res sporting and community engagement activities
3. Spend at least one hour a week in the common room interacting with students
4. Sit at different meal tables frequented by house residents at least once a week.
5. Attend all House Meetings and House Committee Meetings
6. Check and update your portfolio notice boards every three days.
7. Ensure that your portfolio concerns are placed on the House Committee Agenda, or discuss the matter with individual House Committee members (including the Warden).
8. Identify students who are isolated, and actively encourage them to participate in Residence Activities.
9. Identify problems related to the House Committee and use appropriate mechanisms to address concerns in a proactive, supportive way.

Key Performance Measures for each House Committee portfolio

ACADEMIC REP

Key roles and responsibilities

1. Devise ways to promote and recognise academic excellence
2. Ensure that first years attend academic lectures during orientation week, and get sufficient clear information before getting their curricula approved
3. Keep students up to date about academic events on campus (inaugural lectures, etc)
4. Coordinate follow-up discussion on 'RU Learning' for 1st years Manage informal res mentoring programme

Key performance measurements

1. Promote academic excellence by advertising resources and skills offered by the university i.e. study skills workshops, ADP classes and information about academic deans
2. Set up informal peer study groups
3. If your residence is participating in the Residence Mentoring programme: actively encourage participation by mentors and mentees
4. Organise common room study area during exams

COMMUNITY ENGAGEMENT REP

Key roles and responsibilities

1. Planning community projects
2. Leading, organising and controlling community projects

Key performance measurements

1. Organise at least one community project per semester
2. Maintain close liaison with Community Engagement Division
3. Provide up to date information on relevant notice board and electronically
4. At least 60% of residents are involved in a community project

ENTERTAINMENT REP

Key roles and responsibilities

1. Plan, publicise and manage entertainment events in consultation with the House Committee, in line with the "Rhodes University Responsible Use of Alcohol Policy".
2. Work closely with Hall Head / Senior Student in planning an event for the 'Dean of Students Live Smart Challenge'

Key performance measurements

1. Draw up a schedule of events before O-Week, including deadlines for functions.
2. Planned events take account of diversity and affordability

3. Notify House of events at least one week before the event.
4. Using a roster system, organise set-up & clean-up teams for all events.
5. Ensure that all event venues are returned to their original condition
6. Event schedule includes non-alcohol based events i.e. movie nights, games evenings etc.
7. Annual schedule for events is on the notice board and is up-to-date.

ENVIRONMENTAL REP

Key roles and responsibilities

1. Promote student environment awareness within the residence.
2. In consultation with the House Committee organise environmental projects.

Key performance measurements

1. Promote environmental awareness during first week of students arriving.
2. Run recycling programs in the residence efficiently and effectively.
3. Organise least one environment project during the year.
4. Check signage and maintenance of the water tank weekly.

FOOD REP

Key roles and responsibilities

1. Facilitating feedback between students and caterers
2. Manage Kitchenettes

Key performance measurements

1. Put up “meal rating sheets” and ensure that they are submitted to Catering staff
2. Prepare meal complaint forms and ensure that they are submitted to Catering staff
3. Advertise availability to receive complaints.
4. Ensure close liaison with Catering Staff

RESNET (NETWORKING) REP

Key roles and responsibilities

1. Promote and Administer the residence network
2. Liaise with the IT Department

Key performance measurements

1. Make sure that people are aware of ResNet before end of first week of the first term.
2. Any questions / problems about ResNet are handled within a week
3. Working with the Hall Administrator, ensure that the House website is updated by the end of the second week.
1. Maintain good communication with the IT Department

SECRETARY

Key roles and responsibilities

1. Perform secretarial duties

Key performance measurements

4. Up-to-date photographs of house recreational events are posted on the Hall Website
5. Minutes from House Committee meeting are accurate and error-free
6. Minutes are distributed to all members within one week
7. Agenda for each meeting is drawn up and distributed beforehand
8. Birthday cards are received by students before 09h00 on the day of their birthday

SENIOR / HEAD STUDENT (HALL)

Key roles and responsibilities

1. To arrange Hall Ball (if the event is a hall tradition)
2. Student representative and support
3. To co-ordinated the Hall Dean of Students Challenge event

Key performance measurements

1. Arrange Hall Ball
    a. In consultation with the Hall committee, select a date for the hall ball
    b. Consult all residents on preferred theme for the Ball
    c. Establish and chair an organising committee
    d. Draft budget for the event and ensure that it is closely followed
    e. Assisted by the Hall Administrator, co-ordinate logistics such as venue booking, catering, décor, ticket sales, entertainment etc.
2. Student representative and support
    a. attend all hall committee meeting to represent students views
    b. attend at least one house meeting for each residence in the hall every term to canvas ideas, hear complaints and report back
    c. attend all Board of Residences meetings to represent the students of the hall
3. To co-ordinated the Hall Dean of Students Challenge event
    a. In consultation with the Hall committee, select a date for the event
    b. Consult all residents for event ideas
    c. Establish and chair an organising committee
    d. Draft budget for the event
    e. Assisted by the Hall Administrator, co-ordinate logistics such as venue booking, catering, décor, ticket sales etc.
    f. Ensure that the event breaks even financially

SENIOR / HEAD STUDENT (HOUSE)

Key roles and responsibilities

1. To arrange purchasing of the Residence Top
2. To arrange the House Photograph.
3. Student representative and support
4. Ensure that house comm. members fulfil duties
5. Organise food for exam snacks
6. House meetings

Key performance measurements

1. To arrange purchasing of the Residence Top
    a. Put up diagrams of available garment options
    b. Put up lists requesting garment preferences from House Members
    c. Receive sample of selected garment and circulate for confirmation
    d. Put up order forms before the end of SWOT week
    e. Have monies collected and final order placed with manufacturers by first week of the third term
    f. Ensure that final product is of suitable quality and distributed to buyers.
2. House Photo.

a. Arrange a date with photographer and inform students

b. Ensure student arrive on time and are dressed appropriately.

c. Provide names of students to the photographer.

3. Student representative and support

a. attend all hall committee meeting to represent students views

4. Ensure that house comm. members fulfil duties

a. After consultation with house comm. members, set up regular house comm. meetings

b. Chair all house comm. Meetings and facilitate portfolio report backs from each member, ensure that they meet commitments

c. Liaise with warden to inform them of critical issues and keep them apprised of house committee plans. In turn, any matters raised by the warden should be conveyed to the house committee

5. Exam Snacks.

a. Inform students of the exam snack dates and times

b. Ensure that the snacks are budgeted for in the annual residence budget

c. Ensure that there are enough snacks (within reasonable limits) for the residence.

6. House meetings

a. Inform students of house meetings at least 48 hours in advance

b. Chair all house meetings; prepare the agenda by canvassing residents for current issues to be discussed

c. Ensure that all relevant matters raised and decisions taken at House meetings are reported at Hall comm. meetings.

SPORTS REP

Key roles and responsibilities

1. Is responsible for the organisation of sporting events for the residence
2. Acts as key liaison person for inter-residence sporting competition and encourages maximal participation from students

Key performance measurements

1. Attends all relevant meetings with Sports Admin and enters the residence for every inter-res sporting event.
2. After consultation with the House Committee, advertises all planned sporting fixtures well ahead of time
3. Students in the residence are made aware of and encouraged to participate in these events
4. Ensures that notices and sign-up lists are up at least one week before the event
5. Attends every inter-res sporting event.
6. Keeps records of participants in all inter-residence sporting events and in consultation with the Warden, present awards for participation to the most frequent participants at the Annual Residence Awards Evening.
7. Submits all receipts for inter-res sport to the Treasurer within one week.

TREASURER

Key roles and responsibilities

1. Finance
2. Prepare Financial Reports

Key performance measurements

1. Makes financial accounts available to HC
2. Reports on finance at every House Committee Meeting
3. Liaises with all House Committee members to ensure they submit receipts within one week
4. Liaises closely with Warden and Hall Administrator regarding financial matters.

SRC REP

Key roles and responsibilities

1. Liaison between Hall and SRC

Key performance measurements

1. Make themselves known to members of the Hall, and encourage students to keep them informed of important developments in the Hall and of any matters causing unhappiness.
2. Attend all Hall meetings and at least one house meeting per semester in each residence, and convey all information from the SRC promptly and accurately to these meetings.
3. Attend all SRC Hall Rep meetings and convey all information regarding the Hall promptly and accurately to the SRC.
4. Represent the SRC at functions and formal events in the Hall.
5. Share with the Senior / Head Student the responsibility of representing the Hall at Student Forum meetings
6. Update all notices pertaining to SRC activities in the Hall.
7. Assist the Head / Senior student in organising functions and electing Hall office-bearers for the following year.
8. Assist in organising the SRC elections.
9. Assist in resolving disputes and/or conflict in the Hall before such matters need to be escalated to the Dean of Students.

Looking after No. 1: staying well

There will be times when you feel extremely stressed in response to pressures and challenges you have to deal with.

What causes the stress?

1. Perhaps you are experiencing some role ambiguity and conflict: your friends have committed an offence and now you have to discipline them
2. Perhaps you sense that people are criticising you behind your back
3. You are unsure about how you are performing, and nobody ever gives you any positive feedback
4. You feel alone and unsupported
5. You feel disempowered, and have to carry out instructions which you don't agree with
6. You may have had an argument with a friend or loved one
7. You might feel you handled something badly recently
8. Your workload might be heavy and conflicts with other duties
9. You are worried about financial matters, or something at home

What to do?

Start with a little detective work, and ask yourself why you are feeling this way. Examine sources of worry from your relationships or environment, check the list above, and know yourself! Then you can take control and work out how to improve the situation.

Below are some hints about how to manage your stress in a positive way.

1. Health: get your sleeping, eating and exercise patterns right. If you aren't sleeping well, try the following tips:
    - set up a bedtime ritual e.g. reading before bed, yoga, a warm drink
    - go to bed at the same time each night, even on weekends
    - write down your worries and anxieties
    - describe your dreams in writing
    - exercise regularly during the day
    - avoid taking naps
    - try the following relaxation technique:
        - lie down and focus on your breathing and on relaxing every part of your body while you mentally concentrate on each part of your body, identifying which sensations you feel – warmth? Heaviness etc.
        - while lying comfortably, clench or tighten the muscles in your body one at a time for 5 seconds, starting with the feet and working your way up - including your face. Then release
2. If you have had an argument: allow a cool-off time, assess the situation, and then state the issue to the other person and negotiate a win-win solution. If necessary, ask for a 3rd party to help.
3. If there is a problem with a relationship, attend to it quickly. If there is conflict, go to its source and set

about trying to resolve the problem, focussing on the task and the facts, and not the personalities. Be open to learning about yourself, and to the possibility that you might have been wrong.

4. To build your confidence and a positive outlook, try the following tips:
    - Identify and accept your weaknesses, and build on your strengths
    - Make time for family and friends, and nurture those relationships
    - Give and accept support
    - Volunteer your services: being involved in a community, especially where there is need, gives one a sense of purpose and satisfaction.
    - Share your problem with someone else that you trust – talk it through, and you will feel less isolated.
    - Examine your moods, and respond to them: if you know you are angry, deal with the emotion constructively; if you are afraid, try to understand why, and how to conquer the problem
    - Get to know yourself, what you enjoy and what makes you happy, and seek to do those things when stress builds
    - Accept yourself for what you are, including your weaknesses, and accept what you cannot change.

Planning & Presenting a Workshop

During Orientation week you will be required to plan, coordinate and run the Rhodes Life in-house workshop with all your first-year students after 'STDiesel'. You will also be expected to hold follow-up discussions with them after the drama productions 'The Amazing OTHER Show'.

The timetable for these workshops and discussions runs in a cycle, so it differs for various Halls of Residence. Please refer to the specific schedule for your Hall, and make a note of exactly when each of your workshops has been scheduled. It is important to follow the programme closely.

In planning your own presentations, we recommend that you give some careful thought to how each session is structured.

- Plan the input (who will give a lead-in discussion? How will you make sure students participate?)
- Write down the discussion topics you want to cover (this manual contains a few suggestions for you)
- Preferably make copies so that all students have them
- Make sure you allocate your time well, so that all the important aspects are covered.

Wardens have been requested to check that the workshops in their residences do indeed run well, and that you utilize the full time allocated for each one. It is also part of the job requirements for sub-wardens to ensure that this happens, and House Committee members carry a strong responsibility, as elected officials, to make sure that they run successful and meaningful programmes, which have a genuine positive impact on students, and make them think carefully about these important issues and discuss them fully.

You will be establishing the foundations for on-going awareness-raising interventions that will be coordinated by the Office of the Dean of Students, and you will be key agents in ensuring that we achieve attitude change and transform our young students into thinking, caring, responsible members of the Rhodes community.

Here are a few tips to help you make your workshops a success

1. **The logistics:** when and where will the discussions take place? Is the venue suitable and large enough? Is the seating okay? What size will the groups be? Aim for a group of 10 or less. The bigger the group, the greater the risk that some people will be silent. How will they know where to sit? Will people be able to hear each other easily? Sitting in a circle is best. Get all these aspects sorted out well in advance.

2. **Know your audience:** ahead of time, think about who they are, what they already know and what they are expecting from you. They come from very different backgrounds, and you can't take too much for granted. Don't patronise them or talk "down" to them: open the discussion as equals, in which you make it clear that you respect their experience etc., and aim to draw on it during the discussions

3. **Help your audience know you:** Spend a little while introducing yourself to the group, and explaining (maybe) that you feel a bit nervous, but that you hope that the process will be mutually beneficial. Prepare the content: be clear on exactly what the aim of the workshop is, how you will structure it, how long each section is likely to take, etc. Take the trouble to write down the steps, and the specific

questions you plan to discuss – it works better if you make copies of these and distribute them. The better your preparation, the higher the likelihood of a good outcome. In this booklet there are a number of helpful suggestions that are provided for each workshop: select from them those questions that you feel interested in, and have a back-up plan for what to do in case people don't respond as you anticipated. In particular, please give some thought to what should happen after the workshop is over: will you drop the subject and walk away? What follow-up activities or conversations should take place?

4. **Start by explaining the purpose of the workshop:** what is the intention or focus? Is it achievable in the time-frame? Agree at the outset what the purpose is, and what it is 'not', so there are no false expectations. Also make it clear that you are well organised, and can be trusted and relied upon to deliver the goods! Make a verbal 'contract' with them, in which you undertake to do your best, in return for which you expect full and open participation from them.

5. **Time-keeping:** it is vital not to run over time, especially when there are competing events which put pressure on everyone. Give the assurance that you will complete the task in the allotted time-frame.

6. **And the outcome?** When discussing purposes (4 above), inevitably you should also touch on what outcomes are hoped for. Be realistic about these, and remember, they should revolve around the participants: what they will know, what they will be asked to think about, how they might change their behaviour as a result

7. **When it's over:** how will you know whether it worked? Consider giving a brief assessment sheet, asking for honest comment. It's important to evaluate both the content of the workshop and your own performance as a presenter.

Some techniques for workshopping: (these depend on topics)

1. try role-playing, based on a scenario – it can be fun
2. use brain-storming to get responses to a questions
3. get students to work in pairs and report back
4. divide the groups into opposing groups, and get them to argue a case both ways.
5. lead a discussion with provocative questions (plan the questions carefully)
6. play a game
7. give a mini-lecture (not advisable, but …)
8. draw on the experiences of individuals in the group
9. complete a questionnaire and compare results
10. arrange a panel-discussion from "experts"
11. run a quiz at the end – if the input was fact-based
12. assign pre-reading to aid discuss it

The DOs

- 'contract' at the start to ensure that everyone knows that they have a shared responsibility to make the workshop a success
- try and get everyone talking
- keep the atmosphere positive, friendly and light-hearted: set the climate for an informal and frank discussion, which has a serious purpose
- respect differences of opinion and prevent anyone from being personally ridiculed etc.
- ensure that the discussion remains focussed on the topic
- have some back-up questions or activities prepared, in case the discussion doesn't work well
- Remind them of the benefits of the process
- Be flexible (within reason)

The DON'Ts

- don't give too much information
- don't drone on like a teacher
- don't run over time
- don't let one person monopolise
- don't allow the topic to drift

Building relationships in the workplace

Your primary colleagues in residence are your Warden and your fellow Sub-Wardens. You also need good relations with the House Committee. It is important to get along with those we work with for three reasons:

1. it improves overall efficiency
2. it makes life pleasant
3. it is very stressful when there is conflict in the workplace

What makes a good working relationship?

- Showing support and interest in others
- acknowledging and appreciating what they do
- being friendly, and occasionally offering to help
- being positive, light-hearted and creative
- being reliable and consistent
- showing that you keep your word and can be trusted
- showing that you care about justice and fairness
- doing whatever you undertake to do promptly, without being reminded
- being a good listener
- showing that you care about the feelings of others
- admitting when you have made a mistake or done something badly
- being willing to ask for help

Relationship Quiz: How well will you get on with your fellow House Comm. Members?

Respond to each statement below as honestly as you can, based on your experience in the work-place so far

(0 = never/rarely 1 = sometimes 2 = usually 3 = always)

1. I am ready and able to share information and/or equipment with my fellow House Comm. members
2. I offer ideas and advice without domineering
3. I compliment my fellow House Comm. members and warden on their work and accomplishments
4. When I am dissatisfied, I criticise in private
5. My fellow House Comm. members trust me
6. I remain even-tempered, even when angry or frustrated
7. I am honest and consistent in my words and actions
8. I avoid making negative personal comments about my warden
9. I try and help make the residence and happy and harmonious environment
10. I accept new people and make an effort to make them feel welcome
11. Even if I'm busy, I'll make time to chat, if a fellow House Comm. Member wants to.
12. I'm interested in my fellow House Comm. members: what they enjoy, what they are doing, what their needs and problems are
13. Even if I dislike one of my fellow House Comm. members, I remain pleasant and friendly
14. I'm willing to help my fellow House Comm. members without needing acknowledgement.
15. I thank my fellow House Comm. members when they help me
16. I make an effort to be efficient and follow rules and guidelines in the residence
17. I offer help when I see that someone needs it.
18. People who know me would say I'm a good team player who is willing to get involved

How did you fare? A very high score indicates that you are almost perfect (and are probably lying to yourself!) and suggests that you are too eager to please. In fact, you might be insincere, and a bit of a doormat. Assert yourself! Very low scores suggest that you might NOT be easy to get on with at all! A medium score is where to aim – but don't cheat!

Ten tips to relate well to your warden

1. When s/he suggests a strategy or conveys a decision that you don't really think is a good one, voice your opinion objectively, express the reasons why, listen to the responses … and after debate, abide by the final decision.
2. Don't try to get too involved in his/her personal life: a polite interest is enough
3. Don't be over-anxious to please or praise the warden all the time
4. Do personal favours occasionally, within reason. But only if you want to.
5. Volunteer to help now and then.
6. Maintain a friendly, cheerful and open disposition
7. Avoid personal criticism of your fellow Sub-Wardens, unless the conversation is confidential and the criticism warranted
8. Be polite and respectful of the warden and their authority, especially in discussion amongst students
9. Be open to criticism from the warden, and respond positively if it is warranted
10. Show by your actions that you can be trusted and relied on

[Adapted from the UCT Sub-Wardens' Survival Guide, Dr R. Exner 2007:17]

Conflict Management

What is conflict? A do-it-yourself guide

Conflict is a state of disharmony between incompatible persons, ideas or interests.

Due to the diverse population of South Africa (and more immediately at Rhodes and in your residences), conflict is an inevitable part of our lives, as the more we differ, the more likely conflict is going to occur.

Considerations in effective conflict resolution:

1. Your attitude
2. Preparation
3. Communication Behaviours
4. Problem-Solving Behaviours

Assertiveness is at the heart of effective Conflict Management

On an assertiveness scale, there are three types of behaviour:

1. Submissive or non-assertive behaviour
2. Assertive behaviour
3. Aggressive behaviour

How to be assertive

1. Be Honest – about what's relevant
2. Stick to your bottom line
3. Make it clear that you are negotiating as equals.

Conflict involving you personally

1. Analyse why you feel upset, and whether your behaviour might have played a role. Often it is partly your fault
2. If the fault seems to lie elsewhere, ask the other party if you can chat in private, setting a mutually convenient time and place
3. Try to do this as soon as possible
4. Prepare yourself ahead of the meeting: have the facts at hand, think through the conversation, think of alternative solutions, and try to feel positive about achieving an agreeable outcome. It may help to discuss the forthcoming meeting in confidence with a colleague whom you trust, and get their advice and input.
5. Start by describing the situation / problem as you see it and ask the other person to comment
6. Listen to the other person very carefully, nod and comment to show that you have heard and understand. Watch your body language, and don't raise your voice
7. Say something like "I hear what you are saying, but …" and state your own point of view, expressing honestly what you think and feel. Avoid making any personal accusations: stick to the facts.
8. Make it clear what you agree with and what you don't agree with, and stay calm and patient – and repeat yourself if necessary.

9. If the person reacts angrily, tell them you understand they are angry, and wait for them to calm down, since anger will get in the way
10. Confront demeaning, racist or sexist behaviour firmly, and remind the person that you would prefer to have a dignified and mutually respectful meeting
11. Avoid any undignified behaviour which you would regret later on, such as shouting, crying, or patronising or derogatory remarks of any kind. If you feel things getting out of control, ask to meet again later
12. Aim for a win-win situation, in which each person can save face. State what you would like to see happen and negotiate for a mutually agreeable compromise, which isn't necessarily exactly what you wanted, but meets you half-way. Agree on an action plan and dates etc.
13. If all else fails, explore whether it would be useful to get a third party to help resolve the conflict, and agree on who this could be.

How to work comfortably with different groups in residence

- Show that you appreciate and enjoy cultural diversity
- Think critically about your own cultural background and explore why you are different
- Develop empathy for differences
- Permit and encourage others to form network groups.
- Avoid referring to people in terms of their "group" identity. Regard each person as an individual.
- Guard against stereotypes and unintended discrimination
- Avoid undignified communication

Third party intervention

1. **Ensure your acceptance as a mediator by both parties**
    - Ensure that you can be partial and objective and state this to both parties
    - Clarify your role: are you there to try and get the two parties to reconcile/agree or to decide on a binding verdict?
2. **Meet with each party separately**
    - Establish the nature of the conflict/complaint/dispute and what each party would like to see happen (or discuss concessions)
    - Be sure to clarify the perceptions of each party
    - Explore issues fully and encourage individual to be empathic (Do you have any idea how Sue may feel? What impact do you think your behaviour had on Sue? Does Nosipho agree with you on this?)
    - Establish "rules of discussion" and confirm your role
    - Check the facts if possible
3. **Analyse the situation, identify causes of conflict and areas of common ground**
    - Identify what each party really needs
    - Meet again with each party separately, if necessary
4. **Prepare for meeting with both parties**
    - Choose a neutral venue and a time when issues can be explored
    - Prepare your opening statement

- Decide on who will go first (this is quite political so go carefully)

5. **Call parties together**
   - State your role as mediator and confirm rules of discussion
   - State the case as you see it
   - Invite first party to make a comment
   - Ensure that there is understanding by both parties of what is being said
   - Emphasise commonalities
   - Limit your involvement as much as possible – encourage parties to talk to each other
   - Once both parties start to see the conflict as a mutual problem and accept their role in it, start to look at options – what can be done to solve the current problem and prevent it from happening again?
   - Brainstorm, focusing on “do-ables”
   - Agree on action and whether a review meeting is necessary
   - Monitor situation

Social Issues

1. Psychological Stress

This section will assist you to answer questions that may arise during the course of the introductory workshops. They relate broadly to STUDENT SERVICES available at Rhodes.

There are a multitude of causes for psychological stress and each cause has many ways of manifesting itself. As House Committee members you are NOT expected to act as counsellors or psychologist. This workshop is designed to enable you to work with the students in your residences in identifying students in distress (which may have any number of causes), and then to assist those students to access the support services offered by the University, including, but not limited to the Counselling Centre. The following focus areas are common stressors, and the information provided should assist you to give students an idea of what to look for and how to cope with a range of potential problems.

Suggested points for discussion:

1. You notice that the girl / boy next door to you hasn't been around much lately. S/he seems to be sleeping a great deal, and strikes you as very lazy and lethargic. What, if anything, should you do?

2. You notice that a fellow first year is getting extremely thin, although they seem to eat a fairly large amount of food in the Dining Hall every day. Someone has recently stolen an entire chocolate cake from the shared residence fridge, and you notice tell-tale crumbs outside the student's door. What's going on, and how should you intervene?

3. One of your friends sends you an sms to say they have just taken an overdose of sleeping pills, and it's "goodbye". How should you respond?

4. You suspect that your good friend has anorexia nervosa, and you want to help her but she denies that she has a problem. How do you take the matter further?

5. You go to the bathroom and there you discover a student from your res whom you don't know very well who is obviously bleeding vaginally, crying and deeply upset. When you ask what is wrong, she blurts out to you that she has just been raped by her boyfriend while he was visiting her in her room, right next door to your room. She doesn't want anyone to know, and he is still in her room, waiting for her to 'clean herself up'. What is the right thing to do?

6. Your lecturer starts making suggestive and offensive remarks to you whenever you pass him in the Department or in town. You feel very uncomfortable about this, and become increasingly anxious and worried. How should you handle the matter?

Causes of PSYCHOLOGICAL stress

Depression

The symptoms of depression vary from person to person. Although everyone feels down at times, some people describe depression as a heavy black blanket of misery that falls over their lives. People might feel like they have no energy and cannot concentrate, while others feel irritable most of the time. If you have felt sad or down for more than two weeks, and these feelings are negatively interfering in your life, you may be depressed.

Most people with depression do not seek help, even though the majority will respond to treatment. Getting help for depression is vital because it affects you, your family and friends, as well as your work. It is also important to seek treatment because in severe cases depression can be life threatening as suicide can be a possible outcome.

Depression can be effectively treated

What causes depression?

Depression often occurs as a result of a combination of factors rather than from one single cause. Depression is not simply a "state of mind". It is also related to physical changes in the brain, resulting from an imbalance of chemicals known as neurotransmitters.

Common features:

- Family history. There is growing evidence that depression can have a biological basis. It is known to be more common in individuals with close relatives who have been affected.
- Trauma and stress. Life events such as relationship difficulties, the death of a loved one, financial problems, lack of social and emotional support, and events requiring significant psychological adjustment (such as a career change, getting married, or coming to university) may contribute to depression.
- Pessimistic attitude towards life. Individuals with low self-esteem, or who have a tendency to view them-selves and the world around them in a negative manner are at a higher risk for depression.
- Medical conditions. Some medical conditions, such as heart disease, HIV, hormonal disturbances, and cancer, may contribute to depressive feelings. Similarly, depression may influence an individual's physical well-being, and play a detrimental role when there is already a pre-existing medical condition. In some cases, depression can be caused by medications used to treat medical conditions.
- Other psychological conditions such as anxiety disorders, eating disorders, schizophrenia and substance abuse may place an individual at risk for depression.

Signs of depression

Anyone who feels down nearly every day for weeks or months may be clinically depressed. Depressed individuals may experience:

- On-going feelings of sadness, irritability or tension
- Decreased pleasure or interest in usual activities
- Feeling of lethargy or loss of energy
- Change in appetite, resulting in weight loss or weight gain
- Change in sleeping pattern, sleeping too much or too little
- Restlessness or feeling slowed down
- Difficulty with making decisions or concentrating
- Feelings of worthlessness, guilt or hopelessness
- Thoughts of suicide or death
- Diminished interest in sex

Who gets depression?

Although depression may make you feel alone, many people suffer from depression during their lives. It can affect anybody, although its effect may differ according to your age and gender.

- Women – are more than twice as likely to become depressed as men. The higher risk may be partly due to hormonal changes. It has also been hypothesised that women are more likely to talk about feelings of sad-ness, and seek help when necessary.
- Men – although their risk of depression is lower, men are less likely to seek help than women. They may show some of the typical signs of depression, but are more likely to be angry and hostile and mask their condition, sometimes with alcohol or drug abuse. Men who are depressed are particularly at risk for suicide, and they are more than four times more likely than women to kill themselves.

What treatments are available?

Friends and family can offer a great deal of support for individuals who suffer from mild cases of depression. Someone who is willing to listen and ask concerned questions can make a big difference. However, even the most caring and patient companions can find themselves frustrated when depression is more severe. It is important to seek professional help.

Psychologists and psychiatrists are professionally trained to recognise and provide therapeutic support for people suffering with depression. Some people prefer to first consult their medical practitioner. While each speciality has its own perspective and expertise, it should be remembered that practitioners of all kinds have experience in dealing with depression, and can refer to others when necessary.

Counselling or psychotherapy can provide insight into the depression, emotional support, and address negative patterns of thinking. Group therapy can be a particularly effective form of treatment for depression.

Psychologists may help individuals to make changes in difficult life situations. With the individual's permission, they can set up meetings with friends or parents to explore ways of resolving a crisis. Depressed individuals who are at risk of killing themselves may need to be in hospital temporarily. While this is often seen as a drastic measure, it can be life-saving, and it may allow effective treatment to begin.

Antidepressant medications work for many people. They can make you feel better, either improving or completely removing your symptoms. Many studies, however, have shown the benefits of combining medication with counselling or psychotherapy which will provide insight to the feelings you are experiencing, and offer emotional support for you.

If you are taking antidepressant medication, here are some important tips for you:

- Be patient, antidepressants may take some time to work. You may start to feel better within a few weeks; however the full effect of the medication may not be experienced for several weeks.
- When starting antidepressant medication, or increasing or reducing your dose (following your doctor's recommendations), it is important to know that you may experience a sense that the depression is worsening, or that you are feeling more hopeless than previously. You may experience anxiety, agitation, panic attacks, insomnia and irritability during this initial period. Although these symptoms almost always disappear within the first 2 to 3 weeks of treatment, they can be very unpleasant. It is essential that you report any of these symptoms to your doctor or psychologist.
- Follow your doctor's instructions. It is important to keep taking your antidepressant for as long as your doctor recommends. This can help to lower the chances of becoming depressed in the future.
- Stopping the medication abruptly may cause some potentially serious side effects. If you are thinking about stopping your medication, only do so once you have discussed this with your doctor.
- Antidepressants may cause side effects and interact with foods and other medications. Tell your doctor about any medical conditions you have and about other medicines you are using. Notify your doctor immediately if you experience any side effects.

2. Suicide

It's 3:00 in the morning and you have just fallen asleep after studying for your exam. The telephone rings and your best friend is on the other end. Words that you never thought you'd hear come piercing across the line … "I just can't do it anymore! The pain is too much to continue living… I know that I have got to end it – I must kill myself!" You instantly feel the adrenaline surge through your body. With trembling hands and sharpened senses, the question looms through your mind: "What do I say… what should I do!"

A suicidal crisis is very difficult to deal with. It is usually unanticipated and requires the helper to mobilize a variety of skills and resources.

Following is a list of suggestions should you face the challenge of dealing with or preventing a suicide attempt.

Firstly, call your Warden. If the person is under the influence of drugs or alcohol, or if an attempt is imminent:

1. **Call an ambulance (10177).** The person requires medical and psychological intervention as soon as possible.
2. **Call the CPU (0466038146/7)** if the student is behaving in a manner which is difficult to control or which might be placing his or her life, or your life, in danger.
3. **Call your Warden as soon as possible.** You need all the help you can get and your Warden will have

access to all relevant medical aid details for the student in crisis.

4. **Call the Rhodes Psychological Emergency Number at 082 802 0177.**

5. **If the person forbids you to call, is angry about it, or upset, you must call anyway.**

If the person has indicated that they are feeling hopeless or are thinking about suicide, or "ending it all":

1. Take the person seriously. Many people have taken their lives when people thought their statements about suicide were "manipulative" or person was being "melodramatic" or it was "just a cry for help". While it is true to say that there are times when a person is being manipulative, it is best to err on the side of caution.
2. Don't panic. Keep your voice calm and matter-of-fact.
3. Encourage the person to discuss what prompted "death" thoughts. The more the person is able to talk about the specific details of the experience, the better he or she is able to understand the source of the crisis. Once a source is delineated, a course of action and intervention can be developed.
4. Elicit the person's feelings. Expressing emotions is a way for the person to vent frustrations while securing validation and support. Common probes and statements include; "how did you feel when that happened" or "I would have felt hurt if that happened to me".
5. Use the term "suicide", "kill yourself", and "suicidal plan" when talking about the threat. Oftentimes, people contemplating suicide envision the process from a distorted perspective. It may be even seen as a passion 'romanticized' escape….a solution without notable consequences. Using these terms can bring the person into a sharper reality focus while enabling the helper to determine if a plan is in place. If the person has a reasonable plan to carry out the threat to end his or her life, the cry for help is more serious and warrants careful attention.
6. Assist the person in defining alternatives and options. Those who are contemplating death do not see life as having positive alternative solutions. Highlighting the fact that death is a permanent solution to a temporary problem can impart hope. Alternative solutions are available. With assistance, the person in crisis can have the option to select the best solution for the situation.
7. Involve professional resources as needed. Trained professionals can assist the person in crisis to deal more effectively with the problem and work to instil hope again. The challenge may be cultivating a sense of trust to include an outside person. In many cases, the suicidal person wants the helper to maintain confidentiality. It is important to emphasize that he or she came to you because of trust and confidence that you care to do the right thing. Encourage the person in crisis to value your decision to involve a professional counsellor if needed.
8. Talk with someone after the crisis is over. Taking the time to share what it was like to be in the stressful situation is important. Venting your feelings and decision processes is crucial to re-stabilizing after your adrenaline surge. In addition, you may find yourself feeling 'guilty' or 'inadequate' for securing outside help. Remember that by bringing other helpers into the situation your intention was not to betray a confidence, but to save a life.
9. Realise the limitations of your responsibility. There are a number of ways to offer assistance in a crisis. Some include connecting the suicidal person with a crisis line counsellor, accompanying the person to a counselling centre, making an appointment with a psychologist, notifying his or her parents, or calling

the police. If you have taken substantial measures to prevent someone from committing suicide and the suicidal person re-fuses help options, there may be nothing more that can be done. Anyone who is determined to end his or her life will find a way. Your responsibility as a friend or associate is to assist, support, and possibly refer. Once you have care enough to incorporate all resources humanly possible, your responsibility as a fellow human being ends.

If you currently know of someone dealing with suicidal thoughts, you are encouraged to consult with a professional psychologist in your area. Your Warden is available to assist you, or you could go to the Counselling Centre at Rhodes. The Counselling Centre can be contacted at (046) 603 7070 during office hours (08h30 – 17h00). If you are dealing with a psychological crisis after hours, please call the Rhodes Psychological Emergency Number at 083 803 0177.

3. Eating disorders

The term "eating disorders" refers to a group of problems within two main categories – overeating (binging) and under-eating (anorexia). These disorders, such as anorexia, bulimia and binge-eating disorder, involve extreme attitudes and behaviours surrounding weight and food issues. While each eating disorder involves a preoccupation with weight and food, the problems involve much more than simply food. These illnesses have a biological basis, but are also influenced by psychological, interpersonal, and cultural factors.

Eating disorders must be distinguished from eating problems and dieting. Eating disorders can cause very serious medical problems, and may be life threatening. Individuals who suffer from an eating disorder experience marked psychological distress associated with concerns about weight and body shape, and the eating disorder interferes with day-to-day responsibilities and pleasures.

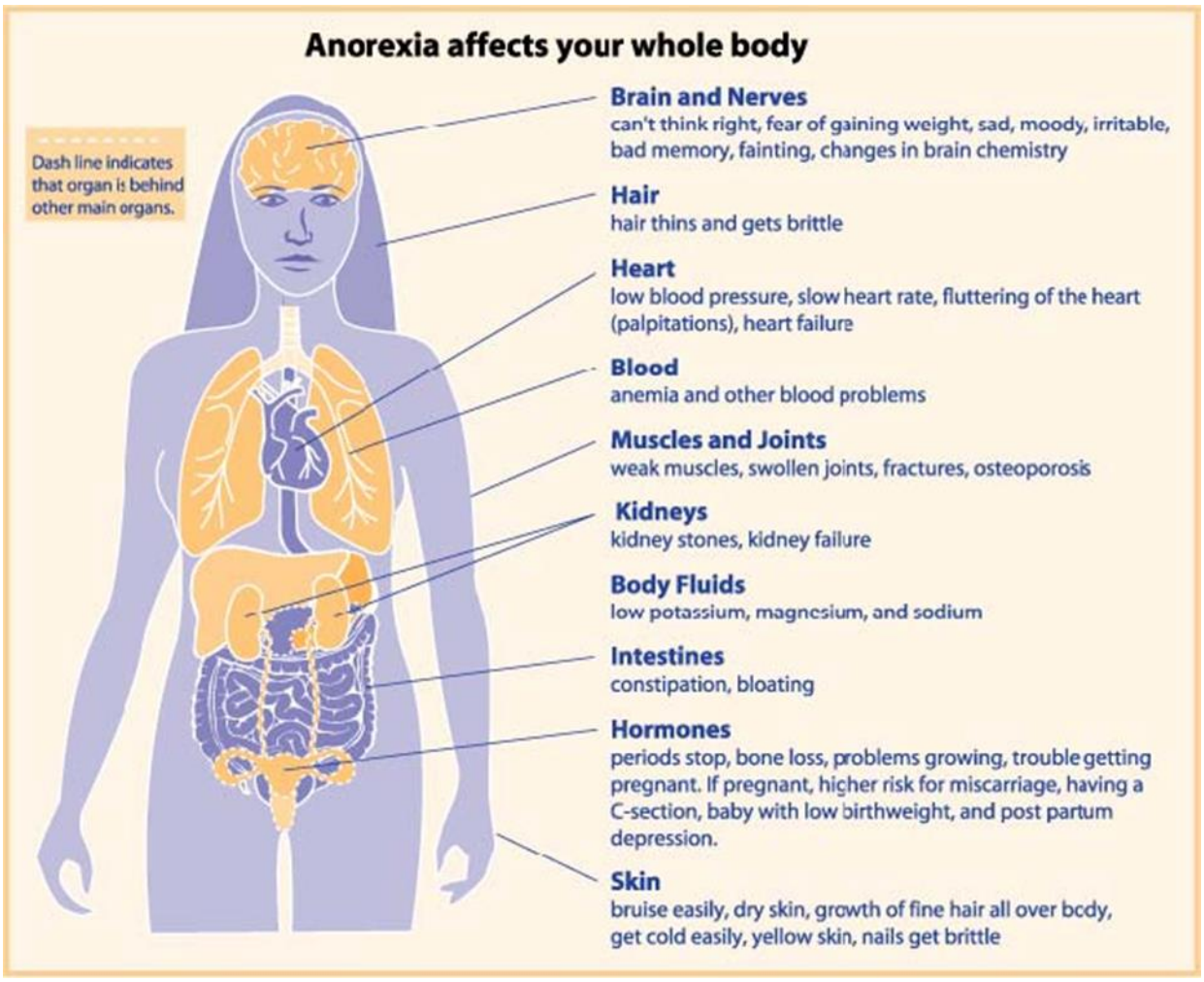
These disorders involve extreme dissatisfaction and preoccupation with body size and shape, and individuals may regard themselves as overweight when their weight is actually lower than normal, or they may measure their self-worth by their weight. Individuals with eating disorders may experience overwhelming feelings of self-loathing about large amounts eaten and panic about possible weight gain. In addition to over-eating or under-eating, individuals engage in compensatory behaviours such as purging (self-induced vomiting or inappropriate use of laxatives, enemas, or diuretics), fasting, excessive exercise, and restricting calories or food types.

People with eating disorders may experience a sense of shame about their thoughts and behaviour, and may work hard at keeping the problems secret for many years. It is essential that these disorders are recognised and properly diagnosed in order to guide an effective treatment process.

Although women are more prone to developing an eating disorder, men are also at risk.

Anorexia nervosa

This condition involves restricted eating or self-starvation in a relentless pursuit of thinness. This eating disorder is defined by a refusal to maintain normal body weight for age and height, and intense fear of gaining weight, a disturbance in self-image and body image. While the person with anorexia has an appetite, and food tastes good, food is regarded as “the enemy”.

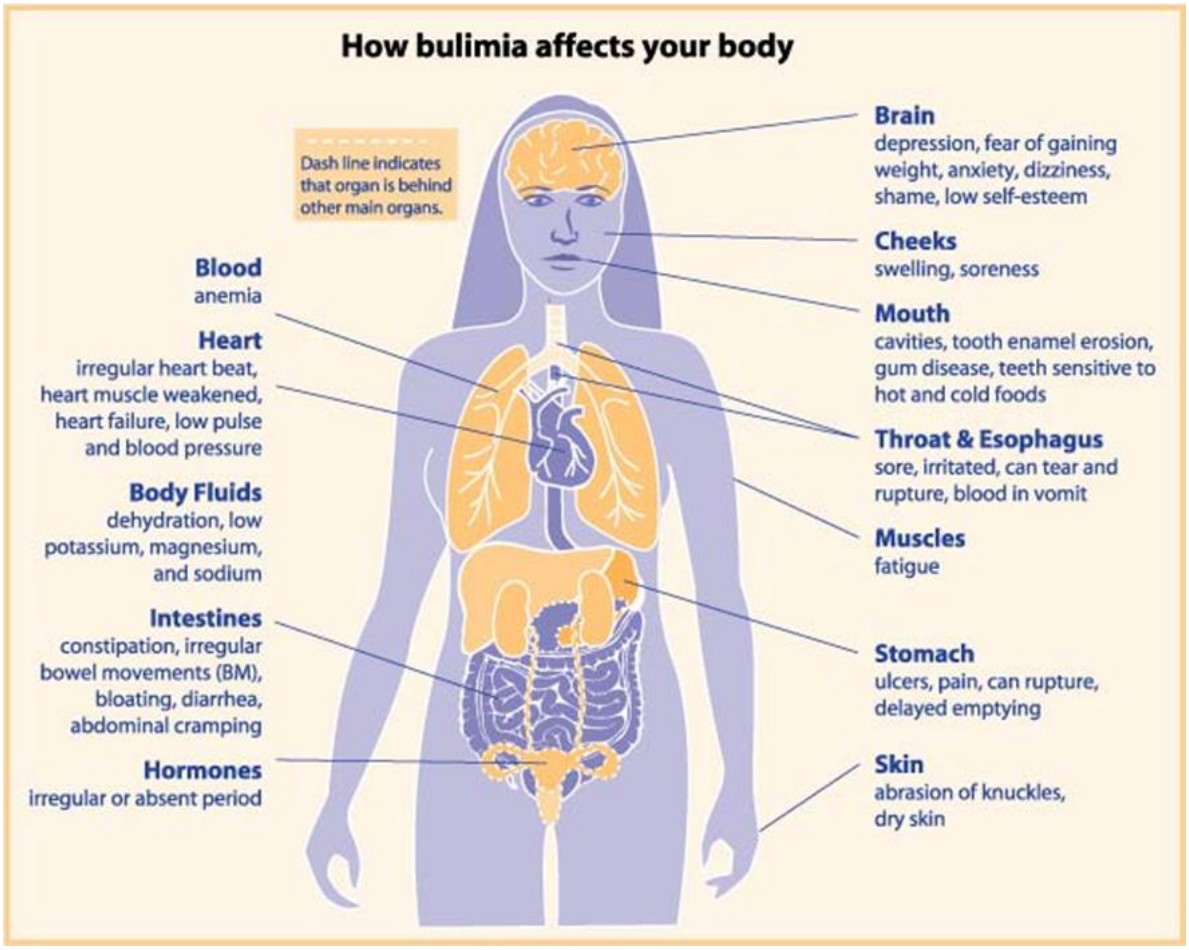


Other characteristics of anorexia include:

- In women – absence of menstrual periods for at least three months
- In men – decrease in the level of male sex hormones
- The person denies the dangers of low weight
- Person reports feeling fat even when very thin
- Emotional features such as depression, irritability, or withdrawal,
- Peculiar behaviours such as compulsive rituals, strange eating habits, division of food into “good/safe” and “bad/dangerous” categories

Bulimia nervosa

This eating disorder is characterised by recurrent episodes of binge eating (eating an extreme amount of food) together with a sense of a lack of control over amounts eaten, and a feeling of being unable to stop. The disorder is further classified as either purging or non-purging bulimia depending on whether the individual uses fasting or exercising instead of purging to "compensate" for binging.



Other characteristics of bulimia may include:

- The person may vomit, misuse laxative, exercise excessively, or fast to compensate for the excessive intake of calories
- When not binging, the person often diets, then becomes hungry and binges again
- The person strongly believes that a sense of self-worth requires being thin
- Weight may be normal or near normal
- Although the person may seem cheerful, they may feel depressed, lonely, ashamed, worthless, and empty inside

Binge-eating disorder

This disorder is sometimes referred to as "stress eating" or "emotional overeating". It is characterised by compulsive overeating, usually in secret and without purging, followed by guilt or remorse for the episode. It is estimated that up to 40% of people with obesity may be binge eaters. The term "binge eating disorder" was officially introduced in 1992. Unlike non-purging bulimia, there is no attempt to "compensate" for the binge by fasting or over-exercising.

What can I do if I know someone who may have an eating disorder?

- You cannot force someone to seek help, change habits, or adjust attitudes
- But you can make progress through honestly sharing concerns, providing support, and knowing where to go for information
- Learn as much as possible about eating disorders
- Know differences between facts and myths about weight, nutrition and exercise
- Be honest about your concerns
- Be caring but firm
- Compliment your friend's personality, successes and accomplishments
- Be a good role model
- Speak to a professional

Treatment of eating disorders

Eating disorders can be physically and emotionally destructive. It is essential that people with eating disorders seek professional help as early intervention can significantly enhance recovery. Recognition of the eating dis-order is often difficult, as people with the illness are often in denial or embarrassed. People with anorexia often do not know there is a problem with their behaviour while people with bulimia may be aware of the problem, but hide their behaviour. Family, friends, or health care professionals are often the people who recognise the problem.

The most effective treatment for an eating disorder is counselling or psychotherapy accompanied by medical and nutritional supervision. Treatment may be a long process. Unlike other forms of addiction or habit involve total avoidance of the banned substance, eating is necessary for survival and thus the management of eating disorders can be complicated. It is important to note that treatment is available and recovery is possible.

4. Substance abuse

Materials in this section will assist you in drawing up the workshop contents for the workshop on substance abuse.

Rhodes University DOES NOT condone the use of illegal narcotics. Possession of illegal narcotics is an offence under the Student Disciplinary code, which if found guilty, could result in exclusion from Rhodes University.

Rhodes has a "Responsible Alcohol Use" policy, which is available on the DoS web page. It offers some useful points for discussion

Materials for your workshop

In presenting this workshop, the idea is to get students talking about the dangers of substance abuse, and to make them aware of the signs that their friends may well be abusing alcohol or drugs. We suggest that you start by going through the quiz below, and ask different members of your House Comm. to be ready with the answers and with some of the facts provided in the sub-sections below. Then draw on some or all of the discussion points in the shaded area below.

Remember: this is NOT a lecture on pharmacological characteristics of each specific drug. You also want to encourage discussion about the social aspects of such abuse, and so a few potentially useful "discussion points are provided for you to draw on below.

Suggested points for discussion in your workshop:

1. Rhodes has a reputation for being a "drinking University". Have you heard that? One of the responses to this is that drinking is actually no "worse" at Rhodes than at other Universities - it's just more visible because of the size of the town. What do you think? Do you want a degree from a University which has such a reputation? What could be done to change this common misperception (if it is one)?
2. In a recent survey of students' drinking behaviour at Rhodes, completed by over 2000 students, the following patterns emerged. (The table below presents this data according to the different categories of drinking): What does it tell us? What should Rhodes do about it?

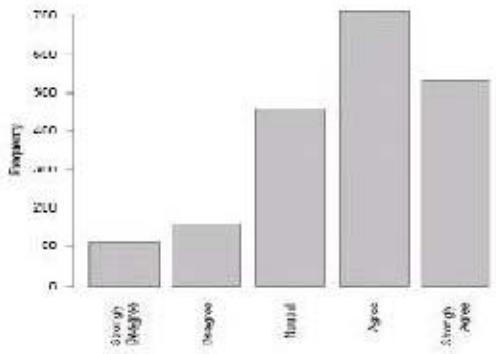
SCORE	0 – 7	8 - 15	16 - 19	20+
Categories	Safe	Hazardous	Harmful	Dependence
No. of Respondents	1000	672	175	202
Per cent	40.80%	32.80%	8.50%	9.90%

3. The Dean of Students occasionally gets complaints from parents that the wardens are neglecting their duties because their son / daughter is always partying, and missing lectures, and is at risk of failing. Is this the War-den's responsibility?
4. You notice that one of your friends never sleeps, has stopped eating and becomes aggressive and agitated easily, and you suspect s/he may be taking drugs because you recognise some of the symptoms. What should you do about it?
5. You go into your friend's room and she is smoking dagga. She offers you some, and you accept. The Warden walks in and catches you both in the act. What might happen next?

6. You are walking home after a night at the pub, and you pass a student shouting at his girlfriend and pushing her around violently. He is drunk, and so are you. What would be the best thing to do in these circumstances?
7. On the way home from the pub (again!) you see a girl who has passed out, lying on the verge next to the road, just off campus. You recognise that she is a Rhodes student. What would be the best thing to do in these circumstances?
8. In the recent Residence Quality of Life survey, the questions in italics below elicited the following responses (1963 students responded). Any comments?

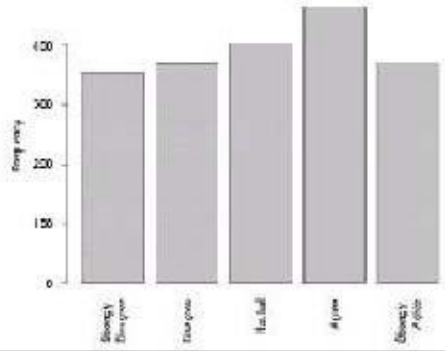
I do not believe there is a drug problem in my res.

Freq	Count	Prcnt
Strongly Disagree	109	5.6
Disagree	158	8.0
Neutral	455	23.2
Agree	710	36.2
Strongly Agree	531	27.1
Total	1963	100.1



I am never disturbed by other students use of alcohol.

Freq	Count	Prcnt
Strongly Disagree	353	18.0
Disagree	371	18.9
Neutral	403	20.5
Agree	466	23.7
Strongly Agree	373	19.0
Total	1966	100.1



Some facts about drugs and alcohol

Alcohol

General: Drinks vary in the percentage of alcohol present, from beer and wine, which contains anything up to 5-15 % alcohol by volume, depending on brand, to spirits such as Stroh Rum, which contains 80% alcohol. The con-centration is published on the packaging.

Immediate effects: Distorted vision, hearing, and coordination, altered perceptions and emotions, impaired judgement, euphoria, dehydration, nausea and vomiting as well as bad breath and hangovers. In large amounts can cause loss of consciousness, coma and sometimes death.

Long-term effects: Loss of appetite, vitamin deficiencies, stomach ailments, skin problems, sexual impotence, liver damage, heart and central nervous system damage and memory loss. Alcohol can cause major neurological damage.

Drugs

Cannabis (Marijuana, Dagga, dope, herb, zol, joint, grass, weed, pot, ganja)

Appearance: dried herb or resinous block.

Ingredients: From Cannabis sativa, a plant containing chemicals that affect the brain.

Immediate effects: Euphoria, relaxation and pain relief. Increases pulse and appetite, reduced blood pressure, dizziness and memory loss.

Long-term effects: Around 1 in 10 cannabis users have unpleasant experiences, including confusion, hallucinations, anxiety and paranoia. The same person may have either pleasant or unpleasant effects depending on their mood and circumstances. These feelings are usually only temporary – although as the drug can stay in the system for some weeks, the effect can be more long-lasting than users realise. Long-term use can have a depressant effect, reducing motivation. There have also been suggestions that cannabis may interfere with a person's capacity to: concentrate, organise information and use information. This effect seems to last several weeks after use, which can cause particular problems for students.

There is growing evidence that people with serious mental illness, including depression and psychosis, are more likely to use cannabis or have used it for long periods of time in the past. Regular use of the drug has appeared to double the risk of developing a psychotic episode or long-term schizophrenia. Over the past few years, re-search has strongly suggested that there is a clear link between early cannabis use and later mental health problems in those with a genetic vulnerability. It seemed that, the more cannabis someone used, the more likely they were to develop symptoms.

So, it also seems probable that nearly half of those diagnosed as having cannabis psychosis are actually showing the first signs of a more long-lasting psychotic disorder, such as schizophrenia. It may be this group of people who are particularly vulnerable to the effects of cannabis, and so should probably avoid it in the future.

It has some of the features of addictive drugs such as: tolerance – having to take more and more to get the same effect and withdrawal symptoms. These have been shown in heavy users and include:

- craving
- decreased appetite
- sleep difficulty
- weight loss
- aggression and/or anger
- irritability
- restlessness
- strange dreams.

These symptoms of withdrawal produce about the same amount of discomfort as withdrawing from tobacco.

For regular, long-term users: 3 out of 4 experience cravings; half become irritable; 7 out of 10 switch to tobacco in an attempt to stay off cannabis. The irritability, anxiety and problems with sleeping usually appear 10 hours after the last joint, and peak at around one week after the last use of the drug. Compulsive use is also common where the user feels they have to have it and spends much of their life seeking, buying and using it. They cannot stop even when other important parts of their life (family, school, work) suffer.

You are most likely to become dependent on cannabis if you use it every day.

Cocaine

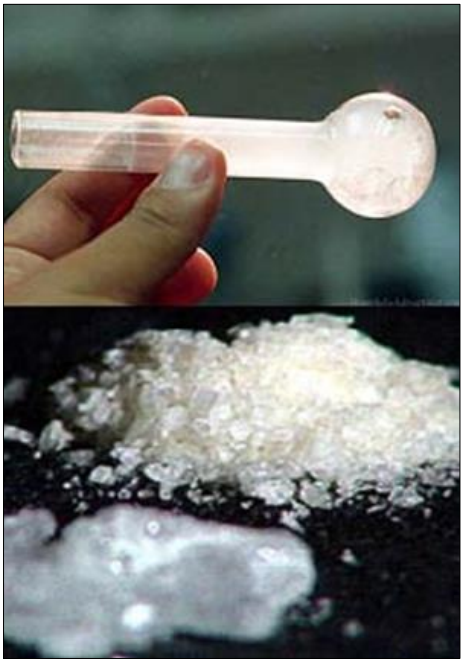
Appearance: White crystalline powder.

Ingredients: Made from the leaves of the coca shrub.

Immediate effects: Increased confidence, heightened sexuality, dry mouth, sweats, loss of appetite, increased heart rate, anxiety, death from respiratory or heart failure (very rare).

Long-term effects: Nausea, insomnia, hyperactivity, weight loss and paranoia may develop. Damage to nasal membranes.

Crystal Meth (Speed, amphetamine; ice; crystal, crystal meth; bennies, uppers and 'tik')



Appearance: Crystals, chunks, tablets, capsules, or powder, white to off-white or yellow in colour.

Ingredients: The active ingredient in speed is methamphetamine, though it often contains other ingredients like chalk or flour as a base.

Immediate effects: Increased energy, euphoria and alertness and decrease in appetite and fatigue. With speed, many people feel very confident and alert. Also produces increased blood pressure and heart rate, sweating, anxiety, irritability, insomnia, paranoia, and sometimes even psychosis. Coming down off of speed or "Crashing", usually involves total physical and mental exhaustion, including deep mental depression.

Long-term effects: Extreme weight loss, depression and brain and organ damage as well as amphetamine psychosis, which results in symptoms of paranoia, anxiety and distortions of perception, fear of harassment, and hearing voices.

Warning: When used in combination with Ecstasy, crystal meth can cause body temperature to soar, causing overheating, putting strain on the heart especially. DO NOT mix the two.

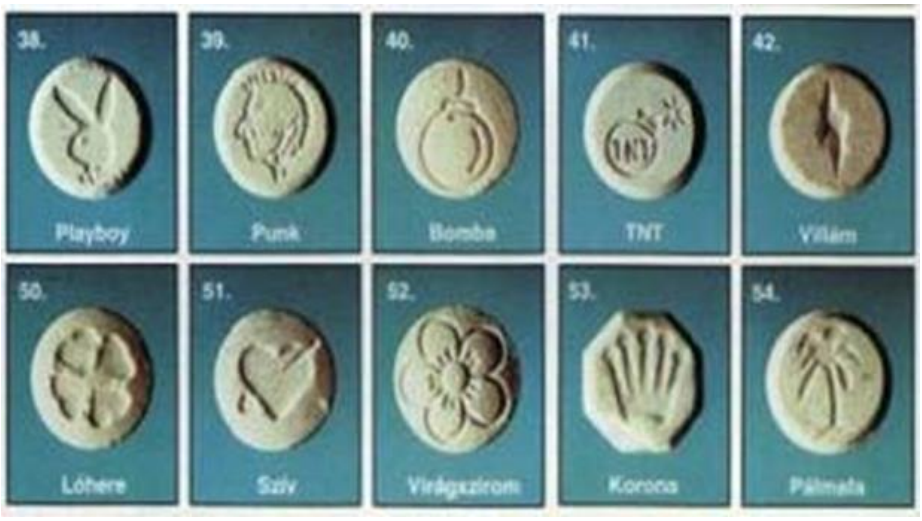
Ecstasy (X-TC, Pill, E)

Appearance: capsules (any colour) or pills

Ingredients: There are about 55 types of Ecstasy available at the moment, all varying in strength and about 80% are mixed with other dry ingredients, including strychnine, pool acid, starch, sugar, chalk, diazepam, Ketamine, ephedrine and powdered heroin.

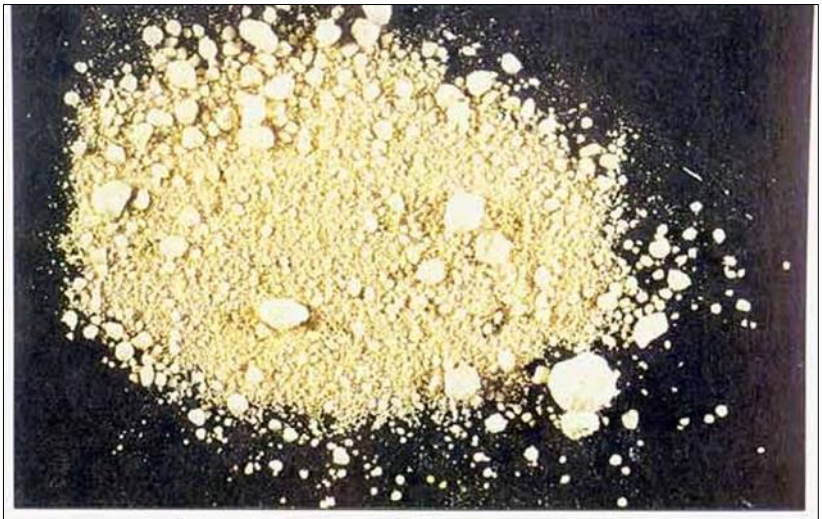
Immediate effects: Euphoria and feelings of wellbeing; tight jaw; nausea; sweating and dry mouth, increased blood pressure and heart rate, overheating and dehydration or over-hydration.

Long-term effects: Reduced immunity, memory loss, depression and mental health problems.



Heroin (H, brown sugar, horse, smack)

Appearance: Pure heroin is a dusty brown colour, while very refined heroin is pure white.



Heroin being ground into powder form.

Ingredients: Made from the opium poppy.

Immediate effects: A rush in seconds if injected, in 10 to 15 minutes if snorted or smoked. Euphoria followed by drowsiness, clouded mental function or stupor, decreased respiration and heat beat, plus feelings of well-being for 4 to 6 hours. There is a flushing of the skin, dry mouth, watery eyes, runny nose and heaviness in extremi-ties plus nausea, vomiting and severe itching.

Long-term effects: Severe addiction and withdrawal, collapsed, scarred veins, bacterial infections, infection of heart lining and valves, abscesses or boils, arthritis or other rheumatologic problems, liver and kidney diseases, increased risk of pneumonia and TB and other infectious diseases, increased risk of contracting HIV.

LSD (Acid, A, Microdot, tab)

Appearance: A liquid, on its own or on printed paper cut into tiny squares. It is also available in a highly concen-trated granule, approx the size of the head of a pin known as a micro-dot.

Ingredients: originally derived from wild fungus.

Immediate effects: Heightened senses, intensified colours, distorted shapes and sizes, movement in stationary objects, time lengthening. Hallucinations begin after about 30 minutes and may last up to 20 hours.

Long-term effects: No evidence that it leads to physical dependence or overdose (though people have died in accidents under the influence),

Methcathinone (KAT, CAT, khat)

Appearance: White crystalline powder.

Ingredients: made from the shrub catha edulis which contains Cathinone, more commonly synthesised using Methcathinone.

Immediate effects: Feelings of euphoria, stimulation, heightened awareness, increased confidence, alertness and energy. However some medical research suggests that concentration and judgement are actually impaired. Increased aggression and inhibited appetite. Long comedown period with depression and mood swings are common.

Long-term effects: Regular powder use damages the sinuses, dependency, amphetamine psychosis, which is similar to schizophrenia and includes paranoia and panic attacks, delusions, auditory illusions. In the worst case, the psychological damage is permanent and the only treatment is lifetime use of antipsychotic prescription drugs.

Magic Mushrooms (Shrooms)

Appearance: small packet of dried vegetable matter, mainly grey in colour, with bluish and brownish bits, looking a bit like tree bark. It is often broken into small pieces, or sometimes ground into a grey powder.

Ingredients: can be one of several species of mushroom, most commonly one of the following: Stropharia (Psilocybe) cubensis, Panaeolus sphinctrinus, subbalteatus (benanosis), Psilocybe baeocystis, caerulescens, cyanescens, mexicana, pelliculosa, semilanceata, stuntzii.

Immediate effects: usually lasts around six hours and are similar to LSD, but are often described as “more natural” and “organic”. Visual and mental hallucinations occur. Visual distortions, especially seeing abstract patterns with eyes closed, and patterns in the arrangement of objects with eyes open. There can be regression to a childish or childlike state. Side effects include nausea during the early stages, and loss of co-ordination.

Long-term effects: No proof that long-term moderate use causes lasting damage.

Acquaintance Rape Drugs

In recent years a new kind of rape threat has reared its ugly head at parties and in bars and nightclubs: so called "predator" or "acquaintance rape" drugs. These drugs are easily slipped into drinks and food and are very fast acting. They render the victim unconscious but responsive with little or no memory of what happens while the drug is active in their system. The drugs also make the victim act without inhibition, often in a sexual or physically affectionate way. Like most drugs, acquaintance rape drugs render a person incapable of thinking clearly or of making appropriate decision. This makes for a very passive victim; one who is still able to play a role in what is happening but who will have no clear memory of what happened after-the-fact. Without any memory of events the victim is often unaware that they have even been raped, and if they are aware or have suspicions they make very poor witnesses.

The drugs (a typical example is Rohypnol or GHB) are virtually undetectable, because they are tasteless, odourless and colourless. All traces of the drugs will leave the body within 24 hours of ingestion and are not found in any routine toxicology screen or blood test - doctors and police have to be looking specifically for them and they have to look quickly!

How do you know if you have fallen victim to a rape using an acquaintance rape drug?

It is difficult, but not impossible. First, there are some very clear signs that sexual activity has taken place even if you have no memory of actually "doing it." (It is important to note here that if you have had sex but cannot re-member doing it or offering consent you have been raped under the law, whether a acquaintance rape drug has been used or not.) Signs that a sexual assault has taken place can include; soreness or bruising in the genital area, soreness or bruising in the anal area, bruising on the inner and/or outer thighs, bruising on the wrists and forearms, defensive bruising or scratching (the kind that would occur during a struggle), used condoms near you, and traces of semen or vaginal fluids on clothes, body or nearby furniture. Since people who have been slipped an acquaintance rape drug appear to others to be very intoxicated, an extremely reliable sign that you have been raped using an acquaintance rape drug is gossip from others about your behaviour.

Other clues that a acquaintance rape drug may have been given to you include: feeling "hung-over" despite having ingested little or no alcohol, a sense of having had hallucinations or very "real" dreams, fleeting memories of feeling or acting intoxicated despite having taken no drugs or drinking no alcohol, no clear memory of events during an 8 to 24 hour period with no known reason for the memory lapse. Short of being told that you have been given a date rape drug, there is no way to be sure without medical testing.

If you suspect that you have been given a acquaintance rape drug you need to get to a hospital quickly and you must request that you be properly tested. The drugs can be found in your system if you act quickly. If you suspect that you have been raped using any one of these drugs go to a hospital and request a preliminary rape exam with testing for acquaintance rape drugs. This is the only way to know for sure.

Protecting yourself from acquaintance rape drugs

Always follow these simple rules:

- Don't accept open drinks (alcoholic or non-alcoholic) from others who you do not know or do not trust; this includes drinks that come in a glass. Only accept drinks in closed bottles or cans.
- When in bars or clubs always get your drink directly from the bartender and watch your drink until it gets to you; don't use the waitress or let somebody go to the bar for you.
- Never leave your drink unattended
- Do not drink from open beverage sources like punch bowls.
- Keep your eyes and ears open; if there is talk of date rape drugs or if friends seem "too intoxicated" for what they have taken, leave the party or club immediately and don't go back!

Transformation

This section will be relevant for the sessions on TRANSFORMATION, and the subsequent interactive theatrical production, which will be co-ordinated by staff in the Drama Department in the Rhodes Theatre.

Rhodes University's policies reflect the rights culture entrenched in the South African Constitution, making specific reference to the Bill of Rights:

> *"(3) The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.*
>
> *(4) No person may unfairly discriminate directly or indirectly against anyone on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination."*

The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996), Chapter 2, Bill of Rights, Section 9, Equality.

1. Definitions

The following list of definitions aims to help you navigate the difficult issues you may face in a multi-cultural environment.

- **Bigotry:** Bigotry is not "intolerance," but "unreasonable intolerance." Jews are understandably intolerant of Nazis; that doesn't necessarily make them anti-Nazi bigots.
- **Intolerance:** the absence of tolerance toward others of differing viewpoints. As a social construct, it is very much open to subjective interpretation. The murder of Matthew Shepard (a young gay man murdered in 1998) is considered by some to be the pinnacle of intolerance. Others consider the web pages and picketing by Fred Phelps to be as bad or worse. Common forms of intolerance include racism, sexism, homophobia and religious intolerance.
- **Prejudice:** the process of "pre-judging" something. In general, it implies coming to a judgement on the subject before learning where the preponderance of the evidence actually lies.
- Prejudice generally refers to existing biases toward the members of such groups as women, black people, and gay people etc., often based on social stereotypes. For example, if a person has grown up with the concept that members of group "X" have certain characteristics, they may apply this prejudice by assuming that all members of the group fit that stereotype, as in racism or homophobia.
- **Hate:** an emotion of intense revulsion, distaste, enmity, or antipathy for a person, thing, or phenomenon; a desire to avoid, restrict, remove, or destroy its object. Hatred can be based on fear of its object, justified or unjustified, or past negative consequences of dealing with that object.

  "Hate" and "hatred" are also words used to describe feelings of prejudice or bigotry against a group of people, such as racism, religious prejudice, or homophobia, especially when these are particularly intense. Hate crimes are crimes committed out of hatred in this sense.

  Quote about hate: "In time we hate that which we often fear." (William Shakespeare)
- **Hate speech:** speech intended to hurt and intimidate someone because of their race, ethnicity, national origin, religion, sexual orientation, disability, or other personal characteristics, or to incite violence or prejudicial action.

- **Racism:** the assumption of superiority of one group over another, based on real or perceived racial characteristics and/ or culture. Examples of demonstrated behaviours: demeaning and excluding individuals and/ or groups; prejudices and fears based on real or assumed stereotypes and ignorance.

  Racial discrimination: treatment which unfairly disadvantages people on the basis of negative attitudes and assumptions about their cultural backgrounds, colour, country of origin, ancestry, nationality and physiological characteristics.

  Examples of demonstrated behaviours: denial of access to employment, promotion, accommodation, banking services or school subject choices; focusing on the person not the problem or issue in a dispute or teachers having low expectations of achievement for a particular student.

- **Racial harassment:** racial harassment is one aspect of racial discrimination. It consists of acts or behaviours with a racial insinuation which are insulting, offensive, demeaning, humiliating or intimidating.

  Examples of demonstrated behaviours: name calling, graffiti, ridicule, put down jokes, pushing, shoving, bullying. Attacks of physical violence are described as assault and therefore are criminal offences..

- **Ethnic group:** a group of people, racially or historically connected, having a common and distinctive culture. Most groups prefer to be described a communities. It is offensive to Aboriginal people to be described as ethnic.

- **Ethno-centricism:** the belief in the inherent superiority of one's own group and culture accompanied by a feeling of contempt for other groups and cultures.

- **Anti-Semitism:** hostility towards Jews. It ranges from ad hoc antagonism towards Jews on an individual level to the institutionalized prejudice and persecution once prevalent in European societies, of which the highly explicit ideology of Adolf Hitler's National Socialism was perhaps the most extreme form.

- **Xenophobia:** Fear (phobia) of strangers (xeno-) and of the unknown. Both racism and homophobia are sometimes reduced to xenophobia. More commonly refers to a dislike of foreigners. Often a dislike of representatives of a particular nation.

In order to give you a sense of some of the broad discussions surrounding transformation we have chosen to include articles by academics published in the popular media as well as academic journals.

My South Africa

by Jonathan Jansen,

Vice-Chancellor of the University of the Free State

Wednesday, 09 February 2011

My South Africa is the working-class man who called from the airport to return my wallet without a cent missing. It is the white woman who put all three of her domestic worker's children through the same school that her own child attended. It is the politician in one of our rural provinces, Mpumalanga, who returned his salary to the government as a statement that standing with the poor had to be more than just a few words. It is the teacher who worked after school hours every day during the public sector strike to ensure her children did not miss out on learning.

My South Africa is the first-year university student in Bloemfontein who took all the gifts she received for her birthday and donated them - with the permission of the givers - to a home for children in an Aids village. It is the people hurt by racist acts who find it in their hearts to publicly forgive the perpetrators. It is the group of farmers in Paarl who started a top school for the children of farm workers to ensure they got the best education possible while their parents toiled in the vineyards. It is the farmer's wife in Viljoenskroon who created an education and training centre for the wives of farm labourers so that they could gain the advanced skills required to operate accredited early-learning centres for their own and other children.

My South Africa is that little white boy at a decent school in the Eastern Cape who decided to teach the black boys in the community to play cricket, and to fit them all out with the togs required to play the gentelman's game. It is the two black street children in Durban, caught on camera, who put their spare change in the condensed milk tin of a white beggar. It is the Johannesburg pastor who opened up his church as a place of shelter for illegal immigrants. It is the Afrikaner woman from Boksburg who nailed the white guy who shot and killed one of South Africa's greatest freedom fighters outside his home.

My South Africa is the man who went to prison for 27 years and came out embracing his captors, thereby releasing them from their impending misery. It is the activist priest who dived into a crowd of angry people to rescue a woman from a sure necklacing. It is the former police chief who fell to his knees to wash the feet of Mamelodi women whose sons disappeared on his watch; it is the women who forgave him in his act of contrition. It is the Cape Town university psychologist who interviewed the 'Prime Evil' in Pretoria Centre and came away with emotional attachment, even empathy, for the human being who did such terrible things under apartheid.

My South Africa is the quiet, dignified, determined township mother from Langa who straightened her back during the years of oppression and decided that her struggle was to raise decent children, insist that they learn, and ensure that they not succumb to bitterness or defeat in the face of overwhelming odds. It is the two young girls who walked 20kms to school every day, even through their matric years, and passed well enough to be accepted into university studies. It is the student who takes on three jobs, during the evenings and on weekends, to find ways of paying for his university studies.

My South Africa is the teenager in a wheelchair who works in townships serving the poor. It is the pastor of a Kenilworth church whose parishioners were slaughtered, who visits the killers and asks them for forgiveness because he was a beneficiary of apartheid. It is the politician who resigns on conscientious grounds, giving up

status and salary because of an objection in principle to a social policy of her political party. It is the young lawman who decides to dedicate his life to representing those who cannot afford to pay for legal services.

My South Africa is not the angry, corrupt, violent country whose deeds fill the front pages of newspapers and the lead-in items on the seven-o'-clock news. It is the South Africa often unseen, yet powered by the remarkable lives of ordinary people. It is the citizens who keep the country together through millions of acts of daily kindness.

Transformation – reconceptualising the meaning there of for the twenty-first century

Joy Owen

Rhodes University Anthropology Lecturer

2 August 2011 @ 2:15pm

I would like to thank Prof Hendricks for this opportunity to speak to Faculty, and I beg your indulgence as I walk a rather circuitous route in this presentation. When Prof Hendricks asked me to speak to you as part of the Faculty forum I had a number of possible ideas to present. I see myself as a teacher, rather than a lecturer, and I thought it reasonable to discuss and unpack the differentiation between these two 'roles'. Not entirely won over by this idea I thought a potential point for discussion/debate could be the much needed conversation on black students' experiences of self and other in an often-times alienating environment. Still not satisfied, I allowed my mind to wander on numerous occasions and found a word bubbling to the surface consistently: transformation. In 2003, when I started at Rhodes I came across the work of bell hooks. I filed her passionate voice within my internal centre, and forgot that I had acquainted myself with her work. That is until I came across this quote by chance just a few days ago. A student of mine has posted it as a quote at the end of his email.

> *The academy is not paradise. But learning is a place where paradise can be created. The classroom, with all its limitations, remains a location of possibility. In that opportunity of freedom we have the opportunity to labour for freedom, to demand of ourselves and our comrades, an openness of mind and heart that allows us to face reality even as we collectively imagine ways to move beyond boundaries, to transgress. This is education as the practice of freedom - bell hooks (Teaching to Transgress, 1994).*

Happening upon this quote was rather serendipitous. I have been thinking about transformation, and more particularly transformation of the self in relation to the academy since my arrival here at Rhodes. However, this particular articulation of transformation – the one I will delineate in the next fifteen minutes – is a recent fermentation; an articulation that has been brewing and taking shape in the recesses of my mind, my collective memory, my lived experiences, my teaching praxis and the recent completion of my PhD.

The word 'transformation' when said aloud in the South African political and economic arenas, and other environments such as institutions of higher learning, raise a number of connotations and denotations. People think of economic redress, black economic empowerment, the history of oppression in the country etc. I wonder though, and have always wondered, do people think about transformation of the Self? At a deeper non-South African specific level, the idea of transformation implies the movement from one state of being to another; from one form/presentation of self to another. And yet the word has even deeper, spiritual

connotations. It implies a period of transition, of angst, of deep questioning and possibly even deep meditation on meaning – the meaning of life.

Teaching and research offers moments for and of transformation. In both spheres one becomes aware of one's transformation, when one directs one's practice differently; when the questions one asks of one's work shifts from the known – those questions everyone else asks -- to the unexpected and unknown. When you understand as both a teacher and a researcher that you are indeed lucky to be part of a quest for knowledge, a deep engagement with the world around you and a quest to understand the dynamic diversity of the world, the magnitude of your endeavours hit home.

I had a transformational moment at the beginning of the year. For the first time in my academic career at Rhodes I was tasked with teaching the first year Race and Ethnicity module. In previous years the course had been taught by Professor Rose Boswell. I was therefore intrigued to teach it, and enthused by the positive response to the course. I was also humbled during it. Let me explain. During the three and a bit weeks of teaching time, it was apparent that a number of students were grappling with issues around racial and ethnic identity. In acknowledging their struggles, I too had to admit that I was experiencing an internal struggle. As a means to situate racial identity within the history of South Africa, I chose to consider the construction of 'coloured identity' in South Africa. The Kuli Roberts' article had just been published, and I used this article as a means to explore racial stereotyping. As I read through the statements in the article, including statements such as, "They don't have to fork out thousands on their hair as they mostly have long silky hair that doesn't need relaxers or weaves' (and pointed to my own hair, students giggled). A further statement, 'They're always referring to your mother's this and your mother's that" elicited a chuckle and then students were quiet, until someone piped up and said, "But some of those statements are true. Where I come from in Cape Town, coloured people do do that".

I reminded students of the first day in class, when I had asked each student to self-identify according to race. I had put the racial categories – African, white, coloured and Indian – on the board and asked students to gather under their racial category. Without a single word of dissent students stood under the racial category of their choice. No-one dared to identify as racially other. Trying to understand students' motivation to follow my instructions, I asked them why they had followed my directive. Students commented that they were following the demands of the lecturer. I countered that I had walked into the classroom, put the categories up and asked them to self-identify without introducing myself. So why would they comply? One student stated that they had made an assumption that I was the lecturer. I countered, so if I had walked into the classroom and asked each of you to strangle another, you would have done so? They laughed in response. A while later another student lifted up her hand tentatively and said, "We have been socialised as South Africans to see ourselves as a particular race. It is therefore easy for us to do so. So when you asked, it was easy to do".

This particular event highlighted two things for me: the nature of what I refer to as 'assumed power', and the entrenched nature of racial awareness and racial categorisation in South Africa. In the next few weeks as my students and I explored the nature of external identification, and the reasons therefor, I experienced an 'existential crisis'. Teaching about coloured identity, I was coming face-to-face with the creation of an identity that I did not refer to as my own. And yet my ancestors, my mother and her mother, my grandmother had experienced periods of deep humiliation and uprooting as a result of the segregationist state's policies that legislated difference, compelling South Africans to see through the lens of race. Racial difference was supposedly expressed through phenotype, intelligence, language, material culture, and one's class position. Based on these markers of difference you were socially constructed as either a worthy citizen, or an unworthy one. The colour of your skin would direct your path from the cradle to the grave. In 2011, while teaching the

history of racist thought and practice in South Africa, I almost believed this to be true, until I reflected on my private positioning of self, as a human being, not a coloured person, or a person of colour. Stu-dents were therefore surprised when I noted in class during a discussion that a number of alternate identities existed beyond the historical racial identities. I posited that one of these identities was that of human. Students went still.

I went still, and feeling an intense need to 'speak' I wrote, as I always do when 'something's happening'. I wrote to the children yet to be born, my students, my future children.

> *My beloved,*
>
> *I dread the day you ask me, mommy what does race mean, or what race am I? I hope that by the time you are here, that I have grown further spiritually and that the world has done so too, to refer to race in the PAST tense, as though it had relevance to yesteryear, and not to the day you ask me the question. In truly reflecting on the question I can only respond honestly.*
>
> *In a world fascinated by categorisation, and indeed 'created' through categorisation, I am a raced individual. I have never aspired to assuming the racial classification of coloured, and so have moved through the world experiencing, presenting and embodying the primary identity of human being. Although I recognised that I am not the only categoriser of my being, I CHOSE to ignore the stereotypes (whether positive or negative) inscribed upon my body by a political system and by the rest of society. My education, particularly in anthropology, provided me a view of a raceless world; a world that could be created by PEOPLE who transcended differences, whilst appreciating the diversity within 'the human group'. My education has allowed me to distance myself from a category -- that of coloured -- that has a history of humiliation, degradation, pain, trauma and immense sorrow. These experiences of 'hurt' of soreness have been survived by my mother -- your grandmother -- my grandmother -- your great-grandmother -- and my great grandmother -- your great great grandmother. They lived, toiled, suffered, loved, gave birth and energised those around them as they LIVED, despite experiencing the damning effects of an imposed political category.*
>
> *In distancing myself from the category of coloured, I have negated the particularly NEGATIVE stereotypes thereof. By classifying myself as HUMAN, I have in turn enriched myself, BUT negated the power of the very real racialised experiences of my ancestors. I had the power to negate this categorisation, because I was already powerful, power-filled. I didn't need to lay claim to a political category to feel power, for I knew my source: love.*
>
> *So in answering you before you are even born, know this: the world will categorise you ac-cording to its categories of the day. And YOU always have a choice with regard to the category you choose for yourself. Remember though that whatever your choice, you come from a long line of people who have suffered and SURVIVED. You have been moulded by love, and love will allow you to surpass (if you so wish) the need to categorise self, and or others. Make love not a further means to categorise people into those you love, and those you don't. Rather choose to be love, and in loving, let truth prevail. Be kind and compassionate with those who still feel the need to categorise themselves or others. Their journey is created by a need to belong, to feel loved, to feel acknowledged.*
>
> *I pray that by the time you are conscious, you will have experienced the love I have for you in its totality. And that in knowing and experiencing it, you can enrich others with a deep sense and experience thereof. I love you always ..."*

Two months after teaching the module, I am sitting in the darkened school auditorium of VG girls' high school surrendered to the viewing of a tale that portrays the lives of white men conscripted to the South African army and posted along the Angolan border. The play, "Somewhere on the Border" by Anthony Ackerman evoked a visceral response thereto. While the play speaks to the humiliation of black people, and the war fought against Umkhonto we Sizwe cadres on the Angolan border, the play demonstrated the vulnerability of these young

soldiers. I couldn't deny their whiteness, or the varied expressions thereof. There was a hippy English-man who had been tortured in Nelspruit and

so forced to enlist in the army against his moral code. There was the young Jewish man who was afraid of his own shadow, and experienced personal taunting; the Afrikaner macho, drunk and foul-mouthed one; and the young Afrikaner man who couldn't understand the hatred against the blacks – he had grown up with the blacks. The sergeant was a terror – a militarist who loved the army. His negative characteristics were irredeemable as they seemed to be further exacerbated by the demands of a brutal war, and yet ….

As a 'neutral' observer, who was unaware of the effects of conscription on a huge part of the white male South African population, I was nauseated, deeply troubled and silenced by the power of the play. In a conversation with my companion thereafter we invited each other for coffee and cake, confirming that we needed a sugar rush after the violence we had witnessed, and in many ways experienced. Through talking we understood the deep bigotry, and misogyny on display, BUT also the structural violence many white South African men had experienced. I had heard whispers about conscription, but never before had I been privy to a viewing of its dynamics. Never before had I viewed a textual and physical narrative of the realities of a God-forsaken war on the psyche of white South African men. I felt a deep and bitter distaste for a political system that violated the youth of this country – both black and white. And I was humbled by the pain I finally understood was felt by those, people of colour considered as other – whites. I recognised then, as I talked to an Afrikaner liberal that the South African psyche was not only made up of African, Indian and coloured memories of pain, but also of white memories of pain. I recognised that the Truth and Reconciliation Commission while seeking justice had so easily created a narrative that ignored the pain and suffering of white 'perpetrators'. I understood how Pumla Gobodo-Madikizela could feel revulsion as she was about to touch the hand of Eugene de Kock, and still reach out to touch him as a sign of her compassion for him.

These two events, just over two months apart, and the many other experiences I have had in my life culminated in thoughts around identity, the construction thereof, the use thereof, the experience thereof. I started to think about the possibilities that exist within contemporary South Africa to write a different narrative. And as I thought about my task as a teacher and as a researcher I had an epiphany: during the play I had suspended my acknowledgement of others' description of myself as a woman, a woman of colour, a South African woman of colour. I shed tears because I had expanded beyond these identity prescriptions and felt the pain of another human being. I felt that pain as if it was my own, and I understood that pain is pain. There are no degrees to suffering. In that moment humanity's frailty was apparent.

What do these two events, and others, have to do with a re-conceptualisation of the concept of, and indeed the practise of, transformation for the twenty-first century? These personal experiences highlighted the need to think outside of socio-historical parameters. While I cannot deny the need for continued socio-economic and political redress, I am cognisant of students' attempts to fashion new ways of being and belonging that are not reliant on race, class, gender or age. I recognise some people's need to create a historical link to indigenous ways of being, and thus indigenous expressions of self to reclaim the power a large portion of society lost. I understand the need for all of this, and yet ask, what if transformation was not merely an external experience, not merely an external reclamation of a history lost, but a predominantly internal and spiritual experience that broke the self apart, to be reconfigured anew as part of the larger human society? What if I understood that my lenses of choice impacted the way in which I perceived the world, taught therein, researched therein? What if I understood that my direct responsibility to society as a social scientist and a human being was to demonstrate people's similarities to each other, rather than their differences? What if I

chose to see people as they are, rather than read intention within their actions? Would I be able to transform the world, for my students, their children, my children, your children?

I can't elaborate much further, due to time constraints and so let me leave you with this final quote from Prof Cornel West. He is speaking of the States, but it remains pertinent to South Africa too:

> *... The country is in deep trouble. We've forgotten that a rich life consists fundamentally of serving others, trying to leave the world a little better than you found it. We need the courage to question the powers that be, the courage to be impatient with evil and patient with people, the courage to fight for social justice. In many instances we will be stepping out on nothing, and just hoping to land on something. But that's the struggle. To live is to wrestle with despair, yet never allow despair to have the last word.*

Tell us a new story: a narrative take on institutional culture

Prof Louise Vincent: Rhodes University

… the first requirement for stories to be part of a process of interrupting social reproduction is that we provide occasions for stories to be told.

If continuities in institutional culture are in part reproduced by the unshakeability of a certain common story stock and by our complicity in leaving that story stock unchallenged – no, more than this, ourselves narrating the stories in the dominant anthology – then it follows that the contrary is true: the reshaping of institutional culture involves a process by which we find ways to alter our existing story stock. Stories will only be told if there are appropriate occasions for their telling. If there is no time, event, place, object, or practice that provides the occasion for the telling of a particular story within an institution, that story has little chance of entering into the stock of stories known and told by most members of the institution. A few people may find individual reasons and occasions on which to tell it, but it will not become part of the institution's representation of its[elf] (Linde, 2009:45).

To provide occasions for the telling of stories that contest the dominant narratives of an institution's story stock involves acts of leadership and sometimes of courage. New stories don't simply arise as an inevitable outcome of institutional change. That is why institutional culture is resilient to change. We need acts of leadership which consciously make available spaces for the telling of alternative stories.

But merely providing occasions for the telling of stories is not enough. We need to be savvy too, about recognising that stories are never innocent of power. We tell stories as a way of using, altering or contesting the past: 'as we are now all fully aware, remembering is never a neutral act, rather our accounts of the past are always presented 'by somebody, to somebody, for some purpose' (Linde, 2009:7).

Let me exemplify. The Rhodes Rejects Racism campaign was a moment at which a story was told and because the story was listened to and taken up by leading figures in the institution it has clearly become part of our story stock – but perhaps not quite in the way intended. Through an act of leadership it was hoped, I imagine, that what would be put into the institutional story stock was a story about how racism from time to time rears its ugly head but it will be summarily dispatched when it does. Immediately, however, the incident invoked counter narratives, sometimes from surprising quarters – a lesson in how it is never possible to be entirely in control of a story. The counter narratives have, I believe, simmered on the coals outside the homestead – are not in the institutional stock pot. But I'd like to put them there.

> *Rhodes Rejects Racism. Yeah, right. That's probably why in the dining hall whites sit with other whites, blacks with their own. She wonders what is meant by this now famous state-ment. Rhodes cannot claim to reject racism when the institution is still so racialised. She's thinking about the million conversations when its not just the girl we're waiting for but the white girl we're waiting for. The guy who was making out with Cindy in the club isn't just the guy who was making out with Cindy in the club. He's the black guy who was making out with Cindy. She's been told too many times at Pirates, the Rat, Friars how (in slurred speech), 'Oh my word, you're such a kiff black girl' (Ludo, Rhodes, 2011 emphasis in the original).*

The stories we tell, who gets to tell their stories, whose stories are listened to and how the institution responds is not a process innocent of power relations.

The racial slur made to a professor and his family was turned into such a big deal. I could not help but wonder what made that incident different from others that many black people have experienced at Rhodes.... I'll never forget my second week at Rhodes. I was walking past Adamson House and someone whom I could not see as he was behind a curtain, shouted 'black bitch'.... When a security guard was attacked by drunk white students, why was there not another Rhodes Rejects Racism campaign? Could this possibly mean that for the university to take action against one's experience of racial discrimination, one's class, educational qualifications and status are what matters? (Zingi, Rhodes 2011).

…To come to a greater understanding of how social relations play themselves out in our own lives is a way, as Weedon puts it (1987), 'of changing our subjectivity through positioning ourselves in alternative discourses which we produce together, challenging previously held conceptions of the self and creating the possibility for senses of the self to be reconstructed.

My work with students involved stories being told in a group context and in a context in which part of the process was reading, thinking and analysis. My experience of this work was that it provided a powerful mechanism for participants to become newly aware of the highly differentiated nature of the ways in which a common context can be experienced and of the fact that even within a very narrow social stratum of people who find themselves in an elite academic institution there are relations of power present. For those who occupy the hegemonic positions in this context, the process can be about recognising that their experience is not everyone's experience. For those who occupy marginal or subjugated positions, the focus has to do with becoming aware of the processes through which they have come to occupy those positions. Importantly, for both groups, it is about coming to realise that both privilege and disadvantage have a great deal to do with larger social processes rather than individual attitudes. This position is exchanged for the predominant common sense understanding that locates the explanation for every achievement and every failing in the particular pathologies and talents of individuals. The telling of social stories in a shared group setting as well as their analysis in this group environment using the resources of wide ranging social theory enables participants to recognise patterns of experience which help to locate the individual in history and in social structures. We become more conscious of how our choices and attitudes are fashioned and constrained by social and historical circumstances; an achievement which, as Bordo acknowledges, will not 'magically lift us into a transcendent realm of immunity' but which may, more modestly, help us to 'guard against the feeling of comfortable oneness with culture and to foster a healthy scepticism about the pleasures and powers it offers' (Susan Bordo, 1993: 30-1).

Collective memory work moves away from the totalising logic of trying to get everyone to see the world in the same ('correct'; 'true') way. Its aim is to provide mechanisms for us to learn to see the world from the perspective of lives and experiences that are not our own and to generate knowledge from the perspective of these 'other' lives and experiences. This is both the power of human imagination and the imperative of all

moral reasoning. If this were not possible, social science would not be possible and nor would any form of morality which is based on the desirability of weighing our own interests against the interests of others.

I am making an appeal, then, for the public telling of stories as a mechanism to provide us with insights into how domination and exclusion is reproduced and how we ourselves collude in this process.

In calling for a project of collective memory work, however, I want to add a caveat, to make the distinction between 'shared' and 'common'. I would venture to argue that the objective of collective memory work should never be the erasure of difference. We ought, in my view, to be suspicious of processes aimed at commonality or even 'unity'. Rather our project ought to be one of living with difference; the instigation of multiple possibilities. Confronted with the astonishment of encountering the other our natural inclination is to reduce the dissonance by declaring the other 'just like me'. But strangeness, I would argue, is a resource rather than an obstacle to be overcome – particularly when we encounter it in ourselves. The point of collective memory work is not so much to encounter the strangeness of others but to gain a sense of estrangement from our own normalcy.

2. Facing Race at Rhodes

QUESTIONS TO CONSIDER:

1. When someone says 'ethnic' what do they mean i.e. ethnic pattern, ethnic clothing?
2. When they say 'cultural' or 'traditional' what do they mean i.e. traditional dress, cultural practices?
3. We have residences named after Smuts, Botha and Walker and a university named after CJ Rhodes, a quintessential colonialist – does that glorify our racist past?

All of the following quotes are from Vincent, L "Just a little thing like the colour of their skin ruined everything' facing race at Rhodes 10 years after". African Sociological Review 9 (1). Fuller reference details for each quote are available in the original. Read them … and think about your personal responses to their words.

The myriad minute decisions that constitute the practices of the world are at every point informed by judgements about people's capacities and worth, judgements based on what they look like, where they come from, how they speak, even what they eat, that is, racial judgements. Race is not the only factor governing these things and people of goodwill everywhere struggle to overcome the prejudices and barriers of race, but it is never not a factor, never not in play.

"She is a young student, just enjoying life. She has fun, doing whatever she pleases, not generally phased by other people's opinions. One evening, while out with friends she happens to kiss another girl, who happens to be black. This is done not as a sexually political or racial statement; she was just being herself (like so many girls her age she is exploring her sexuality). She never realised that others had seen or even cared. The following evening a boy, a farmer's son from Zimbabwe approaches. 'Did you kiss a black girl?' This took her completely by surprise. He was a friend. 'That's disgusting. I hope you're embarrassed. But don't worry, just apologise and we'll forgive you. The guys think you're a cool girl. Just say you're sorry'. She burst into tears and walked home."

"Coming to Rhodes he had an overall feeling of trepidation at moving into a more 'exposed' environment than he had been in the past, growing up as a white male. He had been to boarding school but it was an elite private school. Although there were plenty of black people they had always been in a minority and had never

seemed a threat as it were. Now he didn't know what it would be like living somewhere where his race was a minority. He had been warned that at other universities where residences were 'pitch black' everything had to be kept totally locked up as a result of the endless stealing. Furthermore his black classmates had been from wealthy families and most of them had no problem mixing with the white majority. The prospect of res. now presented a different scenario. Whites were a minority and blacks were from all walks of life, not just a tiny rich elite. His fears and worries turned out to be totally unfounded. Life in res. turned out to be very much like life in boarding school. White boys seemed to be the only ones who really stuck together. There was no black 'popular group' which everyone tried to fit in with. Instead, he ended up having the same colour friends, and ran around the res. getting drunk and having fun as if he owned the place, just as he would have had he been in a predominantly white res.

He also found that theft was never a problem."

"White people don't see white privilege. Many of them believe in individuality and sometimes go as far as to profess to not having a culture. For this reason they are not controlled by the stereotypes attached to race and are allowed to be whoever they want to be. In the case of Rhodes the strong colonial influences and Rhodes's history of it being a white university campus under apartheid have more than contributed to the dominant white culture in this campus. White culture is taken as the norm on campus. It affects you from whatever background you come from. Personally we struggled with getting used to eating with a fork and knife, but we had to learn. I didn't want to stick out. Yet this pressure to conform to the norm goes far beyond how a person eats in the dining hall. It has affected who gets what."

Black participants, including many from neighbouring states, reported seeing themselves as black for the first time, or at least coming to a new awareness of their black identity only through experiences that placed them in prolonged contact with whites, for example at school, university or work.

For those who did not attend Model C schools it is at Rhodes where they first come to recognise themselves 'as black'. The shift is one from encountering 'the other' in a limited range of highly unequal settings to encounters as neighbours, fellow pupils or students, playmates, potential lovers, opponents and friends.

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"Growing up in the post-apartheid era I have had to conform to make myself more acceptable, leaving my roots behind. I suffer from a dominant social discourse about coloured identity which says that coloured people are alcoholics, unemployed and teenagers who fall pregnant very easily. I was raised in a good home which was family-oriented as many coloured families are, but I also grew up in a coloured area thus I have a thick coloured accent. I admit that when speaking to white people I hide this accent as this will allow them perhaps not to think of me as coloured but as an educated female. Although I am often mistaken for being Indian, my colouredness comes out when I speak. I try to adapt to be more acceptable."

It remains very common for South Africans, including young university students, to regard race and in particular, the existence of four main 'race groups' – white, coloured, Indian and African – as a self-evident, common-sensical, 'utterly uncontroversial fact of life'.

"When I first arrived at university a worrying factor for me was how I would share bathrooms with fellow black students. Contrary to my expectations I found them to be the cleanest of all other race groups. While I

profess my deep-seated love for black people, I am aware of how, to a certain degree, I respond to black people in a negative way. For example, a fellow Indian friend remarked how her res neighbour, a black girl, asked her to tie her hair up into a ponytail. She, my friend, was extremely hesitant to do so. Feeling compelled she did it, but afterwards washed her hands in jik. I couldn't help but wonder if I would have felt the same. Shame on me! Unless I am able to grow out of this constricting mould of prejudice I am a disgrace to society. But how am I to do so?"

"… when he started his university studies at Rhodes. It marked the worst year of his life because he encountered racism for the very first time in his life. At university he expected different lecturers in terms of race, standard of education and many other things that could make one different from another. What shocked him was that students responded differently to lecturers because of their race. For example, when a black lecturer in his class was instructing students prior to the final examination, a white student stood up and asked, 'where do you get that instruction from? Do other lecturers in the Department know what you are talking about?' This gave him the impression that white students undermine black lecturers at this university while white lecturers do not get that kind of response from students. This black lecturer was tested all the time. He was asked questions that were targeted at testing his character and thinking skills. It was enough to make him conclude that white students were racist."

Many of the white participants in this research process started out from the position that apartheid was not of their making and had little to do with them; a position of confusion about why they as young white South Africans could somehow be regarded as complicit. Moreover, they asked why apartheid was such an issue for black students when they had not, after all, really known its full burden. In short, they felt that black students with access to all the privileges of a Rhodes education should 'get over it'.

The white participants were surprised to learn that they were not regarded by the black participants as unique and diverse individuals but rather, 'as whites', whatever their particular history of liberal views, interracial dating and friendships, might be. One such significant moment of realisation for all the white people present in one group, including myself, was when a young black woman whom no-one had hitherto really noticed sitting in the front of the room, stood up during a discussion on race and waved her arm across the room, saying, 'it's you whites, that's the problem', her breaking voice filled with loathing and anger. For many Rhodes students as with most young South Africans this is an unusual experience because relations between black and white remain in so many instances superficially friendly, masking underlying suspicions, even hatreds.

"By virtue of being black you know that you have a 'cloud' of stereotypes that is always with you when you are living. This has contributed to the lowering of success of most black students, even at university …. I feel uncomfortable even in tutorials because of having internalised an ideology that black people are stupid and they do not think as a white person. Although there is talk of a rainbow nation there will always be a great divide between black and white."

"I am black. I believe that to be black is to have certain characteristics like I listen to kwaito music and speak the Venda language. Growing up I knew that I was not white and that there were things I could not do. I have this belief that white people are superior and because of their whiteness they always dominate all human beings."

"People thought that she thought she was better than them because she spoke English. They assumed that this was a choice she had made and not that it was the only language she could speak in. White people thought that she was American, black people thought she took no pride in her 'blackness'."

When we are unwilling to engage in a serious process of confronting race and racism this seems to be based on the idea of letting sleeping dogs lie; the fear that things will somehow be made worse if we 'go on about it'. My research leads me to the opposite conclusion. Even if the dog of racism is indeed asleep at Rhodes – and I doubt it is – we should be prepared to give it a vigorous shake in order respectfully to continue to engage with, learn from and understand more fully our past and its continuing implications for the present. – Prof L Vincent

3. Gender

Sexism: negative discrimination against people based on their assumed or presumed sexual identity.

Sexism as a belief can refer to two subtly different beliefs:

- The belief that one sex is superior to the other.
- The belief that men and women are very different and this should be strongly reflected in society, language, right to have sex and the law.

Sexism can also refer to simple hatred of men (misandry) or women (misogyny).

Sexist beliefs are a species of essentialism, which holds that individuals can be understood (and often judged) based on the characteristics of the group to which they belong, in this case, their sex group (male or female). This assumes that all individuals clearly fit into the category of "male" or "female", which is countered by the existence of intersex individuals defined in terms of their genetics and physiology.

Misogyny: recognised as a political ideology similar to racism or anti-Semitism, existing to justify and reproduce the subordination of women by men.

Forms of misogyny

There are many different forms of misogyny. In its most overt expression, a misogynist will openly hate all women, and will hurt people simply because they are female. Some rapists and sexual predators fall into this category.

Other forms of misogyny may be more subtle. Some misogynists may simply hold all women under suspicion, or may hate women who don't fall into one or more acceptable categories. Entire cultures may be said to be misogynistic if they treat women in ways that can be seen as hateful.

Misogyny in popular culture

A simple contemporary example of misogyny is the glamorised pimp which has become central to popular forms of hip hop culture, but which inaccurately reflects the occupation and reinforces a dangerous sexist relationship between men and women. The pimp is someone that subordinates women, limiting their financial independence and exploiting women as a sexual commodity to be bought and sold. Yet, Nelly markets "Pimp Juice," a neon green energy drink, and 50 Cent and Snoop Dogg released a song titled "P.I.M.P." The rapper obsession with pimps celebrates the pimp as a smooth-talking, hip-dressing figure, who is the embodiment of power and a pop culture icon. But being a pimp is not a glamorous occupation and the rapper representation of pimps ignores the criminality and cruelty of the profession. In reality, pimps are violent, oppressive and criminal, exploiting women and girls for sex and money.

Feminism: a social theory and political movement primarily informed and motivated by the experience of women. While generally providing a critique of social relations, many proponents of feminism also focus on analyzing gender inequality and the promotion of women's rights, interests, and issues.

Feminist theorists aim to understand the nature of inequality and focus on gender politics, power relations and sexuality. Feminist political activists advocate for social, political, and economic equality between the sexes. They campaign on issues such as reproductive rights, domestic violence, maternity leave, equal pay, sexual harassment, discrimination and sexual violence. Themes explored in feminism include discrimination, stereotyping, objectification (especially sexual objectification), oppression and patriarchy. The basis of feminist ideology is that society is organised into a patriarchal system in which men are privileged over women. Feminist activism is a grass roots movement which crosses class and race boundaries. It is culturally specific and addresses the issues relevant to the women of that society, for example, genital mutilation in Sudan, or the glass ceiling in North America. Some issues, such as rape, incest, mothering, are universal.

4. Sexual Orientation

Bisexual: refers to the aesthetic, romantic, or sexual desire for individuals of either gender or of either sex.

Gay/Homosexual: refers to homosexual men or women. Gay sometimes also refers to the culture of homo-sexual men and women (as in "gay history"), to things perceived by others to be typical of gay people (as in "gay music"), or to same-sex more generally (as in "gay marriage").

Heterosexism: (or heterocentrism or heterosexualism) is the assumption that everyone or a particular person is heterosexual. It can be distinguished from homophobia in that it doesn't necessarily imply hostility towards other sexual orientations, merely a failure to account for their existence.

Homophobia: means fear or hatred of, aversion to, or prejudice or discrimination against people who are homosexual. It is sometimes used to mean any sort of opposition to same-sex romance or sexual activity, though this opposition may more accurately be called anti-gay bias.

Lesbian: a woman who is exclusively emotionally, sexually, and romantically attracted to other woman.

Sexual preference: often used by those who believe that sexuality is fluid and incorporates an element of choice, as opposed to those who believe sexuality is fixed early in life.

Sexual Orientation: describes the direction of an individual's sexuality, often in relation to their own sex or gen-der. Common terms for describing sexual orientation include bisexual (bi), heterosexual (straight) and homosexual (lesbian, gay).

Straight/Heterosexual: refers to aesthetic, sexual and romantic attraction exclusively between two individuals of differing genders.

Transgendered: the state of one's "gender identity" (self-identification as male, female, both or neither) not matching one's "assigned gender" (identification by others as male or female based on physical/genetic sex). Transgender does not imply any specific form of sexual orientation (transgender people may be straight, gay or bisexual).

5. Spirituality and religious diversity and what it means to be a secular University

Secular: religious, sacred or spiritual; not subject to or bound by religious rules;

Secularisation: the transformation of a society from close identification with religious values and institutions toward non-religious values in government, organizational management and public spaces

1. The SRC bag which was given to students during Orientation last year contained a pamphlet from 'Christians at Rhodes' providing information about church services in Grahamstown. A first- year student wrote to Grocotts Mail complaining that this amounted to indoctrination. After a flood of letters to the press, Rhodes University published a formal apology to the student. Was this appropriate?
2. Several years ago at a DOS Variety Show Prof Andrew Buckland staged a performance of 'Mistero Buffo', which offended several members of the audience. Should Rhodes have apologised for this?
3. In a Residence X, all the sub wardens are Seventh Day Adventists, and are not prepared to work on Saturdays. How should the University handle this?
4. Graduation currently does not make allowances for students to request to graduate on a specific day on religious grounds.

We often experience problems in our residence system which have their roots in religious beliefs, and it is wise to alert you, as young leaders to what issues might arise and how to deal with them. Give some thought to how you would handle each of the following scenarios – some will be discussed during your workshops:

a. Harassment and unwanted approaches by religious organisations seeking to recruit new members. Student A keeps on putting little notes under B's door, or visiting and trying to get them to join their group.
b. The smell of incense constantly pervades your corridor, emanating from a neighbour's room, and it makes you sneeze. When you ask your neighbour to stop burning incense they tell you that as a Hindu they have to burn it.
c. A student in the meal queue ahead of you wants the Hindu/Halaal food option and starts a dispute in the kitchen because they offer her a beef burger.
d. A group of students constantly smoke "hubblies" in residence, and you dislike the smell intensely. They reply, when you complain, that their religion prevents them from drinking, so this is their way of social relaxation.
e. An evangelical Christian student complains about overtly homosexual students in the residence, claiming that homosexuality is not Christian
f. A student complains to you that all the bad behaviour and drinking of a certain group of students is not Christian, and should be stopped.
g. A student who wants to have an abortion complains that a fellow student is trying to persuade her that such an action is wicked and evil.
h. A group of students refuse to participate in the residence sports event on Saturday, claiming that their religion does not permit them to.
i. Students object to the fact that res funds are going to be spent on alcohol, since their religion prevents them from drinking.
j. Cell groups gather and sing in one of the rooms, causing others to complain about the noise.

BACKGROUND READING ON VARIOUS RELIGIONS

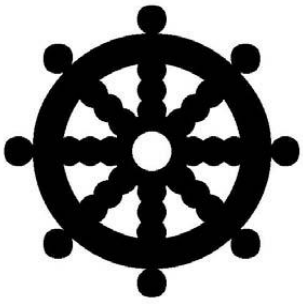
The following descriptions are meant only to give you an extremely basic overview of the religious groupings present on campus and an idea of some of the religious practices you may encounter in the residence system.

African Traditional

African traditional religion is a collection of diverse beliefs and traditions with no single founder or dogma. Practitioners of African traditional religions in sub-Saharan Africa are distributed among 43 countries, and are estimated to number about 70 million, or 12% of African population. Generally, God is worshipped through consultation or communion with ancestral spirits. The deities and spirits are honoured variously through libation and the sacrifice of animals. The will of God may also be sought through divination and consultation with traditional healers and spiritual guides known commonly in South Africa as Sangomas. Students practising African traditional religions may be required to return home from time to time to participate in rituals to honour their ancestors, for instance, on the anniversary of a family member's death.

Bereavement

Funerals are generally large family gatherings and students may be required to return home for a week or longer to assist. Funerals tend to take place between one and two weeks after the death.



Buddhism

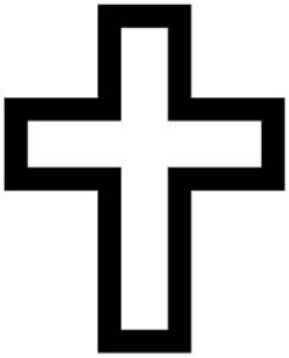
Buddhism is often described as a religion or a collection of various philosophies, based on the teachings of Siddhartha Gautama, also known as Gautama Buddha. Some do not consider Buddhism to be a religion, but rather a set of teachings that guide one's life. Buddhism is an offshoot of Hinduism which dates back to around 500 BCE and is the 4th largest world religion. There are many streams of Buddhism, but Zen and Tibetan are the most well-known. The practice of meditation is central to nearly all forms of Buddhism. There is a Zen Buddhist Centre in Spring Street.

Buddhism's central beliefs include the Middle Path, the Four Noble Truths & the Noble Eightfold Path. The Four Noble Truths are the most fundamental Buddhist teachings and they are as follows:

1. The Nature of Dukkha: Dukkha is birth, aging, sickness and death. It can be described as a separation from what is pleasing or not to get what one wants.
2. The Origin of Dukkha (Samudaya): Samudaya is craving, typically craving for sensual pleasures, craving for existence.
3. The Cessation of Dukkha (Nirodha): Nirodha is freedom from craving and non-reliance on it.
4. The Way leading to the Cessation of Dukkha (Magga): Magga is the Noble Eightfold Path; that is, right view, right intention, right speech, right action, right livelihood, right effort, right mindfulness and right concentration.

Bereavement

Funerals are joyous gatherings, celebrating the person's passage from one life to another. Buddhist students will need to return home immediately and will remain at home for at least a week.



Christianity

Christianity is centred on the life and teachings of Jesus and the belief in the Holy Trinity (Father, Son & Holy Spirit). It is the largest of the world religions. Christianity's primary text is the Bible, which is divided into the Old and New Testaments. Formal Christian worship takes place in churches and there are many denominations represented throughout Grahamstown. Christians believe Jesus is the Son of God and the Messiah prophesied in the Old Testament, and that the New Testament records the Gospel that was revealed by Jesus. There are three main streams of Christianity - Catholic, Orthodox and Protestant.

1. Catholic: The Catholic Church is the largest Christian church, representing about half of all Christians, and is the largest organized body of any world religion. The Catholic Church is headed by the Pope. Catholic worship is characterised by regular attendance at mass (formal church service on Sundays), confession (repentance for sin), praying the rosary (both a set of prayer beads and the prayers themselves), the observance of Lent (giving up something concrete for a period of 40 days from Ash Wednesday to Holy Saturday - the day after Good Friday) and the celebrations relating to Christmas (birth of Jesus) and Easter (death of Jesus).

2. Orthodox: Orthodoxy is the second largest Christian church in the world. The most common Orthodox Church in Africa is Coptic Orthodox, with Greek Orthodox being common in South Africa. Orthodox Christianity is distinguished by its use of iconography and is characterised by the observance of fasting, including Great Lent (abstention from meat and dairy products, fish, wine and oil, intensified private and public prayer, personal improvement and almsgiving.). Out of the 365 days of the year, the Coptic Christians fast over 210 days. The Orthodox use a separate calendar from other Christians.

3. Protestant: All Christians who are not Catholic or Orthodox are called Protestants and their beliefs include the primacy of the Bible as the only source of revealed truth, and the belief that one is 'saved by faith alone'. Protestant denominations can be divided into two main groups - traditional and evangelical.

- Traditional: Includes Methodist, Presbyterian, Baptist and Anglican among others and is characterised by regular attendance of Sunday church services and the observance of Christmas and Easter.
- Evangelical: Includes Full Gospel and His People Churches and is characterised by an emphasis on evangelism (conversion of 'unbelievers'), a personal experience of conversion, regular attendance of church services, cell groups (small worship and study meetings) and bible study lessons, as well as activism based on biblically based beliefs (active, vocal opposition to so-called sinful practices i.e. abortion and homosexuality).
- Other: Seventh-day Adventists and Mormons are the primary representatives of the 'other' forms of Protestantism.
- Seventh-day Adventists are unique in that they attend church on Saturdays rather than the traditional Sunday services. Their beliefs can be summarised as follows - Christ's Ministry in the Heavenly Sanctuary, the Second coming of Christ, death and resurrection, Millennium and the End of Sin and the New Earth.
- Mormon is a term which refers to members of The Church of Jesus Christ of Latter-day Saints (LDS Church), commonly called the Mormon Church. Mormons believe in the Book of Mormon in addition to traditional Christian scriptures.

Bereavement

Funerals range in size and scope depending on the denomination and specific family tradition. Funerals generally take place between 3 days and a week after the death.

Hinduism

Hinduism is the world's oldest religion, whose earliest origins can be traced as far back as 2600 BCE. It is a collec-tion of diverse beliefs and traditions and has no single founder. It is the world's third largest religion following Christianity and Islam.

Hinduism is an extremely diverse religion and it is difficult to identify any doctrines with universal acceptance among all Hindus. Hindu texts include the Bhagavad Gita and Vedas. Formal Hindu worship takes place in Tem-ples. The Grahamstown Hindu Temple is in Kettlewell Street.

Prominent themes in Hindu beliefs include Dharma (ethics/duties), Samsāra (the continuing cycle of birth, life, death and rebirth), Karma (action and subsequent reaction), Moksha (liberation from samsara), and the various yogas (paths or practices). It would be impossible to give an accurate overview of such a complex religion with the limited space available. It is sufficient to note that Hindu religious practice is often characterised by the creation of a shrine with icons dedicated to the individual's chosen form(s) of God and the burning of incense at specified times. Hindus do not eat beef at all and many are strict vegetarians, though not all.

The best-known Hindu religious festival is Diwali or Deepavali, or "Festival of Light," where the lights or lamps signify the victory of good over the evil within. Diwali is celebrated for five consecutive days at the end of Hindu month of Ashwayuja which usually occurs in October/November.

Bereavement

Funerals are large family gatherings, with elements of private family prayers as well as public mourning. Hindu students will need to return home immediately as the funeral and cremation will take place within 24 hours of the death and will generally remain at home for at least a week after the funeral.

Islam

Islam is a monotheistic religion based on the revelations of scripture including the Torah and New Testament, originating with the teachings of Muhammad, a 7th-century BCE religious and political figure. Islam's primary text is the Qur'an. The word Islam means "submission", or the total surrender of oneself to God. Islam is the world's second largest and fastest growing religion. Formal Muslim worship generally takes place in a mosque, but as there is no mosque in Grahamstown, Muslims gather at the Jamaat Khana (prayer room) on Prince Alfred Street, just below Mandela dining hall for daily prayers. The Five Pillars of Islam are five practices essential to Islam. They are:

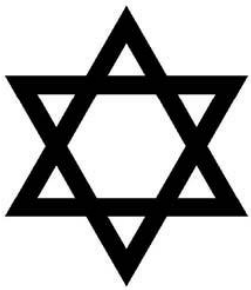
1. The shahadah, which is the basic creed or tenet of Islam: "'ašhadu 'al-lā ilāha illā-llāhu wa 'ašhadu 'anna mu-ħammadan rasūlu-llāh", or "I testify that there is none worthy of worship except God and I testify that Mu-hammad, (peace be upon him) is the Messenger of God." (See image of Arabic text above).

2. Salah, or ritual prayer, which must be performed five times a day. Each salah is done facing towards the Kaaba in Mecca. The prayers are recited in the Arabic language, and consist of verses from the Qur'an.
3. Zakat, or alms-giving. It is obligatory for all Muslims who can afford it. A fixed portion is spent to help the poor or needy, and also to assist the spread of Islam. The zakat is a religious obligation (as opposed to voluntary community engagement) that the well-off owe to the needy because their wealth is seen as a "trust from God's bounty".
4. Sawm, or fasting during the month of Ramadan. Muslims must not eat or drink and must abstain from all sexual activity from dawn to dusk during this month. The fast is to encourage a feeling of nearness to God, to atone for past sins and think of the needy.
5. The Hajj, which is the pilgrimage during the Islamic month of Dhu al-Hijjah in the city of Mecca. Every able-bodied Muslim who can afford it must make the pilgrimage to Mecca at least once in his or her lifetime.

Other Muslim practices fall in the category of adab, or Islamic etiquette, which includes greeting others with "as-salamu `alaykum" ("peace be unto you"), saying bismillah ("in the name of God") before meals, and using only the right hand for eating and drinking. Muslims, like Jews, are restricted in their diet, and prohibited foods include pig products, blood, carrion, and alcohol. All meat must be slaughtered in the name of God. Food permissible for Muslims is known as halaal.

Bereavement

Muslim students will need to return home immediately as the funeral will take place within 24 hours of the death. All family and friends attend the funeral prayers, which take place outdoors, but only men attend the actual burial. Muslims observe a 3-day mourning period which is observed by increased devotion, receiving visitors and condolences, and avoiding decorative clothing and jewellery.



Judaism

Judaism is the oldest of the Abrahamic religions, dating back to 2000 BCE. It is a monotheistic religion, but unlike many other Abrahamic religions (Christianity & Islam), it does not focus on abstract cosmological concepts. Al-though Jews consider the nature of G-d, humans, the universe, life and the afterlife, there is no mandated, official belief on these subjects, outside of the very general concepts summarised by Maimonides and known as the 13 principles of faith (many of which it shares with other world religions) which can be summarised as follows:

G-d exists and is incorporeal and eternal; G-d is one and unique; prayer is to be directed to G-d alone and to no other, the words of the prophets are true, as are the prophecies of Moses, who was the greatest of the prophets; the written Torah (first 5 books of the Bible) and Oral Torah (teachings contained in the Talmud and other writings) were given to Moses by G-d and there will be no other Torah; G-d knows the thoughts and deeds of people and G-d will reward the good and punish the wicked and finally, the Messiah will come and dead will be resurrected. There are two main streams of Judaism: Orthodox and Progressive. Again, it is impossible to give an accurate overview of such a complex religion with the limited space available. It is sufficient to note that Observant Jews, both Orthodox & Progressive, will keep kosher, which means that they will observe certain dietary laws, the most well-known being a prohibition on eating pork and shellfish and on mixing meat and milk. Kosher means "ritually correct" and contrary to popular misconception, rabbis or other religious officials do not "bless" food to make it kosher.

Observant men wear a kippah or yarmulke to cover their heads and observant women wear long skirts or dresses. Judaism measures days from sundown to sundown, rather than from midnight, so all religious holidays begin at sundown. Every week, from Friday sundown to Saturday sundown, Jews observe a day of rest and worship known as Shabbat, which other than Yom Kippur (the Day of Atonement) is the holiest Jewish holiday. Ritual candles are kindled and allowed to burn down completely and a special meal is consumed. There is no Shul (synagogue) in Grahamstown.

Bereavement

Jewish students will need to return home immediately as the funeral and burial will generally take place within 24 hours of the death. Jews observe a 7-day mourning period known as Shiv'a, during which mourners are exempt from all the requirements of daily life and restricted from its pleasures. As the prohibition extends to enjoying beautiful things, do not send flowers, as they will not be allowed in the house.

Wicca / Paganism

Wicca is a nature-based religion found throughout the world. Wicca is the modern practice of witchcraft, not to be confused with Satanism, although many people still believe the 5 pointed star or pentacle is a Satanic symbol. It is actually an ancient Goddess symbol, The Star of Isis, and is central to Wicca. Wicca is a duotheistic religion and the deities of Wicca are understood as embodiments of a life-force manifest in nature. The Goddess and God are seen as complementary polarities and this balance is seen in nature. They are sometimes symbolised as the Sun and Moon, and from her lunar associations the Goddess becomes a Triple Goddess with aspects of "Maiden", "Mother" and "Crone" representing the stages of life – innocence, experience and wisdom. Some Wiccans hold the Goddess to be pre-eminent, since she contains and conceives all.

Wiccan morality is based on the Wiccan Rede: An' it harm none, do what ye will. This can be interpreted as a declaration of the freedom to act, along with the necessity of taking responsibility for what follows from one's actions. Another element of Wiccan Morality comes from the Law of Threefold Return, which is understood to mean that whatever one does to another person or thing (benevolent or otherwise) returns with triple force. Wiccan religious practice typically includes the coven or group assembling inside a ritually cast and purified circle. Prayers to the God and Goddess are said, the "Guardians" of the North, South, East and West are welcomed, and spells (much like prayers and blessings) are sometimes worked. An altar is usually present in the circle, on which ritual tools are placed. Before entering the circle, some traditions fast for the day, and/or ritually bathe. After a ritual has finished, the God, Goddess and Guardians are thanked and the circle is closed. Wicca is only one variety of pagan witchcraft, and other forms of witchcraft exist within many cultures, with widely varying practices. Many Wiccans, though not all, call themselves Pagans, though the umbrella term Paganism encompasses many faiths that have nothing to do with Wicca or witchcraft. Because of the popular negative connotations associated with witchcraft, many Wiccans continue the traditional practice of secrecy, concealing their faith for fear of persecution. Revealing oneself as Wiccan to family, friends or colleagues is often termed "coming out of the broom-closet".

Bereavement

There are no formal services for a Wiccan funeral and no specified traditions of time limitations.

Sexual health, HIV and AIDS: some basic information

Sexual health, HIV and AIDS: Some Basic Information

HIV and AIDS

HIV is a virus that can damage the body's immune system, so that it can be hard to fight off infections. If someone with HIV has certain serious illnesses, this condition is known as AIDS. HIV can be spread by some kinds of sex - but a condom is the best protection against it. It's important to know what the risks are, and ways to reduce them.

What is the difference between HIV and AIDS?

What is HIV?

HIV is an acronym that stands for Human Immunodeficiency Virus, a virus which can lead to AIDS.

What is AIDS?

AIDS is an acronym that stands for Acquired Immune Deficiency Syndrome. AIDS describes the later stages of HIV when a person has a collection of illnesses because their immune system has been damaged as a result of HIV. There is no cure for HIV or AIDS yet, although new drugs and new ways of using existing drugs are constantly improving medical care. Many people live with AIDS for many years and feel well most of the time. Many infections are treatable, although as the body's immune system weakens, infections become more difficult to treat.

What does HIV positive mean?

When a person becomes infected with HIV the body's immune system tries to fight off the virus by making anti-bodies. Antibodies are one of the body's lines of defence against infections. If antibodies to HIV have shown up in a blood test, a person is described as HIV positive. Someone with HIV will be infected for the rest of his or her life. They may look and feel fine, and completely healthy; most people with HIV do. Unless they are tested for antibodies to HIV they may not know they have the virus. You can't tell by looking at someone if they are infected with HIV. They look no different from someone who doesn't have the virus.

How is HIV spread?

There are three main ways of passing on HIV

Sex: Have unprotected sex with someone that is HIV positive. Some kinds of sex carry high risks of getting HIV from an infected person. However, it is important to remember that there is no way you can tell if another person is infected or not. With HIV, safer sex means not allowing your partners blood, semen or fluid from the vagina to get inside your body. Vaginal and anal sex without a condom carries the highest risk - whether male or female. Always use a condom, even if you have been with your partner long enough that you feel you can trust him/her. The only way to know whether a person has HIV or not, is for them to have an HIV test. Condoms also protect against other sexually transmitted infections and unintended pregnancies.

Other kinds of sexual activity carry either no, or very little, risk of HIV infection. This includes kissing and masturbation. Oral sex carries a small risk, which can be reduced by:

- avoiding getting semen in the mouth, particularly if there are any cuts, sores or ulcers in the mouth
- using a condom for oral sex with a man (flavoured varieties are available!)
- using a latex square - called a dental dam - for oral sex with a woman. Placed over the genital area, it can protect against infection from vaginal fluid and menstrual blood. Dental dams are available from some clinics, chemists, shops and mail-order companies.

Drugs: HIV can be spread if you share drug injecting equipment - or 'works' - with other people. This can include - syringe, needle, spoon, bowl and water.

Mother to child transmission: There is a risk that a mother with HIV can pass it on to her baby, either in the womb or through breastfeeding. HIV screening for pregnant women is not routine but may be requested. Some treatments (i.e. Nevirapine) have been shown to reduce the risk of passing HIV to the baby, as have some kinds of delivery. If a woman with HIV has a baby, it can take a few months to know whether or not the baby has the virus too. A doctor or midwife can explain this in more detail.

How HIV is NOT transmitted?

You can't get HIV by:

- kissing, touching, hugging or shaking hands
- sharing crockery and cutlery
- coughing and sneezing
- contact with toilet seats
- insect or animal bites
- swimming pools
- eating food prepared by someone with HIV.

Other Risks

There are other ways of getting HIV, but these are much lower risk than unprotected vaginal or anal sex.

Giving/receiving blood

There is a very small risk of getting HIV by receiving a blood transfusion in South Africa. All blood, blood products, organs and tissues for donation and transplant in South Africa are screened for HIV. Also, potential blood donors are asked to complete a questionnaire meaning that the chances of being infected from donation or transplant are minimal. Donating blood through the blood transfusion service in South Africa is completely safe. The equipment used is sterile and only used once.

Doctor/dentist treatment

All healthcare workers in South Africa take routine precautions to prevent any risk of any infection to patients.

First Aid

The best precaution is to avoid any direct contact with the injured person's blood. Use gloves, and follow standard health and safety precautions. If blood gets on your skin, simply wash it off.

Dropped needles

Avoid handling the metal needle. If someone does get pricked by a used needle, pinch the wound to make it bleed a little. Clean the area with soap and water, cover with a plaster, and then seek medical advice.

Skin piercing

Tattooing, piercing, acupuncture and hair removal by electrolysis also pose a risk of passing on HIV and other infections. Only use these services where sterile and/or disposable equipment is used. Ask if you are unsure.

How Can I Be Prevented from HIV and AIDS?

Use condoms every time you have sex. Condoms are the only form of protection which can both help to stop the transmission of sexually transmitted diseases (STDs) such as HIV and prevent pregnancy.

Getting ready, choosing the right condom.

A number of different types of condom are now available. What is generally called a condom is the 'male' condom, a sheath or covering which fits over a man's penis, and which is closed at one end.

There is also now a female condom, or vaginal sheath, which is used by a woman and which fits inside her vagina. The rest of this article is about the male condom.

What are condoms made of?

Condoms are usually made out of latex or polyurethane. If possible, you should use a latex condom, as these are the most effective against viruses such as HIV, and in most countries, they are the type most readily available.

Condoms, which have been properly tested and approved, carry the SABS mark.

The lubrication on condoms also varies. Some condoms are not lubricated at all, some are lubricated with a silicone substance, and some condoms have a water-based lubricant. The lubrication on condoms aims to make the condom easier to put on and more comfortable to use.

What shape should I choose? Why are some condoms flavoured?

It's up to you which to choose. All of the differences in shape are designed to suit different personal preferences and enhance pleasure. It is important to communicate with your partner to be sure that you are using condoms that satisfy both of you. Some condoms are flavoured to make oral sex more enjoyable.

What about the condom size?

Condoms are made in different lengths and widths, and different manufacturers produce varying sizes.

There is no standard length for condoms, though those made from natural rubber will in addition always stretch if necessary to fit the length of the man's erect penis.

The width of a condom can also vary. Some condoms have a slightly smaller width to give a "closer" fit, whereas others will be slightly larger. Condom makers have realised that different lengths and widths are needed and are increasingly broadening their range of sizes.

The brand names will be different in each country, so you will need to do your own investigation of different names. There is no particular best brand of condom.

So when do you use a condom?

You need to use a new condom every time you have sexual intercourse. Never use the same condom twice. Put the condom on after the penis is erect and before any contact is made between the penis and any part of the partner's body. If you go from anal intercourse to vaginal intercourse, you should change the condom.

How do you use a condom?

Condoms can deteriorate if not stored properly. They can be affected by both heat and light. So, it is best not to use a condom that has been stored in your back pocket, your wallet, or the glove compartment of your car.

- Open the condom package at one corner being careful not to tear the condom with your fingernails, your teeth, or through being too rough. Make sure the package and condom appear to be in good condition, and check that if there is an expiry date that the date has not passed.
- Place the rolled condom over the tip of the hard penis, and if the condom does not have a reservoir top, pinch the tip of the condom enough to leave a half inch space for semen to collect. If the man is not circumcised, then pull back the foreskin before rolling on the condom.
- Pinch the air out of the condom tip with one hand and unroll the condom over the penis with the other hand. Roll the condom all the way down to the base of the penis, and smooth out any air bubbles. (Air bubbles can cause a condom to break).
- If you want to use some extra lubrication, put it on the outside of the condom. But always use a water-

based lubricant (such as Wet Stuff or Astroglide) with latex condoms, as an oil-based lubricant will cause the latex to break. A silicon-based lubricant i.e. KY Jelly is also suitable.

- The man wearing the condom doesn't always have to be the one putting it on - it can be quite a nice thing for his partner to do.

What do you do if the condom won't unroll?

The condom should unroll smoothly and easily from the rim on the outside. If you have to struggle or if it takes more than a few seconds, it probably means that you are trying to put the condom on upside down. To take off the condom, don't try to roll it back up. Hold it near the rim and slide it off. Then start again with a new condom.

When do you take off the condom?

Pull out before the penis softens, and hold the condom against the base of the penis while you pull out, so that the semen doesn't spill. Condoms should be disposed of properly for example wrapping it in a tissue and throwing it away. It's not good to flush condoms down the toilet - they're bad for the environment.

What do you do if a condom breaks?

If a condom breaks during sexual intercourse, then pull out quickly and replace the condom. Whilst you are having sex, check the condom from time to time, to make sure it hasn't split or slipped off. If the condom has broken and you feel that semen has come out of the condom during sex, you should consider getting emergency contraception such as the morning after pill.

What condoms should you use for anal intercourse?

With anal intercourse more strain can be placed on the condom, so it is sensible to use stronger condoms and plenty of lubricant. But if you can't get hold of a strong condom, a normal condom is better than no condom.

Is using a condom effective?

If used properly, a condom is very effective at reducing the risk of being infected with HIV during sexual intercourse. Using a condom also provides protection against other sexually transmitted diseases, and protection against pregnancy. In the laboratory, latex condoms are very effective at blocking transmission of HIV because the pores in latex condoms are too small to allow the virus to pass through. However, outside of the laboratory condoms are less effective because people do not always use condoms properly.

How can I persuade my partner that we should use a condom?

It can be difficult to talk about using condoms. But you shouldn't let embarrassment become a health risk. The person you are thinking about having sex with may not agree at first when you say that you want to use a condom when you have sex. These are some comments that might be made and some answers that you could try.

EXCUSE	ANSWER
Don't you trust me?	Trust isn't the point, people can have infections without realising it
It does not feel as good with a condom	I'll feel more relaxed, if I am more relaxed, I can make it feel better for you..
I don't stay hard when I put on a condom	I'll help you put it on, that will help you keep it hard.
I don't have a condom with me.	I do.
I am afraid to ask him to use a condom. He'll think I don't trust him.	If you can't ask him, you probably don't trust him.
I can't feel a thing when I wear a condom	Maybe that way you'll last even longer and that will make up for it
It's up to him...it's his decision	It's your health. It should be your decision too!
I'm on the pill, you don't need a condom	I'd like to use it anyway. It will help to protect us from infections we may not realise we have.
Putting it on interrupts everything	Not if I help put it on
I guess you don't really love me	I do, but I am not risking my future to prove it
I will pull out in time	Women can get pregnant and STDs from pre-ejaculate
But I love you	Then you'll help us to protect ourselves.
Just this once	Once is all it takes

There are many reasons to use condoms when having sex. You could go through these reasons with your partner and see what s/he thinks.

Reasons to use condoms

a. Condoms are the only contraceptive that also helps prevent the spread of sexually transmitted infections (STIs) including HIV when used properly and consistently.

b. Condoms are one of the most reliable methods of birth control when used properly and consistently.

c. Condoms have none of the medical side-effects of some other birth control methods may have.

d. Condoms are available in many shapes, colours, flavours, textures and sizes - to increase the fun of sex with condoms.

e. Condoms are widely available in pharmacies, supermarkets and convenience stores. You don't need a prescription or have to visit a doctor and they are free from THE HEALTH CARE CENTRE, Family Planning or your Sub-Warden.

f. Condoms make sex less messy.

g. Condoms are user friendly. With a little practice, they can also add confidence to the enjoyment of sex.

h. Condoms are only needed when you are having sex unlike some other contraceptives which require you to take/ or have them all of the time.

Here are also some tips that can help you to feel more confident and relaxed about using condoms.

Keep condoms handy at all times. If things start getting steamy - you'll be ready. It's not a good idea to find yourself having to rush out at the crucial moment to buy condoms - at the height of the passion you may not?

When you buy condoms, don't get embarrassed. If anything, be proud. It shows that you are responsible and confident and when the time comes it will all be worthwhile. It can be more fun to go shopping for condoms with your partner or friend. Nowadays, it is also easy to buy condoms discreetly on the internet.

Talk with your partner about using a condom before having sex. It removes anxiety and embarrassment. Knowing that you both agree and are happy about using a condom, will make you both lot more confident. If you are new to condoms, the best way to learn how to use them is to practice putting them on by yourself or your partner. It does not take long to become a master.

If you feel that condoms interrupt your passion, then try introducing condoms into your lovemaking. It can be really sexy if your partner helps you put it on or you do it together.

HIV and Aids

The HIV Test

The 'AIDS Test' as it is commonly known, does not actually test for AIDS. However, there is a test which can show whether or not someone has HIV. The test checks for the antibodies which the body produces to fight off HIV infection. Tests are carried out by Family Planning Clinics, your GP or the Rhodes Health Care Centre.

Family Planning Clinics & the Health Care Centre offer free tests and all information is strictly confidential. You don't have to use a local clinic or be referred by your GP. If you do ask your GP to organise the test, the result may be entered into your medical records.

The test involves a sample of blood being taken from your arm or finger - the time taken for the results to arrive varies. For more information about HIV tests, contact your GP, The Health Care Centre or Family Planning Clinic.

If you would like to get involved in the struggle against HIV and AIDS, join SHARC.

Who should get tested?

If you are sexually active or thinking of becoming sexually active you should get tested.

What is HIV Counselling and Testing?

HIV counselling and testing is about getting to know your HIV status by taking an HIV test, and does not test for AIDS. This confidential test will tell you whether you are HIV positive or negative. Voluntary means that the decision to go for the test is entirely your own choice. Confidential means that you have the right to absolute privacy.

What happens during and HIV test?

HIV Counselling and Testing is a three-step process that involves pre-test counselling, the test and post-test counselling.

Phase 1: Pre-test counselling

The pre-test counselling will prepare you for the test and will help you to anticipate the result – whether it turns out to be HIV positive or negative. A trained counsellor or Psychologist will explore your reason for attending and explain shared confidentiality. The counsellor will explain to you what HIV is, explore your level of risk of having the virus, correct any misconceptions you may have and explain what the HIV test is. The counsellor will also explain the importance and the benefits of knowing your HIV status. In addition, he/she will discuss the different options available to you and give you an opportunity to ask any questions you may have about HIV or the HIV test. You will be encouraged to talk freely about your fears and concerns. You then give informed consent/dissent freely.

Phase 2: The HIV test: How it is conducted

There are three common types of HIV antibody tests: the Elisa test, the Western blot test and the Rapid test. The Elisa and Western blot test will require that you have a sample of blood taken. This blood sample will be sent to a laboratory for testing and the results will be received a week later. The Rapid test requires that the health worker take a drop of your blood by pricking your finger. A drop of this blood will be placed on the test kit where a chemical agent will be added. Your results will be available within 15 minutes. If the test is positive, a second Rapid test will be done to confirm the result.

Current HIV antibody tests can only detect the antibodies when sufficient quantities have been produced. With new technology the time it takes before antibodies can be detected is decreasing, but there is still a period during which the antibodies cannot be detected in the blood. This is called the window period and can last up to 42 days. During the window period, you may receive a negative HIV test result, but still have the virus in your body. It is recommended that if you have had unsafe sex in the past six weeks, you should have a second HIV test done six weeks later to confirm the result of a negative first test.

All these tests are highly reliable and accurate.

Phase 3: Post-test counselling

During the post-test counselling phase you will be given the results of your test simply and clearly. The counsellor will allow time for the results to sink in and to check your understanding. There are a number of basic issues that the counsellor can help you with, which includes dealing with your immediate emotional reactions, checking if you have immediate support available and identifying your options and/or resources.

What if my test result is positive?

A positive test result means that you have been infected with HIV. The counsellor will help you work through some of your feelings of shock, fear and anger. You will have the opportunity to talk about whether or not you are going to tell your family and your sexual partner. The counsellor will also discuss healthy and positive living with you.

Being HIV positive does not mean that you have no future. Many people live happy, healthy and productive lives with HIV. But it does mean that you will have to learn about keeping your immune system healthy, lowering stress levels and building up a good support system. It is also important that you protect yourself and your partner from further infection. You will also be given information about your rights as someone living with HIV. Your counsellor will refer you to further supportive counselling and medical help whenever you need it.

What if my result is negative?

The counsellor will explore with you the various ways of keeping yourself and your sexual partner(s) safe from contracting HIV. He/she will help you understand the window period and the possibility of needing to be retested. Even if you tested negative, your counsellor will share with you the importance of taking responsibility for avoiding future 'risky' behaviour and of using condoms. If you and your partner have come together for the test and one of you is HIV positive, you may need support as to how this affects your relationship.

Why is it important to know my HIV status?

As a student at a higher education institution, you are in the high-risk age group of HIV. It is very important that you know your HIV status. Deciding whether or not to go for an HIV test is a difficult decision. While some people think that it is better not to know their status, there are many advantages to knowing your status. With this knowledge you can take control of your life and your future.

Are there disadvantages to knowing my HIV status?

Although there are many benefits to knowing your HIV status, there could also be negative consequences. In many families and communities it is difficult to disclose your status because of stigma and discrimination. Before you have a HIV test, you need to talk to a counsellor and discuss all the possible outcomes of being tested. This will allow you to make an informed decision. Nobody can force you to have a test. It is also entirely up to you whether or not you disclose your status to anyone else. The advantages of knowing your status greatly outweigh the disadvantages. Deciding not to go for a test does not mean that you do not have the HI-virus.

Top 4 Reasons to Get HIV Tested

HIV testing is the key to slowing the HIV epidemic. Knowing your HIV status could be one of the most important things you do. Diagnosing HIV early in the disease course improves your prognosis. There are other reasons why HIV testing is beneficial.

Here are my top four.

1. **Early intervention means a healthier life**

   The key to living a healthy life with HIV is being diagnosed early. Getting into the care of an HIV specialist is an essential part of staying healthy. Get tested and if you are positive, find an HIV specialist. This feature will help.

2. **Knowing your status protects you and your partner.**

   Knowing your status allows you to protect your partner as well as yourself. Even if you are both positive, safer sex techniques are a must. Why you ask? This feature explains.

3. **Knowing your status allows you to make informed decisions.**

   Knowing your status allows you to make informed decisions regarding your future and your life. Women living with HIV can have the family they always wanted. Knowing you are HIV positive allows you to take steps to protect your unborn baby. This feature explains what you need to know before starting a family.

4. **Know your status. Get the most of your doctor's visits.**

   When you're not feeling well, your doctor will be better able to treat you if he has all the facts. If he knows your status, he can address the special needs your HIV demands. And it's up to you to get the most of your doctor visits. Here is a guide to making each doctor visit count.

What are my rights?

- A client needs to give consent, freely, before the test is conducted.
- A parent/guardian needs to give consent if the child is younger than 14.
- Any person with HIV or AIDS has the right to confidentiality and privacy of the test and the test results. No one can give out information about a person's HIV status without his/her permission.
- The results of your test will not be used to discriminate against you in any way.
- You as the client are under no obligation to make your test results known, but should consider disclosing your status to your sexual partner(s) so that they can undertake an HIV test, and if positive, receive the necessary care and treatment.
- Any person living with HIV or AIDS has the right to medical treatment and care.

The Role of STD Detection and Treatment in HIV Prevention

Testing and treatment of sexually transmitted diseases (STDs) can be an effective tool in preventing the spread of HIV, the virus that causes AIDS. An understanding of the relationship between STDs and HIV infection can help in the development of effective HIV prevention programs for persons with high-risk sexual behaviours.

What is the link between STDs and HIV infection?

Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact. In addition, if an HIV-infected individual is also infected with another STD, that person is more likely to transmit HIV through sexual contact than other HIV-infected persons (Wasserheit, 1992).

There is substantial biological evidence demonstrating that the presence of other STDs increases the likelihood of both transmitting and acquiring HIV.

- **Increased susceptibility.** STDs appear to increase susceptibility to HIV infection by two mechanisms. Genital ulcers (e.g., syphilis, herpes, or chancroid) result in breaks in the genital tract lining or skin. These breaks create a portal of entry for HIV. Additionally, inflammation resulting from genital ulcers or non-ulcerative STDs (e.g., chlamydia, gonorrhoea, and trichomoniasis) increase the concentration of cells in genital secretions that can serve as targets for HIV (e.g., CD4+ cells).
- **Increased infectiousness.** STDs also appear to increase the risk of an HIV-infected person transmitting the virus to his or her sex partners. Studies have shown that HIV-infected individuals who are also infected with other STDs are particularly likely to shed HIV in their genital secretions. For example, men who are infected with both gonorrhoea and HIV are more than twice as likely to have HIV in their genital secretions as are those who are infected only with HIV. Moreover, the median concentration of HIV in semen is as much as 10 times higher in men who are infected with both gonorrhoea and HIV than in men infected only with HIV. The higher the concentration of HIV in semen or genital fluids, the more likely it is that HIV will be transmitted to a sex partner.

How can STD treatment slow the spread of HIV infection?

Evidence from intervention studies indicates that detecting and treating STDs may reduce HIV transmission.

- **STD treatment reduces an individual's ability to transmit HIV.** Studies have shown that treating STDs in HIV-infected individuals decreases both the amount of HIV in genital secretions and how frequently HIV is found in those secretions (Fleming, Wasserheit, 1999).
- Herpes can make people more susceptible to HIV infection, and it can make HIV-infected individuals more infectious. It is critical that all individuals, especially those with herpes, know whether they are infected with HIV and, if uninfected with HIV, take measures to protect themselves from infection with HIV.
- Among individuals with both herpes and HIV, trials are underway studying if treatment of the genital herpes helps prevent HIV transmission to partners.

What are the implications for HIV prevention?

Strong STD prevention, testing, and treatment can play a vital role in comprehensive programs to prevent sexual transmission of HIV. Furthermore, STD trends can offer important insights into where the HIV epidemic may grow, making STD surveillance data helpful in forecasting where HIV rates are likely to increase. Better linkages are needed between HIV and STD prevention efforts nationwide in order to control both epidemics.

- Early detection and treatment of curable STDs should become a major, explicit component of comprehensive HIV prevention programs at national, state, and local levels;
- In areas where STDs that facilitate HIV transmission are prevalent, screening and treatment programs should be expanded;
- HIV testing should always be recommended for individuals who are diagnosed with or suspected to have an STD.

Frequently asked questions about TB and HIV

Avoid missed opportunities

HIV-positive people can easily be screened for TB; if they are infected they can be given prophylactic treatment to prevent development of the disease or curative drugs if they already have the disease. TB patients can be offered an HIV test; indeed, research shows that TB patients are more likely to accept HIV testing than the general population. This means TB programmes can make a major contribution to identifying eligible candidates for ARV treatment.

What is TB?

Tuberculosis is a disease that usually attacks the lungs but can affect almost any part of the body. A person infected with TB does not necessarily feel ill – and such cases are known as silent or “latent” infections. When the lung disease becomes “active”, the symptoms include cough that last for more than two or three weeks, weight loss, loss of appetite, fever, night sweats and coughing up blood.

What causes TB?

TB is caused by the bacterium Mycobacterium tuberculosis. The bacterium can cause disease in any part of the body, but it normally enters the body though the lungs and resides there.

How is TB spread?

TB is spread from an infectious person to a vulnerable person through the air. Like the common cold, TB is spread through aerosolized droplets after infected people cough, sneeze or even speak. People nearby, if exposed long enough, may breathe in bacteria in the droplets and become infected. People with TB of the lungs are most likely to spread bacteria to those with whom they spend time every day – including family members, friends and colleagues.

When a person breathes in TB bacteria, the bacteria settle in the lungs. If that person’s immune system is com-promised, or becomes compromised, the bacteria begin to multiply. From the lungs, they can move through the blood to other parts of the body, such as the kidney, spine and brain. TB in these other parts of the body is usually not infectious.

Is TB treatable?

Yes. TB can be cured, even in people living with HIV. DOTS is the internationally recommended strategy for TB control. DOTS treatment uses a variety of powerful antibiotics in different ways over a long period to attack bacteria and ensure their eradication. Treatment with anti-TB drugs has been shown to prolong the life of people living with HIV by at least two years. It is important that people who have the disease are identified at the earliest possible stage, so that they can receive treatment, contacts can be traced for investigation of TB, and measures can be taken to minimize the risk to others.

However, some strains of bacteria have now acquired resistance to one or more of the antibiotics commonly used to treat them; these are known as drug-resistant strains.

So TB is a growing concern for people working in the AIDS field?

Yes. It is estimated that one-third of the 40 million people living with HIV and AIDS worldwide are co-infected with TB. People with HIV are up to 50 times more likely to develop TB in a given year than HIV-negative people.

Another aspect of the resurgence of TB is the development of drug-resistant strains. These strains can be created by inconsistent and inadequate treatment practices that encourage bacteria to become tougher. The multidrug-resistant strains are much more difficult and costly to treat and multidrug-resistant TB (MDR-TB) is often fatal. Mortality rates of MDR-TB are comparable with those for TB in the days before the development of antibiotics.

What are the links between HIV and TB?

HIV/AIDS and TB are so closely connected that the term “co-epidemic” or “dual epidemic” is often used to describe their relationship. The intersecting epidemic is often denoted as TB/HIV or HIV/TB. HIV affects the immune system and increases the likelihood of people acquiring new TB infection. It also promotes both the progression of latent TB infection to active disease and relapse of the disease in previously treated patients. TB is one of the leading causes of death in HIV-infected people

How many people are co-infected with TB and HIV?

An estimate one-third of the 40 million people living with HIV/AIDS worldwide are co-infected with TB. Further-more, without proper treatment, approximately 90% of those living with HIV die within months of contracting TB. The majority of people who are co-infected with both diseases live in sub-Saharan Africa.

What is the impact of co-infection with TB and HIV?

Each disease speeds up the progress of the other, and TB considerably shortens the survival of people with HIV and AIDS. TB kills up to half of all AIDS patients worldwide. People who are HIV-positive and infected with TB are up to 50 times more likely to develop active TB in a given year than people who are HIV-negative.

HIV infection is the most potent risk factor for converting latent TB into active TB, while TB bacteria accelerate the progress of AIDS infection in the patient.

Many people infected with HIV in developing countries develop TB as the first manifestation of AIDS. The two diseases represent a deadly combination, since they are more destructive together than either disease alone.

- TB is harder to diagnose in HIV-positive people.
- TB progresses faster in HIV-infected people.
- TB in HIV-positive people is almost certain to be fatal if undiagnosed or left untreated.
- TB occurs earlier in the course of HIV infection than many other opportunistic infections.

How much of a threat is TB?

Worldwide, women bear a disproportionate burden of poverty, ill-health, malnutrition and disease. TB causes more deaths among women than all causes of maternal mortality combined, and more than 900 million women are infected with TB worldwide. This year, 1 million women will die and 2.5 million, mainly between the ages of 15 and 44, will become sick from the disease.

Once infected with TB, women of reproductive age are more susceptible to developing TB disease than men of the same age. Women in this age group are also at greater risk of becoming infected with HIV. As a result, in certain regions, young women aged 15–24 with TB outnumber young men of the same age with the disease.

While poverty is the underlying cause of much infection in rural areas, poverty is also aggravated by the impact of TB. In 1996, a study by the World Bank, WHO and Harvard University reported TB as a leading cause of "healthy years lost" among women of reproductive age.

What is the impact of TB/HIV on women?

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What can be done to combat the spread of TB?

The internationally recommended strategy to control TB, known as DOTS, has five components:

- political commitment to sustained TB control
- political commitment to sustained TB control
- access to quality-assured TB sputum microscopy
- standardised short-course chemotherapy, including direct observation of treatment
- an uninterrupted supply of drugs
- a standardised recording and reporting system, enabling assessment of outcome in all patients.

The Global Partnership to Stop TB is a global movement to accelerate social and political action to stop the spread of tuberculosis around the world. The Stop TB mission is to increase access, security and support in order to:

- ensure that every TB patient has access to TB treatment and cure, and protect vulnerable populations from TB
- reduce the social and economic toll that TB exacts from families, communities, and nations.

Why is more collaborative action on TB and HIV important?

HIV and AIDS is dramatically fuelling the TB epidemic in sub-Saharan Africa, where up to 70% of TB patients are co-infected with HIV in some countries. For many years efforts to tackle TB and HIV have been largely separate, despite the overlapping epidemiology. Improved collaboration between TB and HIV and AIDS programmes will lead to more effective control of TB among HIV-infected people and to significant public health gains.

What Is ART?

ART means treating retroviral infections like HIV with drugs. The drugs do not kill the virus. However, they slow down the growth of the virus. When the virus is slowed down, so is HIV disease. Antiretroviral drugs are referred to as ARV. ARV therapy is referred to as ART.

How Are the Drugs Used?

Antiretroviral drugs are usually used in combinations of three or more drugs from more than one class. This is called "Combination Therapy." Combination therapy works better than using just one ARV alone, it also helps prevent drug resistance.

Manufacturers of ARVs keep trying to make their drugs easier to take, and have combined some of them into a single pill.

What Is Drug Resistance?

When HIV multiplies, most of the new copies are mutations: they are slightly different from the original virus. Some mutations keep multiplying even when you are taking an ARV drugs. When this happens, the drug will stop working. This is called "developing resistance" to the drug. If only one ARV drug is used, it is easy for the virus to develop resistance. For this reason, using just one ARV drug (monotherapy) is not recommended. But if two or three drugs are used, a successful mutant would have to "get around" all of the drugs at the same time. Using combination therapy means that it takes much longer for resistance to develop. Also if you are not adhering to doctor's prescription you may develop drug resistance.

Can These Drugs Cure AIDS?

At present, there is no known cure for HIV infection or AIDS. ARVs reduce the "viral load", the amount of HIV virus in your bloodstream. A blood test measures the viral load. People with lower viral loads stay healthier longer.

Some people's viral load is so low that it is "undetectable" by the viral load test. This does not mean that the entire virus is gone and it does not mean a person is cured of HIV infection.

When Do I Start?

There is not a clear answer to this question. Most doctors will consider your CD4 cell count and any symptoms you've had. ARV therapy is usually started if your CD4 cell count is dropping to near 350, if you are pregnant, need treatment for hepatitis B, or have symptoms of HIV-related disease.

Which Drugs Do I Use?

Each ARV drug can have side effects. Some may be serious. Some combinations of drugs are easier to tolerate than others, and some seem to work better than others. Each person is different, and you and your health care provider will have to decide which drugs to use. The viral load test is used to see if ARV drugs are working. If the viral load does not go down, or if it goes down but comes back up, it might be time to change ARV drugs.

Practical Guide to Student Discipline

There are a number of basic conventions worth noting when discussing student discipline:

1. Whilst Sub-Wardens are authorised to proceed with a disciplinary hearing, they are advised to contact their House Warden beforehand.
2. Sub-Wardens are expected to maintain discipline in the residence and to take disciplinary action where necessary. There is no rule that a warning has to be given before a student is fined, punished, etc. Each case must depend on its merits.
3. Sub-Wardens are authorised to impose a fine of up to 2.5% of the BA fee for any one single count and/or to impose community service not exceeding 20 hours.
4. Should a Sub-Warden decide to take disciplinary action against a student, there are correct procedures to be followed, and you should consult with your House Warden for the full detailed procedures.
5. Please note that drunkenness is an aggravating factor, NOT a mitigating factor, and any students who are under the influence of alcohol may be in breach of the Student Disciplinary Code. The following breaches of discipline must be referred to the House Warden:
6. Any breach of any rule by a member of your House Committee;

    All breaches of the inter-visiting rules;

    Any disciplinary offence where property (private or university) is damaged;

    Any offence involving the unlawful possession or supply of drugs;

    Any common law crimes i.e. assaults/rapes/murders etc;

    Any thefts;

    Any racist/sexist/homophobic incidents;

    Any form of harassment;

    Any form of initiation;

7. It is necessary to bear in mind that penalties which are too severe can be reduced by the Hall Warden or a Proctor on review. Equally, penalties which are too lenient can be increased by either the Hall Warden or a Proctor. If you are in doubt please discuss the matter with your House Warden. It is suggested that you read the chapter headed “Student Disciplinary Code” in the Rhodes Calendar.
8. Rules or policy of the Hall may not be varied by either a House Warden or a Sub-Warden, and you are required to comply with all rules and regulations.
9. Sub-Wardens have the right to enter a student’s room in the course of their duties but it is strongly recommended that you take someone else with you, and before entering, knock three times and give the student a chance to answer you.

Due to the major revision of the student disciplinary code currently underway, all previous DC processes will be changed during the course of 2012. For this reason no specifics are being given in this section. Please take careful notes during John McNeill's workshop prior to Orientation Week.

More information about the new SDC will be available later in 2013.

Emergency Contact Details

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Courtenay- Latimer
Ms Veronica Moodley
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Dr Swantje Zschernack
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Home: 046 603 8582

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Mr Jeremy Baxter
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Home: 046 603 8833

Nelson Mandela
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Home: 046 603 8042

Oppidans
Ms Janie Harris
Office: 046 603 8119
Home: 082 801 2385

St Mary's
Ms Peta Myers
Office: 046 603 7028
Home: 046 603 8576

EMERGENCY CONTACT NUMBERS

Counselling Centre
Dr Colleen Vassiliou
Tel: 046 603 7070
Email: C.Vassiliou@ru.ac.za

Rhodes Psychological Emergency Number
Tel: 082 803 0177

Student Services and Harassment Officer
Tel: 046 603 8181

Rhodes Health Care Centre
Tel: 046 603 8532

Campus Protection Unit
Tel: 046 603 8146/7

Police
Tel: 046 9111/10111

Ambulance
Tel: 10177

Private Ambulance
Tel: 046 622 7976
Cell: 083 708 2928

Fire Brigade
Tel: 046 622 4444

Settlers Hospital
Milner Street, past the bridge
Tel: 046 622 2215

Fort England Hospital
York Street
Tel: 046 622 7003

DOCTORS

Dr Gainsford & Partners
120 High Street
Tel: 046 636 2063
After hours: 082 573 3678

Dr Lloyd & Partners
The Colcade, 41 Hill Street
Tel: 046 636 1732
After hours: 082 554 7800

Dr Oosthuizen
25 Pepper Grove Mall
Tel: 046 622 8498
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