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**GUEST NAME: DR. EVELYN MMAPULA MOSHOKOA – HEAD OF UROLOGY
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SPEAKER	TRANSCRIPTION
DR. MALKA	Hello, I'm Dr. Amaleya Goneos-Malka, welcome to 'Womanity – Women in Unity'. The show that celebrates prominent and ordinary African Women's milestone achievements in their struggles for liberation, self-emancipation, human rights, democracy, racism, socio-economic class division and gender based violence.
DR. MALKA	Joining us today in studio in Pretoria South Africa is Dr. Evelyn Mmapula Moshokoa who is head of the Urology Department at the Steve Biko Academic Hospital. Dr. Moshokoa obtained her MBChB and Master of Medicine in Urology at the Medical University of South Africa (MEDUNSA) and the FCS Urol SA, at the colleges of Medicine of South Africa. Very notably she was the first black female urologist in South Africa. Welcome to the show Dr. Moshokoa.
DR. MOSHOKOA	Thank you.
DR. MALKA	Dr. Moshokoa urology seems to be a male domain and also a very scarce profession, I understand that there are fewer than three hundred urologists in the country; can you please share with the listeners firstly what made you become a urologist and secondly why so few women specialise in the field?
DR. MOSHOKOA	I should say the number says it when you look at the nature of the job that we do as urologists it's most of the time male related you know health issues and if you look at the nature, the anatomy of what we work on, which is the kidneys, the urethra, the bladder, the genital system, what happens is that it became...it's a relatively new speciality. It started you know in the 70's and some of the first urologists are actually still alive...people you know because it's a relatively new speciality so that is why you've got fewer numbers and when you talk of the current number talking of around three hundred, remember there are some who are actually out of the country so it's actually not that number and some are not practicing urology, you'll find that they studied urology but now working as farmers or you know other things so what happens is the number says it all, being a newer speciality, the training, you need a trainer to be able to get more numbers so there's a ratio that works you know for training with the HBCC, currently it's about.....and in the country we have got seven universities that train urology, you know, at present one in the Cape, Umtata, they just brought it now to be able to train as well, so there accreditation is for fewer units in the country so that is one of the reasons why there are fewer numbers. On the second question you are asking me, why did I decide to become a urologist I should say it's actually one of the common questions that I've been asked, not only by students but by patients. I don't know what to say in terms of whether there would be patients who are comfortable or not comfortable 'cause some would ask me literally when I'm about to examine or after examining them that they'll be like why did you decide to be a urologist you know, when they are busy undressing or something like that so it's one of the questions which I've got a lot of answers for but the biggest reason why I became a urologist is because not only do I like the job but I love it, so it's one of the best

	decisions that I made and the reward in terms of you know the patient outcome, it's amazing and every day it's like discovering myself, you know, on the job in such a way that I not only feel that I'm offering service but I also feel that I'm being serviced because the thankfulness, you know, that I get from my patients it's great that it's beyond explanation.
DR. MALKA	And you mentioned earlier just offline that it's almost the equivalent of being male gynaecologist....
DR. MOSHOKOA	...yes...
DR. MALKA	...and when we consider that we've got sort of a 50/50 split in the population that there are an abundance of gynaecologists attending to women but yet there are so few, just a handful of people specialising in your field, urology for men; can you tell us a bit about the fields and the typical encounters that you have, I know that you mentioned fertility was one area...?
DR. MOSHOKOA	Yes I mean if you look at the spectrum of the illnesses that we deal with, as we say urologist, you know, it's coming from urine so it's things that have to do with urine so it's the kidneys, the urethra, the bladder and the external genitalia, that's basically what we work with so that is what I basically deal with on a daily basis. I know people may be saying okay this is an equivalent of a gynaecologist, no it's not, because as a urologist I see both men and women although more than 80% of my patients are men we do see women who have got urine problems, you know, like some will be laughing then urine comes out, or sneezing or lifting a baby for instance. You do have children who are bed wetting, that's part of my job can attend to things like that, difficulty in passing urine for instance blood in the urine, cancers of the organs that I've already mentioned so it's quite a wide spectrum and that is what on a daily basis one deals with.
DR. MALKA	Very diverse. Looking at the medical field at a broader level, what challenges do you think women still face coming into the field and also importantly remaining in the field?
DR. MOSHOKOA	Let me start by saying what gets you anywhere does not keep you there. There are many things that happens you know, as women to get...for me I'm going...it's not a blanket statement but it has to do with my journey you know onto this field that for instance deciding on becoming a urologist, it was you know, it was a journey, that's not what I was dreaming as. I actually started dreaming as becoming a professional nurse. Why? I already had a child in matric and I remember telling my teacher you know who I'll never forget Mr. Bennett Manyama that you know what I can't wait to work and work for my child and then he said to me you can be a doctor. I was not even thinking about that, so having somebody who can offer career guidance, you know, coming from the rural area having somebody who sees the spark in you and saying to you, you too can be that. So that is....Mr. Manyama, what he did for me and he said to me you can be a doctor, then that is where things started opening up, you know, walking through the dusty streets of Gabane so that was the first thing, career guidance. The second thing, you know applying and knowing how to do it, you know getting to that information was another journey so from there the duration to become a doctor is a long time and if you are thinking of you know like instant, you know like the fast food kind of way you think no this is too long for me, there are no shortcuts, so getting there and then deciding on becoming a specialist I remember one of the quotes that say as a woman there are two careers that you always have to look at, it's your career - professional career and the career of becoming a mom you know because one does not wait for the other so what happens is you get in the

	<p>field of getting onto the corporate ladder, by the time you open your eyes you cannot really get onto having children for instance, so those are the two things that one has to look at. So you get on board, once you are on board now the thing is if you decided to have both, managing both it's another thing so that's why I'm saying what got you there will not keep you there and what happens if you look now in the medical profession, there has been an increase for instance in the number of women who become doctors but you'll find that almost half of them don't want to stay in the clinical work. By clinical work I mean where you are on call, where you are going to casualty and all of that so some will decide to move out, you know like working for pharmaceuticals because it's easier, their hours of work so the workload actually is the same for everyone but we are not functioning the same way and I think it starts by becoming conscious as a woman, what are your priorities, what do you like, what means a lot to you, is it family time you know, or not, so I call it fine tuning between work and also family, being able to strike that balance. I see it not as a space where you can never say it's perfect but it's when the vibration is not too much then you know that you are actually in balance.</p>
DR. MALKA	So achieving that harmony which is a...as you said it's a delicate balance...
DR. MOSHOKOA	...yes...
DR. MALKA	As a gender based show did you encounter any gender challenges during the course of your career and how did you overcome them?
DR. MOSHOKOA	<p>I did encounter a lot of challenges; firstly it was on deciding on my career path, do I really want to be in this space where I don't know any woman who is a urologist. I had no role model, that was a big problem, I had no one who I could go and ask and say tell me, you are a female in urology how are you doing, so that was the biggest challenge for me but I definitely knew that I liked the job. I think what helped me a lot I remember at that time you know going through internet, searching, at that time I remember in Europe there were around twenty women who were in urology and then I actually went to Washington DC to present there and that helped me a lot. When I went there I met women who were like no, we are in urology, I went to a meeting to present on transplant, that helped me a lot, then I was like I could see some women in the field so when I came back after that trip I decided this is where I want to be and it was not easy because I was called names. I should say you know I would be walking through the corridor, firstly called names by my own colleagues, being called "penis doctor" you know that's what they would call me and that is what would happen because they were not used to seeing a woman in the field. So with patients, biggest challenge, there are patients who would be on the queue and I want to see them they'll be like no we would prefer to be seen by a man so I would sometimes leave the clinic packed with patients in the...</p>
DR. MALKA	...purely because they didn't want to be seen by a woman...
DR. MOSHOKOA	<p>...they didn't want to be seen by a woman and then I had to go home early so it happened many times. When I started working seeing my own patients, there are patients who left their files on my desk, after waiting on the queue, in private, then they will come in and then they are like you are the doctor? Where is Dr. Moshokoa? I'm like it's me, then they are like no, no, no, I prefer a man then they will leave the file on my desk after having waited so the challenge is ongoing but what I like to say is I will not let people who I can't even remember their names to choose for me my destiny and now being the head of department most of my trainees are men so it's still another ongoing challenge. Why? Because you've got people who are</p>

	<p>answerable to you who you have to teach a skill, you know, and what happens is you really have to look at what works in the system. The language we speak as women is not the same as with men so being factual, being straight to the point, literally meaning what you say and saying what you mean so those are the things which I had to literally get on so that I act and say the way things should be.</p>
DR. MALKA	<p>And as Head of Department of Urology at the Steve Biko Academic Hospital I understand that it's a tertiary healthcare institution which renders highly specialised services to medically referred patients, you've told us a little bit about some of the training work that you do with your students; can you tell us more about some of the other areas and the responsibilities that are attached to the role?</p>
DR. MOSHOKOA	<p>Yes being a head of a department it's actually I would say you know the baseline of it the administrative work that is on it and administrative work that has to do with academic, that is teaching, but the biggest pillar on it is service delivery, teaching and training but without compromising the patient. So the patient is our main focus, you know, offering the best services and then of course research, so those are the things that...the four things that one does on a daily basis; the admin, the academic work, the research and service delivery and what happens is that in the...being the head of a department especially which is what I must say in Steve Biko if you know Steve Biko it's a big hospital, the patients that we see are literally from you know Mpumalanga, from...so we train quite a wide area in terms of public service. The type of diseases that we see, as a tertiary we don't see minor things we are seeing major you know like the big cancers, Prostrate cancer being the highest on the list. We do see like your kidney cancers, bladder cancers which come already advanced so being able to tailor make all of that, offer the service, operate on time and also teach.</p>
DR. MALKA	<p>Very, very diverse and one of the things that I read about is that you advocate for patients to be involved in their own treatment and care choices and you're also involved in community outreach programmes on clinical services; could you tell us more about this sort of work that you do?</p>
DR. MOSHOKOA	<p>In the past patients used to look at doctors like what we call it's like patriarchal or where the doctor...</p>
DR. MALKA	<p>...the doctor's always right....</p>
DR. MOSHOKOA	<p>...yes...</p>
DR. MALKA	<p>...we take this...</p>
DR. MOSHOKOA	<p>...yes....</p>
DR. MALKA	<p>...and the doctor said so, we follow blindly...</p>
DR. MOSHOKOA	<p>...yes so that is what would happen where the doctor has to be the one but this is not....we are not in that era now. We are in the era where you are looking at your patient and then we involve them, you let them own part of the treatment. I like saying to them you need to help me to treat you, because if you....they leave everything to you, they don't even know their results for instance. If you tell somebody that you must have your Prostrate checked every year, at least they should know, I mean once a year they should know what are their results. Currently we've got people, we've got cell phones they can keep that on their cell phones, most everybody has got a cell phone, things like that so that is what I mean so being able to you know advise your patient that this is where you are, this is the likely outcome or prognosis and walking with them you know on the journey not running when your patient is walking, so that is how basically one looks at</p>

	<p>...and that applies not only to cancer but it applies also to the infertility for instance, it applies even to the children like if you....I mean we deal with things like what you call in the past they used to say Hermaphrodites you know, like ambiguous genitalia where you don't know whether it's a girl or a boy and then the surgery would be done relatively early in life. Now we don't do that we walk with our patients until they can identify who they are sexually, if it means we must operate this person being an adult we do that. People who are coming who are...they call them transsexuals, we call them gender reassignments where somebody is born being a man but feels I am a woman you know identifying....then we have to do procedures on them, you have to do it when they are emotionally ready and all of this so it's quite a very interesting kind of era where we have got tailor made treatment to our patients and it's quite exciting.</p>
DR. MALKA	I think that that's incredibly interesting and there's a great concept called co-creativity and when you are co-creating you're doing things together and I think that you take responsibility and ownership when you do things together...
DR. MOSHOKOA	...yes...
DR. MALKA	...so you're more likely to have a better outcome because both parties have committed.
DR. MOSHOKOA	Yes and that is what even now on the current consent form if you look to be much more detailed when you are obtaining consent, not just to mention one thing so this is actually helpful and protecting even to you as a doctor. Why? You get more compliance from a patient.
DR. MALKA	The second area that I wanted you to touch base on briefly was about the community outreach programmes that you do.
DR. MOSHOKOA	Yes I mean every year I should say like in my department we look at something that we can do, you know, outside the box. For instance this year we had a men's health day where we just sat you know at the corridor outside there in Steve Biko and people are coming in, we give them pamphlets, we talk with people who are coming for other problems like diabetes then they pass by then they can talk, you know, they can have that space to talk with a urologist without an appointment. So we do that like it can be open day, it can be men's health day, it can be talks in church which I have done like also with Radio Thobela which I have done for years, you know, having a slot, it's so interesting because literally I find my voice can be able to reach somebody in their home you know and giving them the teaching without having to go through you know the hierarchy of appointments, so I like the community work because once you give people insight into illnesses you actually direct their health to be patient driven not coming only from the healthcare giver because both arms have to be attended to, it must be the patient driving it and also the health giver doing it. So that's the whole idea of community outreach.
DR. MALKA	Very important and having it on a radio platform allows for that mass reach instead of just contacting....
DR. MOSHOKOA	...yes...
DR. MALKA	...one person and connecting you've got a much broader scope.
DR. MOSHOKOA	...yes...
DR. MALKA	Today we're talking to Dr. Evelyn Moshokoa who is Head of the Urology Department of Urology at the Steve Biko Academic Hospital. We would love to receive your comments on Twitter: @WomanityTalk.

DR. MALKA	In the previous segment of the show Dr. Moshokoa spoke about her entry into urology as a discipline emphasising the importance of having appropriate career guidance, looking at the application component, highlighting that there are no shortcuts in the medical space, that it is a long process, then very importantly the balance in terms of the professional aspect of a career and also motherhood from the perspective of women. We also spoke about some of the duties that she encounters occupying the role as head of department from administration components through to service delivery, through to fundamentally patient care.
DR. MALKA	Dr. Moshokoa “Womanity – Women in Unity” is all about gender equality and it is increasingly a global focus and as such taking into consideration the various challenges as well as the successes that women’s legal rights have had over the last few years, in your opinion do you believe that 50/50 representation across the board is attainable and what areas do you think we still need attention with regards to women’s progress?
DR. MOSHOKOA	I should say on 50/50 that depends on you know like people’s interests. Everybody should be given the same platform, that’s how I look at it and I should say I look at the medical field for instance, the surgical fields, we call them the cutting fields okay, we do still have a need for instance in orthopaedic surgery, in neurosurgery and for instance now in neurology which is very interesting and then you look at like general surgery, vascular surgery you know all of the surgical fields there is a need to open up that net wider than it is to allow more women into the field and that actually you know will make a big difference because we as women there are also things that can be done differently. I’m talking about the way, you know, softer aspect of things, you know, instead of always coming to work and pushing and...but also being able to look at the emotional aspects....
DR. MALKA	...so having greater empathy....
DR. MOSHOKOA	...yes having the empathy and also I mean I like actually connecting with my patients, definitely, because what happens once you build the trust with a person, once you go and take somebody for a surgical procedure and they are relaxed, what happens is I believe that all the cells in the body you know get geared to heal but if you’ve got somebody who’s tense and all...it becomes a problem even in the healing, complaining more you know and all of that, so there are things you know, there are components which I think men and women can learn from each other so the mix makes a big difference.
DR. MALKA	A blend of both genders....
DR. MOSHOKOA	...yes...
DR. MALKA	...coming through together. As we’re in women’s month now what in your opinion is the state of gender equality in our country?
DR. MOSHOKOA	There’s still a lot to be done in my opinion and I will go back you know to schools because if you look only at tertiary that is not the basis, you know, of
DR. MALKA	...we need a pipeline to bring them in....
DR. MOSHOKOA	...yes, you need...so if you’re only going to look at the top you miss a lot, let’s go down to the basics. Basics is the primary school, your high school. I’ll tell you for instance what I also went through growing up and I know that many families that are going through that. That the girl child is the one that has to fetch water, that has to make the fire, that has to iron the clothes of all the brothers - this is what I did - that has to warm the water you know on the floor or with paraffin you know without electricity, the girl child has to do all of that and still do the same homework....
DR. MALKA	...so she has.....

DR. MOSHOKOA	...that the boy child is doing...
DR. MALKA	...girls have got far more domestic chores to attend to...
DR. MOSHOKOA	...lot of domestic...
DR. MALKA	...in fact they've got all of the domestic chores...
DR. MOSHOKOA	...there are no gardens in most of the rural areas where you can be like okay 'cause there would be this split that no the boy can do the garden, the girl....you are cooking every day, the cooking is every day and not only that most child headed homes, who heads them? Its girls, okay? So let's look at that and when we are coming with intervention we know we are starting it from the basic that you have got homework, not only physical, that is what I personally had to go through and I know it's still happening and then you move on. There is what I call cultural you know impact for instance which I still have in every cell of my body where I know for instance when you are sitting on a chair and then your father or your brother comes you get off the chair, you sit on the ground, this is still happening in many grounds. Then the same girl has to come and be a professional like I am now, being a head of department and what you grew up literally you have to put away to go with what works, it's quite a big shift in the mindset and that one has to consciously deal with, you know. So these are some of the things that we have to look at that the cultural upbringing that we have it has got positives and has got negatives but what is important is to be able to shift, I call it a switch so that you can be able to look at what is working in the system where you are in and that is in you know in all instances like if I go home and there's a funeral for instance, I know that there's women that 03.00am you are there cutting the veggies and all of that, being part of community work 'cause most community work it has to be women who do that so it's like moving between two poles, the self and the community, the self and the community, you know, on an ongoing basis.
DR. MALKA	I think that is an invaluable point and is such a challenge that women have to navigate.
DR. MOSHOKOA	...yes...
DR. MALKA	...but would you say that so from a cultural point of view that's your upbringing, that's what you know, that's ingrained into you but if you hadn't been exposed to the professional side of things you would never know what the professional expectations were of you and now as you said you've got this blend where you turn one on and turn the other off....
DR. MOSHOKOA	...yes..
DR. MALKA	...and you're constantly having to navigate between....
DR. MOSHOKOA	...yes...
DR. MALKA	...those paradigms, mental shifts.
DR. MOSHOKOA	Yes it is and for me I find it exciting because I get bored easily so for me to be able to shift both I don't find any a problem it's like wearing a different hat for everything but what happens is there are some people who literally will look at it and find it overwhelming but me, you know, doing this you know like in culture you don't talk at people you look at them in the eyes, you have to look down you know and kneel and all of that, I can switch between the two.
DR. MALKA	But that's how you manage it and navigate...

DR. MOSHOKOA	...yes...
	<p>...and have made a success out of that. Very importantly education is an absolute key in terms of achieving progress and development amongst women in Africa and you're a proven case in point and one question that I ask guests is to share some of the obstacles that they've encountered whilst building their career to demonstrate to everyone that is listening today that the success of women like you who've achieved wasn't received on a silver platter, it required a lot of hard work and sacrifice and one of the things that I read in preparation for this programme about you is that when you were preparing to sit your final matric exams, so at age seventeen, your school kicked you out because you were pregnant. A year later you sat your matric and you were one of the best performing students, managing nursing your infant daughter as well as juggling your studies, two points come to mind, the first one is your perseverance, how important earning your matric is as a ticket to the game and one step as a very important one to lay the foundation for your future and then the second one is I'd love to hear your view on schools of allowing girls who are pregnant to continue with their studies, to achieve their goals in life and not be denied opportunities because otherwise their life goes on hold forever just because they are pregnant.</p>
DR. MOSHOKOA	<p>Yes I mean I should say like on the history that you just gave, being taken out of your matric you know, busy writing a paper, it's one of the lowest moments I've been in my life but what is important is that getting out of that moment it told me that I can get off anything. So basically it's that thing where when we go through challenges and they get harder and harder sometimes we sit, we are looking at them you know that this is hard but we don't see that we are actually geared to overcome them so I don't see myself as a victim but I see myself as a victor because I went through this and I managed and I cannot pat myself only, I should say the support system you know, you are as strong as the support system that you have. I had a very supportive mother who could not read or write but who understood the importance of education so she stayed at home with my two week old child, she stopped working as a domestic worker just to take care of my child so I can go back to school, so the support system was immense. The second thing that was important is getting the good results in matric you know for instance opened doors for me because I could get a bursary, my parents don't even know how much tertiary education costs so that was another thing that helped a lot. So throughout that year where I had to nurse you know 'cause I believe in breastfeeding, I did it for a year, so when my child was crying at night I like saying that she was a free alarm so I just woke up at night and then breastfed, when she sleeps I'm onto my books. My mom used to be like you're going to go crazy you know but that's when I would do all my sums and I did....I didn't need an alarm, the alarm was there all the time, my child was waking me up always so what happened is I looked at things in a positive way and I mean we were using candles at that time for instance, so the issue is you can look at you know at things in a way that is like...it's also the attitude, it's not just what you go through, it's the attitude you know I remember one of the sayings that when a monk is walking on fire and then he's asked don't you get burnt? The monk says I always focus on the foot that is on air and that is how I don't you know I don't get burnt. So the issue is I am like that monk where when you get things you focus on the positives of it, so that is how you know the issue of finishing the matric and then getting a bursary and moving, you know, moving when there is time to move you use the opportunity and like I was saying you know a girl child going through things, having more home</p>

	<p>chores and all of that, I don't look at it as a space where I was suffering but it was a space where my tenacity was being built and this comes now even when I am in a position where I am being a head of department, I look back and I know that I've got the emotional intelligence, the physical ability and I can do it so this is one thing which you know you do have fear, I think this is something I must actually address that you know people will be like no I'm too afraid and the fear is there but I embrace my fear, I don't fight fear I embrace it, I feel fear and I do it anyway. This is my attitude.</p>
DR. MALKA	You use it to fuel...
DR. MOSHOKOA	<p>...yes I use my fear, I hug it, you know why? We have talked in many places, me and my fear, we have walked long journeys, we have gone through darkness and brightness and I'm not afraid of my fear so this is what I feel the fear and I do it so that's how I look at it and in terms of the question you asked me on what should be happening on a girl child that gets pregnant, I should answer quickly and swiftly. It's only girls and women that fall pregnant but in life there are always pairs, there's always a father behind, you know, so what happens is that women should be given the opportunities. When I went back the following year with my two week old at home there are teachers who called me, females, who called me and said where is your child? Why are you here? You should be going back home, you may have left your child with some old woman and you know, it was women who did that to me, who told me who told me to leave, the fear that oh what is happening with your child you know so what I can tell you is I think that it should be fair. Give the girl child...you can rather find out the support system that they need, sometimes we say parents are the ones on board but the teachers are also our parents so what is important is the attitude that we have; look at the opportunities and in biggest areas of our lives is the fears that we have that cripple us more than the reality outside.</p>
DR. MALKA	<p>Thank you very much for sharing that personal experience and also your thoughts on what to do with the system so that our girls are not penalised, that they have got futures. One of the questions that I ask all my guests on this programme who've made tremendous achievements in their respective fields is about some of the factors that they consider have contributed to their success. Some speak about hard work, others talk about perseverance, you've already demonstrated having the right mental mindset and being positive as well as embracing your fear. What are some of the other drivers that have been key to your success?</p>
DR. MOSHOKOA	<p>The biggest driver for me, its happiness. My happiness is like a candle that I hold running you know in the wind that is the driver for me; if it makes me happy I'm okay. So that is...having passion because you can wake up at night and do things you're passionate about so the biggest thing for me is being happy so at all times I protect that part and what I also look...why am I mentioning happiness is because it's an inner candle, you know, sometimes we look at outer....</p>
DR. MALKA	...that's a beautiful description...
DR. MOSHOKOA	<p>...yes...we look at outer factors you know where we are like getting affirmation from outside and that's not how I look at life, I look at life and the universe as my mirror, that it will always reflect what I think of me. So once you have got that candle inside you are like this is what I want, you go for it, the whole world will be geared to get onto the wavelength to take you to where you want to go. So I think for me that is the biggest thing 'cause I've looked you know like even if it's support system 'cause once we are happy people around you are supporting you, you'll identify them 'cause</p>

	<p>you are looking for happiness in everybody. You will look at venues that allow that, you'll look at whoever can come and add, not contaminate you know into the system or in this well of happiness. So that's how I see it....driving it's part of my values you know it's what I want to give, you cannot share what you don't have, so this is what I want to share with my patients, the happiness I have people who I encounter in life, maybe one person but if I can work and share with them that's the thing that makes me happy then in the offering of services towards better health, then I am happy.</p>
DR. MALKA	<p>What would you say have been some of the pivotal moments in your life growing up?</p>
DR. MOSHOKOA	<p>It's a lot, it's a lot yes. I should say it starts you know on missing my mother when I was growing up you know and that is one thing which still has an impact on me, you know, the way my mom used to work, she was working in the farms, like I said she was a domestic worker so she has been the biggest influence in my life in many ways, you know, 'cause I learned to see intelligence in this woman who you know we will say it's somebody illiterate but what she would do like you know providing for the family, you know, my father was actually you know a missionary teacher who was away coming weekends and all of that, so the biggest influence that I had was basically you know being with my mom. So this made me to be exposed to hard labour work, by that I mean going into the fields bare footed so physically I went through all the weathers you know when you are going you know to the fields and all, so I see it as a pivotal moment for me because it's something that made me to actually like arise, it made me to...you know it's like a seed going through the hard ground to become visible and sprout so that's how I see it 'cause I was going through that, it was not a glass ceiling it was a real ceiling that I had to go through, so that was a very big moment for me. The second one was the whole educational system where you get into a system where everybody has to be like have uniform, have this, have that, have that. I didn't have those things but I managed to go through it, you know, being beaten you know the corporal punishment and all of that and the best time in my life when I was growing up was in class, that was my safe space 'cause I was not being bullied, it's the place where I knew I could do right. The third one is my spirituality, the issue that I...you know I've been a great singer in church and I've been singing and this made a song, even now I love singing, I sing with my kids as well so the singing aspect is that even if you can be through hardships and all of that there's always a song that you can actually, you know, have in that moment so attending to both the physical, the emotional and basically your spiritual aspects, looking at myself as in totality as a human being, has actually created the outcome of who I am and I look at myself as the universe permanent student and in those aspects and that makes it exciting 'cause I think a lot is still coming.</p>
DR. MALKA	<p>Beautiful, thank you so much for sharing, I loved the aspect of happiness being the inner candle which you allow to radiate and connect, the influence of your mom, the importance of spirituality and finding your own identity and looking at your niche within the education component and regardless of the sort of the superfluous components of whether you've got the right equipment, it's all about the mind.</p>
DR. MOSHOKOA	<p>Yes it is.</p>
DR. MALKA	<p>Lastly if I can ask you as we close out the conversation today can you please share a few words of inspiration which you'd like to pass onto girls, young</p>

	women, older women who are listening to us today?
DR. MOSHOKOA	Let me start with the girl child that you are valuable, you are valuable and be aware of that value and talking about the older women I see women being much more better than brandy. As you mature you become better and I think what is important is when you know what you are worth you will not want to hide in the world, you will want to walk your own path than walk somebody's path perfectly. You can walk your path with all the mistakes, it's okay, it's your path so don't ever deny the world the authenticity of who you are. Be you, do you and that is how you can succeed, be you, once you start becoming somebody and trying to you know to you know, change this and that you are denying the world of who you are, of the gift that you are 'cause you are the gift. So be aware of who you are, what you like and what makes you tick and get in the world and show the world those colours. Don't become a penguin when you are a Peacock in the society.
DR.MALKA	Thank you so much it's been an absolute pleasure having you on our show today.
DR. MOSHOKOA	Thank you and thanks to the listeners.
DR. MALKA	We wish you all the very best in your constant journey as being a student of the universe.
	PROGRAMME END