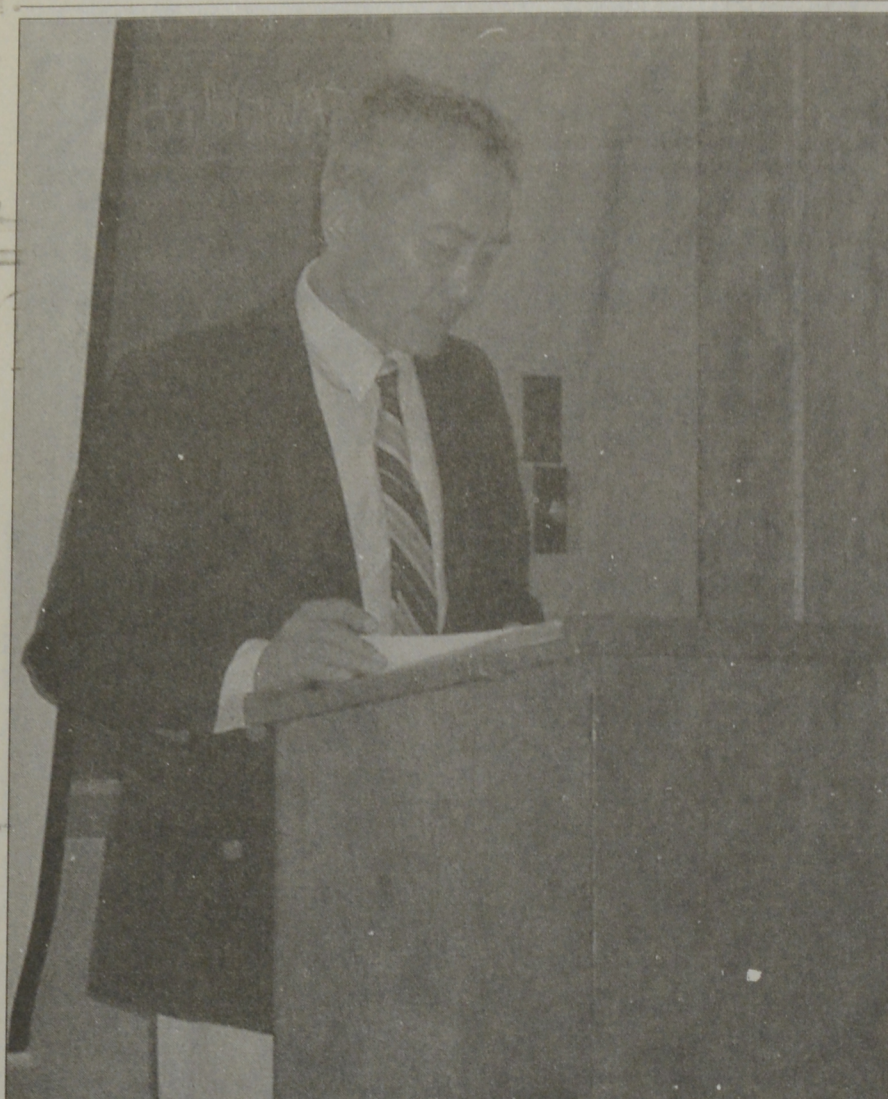




Dr. Pheuiphanh Ngaosyvathn lectured Wednesday on past and future endeavors of Thailand.

Brendan Doyle/The Brunswickan

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Complete your MBA (*Masters in Burrito Appreciation*) in just one fun evening at El Burrito Loco – chicken, beef, pork, or vegetarian – or the new Seafood Burrito. Experience authentic Mexican cuisine from chef Carlos Perez Huerta, right here in Freddy Beach.

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Notice to Students

Interested in the Human & Animal Health Professions

Students intending on applying to Medicine, Dentistry, Veterinary Medicine, Physiotherapy, Occupational Therapy, Pharmacy, Optometry, Naturopathic Medicine, Chiropractic or Audiology and Speech Pathology for the year 2003 are invited to make appointments with the Dean of Science Office.

Fall appointments have a two-fold purpose. It is an excellent opportunity to obtain information about professional schools available and admission requirements and secondly, strategies can be discussed that may be useful in preparing for professional school interviews next semester.

Next semester, students can make appointments for a warm-up before travelling to a professional school to be interviewed. One or both Assistant Deans will provide students with an opportunity to experience an interview situation. This has been a very popular activity for many years. It offers students an opportunity to respond to questions and express thoughts and opinions that may be asked in a real situation. It builds confidence and stimulates additional thoughts and ideas.

Students should take advantage of this service.

Appointments may be scheduled at the Dean of Science Office, Room 109, Physics and Administration Building, by Phone: 453-4586 or e-mail: williams@unb.ca

David Crowe Assistant Dean of Science Paul Munro Assistant Dean of Science

ATTENTION

UNB - FREDERICTON UNDERGRADUATE STUDENTS

TENTATIVE DECEMBER 2002 EXAM SCHEDULE

THE TENTATIVE 2002 DECEMBER EXAM SCHEDULE IS NOW AVAILABLE ON THE WEB FROM THE UNB HOMEPAGE OR AT THIS URL:

<http://www.unb.ca/schedules/exam>

The tentative schedule is also posted on faculty bulletin boards. It is expected that the Final Exam Schedule will be available by October 25th, 2002. Students are reminded that they are expected to make themselves available for examinations until the last possible day of the examination period, ie December 19th, 2002. Therefore, travel arrangements should not be finalized until the final examination timetable has been released. Deferred exams will not be granted for reason of travel arrangements.

Contemporary Thailand

UNB lecture raises awareness about international politics

by Jen Barth

Loatian scholar, Dr. Ngaosyvathn believes Thailand is moving towards empowering its citizens.

The University of New Brunswick hosted a lecture from Dr. Pheuiphanh Ngaosyvathn this past Wednesday.

The visiting Professor from the University of Toronto gave a lecture entitled 'Contemporary Thailand'.

The night was co-sponsored by UNB's International Development Studies Program, CIDA, and the MUNK Centre for ASEAN and International Studies, of which Dr. Pheuiphanh is a respected representative.

Dr. Pheuiphanh spoke of the current

state of Thailand's political functions, and of past and future endeavors.

Primarily mentioned was the change in the electoral process towards a democracy, a shift in emphasis toward empowering citizens, who now have the ability to implement legislation, and the movement towards decentralizing such public services as government and police.

"It's good to decentralize, but it will take two or three more years to implement what the constitution has provisioned," he remarked.

Dr. Pheuiphanh also discussed at length the economic situation of Thailand. He mentioned the property market boom and bust of 1985 and 1994 in referring to the definite move towards capitalism in the economy, especially in the areas of tourism, cars, and the software industry.

Questions put forth concerned what such possibilities exist for Thailand in

terms of globalization.

Dr. Pheuiphanh responded that "... under the directive if the IMF, privatization of much state-run enterprises in Thailand this year has to be done. What developing countries need is slower growth and less dependence on foreign money."

A specific concern raised was the indication that Thailand's education system was for-profit, and that this state was encouraged. As a result of tourism revenue, many students are able to go abroad to study.

Accordingly, this arrangement promotes a two-tier education system whereby only upper middle class and affluent young children receive an extensive education.

Dr. Pheuiphanh also expressed concern regarding this situation, saying "Thailand may be sacrificing the long term for short term gain."

CASA and CFS find some common ground

by David Burke, The Muse

ST. JOHN'S, NFLD. (CUP) — Normally considered rivals, Canada's top two student organizations have found some common ground thanks to a proposal to alter federal transfer payments to benefit post-secondary education.

The Canadian Federation of Students (CFS) and the Canadian Alliance of Student Associations (CASA) both agree the federal government should earmark a portion of the Canadian Health and Social Transfer

(CHST) for post-secondary spending.

Erin Stevenson, CASA spokesperson. "I think there are certainly some common areas – maybe just differences in approach in how to accomplish the goal at the end of the day."

Both the CFS and CASA want the federal government to alter the format of CHST payments so all or some CHST can be spent on post-secondary education.

Ian Boyko, CFS national chair, says the student lobby is drafting a proposal for national post-secondary regulations.

"There's our Pan Canadian Accord on

Education that we've been working on, which would basically be an agreement amongst the federal government and all the provinces establishing some minimum standards along with funding for education," said Boyko.

"From our standpoint, what we've been pushing for several years is a post-secondary act that would enshrine legislation designed to earmark money for post-secondary education institutions," said Stevenson.

CASA has also begun to lobby provincial governments for changes to the CHST.

Sexuality Quiz questions

The final installment of the sexuality questions

UNB's Sexual Health and Wellness Team

13) The size of the penis is related to body build; men with large bones and musculature and a great deal of body hair tend to have large penises.

False. The average penis when not erect is 6.4-10 cm (2.5 to 4 inches) in length. The small penis tends to grow more in erection than one that starts out large. The average erect penis is 6 in or 15 cm long. There is no research to support that there is any relationship between penis length and body build, body hair or musculature, length of foot, nose, or thumb.

14) A female orgasm produced by sexual intercourse is usually more intense, as measured by bodily responses, than an orgasm produced from stimulation of the clitoris.

False. An orgasm always consists of contractions of the orgasmic platform and the muscles around the vagina, whether the stimulation is clitoral or vaginal. The intensity of the orgasm is related to the amount of arousal experienced. Arousal comes from both physical and psychological stimulation.

15) Women, as well as men, have dreams that lead to orgasm.

True. Nocturnal orgasm refers to the sexual arousal and response that occurs during sleep. Both men and women experience arousal and orgasm during sleep, often accompanied by erotic dreams. For men, nocturnal orgasm is accompanied by ejaculation. This is known as nocturnal emissions or wet dreams.

16) Alcohol increases sexual arousal.

False. Alcohol is a depressant and thus, decreases sexual arousal and may negatively affect the sexual response. However, alcohol in small amounts makes people feel more social and sexually uninhibited and thus may make it easier for some people to become aroused.

17) Men are more interested in and more responsive to erotic stimuli than women.

False. Men do report more interest in erotica than women. However, studies on men and women's physiological arousal to sexually explicit

stories and pictures and erotic films have shown that their responses are similar.

18) The morning after pill is good for only 24 hours after unprotected intercourse.

False. The current treatment schedule is one dose within 72 hours after unprotected intercourse, and a second dose 12 hours after the first dose. It is available at Student Health on a walk-in basis. After hours try the After Hours Clinic at 1015 Regent Street or at the Brookside Mall or as a last resort the Emergency Room at the hospital.

19) The birth control pill may help with acne.

True. Acne often improves on combined estrogen and progestin birth control pills. Periods are often also less painful and less heavy.

20) A PAP smear should be done when a woman becomes sexually active.

False. A PAP smear should be done at age 18 or in younger women who are sexually active before age 18. Unless your physician tells you otherwise, it should be done every year. Testing for sexually transmitted infections is often done at the same time.

21) An abnormal PAP smear means you have cervical cancer.

False. Not necessarily. A PAP smear is a screening test designed to pick up pre-cancerous changes which are amenable to treatment. The whole point of doing a PAP test is to avoid cervical cancer.

22) The only readily available tests for sexually transmitted infections are for chlamydia, gonorrhea, HIV, hepatitis and syphilis.

True. Students often come in asking for "the works" but there is no such thing as "the works" or having testing that will assure you and your partner are completely "clean". There are no readily available tests for genital herpes and genital warts. Many people carry the herpes virus or wart virus & don't know it because they don't have symptoms themselves but it is possible for them to pass the virus on to someone else that does get symptoms. This is a good reason for consistent condom use otherwise known as safer sex.

23) It is possible to have a sexually transmitted infection and not know it.

True. This is probably the biggest reason why these infections are spread. With chlamydia for example, 70% of infected women have no symptoms and

50% of infected men have no symptoms.

24) Condoms containing the spermicide nonoxynol-9 or N-9 should be used.

False. N-9 has fallen out of favour because frequent use may irritate the genital mucosa and cause lesions which may be associated with an increased risk of getting a sexually transmitted infection. Use condoms without this spermicide. Water based lubricants such as K-Y jelly or Astroglide are perfectly O.K. to use with condoms.

25) If you are allergic to latex used in condoms there isn't a good alternative.

False. Ask the pharmacist for polyurethane condoms if you can't find them on the shelf. The Reality female condom is also made of polyurethane.

26) Chlamydia testing for a male is a painful swab of the urethra.

False. All a male has to do is pee in a cup to be tested for chlamydia. Women are tested for chlamydia by taking a swab of the cervix. This can be done at the same time as a PAP smear. Having a PAP smear done may be a bit uncomfortable but usually it is not a painful procedure.

27) Someone with cold sores can give genital herpes to someone else by performing oral sex on them.

True. And someone with genital herpes can give herpes to someone else by performing oral sex on them. But no one wants to worry about getting a sexually transmitted infection while having sex so use a condom or a dental dam made out of a condom.

28) A person may contract HIV from an HIV positive individual and yet have a negative blood test for HIV.

True. It may take 3 months to detect antibodies to HIV in an individual after he or she has been exposed to and contracted HIV. So if a person is tested earlier than 3 months after exposure (the window period), the HIV antibody test may be falsely negative.

29) Condoms help decrease the incidence of sexually transmitted infections.

True. They sure do! And unintended pregnancy as well. Get in the habit of using them each and every time you have sex so that it becomes routine and you are free to enjoy the many pleasures of sex without worrying about sexually transmitted infections or an unwanted pregnancy. Make using condoms a part of foreplay.

Have fun and experiment!



Lisa Comeau was this year's winner of the Toshiba DVD raffle. The contest was part of the online sexual health survey.

Stephanie Brunet/The Brunswickan