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South Asian Canadian Health & Social Services (SACHSS)

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647- 718 -0786

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South Asian Canadian Health Journal



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South Asian Canadians Health & Social Services (SACHSS)

SACHSS offers culturally and linguistically appropriate services for South Asian men, women, seniors and youth, and other communities. SACHS provides programs focused on Health Promotion, Mental Health and Addictions issues.

SACHSS serves clients with treatment and counselling services for those mandated by the legal system for issues such as driving under the influence of alcohol/drugs (DUI), violence, domestic violence, anger management etc.

SACHSS runs the PAR (Partner Assault Response) program for domestic violence and undertakes assessments and referrals to rehabilitation centres and intervention services for clients with addiction issues. We offer our services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam and English.

SACHSS has highly qualified and experienced staff in the fields of Health Promotion, Mental Health and Addiction. We give early, convenient and flexible appointments including evenings and weekends and provide prompt, detailed client reports.

SACHSS serves all individuals and groups irrespective of their nationality, race, religion, ethnicity, language, colour, sexual orientation and preferences.

SACHSS strives to build a healthy and vibrant South Asian community.

Referrals from clients, physicians, family doctors, hospitals, the legal system, lawyers, agencies and organizations are now accepted

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SACHSS REHAB & DROP IN CENTRE

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop in Centre at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie) on Wednesday February 13th, 2019.

We provide our services at our new office and we also provide SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario.

Please visit our SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. (Near Steeles & Melanie, Near Steeles and Torbram).

We now have our Thursdays Evenings 6- 8 pm Healthy Living Group at our new premises.

All are welcome.

SACHSS Healthy Living & Positive Lifestyle Education Group

THE SOUTH ASIAN CANADIANS HEALTH & SOCIAL SERVICES - SACHSS IS RUNNING ITS GROUP PROGRAM, "HEALTHY LIVING & POSITIVE LIFESTYLE EDUCATION GROUP" ON THURSDAY EVENINGS AT OUR BRAMPTON OFFICE AT 22 Melanie Drive, Units 6 & 7, Brampton. Ontario. L6T 4K9. (Just South of Steeles and Melanie, near Steeles and Torbram).

THE PROGRAM RUNS EVERY THURSDAY EVENING 6 PM TO 8 PM.

Who can attend?

1. Anyone who faces stress and who needs and is interested in Stress Management and development of a Positive Lifestyle.
2. Persons who need help in dealing with their everyday stress which causes anxiety, depression and other issues in them
3. Persons who want to improve their Lifestyle with positive physical health and mental health
4. Persons with mental health issues
5. Persons with addiction issues
6. Anyone with anger/violence/domestic violence issues
7. Anyone who has a family member with mental health, addiction or anger/violence/domestic violence issues
8. Anyone with legal problems related to mental health, addiction or anger/violence/domestic violence issues

This group is open to men, women, seniors and youth. All are Welcome!

OUR PROGRAMS

- **PROGRAMS FOR HEALTH EDUCATION & HEALTH PROMOTION**
- **PROGRAMS FOR MENTAL HEALTH**
- **PROGRAMS FOR ADDICTIONS**
- **PROGRAMS FOR DOMESTIC VIOLENCE**
- **ANGER MANAGEMENT PROGRAMS**
- **SENIOR'S PROGRAMS**
- **WOMEN'S PROGRAMS**
- **YOUTH PROGRAMS**
- **COUPLE & MARRIAGE COUNSELLING**
- **OUTREACH PROGRAMS**
- **PROGRAMS FOR HOMELESS INDIVIDUALS**
- **INDIVIDUAL & GROUP COUNSELLING**

FOR ALL OUR SERVICES REFERRALS ARE ACCEPTED FROM ALL ORGANIZATIONS, AGENCIES, PHYSICIANS, AND THE LEGAL SYSTEM INCLUDING PROBATION & PAROLE OFFICERS AND BAIL OFFICERS AND LAWYERS.

SELF-REFERRALS ARE ACCEPTED.

[FOR REFERRALS PLEASE CONTACT 647-718-0786 or 416-884-6198 Or maher2004@gmail.com](mailto:maher2004@gmail.com) or info.sachss@gmail.com

Dr. MAHER HUSSAIN

M.D.(India), M.P.H.(USA)
Chief Executive Officer & Clinical Director
South Asian Canadians Health & Social Services- SACHSS
22, Melanie Drive, Units 6 & 7, Brampton. ON. Canada. L6T 4K9.
Phone: [647-718-0786](tel:647-718-0786)
maher2004@gmail.com
www.sachss.org
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CONSEQUENCES & PREVENTION OF VIOLENCE

Dr. Maher Hussain

M.D.(India), M.P.H.(USA)
South Asian Canadians Health & Social Services- SACHSS

Introduction

Violence has a lot of harmful consequences in addition to the injuries, deaths, disabilities and health issues caused by it.

In 2002, an estimated 1.6 million people worldwide died as a result of self-inflicted, interpersonal or collective violence. To put this figure into perspective, this is roughly half the number of deaths due to HIV/AIDS, nearly equal to the number of deaths due to tuberculosis, somewhat greater than the number of deaths due to malaria, and 1.5 times the number of road traffic deaths. Of the total 1.6 million victims of violence, around a third (560 000) were homicides, a further 870 000 people killed themselves and an estimated 170 000 died as a direct result of collective violence. The highest rates of homicide are found among men aged 15-44 years from low- and middle-income countries, and the highest suicide rates are among men aged 60 years and over. In terms of capturing the full burden of violence, these figures only scratch the surface. **In addition to the high annual death toll, each year millions of people suffer nonfatal health consequences of violence, for example, injury and disability, mental health and other behavioral disorders, and poor reproductive health, many of which can have long-lasting implications, including increased risk for chronic diseases.**

Prevention and Consequences of Violence

Violence is not, however, an inevitable aspect of the human condition. In much the same way as illnesses, infectious diseases and other threats to public health have been in the past, violence can be prevented, and its impact reduced. Adoption of a public health approach to violence prevention, requires, as a first step, a description of the magnitude and impact of the problem. Published in 2002, WHO's World report on violence and health examines the global patterns of violence by person, place and time. What this report reveals is the fact that **across the spectrum of violence – child maltreatment by caregivers, youth violence, violence by intimate partners, sexual violence, elder abuse, suicide and collective violence – violence in one form or another affects nearly everyone at some point during their lives.**

In recent years, it has become increasingly apparent that **the presence of one type of violence tends to directly increase the risk of another type of violence, and secondly, that cross-cutting risk factors, such as alcohol and substance abuse, mental illness and economic inequalities, increase the risk for most types of violence.** Preventing one type of violence can therefore help to prevent other types of violence, and by addressing the cross-cutting risk factors it is possible to help reduce all forms of violence.

Until relatively recently, only the immediate physical consequences (i.e. death, physical injuries, disabilities) of violence were widely recognized and dealt with by health systems. Evidence now suggests that in addition to the immediate physical consequence's violence has a variety of other less obvious health, social and economic consequences. Moreover, the burden of violence extends beyond the discrete life stages of an individual. For instance, child maltreatment has consequences for health behaviors, communicable and noncommunicable diseases, and health-care utilization across the lifespan - from childhood and throughout adulthood. Similarly, intimate partner violence can influence physical, psychological or behavioral well-being, as well as sexual and reproductive health, in ways that extend beyond the mere fact of exposure to violence.



Health consequences

Aside from fatal events such as **homicide and suicide**, the damaging effects of violence on health include **physical consequences** (e.g. brain injuries, bruises and scalds, chronic pain syndromes, irritable bowel syndrome); **psychological consequences** (e.g. cognitive impairment, depression and anxiety, phobias and panic disorders, psychosomatic disorders); and **behavioral consequences** (e.g. alcohol, tobacco and drug use, physical inactivity). Violence can also be a risk factor for a range of **sexual and reproductive health problems**, such as infertility, pregnancy-related complications, unsafe abortion, pelvic inflammatory disorders, HIV and other sexually transmitted diseases, and unwanted pregnancy, as well as for various **chronic diseases** including cancer, ischemic heart disease and chronic lung disease, in part through the adoption of unhealthy behaviors (e.g. smoking)

Estimated lifetime impact of child sexual abuse

A recent WHO study estimated that the lifetime impact of child sexual abuse accounts for approximately:

- 6% of cases of depression,
- 6% of alcohol and drug abuse/dependence,
- 8% of suicide attempts,
- 10% of panic disorders,
- 27% of post-traumatic stress disorders.

Social consequences

Violence destroys the social fabric of communities and has a disruptive impact on community and intra-familial relationships. Intimate partner violence, for instance, may result in isolation from social networks and problems with social integration. Childhood aggression has been shown to be a predictor of violence in adolescence and adulthood. Both child maltreatment and intimate partner violence are associated with relationship problems, poor school performance, employment difficulties and frequent changes in place of residence.

Economic consequences

The effects of violence place an **enormous burden on national economies through increased healthcare and legal costs, absenteeism from work and lost productivity**. For example, a study conducted in Cape Town concluded that serious abdominal gunshot injuries cost more than 13 times as much as the South African government's annual per capita expenditure on health. Our understanding of the economic consequences of violence is hampered by the scarcity of studies in this area of research from low-and middle-income countries, which are known to be disproportionately affected by violence. Our understanding is further impaired by a lack of cost estimates that include those costs associated with risk behaviors and other health problems that have been linked to exposure to violence.

Conclusion

Happy, healthy and peaceful family life and upbringing of children, living in harmony, prevention and control of violence and anger will contribute greatly to a healthy, happy, peaceful and prosperous world.

References:

https://apps.who.int/iris/bitstream/handle/10665/43671/9789241595476_eng.pdf
https://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf

https://apps.who.int/iris/bitstream/handle/10665/43671/9789241595476_eng.pdf

Entomophobia or fear of insects

Nyna Petrov

South Asian Canadians Health & Social Services- SACHSS

Entomophobia is the unreasonable fear of insects. All insects are a source of fear: ants, cockroaches, spiders, flies, crickets, mosquitoes etc. This can even include slugs, earthworms and molluscs.

HOW TO BETTER UNDERSTAND ENTOMOPHOBIA?

Do you fear ants, cockroaches, slugs, crickets? So you have entomophobia. Sometimes linked to a bad memory of childhood (sting, "attack" of flies, swallowed ants etc.), this phobia can also be associated with the fear of the stain (by associating the insect with the dirt). Panicked at the idea of being invaded by insects (fear that they will intrude through the orifices of the body), the entomophobic may see his social life impacted because of a fear of leaving his home. In the presence of a small beast, he may feel unwell, sweaty or dizzy. This fear generally concerns people with obsessive attitudes around the cleanliness of their body and their environment. To remedy this, psycho-neurobiological therapies (EMDR, RITMO), Ericksonian hypnosis or even an anxiolytic type of medication are effective.

Behaviors associated with entomophobia

Entomophobia is a generic phobia. That is to say a phobia whose object is identifiable and theoretically simple to avoid. This fear is common in children but it is also found in adults, men and women. Mosquito, spider, ant ... the fear of being in the presence of a small insect will cause sweating, dizziness, anxiety, even discomfort. We can distinguish from entomophobia, the fear of insect bites which is Acarophobia and the fear of butterflies which is Lepidophobia.

Possible sources of entomophobia

We can find episodes of childhood where the entomophobic swallowed an ant or then found himself bitten by an insect or having the impression of being "attacked" by flies. The impression of dirt quickly associated with the insect, but also a strong feeling of threat often linked to the possible bite. This is often found when there have been large mosquito bites. It should be noted that many people associate insects with dirt, especially flies, so entomophobia is associated with fear of staining.



Physical, mental and behavioral consequences

Entomophobics have the impression that insects are everywhere and that they can come and interfere at any time on their bodies or in the openings. This can lead to significant difficulties in social life with the impossibility of leaving home and developing harmonious contact with other people.

In fact, they develop obsessive attitudes around cleanliness, whether in their bodies or their environment.

Possible treatments for entomophobia

If there is a basic, recognized and difficult traumatic situation, EMDR or associated techniques such as RITMO (Traumatic Information Removal by Eye Movement - combination of hypnosis and EMDR) can be very effective in the treatment of this phobia.

Ericksonian hypnosis can also be considered.

Both of these approaches can be used with children over the age of 8.

In certain cases which are very disabling for relational life, it is recommended to use an anxiolytic type of medication either in homeopathic or phytotherapeutic form (plants) or in allopathy.

Source Dr. Alain Héril, psychoanalyst and sex therapist

MENTAL HEALTH ISSUES AMONG NEW IMMIGRANTS IN CANADA

By Tanzeela Aneel
Mohawk college, Hamilton

Introduction

People, who migrate to Canada and try to settle down here, do face, challenges and stress which can cause many mental health issues. This process of immigration affects different groups including, children, seniors, people coming from war zone and claiming asylum and also those who are highly skilled and educated and enjoyed a comfortable life back home yet they decide to move here in search of an even better life.

This article will enumerate the issues depending on the stats but will also give a brief overview of the management and prevention of these problems. According to 2006 Census, the proportion of foreign-born population is at its highest level it has been in 75 years. Therefore, the well being of these immigrants has a strong influence on our society in Canada and in future success of the country as a nation.

This article will focus on different aspects related to mental health and well being during the initial 3-4 years after landing, including emotional problems and stress issues.

Potential factors associated with it including socio-demographic, socio-economic and social networking will also be discussed.

OVERVIEW

The World Health Organization (WHO) defines mental health as a “state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community” (2007).

Results from analysis of the LSIC (longitudinal survey of immigrants to Canada) data show that, overall, about 29% of immigrants reported having emotional problems and 16% reported high levels of stress at wave 3. Females are more likely to be affected.

Refugees were significantly more likely to report experiencing emotional problems and high levels of stress compared to family class immigrants. Immigrants from South and Central America were more likely to report experiencing emotional problems, whereas immigrants from North America, United Kingdom and Western Europe were less likely to report experiencing emotional problems, compared to those from Asia and Pacific.

Recent immigrants in the lowest income quartile were significantly more likely to report experiencing high levels of stress and emotional problems compared to those in the highest income quartile. The process of immigration and settlement is inherently stressful (Levitt et al. 2005), and the mental and emotional well-being of recent immigrants is of particular concern, primarily when migration is combined with additional risk factors or post-migration stressors such as unemployment, separation from family, discrimination and prejudice, language barriers and lack of social support (Canadian Mental Health Association - Ontario 2010).

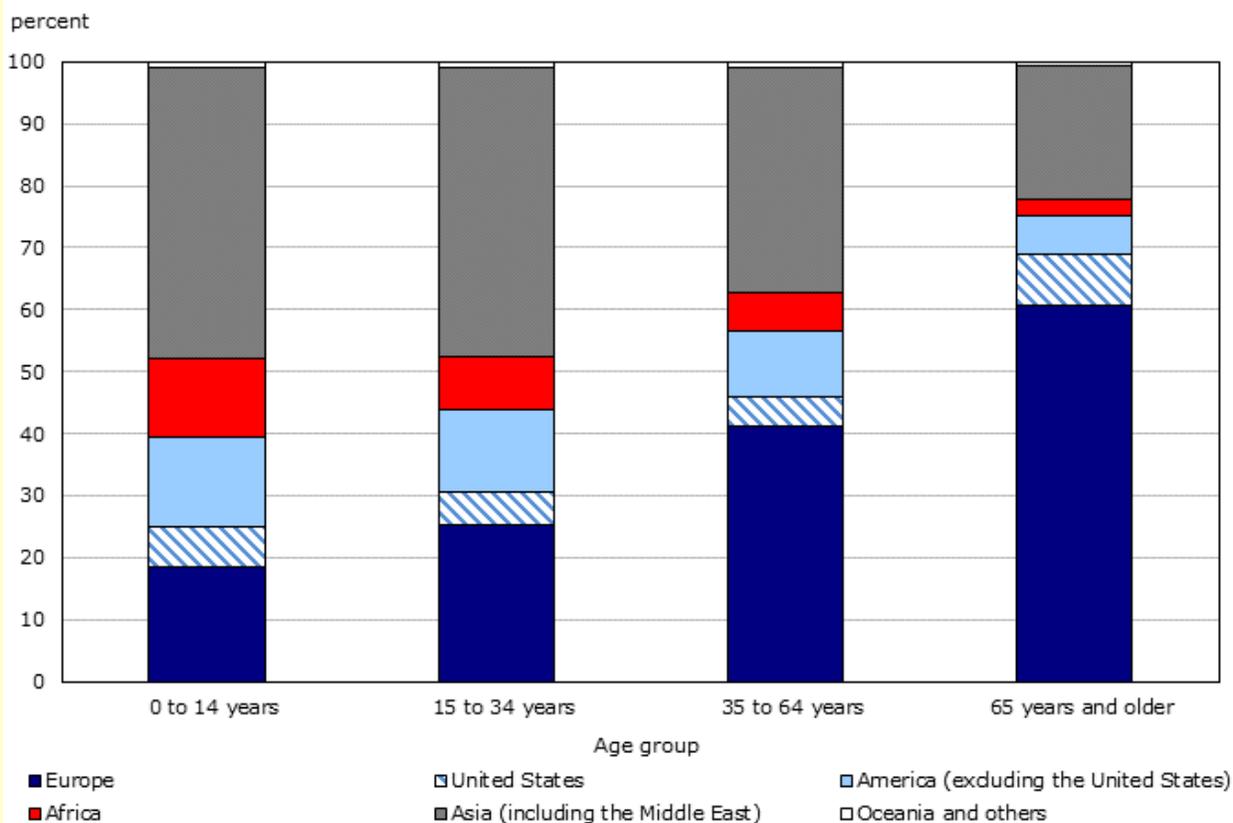
In order to better discuss the issue I will categorize the new immigrants in relation to their age, social status and previous circumstances including in their home country.

MENTAL HEALTH ISSUES OF CHILD IMMIGRANTS

There are many children crossing the borders of Canada to settle here. Canada receives child migrants from all over the world. Some immigrate with their families, while others come independently as unaccompanied minors wishing to claim refugee status. For many children, experiences of migration are fraught with family separation, trauma and dislocation. Migration can be a very stressful event for children. These stresses can be particularly acute if children have witnessed killings or other traumatic events while fleeing to Canada or when the child is migrating alone.

Following is a chart which explains the trend of immigration in different ages and their backgrounds.

Chart 2
Distribution (%) of the population with an immigrant background, by
age group and region of ancestry, Canada, 2016

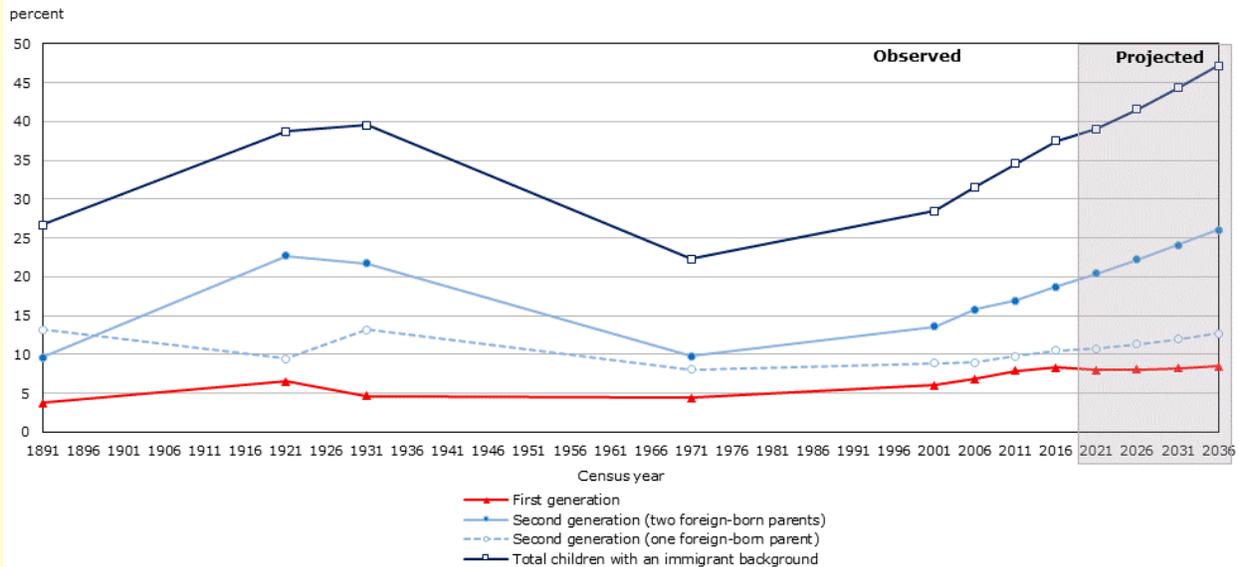


Source: Statistics Canada, Census of Population, 2016.

The majority of children under the age of 15 (74.0%) were from an Asian country of ancestry. However, a greater proportion of the population of older adults with an immigrant background was from European countries and the United States. We will focus on the senior population later.

In order to see the importance of issues related to the child immigrant one can consider another chart showing the increasingly raising population of child immigrants over the years.

Chart 1
Percentage of individuals with an immigrant background, population under the age of 15, by generation status, 1891 to 2016, and 2021 to 2036 projections based on the reference scenario (shaded area)



Note: Given that children under the age of 15 were not asked about their parent's place of birth in the 2001 and 2006 censuses, the data for this population were imputed using information provided by other household members over the age of 15 (parents, other children).
Sources: Statistics Canada, Census of Population, 1891, 1921, 1931, 1971, 2016; 2011 National Household Survey; DEMOSIM 2017 for the projections.

For children who have arrived in Canada from war zone areas or who come for asylum, their experiences have resulted in complex mental health issues such as anxiety, post-traumatic stress disorder (PTSD) and traumatic memories.

Whether born in Canada or abroad, the children of immigrant families more often than not face intense challenges due to the differences between their cultural background and the community into which they are trying to integrate; all of this is piled on top of the normal growing pains of youth, making for awkward and complicated situations. They undergo a lot of stress and may also face bullying at their school which can further worsen their mental health. Parents of immigrant children often focus more on high academic achievement and may not recognize their children are struggling socially. They may even go a step ahead in putting too many restrictions on their kids making them rebellious and eventually fall into drugs and addiction. It very important to identify any mental health issues in the young immigrants and manage it appropriately at the

very early stages through one to one counseling and family counseling or peer support. Social workers, family doctors and school staff can play a cardinal role in identifying any signs of such issue and refer them to appropriate person for further help.

MENTAL HEALTH ISSUES OF SENIOR IMMIGRANTS

Talking about the mental health issues in immigrants one cannot overlook the issues of seniors entering the country as immigrants or as refugees. Not only because that they make a large population but also because some of their issue are quiet different from others and need to be addressed separately. it is important to have a sound understanding of new immigrant and refugee seniors' cultural contexts. One of the major issue seen is 'Social Isolation', which eventually becomes the root cause of all other health issues. Social isolation is a situation in which someone has infrequent and/or poor-quality contact with other people. A person who is socially isolated typically has few social contacts or social roles, and few or no mutually rewarding relationships. Due to their situations, they may be cut off from human connections outside their family. They do not benefit from the friendships, connections and community services that many of us take for granted. Health, cultural, and language issues further complicate their life. They might go under a complete sense of displacement. While most seniors speak either English or French, about 63% of immigrant seniors (65+) who arrived in Canada over the past five years (2012 to 2016) reported that they were unable to speak either official language. Women are more affected from this issue due to being less educated, refugee women reporting the greatest difficulty in learning the language.

Risk factors for seniors include; age more than 80, living alone, low income, LGBTQ, having compromised health, no family contact, poor transportation, location of residence, lack of awareness etc.

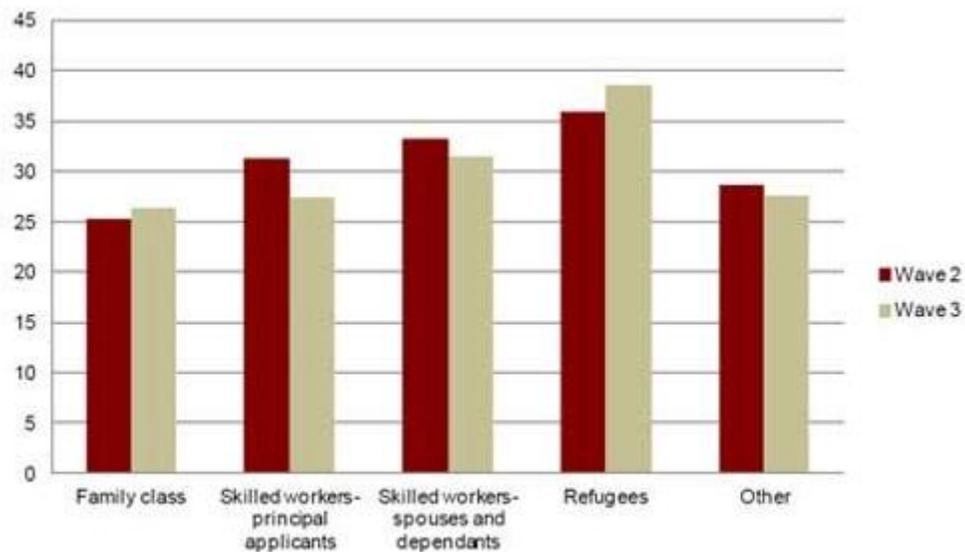
Mental health issues related to social isolation can be seen in the form of high rates of depression, social anxiety and stress. They are more at risk of drinking alcohol, smoking and eating less nutritiously leading to many physical issues. Due to their isolated pattern of life the process of seeking appropriate help gets delayed which causes further problems of managing their health. Social isolation can lead to a deterioration of social skills, partly because of disuse, and partly because of the way that the symptoms associated with isolation can disrupt social behavior. Social isolation can lead to elder abuse, including financial abuse. Seniors may benefit from volunteering and participating in their communities to gain a sense of satisfaction and efficacy, and communities may benefit from the services and social capital that seniors provide.

MENTAL HEALTH ISSUES OF HIGHLY SKILLED IMMIGRANTS FROM A WELL-OFF BACKGROUND

Talking about the immigrants, one cannot forget the large number of highly skilled immigrants crossing the border leaving a very lavish life back home in search of even better opportunities. Many of these new Canadians are skilled: they hold a disproportionate number of graduate degrees, accounting for nearly half (49 percent) of all PhDs and 40 percent of master's recipients. Despite their qualifications, skilled immigrants are chronically underemployed; or they are employed but over qualified for their jobs.

Recent immigrants working in jobs for which they are over-qualified are more likely to report declines in their mental health than immigrants who are in jobs suited to their education, experience and expectations. This is the finding of a recent study by the Institute for Work & Health (IWH) that explored just how common over-qualification is among new immigrants to Canada, and how it affects their general and mental health. The study was published last December in *Ethnicity & Health* (Vol. 15, No. 6, pp. 601-619). Immigrants were considered over-qualified if the skills required in their current job in Canada were lower than their level of education, or lower than the skills required in their previous job before arrival in Canada or expected job when they decided to immigrate. The study found that about 52 per cent of these immigrants were over-qualified based on their education levels, 44 per cent based on their experience and 43 per cent based on their expectations. Immigrants who were over-qualified in any of these three ways reported declines in their mental health over the four-year period (although not in their general health).

The following figure shows emotional health of immigrants of different categories. After refugees, skilled workers principal applicants and their dependants have the highest levels of emotional problems (32% -34 %).



Data source: LSIC, Wave 3

LSIC (longitudinal survey of immigrants to Canada)

The study also shows the 3 main sources of stress for immigrants are related to their economic situation (work, finance and employment). The mental health issues in this category include depression, anxiety, and stress and substance dependency.

References

Canadian Mental Health Association – Ontario (2010), “Immigrant and Refugees”,
 [online], cited April 16, 2010,
 from www.ontario.cmha.ca/about_mental_health.asp?cid=23054

D'Souza. B. J., (2011, May 30). Children of Immigrants and Their Challenges: Children of immigrants and their challenges. Retrieved from <https://canadianimmigrant.ca/living/parenting/children-of-immigrants-and-their-challenges>

Employment and Social Development Canada: *Social isolation of seniors: A Focus on New Immigrant and Refugee Seniors in Canada*. Retrieved from <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-immigrant-refugee.html>

Levitt. M., Lane, J. and Levitt, J. (2005) "Immigration Stress, Social Support, and Adjustment in the First Postmigration Year: An Intergenerational Analysis" *Research in Human Development* 2(4): 159–177.

(2011, May 19). Over-qualified Immigrants At Risk Of Poor Mental Health. *At Work, Issue 64: Institute for Work & Health, Toronto*. Retrieved from <https://www.iwh.on.ca/newsletters/at-work/64/over-qualified-immigrants-at-risk-of-poorer-mental-health>

Noorani N. , Allen K., Berny W., Campbell L., Eaton M., Henderson R., Nielsen C. *Survival to Success: Transforming Immigrant Outcomes* . Retrieved from <https://www.canada.ca/en/employment-social-development/programs/foreign-credential-recognition/consultations.html>

(2017, October 25). Census in Brief: Children With an Immigration Background: Bridging Cultures. Retrieved from <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/social-isolation-immigrant-refugee.html>

Robert. A. M., Gilkinson. T.(2012). Mental health and well-being of recent immigrants in Canada: Evidence from the Longitudinal Survey of Immigrants to Canada (LSIC), Retrieved from <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/reports-statistics/research/mental-health-well-being-recent-immigrants-canada-evidence-longitudinal-survey-immigrants-canada-lsic.html>

SOMATIC SYMPTOM DISORDER

Harpreet Nancy, Sheridan College

INTRODUCTION-

Somatic symptom disorder is characterized by an extreme focus on physical symptoms — such as pain or fatigue — that causes major emotional distress and problems functioning. You may or may not have another diagnosed medical condition associated with these symptoms, but your reaction to the symptoms is not normal. You often think the worst about your symptoms and frequently seek medical care, continuing to search for an explanation even when other serious conditions have been excluded. Health concerns may become such a central focus of your life that it's hard to function, sometimes leading to disability. If you have somatic symptom disorder, you may experience significant emotional and physical distress. Treatment can help ease symptoms; help you cope and improve your quality of life.

One review estimates that the prevalence of somatic symptom disorder in the general population is approximately 5%–7%. This suggests that these concerns are among the most common patient concerns in the primary care setting.

SYMPTOMS-

Symptoms of somatic symptom disorder may be:

- Specific sensations, such as pain or shortness of breath, or more general symptoms, such as fatigue or weakness.
- Unrelated to any medical cause that can be identified or related to a medical condition such as cancer or heart disease, but more significant than what's usually expected.
- A single symptom, multiple symptoms or varying symptoms.
- Mild, moderate or severe.

Pain is the most common symptom, but whatever your symptoms, you have excessive thoughts, feelings or behaviors related to those symptoms, which cause significant problems, make it difficult to function and sometimes can be disabling.

These thoughts, feelings and behaviors can include:

- Constant worry about potential illness.
- Viewing normal physical sensations as a sign of severe physical illness.
- Fearing that symptoms are serious, even when there is no evidence.
- Thinking that physical sensations are threatening or harmful.
- Feeling that medical evaluation and treatment have not been adequate.
- Fearing that physical activity may cause damage to your body.
- Repeatedly checking your body for abnormalities.
- Frequent health care visits that don't relieve your concerns or that make them worse.
- Being unresponsive to medical treatment or unusually sensitive to medication side effects.

- Having a more severe impairment than is usually expected from a medical condition.

Causes

The exact cause of somatic symptom disorder isn't clear, but any of these factors may play a role:

- **Genetic and biological factors**, such as an increased sensitivity to pain
- **Family influence**, which may be genetic or environmental, or both
- **Personality trait of negativity**, which can impact how you identify and perceive illness and bodily symptoms
- **Decreased awareness of or problems processing emotions**, causing physical symptoms to become the focus rather than the emotional issues
- **Learned behavior** — for example, the attention or other benefits gained from having an illness; or "pain behaviors" in response to symptoms, such as excessive avoidance of activity, which can increase your level of disability

Risk factors

Risk factors for somatic symptom disorder include:

- Having anxiety or depression
- Having a medical condition or recovering from one
- Being at risk of developing a medical condition, such as having a strong family history of a disease

- Experiencing stressful life events, trauma or violence
- Having experienced past trauma, such as childhood sexual abuse
- Having a lower level of education and socio-economic status

Diagnosis

Excessive thoughts, feelings or behaviors related to the physical symptoms or health concerns with at least one of the following: Ongoing thoughts that are out of proportion with the seriousness of symptoms. Ongoing high level of anxiety about health or symptoms

Complications

Somatic symptom disorder can be associated with:

- Poor health
- Problems functioning in daily life, including physical disability
- Problems with relationships
- Problems at work or unemployment
- Other mental health disorders, such as anxiety, depression and personality disorders
- Increased suicide risk related to depression
- Financial problems due to excessive health care visits

Prevention

Little is known about how to prevent somatic symptom disorder. However, these recommendations may help.

- If you have problems with anxiety or depression, seek professional help as soon as possible.
- Learn to recognize when you're stressed and how this affects your body — and regularly practice stress management and relaxation techniques.
- If you think you have somatic symptom disorder, get treatment early to help stop symptoms from getting worse and impairing your quality of life.
- Stick with your treatment plan to help prevent relapses or worsening of symptoms.

MEDICATION

Cognitive behavior therapy and mindfulness-based therapy are effective for the treatment of somatic symptom disorder. Amitriptyline, selective serotonin reuptake inhibitors, and St. John's wort are effective pharmacologic treatments for somatic symptom disorder.

REFERENCES-

[-https://www.mayoclinic.org/diseases-conditions/somatic-symptom-disorder/symptoms-causes/syc-20377776](https://www.mayoclinic.org/diseases-conditions/somatic-symptom-disorder/symptoms-causes/syc-20377776)

[-https://emedicine.medscape.com/article/294908-overview](https://emedicine.medscape.com/article/294908-overview)

[-https://www.psychiatry.org/patients-families/somatic-symptom-disorder/what-is-somatic-symptom-disorder](https://www.psychiatry.org/patients-families/somatic-symptom-disorder/what-is-somatic-symptom-disorder)

[-https://www.aafp.org/afp/2016/0101/p49.html](https://www.aafp.org/afp/2016/0101/p49.html)

FLU AND FLU VACCINES

Simardeep Kaur, Sheridan college

The common cold and the flu may seem similar at first. They're both respiratory illnesses and can cause similar symptoms. But different viruses cause these two conditions. Your symptoms help you tell the difference between them.

Both a cold and the flu share a few common symptoms. People with either illness often experience:

- runny or stuffy nose
- sneezing
- body aches
- general fatigue

As a rule, flu symptoms are more severe than cold symptoms.

Another distinct difference between the two is how serious they are. Colds rarely cause other health conditions or problems. But the flu can lead to [sinus](#) and [ear infections](#), [pneumonia](#), and [sepsis](#).

To determine whether your symptoms are from a cold or from the flu, you need to see your doctor. Your doctor will run tests that can help determine what's behind your symptoms.

If your doctor diagnoses a cold, you'll only need to treat your symptoms until the virus has run its course. These treatments can include using [over-the-counter \(OTC\) cold medications](#), staying hydrated, and getting plenty of rest.

Taking flu medicine early in the virus' cycle may help reduce severity of illness and shorten the time that you are sick. Rest and hydration are also beneficial for people with the flu. Much like the common cold, the flu just needs time to work its way through your body.

What are the symptoms of the flu?

Here are some of the common symptoms of the flu.

Fever

The flu almost always causes an increase in your [body temperature](#). This is also known as a fever. Most flu-related fevers range from a low-grade fever around 100°F (37.8°C) to as high as 104°F (40°C).

Although alarming, it's not uncommon for young children to have higher fevers than adults. If you suspect your child has the flu, see your doctor.

You may feel “feverish” when you have an elevated temperature. Symptoms include [chills](#), sweats, or being cold despite your body's high temperature. Most fevers last for less than one week, usually around three to four days.

Cough

A dry, persistent cough is common with the flu. The cough may worsen, becoming uncomfortable and painful. You may also experience shortness of breath or chest discomfort during this time. Many flu-related coughs can last for about two weeks.

Muscle aches

These flu-related muscle pains are most common in your neck, back, arms, and legs. They can often be severe, making it difficult to move even when trying to perform basic tasks.

Headache Your first symptom of the flu may be a severe headache. Sometimes eye symptoms, including light and sound sensitivity, go along with your headache.

Fatigue

Feeling tired is a not-so-obvious symptom of the flu. Feeling generally unwell can be a sign of many conditions. These feelings of tiredness and fatigue may come on fast and be difficult to overcome.

Stomach Flu: Abdomen pain, nausea, vomiting, diarrhoea, dehydration.

Treatment options for the flu- Most cases of the flu are mild enough that you can treat yourself at home without prescription medication. It's important you stay home and avoid contact with other people when you first notice flu symptoms.

You should also:

- Drink plenty of fluids. This includes water, soup, and low-sugar flavored drinks.
- Treat symptoms such as headache and fever with OTC medications.
- Wash your hands to prevent spreading the virus to other surfaces or to other people in your house.
- Cover your coughs and sneezes with tissues. Immediately dispose of those tissues.

If symptoms become worse, call your doctor. They may prescribe an antiviral medication. The sooner you take this medicine, the more effective it is. You should start treatment within 48 hours from when your symptoms start.

Contact your doctor as soon as symptoms appear if you're [at high risk for flu-related complications](#). These high-risk groups include:

- people with weakened immune systems
- women who are pregnant or up to two weeks postpartum
- people who are at least 65 years old children under 5 years old (in particular, those under 2 years old)
- people who live in chronic care facilities or nursing homes
- people who have chronic conditions, such as [heart](#) or [lung](#) disease
- people who are of Native American (American Indian or Alaska Native) descent

Your doctor may test for the flu virus right away. They may also prescribe an antiviral medication to prevent complications.

Remedies for flu symptoms

Being ill from the flu is no fun. But remedies for flu symptoms are available, and many of them provide great relief.

Keep these treatments in mind if you have the flu:

- **Pain relievers.** Analgesics like acetaminophen and ibuprofen are often recommended to help ease symptoms. These include muscle aches and pains, headache, and fever.

- Children and teens should never take aspirin for an illness. This is because of the risk of a rare, but fatal, condition called [Reye's syndrome](#).
- **Decongestants.** This type of medication can help relieve nasal congestion and pressure in your sinuses and ears. Each type of decongestant can cause some side effects, so be sure to read labels to find the one that's best for you.
- **Expectorants.** This type of medication helps loosen thick sinus secretions that make your head feel clogged and cause coughing.
- **Cough suppressants.** Coughing is a common flu symptom, and some medications can help relieve it. If you don't want to take medication, some cough drops use honey and lemon to ease a sore throat and cough.

Be careful not to mix medications. Using unnecessary medication could cause unwanted side effects. It's best to take medicines that apply to your predominant symptoms.

In the meantime, get plenty of rest. Your body is fighting hard against the influenza virus, so you need to give it plenty of downtime. Call in sick, stay at home, and get better. Don't go to work or school with a fever.

You should also drink plenty of fluids. Water, juice, sports drinks, and soup can help you stay hydrated. Warm liquids like soup and tea have the added benefit of helping ease pain from a sore throat.

Flu symptoms in adults

Flu-related fever appears in adults and can be severe. For many adults, a sudden high fever is the earliest symptom of a flu infection.

Adults rarely spike a fever unless they have a serious infection. The flu virus causes an abrupt high temperature that's greater than 100°F (37.8°C).

Other viral infections, like a cold, may cause low-grade fevers.

Beyond this, children and adults share many of the same symptoms. Some people may experience one or several symptoms more than another person. Each person's influenza infection will be different.

What's the incubation period for the flu?

The typical incubation period for the flu is one to four days. Incubation refers to the period during which the virus is in your body and developing. During this time, you may not show any symptoms of the virus. That doesn't mean that you aren't contagious. Many people can spread the virus to others a day before symptoms appear.

The millions of tiny droplets, which are produced when we sneeze, cough, or talk, spread the flu virus. These droplets enter your body through your nose, mouth, or eyes. You can also pick up the flu by touching a surface that has the virus on it and then touching your nose, mouth, or eyes.

Is there such a thing as the “24-hour flu”?

The “24-hour flu” is a common infection that has nothing to do with influenza, despite sharing a name. The 24-hour flu is caused by a genus of viruses called norovirus.

The symptoms of a norovirus infection include:

- diarrhea
- nausea
- vomiting

Options for over the counter (OTC) flu medicine

OTC medicines can help relieve symptoms of the flu, but they won't treat it. If you have the flu and are looking for symptom relief, consider these medicines:

- **Decongestants.** Nasal decongestants help break up mucus in your sinuses. This allows you to blow your nose. Decongestants come in several forms. These include nasal decongestants that are inhaled and oral (pill) decongestants.
- **Cough suppressants.** Coughing, especially at night, is a common flu symptom. OTC cough medicines can ease or suppress your cough reflex. Cough drops or lozenges can soothe a sore throat and suppress coughing.
- **Expectorants.** This type of medication may help you cough up phlegm if you have a lot of mucus or congestion in your chest.

- **Antihistamines.** This type of medication is in cold and allergy medicines. It may not be helpful for everyone. But it can relieve watery eyes, stuffy nose, and sinus headaches if allergies are also causing your symptoms.

OTC “flu medicines” often contain several of these types of medicines in one pill. If you take one of these combination medications, avoid taking other medicine with it. This ensures that you don’t take too much of any one type of medicine.

Prevention

1. Flu vaccine
2. Keep warm and avoid exposure to severe cold weather.

References-

www.verywellmind.com

<https://www.webmd.com/parenting/baby/intellectual-disability-mental-retardation#3>

<https://www.psychologytoday.com>

<https://www.verywellmind.ca>

Experience and challenges faced by an international student in Canada

Samunder Singh

Fleming College.

My name is Samunder Singh and I am student of Fleming college, same as many people I came here for my higher studies and good future. When I came here, I face number of challenges, but I learn many new things form that hard time

Many young students are coming to Canada for the study and later they will get settle in Canada. This sound very easy but it is very difficult to achieve this goal because there are numbers of challenges which are faced by the newcomer in Canada. I am also come to Canada for studies and have faced these problems and find that one problem leads other or we can say one problem create other problem.

Problem which I have faced

Accommodation: when I came here I did not know any one and the first challenge I have faced is to find accommodation I stay in a hotel for first two week which is too expensive for me and after two week I get accommodation but even the place I get is far away from college but I stay there because this place is less expensive to hotel and it comes under my budget, so I prefer to stay little away from college a

Job: the next problem which I have faced is finding a job. It is very difficult to find a job for me in a totally new place because no one know me here and I am not aware about the place and I don't know where I have to go

Financial: As I don't get the job, a new problem come up for me that is financial problem due to which I get depressed and I get hyper on very small things

Homesickness: this is the first time I have far away from my family and totally in new people and at totally new place and in India I live in joint family but here I am lone no one is with me and so on that time I feel quite helpless because I don't know what I can do

Environment: next thing which affect me is environment, in India the minimum temperature is 4 or 6 degree Celsius but here in Canada it goes to -40 which is quite low that form my country.

Find the many problem to adopt this temperature.

Study system : Study system of Canada is totally different from India because in India we mainly focus on theoretical portion but here in Canada they mainly focus on practical , further in starting i find some more difficulties for studies for example I am not able to understand the slang of teacher in the starting due o which I lose my interest in studies and start missing classes.

Low grades: As I start missing classes due to which my grades get affected and also i get failed in one subject and which leads to depression and i feel guilty.

Don't know cooking: I totally don't know about the cooking because my mom cook for me in but here I have to cook by myself which was quite difficult for me and in starting I start eating outside food which affect me financially because food i have purchased is expensive and i don't have any job.

Language barrier: As English is not my first language and face many problems while speaking and understanding it because in Canada people speak very fast which is quite difficult for me to understand and also sometime I am not able to clear my point of view due to which I hesitate to communicate with others.

Some other problems which are faced by students

Start drinking: I find drinking problems in many international student because when they face problems which I have mentioned above they use it as a cooping mechanism but they don't know negative points of these things because it make them physically weak and also they get addicted to it and even some of them start taking drugs.

How I solve these issue

The first thing is loneliness so I start calling family when ever I feel alone, because i have very good relation with my parents and siblings. Making call or video call with my family is really help me to come out from this situation, and with this I also start making friends and start some time with them and this thing help me to diverting my mind.

As I make some new friends in Canada this help me to solve other problems, because they help me to find accommodation and later we rent a basement and we start living together, all of my friends are very co-operative and we really care for each other and this thing make me feel like home and which helped me a lot because having some one who really cared you is kind of support.

Job remains a very big issue for me for around 5 mount, due to which I faced financial problem but later after a lot of struggle I start working with skip the Dishes which is really very help full for me and I get this job because of my friend because he has a car and i have G licence and due to which I am able to register with skip.

Study system of Canada is totally different from mine so it took some time to accept this, i got low grades in my first semester and I get good grades in my second semester, because i have join the tutoring classes in the college this will help to increase my grades.

Some other tips to manage stress

Stress management techniques are useful in coping with depression. Stress relief can also help prevent depressive symptoms from developing. Some helpful stress management techniques include:

getting enough sleep

eating a healthy diet

getting regular exercise

taking occasional vacations or regular breaks from work

finding a relaxing hobby, such as gardening or woodworking

consuming less caffeine or alcohol

doing breathing exercises to lower your heart rate

Many international students face many common problems as new International Students in

Canada. They include:

1. Socialization 2. Accent 3. Foods 4. Jobs 5. Finances 6. Homesickness

Almost all students face these problems when they move to foreign countries. One of the things one can do to overcome these is to put yourself out in the community and volunteer in various activities so that you feel like you are at home and to work on acquiring the required knowledge and skills.

References

<https://assignmentdue.com/problem-facing-international-students-in-canadian-universities/>

ALCOHOL USE AND ISSUES IN ALCOHOL PROHIBITED REGIONS

Rutviben Patel

INTRODUCTION:

Alcohol prohibition is mandated in various countries. The countries and states where alcohol is prohibited currently are:

Yemen, United Arab Emirates (Sharja), Sudan, Somalia, Saudi Arabia, Pakistan, Mauritania, Maldives, Libya, Kuwait, Iran, India (In States: Gujarat, Nagaland, Bihar, Manipur, Lakshadweep & Kerala), Brunei and Bangladesh.

In this article, the main focus is on India, Gujarat.

The main reasons for prohibition in Gujarat are given below:

- **WHY ALCOHOL IS BANNED IN GUJARAT?**

Gujarat is also known as “DRY STATE”. The main reason behind alcohol ban in Gujarat is to pay homage to father of the nation Mahatma Gandhi who was born in Porbandar, Gujarat. Also, on 2nd October, which is Mahatma Gandhi’s birthday is celebrated as National Dry Day. He never had alcohol and totally opposed alcohol consumption. The other reason is to reduce the social issues, domestic violence and other social evils due to alcoholism. There is also adverse effect on health due to alcoholism which is listed below:

- HEALTH ISSUES:

| | | |
|------------------------|-------------------------|--------------------|
| Shrinking Brain | Heart damage | malnutrition |
| Hallucination | Liver damage | Infertility |
| Blackouts | Cancer | Sexual Dysfunction |
| Behaviour Changes | Lungs Infection | Thinning Bones |
| Dependence | Pancreatitis | Numbness |
| Slurred Speech | Fatigue | Muscles Cramps |
| Frequent Diarrhea | Stomach Distress | Birth Defects |
| Diabetes complications | Changes in coordination | |

- HOW IT IS TREATED?

The treatment is always very important. Each treatment varies in each individual. The main intention for this treatment is to make stop drinking alcohol, which is called “ABSTINENCE”. There can be different treatment with different stages and categories. The treatment can be as follow:

- Detoxification to get body rid of alcohol
- Rehabilitation to new coping skills and behaviors
- Counselling to know emotional problems which make the feeling of drink
- Support Groups of alcoholism
- Medical treatment if health related issues
- Medications to control alcohol addiction

- IMPACT OF ALCOHOL PROHIBITION IN GUJARAT:

As people already know, thought alcohol is banned in Gujarat but people easily get the alcohol in Gujarat. The prohibition mainly worked on increased safety due to alcoholism.

***Some facts related to alcohol in Gujarat:

- Elimination of drunk people roaming on road.
- Increased safety of women’s when outside of house.
- Alcohol consumption is done inside of home.
- No people found on road or outside drinking.

- IS ALCOHOL PROHIBITION IS BEST AND EFFECTIVE PRACTICE AND IS WORKING?

Alcohol prohibition is very important and it is also working in some regions. The prohibition of alcohol is benefitted to number of people. The prohibition is usually related to court and legal cases. eg; If a person is drunk and doing some wrong thing, that person will get punishment from the court. This will help other people to stop drinking and doing wrong things. The prohibition will having positive impact and is working.

On contrast, it is not working at some extend. People will easily get alcohol and can legally buy alcohol with Doctor's prescription. Due to this reason, the alcohol prohibition is not working and prohibitionists were also not happy. The manufacture, seller and distribution are also in connection to serve people easily to access.

- HOW IT CAN BE PREVENTED?

It can be prevented by taking many different actions.

- By creating certain rules and regulations.
- Rigid rules of policies.
- Strict checking of alcohol distributors and connections.
- Punishment related to court and legal issues.
- Recognize of triggers for alcohol selling.

- CONCLUSION - IS PROHIBITION EFFECTIVE AND ADVISABLE

The popular view about prohibition is that was a failure. It did not eliminate drinking; it did create a black market. That in turn spawned criminal syndicates and random violence. Corruption, widespread disrespect for law, widespread boot legging and illegal activities, deaths due to illegal and dangerous preparations of alcohol and poisonings and deaths due to alcohol were observed. But Prohibition is not all failure and had its benefits too. There are positive as well as negative impacts due to alcohol prohibition. Prohibition is not working much at every place. People can easily get the alcohol from many places, though it is prohibition in some places. Some will get the punishment if they found caught drunk or buying it. At last, it can be said that prohibition is working as well as not working.

The prohibition mainly started for benefits in society like crime and corruption, solve social issues, reduce tax burden formed by prisons and poorhouses and improving of health and hygiene of people. But this all measures went wrong and results in miserable failure to all steps. Some people also started using opium, marijuana, patent medicines, cocaine and other harmful substances as alcohol is much expensive. It was expected that prohibition would eliminate corrupting influences in society but instead prohibition itself became a major source of corruption. Prohibition did not

achieve its goal but it added to the problems it was intended to solve and increase other problems.

The only beneficiaries of prohibition were bootleggers, crime bosses and the forces of big government. On contrast, prohibition was also a success. Society was wrong to repeal prohibition and did not end alcohol use but a remarkable narrow change in political movement, relying on relatively weak set of statutes, succeeded in reducing by one third, the consumption of drug which had wide historical and popular sanction.

Alcohol consumption declined dramatically during Prohibition. In USA, Cirrhosis death rates for men were 29.5 per 100,000 in 1911 and 10.7 in 1929 after prohibition was enforced. Admissions to state mental hospitals for alcoholic psychosis declined from 10.1 per 100,000 in 1919 to 4.7 in 1928. Arrests for public drunkenness and disorderly conduct declined 50 percent between 1916 and 1922. For the population as a whole, the best estimates are that consumption of alcohol declined by 30 percent to 50 percent. Violent crimes did not increase dramatically during Prohibition. Homicide rates rose dramatically from 1900 to 1910 but remained roughly constant during Prohibition's 14 year rule. Organized crime may have become more visible and lurid during Prohibition, but it existed before and after.

Following the repeal of Prohibition, alcohol consumption increased. Today, alcohol is estimated to be the cause of more than 23,000 motor vehicle deaths and is implicated in more than half of the nation's 20,000 homicides in USA. In contrast, drugs have not yet been persuasively linked to highway fatalities and are believed to account for 10 percent to 20 percent of homicides.

Prohibition did not end alcohol use. What is remarkable, however, is that a relatively narrow political movement, relying on a relatively weak set of statutes, succeeded in reducing, by one-third, the consumption of a drug that had wide historical and popular sanction.

This is not to say that society was wrong to repeal Prohibition. A democratic society may decide that recreational drinking is worth the price in traffic fatalities and other consequences. But the common claim that laws backed by morally motivated political movements cannot reduce drug use is wrong. Not only are the facts of Prohibition misunderstood, but the lessons are misapplied to the current situation.

The real lesson of Prohibition is that the society can, indeed, make a dent in the consumption of drugs through laws. There is a price to be paid for such restrictions, of course. But for drugs such as heroin and cocaine, which are dangerous but currently largely unpopular, that price is small relative to the benefits.

REFERENCES:

America, C., East, M., America, N., America, S., States, U., & Kingdom, U. et al. (2020). 14 Countries Where Drinking Alcohol Is Illegal. Retrieved 09 January 2020, from <https://www.worldatlas.com/articles/14-countries-where-drinking-alcohol-is-illegal.html>

Alcoholism: Causes, Risk Factors, and Symptoms. (2020). Retrieved 12 January 2020, from <https://www.healthline.com/health/alcoholism/basics#risk-factors>

Dumasia, N., & Dumasia, N. (2020). Why Alcohol is Banned in Gujarat?. Retrieved 17 January 2020, from <https://buddybits.com/2016/07/why-alcohol-is-banned-in-gujarat/>

23 Effects of Alcohol on Your Body. (2020). Retrieved 16 January 2020, from <https://www.healthline.com/health/alcohol/effects-on-body#1>

Did Prohibition Work? Was It Effective? Beneficial?. (2020). Retrieved 21 January 2020, from <https://www.alcoholproblemsandsolutions.org/did-prohibition-work/>

Alcohol Prohibition Was a Failure. (2020). Retrieved 26 January 2020, from <https://www.cato.org/publications/policy-analysis/alcohol-prohibition-was-failure>

Access NCBI through the World Wide Web (WWW). (1995). *Molecular Biotechnology*, 3(1), 75-75. doi: 10.1007/bf02821338 from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470475/>

LAS VEGAS SANDS CORP., a Nevada corporation, Plaintiff, v. UNKNOWN REGISTRANTS OF www.wn0000.com, www.wn1111.com, www.wn2222.com, www.wn3333.com, www.wn4444.com, www.wn5555.com, www.wn6666.com, www.wn7777.com, www.wn8888.com, www.wn9999.com, www.112211.com, www.4456888.com, www.4489888.com, www.001148.com, and www.2289888.com, Defendants. (2016). *Gaming Law Review And Economics*, 20(10), 859-868. Retrieved from <https://www.nytimes.com/1989/10/16/opinion/actually-prohibition-was-a-success.html>

COMMON HEALTH ISSUES IN SOUTH ASIAN COMMUNITY

Palwinder Kaur

Introduction

South Asian Canadians experience more incidences of some common health issues like High Blood pressure, Diabetes, Cardiovascular disease (heart Failure, Heart Attack, Stroke), Mood and Anxiety Disorders. They face these problems because of lack of exercise, Oily/Salty food. If we compare general Canadian health to South Asian Canadian health is different. South Asian individuals in Canada have higher paces of coronary illness, twofold the pace of diabetes and are

increasingly inclined to turn out to be overweight contrasted with white individuals. South Asian populations are the largest visible minority group in Canada; however, there is very little information on the mental health of these populations.

Common health issues in the South Asian Community

What's the cause?

There is a lot of reason for common health issues. Like people are using more spicy food in their diet which makes health issues. Moreover, they are eating more oily food and salty food which is the reason for High Blood Pressure. Conflicts are also the main issue for common health issues like mentally upset then they started to drink which also leads to blood pressure and heart attack. Unemployment is also the cause of common health issues in the South Asian community because when they do not do any work then they cannot earn anything, it leads to a lot of stress including financial stress and then it becomes difficult to lead a comfortable and healthy life. Also, when they are sitting at their home, they do not do anything they are just “couch potato” then they are facing obesity. Obesity is also the biggest root of diseases.

Comparison between the South Asian Community and General Canadian Community

Canadian Communities always prefer to eat healthy food and fewer calories food like they mostly eat like Citrus, whole grains, Beets, Salmon, Pulses and so on. They mostly prefer more healthy food but In South Asian Community it is different like they are eating oily spicy foods, eating more sweets, they have a lack of exercise. But Canadian people doing a lot of exercises at their home and by joining gyms and morning and evening walks through this they stay healthy. South Asian Canadians have been identified by researchers that they are having 3 times greater risks for diabetes and they are having a danger for health from Cardiovascular disease as compared to the general population.

How South Asian Community can Manage its Common Health Issues?

Regular health checkups- By doing regular health check-ups they can get rid of their problems as if they have any cardiovascular problem, they can manage their common health issues by doing frequent medical check-ups.

Proper treatment and follow up- if south Asian community struggling with any kind health issues then they should take proper treatment and doctor should follow ups with them so that they can not struggling with any health issues.

Prevention for Common Health issues

Healthy Food- healthy food is a best way to get rid from any kind of health issues. Healthy foods help us to keep us mentally and physically fit. We should eat nutritious food and proteins such as Beans and Legumes (lentils, Black Beans, Kidney beans), green spinach, Avocados, whole Grains, Fruits, drink a lot water and so on.

Exercises- exercises play a vital role in everyone's life. Exercises helps us to keep our body fits like we should do some morning walks, Deep breathing exercises, meditation, yoga and so on. `

Active and healthy life- they should follow Active and Healthy Life

Maintaining healthy normal weight- by controlling weight we can live with healthy life.

References

South Asians in Canada at greater risk for heart disease: study | CBC News. (2020). Retrieved 20 January 2020, from <https://www.cbc.ca/news/canada/hamilton/headlines/south-asians-in-canada-at-greater-risk-for-heart-disease-study-1.2776808>

Islam, F., Khanlou, N., & Tamim, H. (2014). South Asian populations in Canada: migration and mental health. *BMC Psychiatry, 14*(1). doi: 10.1186/1471-244x-14-154, from <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-14-154>

The South Asian Community in Canada - ARCHIVED. (2020). Retrieved 20 January 2020, from <https://www150.statcan.gc.ca/n1/pub/89-621-x/89-621-x2007006-eng.pdf>

CASSA Council of agencies Serving South Asians. (2020). Retrieved 20 January 2020, from <http://pchs4u.com/documents/research-reports-and-resources/CASSAs-South-Asian-Strategy-Report.pdf>

Menzel, D. (1998). www. ethics. gov: Issues and Challenges Facing Public Managers. *Public Administration Review*, 58(5), 445. doi: 10.2307/977553

South Asian Report. (2020). Retrieved 20 January 2020, from https://businessinsurrey.com/wp-content/uploads/2016/03/FHA_SouthAsianHealthReport_FINAL_20160606-1.pdf

Aggression and violence

Simranpreet Kaur, Sheridan college

Aggression and Violence are terms often used interchangeably; however, the two differ. Violence can be defined as the use of physical force with the intent to injure another person or destroy property, while aggression is generally defined as angry or violent feelings or behavior. A person who is aggressive does not necessarily act out with violence. Both violence and aggression can have negative effects, on both a societal and individual level. Acts of violence may target a specific person or group of people, be sexual in nature, or occur following the use of alcohol or drug use. The Centers for Disease Control (CDC) estimates that, in the Canada 2 million emergency room visits each year are due to violent assaults, and about 16,000 people will be murdered each year. Young men between the ages of 18 and 24 are more likely to be victims or perpetrators of violence.

Though it is difficult to identify all the factors that may lead to the development of aggressive tendencies or violent behavior, social status, personal issues, and institutional forces may all be factors. Perpetrators of violence might repeatedly lose jobs relationships and family members. The criminal justice costs of violence are also high: People who

repeatedly commit acts of violence may spend several years or even decades of their lives in prison.

Management of aggression can be facilitated through redirection, conflict meditation and the establishing of boundaries and appropriate peer relationships. These kinds of strategies can help keep aggressive tendencies from repeatedly being expressed through violence, especially when the behavior is addressed in childhood.

Types of aggression-

Aggression can be defined in multiple ways, and research in various fields often describes differing types of aggression, but four general types of aggressive behavior are as follows:

- **Accidental aggression** is not intentional and may be the result of carelessness. This form of aggression is often seen in children at play and can also occur when a person is in a hurry. For example, a person running to catch a bus may run into someone or knock over a child.
- **Expressive aggression** is an act of aggression that is intentional but not meant to cause harm. A child who throw toys or kicks sand is demonstrating expressive aggression: Though the behavior could be frustrating to another person or cause harm, causing harm is not the purpose of the behavior.
- **Hostile aggression** is meant to cause physical or psychological pain. Bullying and malicious gossiping or rumor-spreading are forms of hostile aggression. Reactive

aggression, or an aggressive action as a result of provocation, is also a form of hostile aggression.

- **Instrumental aggression** can result from conflict over objects or what are assumed to be one's rights. For example, a student who wished to sit at a desk that was taken by another student may retaliate by knocking the other student's belongings from the top of the desk.

Effects of aggression and violence on mental health

- Violence is found in many areas of life: in the workplace, at home, in sports performances, and in general public areas. It cannot usually be anticipated by the people it affects, and victims of violent acts may experience serious mental health issues as a result, such as posttraumatic stress, depression, and anxiety. A person in an abusive relationship, for example, may fear further repercussions and feel unable to leave the relationship, thus potentially subjecting him- or herself to further harm.
- Sometimes perpetrators of violence have mental health issues such as narcissistic, antisocial, or borderline personality. While these mental health conditions are not necessarily indicative of violent behavior, a breakdown in coping skills can often contribute to aggressive or violent behavior, and antisocial personality is characterized, in part, by cruelty toward animals that may include violence. Passive aggression or subtly aggressive behavior is not characterized by violence, but by obscured criticism of another person's actions. A person demonstrating passive

aggression may be argumentative or extremely critical of authority, complain of being underappreciated or misunderstood, or passively resist assigned tasks by procrastinating or forgetting.

Treatment aggressive and violent behaviour in therapy-

Many different types of therapy may be helpful in treating aggressive or violent behavior, depending on the reasons for the behavior as well as the personality and life experiences of the person in treatment. In domestic violence situations, however, couple therapy, may not always be the best course of action as the process can further endanger the victim of the abuse, and some therapists will not work with an aggressor who seems unwilling or unable to change. Cognitive behavioral therapy causes on teaching those who demonstrate aggressive and violent behavior to better understand and control their aggression, explore various coping mechanisms to better channel the thoughts and feelings associated with violent behavior, and learn how to properly assess the consequences of aggression or violence.

In psychodynamic therapy approaches, people who resort to violence in order to hide deeper emotions are encouraged to become conscious of the more vulnerable feelings that may underlie their aggression. When these feelings, which may include emotions such as shame, humiliation, or fear are expressed, protective aggression may dissipate.

When violence occurs as a result of abuse, such as when physical abuse that occurred in childhood leads an adult to resort to violent expression, therapy to treat the aftereffects of abuse may be helpful.

There are some ways to stop violence at every age:

Forming an attachment-

Research has shown that kids need a minimum of five caring adults to help them grow up happy and healthy. It isn't just parents who have an impact on their kids. Grandparents, aunts, uncles, teachers, counselors, and family friends can serve as positive role models to our kids. Parents can hurt themselves and their children by creating an isolated environment around them. Encourage kind, compassionate, and ethical people to be involved in your child's lives from the get-go.

Develop a conscience

Help your children develop a conscience by A) being attuned to them, B) not being violent toward or in front of them, C) providing a secure, safe base for them, and D) repairing when you slip up. We all make mistakes as parents, but openly admitting and apologizing for these mistakes shows your kids that you are human, that they are not to blame, and that they too should demonstrate care and concern.

Developing Empathy

elp your child develop empathy. Imagine the scene of your child hitting another child in the park. In that moment, you'd probably insist they say sorry, but what do you do to make them feel empathetic. Saying sorry can be meaningless if a child doesn't mean it. At these times, ask your child to describe how he or she would feel being hit. This helps the child to feel compassion and sympathy, while understanding what it really means to hurt someone.

Prevention

The scientific studies clearly demonstrate that violence can be prevented and its impact reduced. The factors that contribute to violent responses – whether they are factors of attitude and behaviour or related to larger social, economic, political and cultural conditions – can be changed.

Violence can be prevented. This is not an article of faith, but a statement based on evidence. Violence prevention: the evidence is a set of seven briefings based on rigorous reviews of the literature which examines scientific evidence for the effectiveness of interventions to prevent interpersonal and self - directed violence.² Each briefing focuses on a broad strategy for preventing violence, and under that umbrella reviews the evidence for the effectiveness of specific interventions. The violence prevention strategies covered in the seven briefings are: 1. Developing safe, stable and nurturing relationships between children and their parents and caregivers; 2. Developing life skills in children and adolescents; 3. Reducing the availability and harmful use of alcohol; 4. Reducing access to guns, knives and pesticides; 5. Promoting gender equality to prevent violence against women; 6. Changing cultural and social norms that support violence; 7. Victim identification, care and support program

References

<https://www.apa.org/topics/violence/>

<https://nobaproject.com/modules/aggression-and-violence>

<https://www.differencebetween.com/difference-between-aggression-and-vs-violence/>

https://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_bri

[efings_all.pdf](#)

LGBTQ issues in Canada and in South Asian Community

Shibleen Kaur. Sheridan College

Introduction

Since the late 1960s, the lesbian, gay, bisexual and transgender (LGBT) community in Canada has seen steady gains in rights. While major strides toward mainstream social acceptance and formal legal equality have been made in recent decades, discrimination against LGBT people persists in many places. Canada is internationally regarded as a leader in this field. Recent years have seen steady progress on everything from health care to the right to adopt. In 2005, Canada became the fourth country worldwide to legalize same-sex marriage. On the other hand in south Asian countries People in the LGBT community are fighting for equal rights and acceptance. Trans people, especially, face a lot of difficulty in finding acceptance. People in the LGBT community are looked down upon all the time. This is a major issue because discrimination against the LGBT community is highly prevalent. People's prejudices lead them to think that LGBT people are odd and very different.

Today, homosexuality and queer identities may be acceptable to more Indian youths than ever before but within the boundaries of families, homes and schools, acceptance still remains a constant struggle for LGBT people.

Statistics

Stigma and methodological barriers make it difficult to get an accurate count of the Lesbian, Gay, Bisexual, and Transgender (LGBT) population. The following statistics are the best estimates from surveys around the world.

- In Canada, 1.7% of Canadians between the ages of 18 and 59 are gay or lesbian, and an additional 1.3% are bisexual.
- In Japan, 8.9% of the population between the ages of 20 and 59 is LGBT.

Because it can be very difficult to measure the LGBT population, some surveys measure the number of those in same-sex relationships. The following percentages are the best estimates from such surveys around the world.

- In Australia, 0.9% of all couples are same-sex couples.
- In Canada, 0.9% of all couples are same-sex couples.
- In Germany, 0.5% of all couples are same-sex couples.
- In the United States, 1.5% of all couple-households are same-sex couple-households.

Issues faced by LGBT

Understanding LGBT health starts with understanding the history of oppression and discrimination that these communities have faced. For example, in part because bars and clubs were often the only safe places where LGBT individuals could gather, alcohol abuse has been an ongoing problem.

Social determinants affecting the health of LGBT individuals largely relate to oppression and discrimination. Examples include:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LGBT youth, adults, and elders
- Shortage of health care providers who are knowledgeable and culturally competent in LGBT health

The physical environment that contributes to healthy LGBT individuals includes:

- Safe schools, neighborhoods, and housing
- Access to recreational facilities and activities
- Availability of safe meeting places
- Access to health services

LGBT health requires specific attention from health care and public health professionals to address a number of disparities, including:

- LGBT youth are 2 to 3 times more likely to attempt suicide.
- LGBT youth are more likely to be homeless.
- Lesbians are less likely to get preventive services for cancer.
- Gay men are at higher risk of HIV and other STDs, especially among communities of color.
- Lesbians and bisexual females are more likely to be overweight or obese.
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGB individuals.
- Elderly LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.
- LGBT populations have the highest rates of tobacco, alcohol, and other drug use.

Continuing Issues in LGBT Health

A number of issues will need to continue to be evaluated and addressed over the coming decade, including:

- Prevention of violence and homicide toward the LGB community, and especially the transgender population
- Resiliency in LGBT communities
- LGBT parenting issues throughout the life course
- Elder health and well-being

- Exploration of sexual/gender identity among youth
- Need for a LGBT wellness model
- Recognition of transgender health needs as medically necessary

Workplace

Most Countries and States Do Not Provide Legal Protections for LGBT Employees

Seventy-four countries prohibit discrimination in employment because of sexual orientation, including Australia, Canada, France, Germany, Mexico, the Netherlands, Switzerland, and the United Kingdom.¹¹

In June 2017, the Canadian government amended the Human Rights Act to outlaw employment discrimination based on gender identity and expression.

India's Supreme Court struck down section 377 of India's penal code, a colonial-era law that penalized consensual same-sex relations, in September 2018.

Fear Prevents LGBT Employees From Bringing Their Full Selves to Work

Almost half (46%) of LGBTQ workers in the United States are closeted in the workplace.²⁴

Nearly two thirds (59%) of non-LGBTQ employees believe it is “unprofessional” to discuss sexual orientation or gender identity in the workplace.

LGBT people often cover or downplay aspects of their authentic selves (e.g., by hiding personal relationships or changing the way they dress or speak) in order to avoid discrimination.

- Employees report feeling exhausted from spending time and energy concealing their sexual orientation (17%) and gender identity (13%).

Inclusive Work Cultures Determine Whether LGBT Employees Leave or Stay²⁸

A quarter (25%) of LGBTQ employees report staying in a job due to a LGBTQ-inclusive work environment.

- 10% of LGBTQ employees have left a job because the work environment did not accept LGBTQ people.

South Asian honour culture hounds India and Pakistan's LGBTQ community

Eight years after the first Indian lesbian couple got legally married in 2011, in the face of death threats, LGBTQ youth continue to flee homes to escape secret honour-killing plans.

South Asia's honour culture is the prime culprit behind such hounding of India's lesbian, gay, bisexual, transgender or queer (LGBTQ) community, according to new research published in the peer-reviewed, academic Journal of Interpersonal Violence. More than citizens of most other countries, Indians were likely to think that being a member of this group brought dishonour to their families. Many even approve of anti-gay abuse.

This is despite the Indian penal code's section 377, which criminalised gay sex, being knocked down by the supreme court last year.

The new research study published in Journal of Interpersonal Violence had a study sample of over 900 college students across India, Pakistan, Malaysia, Iran, and the UK. Participants read a brief vignette depicting a man whose relatives verbally abuse and intimidate him with life-threatening violence after suspecting that he is gay and knowing that he has joined an online dating website to meet men. They then rated this anecdote on a scale of 1-7, ranging from "strongly disagree" to "strongly agree."

Pakistan was the only nation whose participants believed more strongly than Indians that the victim had damaged family honour.

"There is a heavy sense of duty for all individuals to maintain family honour and to conform to culturally defined and collectively prescribed honor values, despite personal beliefs," the study's authors noted. Members within the culture are expected to ensure that norms are being observed and respected, they added.

Even in Britain, where respondents were split into white and Asian populations, there were discrepancies. British Asian participants were more likely to endorse anti-gay values than British white respondents. Previous evidence had shown that many British Asians hide their sexual orientation and that forced marriages were shockingly common in their community.

This goes to show where someone resides is not the only factor influencing attitudes towards homophobic honour abuse. Gender, religious denomination, education level, marital status, and age also play a role. For instance, males endorsed this abuse more than women. As did older, religious, less educated, and married individuals compared with younger, nonreligious, more educated, and unmarried people.

Conclusion

There is a great need for education and creation of awareness about LGBTQ issues and their rights and scientific facts around these issues to create more understanding and acceptance of

LGBTQ members in the society among South Asians living in other countries and in South Asian countries.

Reference

<https://www.catalyst.org/research/lesbian-gay-bisexual-and-transgender-workplace-issues/>
<https://www.thecanadianencyclopedia.ca/en/article/lesbian-gay-bisexual-and-transgender-rights-in-canada>
<https://www.youthkiawaaz.com/2018/01/dont-ever-be-afraid-to-show-off-your-true-colours/>
<https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
<https://qz.com/india/1630092/indians-pakistanis-most-likely-to-back-anti-gay-honour-abuse/>

SACHSS REHAB & DROP IN CENTRE

We are happy and pleased to inform you that because of all the support, help and patronage from all our patrons, we opened our SACHSS Rehab and Drop-in Centre at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. L6T 4K9. (Near Steeles & Melanie) on Wednesday February 13th, 2019.

We provide our services at our new office and we also provide SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario.

Please visit our SACHSS Rehab and Drop in Centre services at our new office at 22 Melanie Drive, Units 6 and 7, Brampton. Ontario. (Near Steeles & Melanie, Near Steeles and Torbram).

We now have our Thursdays Evenings 6- 8 pm Healthy Living Group at our new premises.

All are welcome.

SACHSS SENIORS PROGRAM

All Seniors and family members are invited.

SACHSS Welcomes you to SACHSS SENIORS PROGRAM

1st Saturday of Every Month, from 11 am to 1 pm at

SACHSS Centre at 22 Melanie Drive, Units 6 & 7, Brampton.

**ON. L6T 4K9. (South of Steeles & Melanie, near Steeles and
Torbram)**

SENIORS PROGRAM ACTIVITIES:

Presentations

Discussions

Fun Activities

Get Together

Refreshments

Free Program

**Please attend our program every 1st Saturday every month,
from 11 am to 1 pm .**

Looking forward to seeing you.

www.sachss.org

South Asian Canadians Health & Social Services- SACHSS.

SACHSS WOMEN'S PROGRAM

All women and girls of all ages are invited.

SACHSS Welcomes you to SACHSS WOMEN'S PROGRAM

4th Saturday of Every Month, from 11.30 am to 1.30 pm at

SACHSS Centre at 22 Melanie Drive, Units 6 & 7, Brampton.

ON. L6T 4K9. (South of Steeles & Melanie)

WOMEN'S PROGRAM ACTIVITIES:

Presentations

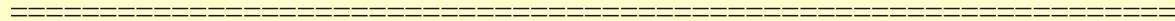
Discussions

Fun Activities

**Get Together
Refreshments
Free Program**

**Please attend our program every 4th Saturday every month,
from 11.30 am to 1.30 pm .**

**Looking forward to seeing you. www.sachss.org
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Not for profit Charity Organization (Registered) Ontario, Canada

**22 Melanie Drive, Unit 6&7 Brampton. Ontario. L6T 4K9. Canada
Phone: 647-718-0786. Website: www.sachss.org**

South Asian Canadians Health & Social Services (SACHSS) is a registered not for profit charity organization. SACHSS provides culturally and linguistically appropriate services to South Asian and other communities. SACHSS services include Health Education, Health Promotion, Mental Health, Addiction, Stress Management, Anger Management and related social issues and social and recreational programs. SACHSS provides services in Hindi, Punjabi, Urdu, Tamil, Gujarati, Malayalam, Sindhi, Arabic, French and English.

For contact: 647-718-0786

416-884-6198

Maher2004@gmail.com

