



Issue July '25

INFLUENCE

'BAME' (Black, Asian, and Minority Ethnic) Aberdeen Community Magazine



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Stay Connected.**
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Welcome Letter: Influence- Aberdeen Ethnic Minority Community Magazine (First Edition)

Dear Readers,

It is with great excitement and pride that we welcome you to the very first edition of **Influence- Aberdeen Ethnic Minority Community Magazine!** This magazine is more than just words on a page—it is a space for connection, empowerment, and shared experiences among the diverse communities that call Aberdeen home. In addition, is a dream realized—one born from the need to amplify the voices of our diverse communities, celebrate our rich cultures, and address the unique challenges we face.

Aberdeen has long been home to a growing and vibrant ethnic minority population, each community bringing its own traditions, experiences, and contributions to the city. However, despite our presence and impact, many of us continue to encounter barriers—especially in areas as critical as public health. That is why we have dedicated our first edition to **Public Health Issues**, a subject that affects every individual, regardless of background, nationality, or status.

Why Public Health?

Health is a universal human right, yet for many ethnic minority groups, accessing proper healthcare can be a difficult journey. **Language barriers, cultural misunderstandings, long waiting times, and systemic inequalities** often stand between our communities and the care they need. The COVID-19 pandemic only deepened these challenges, exposing significant health disparities that have existed for years.

Many in our community struggle with chronic illnesses such as diabetes, heart disease, and hypertension, often without the necessary support or knowledge on how to manage them. Others suffer in silence with mental health issues, afraid to speak out due to stigma or a lack of culturally appropriate services. These realities highlight the importance of health education and access to care that is inclusive and equitable.

Through this magazine, we hope to **inform, empower, and advocate**. This edition brings together community leaders, and personal testimonies to shed light on public health concerns that impact us all. We have articles covering:-

- **Endometriosis** – A condition where tissue similar to the uterus lining grows outside the uterus, causing pain and fertility issues.
- **Polycystic Ovary Syndrome (PCOS)** – A hormonal disorder affecting women’s ovaries, often leading to irregular periods, cysts, and infertility.
- **Male Factor Infertility** – A fertility issue caused by problems with sperm quality, quantity, or delivery in men.
- **Cancer** – A group of diseases involving abnormal cell growth with the potential to invade or spread to other parts of the body.

- **Smoking** –Harms nearly every organ and increases the risk of many diseases.
- **Sexually Transmitted Diseases (STDs)** – Infections spread through sexual contact, affecting reproductive and overall health.
- **Alcoholism** – A chronic disease characterized by an inability to control or stop drinking despite negative health and social consequences.
- Others

A Magazine for the People, by the People

Influence–Aberdeen Ethnic Minority Community Magazine is more than just a publication—it is a platform for our community’s stories, struggles, and successes. This magazine belongs to you, the readers. It is a space where our voices will be heard, where we can share knowledge, and where we can celebrate the incredible diversity that makes Aberdeen such a unique and beautiful place to live.

We encourage you to get involved. If you have personal experiences, health tips, cultural insights, or concerns that you would like to share, we welcome your contributions. Your voice is powerful, and together, we can create something meaningful that benefits us all.

Looking Forward

As we launch this first edition, we hope that it serves as a stepping stone for more conversations, more awareness, and more positive change in our community. Public health is just the beginning—future editions will explore education, employment, social justice, culture, and so much more.

We thank you for being part of this journey. Let’s learn together, grow together, and support one another. Your health and well-being matter, and together, we can build a stronger, healthier, and more connected Aberdeen.

With warmest regards,



Dr Abiola Abimbola Ph.D

Manager

Influence Aberdeen Ethnic Minority Community Magazine

Thank You For Being With Us

As an editor, I often work quietly in the background, ensuring each sentence flows smoothly and every story is presented clearly and respectfully. While my name rarely appears on the page, I feel deeply connected to every word we publish—and to every one of you who reads them.

Today, I want to take a moment to say thank you. Thank you for your time, your trust, and your belief in what this magazine stands for: honest representation, cultural celebration, and community voice.

Each article we publish is a piece of our shared experience. Whether it's a story of overcoming adversity, a profile highlighting local talent, or a reflection on identity and belonging, your engagement brings our work to life. Your feedback—both praise and constructive criticism—will help us grow and sharpen our mission.

As someone who spends hours fine-tuning the details, I see the care our contributors pour into their stories. And I see how deeply you respond. That connection means everything.

We're proud to serve a community as rich, diverse, and resilient as ours. And we are excited about what lies ahead—more voices, more stories, and more chances to uplift one another.

Thank you for being with us. You are not just readers—you are part of this journey.

With gratitude,



Rashidat Busari
Editor

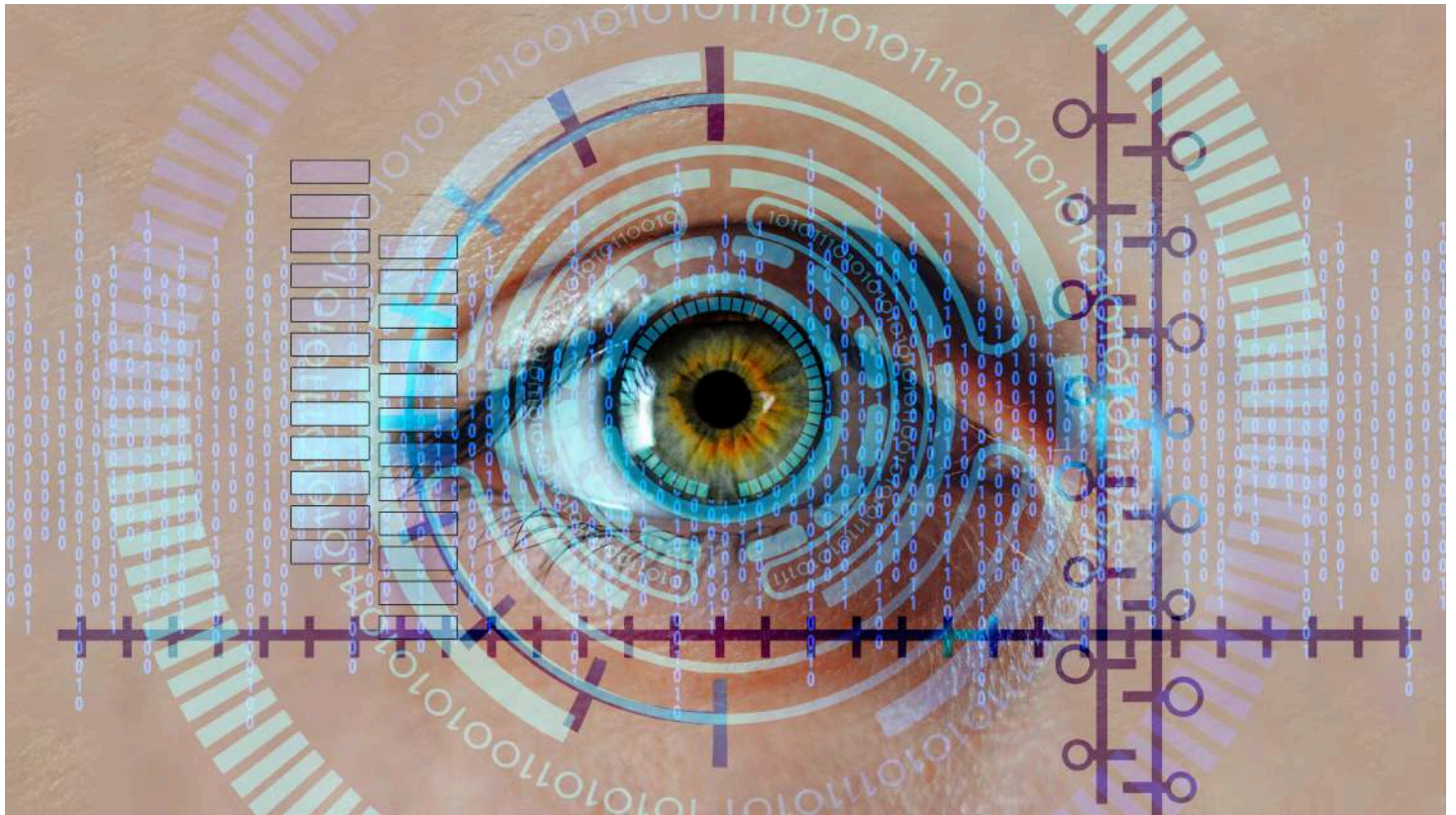
Eye Healthcare in the UK:

The Importance of Routine Sight Tests, Myopia Management, and Affordable Vision Care



Global health has long been a key concern, but COVID-19 has reshaped discussions on healthcare policy, accessibility, and prioritisation. In the UK, the need for a well-structured NHS remains critical, with concerns over waiting lists, access to essential treatments, remuneration for healthcare workers, and collaborations with third-party providers. Amid these discussions, eye healthcare plays a crucial yet often overlooked role. Routine sight tests are essential for early detection of vision problems, preventing avoidable sight loss, and reducing pressure on NHS hospitals. High street opticians such as Specsavers, Boots Opticians, and Vision Express play a vital role in making eye care accessible across the UK.

Scotland has taken a proactive approach by offering free NHS-funded sight tests for all age groups. Children under 16 and adults over 60 receive a free test annually, while those aged 17 to 59 are eligible every two years unless a specific concern arises, such as changes in prescription or frequent headaches.



The NHS Scotland also provides free emergency eye care for conditions like uveitis, blepharitis, sty infections, foreign objects in the eye—including metal and wood particles—and eyelash ingrowth, ensuring timely treatment before conditions worsen. This approach alleviates pressure on NHS hospitals and prevents severe vision loss.

A key strength of the UK's healthcare system is the accessibility of high street opticians. With Specsavers, Boots Opticians, and Vision Express present in nearly every town and city, residents can access eye care services without enduring long NHS hospital wait times. These opticians provide routine sight tests for early detection of conditions such as myopia, glaucoma, and cataracts, as well as myopia management solutions for children to slow progression and prevent long-term complications. They also offer urgent referrals to specialist eye hospitals when necessary, ensuring timely treatment.

Children's hospitals play a crucial role in treating complex eye conditions. Institutions such as Royal Aberdeen Children's Hospital provide specialised care for severe myopia, retinal diseases, and congenital eye disorders.

Early detection through routine sight tests at high street opticians reduces the need for intensive hospital-based interventions, improving long-term vision outcomes for young patients while optimising NHS resources.

One of the most pressing concerns in modern eye care is myopia management, particularly in children. Post-COVID, there has been a significant increase in screen time, with children spending long hours on tablets, iPads, phones, and laptops for school, gaming, and entertainment. Excessive screen use and reduced outdoor activities have contributed to rising cases of childhood myopia. Studies indicate that children who spend more time indoors focusing on close-up digital screens are at a higher risk of developing progressive myopia, which, if left unmanaged, can lead to severe eye conditions in adulthood, including retinal detachment, glaucoma, and macular degeneration. To counteract this, eye care professionals recommend the 20-20-20 rule: after every 20 minutes of screen use, children should take a 20-second break and focus on something at least 20 metres away. This simple practice reduces eye strain and maintains overall eye health.

Spending more time outdoors has also been shown to slow the progression of myopia. Parents are encouraged to balance screen time with outdoor activities and ensure regular eye check-ups to detect vision problems early.

The contribution of high street opticians to NHS eye care has been widely acknowledged. Politicians like Health Secretary Wes Streeting have praised opticians such as Specsavers for their role in reducing NHS waiting times and ensuring timely, high-quality eye care. As the UK addresses key healthcare concerns, ensuring eye care accessibility and affordability remains vital. Specsavers, as a leading high street optician, provides essential NHS-funded eye tests and cost-effective eyewear solutions. Additionally, Specsavers offers free contact lens trials for those interested in switching to or testing contact lenses. One of its best offers is the 2-for-1 deal, where customers receive a second pair of glasses for free when purchasing frames worth £70 or more. This allows customers to choose a spare pair at purchase or within three months, or opt for sunglasses to protect against UV rays, ensuring practicality and affordability. Specsavers and the NHS also ensure cost is not a barrier to clear vision by offering free glasses to children under 16 with frames worth up to £90 and to 16-to-19-year-olds in full-time education with frames up to £50. Adults on Universal Credit and other qualifying benefits can also access free glasses, ensuring that young people and low-income families receive the eyewear they need.

As the UK continues to tackle broader healthcare challenges, routine sight tests must remain a priority. Scotland's free NHS sight test scheme, the extensive network of high street opticians, and the expertise of children's hospitals all contribute to a stronger, more efficient eye care system.



Frank Oduro

**Optical Assistant,
Specsavers Stonehaven**



She Used to Dance

By the time he arrived, her tea was cold again.

Piotr stood outside the care home in Aberdeen, the wind biting his cheeks red. He clutched a single sunflower—his mother’s favourite. She used to say they reminded her of summers in Kraków, long before the war, before the hardship, before the country broke her heart.

Inside, everything smelled of bleach and boiled vegetables. It was his third visit this week. The staff smiled thinly, distracted. His mother, Jadwiga, had grown quieter, smaller, vanishing inside her own skin.

She had once been fire—a schoolteacher, an accordion player, the woman who’d danced barefoot in the living room to old Polish waltzes. But here, in this overworked, understaffed place, she was reduced to silence.

He noticed bruises on her wrists. "She’s been pulling at the rails again," they told him.

“She doesn’t eat.”

“She’s refusing medication.”

“She’s just... declining.”

But Piotr saw the truth. He saw the missed meals, the unchanged bedsheets, the television always too loud in the lounge. She wasn’t dying of age. She was dying of neglect.

And then one Sunday morning, they called. *“We’re sorry. She passed in her sleep.”*

He arrived to find her cold, frail, and alone. The sunflower wilted on the windowsill.

Later, he filed a complaint. It took months for a response—just a standard letter, no apology.

But every year, on her birthday, he dances barefoot in his living room. And he remembers the woman who taught him to waltz. Who deserved better.



Tomasz Wójcik
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Behind Closed Doors:

The Crisis in Care Home Standards



For many families, care homes are meant to offer safety, dignity, and comfort in the final years of a loved one's life. But across the UK—and in cities like Aberdeen—too many care homes are falling short. Behind polite smiles and tidy reception areas, some residents are living in neglect, silence, and isolation.

Take the story of Jadwiga, an 83-year-old Polish woman who died alone in a care home where staff shortages, poor oversight, and a lack of cultural understanding failed her in her final days. Her son, Piotr, remembers the bruises, the missed meals, and the cold indifference masked by clinical procedure. This isn't just one story. It's part of a growing pattern.

Systemic Issues

- **Understaffing:** Many care homes operate below safe staffing levels, leading to rushed care and missed needs.
- **Underfunding:** Local authorities are stretched thin, leading to lower-quality facilities and support.

- **Cultural Insensitivity:** Ethnic minority elders often face a lack of culturally competent care — from language barriers to food, faith, and traditions being overlooked.
- **Lack of Accountability:** Complaints can take months to be addressed, with little transparency or action.

Who's Affected?

Vulnerable people—especially older adults from ethnic minority backgrounds, LGBTQ+ elders, and those living with disabilities—are often **underrepresented and underserved** in the care system. For many, being placed in a care home means losing not just their independence, but their identity.

What Needs to Change?

- **Robust Regulation:** More surprise inspections and stricter penalties for poor care.
- **Culturally Inclusive Training:** Staff must understand and respect diverse backgrounds.
- **Community Oversight:** Local voices—especially from marginalised communities—must be part of care boards and advisory groups.

- Better Pay and Support for Workers: Carers are the backbone of the system and need fair pay and mental health support.
- Empowered Advocacy: Families should feel safe and supported when speaking out.

A Call to Action

As Scotland's population ages, the question isn't just how we care—but who we care for, and how fairly. Every elder deserves dignity. Every family deserves trust. And every complaint, like Piotr's, should spark change—not just condolences.

Behind every statistic is a story. And behind every care home door, someone's mother, father, or friend is waiting to be seen.

Do you want to report a complaint or whistleblow about a care service? Use Influence portal (sub menu under the magazine menu) for confidentiality and good quality of service - www.influence-charity.co.uk



Dr Abiola Abimbola Ph.D

**Manager,
Influence Aberdeen Ethnic
Minority Community Magazine**

Endometriosis



Endometriosis is a significant health concern in Aberdeen, with local research initiatives contributing to a deeper understanding and improved management of the condition.

Endometriosis is a chronic medical condition in which tissue similar to the lining of the uterus (endometrium) grows outside the uterus.

This tissue can be found on the ovaries, fallopian tubes, outer surface of the uterus, intestines, bladder, and other pelvic organs. This leads to inflammation, pain, scarring, and sometimes fertility problems. The exact cause of endometriosis is unknown, but several theories exist:-

- **Retrograde Menstruation** – Menstrual blood flows backward through the fallopian tubes and into the pelvic cavity instead of leaving the body.
- **Immune System Disorders** – A weakened immune system may fail to eliminate displaced endometrial tissue.
- **Genetic Factors** – Endometriosis often runs in families, suggesting a hereditary link.
- **Hormonal Imbalances** – High levels of estrogen may promote endometrial tissue growth outside the uterus.
- **Surgical Scars** – After procedures like a C-section or hysterectomy, endometrial cells may implant and grow in the wrong places.



There is no cure for endometriosis, but various treatments can manage symptoms and improve quality of life.

Treatments include - pain management, hormonal therapies, and surgical interventions.

Emma, a 32-year-old woman from Aberdeen, struggled with painful periods and infertility for years before being diagnosed with endometriosis through laparoscopy. Despite multiple treatments, including hormonal therapy and surgery, she had to undergo IVF to conceive her first child. Her experience reflects the difficulties in obtaining a diagnosis and accessing fertility treatments in Scotland.

Endometriosis is a lifelong condition requiring ongoing management. Support groups, dietary changes (reducing inflammatory foods like processed sugars and increasing omega-3 intake), and stress reduction techniques like yoga or meditation can help improve symptoms.

Disclaimer: Above information is provided for educational purposes only, your General Practitioner (GP) should be the first point of contact providing guidance on treatment options and fertility preservation strategies. Other support groups are: - [Grampian Support Group – Endometriosis UK](#), [Endometriosis Aberdeen – Facebook Group](#) and [Fertility Network UK – Online Support Groups](#).

Connecting with these groups can provide valuable support, information, and a sense of community for those affected by endometriosis in Aberdeen.



Isabela Barbaroza
ghost image and name



INFLUENCE

Aberdeen Community Magazine

Call for Article Contributors – Let Your Voice Be Heard in Influence

Celebrating Aberdeen's Diverse Communities and Stories

Dear Community Members,

We are excited to introduce you to **Influence – Aberdeen Ethnic Minority Community Magazine**, a brand new community-led publication that aims to **amplify the voices, experiences, and achievements** of the many individuals and communities that make Aberdeen such a vibrant and diverse city.

We are currently **inviting article contributors** from all walks of life—particularly those whose identities and stories reflect the full range of **Protected Characteristics**, including:

- **Age**
- **Disability**
- **Gender Reassignment**
- **Marriage and Civil Partnership**
- **Pregnancy and Maternity**
- **Race and Ethnic Background**
- **Religion or Belief**
- **Sex**
- **Sexual Orientation**

Whether you're a writer, student, activist, artist, health worker, community leader—or simply someone with a lived experience you want to share—we'd love to hear from you.

You can submit:

- Personal stories or opinion pieces
- Articles on community projects, culture, history, or heritage
- Poetry, art features, or interviews
- Reflections on identity, inclusion, or lived experience in Aberdeen

Please send your ideas or completed articles to magazine@influence-charity.co.uk

Together, let's build a magazine that **represents the real Aberdeen**—one voice at a time.

Warm regards,



By Influence Editorial Team

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Polycystic Ovary Syndrome (PCOS)



Polycystic Ovary Syndrome (PCOS) affects 1 in 8 women and is a common hormonal disorder affecting women of reproductive age. It is characterized by an imbalance of reproductive hormones, leading to problems with ovulation, irregular menstrual cycles, and various metabolic issues. PCOS can lead to, **Infertility** – Due to irregular ovulation, **Type 2 Diabetes** – Insulin resistance increases diabetes risk, **Heart Disease & High Blood Pressure** – Due to high cholesterol and insulin issues, **Endometrial Cancer** – Irregular periods can lead to an overgrowth of the uterine lining and **Depression & Anxiety** – PCOS can affect mental well-being.

Sarah is 27 years old and resides in Aberdeen as an office manager. She has Irregular periods since her teenage years, weight gain, acne, and excessive facial hair growth. Sarah first noticed irregular menstrual cycles in her teens but was told it was “normal” for some girls. Over the years, she experienced:- Irregular periods (every 2-3 months, Unexplained weight gain despite a healthy diet, Severe acne and excessive hair growth on her face and arms, Fatigue and frequent mood swings and Difficulty conceiving after one year of trying for pregnancy.

Sarah consulted her GP in Aberdeen after struggling with conception. The doctor performed:-

- **Blood Tests** – Showed elevated androgen (male hormone) levels and insulin resistance.
- **Ultrasound Scan** – Revealed multiple small cysts on her ovaries, a classic sign of PCOS.

Medical History & Symptoms Review – Confirmed a PCOS diagnosis based on the irregular periods, high androgen levels, polycystic ovaries etc.

Since Sarah's main concerns were to regulate menstrual cycle, fertility and symptom relief, her treatment focused on:-

Lifestyle Changes

- **Dietary Changes:** Low-carb diet with a focus on whole foods to improve insulin resistance.
- **Exercise Routine:** 30 minutes of moderate exercise 5 times a week to aid weight loss and hormone balance.

Medications

- **Metformin** – Prescribed to improve insulin resistance and regulate her cycle
- **Birth Control Pills** – Help regulate periods, lower androgen levels, and reduce acne/hair growth.
- **Progestin Therapy** – Used to induce periods in women who don't menstruate regularly.
- **In Vitro Fertilization (IVF)** – A fertility treatment for women who do not respond to other methods.

Within 6 months, Sarah lost 5% of her body weight, which improved her insulin sensitivity and menstrual regularity. **After 1 year**, with fertility treatment, Sarah successfully conceived and later gave birth to a healthy baby. **Sarah's** Continued lifestyle adjustments and regular check-ups to monitor metabolic health and hormonal balance improved her **long-term PCOS health management**.

Many women, like Sarah, experience delayed diagnosis due to symptom normalization. **PCOS management requires a multi-faceted approach** – Lifestyle changes, medication, and medical guidance are essential. Sarah joined a local **PCOS support group in Aberdeen**, which helped her cope emotionally and physically, examples of PCOS support groups include PCOS Relief Workshops (for ethnic minority communities), Verity – The UK PCOS Charity, Aberdeen Fertility Centre and Fertility Network UK – Scotland Groups.

Disclaimer: Above information is provided for educational purposes only, your General Practitioner (GP) should be the first point of contact providing guidance on treatment options.

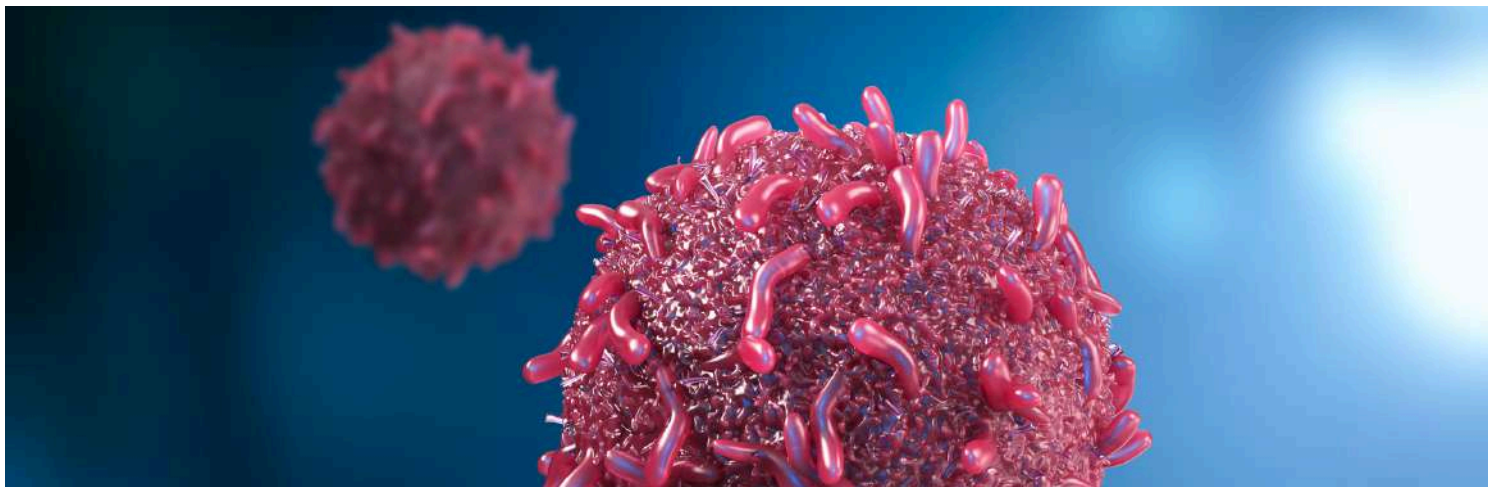


Abena Agyapong
ghost image and name

Sisters in Strength:

A Journey Through Cancer





Mei, Priya, and Aisha met in Aberdeen during their university days. Though they came from different backgrounds—**Mei from China, Priya from India, and Aisha from Pakistan**—they became inseparable. They called themselves “**Sisters in Strength**,” supporting each other through life’s ups and downs. But nothing could have prepared them for the battle they would face together.

Priya’s Silent Battle – Stomach Cancer

Priya had always been the most energetic of the three, full of laughter and warmth. But over time, she started losing weight dramatically. “It must be stress,” she insisted, brushing off her stomach pains and nausea.

One evening, after another meal left her in unbearable pain, Mei and Aisha forced her to see a doctor. The diagnosis shattered them—**Stage 3 stomach cancer**.

The news sent a wave of **fear, disbelief, and grief** through the group. Priya’s biggest fear wasn’t dying—it was **telling her parents back in India**. “They sacrificed everything for me to study here,” she whispered, eyes filled with tears. “I can’t let them think they failed me.”

Mei and Aisha **became her pillars**. They attended chemotherapy sessions with her, cooked her light meals when she couldn’t eat, and held her hand when she cried. The once-vibrant Priya **lost her hair, her energy, and at times, her hope**. But she never lost her will to fight.

Mei’s Hidden Pain – Liver Cancer

Just months after Priya’s diagnosis, Mei started feeling exhausted all the time. She had frequent nausea and a dull pain in her right side. “It’s just stress,” she told herself, much like Priya had. But when her eyes started turning **yellowish**, Aisha forced her to get checked.

The results were devastating—**Mei had liver cancer**.

Unlike Priya, Mei had no family history of cancer. “How did this happen to me?” she asked, feeling **betrayed by her own body**. Her doctor explained that some **Asian populations are genetically more prone to liver disease**—but none of it made sense to her.

As her condition worsened, she had to undergo a **partial liver resection**. The surgery left her weak, her once-active body now struggling to perform even basic tasks.

Priya, despite her own battle, **took care of Mei** just as Mei had cared for her. They would sit together in the hospital, IV drips in their arms, **laughing through the pain**.

Aisha – The Unbreakable Caregiver

Aisha had always been the strongest among them, but watching her two best friends suffer **broke her heart**. She became their **caregiver, their voice, their shield**.

She fought with doctors for better pain management. She cooked traditional healing soups that reminded them of home. She stayed up late researching treatments, joining **support groups for Asian cancer patients** in Aberdeen, where she learned how **cancer affects South Asian and Chinese communities differently**.

But in private, Aisha **cried herself to sleep**. The fear of losing them was unbearable. “What if I end up alone?” she admitted one night, the weight of it all finally crushing her.

A Fight Worth Fighting

Through months of treatment, surgeries, and unbearable side effects, the women **never let cancer define them**.

Priya, despite being told she might never eat solid food again, celebrated when she managed to eat a spoonful of dal. Mei, weak from surgery, made it her goal to **walk a little more each day**. And Aisha? She learned that sometimes, **the strongest thing you can do is let yourself break—so others can help put you back together**.

Sisters, No Matter What

Two years later, Priya’s cancer was **in remission**. Mei, though still recovering, had **her liver function stabilize**. They celebrated with a **quiet dinner**, the three of them sitting together, grateful to be alive.

Cancer tried to break them. But it only made their bond unshakable.

As Aisha raised a toast, she smiled, tears in her eyes. **“To life, love, and never giving up on each other.”**

And at that moment, they knew—**no matter what the future held, they would always be sisters in strength**.

Both liver and stomach cancers have significantly better outcomes when diagnosed at an early stage. Treatment often involves a team of specialists, including oncologists, surgeons, radiologists, and supportive care providers. Factors such as the patient’s overall health, stage of cancer, and underlying conditions guide treatment decisions.

Disclaimer: Above information is provided for educational purposes only, your General Practitioner (GP) should be the first point of contact providing guidance on treatment options.



Aisha Hussain
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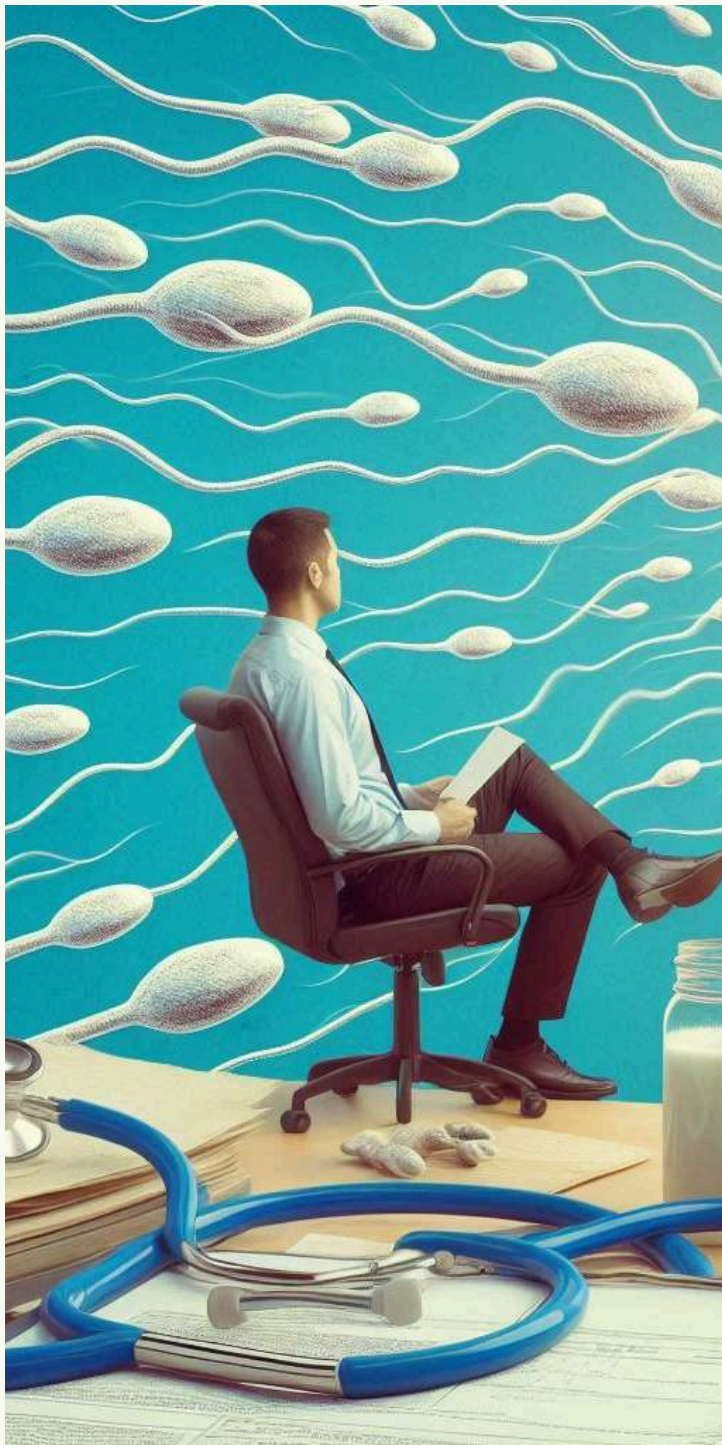


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Male Factor Infertility

Against All Odds:

A Journey of Love, Loss, and Hope



Amir and Zainab met in Aberdeen, both coming from immigrant families—Amir from Pakistan and Zainab from Nigeria. Their love story was a blend of cultures, traditions, and deep-rooted dreams. Among those dreams was starting a family. After getting married, they were excited to embrace parenthood. However, as months turned into years with no pregnancy, whispers from family members began. “Maybe she should see a doctor,” some said, assuming the issue lay with Zainab. In their communities, infertility was often **seen as a woman’s problem**, and men were rarely questioned.

A Painful Diagnosis

Reluctantly, they sought medical help. Zainab’s tests came back normal. But when Amir’s semen analysis results arrived, the doctor’s face was serious. Amir’s **sperm count was extremely low**, and the ones present had **poor motility and abnormal shapes**. The doctor explained that their chances of conceiving naturally were close to zero.

Amir felt a deep shame settle over him. In his culture, **a man’s ability to father children was tied to his masculinity**. He had always imagined holding a son in his arms, teaching him about their shared heritage. Now, he wondered if that dream was slipping away.

Zainab held his hand. “We’ll face this together,” she reassured him. But inside, Amir was breaking.

Emotional Struggles and Cultural Stigma

Amir withdrew. He started avoiding family gatherings, where relatives casually asked, “When will we hear good news?” He felt judged—as if his worth as a husband was being questioned.

Zainab, too, faced pressure. Some aunties hinted that she should consider a second marriage. “A woman should not suffer childlessness if her husband has a problem,” one elderly relative told her. **The burden of infertility was placed on her shoulders, despite it not being her issue.**

The strain affected their marriage. Arguments became frequent. “I don’t want to go through IVF,” Amir finally admitted one night. “I feel... broken.”

Zainab’s heart ached. She wanted to be a mother, but she wanted Amir to **believe he was enough, no matter what.**

A Journey of Healing

A turning point came when Amir met a support group for men dealing with infertility. He realized he wasn’t alone. The stories of other men—some from ethnic backgrounds like his—helped him understand that infertility **was a medical condition, not a personal failure.**

With time, he agreed to try fertility treatments. **He changed his diet, took prescribed medications, and underwent hormone therapy.** Slowly, his sperm count improved slightly.

Hope Rekindled

The first IVF cycle failed. The emotional toll was immense. “Maybe this is a sign,” Amir whispered, tears in his eyes. But Zainab wasn’t ready to give up.

On their second attempt, after weeks of injections, blood tests, and anxiety, the pregnancy test was positive.

When Zainab placed Amir’s hand on her growing belly months later, he finally let himself believe. “I thought I lost my identity,” he admitted. “But I realize now, being a father isn’t just about biology—it’s about love, commitment, and showing up.”

A New Chapter

Nine months later, their daughter, Leila, was born. When Amir held her for the first time, he felt an overwhelming sense of gratitude, resilience, and unconditional love.

Their journey had tested them in every way—emotionally, physically, and culturally. But through it all, they emerged stronger, proving that love and perseverance can overcome even the deepest struggles.

Disclaimer: Above information is provided for educational purposes only, your General Practitioner (GP) should be the first point of contact providing guidance on treatment options and support groups are- [Male Fertility Group](#) (HIMFertility), [mensfe](#) and [Aberdeen Fertility Centre](#).



Ravi Kumar

ghost image and name

COMPLAINTS & WHISTLEBLOWING IN THE NHS

YOUR RIGHT TO SPEAK UP IN ABERDEEN

You can make a complaint or raise concerns if you're an individual with a disability, LGBTQ+ (including trans, and non-binary people), of any faith or belief, older or younger, pregnant or a new parent, or any other form of protected identity. You deserve to be treated with dignity.

COMPLAINTS

COMPLAINTS: If you are a patient or a family member

You can make a complaint if:

- You were discriminated against or treated unfairly
- You received poor or unsafe care
- Your culture, language, or accessibility needs were ignored
- You experienced racism, homophobia, ableism, or any other form of prejudice

How to Complain:

- First, raise it directly with the NHS service (e.g., GP, hospital, mental health team)

If unresolved:

NHS Grampian Feedback Service:

0345 456 6000

Or escalate to the **Scottish Public Services Ombudsman**

WHISTLEBLOWING

WHO CAN WHISTLEBLOW: If you work in the NHS or a related service

You can speak up confidentially:

- Internally to your manager or Freedom to Speak Up Guardian

Or externally to:

- Healthcare Improvement Scotland
- Care Inspectorate (for care-related services)
- Public Concern at Work (independent whistleblowing charity)

NEED SUPPORT?

If you're affected, or feel unsafe or unsupported—your matter, and your experience counts.

You can reach out to:

- Grampian Regional Equality Council
- Citizens Advice Scotland
- EHRC (Ethnic Health and Human Rights Community Support)

EVERYONE IN ABERDEEN DESERVES NHS CARE THAT IS SAFE, RESPECTFUL, AND INCLUSIVE. DON'T STAY SILENT.

IF SOMETHING FEELS WRONG – SAY SOMETHING. YOUR VOICE COULD PROTECT SOMEONE ELSE.

The System Failed Him:

The Tragic Story of Dr. Arjun Mehta



Dr. Arjun Mehta had come to Aberdeen with dreams of healing, of making a difference. He had left behind his family in Mumbai, carrying with him the hopes of his parents, the pride of his community, and the unshakable belief that his hard work would bring him success. But what he found instead was a system that failed him at every turn.

The Weight of Expectations

Arjun had always been an exceptional student—top of his class, praised by professors, admired by his peers. When he secured a position in a health institution in Aberdeen, his family celebrated. “You’ve made it,” his father told him over the phone. His mother cried with joy.

But what no one knew—what he couldn’t tell them—was how lonely he felt. In the beginning, he convinced himself it was just part of adjusting to a new country, a new system. He worked harder than anyone, taking on extra shifts, always volunteering to stay late. Yet, no matter how much effort he put in, it felt like he was always being overlooked.

Subtle Discrimination and Systemic Neglect

There were times when his colleagues dismissed his suggestions in meetings, only to nod in agreement when a White doctor said the same thing minutes later. Patients sometimes questioned his competence. “Where are you really from?” they would ask, their expressions filled with doubt. He swallowed the humiliation, forcing a polite smile, pretending it didn’t bother him.

He applied for promotions—positions he was more than qualified for—but was passed over again and again. “You need more experience,” they told him. But he watched as less experienced doctors—British-born, often White—moved ahead. It wasn’t just bad luck. It was the system.

When he spoke to his supervisor about the stress, about how exhausted he was, the response was cold: “You knew what you were signing up for. This job isn’t for the weak.”

Crying for Help, but No One Listened

The first time he went to his GP about his worsening anxiety and depression, he was given a leaflet on breathing exercises. The second time, he was prescribed a mild antidepressant and sent back to work. No referral, no real help. His cries for support were treated as inconveniences.

When he confided in an older Indian colleague, he was told to just “keep his head down” and “not make trouble.” Mental health struggles were not something you talked about openly—not in his culture, and certainly not in medicine.

The nights grew darker. The loneliness became unbearable. He stopped calling home as often, not wanting to worry his parents. He lied to them, telling them he was fine, that work was great. But inside, he was crumbling.

Breaking Point

The final straw came when he made a small mistake during a grueling 14-hour shift. Nothing life-threatening—just a minor clerical error that could have been easily fixed. But the reaction from his superiors was harsh. A formal warning. A mark on his record. Another sign that he would never truly belong, that no matter how hard he worked, he would always be seen as an outsider.

That night, he sat alone in his tiny Aberdeen flat, staring at the ceiling, the walls closing in around him. He thought about all the times he had tried to ask for help, only to be dismissed. He thought about his parents, who had sacrificed everything for him. He thought about the dreams he once had, the ones that now felt so out of reach.

And then, in the silence of the early morning, Dr. Arjun Mehta made a decision that no one should ever have to make.

A System Too Late to Respond

When he didn’t show up for work the next day, there were murmurs, but no real concern. It wasn’t until a nurse who considered him a friend grew worried and called the police that they found him. Alone. Gone.

The hospital released a statement about how they had “lost a valued member of the team.” His colleagues, the same ones who had ignored his struggles, spoke about what a “bright young doctor” he had been. But it was all too late. The system that had ignored him, that had broken him, now mourned him as if it had not played a role in his demise.

Aftermath and the Unanswered Questions

His parents arrived in Aberdeen days later, shattered by grief, unable to understand how their son—so full of promise, so strong—could have been lost this way. They asked the hospital why he hadn’t been helped. They asked why no one had intervened. The answers never came.

His death sparked conversations but no real changes. Another ethnic minority doctor lost to burnout, to discrimination, to a system that refused to acknowledge its own failures. Another name in a growing list.

A Lesson Too Late

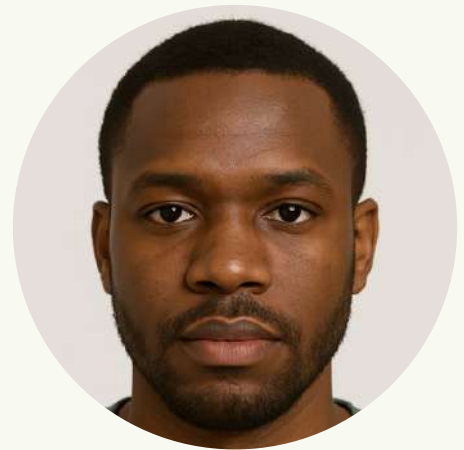
Months later, his name was barely mentioned at the hospital. A few doctors still felt guilty, but life went on. The same pressures, the same expectations, the same failures of the system.

And somewhere, another doctor, struggling like Arjun once did, sat alone in his room, wondering if he, too, would be ignored until it was too late.

Because when the system fails you, who is left to save you?

Disclaimer: Above information is provided for educational purposes only, your General Practitioner (GP) should be the first point of contact.





Bolaji Babalola
ghost image and name



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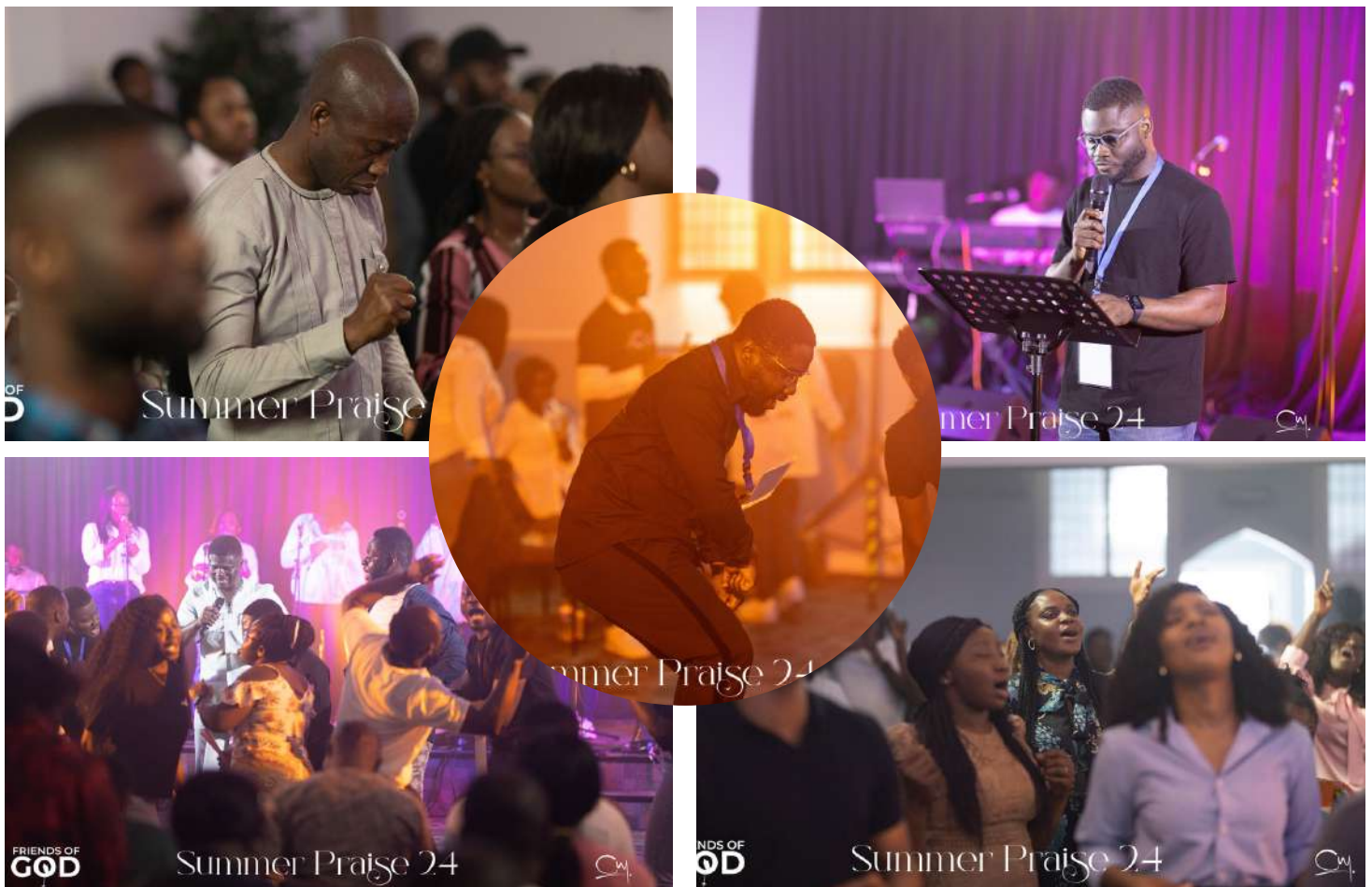
A New Sound in Aberdeen:

Uniting Friends of God Through Worship

In 2024, a group of passionate believers came together with a shared vision to create a space where Christians from all backgrounds could unite in worship. This non-denominational, Friends of God movement was founded with the purpose of glorifying God through music and reaching new souls with His love. Our first edition of Summer Praise 24 was a remarkable success, gathering between 150-200 people in a powerful night of praise, worship, and spiritual renewal. The presence of God was tangible, and lives were touched as voices lifted in unity. This gathering reaffirmed our mission to bring people closer to God through the power of worship.

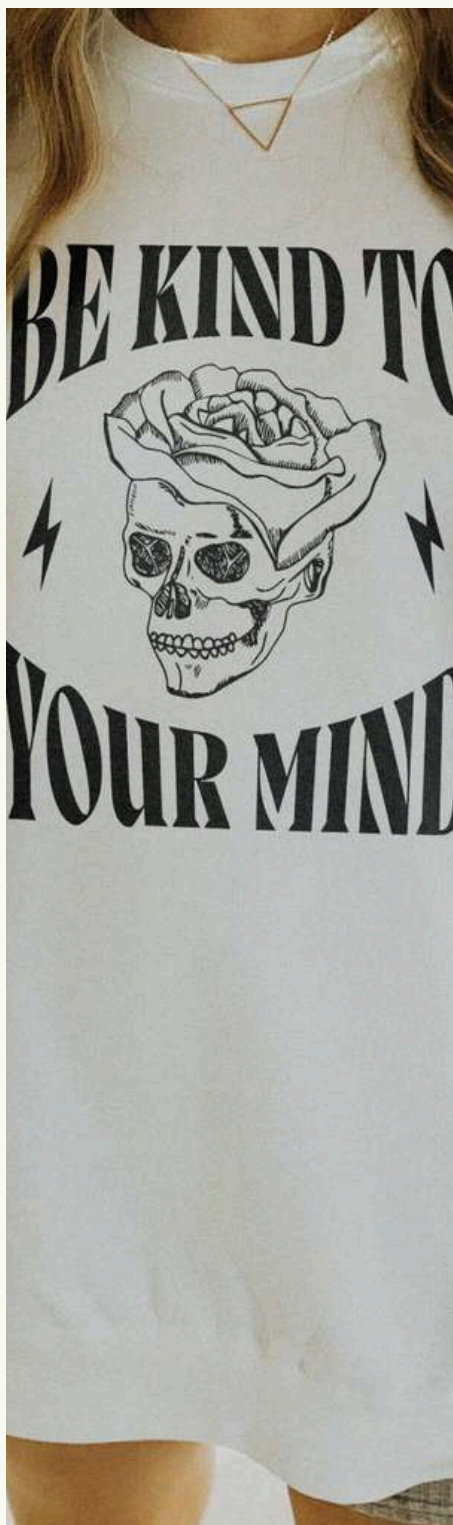
As we look ahead to our next program in 2025, we invite anyone who feels led to support this vision. Whether through resources, prayers, or active participation, we trust that the Lord will guide willing hearts to join us in this movement. This is more than an event, it is a calling to draw hearts into deeper worship and connection with God. If you feel led to be part of this journey, we welcome you. Let's continue to worship, grow, and impact lives together. Stay connected, stay prayerful, and let's lift His name high!

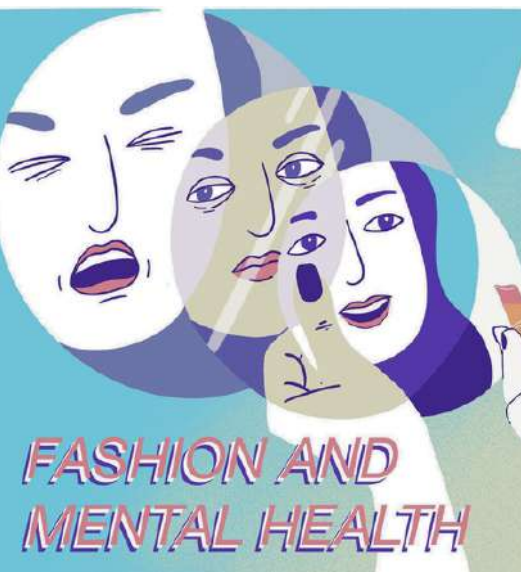
#Friends of God #SummerPraise25
friendsofgod00@gmail.com
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Fashion and Mental Health:

The Unseen Connection between Style and Well-Being





When Style Becomes Healing
 For those navigating anxiety, low self-esteem, or identity shifts, fashion can be grounding.

More than Fabric — A Form of Self-Care

Fashion is often viewed as visual or surface-level, but it's much deeper than that. It's a language of identity, emotion, and empowerment.

At Kelikume, we believe that what you wear doesn't just reflect who you are, it influences how you feel, how you show up, and how you navigate the world.

Whether you're getting dressed for a celebration or for everyday life, the right outfit can impact your confidence, mood, and mindset. And when used intentionally, fashion can be a tool for self-expression and emotional well-being.

The Psychology of What You Wear

The concept of “encloded cognition” suggests that clothing affects our thoughts, emotions, and behavior. A 2012 study published in the Journal of Experimental Social Psychology found that people perform better and feel more confident when dressed in attire associated with positivity or power.

- Bright colors lift mood.
- Structured garments enhance confidence.
- Soft, comfortable clothing reduces anxiety.

This isn't just theory; it's something many of us experience firsthand. The right outfit can make you feel capable, bold, or even joyful.

1. Clothing as Identity:

In moments of personal uncertainty, a carefully chosen outfit can help reclaim a sense of self.

2. Dopamine Dressing:

Wearing mood-boosting colors and playful prints can stimulate feel-good chemicals like dopamine, energizing your day.

3. Minimalism for Mental Clarity:

Simplifying your wardrobe can reduce decision fatigue and give space to breathe—mentally and emotionally.



When Fashion Hurts: The Flip Side: Fashion can empower, but it can also create stress:

- Social media pressure makes us feel we must always look flawless.
- Fast fashion trends lead to overconsumption and financial guilt.
- Body image issues are often reinforced by narrow beauty standards in the industry.

Fashion as a Mental Health Tool:5 Practical Tips

- 1.Wear mood-enhancing colors: Yellow for joy, blue for calm, black for power (in moderation).
- 2.Dress how you want to feel: Clothes influence mindset—wear something uplifting, even on low days.
- 3.Prioritize comfort + confidence: Choose high-quality materials that look good and feel good.
- 4.Turn dressing into a self-care ritual: Your morning outfit can set the tone for the day.
- 5.Have fun with your style: Explore prints, silhouettes, and accessories that bring you joy.

Final Thoughts: Dress for You

Fashion is deeply personal. It's not just about trends—it's about how you feel in your own skin. At Kelikume, we celebrate clothing that empowers, heals, and tells your story.

So, the next time you get dressed, pause and ask: **“What do I want to feel today?”** Then, choose the outfit that helps you feel exactly that.



Joy Kelikume Oziomaaka
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kelikume.com
Kelikume Fashion and Styling

A Breath of Freedom:

One Man's Journey to Quit Smoking in Aberdeen



James Fraser had smoked for 25 years. He started at 16, drawn in by the camaraderie of smoke breaks with his older brother. A cigarette was his companion during long shifts at the docks, a reward after a stressful day, and a necessity with his morning coffee. But now, at 41, his body was starting to rebel. One cold morning in Aberdeen, James woke up coughing so hard he thought he would pass out. His chest burned, his breath was short, and for the first time, he felt **fear**. It wasn't just a cough; it was a warning. His doctor confirmed what he had suspected—his lungs were deteriorating. "You're showing signs of early chronic obstructive pulmonary disease (COPD)," the doctor said. "If you don't quit now, things will get much worse." Chronic obstructive pulmonary disease (COPD) is a lung disease causing restricted airflow and breathing problems. It is sometimes called emphysema or chronic bronchitis.

James had tried to quit before. Patches, gum, even vaping. But nothing stuck. The cravings were brutal. He would light a cigarette without thinking, only to stub it out with frustration. His body rebelled. **Headaches, dizziness, constant irritation.** His hands trembled for the first few weeks, and his sleep became a battleground of restlessness and vivid nightmares.

He snapped at his wife, got short with his kids, and felt like a stranger in his own skin. But worse than the physical cravings was the **emotional weight**. Smoking had been his comfort, his escape. Without it, he felt raw, exposed. Every argument with his boss, every moment of stress, became harder to handle without his usual crutch.

Two months into quitting, James felt a sharp pain in his chest at work. Panic set in. **Was it a heart attack?** His co-workers called an ambulance. At the hospital, tests showed that while it wasn't a heart attack, his years of smoking had **narrowed his arteries**. His risk of serious heart disease was high. The doctor's words echoed in his mind: **"If you go back to smoking, you won't see 60."** That night, James sat alone in his living room, staring at an unopened pack of cigarettes. He had never felt more tempted. His body ached for just one drag. But this time, fear won.

James found an unexpected ally in a local smoking cessation group in Aberdeen. Meeting others who were fighting the same battle helped him feel less alone.

He took up running—just short jogs along Aberdeen's beachfront at first, gasping for breath after just a few minutes. But each week, he got stronger. The first time he ran a full mile without stopping, he nearly cried. His kids noticed the change. "You don't smell like smoke anymore, Dad," his youngest said one evening. His wife, who had supported him through every struggle, hugged him tighter than she had in years.

It wasn't easy. Even a year later, the cravings still came in waves. But James had gained something he never expected: **self-respect**. He no longer woke up coughing. His energy had returned. His breath was deeper. **For the first time in decades, he felt free.**

And on a crisp Aberdeen morning, as he ran along the grey North Sea, lungs full of fresh air, he knew he had won.

Disclaimer: This information is provided for educational purposes only and should not be taken as medical advice. If you or someone you know is facing health issues, please consult with your health General Practitioner (GP).



Oliver Smith

ghost image and name



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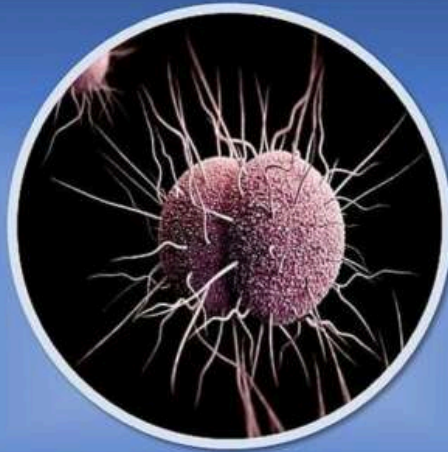
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Unseen Scars:

A Story of Three Women Fighting STDs in Aberdeen



Chlamydia



Gonorrhea



Syphilis

In a small Aberdeen café on a rainy evening, three women sat together, each stirring their tea absentmindedly. Their backgrounds were different—**Kasia**, a Polish waitress; **Thema**, a Ghanaian university student; and **Camila**, a Brazilian hairdresser—but they shared something they had never spoken about out loud: the silent struggle of living with **sexually transmitted diseases (STDs)**.

Kasia had moved to Aberdeen from Kraków, Poland five years ago. She was raised in a strict Catholic family, where sex was never discussed, let alone STDs. When she tested positive for chlamydia during a routine check-up, she felt an overwhelming sense of shame and fear.

Her first thought was, *What will my mother think?* Back home, STDs were whispered about in

judgmental tones, as if they were a punishment for being reckless. She didn't know how to tell her boyfriend, so she kept it a secret—until he started showing symptoms.

When she finally confessed, his anger was immediate. “*So you cheated on me?*” he spat. No matter how much she tried to explain, he refused to believe her. In the end, **she lost both her relationship and her self-confidence.**

For Thema, a **black African woman**, the stigma around STDs in her community was suffocating. In Ghana, where she grew up, **HIV was considered a curse**, a mark of irresponsibility.

She had been careful. Or so she thought. When she was diagnosed with herpes, she fell into a deep depression.

She **stopped attending social gatherings**, fearing someone would find out. When she tried opening up to an older Ghanaian friend in Aberdeen, the response was harsh:

"No decent man will want a woman with that."

Thema felt trapped between two worlds—the **Western openness about sexual health** and the **deep-rooted shame of her own culture**. Even though she was on medication and could manage her symptoms, **she feared love would never be an option for her again**.

Camila had always been confident, bold, and full of life. In Brazil, **sex was a natural part of life, but so was misinformation**. She grew up hearing myths like "Only promiscuous people get STDs" or "If you feel fine, you don't have an infection."

So when she started experiencing **severe pelvic pain**, she brushed it off. By the time she saw a doctor, the untreated **gonorrhoea** had already caused **pelvic inflammatory disease (PID)**, putting her fertility at risk.

Camila blamed herself—*Why didn't I get tested sooner?* She felt betrayed by her lack of knowledge. The worst part was telling her partner, who **accused her of being careless** and left her shortly after.

Sitting in that café, each woman carried **her own pain, her own story of loss, judgment, and regret**. But as they shared their experiences, something shifted.

Kasia realized she wasn't alone in her shame. Ayo understood that **her value wasn't defined by an illness**. Camila vowed to use her experience to educate others, to prevent another woman from facing the same fate.

They made a pact—to break the silence, to **challenge the stigma in their communities**, and to seek the love and respect they deserved.

That night, as they stepped out into the cold Aberdeen air, they weren't just three women fighting STDs. They were **three warriors reclaiming their voices**.

Sexually transmitted diseases (STDs) are common within ethnic minority communities and should be taken seriously. If you or someone you know is facing health issues, please consult with your health General Practitioner (GP). This information is provided for educational purposes only and should not be taken as medical advice.



Bernado Rodrigues
ghost image and name

Drowning in Silence:

A White Man's Battle with Alcoholism in Aberdeen



Jamie had his first drink at 14. It was a cold Friday night in Aberdeen, and his older cousin handed him a bottle of beer behind a pub. “A real man drinks,” his cousin had said, clapping him on the back. In his working-class Scottish family, alcohol wasn’t just a pastime—it was a rite of passage, a way to bond, to celebrate, and to grieve.

By the time he was in his 20s, alcohol was part of his daily life. Nights at the pub after work, rounds of whisky at family gatherings, a pint or two while watching football. No one questioned it. **In his culture, heavy drinking wasn’t a problem—it was normal.**

At first, Jamie convinced himself he had it under control. But slowly, the signs of alcohol dependence crept in. The morning shakes, the blackouts, the anger. His girlfriend, Laura, started noticing.

“You’re drinking too much, Jamie.”

“I’m Scottish. We all drink,” he’d snap back

But soon, it wasn't just the drinking—it was the things he couldn't remember. **The missed shifts at work. The arguments with Laura. The bruises from falls he couldn't recall.**

One winter night, after **one too many pints**, Jamie stumbled home. He barely remembered grabbing the car keys. The next morning, he woke up in a hospital bed. **A crash, a fence destroyed, a Breathalyzer reading off the charts.** No one else was hurt, but he had lost his license, his job, and, soon after, **Laura walked out too.**

That was the moment he couldn't ignore it anymore. His drinking wasn't just a habit—it was **a disease.**

Seeking help wasn't easy. **In his culture, men didn't talk about weakness.** He tried going to Alcoholics Anonymous in Aberdeen but walked out before speaking. The shame felt unbearable.

His father scoffed when he mentioned quitting. "*A real man can hold his drink.*" His mates still invited him to the pub. "*Just one won't hurt.*"

But Jamie knew the truth: **One was never just one.**

It took hitting rock bottom for Jamie to finally step into a **local support group** and stay. There, he met others who shared his struggle—men who had lost jobs, families, even their health to alcohol.

It wasn't easy. **The cravings, the loneliness, the whispers from old friends.** But for the first time in years, he was waking up **clear-headed, remembering his nights, rebuilding his life.**

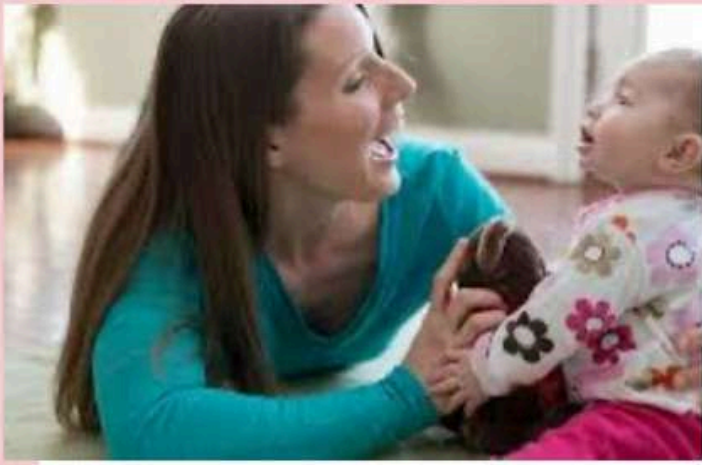
Two years sober, Jamie now **mentors others** battling alcohol addiction. He's learning to **rewrite the definition of masculinity**—not in pints and drunken nights, but in **strength, vulnerability, and resilience.**

The battle isn't over, but for the first time, Jamie isn't drowning. He's learning to swim.

Disclaimer: Above information is provided for educational purposes only, your General Practitioner (GP) should be the first point of contact.



Amy Rennie
ghost image and name



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The Last Love of Margaret Campbell

Margaret Campbell had spent most of her sixty years in Aberdeen, a city of cold winds and warm hearts. A retired schoolteacher, she had always been the type to put others before herself. Her days were spent reading, tending to her small garden, and volunteering at the local shelter. She had never married; love had eluded her, always slipping through her fingers like sand. But loneliness had a way of whispering to the soul, and Margaret had begun to listen.

One evening, as she sat alone with a cup of tea, her laptop glowing softly in the dim light, she received a message request on Facebook. The profile picture was of a ruggedly handsome man, his smile warm and his eyes kind. His name was Daniel Carter, an American engineer working on an offshore oil rig. Margaret hesitated before accepting the request, but something in her, something desperate for connection, made her click 'Accept.'

Daniel was charming, attentive. He told her he had been widowed five years ago, leaving him with a teenage daughter who was his world. His words were like poetry, weaving their way into the deepest corners of Margaret's heart. They spoke for hours, days, and then weeks. She felt young again, giddy in a way she had never known. The loneliness that had once haunted her seemed to fade away.

When Daniel first asked for money, it was subtle. His daughter, Mia, had fallen ill, and because he was offshore, he couldn't access his funds. It was just a small amount—Margaret barely thought twice. She wired him the money, feeling a sense of purpose, of being needed. But the requests continued. A delayed salary. A banking issue. A sudden emergency. Each time, Margaret told herself that love required trust. And she did trust Daniel. How could she not? He called her 'his angel,' sent her love letters filled with words so sweet they made her heart ache.

Her savings dwindled. She borrowed against her home, convincing herself that soon, Daniel would return, and they would be together. He promised her a life—a house by the sea, lazy Sunday mornings, a love she had only ever dreamed of.

Then, the inevitable happened.

Margaret's best friend, Elaine, grew suspicious. "Maggie, this isn't real," she pleaded. "Have you even seen him? Met him?"

Margaret grew defensive. Of course, she hadn't met him—his job was demanding. But he had sent her photos, videos. He was real. He had to be.

The seed of doubt planted itself deep within her, though she tried to ignore it. One night, heart pounding, she reverse-searched Daniel's images. Her breath caught in her throat as dozens of profiles appeared, all using the same pictures. Different names. Different lives.



It was a lie.

Her love, her Daniel, was nothing more than a stranger hiding behind stolen photos. The realization shattered her. She wanted to scream, to tear the walls down around her. But more than anything, she wanted it not to be true. Because if it was a lie, then she had nothing. If it was a lie, then she had lost everything.

She confronted him, typing out a message with trembling fingers. The response was cold, different from the man she thought she knew.

“You were stupid to believe it,” he wrote. “But thanks for the money.”

A week later, Margaret was found in her home, the gas from the oven filling the air, an empty bottle of pills on the floor. The note beside her simply read:

“I just wanted to be loved.”

Her funeral was small, attended by those who had cared for her but never realized how alone she had felt. Elaine wept for her, whispering apologies to the wind. No one knew the full extent of how much Margaret had lost—not just the money, but her dignity, her hope, her life.

The world moved on, as it always did. But for Margaret Campbell, the last love she had ever known had been a lie. And in the end, it had cost her everything.

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Freya Anderson
ghost image and name



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The Man with Three Names



In the heart of Aberdeen, where the cold North Sea wind carried whispers of love and heartbreak, three women—Ama, Sofia, and Lihua—found solace in each other. They were more than friends; they were sisters in the struggle of modern dating.

Ama, 35, a sharp-witted financial analyst from Ghana, had built a life of stability but longed for a love that felt like home. Sofia, 39, a Brazilian chef, was passionate, adventurous, and desperate to find someone who wouldn't leave her heart in pieces. Lihua, 37, a delicate and introspective artist from China, had spent years searching for a love as deep and beautiful as her paintings.

They had tried it all—dating apps, speed dating, social gatherings—yet love remained elusive. That was until they each met the man who changed everything.

Ama met David. He was kind, ambitious, and always knew the right words to say. Within months, he made her believe in forever, and when she discovered she was pregnant, she thought fate had finally smiled on her.

Sofia met James. He was romantic, spontaneous, and made her laugh in a way no one else ever had. She fell fast, believing she had finally found someone who matched her passion. When she saw the two pink lines on her pregnancy test, she knew their love story was meant to be.

Lihua met Ryan. He was patient, thoughtful, and admired her art in ways no man ever had. He spoke about their future, about raising a family together, and when she told him she was expecting, he held her and whispered, “This is everything I’ve ever wanted.”

Three women. Three names. One man.

The truth unravelled one evening over dinner at their favorite café.

Ama, glowing with excitement, raised her glass. “To love and new beginnings. David and I are having a baby.”

Sofia nearly dropped her fork. “Wait. Did you say David? My James and I are expecting too.”

Lihua’s smile faded. “That’s... impossible. Ryan and I are also having a baby.”

Silence. Stunned expressions. And then the realization hit like a crashing wave.

The same eyes. The same promises. The same love, but under three different names.

Shock turned to rage. Rage turned to heartbreak. The betrayal was too deep, too cruel. When they confronted him, David-James-Ryan vanished, his phone disconnected, his presence erased as if he had never existed.

But Ama, Sofia, and Lihua were not broken. Their love for each other became their strength. They wiped each other’s tears, held each other’s hands through doctor’s appointments, and stood together through every fear and doubt.

Nine months later, three babies were born—three innocent souls connected by a man who had disappeared but bound forever by the unbreakable bond of their mothers.

Love had deceived them, but sisterhood had saved them.



Mei Wang
ghost image and name

The Silent Battle of Thomas Abebe



Thomas Abebe had always been a fighter. Born to Ethiopian immigrants, he had built a life in Aberdeen through sheer determination. At 42, he was a man of quiet resilience, a dedicated father, and a hardworking taxi driver who knew the city's streets like the back of his hand. But beneath his warm smile and calm demeanor, Thomas was waging a silent war—one that no one truly understood.

Type 2 diabetes had crept into his life like a thief in the night. At first, it was just fatigue, then the unquenchable thirst, the unexplained weight loss. He dismissed the symptoms, blaming them on long shifts and stress. A doctor's visit confirmed what he feared but refused to accept: his blood sugar levels were dangerously high, and he needed to make changes—immediately.

But life didn't slow down for Thomas. His wife had left years ago, leaving him to raise their teenage son, Daniel, alone. He worked late hours to put food on the table, often grabbing quick meals from fast-food joints, promising himself he'd eat better "tomorrow." He skipped medications when money was tight, prioritizing his son's school fees over his own health.

Then came the numbness in his feet, the slow-healing wounds. His vision blurred more frequently. His son noticed.

“Dad, you need to rest,” Daniel begged one evening as Thomas massaged his swollen legs.

“I’ll be fine, son,” he reassured, forcing a smile. “Just a little tired.”

But he wasn’t fine.

One freezing December night, Thomas collapsed behind the wheel of his taxi, parked outside a convenience store. He had stepped out for a quick break, but his body had other plans. A passer-by found him slumped over, unconscious. By the time paramedics arrived, his pulse was weak, his breathing shallow. A diabetic coma had taken hold.

Daniel rushed to the hospital, his heart pounding as doctors worked to stabilize his father. But years of neglect had taken their toll. His organs were failing. The damage was irreversible.

Two days later, Thomas took his last breath. Daniel held his father’s cold hand, tears streaming down his face. The man who had given everything, who had fought for their future, was gone.

At the funeral, friends and fellow taxi drivers shared stories of Thomas’s kindness, his laughter, his unwavering dedication. But beneath the eulogies lay an unspoken truth—Thomas had died not just from diabetes, but from the weight of sacrifice, the burden of putting everyone else before himself.

As Daniel stood over his father’s grave, he made a silent vow: He would live. He would fight the battles his father couldn’t. And he would tell his father’s story, so no one else would have to suffer in silence.

Disclaimer: Above information is provided for educational purposes only, your General Practitioner (GP) should be the first point of contact.



Fatima Siddiqui
ghost image and name

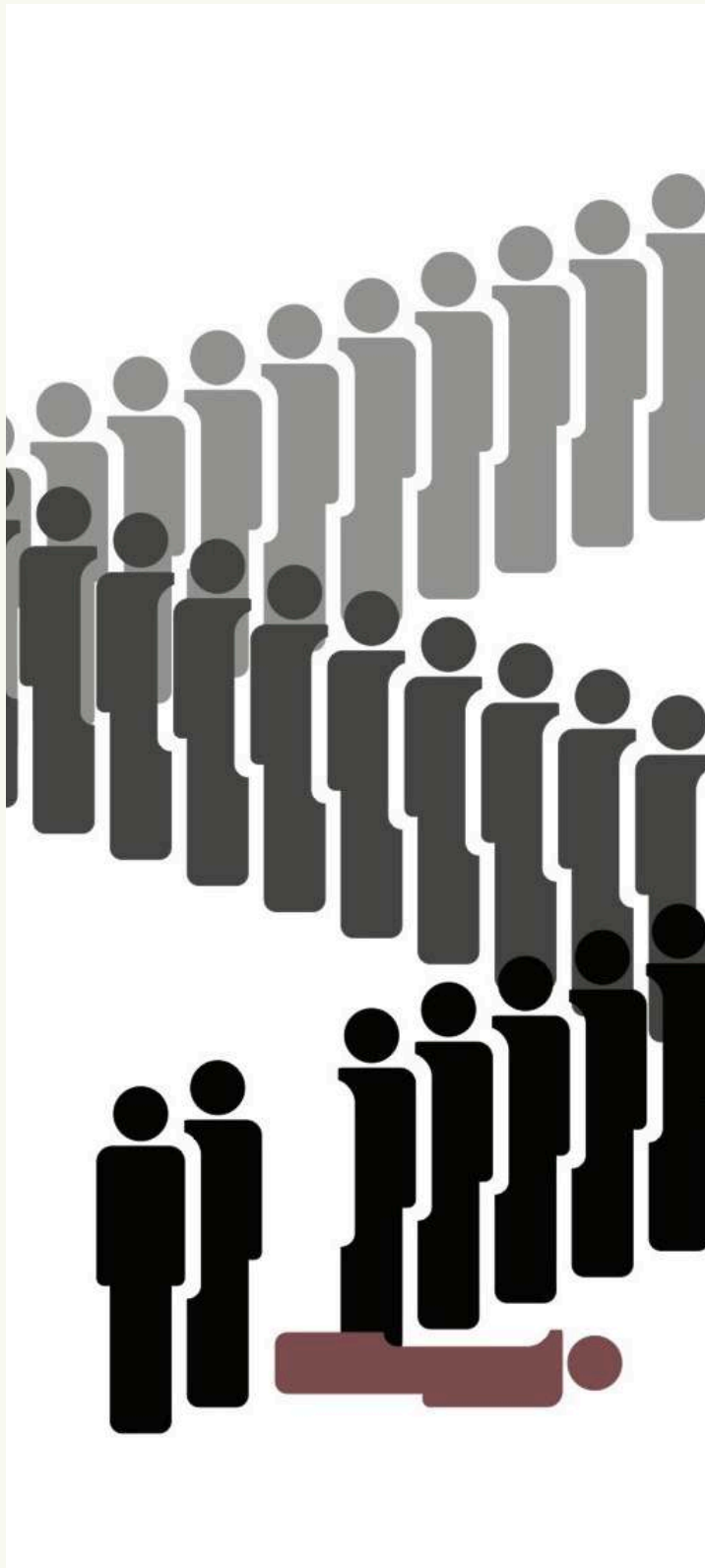


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Lost in the Waiting



Nadia Ibrahim had dreamed of a better life when she left Somalia for Aberdeen. She had imagined safety, opportunity, and a future where she could build something greater than the war-torn streets she had once called home. But dreams and reality rarely aligned.

At 47, Nadia was a shadow of the woman she once was. The fatigue had started subtly—deep, aching exhaustion that no amount of sleep could cure. Then came the weight loss, the persistent cough, and the stabbing pains in her chest. She knew something was wrong, but where could she go?

The healthcare system was supposed to help her. But help, she learned, did not always come easily.

The Waiting List

Her first visit to the GP had been months ago. A brief consultation, a few notes scribbled down, and then the dreaded words: “We’ll refer you to a specialist.” A referral meant waiting. Waiting meant suffering. And suffering meant hoping she would still be alive by the time they called her name.

Each day, the pain worsened. She coughed up blood one morning and rushed to the hospital. The A&E was packed—rows of exhausted patients slumped in chairs, a tired receptionist repeating the same phrase: “*There’s a long wait.*”

Nadia waited for hours. The nurses were kind but overwhelmed. When a doctor finally saw her, he ordered tests, prescribed painkillers, and told her to wait for her specialist appointment. She wanted to scream.

Health Inequalities

If she had been wealthier, if she had private insurance, she would have been seen immediately. She had read about people who could afford faster treatment, who didn't have to pray that their body wouldn't give out before their name was called. But she was an immigrant, living pay check to pay check, working long hours as a cleaner just to afford rent.

Her health didn't care about her income. But the system did.

Language and Cultural Barriers

English had never been Nadia's strongest language. She could hold conversations, understand basic instructions, but medical jargon? The words blurred together. She struggled to explain her pain, struggled to understand what the doctors were telling her. There were no Somali translators available that day. A nurse spoke slowly, as if she were a child, and handed her a leaflet she could barely read.

She nodded, pretending she understood, because asking again felt humiliating.

The Breaking Point

One evening, she collapsed in her tiny kitchen. The world spun, her breath coming in ragged gasps. Her teenage son, Adam, found her on the floor and called an ambulance.

By the time she reached the hospital, it was almost too late. The infection in her lungs had spread. Septic shock had begun to shut her body down. Doctors scrambled to save her, pushing fluids, oxygen, antibiotics. A consultant muttered that if she had been seen sooner, if she had been treated weeks ago, she wouldn't be fighting for her life now.

Nadia survived, but just barely. When she awoke, weak and frail, Adam was beside her, his eyes red from crying.


"You almost died, Mama," he whispered.

She knew. She had almost been another statistic—another immigrant lost to the cracks in the system, another name on a forgotten waiting list.

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James Balogun
ghost image and name



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More than entertainment:

Why engaging with the arts is essential for your health



Have you ever stopped to wonder why listening to a certain song helps calm you down when you're stressed? Or why picking up a pen to doodle helps focus your thoughts when you've got too much going on?

The arts have an incredible power to help us. They are not just entertainment; they bring us joy, move us to tears, and allow us to heal. Whether you are engaging as a practitioner or student or audience member they enrich our lives.

A 2019 World Health Organization study stated that activities such as “making and listening to music, dancing, art and visiting cultural sites are all associated with stress management and prevention, including lower levels of biological stress in daily life and lower daily anxiety.”

But how exactly do they help?

“From a counselling perspective, often at the heart of stress and mental ill health is a loss of connection,” said Laura Simmons, counselling services manager at Mental Health Aberdeen.

“And what the arts do really well is connect people to others. Whether listening and engaging with music, theatre, art classes – everything is about connecting with yourself and with others.



“We are living today in quite an individualistic society. Forty or fifty years ago, communities were built around religion but things have changed. Art is almost a replacement for that now, allowing people to engage and connect and come together.”

Here at Aberdeen Arts Centre, we see that in action every day – from the audiences that come to see our shows, to the local performing groups that grace our stage, to the participants in our Creative Learning programme that are trying something new. We’re creating a community that supports each other and encourages each other to succeed.

A study published in BMC Public Health in 2020 concluded that “frequent arts participation and cultural attendance were associated with lower levels of mental distress and higher levels of life satisfaction, with arts participation additionally associated with better mental health functioning.”

That’s what art is all about – whether drawing, painting, acting, or anything else. It’s about expressing yourself; it’s about communicating a feeling. And expressing our feelings is the first step to being mentally healthy.

In art there’s no such thing as the wrong answer – but that doesn’t stop us feeling like that sometimes. Art doesn’t necessarily need to be created for others to view; it can be a shared experience or a deeply personal one or a combination of both. It can be a participatory experience, or an observational one. It can be whatever you want it to be.

Laura said: “It’s easy to feel a fear of getting things wrong, and to let that become a barrier to getting involved in the arts. A beautiful blank sheet of paper in front of you can create almost a kind of paralysis and it’s easy to think, ‘I can’t start that, I might mess it up.’”

“I see that coming from quite a childlike place; from kids being given into trouble when they make a mess. High expectations from teachers and parents and those sort of authority figures are really influential over the voices we internalize as adults. Often when adults say they can’t or shouldn’t do something, they’re hearing those voices from their childhood.”

At Aberdeen Arts Centre we are working hard to remove those perceived barriers; to break down that negative self-talk and encourage our community to try something new.

We're firm believers in lifelong creative learning, so our classes are open to people of all ages – from 0-100 and everyone in between.

“Creativity is an interesting thing as a concept,” explained Laura. “American academic Brené Brown speaks about it as a core aspect of being human. And I didn't identify as creative for a long, long time – but it is actually so important for us as human beings.

“Despite my mother being an artist, I don't consider myself to be artistic – but I do see myself as a creative person. I love going to concerts and to the theatre, but I wouldn't dream of picking up a paintbrush. So it's about finding a creative identity that fits you, whether it's getting involved with classes and performances or as a consumer.”

So whether you are an artist-in-waiting or a keen theatre-goer, our advice to you is to get involved; to find your way of engaging with the arts.

Laura concluded: “Funding for the arts is always at risk. From the outside, grassroots and community-focused arts groups aren't seen by elected officials as core health and social care provision. But actually they are vital for the health and wellbeing of our communities.

“And it's not just service users and participants that reap the benefits and get that sense of connection and belonging; it's the staff, the volunteers, everyone involved.”

Get involved in the arts at Aberdeen Arts Centre

Throughout the year, Aberdeen Arts Centre offers an exciting programme of drama, musicals, comedy, live music, dance, pantomime and so much more.

The centre also provides a full creative learning programme, offering classes in:

- Drama, street theatre, creative writing, illustration, crafts and storytelling for young people and their families
- Drama, mixed media art and songwriting for adults.

To find out what's on, sign up to a class or become a volunteer, visit www.aberdeenartscentre.com

Find out more about Mental Health Aberdeen's support services at www.mha.uk.net

ABERDEEN ARTS CENTRE



#SaveAberdeenArtsCentre

Keep The Spotlight Shining On Your Creative Community

Since its inception, Aberdeen Arts Centre has been a creative lifeline for local performers, artists and audiences alike. It is home to 35+ local performing groups that regularly perform on the stage, as well as providing Creative Learning opportunities for all ages and Artist Development support for professional creatives. There is no other venue in Aberdeen that can accommodate the size of casts and companies that perform at the Arts Centre. Through donations and subsidies, we've kept our venue accessible, ensuring the arts remain a vibrant part of our city.

The cost of running the centre has surged in recent years, creating a critical funding gap. The team has recognised the need to diversify our income streams and is actively implementing a sustainable financial strategy to secure the future of the Arts Centre. However, as we work to establish this plan, we've had to temporarily rely on our reserves – something common in the arts sector but which unfortunately affects our eligibility for certain funding. Your support will secure the future of grassroots arts in Aberdeen.

We need to raise £180,000 by 1 July 2025 to return the organisation's reserves to a sustainable level ahead of a council debate, at which the elected members can choose to reinstate funding to Aberdeen Arts Centre. This initial target is part of a larger £660,000 fundraising goal for the next three years, getting the Arts Centre to a position where the team can apply for Creative Scotland's Multi-Year Funding portfolio.

How To Donate

- **Online** - You can donate via JustGiving - <https://justgiving.com/campaign/saveabereenartscentre>
- **Cash or Cheque** - If you have a cash or cheque donation you'd like to hand in, please visit at 33 King Street in the centre of Aberdeen, Scotland — close to the Castlegate end of the city's main thoroughfare, Union Street. Cheques should be made payable to Castlegate Arts Ltd.
- **Bank Transfer** - If you'd like to make a bank transfer, please contact our fundraiser, Julia Smith julia@aberdeenartscentre.com
- **Buying Tickets** - You can purchase tickets for any of our shows from <https://www.aberdeenartscentre.com/whats-on>

Aberdeen Arts Centre isn't just a building—it's a living testament to community spirit. From its historic doors once again echoes the promise of tomorrow's artists. Let's ensure it continues to inspire.



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From Lagos to Aberdeen:

A Digital Storyteller's Journey through Health and
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So, while I may not wear a white coat or wield a stethoscope, I hold a different kind of tool: the power of storytelling. And in a city like Aberdeen, where history and modernity collide, these stories matter. They inform policies, bridge communities, and, most importantly, remind us that behind every healthcare statistic is a person with a voice worth hearing. And that is a story worth telling.



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Complaints in the NHS: Your Right to Speak Up in Aberdeen

At the heart of a fair and inclusive health system is **your voice**. If you or someone you know has experienced poor treatment, discrimination, or unsafe care within the **NHS in Aberdeen**, you have the **right to raise concerns**—safely and with dignity.

This includes anyone affected by or working within the NHS who identifies as:

- From an **ethnic minority background**
- Living with a **disability**
- **LGBTQ+** (including trans and non-binary people)
- Of any **faith, belief or no belief**
- Older or younger individuals
- Pregnant or new parents
- In a **marriage or civil partnership**

COMPLAINTS: If You Are a Patient, Carer or Family Member

You can make a complaint if you feel:

- You were **discriminated against or treated unfairly**
- You received **poor or unsafe care**
- Your culture, language, or accessibility needs were ignored
- You experienced **racism, homophobia, ableism** or any other form of prejudice

Kindly use Influence complaint platform for the above.

WHISTLEBLOWING: If You Work in the NHS or a Related Service

If you are an NHS employee or contractor and you've witnessed:

- **Neglect or abuse of patients**
- **Discrimination or bullying of staff or service users**
- **Unsafe working conditions or cover-ups**

You can **speak up confidentially**.

Protected by law under the **Public Interest Disclosure Act**, whistleblowers can raise concerns without fear of losing their job.

If you're part of a **minority ethnic group or protected community**, it's common to fear not being believed or taken seriously. But **you matter**, and **your experience counts**.

Everyone in Aberdeen deserves NHS care that is safe, respectful, and inclusive.

Don't stay silent. If something feels wrong — say something.

Your voice could protect someone else.

Kindly use Influence whistleblowing platform for the above.

Forgotten Riches, Forgotten Lives



When Kofi Mensah died in his Aberdeen flat, the world barely noticed. There was no obituary, no mourning family gathered at his bedside. Just a cold, empty room and the quiet hum of a television still playing the news. His body lay undiscovered for days until a neighbor, concerned by the smell, called the authorities.

Kofi had come to Scotland from Ghana nearly forty years ago. He had arrived with nothing but a suitcase and dreams of a better life. He worked tirelessly—first as a dishwasher, then as a mechanic, and finally as the owner of a small but successful auto repair shop. Through years of sweat and sacrifice, he built a life, a business, and—though few knew it—a quiet fortune.

But when he died, all of it—his home, his money, his investments—became unclaimed.

No next of kin. No will. Just a legacy vanishing into bureaucracy.

A Wealth No One Claimed

As the government processed his estate, officials tried to find relatives. They checked records, placed notices, but no one came forward. In Ghana, Kofi had once had siblings, cousins, distant family members, but time had erased the connections. He had outlived the ones he had loved, and the ones who might have known him had long forgotten his name.

So, the system did what it always did—it took. The money he had spent a lifetime earning was absorbed by the state. His home, the one he had dreamed of retiring in, was auctioned off. The business he had nurtured was sold, its profits swallowed by legal fees and administrative costs.

Not a single penny reached the land he once called home.

The Lost Voices

Kofi was not the first, nor would he be the last. Across Scotland, across the UK, African migrants who had built their wealth through years of toil were dying alone, their estates unclaimed. Some had lost touch with their families; others had been too busy surviving to think about wills and legal paperwork. The wealth they had bled for never reached the hands of their people.

And back home, in small villages and distant cities, families continued to struggle—unaware that a father, a brother, an uncle had left behind something that could have changed their lives.

A Final Injustice

Had Kofi known how it would end, would he have done anything differently? Would he have written his brother's name on a piece of paper, found a lawyer, left a note in a drawer saying, *This belongs to my family?*

Perhaps. But he had always believed he had more time.

And so, his fortune disappeared, his story became another file in a forgotten archive, and the wealth of a lifetime slipped away—not into the hands of those who needed it, but into a system that never knew his name.

Thousands of people die every year in the United Kingdom without leaving a will or identifying next of kin, and their estate will eventually be claimed by the UK government. UK government maintains a public Unclaimed Estates List that is updated daily—<https://www.gov.uk/unclaimed-estates-bona-vacantia>



Aditi Sharma
ghost image and name

Nurturing Yourself While Raising Others

Parenting is one of the most rewarding experiences in life, but it's also one of the most mentally and emotionally demanding. Between sleepless nights, tantrums, school projects, and the constant worry about raising well-adjusted children, parents often forget one crucial thing: their own mental health.

Many parents put their needs last, believing that self-sacrifice is the essence of good parenting. The harsh truth is that it is. There is no way it could be otherwise.

However, completely neglecting your own well-being can lead to burnout, anxiety, and even depression, which ultimately affects both you and your children. So, how can parents prioritize their mental health while raising a family?

1. Acknowledge That Parenting is Hard—And That's Okay

Parenting comes with pressure from all sides—society, social media, and especially our own expectations. It's important to acknowledge that parenting is tough and that struggling doesn't make you a bad parent. Instead of aiming for perfection, focus on being present and doing your best.

2. You might not feel as you would expect

Emotions can be all over the place, from feeling angry or frustrated to happiness and crying. It's totally normal to feel these things, and they don't mean you're a bad parent. If it gets too much, it's okay to ask for help.

3. Your Relationship is still important

The relationship between you and your partner will not be the same. Learning who you are as a parent, while learning who you are as parents takes time. Leaning on each other is so key to making it through these tough times together.

Not hearing each other can be just as bad as not talking to each other. Remember you are a team and give yourselves space for your relationship in the chaos.

4. Let Go of Parental Guilt

Guilt is one of the biggest stressors for parents. Whether it's missing a school event, ordering takeout instead of cooking, or taking a break for yourself, parents often feel guilty for not being "enough." But the truth is, children don't need perfect parents; they need happy, healthy ones.

Remind yourself that self-care isn't necessarily selfish—it's necessary. Taking time for your own mental and emotional needs allows you to be a more patient, present, and loving parent.

5. Make Time for Yourself

Between work, household responsibilities, and caring for your children, alone time might seem impossible. However, even 10-15 minutes a day of doing something you enjoy—reading, exercising, meditating, or just sitting in silence—can significantly improve your mental well-being.

If possible, schedule regular breaks, whether that's a night out with friends, a quiet bath after bedtime, or a hobby you enjoy. These moments help recharge your emotional battery.

6. Open Communication

Many parents struggle silently because they feel ashamed or fear judgment. However, talking about your mental health—whether with a trusted friend, a therapist, or a support group—can be incredibly healing. Normalizing these conversations also teaches your children that emotions might not always be positive and that seeking help is okay.

7. Build a Support System

No one should parent alone. Whether it's a partner, family, friends, or a support group, having people to lean on can make all the difference. If you're feeling overwhelmed, don't hesitate to ask for help. A strong support system can provide reassurance, encouragement, and sometimes even a much-needed break.

If stress, anxiety, or depression become overwhelming, seeking professional help is a sign of strength, not weakness. Therapy or counselling can provide valuable coping strategies and support tailored to your unique challenges as a parent.

8. Model Healthy Coping Strategies for Your Kids

Children learn by example. By prioritizing your mental health, practicing self-care, and handling stress in healthy ways, you teach your children the importance of emotional well-being. This helps them develop their own healthy coping mechanisms as they grow.

Parenting is a journey filled with love, challenges, and learning experiences. But to give your children the best version of you, you must take care of yourself too. By prioritizing your mental health, you not only enhance your well-being but also create a healthier, happier environment for your family.

So, take that deep breath, release the guilt, and remember: a mentally healthy parent is a better parent. You are doing enough, and you are enough.



Kaylea Kidd



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Grampian Community Law Centre



Who are we?

The Grampian Community Law Centre (GCLC) is a student led legal clinic founded in 2013 which is part of the Robert Gordon University (RGU), School of Law and Social Sciences. Our student advisors volunteer in the clinic work under the supervision of qualified solicitors and legal academics to provide pro bono assistance to members of our local community in the North-East of Scotland and Orkney.

We pride ourselves on providing free, confidential and reliable legal advice to persons within our community in need and who would otherwise be unable to afford or access such support.

GCLC in Focus:

At GCLC one of our primary areas of focus is engaging with and supporting the local community. To achieve this, we hold one-to-one appointments for the Community Clinic at the RGU campus in Garthdee and for the Torry Clinic held at the Torry Medical Practice. These consultations allow us to assist our clients with their legal issues, offering them support which they may not have been able to receive otherwise. We are also able to provide virtual appointments for those who are not able to attend in person, but also to the community in Orkney, where access to legal advice and assistance is limited, via our Virtual Orkney Clinic.

We have actively supported the residents of Balnagask during the RAAC crisis to help them to understand their legal rights during this difficult time. Additionally, we are proud to partner with other agencies to enhance the support and assistance that we can offer. This includes our collaboration with the Environmental Law Foundation (ELF), which connects us with clients seeking assistance on environmental matters as well as assisting with ELF legal research. We are also proud to work with the Blide Trust in Orkney, who are a mental health charity, to help vulnerable members of Orkney access essential legal advice.

Beyond our advisory services we organise and participate in fundraising events, such as the Aberdeen Legal Walk. The initiative supports and raises funds for the Access to Justice Foundation, to ensure vulnerable people can access the legal help and support they need. It is also a great fun opportunity to allow members of the local community to come together - in attendance are students and lecturers from both RGU and Aberdeen University, legal professionals, and members of the public all taking part.

We will be holding our walk again this year on 8th October 2025, so be sure to save the date! For more details please see:

<https://www.rgu.ac.uk/events/events-2025/7920-aberdeen-legal-walk>

Our clinics:

- Community Clinic, serving the Northeast of Scotland.
- Torry Clinic, based in the Torry Medical Practice
- Scotland's First Climate Clinic,
- Virtual Clinic for Orkney.

We can offer advice on:

General social welfare law, which includes (but is not limited to) housing, consumer issues, immigration and employment law to those who are on reduced incomes (who earn less than £25,000 per year and who have less than £2,000 in savings).

Unfortunately, we cannot help with criminal law, divorce, complex family or child protection matters, tax law and financial advice, conveyancing, trust/wills/executories. We also do not offer legal representation in court or at tribunals.

Get in touch!

We operate on an appointment only basis, so if you have a legal query and you need assistance, please secure your appointment with us today!

We can be reached at
GCLC@rgu.ac.uk

Website: www.rgu.ac.uk/gclc

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