

Health Issues of Indian Army Veterans: A Socio-Analytical View

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ABSTRACT

Objective: The Indian Army has its own values, customs, traditions, standards of behaviour, standards of discipline, teamwork, loyalty, selfless duty, rank, identity, etc. All these things are taken into account and followed by a person when he is getting recruited to the Indian Army. But when a person retires from the service of the Indian Army and tries to re-establish himself in society, he has to face many problems due to various things like the policy, rules, customs, traditions, etc. of the society. Among various problems, one is health. The objective of this study is to analyze the health problems of retired members of the Indian Army.

Method: The data for the present study have been collected from 200 Indian Army veterans (also known as ex-servicemen) belonging to the two tehsils of Muzaffarnagar district, Uttar Pradesh, India. The primary data have been collected by using an interview schedule and observation techniques consisting of both quantitative and qualitative responses. The respondents have been selected by using snowball sampling. The data have been analyzed using SPSS.

Results: Most of the Indian Army veterans reported good mental health, but most of the veterans suffered from non-communicable or lifestyle diseases in their physical health, and the majority of the veterans have social health issues. On further analysis, it was found that most respondents with non-communicable diseases were suffering from cardiac problems, B.P. problems, etc.

Conclusion: It is a widely discussed phenomenon that a person's physical health remains good in the Indian Army, but no one pays attention to what his health is like after he retires from the Indian Army. This study shows that after retirement, the social and physical health of veterans is not good.

Keywords: Indian Army, Indian Army Veterans (Ex-servicemen), Health, Veterans Health Issues, Social Health.

1. INTRODUCTION

The concept of health presents a form of ambiguity because it is multidimensional,

complex, and sometimes elusive. Notwithstanding this, various scholars, apart from the definition given by the WHO, have defined the concept. WHO (1948) defined

“health as a state of complete physical, mental, and social well-being, not merely the absence of disease and infirmity”. The definition is holistic, and it presents three major interrelated components of health-physiological (The functionality of the body's biological system), mental (The human psychological, emotional, and intellectual state), and social (The ability to connect & function as a member of society) [3].

The Indian Army is the land-based branch and the largest component of the Indian Armed Forces. The primary mission of the Indian Army is to ensure national security and unity of the country. It defends the nation from external aggression and internal threats to maintain peace and security within its borders. Moreover, it also conducts humanitarian rescue operations during natural calamities and other disturbances [7].

The Indian Army is one of the biggest armies in the world. To keep the Indian Army a youth profile, the Indian Army essentially releases thousands of personnel every year. Such personnel who are released from the Indian Army, are called ex-servicemen or veterans. Veterans are a unique group who are well-trained, disciplined, and dedicated to duty. The term veterans or ex-servicemen have been defined differently, by the government authorities in India, during various periods. In the present study, the meaning of Veterans or ex-servicemen refers to a person who has served in any rank whether as a combatant or non-combatant in the regular Indian Army, and has either retired/relieved/discharged from such service whether at his request or on medical grounds or completion of his/her service years. This definition thus formulated for the present research has been adopted to

make sure homogeneity within the population under study so that generalizations are often made with reasonable accuracy. In doing so, the researcher has tried to concentrate the discussion on the specified category of veterans i.e. Personnel below officer ranks (PBORs) to have an in-depth analysis.

1.1. The Rationale of the Problem

The sudden entry of veterans into civil society causes them to face many problems in their day-to-day activities. Throughout the service period, personnel belonging to the Indian Army remain in a protected organizational system. Their interpersonal relationships and conduct with other peers are governed by well-defined rules and norms. If we apply the system theory, the Indian Army is for the most part a closed group compared to civilian society, which can be considered as an open group for all practical purposes. For most of their period of service with the Indian Army, its personnel are cut off from the realities of the civilian lifestyle. Therefore, veterans have to face a lot of problems in re-establishing civil society. One of which is a health issue. This study has analyzed the health issues that veterans face after being re-established in society.

There have been many studies on dealing with the veterans such as – on resettlement (K Maharajan and B Subramani, 2014^[9]; Haibach J.P....et al., 2016^[5]; Phuyal N et al., 2015^[15]; Sharma MR and Jain D, 2020^[16]), lifestyle disease (Higgins D.M. ...et al. 2012^[6]; Williamson V ...et al., 2019^[20]), the impact of changing socio-economic norms (Gokhale N.A., 2013^[4]; Patel P. ...et al., 2010^[14]), military service later in their life (Morin R.,2011^[11]), and awareness level (Olenick M...et al., 2015^[13]; Oster C...et al., 2017^[14]). But

despite some studies on veterans, there is probably no sociological study that focuses on the health problems of veterans from the Indian Army. Therefore, there is a need to conduct such type of study, which explores the socio-economic profile, service profile, and health issues of Indian Army veterans.

1.2. Objectives of the Study

In light of the above-mentioned framework of following objectives will be undertaken-

1. To assess the socio-economic profile of the Indian Army Veterans.
2. To analyze the service profile of the Indian Army Veterans.
3. To highlight the health issues of the Indian Army Veterans.

The first objective takes note of the socio-economic profile of the Indian Army Veterans in terms of age, religion, caste, level of education qualification, Nature of family, and agricultural land. The second objective takes note of the service profile of the Indian Army veterans in terms of age at joining, age at release, and rank at the time of release, and retirement period. The third objective takes note of the health issues of the Indian Army Veterans in terms of physical health issues (communicable disease & non-communicable diseases), mental health issues, and social health issues (social compatibility & social acceptability).

2. MATERIALS & METHODS

2.1. Research Methodology

Research methodology is a method of solving research problems systematically and scientifically. More specifically, it is about how a researcher systematically creates a blueprint to ensure valid and reliable results that address the objectives of the research. This research has much

relevance for veterans of the Indian Army. Further, this study is focused on veterans up to the rank of Junior Commissioned Officers (JCOs) released from the Indian Army. This extensive research is both descriptive and conclusive.

2.2. Sampling Design

The universe for this study comprised the veterans of the Indian Army. The sampling design involved a unique combination of multi-stage sampling and snowball sampling. In the first stage, the state of Uttar Pradesh was preferred that housed more than eighty-two percent of the Indian Army veterans population in the Armed Forces [8]. Stage two involved the selection of the Muzaffarnagar district. The third stage involved the selection of two Tehsils (Khatauli and Budhana) in the Muzaffarnagar district. The next stage tries to choose villages of two Tehsil in Muzaffarnagar district. Further, snowball sampling was adopted to draw samples from two sampling frames representing the two Tehsil. An individual Indian Army veteran of the district represented the sampling units. Thus, the sample size was computed at a total of 200 veterans, which included 100 from Khatauli Tehsil and 100 from the Budhana Tehsil. Therefore, the collective results of the study can be generalized to the Indian level for further study.

2.3. Sources of Data

The study is unique and probably the first of its kind in studying the health issues of Army veterans in India. Hence, secondary data were collected from conventional media like the book on health and Indian Army, Ex-servicemen guidebook, and over the internet in the form of articles, online documents, and relevant websites. The

primary data, consisting of both quantitative and qualitative responses, were collected from the Indian Army veteran respondents through an Interview/ schedule guide.

3. ANALYSIS, RESULTS & INTERPRETATIONS

In the present study, both quantitative and qualitative data have been collected, which have been analyzed based on statistical techniques such as grouping, coding, tabulation, classification, etc.

3.1. Socio-economic Profile of the Indian Army Veterans

It is a well-established fact the socio-economic profile of the respondents plays an important role because it affects every aspect of Veteran's day-to-day activities and an analysis of the socio-economic profile of the Indian Army veterans is important to understand further analysis and results of this study. It is in this context table 1 tries to analyze the socio-economic profile of the veterans.

Table 1. Analysis of the Socio-economic Profile of the Veterans

Profile of the Veterans	No. of Veterans (n=200)	Overall Percentage %
Age		
30-45 Years	24	12.0
46-60 Years	68	34.0
61-75 Years	74	37.0
76 and Years	34	17.0
Religion		
Hindu	182	91.0
Muslim	18	09.0
Caste		
Brahmin	08	04.0
Jaat	122	61.0
Gujjar	40	20.0
Valmiki	24	06.0
Muslim Jaat	18	09.0
Level of Education		
Primary (01-05)	24	12.0
Secondary (06-12)	160	80.0
Tertiary (U.G/P.G)	16	08.0
Marital Status		
Married	148	74.0
Unmarried	06	03.0
Divorced	10	05.0
Widower	36	18.0
Nature of Family		
Joint	152	76.0
Nuclear	48	24.0
Agriculture Land		
Yes	196	98.0
No	04	02.0

The table clearly illustrates the count (number of veterans) and percentage concerning the categories of age, religion, caste, level of education, marital status, nature of family, and agricultural land. From the table it can be observed that the majority

(54 %) of the veterans were above 60 years of age, following (91 %) Hindu religion, belonging (61 %) to the Jaat caste with the majority (80 %) having secondary education. A majority of the veterans (74 %) were married and (76 %) lived in joint

families with (98 %) the majority of the veterans having agricultural land.

3.2. Service Profile of the Indian Army Veterans

Service profile refers to a set of characteristics describing an individual's

service rendered in an organization. An analysis of the service profile of the Indian Army veterans is important to understand their health problems.

Table 2. Analysis of Service Profile of the Veterans

Profile of the Veterans	No. of Veterans (n=200)	Overall Percentage %
Age at Joining		
<i>18 Years and Below</i>	44	22.0
<i>19 to 20 Years</i>	98	49.0
<i>21 to 22 Years</i>	46	23.0
<i>23 Years and Above</i>	12	06.0
Age at Release		
<i>30 Years and Below</i>	04	02.0
<i>31 to 35 Years</i>	42	21.0
<i>36 to 40 Years</i>	86	43.0
<i>41 to 50 Years</i>	28	14.0
<i>More than 45 Years</i>	40	20.0
Length of Service		
<i>15 Years & Below</i>	10	05.0
<i>15-20 Years</i>	116	58.0
<i>21-25 Years</i>	36	18.0
<i>Above 25 Years</i>	38	19.0
Rank at the Time of Release		
<i>Jr. Commissioned Officers</i>	40	20.0
<i>Subedar Major</i>	10	05.0
<i>Subedar</i>	16	08.0
<i>Naib Subedar</i>	14	07.0
<i>Non-Commissioned Officers</i>	160	80.0
<i>Havildar</i>	60	30.0
<i>Lance Havildar</i>	02	01.0
<i>Naik</i>	44	22.0
<i>Lance Naik</i>	26	13.0
<i>Jawan or Sepoy</i>	28	14.0
Retirement Period		
<i>1990 & Pre</i>	66	33.0
<i>1991-2000</i>	48	24.0
<i>2001-2010</i>	48	24.0
<i>2011-2020</i>	38	19.0
Reason For Release		
<i>Pre Mature</i>	88	44.0
<i>Completion of the terms of service</i>	112	56.0
Nature of Duty		
<i>General Duties</i>	138	69.0
<i>Technical Trade</i>	52	26.0
<i>Clerk</i>	08	04.0
<i>Nursing Assistant</i>	02	01.0

Table 2 testifies that (71 %) of the veterans joined the Indian Army when they were 20 years or below age. Moreover, (66 %) of the

veterans were released from the Indian Army at the age of 40 years or below with the majority (63%) having served in Indian

Army for 20 years or less. The majority (80 %) of the veterans rank at the time of release were non-commissioned officers and (57 %) of veteran's retirement period was pre-2000. The above table shows that the majority (56 %) of the veteran's reason for the release was completing the terms of service and were largely (69 %) involved in general duties.

3.3. Health Issues Faced by Indian Army Veterans

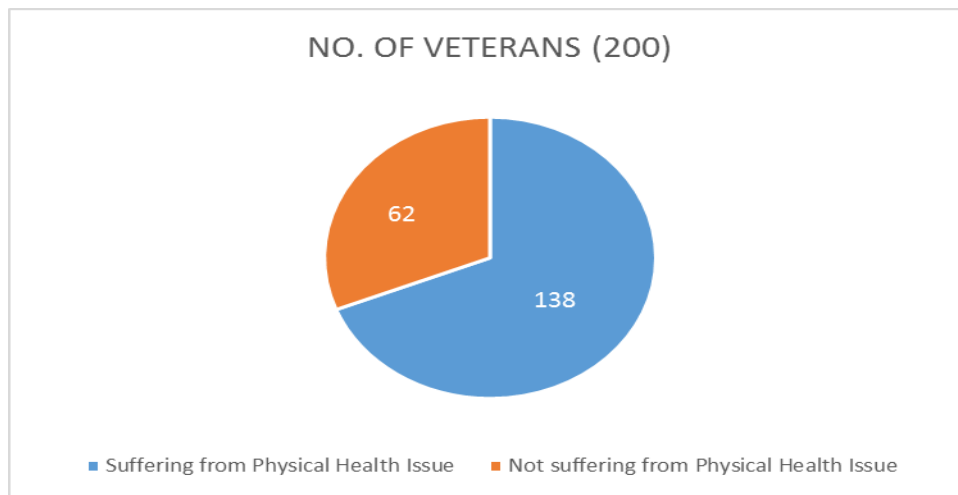
World Health Organization defines “health as a state of complete physical, mental, and

social well-being and not merely the absence of disease or infirmity [1].” According to this definition given by WHO, health is a state of complete physical, mental, and social well-being, so this study analysis the health issues of veterans by dividing them into three parts; Physical, mental, and social. The details as bellow:

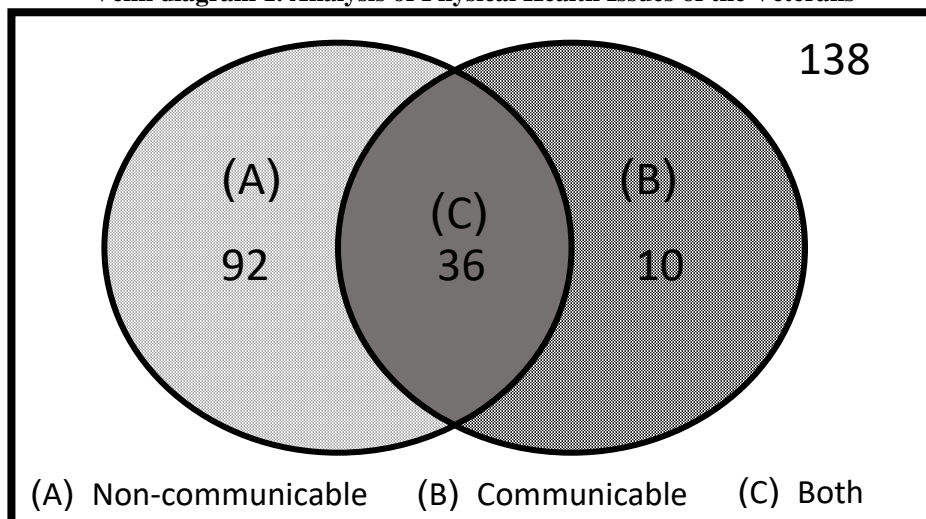
3.3.1. Physical Health Issues

This is the physiological or biological component of the definition. It is divided into two parts- non-communicable / lifestyle diseases and communicable diseases.

Pie Chart.1. Analysis of Physical Health Issues of the Veterans



Venn diagram 1. Analysis of Physical Health Issues of the Veterans



The physical health issues of the Indian Army Veterans in the present study have been shown in Pie chart 1. and Venn

diagram 1. It is clear from the above chart and diagram that out of the 200 respondents, 69% (i.e., 138) of the respondents have

physical health issues, of which 92 veterans have non-communicable diseases, 10 veterans have communicable diseases, and 36 veterans have both diseases. Whereas 31% (i.e. 62) of the respondents do not have any physical health issues.

3.3.1.1. Non-Communicable / Lifestyle Diseases – “Non-communicable / lifestyle

diseases are ailments that are primarily based on the day-to-day habits of people. Habits that detract people from any activity and push them towards a sedentary routine. This can cause several health issues which can lead to chronic non-communicable diseases that can have near-life-threatening consequences^[17].” The data thus collected is presented in Table 4.

Table 3. Analysis of Non-Communicable Diseases of the Veterans

Non-Communicable Diseases	No. of Veterans	Percentage %
Yes	128	64.0
No	072	36.0
Total	200	100.0

The above table shows that out of the 200 respondents, 128 are suffering from Non-Communicable diseases and 72 respondents do not have any type of non-communicable

disease. Thus, the above fact regarding physical health issues suggests that the majority of the respondents have non-communicable diseases.

Table 4. Analysis of Non-Communicable Diseases of the Veterans

Non-Communicable Disease	No. of Veterans (n= 128)	Rank
Cardiovascular disease	62	01
Blood pressure	42	02
Trouble with teeth, gums, and throat	38	03
Ear and eye problem	30	04
Arthritis	28	05
Diabetes	26	06
Stomach problems (acid, gas, and liver)	16	07
Asthma	12	08
Overweight	04	09
A sleep disorder (snoring, sleepwalking, etc.)	04	09
Underweight	02	10

* This table used rank instead of percentage, as respondents chose multiple response options.

Table 4 clearly shows that the problems of cardiovascular disease are higher (i.e. among the 62 respondents) than all other diseases. Issue related to blood pressure is rated the second rank by the 42 respondents. It is followed by problems such as trouble with teeth, gums, and throat, ear and eye problems, arthritis, diabetes, stomach problem, Asthma, Overweight, and sleep

disorder. The issue of underweight has been least reported by the respondents.

3.3.1.2. Communicable Diseases -

Communicable diseases are diseases that can be spread from one person to another and cause a large number of people to get sick. They are caused by germs like bacteria, viruses, fungi, parasites, or toxins.

Table 5. Analysis of Communicable Diseases of the Veterans

Communicable Diseases	No. of Veterans	Percentage %
Yes	046	23.0
No	154	77.0
Total	200	100.0

The above table indicates that out of the 200 veterans, (majority) 154 don't have any type of communicable disease whereas few (46) respondents have a communicable disease.

Thus, the above fact suggests that the majority of the respondents don't have any type of communicable disease. But it is also significant to note that 46 (i.e. 23 %) have communicable diseases.

Table 6. Analysis of Communicable Diseases of the Veterans

Communicable Disease	No. of Veterans (n= 46)	Rank
<i>Frequent colds and coughs</i>	32	01
<i>Viral fever (dengue, malaria, etc.)</i>	14	02
<i>Skin problem</i>	08	03
<i>Infection</i>	04	04

This table used rank instead of percentage, as respondents chose multiple response options.

Table 6 shows that the problems such as frequent colds and coughs in veterans are higher (32 respondents) than all other diseases. Viral fever (dengue, chikungunya, malaria, etc.) is rated second rank (among the 14 respondents) whereas skin problems are given the third rank (08 respondents) and infection has been given the lowest rank (04 respondents).

3.3.2. Mental Health Issues

WHO conceptualize mental health as a "state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and can make a contribution to his or her community"^[10]. To know the overall health of veterans, it is also necessary to know their mental state because if mental health is not good then the other health status of the person would also get affected. Hence, data on the mental health issues of veterans is analyzed in Tables 8 and 9.

Table 7. Analysis of Mental Health Issues of the Veterans

Mental Health Issues	No. of Veterans	Percentage %
<i>Yes</i>	022	11.0
<i>No</i>	178	89.0
Total	200	100.0

The above table shows that out of the 200 respondents, 178 do not have any type of mental health issue whereas 22 respondents have mental health issues.

Thus, the above fact suggests that the majority of the respondents have no mental health issues. But it is also significant to note that 22 respondents (i.e. 11 %) have mental health issues.

Table 8. Analysis of Mental Health Issues of the Veterans

Mental Health Issues	No. of Veterans (n=22)	Rank
<i>Anxiety Disorders</i>	18	01
<i>Depression</i>	14	02
<i>Stress</i>	04	03

This table used rank instead of percentage, as respondents chose multiple response options.

We can see from Table 8, that the problems of an anxiety disorder (18 respondents) are higher than all other diseases. Problem-

related to depression are rated the second rank (14 respondents), and stress problems have been given the lowest rank (04 respondents).

3.3.3. Social Health Issues

“This represents the behavioral aspect of human health. Being a member of society a person is in the network of social interaction and being able to fulfill social roles and expectations. If an individual is not active in the social network, it represents a form of social pathology— an abnormality, which is an infraction of the norms and values of society [3]. This is the reason that inspection and analysis have been done in the current

study to know the status of the social health of the veterans. Social health Issues is divided into two parts, as follows:

3.3.3.1. First is Social Acceptability - The concept of social acceptability may be characterized as the tendency of individuals to conform to societal norms and expectations in order to assimilate with their peers in appearance and behavior.

Table 9. Analysis of Social Health Issues of the Veterans

Social Acceptability	No. of Veterans (n=200)	Overall Percentage %
At the level of Family Members		
Mostly	94	47.0
Sometimes	32	16.0
Never	14	07.0
Can't say	60	30.0
At the Level of Friends		
Mostly	60	30.0
Sometimes	64	32.0
Never	18	09.0
Can't say	58	29.0
At the Level of Relatives		
Mostly	54	27
Sometimes	66	33
Never	28	14
Can't say	52	26

An analysis has been done on the respondent's social acceptability at the level of Family members, Friends, and relatives, which is presented in Table 9. At the level of family member’s majority (47 %) of the respondents are mostly accepted, (32 %) of the respondents are sometimes accepted at the level of friends, and the majority (33 %) of the respondents are sometimes accepted at the level of relatives.

Thus, based on the above facts, we can say that the retired member’s ideas, decision-

making ability towards society, etc. are accepted at the family level, but they are not accepted by friends and relatives. This shows that they find it difficult to adjust to civil society after retirement.

3.3.3.2. Second is Social Compatibility - The ability of two or more people to easily and comfortably communicate with one another throughout the course of a lengthy period of time is one definition of social compatibility.

Table 10. Analysis of Social Health Issues of the Veterans

Social Compatibility	No. of Veterans (n=200)	Overall Percentage %
With Friends		
Yes	076	38.0
No	124	62.0
With relatives		
Yes	080	40.0
No	120	60.0
With Neighborhoods		
Good	62	31.0

<i>Neutral</i>	76	38.0
<i>Not have</i>	18	09.0
<i>Can't Say</i>	44	22.0
<i>Cooperation with Locals</i>		
<i>Mostly</i>	70	35.0
<i>Sometimes</i>	56	28.0
<i>Never</i>	26	13.0
<i>Can't Say</i>	48	24.0
<i>Level of Comfort After Retirement</i>		
<i>Mostly</i>	60	30.0
<i>Sometimes</i>	72	36.0
<i>Never</i>	32	16.0
<i>Can't Say</i>	36	18.0

The obtained data is presented in Table 10 along with its respective analysis. The analysis revealed that the majority (62 %) of the respondents have no close friends, (60 %) have no close relatives, and the majority (38 %) of the respondents have natural relations with their neighbors. A majority (35 %) of the veterans say they are cooperating with local People. Moreover, the above table testifies that the majority of the (36 %) veterans are sometimes comfortable in society after retirement.

Thus, based on the above facts, we can say that the majority of veterans have no close friends and relatives, the relationship between neighborhoods is normal, and local people's cooperation rate is low. So Indian Army Personnel are not that comfortable in society after retirement.

DISCUSSION & CONCLUSION

The Indian Army has its values, customs, traditions, standard of behavior, standards of discipline, teamwork, loyalty, selfless duty, rank, identity, etc. All these things are taken and followed by a person when he is getting recruited to the Indian Army. But when a person retires from the service of the Indian Army and tries to re-established himself in the society, then he has to face many problems due to different things like the policy, rules, customs, traditions, etc. of the society. One of which is a health problem. The purpose of this study is to analyze the health problems of retired persons from the Indian Army. In this study, as you know, health here deals with the three dimensions

of veterans namely physical, mental, and social.

As far as empirical findings are concerned the majority of the veterans are belonging to the age group of (61-75), following the Hindu religion, belong to the Jaat caste with secondary education, are married, live in joint families, and have agricultural land. Most of the veterans joined the Indian Army when they were 20 years or below and were released from the Indian Army at the age of 40 years or below with served for 20 years. Moreover, the majority of veterans rank at the time of release were non-commissioned officers, the retirement period was pre-2000, and the reason for the release was completing the terms of service.

It is widely believed that person's physical health remains good when he is in the Indian Army, but no one gives attention to what his health is after he retires from the Indian Army. This study (which is probably the first in India to focus on the health issues of Indian Army veterans) shows that the majority of the respondents have Physical health issues in general and non-communicable diseases in particular.

Based on the present study there is an interesting finding which shows that the veterans who completed their service period are suffering from non-communicable diseases whereas veterans who have premature release have communicable and mental problems.

If we look at their social health, we find that the retired member's ideas, decision-making ability towards society, etc. are accepted at the family level, but they are not accepted

by friends and relatives and they find it difficult to adjust to civil society after retirement. Moreover, most veterans have no close friends and relatives, the relationship between neighborhoods is normal, and local people's cooperation rate is low. So Indian Army Personnel are not that comfortable in society after retirement. Based on these facts, we can say that the majority of the respondents after retirement from the Indian Army, social health is not good.

Some previous studies on the health problems of veterans, such as; Almond...et al.; 2008 have reported that most of the veterans have good, very good, or excellent health. Diana Higgins...et al.; 2012 reported that most of the respondents have problems with higher body mass index (overweight), hypertension, and Arthritis/ joint pain. Williamson Victoria...et al.; 2019 highlighted that the majority of veterans have good physical health after retirement, which they attributed to the fitness they developed during military service. In the current study, there is interesting facts reveal that the majority of the respondents have social and physical health issues. In physical health issues such as cardiovascular disease, blood pressure, etc., because they have less social acceptability, it appears that they are more likely to suffer from blood pressure, and no one gives attention to regular equivalent physical workouts after retirement as did during the service period, and their diet takes regularly heavy this routine responsive for cardiovascular disease.

Declaration by Authors

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