

Research Article

## **Physically Challenged Children of Army Personnel and Non-Army Personnel in India**

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### ***Abstract***

Working from a young age is widely acknowledged to inflict physical, moral, and psychological harm to children, as well as the loss of childhood. Apart from working children, those who are out of school but not working form a reserve army of child labourers, according to this study, and policies must address them as well. A Multinomial Logit Model was used to investigate the prevalence of schooling, job, and the reserve army in India, and variables influencing such decisions were discovered. Economic position, parental education, social class, and the gender of the kid all seem to be important factors. 33 percent of individuals who use our medical facilities make up children of military members. Children in the Indian Armed Forces are beating the national average with respect to children's health indicators and immunisation coverage. As a result of improved patient care, disease incidence and death patterns among children of the Armed Forces have changed from infectious disorders to chronically complicated conditions. Nutrition and infectious illness admissions into children's hospitals at military hospitals have decreased, representing only around 21% of total hospital paediatric reports.

***Keywords:*** Army; India; Physical challenges; Indian Armed Forces

### **1. Children of members of the Indian Armed Forces**

Soldiers' children grow up in a different social environment than civilian children, who are more likely to grow up in their original location and culture. They will be able to travel around India and gain an all-India perspective. Since one parent often lacks a long amount of time because of fieldwork, classes, deputies, transitional duties and other causes, it learns to be autonomous at an early age. They are adaptable over time because they are forced to adjust to a new social context every few years in a nation with a diverse ethnic group. They grew raised in a nuclear family with no ties to any particular region or culture. They do, however, have a surrogate family in the army who offers social support wherever they travel. In terms of their health requirements, they have access to world-class healthcare. They are raised in

## Physically Challenged Children of Army Personnel and Non-Army Personnel in India

hygienic encampment zones that can promote general development, timely vaccination, and improve nutrition.

Limiting deployment of our troops can have an important effect on the sensitive and compartmental wellbeing of military families. These stresses include parenthood, family reunion and loss of parenthood. As a result of a large number of movements, friendships with military children have been broken down and new schools and services have to be adapted to. Some children may also have to be traumatic if they reintegrate a parent who has come home after fighting with a persistent handicap or sickness. These problems need to be tackled carefully.

Each child is distinctive and gives the lives of its parents and family more pleasure. We might find delight, joy, love, excitement, and pride during childhood. Each kid indeed needs to survive, grow and develop love, care, care, health, food and protection. It is important to look for your kids for their wellness and bright future in the first years of their lives.

Children are blessings from God and with these blessings there also come responsibilities. As a steward of God's parents of the children is responsible for promoting the children to grow in a physical, intellectual, emotional, and social manner. Parents and other people like their grandparents, uncles and aunts should understand the child is unique, discover his or her special needs and strengths, moods and weakness and special sense of humour and should be focused to provide every possible requirement to the children in the family to ensure that they are healthy and have the opportunities to fulfil their dreams. The communities are very specific in the commitment to the collective health of the children and their resources to meet the needs of the children which is stated in the ways in such manner which is reflected in such manner that the communities give the commitment to the children and in a specific manner to their health.

Children are important to the nation and the future. They should be provided with the best of everything in their life and every child has the right to possess good health with a focus on the immune system, nutrition, clean water, sanitation, and a good healthy environment. Efforts should be taken to combat infectious illnesses, address the causes of malnutrition, and keep children in a safe environment where they can be physically healthy, intellectually aware, emotionally stable, socially competent, and able to learn. We cannot escape diseases and injuries since we are human, and children and children are also part of this human community. Diseases of various types frequently result in permanent or temporary impairment.

One-third of the population is children and basically, to develop a healthy society it is quite important to have healthy children. This secure atmosphere also includes handicapped youngsters. The only thing that distinguishes disabled children from other children is that they may be unable to accomplish some tasks in the same way that most individuals in the general population do without some sort of modification or adjustments.

Accidents, illnesses, congenital or genetic diseases can all cause disability. Poor children may face such issues, and they are more likely to become handicapped as a result of inadequate healthcare, hunger, a lack of access to clean water, basic sanitation, and hazardous living or working circumstances. Poverty and disability reinforce one other's exclusionary effects. A handicap might be visible or concealed, permanent or temporary, and have little impact on a person's skills. The abilities and the capacities of the

person in today's present era are often underestimated because their needs are given low priority, social and political rights are violated, and they are deprived of their freedom and full participation of their family in society. They are used to facing issues of neglect, physical abuse, sexual violence, and exploitation.

Children with disabilities are more likely to develop a secondary situation, which can lead to a decline in health, functional status, independence, life satisfaction, and quality of life. Apart from the increasing universality of disability and its secondary diseases, evaluation, management, and prevention receive less attention for a variety of reasons. According to disability experts, beginning a comprehensive health promotion intervention early in childhood and continuing it throughout one's life can assist to reduce secondary conditions, which can help to improve the quality of life in this group.

Given the foregoing, it is critical to ensure that children's health care services are consistent. Many smaller hospitals do not provide year-round specialist paediatric care. Parental moves may be difficult for children with special needs, and special educational facilities may not be accessible everywhere. Every year, a rising number of young people are diagnosed with autism, hyperactivity disorder of attention and behaviour problems. Research from other nations supports this tendency. Many children have cerebral paralysis and other persistent neuromuscular diseases. Medical Services of the Armed Forces will have a major challenge to offer comprehensive and interdisciplinary treatment under one roof in the coming years.

Another concern that is gaining traction is the growing frequency of childhood obesity, particularly among the middle and upper classes. Sedentary lives are promoted by issues such as housing shortages (resulting in families staying in urban places), safety worries, and a rigorous academic schedule with pressure to achieve. Obesity-related diseases such as insulin resistance, type 2 diabetes mellitus, and metabolic syndrome are on the rise as a result of rapidly changing eating habits and sedentary lifestyles. School Health Surveys are typically the duty of Community Medicine Specialists stationed at the post in the Armed Forces. Surveys may satisfy the criteria of "catching them young," but the issue is preparing these youngsters and adolescents for the road ahead. To properly deal with this difficult situation, it is necessary to use a consistent multi-sector strategy comprising paediatrists, medical specialists, medical paramedics, parents and school management. Immediate action is needed to combat the growing epidemic of childhood obesity.

The Indian Constitution offers all human beings' equality, justice, freedom and dignity and implies that everyone, including those with disabilities, needs an inclusive society. The attitude of society to disabled people in recent years has changed significantly and positively. Persons with disabilities have been demonstrated to have a higher quality of life if they have equal opportunities and access to rehabilitation.

There are 2,19 crore-disabled persons, 2.13 percent of the entire population in India, according to the 2001 Census. The coverage covers those with visual, auditory, linguistic, locomotives and mental impairment. 75% of people with disabilities reside in rural regions, just 49% are literate and only 34percent of total of people with disabilities are employed. Prior focus was put on medical rehabilitation and social rehabilitation.

Self-employment of people with disabilities will be encouraged due to the sluggish expansion of job possibilities in the organised sector. This is done by means of training and growth of management. In order for NHFDC to become more accessible, transparent, and speedy processing procedures, the existing

way to award loans with softer conditions is also being enhanced. The Government, in order to foster autonomous employment, would give incentives, tax savings, duty-free treatment and preferential treatment for goods and services purchased by the government from handicapped companies, among others. This is done by means of training and growth of management. In order for NHFDC to become more accessible, transparent, and speedy processing procedures, the existing way to award loans with softer conditions is also being enhanced. The Government, in order to foster autonomous employment, would give incentives, tax savings, duty-free treatment and preferential treatment for goods and services purchased by the government from handicapped companies, among others. Self-Help Groups formed by persons with impairments will be given financial preference (*Sultana, Z. (2010)*).

## **2. Background of the Study**

Disability is a wide word covering impairments, limitations of action and certain limitations. Deficiency is the physical function or structure of a person, which reduces their capacity to execute a job or activity, whereas the reaction to participation is the involvement of a person in a situation in life. Complexity may therefore be described as a complex event that the individual experiences and depicts the interplay between characteristics of the body of the individual and components of the society in which he or she lives. The Person with Disabilities Act of 1995 in India defined disability as a person suffering from at least 40% disability as confirmed by a medical authority. Blindness, poor eyesight, hearing problems, locomotor impairments, mental disease, mental retardation, and multiple disabilities are among the known disabilities.

Monoplegia, paraplegia, hemiplegia, and quadriplegia are some of the patterns of motor weakness. Weakness can be complete or partial. Upper limb weakness can result in decreased dexterity, inability to grasp, pinch and write etc. lower limb weakness can lead to walking problems. Loss of sensation states motor weakness which can lead to loss of sensory feedback injuries, pressure sores in the affected area. In the conditions of the neuromuscular, there may be an increase in the muscles which can often lead to loss of power and coordination therefore further leading to the loss of power and coordination which leads to the development of certain kinds of deformities. Bladder and bowel problems are common in paraplegia and quadriplegia which can lead to the retention of urine, over urination, overflow, recurrent urinary tract infections and constipation etc.

Physical impairment in any of the disabled children limits his or her activity to a certain situation and places him/her under great emotional stress. The common reactions which we can often see in a disabled child are feelings of inferiority, self-devaluation, fear, anxiety, depression, hostility, resignation, and the power to accept the role of being disabled. These kinds of symptoms do not cause stress to themselves but also prevent a certain number of individuals to make lifestyle changes that are required to manage these kinds of symptoms.

Members of society show different attitudes towards the child who is disabled. Most people believe in charity for them, and several people treat them with indifference while some of the state the power of hatred. Only a very a smaller number of people have a positive attitude towards them. The negative attitude is shown by a large number of people in an emotional manner which affects the capacity of the person to cope with his or her disability. The attitude of the parents and the members of the family hugely impact the disabled child. Some parents have thought that a disabled child is useless, and, in that

situation, the child develops the feeling that he/she is useless. Some parents on the other hand some parents pamper their child in such a manner that he or she becomes completely dependent. The dependence causes frustration and removes development and on the other end, other members of the family show feeling of jealousy towards the disabled child who faces isolation.

Locomotor's disabilities are one of the largest groups of disabling disorders that require a lot of effort to tackle. Rehabilitation centres of locomotor disabilities are demanding and challenging so there is a need for the public and government to work hand in hand. In the country, India which is still developing there is a need to battle against imposition on medical and social factors and there is a requirement of raising a large number of funds that are in short supply in the present era, as well as there is a requirement of promoting a high level of professionalism which cost equipment and a high degree of social understanding. The people who have been affected with disabilities themselves do not want to become a burden on society and if the measures are not taken to prevent them it can further because more issues.

### **3. Concept of Physically Challenged Children**

Challenge/disability is a barrier. There is a different number of times when the impairment leads to a person to stage of the challenges. The challenges develop in such a manner that a person cannot get involved in social and vocational pursuits. The condition does not just prevent the particular person from overcoming the challenging conditions and making the best use of his skill. The challenge is stated by nature and extent and also based on how the damage of the challenge has been the cause. Challenges are the ability of the disabled person to carry out his/her daily tasks. Due to this reason he or she does not live life like a normal person in his or her surroundings or society and when the development of the person is affected then it is called a challenge.

Children who are physically challenged or disadvantaged as a consequence of impairment or handicap that restricts or prevents them from fulfilling their physical role, which is determined by their age, gender, social, and cultural variables. In other words, physically challenged children may be described as a person whose physical health issue prevents them from engaging in regular social interactions, necessitating the need for specialist services and programmes. When compared to typical children, a large percentage of children with disabilities suffer from pity, sympathy, and overprotection, and these youngsters are generally rejected, abused, and teased everywhere. With varying degrees of difficulty, everyone acquires self-respect and a sense of belonging in their homes, schools, and communities. We thereby must develop such kind of school and organizations which would help develop such kind of children and help them to live less burdened, happy and normal lives. The physically challenged person is defined as that person who has a physical defect or one which reduces efficiency in performing social and personal work according to the standards fixed by society.

Any individual who is impacted by the physical challenges or anything which limits his or her participation in daily activity so that particular person is known to be physically challenged. The physically challenged include person who is partial sighted or blind, deaf, or partially deaf, speech and language challenged or mute, orthopedically challenged, or crippled. Such kinds of people need to adjust according to their own as well as according to their social circle and have to bear double burden social challenge and actual physical defect. In the population of the country, there may be some children who are physically disabled, and they may have challenges that may be mild, moderate, or severe.

Their intellectual functioning may be normal, below normal, or above normal. Children may be single challenged or a combination of challenges. A person is known to be physically challenged if he has

such kind of impairment which can limit his or her day-to-day life activities. The United States of America's Disability Act states that anyone with any sort of physical disability or history of such illnesses without any symptom is physically disadvantaged. Persons who are declared discerned because of specific physical problems are deemed challenged when doing routine tasks.

Therefore, it can be stated that physically challenged children are those exceptional children who have the same features as those normal children. The only difference between both of them is lack of vision, hearing or speech power. Due to the presence of these differences, the physically disabled children have variations among them as well and they have certain limitations in their life. If these kinds of people focus on everything without considering anything as their limitation, such kinds of people become a victim of frustration and maladjustment. Society compares physically challenged children without stating their limitations which often results in higher expectations and a wrong set of goals.

- ***Hearing challenged***

Hearing challenge is a generic term which states regarding the hearing challenges which may range from mild to severe. It is mostly caused by difficulties with auditory perception. The Planning Commission and the Persons with Disabilities Act define Hearing Challenges as a loss of 60 decibels or more in the better ear in the conversational range of frequencies. Hearing loss of 70 decibels or greater, according to the Indian Rehabilitation Council, may result in total hearing loss in both ears.

- ***The global scenario on childhood disability***

With time, many changes have occurred, and according to one research, there has been a decrease in the early childhood death rate, as indicated by the United Nations Millennium Development Goals. With the increase in survival rates, sustainable development objectives should be established to focus on people's health and promote the well-being of people of all ages, as well as interest in disability inclusion across the world, via the promotion of health, care, and education. In a paper published in the journal Pediatrics, Olusanya et al. take a grim look at the worldwide burden of juvenile impairments, estimating that one in every ten children and adults suffers from epilepsy, intellectual disability, visual loss, or hearing loss. The findings of the preceding study were presented in this study, as well as the real burden of impairment borne by children with additional diseases not included in the analysis, such as developmental delay or cerebral palsy.

For a variety of reasons, the data from the Global Burden of Disease Study 2017 is extremely significant. The authors essentially defined the goal and estimation of the impairment of children that are not detected and reported in global health matrices. It is difficult to give specific types of tools that allow young children to attain their full potential and develop their abilities without first understanding the global burden of childhood impairment, as indicated by the SDGs.

- ***Indian Scenario on Childhood Disability***

India's National Education Policy 2020 is slowly evolving as a new era of educational reform dawns. It mostly exists as a result of policy shortcomings in the school sector for children with impairments of any sort. Disabled students take longer to learn and develop at a slower rate, with only around 9 percent finishing secondary school. Only 62.9 percent are handicapped individuals aged 3 to 35 who attended regular schools, and more than 45 percent are illiterate. Specific groups and genders of disabled people suffer disproportionately. Children with autism and cerebral palsy, for example, as well as disabled girls,

are seldom enrolled in school. Because of the child's disability, he or she is unable to attend pre-school or primary school. For example, less than 40 percent of school buildings have ramps, and more than 17 percent have accessible restrooms. The National Education Policy promotes technology, and more than 59 percent of schools in the country have access to power.

The final policy includes suggestions for 2019 draws from the disability organizations. The NEP stipulates that student with impairments have a level playing field in all components of the education system. One of the significant successes defined as an educational system in which students with and without disabilities learn everything together is the passing of the 2016 RPWD (Right of Persons with Disabilities Act) and inclusive education standards. The recommendations include nondiscrimination in schools, enough infrastructure, appropriate adaptations, personalized support, and the use of braille and Indian Sign language in teaching and monitoring. The policy asks for special educators to get cross-disability training as well as for disability awareness to be incorporated in teacher education.

#### **4. Literature Review**

*Abraham (2013)* stated study to state the quality of the life of the adolescents with the physical disability which state that normal school are part of the integration of the education in the government and the aided schools which are in the area of Anginal-Perumbavoor sub-district in Kerala. In this study, there were samples collected of the 25 disabled adolescents with locomotor disabilities who attended 8<sup>th</sup> to 12<sup>th</sup> class. The quality of the life was measured using WHOQOL-BREF Scale (1997). The results of the study stated that out of the 25 students like 18 of them have the average quality of life, 3 had the below-average quality of life and well-being and 4 of them had a high quality of life. The study states different domains of life which represents 76% in physical, 72% in psychological, 84% in social relations and 72% in involvement in the average quality of the life. The study's findings clearly show that physical impairment must be improved to achieve excellent quality of life in the physical, psychological, social, and environmental domains. Families, schools, and community groups must collaborate to ensure that handicapped teenagers have a great quality of life.

*Jacob and Shapira (2010)* performed research in Israel to assess the health and quality of life perceptions of a sample of Polio survivors. According to the study's findings, 101 profiles of polio survivors were obtained from two post-polio clinics in Israel. The students were essentially requested to attend a seminar where a survey covered population characteristics, mobility, health satisfaction, well-being and quality of life and a list of 16 projects that would help improve quality of life was completed. The questionnaire contained a list of six activities. According to study results, the physical and mental values of the individuals were low. The physical and mental components of the short-form 12 surveys showed mean values of respectively 32,9 and 50,3. About 70 percent of respondents said they would improve the quality of life if they learned more about post-polio and social activities.

*Takemura et. al. (2004)* The goal of this study was to find out how many people survived polio and how common post-polio syndrome was in Kitakyushu, Japan. Information on 32 polio survivors was obtained for the study from the Kitakyushu City government's Department of Health and Welfare's register of physically challenged persons. The 342 polio survivors were issued a self-administered questionnaire that asked about their diagnosis, paralysis, usage of adaptive equipment, and limitations in their everyday lives. According to the data, there were 24.1 survivors of polio per 100,000 of the 342 who

## Physically Challenged Children of Army Personnel and Non-Army Personnel in India

were positive for polio. 85 percent of polio survivors experienced new concerns of health such as stair difficulty, muscular fainting, walking trouble, weariness, joint discomfort, chilly stomachs, muscle soreness, and respiratory shortness. In Kitakyushu, 18.0 of 100,000 individuals was reported to be prevalent according to the Halstead. The study focuses mostly on epidemiological studies in Japan to reduce PPS.

*Tak M, et.al. (2012)* The study was based on data from the city of Udaipur in Rajasthan, India, and focused on periodontal disease and oral hygiene in people with poliomyelitis who have upper limb impairment, lower limb disability, or both. The entire sample consisted of 344 children with poliomyelitis who were between the ages of 12 and 15. The Simplified Oral Hygiene Index and Community Periodontal Index were also recorded during the clinical examination, and the mean OHI-S was found to be greatest among children with both upper and lower limb impairment. It means the higher number was found only those who had lower limb disability and among those who had both upper and lower limb disability. Hence it can be concluded through the study that disability impacts oral hygiene and periodontal condition. The situation focuses on the approach which could help bring a great improvement in oral health and focusing on extensive research.

*Rocha, et.al. (2001)* stated in one of the studies regarding the nutrition of the disabled and non-disabled children who are living in Dharavi, Mumbai. The samples were of the children who were between the ages of 2-10 years which were divided into three groups which are mentioned below:

- Group 1 consisted of disabled children.
- Group 2 consisted of non-disabled children from the same neighborhood of the same age and sex with disabled children.
- Group 3 consisted of siblings of the same sex, near the age of the disabled children.

The data consisted through the medium of anthropometric measurements. Haemoglobin level estimations and history of the previous diet. Three main scores stated the nutritional status like measure for underweight, height for age and measure of stunting and weight for weight as a measure of wasting. The results stated that the children in all three groups were weak and malnourished as a comparison to the NCHS reference population. Stunting was a larger problem than wasting of the total population study 71%, were stated as malnourished in a severe manner, which was identified as moderate to severe stunted and the rest 21% of them were known to be moderate to severely wasted. There was no major difference that was found between the neighbour controls and the siblings. Each group consisted of mean MUAC which was below 13.5 cm which stated the identification of moderate and severe malnutrition and 63% or more than that of the population had low MUAC. The mean of the haemoglobin stated that the results of each group were below 110 g/L and the cutoff point indicated the disease anaemia in children, which means loss of blood cells in children and 57% of the population were found to be anaemic. The results of the food frequency stated that a large number of the food group intake was like same to same between any two types of families. The study stated regarding the lack of the diet in the children, and it was further stated that more meat and vegetable was consumed by the families without any disabled children.

*Martin (2013)* conducted a study which stated regarding the advantages and disadvantages of physical activities for the individual who are suffering from any disability and who inactive manner enjoy the advantages of the benefits being in the emotional, social, cognitive, and psychological categories. It has



been stated that people usually do not enjoy any kind of the advantages of physical activity due to the presence of certain natural, psychological, cultural and community barriers which is quite challenging for them. It can be concluded through the study that a certain number of professionals from the rehabilitation centres can provide better care to the clients if they are aware of the advantages and the disadvantages of physical activity.

*Dongle et. al. (2011)* The influence of health-promoting schools in India, which comprises of underprivileged students at Ashram schools in the rural area of Maharashtra known as Wardha, was revealed in one of the studies. According to the study, a total of 1287 pupils from ten Ashram schools were assessed using a questionnaire based on the Student Health Survey Questionnaire. All of the children's haemoglobin levels were calculated using the haemoglobin colour scale. The children's physical activity and body mass index were calculated, and data was collected through the school's health committees. The same study was repeated after a year, including data from 1226 youngsters. According to the study's findings, children's personal hygiene has improved, and hygiene-related concerns have decreased. The children's medium haemoglobin level increased from 10.7 to 11.4 g/dl. There was a significant rise in the number of children with a BMI that was normal for their age, rising from 32.2 percent to 38.5 percent. According to the report, there is a critical need to promote health beneficial facilities in Ashram schools, which can contribute to improvements in children's health and cleanliness.

*Laskar et. al. (2013)* A research has been carried out in New Delhi between April 2005 and March 2006 to learn the psychological changes and issues of handicapped children in contrast to healthy youngsters. A research was conducted using a method of semi-structuring questionnaire and a measurement scale for children's psychology was conducted in an interview with 100 parents of children with disabilities aged 6-15. (CPMS). The results of the study stated that according to the CMPS scale, 37% of the disabled children and 17% of the healthy children had psychological problems. The psychological disorders were linked with the large family, low socio-economic standard, and disabled children mother's educational status. The study further stated that the availability of the high psychological problem stated the need for screening and early knowing of the psychological problems in developing rehabilitation programmes for children with any kind of physical disabilities. In one of the study Abrahan S from Kerala large number of the adolescent state that they have the normal level in psychological factors like enjoying in life, finding meaning in life, the ability of concentration, accepting body appearance, satisfaction with oneself and negative feelings. It is quite important to have good knowledge and idea for the symptom and treatment to reduce the impact of the disability on the well-being of the person.

*Dalal et. al. (2000)* conducted a study on the social attitude of the people towards the rural areas of North India and found about 50% of the lead community people and family members of the person have a negative attitude or rude behaviour. They feel that the person who is having a disability could do nothing in the contribution to the family income and such kind of negative attitude is one of the main reasons for the social discrimination in the terms of rehabilitation, school dropout and giving less importance to the disabled people. Paterson conducted one study in which he stated regarding attitudes of Community Based Rehabilitation workers towards the people who are disabled, and he stated that CBR workers have a positive attitude towards the persons with orthopaedic disabilities and the attitude are not affected by age, gender, marital status, work experience of the person with a disability. Through this particular study, it can be concluded that negative attitudes like rudeness, fear, guilt, anger, sympathy towards the disabled person needs to be changed for the better integration of the people with disability.

## Physically Challenged Children of Army Personnel and Non-Army Personnel in India

Children of military personnel make up 33percent of those needing medical attention. In terms of child health indices and immunisation, children in the Indian Armed Forces outperform the national standard. The incidence and mortality pattern of illnesses affecting children of Armed Forces members has moved from infectious diseases to chronic complex disorders as a result of enhanced patient treatment. Children's hospital admissions to military hospitals for nutritional and infectious diseases have declined, accounting for around 21% of overall paediatric hospitalizations.

All these improvements were supported by efforts to avoid medical conditions (prenatal care, immunological therapy), active health care (baby-friendly hospital design), health cures (patient care, hospital services, special care, healthcare) as well as support services well beyond hospital (e.g., ASHA schools). We need to cope with circumstances of lifestyle like obesity and mental stress and to teach techniques of coping with common pressures such as division of parents, family reunification, parental grief, behavioural issues, and other disorders other than those requiring super-specialistic therapy. The problem is to determine a route in the full life of these youngsters and adolescents (*Kanitkar, M. (2017)*).

### **5. Research Methodology**

The study stated regarding the descriptive analysis method which is used to analyse the physically challenged children of India and army personnel. The primary data is being collected through the process of a self-administrated questionnaire to state the analysis of the physically challenged children of India and army personnel. The secondary data is collected through the medium of journals, books, websites, magazines etc to understand the condition of the physically challenged children of Indian and of army personnel. The pilot study is done to check and analyse the research instrument which is used to do the survey. To do the pilot study, the link of the questionnaire is shared with 50 to 60 people which will help in increasing the standards of the questionnaire and calculate the sample size used in the study. SSPS package which is Statistical Package for the Social Sciences is used to carry statistical analysis. There will be a study of a sample size of 200 respondents. For the method of the analysis, the questionnaire is used. A description measure like mean and standard deviation will be used to summarize the large data. Further different kinds of charts are used for the graphical representation of the data and different parametric and non-parametric tests like the Chi-square test, regression and ANVOA test are used for the hypothesis of the study.

### **6. Research Objectives**

The objectives of the study are:

- To assess and compare the level of quality of life among physically challenged children in India and Army personnel.
- To establish the effectiveness of wellbeing promotion intervention on quality of life among physically challenged children in India
- To determine the effectiveness of health campaign intervention on quality of life among physically challenged children in Army personnel.
- To analyze the physically challenged children of India and physically challenged children of army personnel

## **7. Result**

According to our study's findings, 32% of non-army personnel and 25% of army personnel strongly agree that they suffer from inferiority complexes at all times as a result of their bad physical state. Following that, 51 per cent of non-army people and 24 per cent of army people agree on the same thing, with just 2 per cent of army people disagree on the fact that suffer from inferiority complexes at all times because of poor physical condition. 27% of non-army personnel and 16% of army personnel strongly agree that they suffer from Physically Challenged Children at all times as a result of their bad physical state. Following that, 25 per cent of non-army people and 19 per cent of army people agree on the same thing, with just 4 per cent of army people disagree on the fact that Nothing but pain and problems in the life of Physically Challenged Children. 26% of army personnel and 16 % of non-army personnel strongly agree that hopelessness, deprivation, and disrespect are the common facts to the physically challenged. Following that, 20% per cent of non-army people and 18% per cent of army people agree on the same thing, with just 6% per cent of army people disagree on the fact that Hopeless, deprivation and disrespect are the common facts to the physically challenged. 24% of non-army personnel and 21% of army personnel strongly agree that the festival organized by the school or society, get equal importance. Following that, 20 per cent of non-army people and 20 per cent of army people agree on the same thing, with just 7% per cent of army people disagree on the fact that in any festival organized by the school or society, get equal importance. 27% of non-army personnel and 33% of army personnel strongly agree that Education helps to build up personality of the physically challenged children. Following that, 23 per cent of non-army people and 27 per cent of army people agree on the same thing, with just 6 per cent of army people strongly disagree on the fact that Education helps to build up the personality of the physically challenged children. 14% of non-army personnel and 28% of army personnel strongly agree that they are The Physically Challenged Children are equally treated by all. Following that, 13 per cent of non-army people and 22 per cent of army people agree on the same thing, with just 18 per cent of army people strongly disagree on the fact that Physically Challenged Children are equally treated by all. 29% of non-army personnel and 19% of army personnel strongly agree that they are Everybody helps the Physically Challenged children. Following that, 22 per cent of non-army people and 16 per cent of army people agree on the same thing, with just 1 per cent of army people strongly disagree on the fact that they Everybody help the Physically Challenged children.

## **8. Conclusion**

The practise of paediatrics is becoming quite specialised. The two primary areas of focus are ultra-technology and narrow-spectrum specialisation. The importance of children's healthcare is also essential in the community setting, as it is influenced by the environment, societal expectations, economic limitations, culture, political decisions and priorities. It is essential to strike a balance between the two. Through healthy clinical practise such as in a hospital environment and an integrated approach with others in the community, the major problems in children's health may be addressed. Community health initiatives with successful interventions and with the engagement of non-medical authorities and collaboration can contribute much more to improving the status of nutrition and immunisation. In the long run, therapy and prevention as part of a team including pathologists, nurses, community health workers and community parents would be beneficial to integrate therapeutic and preventive approaches.

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## Physically Challenged Children of Army Personnel and Non-Army Personnel in India

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