

A Study on Physically Disabled Offspring of Army and Non Army Staff

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Abstract

This research's objectives were to examine the psychological and social improvements and their predictors in disabled individuals. Children in contrast to Military and non-Army personnel tend to be well, such that appropriate changes can be planned and enforced. The study also looked at the effect of military conflict on children's well-being, nutrition, employment, and some international research results on individuals' physical growth throughout the armed confrontation. The neuroprotective properties of disputes on adolescents were addressed in the final segment, and suggestions are made. There are many benefits of Army personnel children for any disability have come to arise. Still, Non-army personnel's children are physically challenged, but India's Government helped those people for any causality that happened with their children.



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Introduction

In culture, disadvantaged individuals have usually mistreated persons who have physically challenged but will be denied usual opportunities and others enjoy by the general population. We found that disabled individuals are being dismissed, mocked, and mistreated in some instances, having been given several attentions. Army personnel & Non-Army Personnel children suffer from many difficulties with their physical health to maintain all casualty to overcome all health barriers. Children and families with disabilities appear to be among the most vulnerable individuals in the whole of our communities well as having established shortcomings, they are subjected to social bias, along with their additional issues, are faced with a lack of employment, and, and least of all their problems, as a restriction on their education. The challenges encountered by the disabled are not unique to them. As a result of society's lack of concern for them, their issue has grown to high risk of exposure. It is a fact that our public mores and social practices have paved the path to where we are now. This child was viewed with hatred, and their needs were ignored. We have, over the years, up to this point, been known as monstrous entities that have frightened or mystified others. Children with learning and personality issues and others who are shy or socially disabled frequently are isolated for reasons ranging from both an inability to express their desires to voice their needs and their classmates' ignorance of their uniqueness. Since they are different from non-challenged children, those children can have more trouble confronting commonly acceptable frames of reference. They may continue living with aspirations centered on what other children their age does and strive for. As a result, they could establish an ambiguous and ambiguous consciousness.

In implementing a consciousness, worthlessness and insecurity can cause developmental delays, which are standard in psychologically disabled children. There must be at least three adverse reactions to superiority and insecurity between children. The last one is 'Grieving,' which corresponds to depression and occurs in the child having more minor cognitive functions, contributing to adjustment problems. The secondary is referred to as 'fall in the value,' and it is a mechanism in which the disabled consider themselves more mentally disabled than they are. The final answer is 'Growing,' which applies to those who see their challenge as attempting to spread from the initial source to the nervous system. As both

a delicate idea, oneself is highly dependent on the views of others. Health concerns and source restrictions are the primary and secondary variables in creating an Individual sick identity in disabled children.

After all, not all psychologically disabled people have low self-esteem and play mental illness. A few are tenacious advocates for freedom and have a strong mental, but this is based on outside assistance and difficulty level. Improvement needs healthy self-esteem. A strong self suggests a high degree of improvement. An excellent and beautiful between the individual and the ecosystem is referred to as improvement. Certain impossibilities determine the degree towards stability within the individual and in part by the setting's complexity. The 220 severely disabled individuals must first adapt to their challenges as well as the world within them. Differences in transition and consciousness of mentally disabled kids occur due to various residencies and environments, such as combined and differentiated conditions. As a result, they must be motivated to recognize their challenges and recognized their value and ability. The controversy over integrated and differentiated learning setting for children with a disability is not recent. An enormous number of studies has been focused on this subject, but the findings are contentious. There are both benefits and drawbacks across each of the academic scenarios. Those who advocate for more excellent implementation often claimed that pupils with a higher self-than-other image and an early life experience of difference with diverse groups are less likely to find their position as a significant adult, to become more accepting of various groups and the needs populations, and non-challenged groups of kids are less empathetic towards these pupils. Also, a school for autistic children who have the added burden of regular schooling performs better academically and socially than their physically separated counterparts.

Conversely, not all educators, particularly those favoring segregated classroom instruction for children with severe and profound disabilities, support integrated education. They believed that these children need additional staff, specialized physical facilities, supplies, and rehabilitation resources that might not be accessible in a typical school setting with overcrowded classes. Children are suffering more biologically, intellectually, and emotionally because of this. However, both have a significant impact on a range of lives despite these challenges. As previously addressed, self-concept and transformation are two variables that have a considerable effect on children's overall energy and progress, based on factors such as educational environment and level of difficulty.

Impairment is frequently what we experience; it is in the perceiver's mind (Wright, 1983). Any nation's impairment laws, services, and activities express people's perceptions from diverse cultures share. As a result, it is easy to imagine that biases like these will have much more dehumanizing effects in advanced nations where basic living

standards are difficult to sustain. Individuals are exposed to some depredations and humiliating encounters in their attempt to live and eat their dependents. Poverty, sickness, social inequality, and economic decline all contribute to tough competition for dwindling capital. Individuals with disabilities are among the most disadvantaged individuals in such circumstances, suffering more from racial prejudice than their debilitating medical structure.

As a result, it is necessary to look at the overall influence of employee activity on childhood mental well-being to direct health care plans for this group. Our daily lives have become increasingly reliant on sedentary behavior. In border research, screen time was negatively correlated with young people with mental health problems, according to a study of feedback. A recent systematic review of adolescent keyboard screen time found that they were associated with more serious emotional issues and low self-feelings. Nevertheless, leisure console practices account for a small proportion of overall screen behavior, and each moderately active activity can have a significant effect on the brain.

Concept of Physically Challenged Children

The disorder is a hindrance. Even then, there were also occasions when the impairment causes an individual to reach a difficult point. The individuals' Challenges grow because they cannot wholly engage in social and occupational activities. However, this disability does not preclude the person from resolving his difficulties and performing to the best of his abilities. The type and degree of the threat, as well as the amount of harm incurred by the challenges, decide the challenge. The act of challenging another to participate in his or her everyday tasks is referred to as challenges. As a result of this, he does not quite live daily life in his environments and culture. Whenever a human's growth, whether physical or emotional, is entirely disrupted, this is referred to as being threatened. Biologically autistic people are physically impaired due to an illness or injury that restricts or prevents them from fulfilling a normal physical function due to age, gender, and sociocultural factors. In other phrases, a developmentally disabled child is someone whose physiological or heritable diseases interfere with regular social contact to the point that subsidy scheme and programs are needed. Numerous people with disabilities are subjected to undue pity, compassion, and overprotective parenting; others are dismissed, stared at, harassed, and discouraged from associating with people with non-challenged 36 adolescents. Everything people face challenges must learn to appreciate themselves and believe that they have a legitimate place in their societies, classrooms, and neighborhoods. As a result, our sacred duty is to unlock these secret opportunities and help our less fortunate responsibility to live good, secure. Regular lives mentally impaired are described as having a biological deficiency that restricts one's effectiveness in executing psychological and community responsibilities under a gendered social norm. A

visually disabled person has a medical condition that delays or prevents them from participating in regular activities.

Psychologically disabled people are partially blind, nearly blind, or blind; deaf, physically disabled, or hard of hearing; speech and language challenged or mute, or orthopedically challenged or crippled. Physiologically disabled children must adapt to their difficulties and those of their social group. They bear another double responsibility to disadvantaged direct emotional disability kids who are mentally disabled belong to a remarkably diverse group. Their physical difficulty may be mild, moderate, or extreme. Their cognitive performance could be average, below usual, and above and regular. Kids may be confronted by a single challenge or by a mixture of challenges. A person is deemed physically disabled if he has a disability that significantly restricts one or more of his daily routines. The Individuals with Disabilities Education Act (ADA PL 101-336) considers someone who is physically disabled and displays physical abnormalities, but others who have a history of such disorders but are not showing symptoms to be mentally disabled persons who face prejudice 37 because of such physical challenges, even though they can perform everyday tasks, are therefore challenged. As a result, physically disabled children are outstanding children with the same features as other children. The only discrepancy is a lack of vision, hearing, or speech capacity. Biologically disabled children differ from one another because of these differences. As a result, they are constrained in their daily lives. They might be victims of anger and disfunction if they aspire without realizing their constraints. Culture contrasts various physically disabled children without considering their disabilities, which leads to unrealistic standards and problem-solving.

The physical challenge in someone can be in the following ways:

Visual Challenge

The word "visually challenged" applies to all adolescents whose vision is significantly impaired to interfere with their academic success. Individuals face physical difficulties, in addition to the visual challenge posed by their visual challenges. Many who are blind or who have partial sight must still deal with the ongoing emotional and physiological dilemma of their disability. Many that are visually impaired have eye problems.

Blind Challenge

Blindness is described as the absolute lack of sight or visual acuity not achieving 60/60 or 20/200 (Snellen) in the better eye with corrective lenses or a distortion of the mainview extending an angle of 20 degrees. An individual with a (Visual Acuity) VA 6/60 is legally blind in India, enabling them to access certain facilities. Nevertheless, even if a person is physically disabled, they can still perform such functions.

Partial Sighted

Lowenfield (1974) Possible explanations for the relative absence of studies include that the number of mild to moderate sight-impaired adults compared to reality is relatively low because many of them can see perfectly well. Their children, who are a bit off to intermediate, to begin with, are essentially normal, to start with. There is no significant evidence to suggest that the adolescence with partial vision to be different from that of the overall visually impaired population, and growth rates appear to be more or the same across the entire classes. In visual acuity, the practitioner measures the severity with the Snellen chart.

Healing Challenged

Listening disabled is a general term that applies to some sensory problems ranging from mild to extreme. Listening difficulty arises from some difficulty with sensory input. Listening Challenges is described as a loss of 60 decibels or more in the better ear in the conversational band of wavelengths, according to the Planning Commission and the Persons with Disabilities Act (1995). Hearing challenges can be either in the form of deafness or "Hard of hearing". A deaf person is someone whose hearing impairment prevents them from successfully transmitting linguistic information by audition, with or without a hearing aid. The difficulty of listening are people who have had reduced hearing acuity since birth or at some point in their lives.

Review of Literature

Children are vital to the nation's future success. They should be given the best of all in life, and every child has the right to good health, emphasizing the immune system, education, clean water, hygiene, and a healthy and safe climate. Efforts should be made to combat bacterial infections, address the causes of obesity, and protect children in a secure environment that will enable them to be physically healthy, mentally alert, emotionally stable, socially capable, and willing to learn. We cannot prevent illnesses and accidents as humans, and infants and children are part of that very human community. There are a variety of medications used to treat internal or external impairment.

Bult MK et al. In the Netherlands, (2001) A systematic analysis was undertaken to assess what affects children's recreational activities and adolescents with physical disabilities. The findings showed that the level of involvement in recreational activities for 79 adolescents with medical conditions is related to some variables. The critical variables are gross motor function, physical capacity, cognitive ability, speaking competence, age, and gender. According to the available proof, similar factors seem to refer to children with various diagnoses. The age of children and adolescents is an essential factor in their involvement. However, information about the variables associated with children of multiple generations is still missing. Based on the review of numerous studies conducted by various researchers around the world on social well-being among physically disabled children, it can be concluded that societal attitudes toward people with disabilities are

changing; however, people from developing countries, especially those in rural areas, still do not fully know the requirements of the disabled, putting them at risk. Girls interpret social support more positively than boys, and children perceive it more entirely than adolescents. Most studies suggest that maximum efforts be made to raise social awareness and promote educational and social policies that consider the similarities of disabled children's lives to those of other adolescents and that protect their rights as citizens, rather than disabled children, to engage as wholly in the community as other adolescents.

DeRenzo (1990) A study conducted by demonstrated that after nearly three decades of service in the armed services, personnel become transformed into the armed forces way of life. That abrupt separation upsets this psycho-physical equation. When it comes to leaving institutional society, Jolly (1996) observed that a person who has been a part of it for a large portion of his life faces difficulties. Distress causes anxiety, and mental disruption causes emotional stress. Disconnection from service [financial decline] at a critical time in life when children are in school, parents are elderly, and social responsibilities increase, among other things, has a positive effect on the soldier and his spouse and kids. Financial restrictions influence the way of life. Since the family's status is related to the soldier's position, it is the first casualty of retirement, causing stress and strain among family members, especially the wife. Mild disorders such as subjective fear, psychiatric depression, mild stress/stress, and others are common after military retirement. (Yanos, 2004). These symptoms are intermittent and are part of every form of the retirement process, civilian or military. The rare multi-element disruption is having a detrimental effect on one's health. However, as these diseases progress to filled conditions, as with the ESM, Ex-Servicemen, they cause havoc with psychic well-being at first and overall health later.

According to Greene et al. (2000), In Chinese, the word crisis has two characters that have opposite meanings and translate to hazard and chance. According to the model, a person maintains a precarious psycho-socio balance in their immediate surroundings. The transition, well-being, and other individual characteristics remain in a healthy state due to the stabilization. On the psycho-social balance plank, the person strives to reach his or her full potential. The slightest disruption in the equilibrium puts enormous strain on the individual's working style and life. When a person's connection with their immediate surroundings deteriorates, constant stress poses a danger to their physical well-being. To rise above the occasion, an ESM (Ex-Serviceman) seeks out alternative activity jobs.

The mental health foundation in its report (2013) The majority of the ESM (Ex-Servicemen) is in healthy relationships. However, a small proportion of ESM with psychiatric problems (Iversen et al., 2009) was found to have depression or anxiety, which is equivalent to the typical community in percent on average military personnel experience the same [type

and degree] of mental health issues as the public. Still, their mental ill-health can be caused by various causes due to their experiences during service. The return to civilian life large percentage of military members and veterans suffers from PTSD, stress, insecurity, Border Line Mental Illness, isolation, restlessness, anxiety, emotional irritability, sorrow, intense pressure, and drug abuse. Evidence shows a substantial disparity between the ESM's real needs and the facilities and resources accessible to this class of people.

In a review article, Brounéus (2014) discovered that fighting experience, rather than deployment, has a detrimental impact on a soldier's mental health. The degree and duration of resistance to lethal and aggressive combat breeds illness. To cope with the intolerable consequences of such cases, the ESM refers to alcoholism and suicidal ideation. The alcohol's simple accessibility and in-service feel make it an easier choice for ESM (Ex-Servicemen) excessive consumption.

Singh et al., (2014) While in civil society, the psycho-physical power acquired during preparation and service progressively softens due to a lack of suitable atmosphere and little oil use. The capacity to successfully respond to adversity and recover from difficulties is described as resilience, a revitalizing cognitively enhanced characteristic of human beings. It happens naturally in the development program, but it may need to be reignited with coaching at times.

Abraham (2013) essentially mentioned research to state the standard of living of the adolescent with physical disabilities, which supposedly state that ordinary school are essentially part of the integrated development in the community and aided schools in the region of Angamaly-Perumbavoor sub-district in Kerala. In this analysis, a group of 25 disabled adolescents with locomotor disorders, ranging in age from 8th to 12th grade, was collected. The WHOQOL-BREF Scale was primarily used to assess life quality (1997). According to the study's findings, 18 of the 25 students have an average life rate, three have a below-average standard of living and well-being, and four have a better quality of life. The research study notes various realms of life, with 76 percent in physical, 72 percent in physiological, 84 percent in social relations, and 72 percent in participation in the general standard of living. The results of this study explicitly state that there is a need for physical impairment advancement to achieve a decent quality of life in the biological, physical, social, and ecological domains. The family, education, and associations must all work together to ensure that disabled teenagers have a high quality of life.

Takermuraet. al. (2004) aimed to estimate the number of living polio beneficiaries and the prevalence of post-polio syndrome in Kitakyushu, Japan. In the report, information on 32 polio survivors was gathered from a list of disabled people controlled

by the Kitakyushu City government's Department of Safety and Wellness. The 342 polio respondents were given a self-administered questionnaire that asked about their diagnosis, paralysis, adopted new, and limitations in their everyday lives. The findings revealed that out of 342 people, 241 accepted the assessment, and the number of polio people who survived per 100,000 people was 24.1. Eighty-five percent of polio survivors reported new health problems such as trouble climbing stairs, muscle pain, difficulty walking, exhaustion, knee pain, loss of feeling in cold, muscle pain, and difficulty breathing. According to Halstead, the prevalence of syndrome in Kitakyushu was 18.0 per 100,000 people. The survey primarily focused on an observational studies study conducted in Japan to minimize the risk of PPS.

Tak M *et al.* (2012) Practically, a study was performed on the periodontium examination and dental cleanings with nosocomial infection patients who have upper limb impairment, lower limb disability, or both, and the experiment was done using data from the city of Udaipur in Rajasthan, India. The overall sample consisted of 344 nosocomial infection children ranging in age from 12 to 15 years. The clinical analysis was primarily performed, which included documenting the Simplified Oral Hygiene Index and Community Periodontal Index, indicating that OHI-S was highest in children with upper and lower limb impairment. It means that the higher number was seen only in those with lower limb disabilities and among those with both upper and lower limb disabilities. Because of the research, it is possible to conclude that disability significantly affects oral hygiene and periodontal disease. The situation essentially focuses on the solution that could bring about a significant change in oral health and rely on comprehensive studies.

Laskaret. *al.* (2013) Amore significant amount was found only in those with lower limb deficiencies and in those with both upper and lower limb disabilities. As a result of the report, it is correct to say that impairment substantially impacts oral hygiene and periodontal disease. The situation focuses on the approach that could help bring about a significant improvement in oral health and relies on extensive research. The semi-structured questionnaire approach and the Childhood Psychopathology Measurement Scale were used (CPMS). According to the study's findings, 37 percent of disabled children and 17 percent of young individuals had psychiatric disorders, according to the CMPS scale. The psychological problems were primarily associated with the large family, low socioeconomic status, and the mother's educational group for disabled children. The study also indicated that the presence of a massive psychological problem essentially stated the need for screening and early identification of psychological issues in designing recovery programs for children with some physical disability. Abrahan S from Kerala conducted a study in which many adolescents reported that they have an average level of psychological factors such as

enjoying life, seeking meaning in life, concentrating, embracing body image, and satisfaction with themselves and negative feelings. It is vital to have a clear understanding of the symptoms and treatments to reduce the condition's effect on the persons' well-being.

Burns (1982), in An analysis of developmentally disabled teenagers enrolled in private education, discovered that they felt academically sufficient, that school fulfilled their basic social needs, and that school fostered their self-esteem. Several studies have compared the Self-definition of placement effects, but the findings in this field are perplexing or ambiguous. Maddeen and Slaven (1983); Chapman (1988) have proposed that a particular class position means lower self-esteem, while others have improved self-esteem. Still, others have reported no correlation.

Lalkhen and Norwich (1990) investigated consciousness and self-esteem in individuals with intellectual disabilities in integrated and unique school environments. The study consisted of 39 teens from special schools, suitable solvent and completely integrated assignments, and qualitative self-concept and self-esteem measures. The data was analysed, and the study proved that the physical Self-concept was substantially lower than most other dimensions of Self-perception in all three classes. The sensory Perceptions definition was gradually reduced from different to somewhat to truly operational environments, with the lowest level being in the genuinely active environment. In the fully integrated community, the physical Concept of self was also observed to be more inclusive of several other Self-concept aspects. The mean consciousness level was substantially higher in the completely functional school than in the secular facility, but not between the entirely and moderately integrated settings.

Usher (1996) examined the impact of creation and management on graduates with orthopedic disorders' consciousness. The study consisted of 38 orthopedic students enrolled in an inclusive curriculum and 32 enrolled in a particular school. With development and distribution, three measures of student transition to the classroom environment were investigated. Participants' consciousness, level of satisfaction in the school setting, and impressions of teacher behavior Piers-Harris Child's Self Definition Scale and the Student Experience Questionnaire were administered to the participants. The findings indicate that students in special schools have greater self-concept feelings, i.e. more optimistic Self-concept and happiness with the educational experience, than participants in educational institutions.

Parrota (1997) focused on determining the variations in students' appearance in integrated and unique school environments, as determined by the Eysenck Questionnaire Based. The current study results showed that students in individual education settings scored lower on extroversion and higher neuroticism, psychotic, and related sub-dimensions than their peers in normal class conditions. Based on

the results, the author recommends any need for interaction to encourage relaxation and enhance the participants' consciousness, commerce, and collaboration.

Van Gorp (2001) In his examination of undergraduate students, explored various elements of the Self-definition. He discovered that, while students studied at centralized colleges tended to have solid educational Self-esteem, those who participated in special schools continued to have a higher social Personal identity.

The Israelite Ower & Goldstein (2002) While it has been discovered that the deaf or dual characteristic is more easily established in settings relevant to the deaf community (special schools for the deaf, families of deaf individuals, associations with deaf groups, etc.), advances in implementation practices have shown that hearing impairment can be incorporated into a definitive objective in hearing circumstances. Wallender and Mrug (2002) An multicultural studies exploring the self-concept of young physically disabled people in the Czech Republic and the United States to that of a normative group of Czech adolescents without a disability confirmed that the self-concept of young people with physical disabilities incorporated into ordinary communities did not distinguish from that of their contemporaries.

Camra and Silvestre (2003) found considerable heterogeneity in the social and academic measures between integrated students (students with hearing impairments, physical disabilities, and learning disabilities) and their peers in their research, which is lower in children with special needs, but not systematically significant variations in the sensory perceptions component.

Objectives of the Study

1. To determine the quality of life of physically disabled indigenous children as well as Army personnel.
2. To investigate the impact of a health promotion program on the quality of life of mentally disabled children in Army personnel.
3. To explore the necessities of Indian military personnel, physically disabled children.
4. To investigate the degree of parental effects with visual and hearing impairments in integrated and differentiated educational settings against peers, parents, schools, teachers, and society generally.

Scope/Importance of the Study

People who are physically or psychologically disabled have been hated and mistaken. Numerous people with disabilities and other learning difficulties have been segregated, which may result from confusion. Those other adolescents can have a more challenging time coping with socially acceptable frames of reference since they are the first one is 'Mourning,' which corresponds to grief and causes the child's functional abilities to deteriorate, resulting in mental instability. The program is called 'Recession,' and it is a mechanism in which people with disabilities perceive themselves as more mentally disabled than they are. The final answer is referred to as 'Spreading

.' It appeals to those who see their task as extending from the origins to the entire body, unlike the adolescents who are not challenged. They are unable to grow up with aspirations centered on what other adolescents their youth do and accomplish.

Therefore, they could develop an uncertain and ambiguous consciousness. In creating a consciousness, inadequacy and fear can lead to transition issues common in physically disabled children. There must be at least three adverse reactions to inadequacy and fear. As a delicate idea, the field is highly dependent on the views of others. Medical problems and origins restrictions are primary and secondary factors in creating a sick Self-concept in the 63 challenged individuals. Not all physically disabled people have poor self-esteem and act sick.

1. To investigate the extent of consciousness of adolescents with visual and hearing impairments educated in collaborative and differentiated environments.
2. To explore the extent of children's self-concept in integrated and differentiated classroom context who face varying degrees of difficulty.
3. To investigate the extent of children's adjustment in incorporated and separated academic contexts who face varying degrees of difficulty.
4. To investigate the communicative impact of different classroom contexts, different types of difficulty, and different degrees of difficulty on children's self-concept and adjustment.
5. To study the relationship between disabled children's self-concept and improvement.

Analysis and Discussion

According to the Government of India, Ministry of Defense Department of Ex-Serviceman welfare in New Delhi, an article published on 17 January 2013 about Financial Assistance of 100% Disable Child of ESM, it has been mentioned that Implementation of the Government Decision on the Committee's Recommendations on Defense Service Personnel and Ex-Servicemen, 2012 – Grant of a lifetime family pension to disabled children of Armed Forces personnel Ex-Servicemen (ESM), like all men in society, are vulnerable to misfortune. In the unfortunate event that his child is born deformed or later disabled due to an accident/natural causes/disease, his capacity to cope with the suffering is comparatively weaker than that of those in the community. In such a situation, the organisation must support ESM in caring for his disabled person and aiding in readjusting life. The scheme began in 2007 with a sum of Rs 500/- per month to provide financial aid to those ESM who have no other income source and are in need. This rate was last updated on file in October 2011 and was Rs 1,000/- per month. This free assistance aims to offer a small amount of relief to ESM children who are completely disabled. The impaired child will receive Rs.1000/- per month from the AFFD Fund, payable monthly during the fiscal years.

The Government formed a committee of Secretaries, led by the Cabinet Secretary, to consider

various issues concerning the pension of Armed Forces Personnel and Ex-Servicemen, and they recommended the continuation of family pension to emotionally and physically disabled children who were drawing, are drawing, or could draw family pension even after their marriage. The Government has approved the Committee's recommendation, and the President is satisfied to decide that the son or daughter of an Armed Forces Personnel who is suffering from some psychiatric illness or impairment, or who is physically crippled or disabled in such a way that he or she is unable to earn a living.

They granted a family pension for life, even after his and her marriage, subject to the fulfilment of other previously specified conditions. These orders shall take effect on September 24, 2012, and shall also refer to cases. However, the financial advantage in previous issues will be given only as of September 24, 2012. And the pension regulations for the three services will be updated in due course, with the approval of this Ministry's finance division through their scheme.

For the eligibility to avail of this, The following criteria must be fulfilled:-

1. The infant must be an ESM (Ex-Servicemen)/legal Widow's offspring.
2. ESM should be of the rank of Havildar/equip of the Navy/Air Force and below.
3. The kid will be disabled.
4. Should not be receiving disability benefits from any government department.
5. It should be recommended by the appropriate ZilaSainik Board (ZSB).

The application for the benefit mentioned above must be made on the prescribed application form, with the ZilaSainik Welfare Officer (ZSWO) recommendation. Annexure 1 to this document includes a sample application form. Copies of the following documents must be submitted with the application and attested adequately by ZSWO: Discharge Book photocopy (must have entry regarding the child). ZSB issues ESM and Dependent Identification Card. One hundred percent disability certificate issued by a military or government hospital and bank account number (in PNB/SBI only) and IFS Code.

Veterans may apply for pensions through the Department of Finance, Ministry of Finance, Government of India. A qualified ESM / widow his or her respective ZSB must apply by December 31st of the year. The ZSWO will review the application and, if found right in all respects, forward it (in hard copy and digital format) to the KSB by the 31st of January of the year for further screening consideration in the current fiscal year.

Payment Procedure for Ex-Servicemen to obtain payment from the Government of India for the disability of their child by submitting account details. The Welfare Section will process the application for payment in 200 applications after it has been accepted. Following verification of the service number, name, bankers, IFS Code, and account number, the Welfare Department will forward the

batch list to the Accounts Section for payment, which will make the payment directly through ECS or via an account payee bill of exchange.

Subsequent Grant

Once authorized, the Disabled Child Grant remains in place for the term of eligibility. However, for the grant to be continued in the following fiscal year, a "Life Certificate" (as per the attached format) and a "Disability Certificate" on the Govt prescribed form must be submitted through the respective ZSB by 15JanAll cases of renewal will be sent to JD (Welfare) by 01 March, who will receive the Secy, KSB's approval for the continuation of financial assistance during the next fiscal year. The financial aid is non-transferable and will end immediately upon the beneficiary's death. The ZSB must notify the KSB Sect of the death of beneficiaries.

AWWA (The Army Wives Welfare Association)

The Army Wives Welfare Association, or AWWA, is a non-profit organisation dedicated to the welfare of Army families, children, and dependent children. The invisible hand that forms the punch of the Indian Armed forces is appropriately named. On August 23, 1966, the association was officially established as a Welfare Society with the Registrar of Societies, the Delhi Government. Since its inception, AWWA has expanded its scope and reach, and it is now recognized as one of India's most influential non-governmental organization (NGOs). AWWA benefits all spouses of army personnel. However, AWWA exists as a functional entity only from the Division level onwards. The AWWA rules below the Corps level by its Family Welfare Organizations (FWO)

Aim of AWWA

In the Army, troop well-being is of the utmost importance. We operate on the principle that a soldier performed the best in his course of duty when he knows his family at home is cared for now and in the future. The Army Wives Welfare Association seeks to help and supplement the Indian Army's official welfare activities, with a primary emphasis on the protection of households, children, and widows of all ranks, particularly retired Army personnel.

Rehabilitation of Widow

They are caring for war widows, known as Veer Naris, which is the primary concern of AWWA. Every year, nearly 1200 widows join our ranks due to the essence of an army man's work while the organisation pays their dues and pensions; AWWA provides the widows with much-needed moral and psychological support to help them cope with their losses while also answering any concerns they may have. AWWA is critical in ensuring that an army widow does not feel neglected at any moment in time.

Promoting Health Awareness and Well Being:

AWWA is dedicated to developing a health-conscious culture that chooses to live a healthier lifestyle. It seeks to promote the physical, mental, and psychological well-being of its participants. It also encourages environmentally friendly activities.

Education

The essence of army service requires men to be separated from their households for extended

periods. Women are often involved in single parenting. Moving constantly makes it more difficult for wives to complete long courses or find work in a new station. Holding the above criteria in mind, AWWA is dedicated not only to rendering the wives self-sufficient but also to assisting them in blooming where they are rooted.

AWWA in Education

1. AWWA operates Vocational Training Centers (VTCs) in army facilities throughout the region. These VTCs have short courses for women. Nursery Teacher Training, as well as Beautician and Tailoring courses, are standard.
2. Under the PradhanMantriKaushalVikasYojana, AWWA operates Army Skill Training Centers in some stations. These ASICs provide our ladies with government-recognized and funded courses.

Empowerment

AWWA is dedicated to developing a health-conscious culture that chooses to live a healthier lifestyle. It seeks to promote the physical, mental, and emotional fellow human of its participants. It also encourages environmentally friendly activities.

AWWA in Empowerment

1. AWWA is dedicated to cultivating the capabilities of its members. It also works to provide training and providing fair for its beneficiaries, especially the veer naris. It is also considerate of the requirements of the female child.
2. AWWA operates branches at several military bases. These are essentially low-cost vendor booths that cater to the families' requirements that live inside military cantonments. Veer naris and their dependents are given priority when hiring sales workers at these outlets. Handcrafted items designed by ladies and special children take pride of place in all these stores.

SIX Commands of AWWA

1. Mrs. Maximum Mohanty Vice President AWWA Regional President AWWA Southern Command
2. Mrs. Alka Singh Regional Western Command President AWWA
3. Mrs. Ina Joshi Regional Northern Command President AWWA
4. Mrs. Ginni Ghuman Regional Central Command President AWWA
5. Mrs. Manjari Shukla Regional ARTRAC President AWWA
6. Mrs. Anu Kler Regional South Western Command AWWA

Conclusion

According to this report's results, physical activity has a slight but substantial beneficial effect on adolescents' mental health. The impact of physical activity on elementary school students and children's mental health could not be determined due to a lack of research. Furthermore, strength training (e.g., active commuting, outdoor play, or physical activities) may affect children and adolescents' mental well-being. In terms of physical activity, involvement in organized sports is a direct positive predictor of mental well-being in children and young adults.

Generally, healthy exercise, on the other hand, was associated with mental health in children and adolescents. Higher levels of excessive screen time (i.e. more than 2 hours a day) were connected with poorer mental health outcomes in children and teenagers.

In conclusion, there is growing evidence to suggest that programs aimed at increasing physical activity and decreasing sedentary behavior are justified and would benefit elementary school students' immediate and potential psychological health. The goals of this analysis were to assess the overall impact of physical activity on mental health in preschoolers, infants, and teenagers, as well as to synthesize recent observational data (both longitudinal and cross-sectional studies) on the relationship between performance, sedentary behavior, and psychological health in these pediatric age categories. The following are the review's key findings: Exercise interventions had a weak residual effect on mental clinical outcomes (i.e. psychological ill-being and behavioral well-being) in children and teens; physical activity was inversely associated with psychological ill-being (i.e. stress, stress, negative affect, total physiological distress) and positively and significantly related to psychological well-being (i.e. self-image, satisfaction with life in adolescents, there was a favorable relationship between sedentary behavior and dissatisfaction, and an opposite relationship between depressive symptoms and lived greater happiness. As a result, the current study's findings indicate that increasing physical activity and decreasing sedentary behavior could benefit children and adolescents.

The occurrence of depression was determined to have a substantial relationship with educational attainment. Mental condition exacerbates poverty by increasing the cost of care and transportation, and social isolation can increase psychotic symptoms. According to the Wisconsin longitudinal report, parents with a child with a neurological disorder had lower rates of jobs, larger families, and lower rates of social involvement, both of which may suggest psychological symptoms. All these children According to an International survey, the occurrence of behavioral disorders among children was highest (58%) in lower socioeconomic status. Some other analysis demonstrated that 21.74 percent of people in the lower socioeconomic class were unemployed compared to 8.65 percent of people in the middle class. Lipman et al. discovered that low socioeconomic status was significantly related to behavioral issues and academic achievement in adolescents.

Educational institutions play an essential part in a person's younger years. In the current research, psychological and social illness was closely related to the student's academic status. These conditions were more common in people who had never attended school or dropped out than those already enrolled in the feature ranking categories. School enrollment was expected to have a high association with psychological and social disorders. According to the

NSSO 2002 survey (58th round), the illiteracy rate among the mentally impaired in India is 55 percent in the urban neighborhood and 41 percent in the rural area. Just 9% have completed secondary school or postsecondary learning. Mental illness, along with lower socioeconomic status, large family size, and the child and mother's educational status, was found to be substantially correlated with psychological and social disorders. Routinely screened for behavioral problems in autistic children should be included in the initial evaluation of such children to allow appropriate support. This will foster consciousness and social competency in preparation for a socially and financially healthy lifestyle.

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