

ORIGINAL ARTICLE

Dietary, Health and Risk Behaviour of Indian Army Veterans: A Sociological Analysis

Akash Rathi*, Alok Kumar, Pranay Kumar Tiwari

Department of Sociology, C. C. S. University, Campus, Meerut, U.P.

ABSTRACT India has presently 22.56 lakh veterans in the country. The health behaviour of these veterans while entering the Army and during service is very good, but what is their health behaviour after retirement is often ignored. In this study, an attempt has been made to enquire about the health behaviour of Indian Army veterans along with their socio-economic background and service profile. The data for the present study have been collected by a structured interview schedule where a total of 200 respondents have been interviewed. The respondents who have been selected using snowball sampling are non-commissioned and junior commissioned officers. The data have been analyzed through statistical techniques like coding, grouping, classification, tabulation, etc. Most Indian Army Veterans reported good health behaviour after retirement. However, several veterans described challenges in maintaining their health behaviour due to new commitments and limited facilities in civil society. Veterans refer to persons who have served in any rank in the Indian Army and have retired from such service. In addition to defence and security, most of the activities done in military service lead to the good health of soldiers. However, there are still some actions like smoking, use of tobacco, alcohol, etc. that negatively affect health in military service. But despite all this, there are many such activities like good nutritious food, physical exercise, routine, etc., which lead a person engaged in military service towards good health behaviour.

Keywords: *Indian Army Veterans, Health, Health Behaviour, Risk behaviour, Dietary behaviour*

Address for Correspondence: Akash Rathi, Department of Sociology, Chaudhary Charan Singh University, Campus, Meerut, U.P., E-mail: rathisocio@gmail.com

1. RATIONALE OF THE STUDY

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. (The largest and land-based branch of the Indian Armed Forces is the Indian Army. Assuring the security and unity of the nation is the Indian Army's primary duty.) 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 (https://en.wikipedia.org/wiki/Indian_Army).

When a young man is inducted into the Indian Army, he is recruited based on some standard criteria that have been created to join the Army. After recruitment, the Indian Army converts that young man into a soldier, by giving additional training for a few months or years. When that young man becomes ready to defend the country by becoming a soldier, then he has to serve for a certain time while staying in some rank. The soldier is released from the Army after a certain period of time to keep the youth profile of the Indian Army. There are different criteria for different ranks for release from the Army. Accordingly, the soldiers of the Indian Army are released and are later called ex-servicemen or veterans. 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 own request or on medical grounds or completion of his/her service years.

According to Kendriya Sainik Board (comparative analysis, 2020) India has 22.56 lakh living veterans in the country. 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. Indian Army veterans are multifaceted and may be considered a population, a culture, and a subculture. Indian Army culture includes but is not limited to, the values, customs, traditions, ethos, standards of behaviour, standards of discipline, teamwork, loyalty, selfless duty, rank, identity, hierarchy, order and procedure, codes of conduct, implicit patterns of communication, and obedience to command. Whereas in a civilized society, this type of culture is not seen.

Veterans are a unique group who are well-trained, disciplined, and dedicated to duty. 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. 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 in civil society. One of which is their health behaviour. The health behaviour of these veterans while entering the Indian Army and during service is very good, but what is their health behaviour especially in areas of physical activity, nutrition, tobacco, alcohol, etc. after retirement, an attempt has been made to find out in this study. This research has much relevance for veterans of the Indian Army. Further, this study is focused on the veterans in the category of non-commissioned and junior commissioned officers who had been released from the Indian Army.

Sociologists have done some studies on veteran's health behaviour and other aspects, which are as follows: Almond...et al. (2008) have reported the prevalence of overweight and obesity, based on self-reported height and weight, for the entire U.S. military veteran population. Nitin A Gokhale (2013) explored changing socioeconomic norms and their impact on India's Armed

Forces. K Maharajan and B Subramani (2014) have highlighted the enormous challenges ex-servicemen face to utilize the avenues in their resettlement and thus to sustain an expected quality of life. Olenick...et al. (2015) have focused on the awareness of healthcare professionals toward problems faced by United States veterans post-retirement. Naveen, Ashok, et al. (2015) have examined client satisfaction regarding services in a Health Insurance Scheme Polyclinic for Veterans. Jeffrey P. Haibach...et al. (2016) have shown veterans were healthier upon entering military service compared to the general U.S. population, but in the longer term, veterans tend to be of equivalent or worse health than civilians. Oster Candice...et al. (2017) have done a rapid review of the literature on the health and well-being needs of veterans, commissioned by the Australian Department of Veterans Affairs to inform future programs and services. Williamson Victoria...et al. (2019) have done a qualitative study of geriatric UK veterans and non-veterans. Molak and Dhiraj (2020) have studied the problems of resettlement among retired soldiers of the Armed Forces.

Thus, there are many studies on various aspects of veterans' health, but there is no study which focuses on the health behaviour of Indian Army veterans. In this study, an attempt is made to explore the existing health behaviour of Indian Army veterans.

1.1. Objectives of the Study

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

1. To analyze the socio-economic and service profile of the Indian Army Veterans.
2. To know the health behaviour 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. Further, the present study will explore the service profile of the Indian Army Veterans such as age at joining and release from service, rank at the time of release, and retirement period. The second objective explores the various health behaviours of the Indian Army Veterans in the context of physical activities such as walking, exercise, and yoga, risk behaviours like smoking, tobacco, and alcohol during service time and after retirement, and food choice variables, the pattern of food and its frequency.

2. CONCEPTS & OVERVIEW OF LITERATURE

The main concepts used in this article are explained as follows. WHO (1948) defines "health as a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" (Amzat and Razum,2014:21). Health is "The state of the optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized" (Parson,1972:123). Health behaviour (HB) is synonymous with preventive health behaviour (PHB). It refers to a person's way of preventing disease, defect, injury, and disability. In what has been cited as a classic definition, Kasland Cobbposited that "health behaviour refers

to those activities undertaken by a person believing himself or herself to be healthy, for the purpose of preventing disease or detecting it in an asymptomatic stage” (Amzat and Razum, 2014:39). Risk behaviours are actions or personal dispositions that expose individuals to diseases. Health-risk behaviour can also be defined as any activity undertaken by people with a frequency or intensity that increases the risk of disease or injury (Amzat and Razum, 2014:43).

Higgins Diana ...et al. (2012) examined the phenomenon of Binge eating in US military veterans citing the high prevalence of overweight and obesity in the latter. Using a secondary data analysis approach, the prevalence and correlates of self-reported binge eating among 45,477 overweight or obese veterans receiving care in Veterans Health Administration facilities were examined. On the basis of their detailed study, it was found that Binge-eaters were more likely to report higher body mass index, depression, anxiety, and type 2 diabetes ($P < 0.0001$). Further, male veterans were significantly more likely to report clinically meaningful binge eating than female veterans.

Olenick ...et al. (2015) focused on the awareness of healthcare professionals toward problems faced by United States veterans post-retirement. The authors feel that healthcare professionals must be able to address physical safety concerns, as well as, the emotional health of veterans. The study employed a comparative method where veterans from Vietnam, the Persian Gulf, and Iraq/Afghanistan were studied and problems were enquired upon.

Jeffrey P. Haibach ...et al. (2016) showed that veterans were healthier upon entering military service compared to the general U.S. population, but in the longer term, veterans tend to be of equivalent or worse health than civilians. With the help of secondary data, the authors in this narrative review have found one primary explanation for the veterans' health disparity, that is, poorer health behaviours during or after military service, especially in the areas of physical activity, nutrition, tobacco, and alcohol.

Oster Candice ...et al. (2017) have undertaken a rapid review of the literature on the health and well-being needs of veterans, commissioned by the Australian Department of Veterans Affairs to inform future programs and services. Secondary data consisting of a total of 21 systematic reviews were included. Based on the study, the findings suggest the interconnection of the mental, physical, and social health of veterans, highlighting the need that an integrated approach to veterans' well-being to be adopted. It is suggested that understanding key factors, such as demographic factors and factors relating to military service, can support improved service provision for veterans.

Sujatha (2017) highlighted the contribution of the sociological approach to the phenomenon of health status, amidst a host of other techniques and approaches for the same. Further, Sujatha states that sociological writings on health should go beyond the definitions and terms used in statistical databases and place them in the context of the social life of the people whose health status is under study. The social dynamics in the everyday life of people, the

imperatives of their decisions under lived conditions, and their cultural predispositions will be important to the understanding of their health status, whether or not they are statistically significant. Qualitative and micro inquiries are required to correct, complement, and explain the issues raised by numerical data.

Williamson Victoria ...et al. (2019) carried out a qualitative study of geriatric UK veterans and non-veterans. Military veterans often experience physical health problems late in life; however, it remains unclear whether these problems are due to military service or a feature of the aging process. This study aimed to explore veteran and non-veteran perceptions of the impact of their occupation on their physical well-being later in life. The study has been done in the United Kingdom. Williamson Victoria ...et al. have collected primary data with the help of a semi-structured qualitative interview. In the study, it was found that most veterans reported good physical health later in life which they attributed to the fitness they developed during military service. However, several veterans described challenges in maintaining their desired level of physical activity due to new commitments and limited sports facilities when they left service.

3. RESEARCH METHOD

Research methods are the plans, processes, or techniques utilized in the data collection or evidence for analysis to uncover new information or create a better understanding of a topic. This paper forms part of a comprehensive research, which is probably the first of its kind in India, studying the health behaviour of Indian Army veterans. Hence, secondary data were collected from conventional media like the book on health and the Indian Army, the 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.

3.1. Universe, Sample Design, and Respondents

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 house more than eighty-two percent of the Indian Army veterans population in the Armed Forces veterans population of Uttar Pradesh (Kendriya Sainik Board, 2020). Stage two involved the selection of the Muzaffarnagar district. The third stage involved the selection of two Tehsils in the Muzaffarnagar district. The next stage of elaborate selection is choosing villages of two Tehsil in Muzaffarnagar district. Further, snowball sampling was adopted to draw samples from two sampling frames representing the two Tehsil. Individual Indian Army veterans 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.

4. ANALYSIS & RESULTS

4.1. Socio-economic and Service Profile of the Indian Army Veterans

In an analysis of the socio-economic profile of veterans, we would explore how the variables such as age, religion, caste, level of education, etc. health of the retired soldier are important for knowing this and for further analysis and understanding of the results of this study. Table 1 illustrates the count (number of veterans) and percentage concerning the categories of age, religion, caste, level of education, nature of family, and agricultural land.

Table 1. Socio-economic profile of the Veterans

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

The above table reveals that most (37 %) of the veterans are in the 61 to 75 age group. Moreover, the majority (91 %) of the veterans follow the Hindu religion and belong to the Jaat caste (61 %). Most (80 %) of the veterans have completed secondary education. Further, a large number (76 %) of veterans live in joint families and have agricultural land (98 %).

4.2. Service Profile of the Veterans

It is very important to assess the service profile of the retired soldiers of the Indian Army because when a person joins the Army, he is young. But when a soldier retires from the Army and tries to re-establish himself in civil society, the ease of adjustment depends upon many factors and one among them is the service profile of the soldier. Table 2 illustrates the count (number of veterans) and percentage concerning the categories of age at joining and release, length of service, rank at the time of release, retirement period, and reason for release from the Indian Army.

Table 2. Service Profile of the Veterans

Profile of the Veterans	No. of Veterans (n=200)	Overall Percentage %
Age at Joining		
<i>20 Years and Below</i>	142	71.0
<i>21 Years and Above</i>	58	29.0
Age at Release		
<i>35 Years and Below</i>	46	23.0
<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>Below 20 years</i>	128	64.0
<i>Above 21 years</i>	72	36.0
Rank at the Time of Release		
<i>Jr. Commissioned Officers</i>	40	20.0
<i>Non-Commissioned Officers</i>	160	80.0
Retirement Period		
<i>2000 & Pre</i>	114	57.0
<i>2001-2020</i>	86	43.0
Reason For Release		
<i>Pre Mature</i>	88	44.0
<i>Completion of the terms of service</i>	112	56.0

The Table 2 testifies that the majority (71 %) of the veterans joined the Indian Army when they were in their 20's and a large number (64 %) of the veterans have served in the Indian Army approximately 20 years. Moreover, a large number (57 %) of the veterans were released from the Indian Army before 2000 at the age of 40 years or below (66 %) and were non-commissioned officers (80 %). The above table also shows that the majority (56 %) of the veterans retired from the Indian Army after completing the terms of service.

4.3. Health Behaviour of the Indian Army Veterans

Health-oriented behaviour does not pertain just to those activities concerned with recovering from disease or injury. It also involves the kinds of things that healthy people do to stay healthy and prevent health afflictions. Living a healthy lifestyle and maintaining one's own health in the process is a common component of daily life for many people.

Health behaviour is defined as the activity undertaken by individuals to maintain or enhance their health, prevent health problems, or achieve a positive body image. It includes people in good health, as well as the physically handicapped and persons with chronic illnesses such as diabetes and heart disease, who seek to control or contain their affliction through diet, exercise, and other positive forms of health behaviour (Cockerham, 2017: 168). In this study, facts were collected considering three things (Physical activities, Risk behaviour, and dietary behaviour) as the basis for understanding the health behavior, which is analyzed as follows-

4.3.1. Physical Activity

Physical activity can improve your health and reduce the risk of developing several diseases. Physical activity and exercise can have immediate and long-term health benefits. Most importantly, regular activity can improve your quality of life.

Table 3.1. Analysis of Physical Activities of the Veterans

Physical Activity	No. of Veterans (n=200)	Overall Percentage %
1. Walking		
Regularly	112	56.0
Occasionally	72	36.0
Never	16	08.0
2. Exercise		
Regularly	46	23.0
Occasionally	106	53.0
Never	48	24.0
3. Yoga		
Regularly	56	28.0
Occasionally	48	24.0
Never	96	48.0
4. Other Physical Workout (Farming)		
Regularly	106	53.0
Occasionally	078	39.0
Never	016	08.0
5. Same/Equivalent Routine of Exerciser after Retirement		
Yes	044	22.0
No	156	78.0

The above table shows that most (56%) of the veterans regularly go for a walk, whereas most (53 %) of the veterans occasionally exercise, and a large number (48 %) of the veterans never do yoga. The majority (53 %) of the veterans regularly do other physical workouts such as farming. It is quite interesting to note that the majority (78 %) of the veterans responded that they do not have the same/equivalent routine of exercises after retirement as they used to do while serving in the Army.

4.3.2. Health Risk Behaviour

Risk behaviours are actions or personal dispositions that expose individuals to diseases. Health-risk behaviour can also be defined as any activity undertaken by people with a frequency or intensity that increases risk of disease or injury (Steptoe and Wardle 2004). Heinemann et al. (2012) observed that some risk behaviours make some individuals vulnerable to more than one disease. For example, cigarette smoking is associated with coronary artery disease, stroke, and lung cancer. In addition, risk behaviours sometimes exhibit an indirect relationship with a disease condition (Amzat and Razum,2014:43).

Table 3.2. Analysis of health risk behaviour of the Veterans

Behaviour of Veterans	No. of Veterans (n=200)	Overall Percentage %
Smoking Behaviour		
<i>During Service Time</i>		
<i>Yes</i>	102	51.0
<i>No</i>	98	49.0
<i>After Retirement</i>		
<i>Yes</i>	96	48.0
<i>No</i>	104	52.0
Use of chewing Tobacco		
<i>During Service Time</i>		
<i>Yes</i>	28	14.0
<i>No</i>	172	86.0
<i>After Retirement</i>		
<i>Yes</i>	12	06.0
<i>No</i>	188	94.0
Alcohol Consume		
<i>During Service Time</i>		
<i>Yes</i>	140	70.0
<i>No</i>	60	30.0
<i>After Retirement</i>		
<i>Yes</i>	96	48.0
<i>No</i>	104	52.0

Smoking behaviour is actions taken by a person that is associated with the burning and inhalation of a substance. Smoking has a direct impact on health, so the analysis of smoking by veterans is important. The table 3 shows that the majority (51 %) of veterans who smoke had the habit of smoking during service. Further, when we analyze the attitude of these 102 veterans (who had the habit of smoking during service), we find that 96 veterans continue to smoke after retirement, whereas 06 veterans have left the habit of smoking after retirement.

Smokeless tobacco is a tobacco product that is used by means other than smoking. It involves chewing, sniffing, or placing the product in the mouth. All smokeless tobacco products largely contain nicotine. The above table shows that most (86 %) of the veterans did not use smokeless tobacco during the service whereas 14 % of the veterans had the habit of taking the tobacco. It is quite interesting to note that these out of 14 % of veterans that is 28 veterans (those veterans who had the habit of taking the tobacco) 16 veterans have left the habit of taking tobacco after retirement.

Drinking alcohol clearly has a significant impact on a person's health and social behaviour, such as heart and liver disease, increased aggression, abusive behaviour, etc. The above table shows that the majority (70 % i.e. 140) of the veterans used to drink alcohol during service time. It is quite interesting to note that out of these 140 veterans, 96 veterans continue to drink after retirement, whereas 44 veterans left the habit of drinking after retirement.

4.3.3. Dietary Behaviour

Dietary behaviour examines what things people choose in the food they eat. Having a healthy diet has a lot of benefits. It can help you lose weight or maintain your desired weight. It also can lower your cholesterol and prevent certain health conditions. In general, a healthy diet keeps your body running on a day-to-day basis.

Table 3.3. Analysis of Dietary Behaviour of the Veterans

Dietary Behaviour of Veterans	No. of Veterans (n=200)	Overall Percentage %
1. Kind of Food		
<i>Pure vegetarian</i>	134	67.0
<i>Pure non-vegetarian</i>	--	--
<i>Both</i>	66	33.0
2. Junk Food		
<i>Yes</i>	42	21.0
<i>No</i>	158	79.0
3. Follow the Earlier Eating Patterns		
<i>Yes</i>	122	61.0
<i>No</i>	078	39.0

The above table shows that a large number (67 %) of the veterans eat pure vegetarian food whereas 33 % of the veterans eat both vegetarian and non-vegetarian. Most (79%) of the veterans do not eat junk food and the majority (61 % i.e. 122) of veterans are following the same eating patterns as they used to follow during their service.

It is important to note that most of the ex-servicemen do not follow the same exercise routine after retirement but follow the same eating pattern even after retirement as they used to have during the service period. Because of this, there is a possibility of them getting sick.

5. DISCUSSION & CONCLUSION

Sociologically speaking, the Indian Army can be seen as a society whose every member is ready to sacrifice his life for the security and sovereignty of the country. The culture of this society includes certain values such as (loyalty, and selfless duty) and standards of behaviour (such as rank, identity, hierarchy, order and procedure, code of conduct, etc.). The journey from joining the Indian Army to becoming a veteran is a long one. It is widely believed that when a person recruits, undergoes training, or serves in the Indian Army, his health behaviour and health remain very good. But when he comes from the Indian Army to be resettled in civil society, no one cares how his health behaves after being resettled. To know this, how the health behaviour of the retired soldier after retirement from the Indian Army, this study (which is probably the first in India to focus on the health behaviour of veterans) has been done.

In the present study, the 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 own request or on medical grounds or completion of his/her service years. According to the 2020 report of the Kendriya Sainik Board, the number of soldiers who have retired from the Indian Army in India is about 25.56 lakh.

As far as empirical findings are concerned the majority of the respondents are Hindu coming from the Jaat caste and lie in the age group of 61-75 years. Further, the majority of the veterans have secondary education, live in a joint family, and have agricultural land. Most of the respondents have got recruited in their 20s with retirement at the age of 40 years as non-commissioned officers having retirement period before the year 2000. From this, we can find that the majority of respondents have less than 20 years of service. From the field study we were also able to find the health behaviour of the person after retirement is not good as compared to the health behaviour during service time. Further, the risk behaviour of the veterans has decreased as compared to the risk behaviour during service time. It is also important to note that the veterans are the following eating patterns that they use to have during service time.

Various authors have done their study on health behaviour of the veterans one such study has been done by Jeffrey Habach (2016) who has found poor health behaviors during or after military service, particularly in the areas of physical activity, nutrition, tobacco, and alcohol. The present study differs from the latter in two broad aspects. One, the veterans have not been able to

maintain their health behaviour (physical activities) but the dietary behaviour has been maintained by the Indian Army veterans even after retirement. Secondly, the Indian Army veterans have been able to decrease the risk behaviour.

REFERENCES

1. Amzat, J., & Razum, O. (2014). *Medical sociology in Africa*. Springer.
2. Almond, N., Kahwati, L., Kinsinger, L., & Porterfield, D. (2008). The prevalence of overweight and obesity among US military veterans. *Military medicine*, 173(6), 544-549.
3. Cockerham, W. (2017). *Medical sociology*. Routledge.
4. Kendriya Sainik Board. (2020). *Comparative Analysis: Concessions & Benefits Provided By States/UTs*. Department of Ex-servicemen Welfare, Ministry of Defence, New Delhi
5. Gokhale, N. A. (2013). Changing socio-economic norms and its impact on India's armed forces. *Journal of Defence Studies*, 7(2), 85-94.
6. Higgins, D. M., Dorflinger, L., MacGregor, K. L., Heapy, A. A., Goulet, J. L., & Ruser, C. (2013). Binge eating behavior among a national sample of overweight and obese veterans. *Obesity*, 21(5), 900-903.
7. Haibach, J. P., Haibach, M. A., Hall, K. S., Masheb, R. M., Little, M. A., Shepardson, R. L., ... & Goldstein, M. G. (2017). Military and veteran health behavior research and practice: challenges and opportunities. *Journal of behavioral medicine*, 40, 175-193.
8. Kari, M., & Subramani, B. (2014). A Distinctive Analysis on the Avenues of Resettlement for Air Force Ex-Servicemen in India. *Research Journal of Social Science & Management*, 4(1), 160-167
9. Olenick, M., Flowers, M., & Diaz, V. J. (2015). US veterans and their unique issues: enhancing health care professional awareness. *Advances in medical education and practice*, 635-639.
10. Oster, C., Morello, A., Venning, A., Redpath, P., & Lawn, S. (2017). The health and wellbeing needs of veterans: a rapid review. *BMC psychiatry*, 17(1), 1-14.
11. Parson T. (1951). *The Social System*. Routledge & Kegan Paul Ltd
12. Phuyal, N., YSM, A. K. J., & Mukherji, S. (2015). Client Satisfaction in 'Ex-servicemen Contributory Health Scheme (ECHS) Polyclinic': An Experience from India. *Medical Journal of Shree Birendra Hospital*, 14(2), 5-14.

13. Prochaska, J. J., & Prochaska, J. O. (2011). A review of multiple health behavior change interventions for primary prevention. *American journal of lifestyle medicine*, 5(3), 208-221.
14. Sharma, M. R., & Jain, D. (2020, July). Resettlement problems of ex-servicemen in India: A critical study. In 2020 *Fourth World Conference on Smart Trends in Systems, Security and Sustainability (WorldS4)* (pp. 639-644). IEEE.
15. Sujatha, V. (2017). What Is the Sociology behind Health Status and Health-seeking Behaviour? *Sociological Bulletin*, 66(3), 286-301.
16. Williamson, V., Harwood, H., Greenberg, K., Stevelink, S. A., & Greenberg, N. (2019). Impact of military service on physical health later in life: a qualitative study of geriatric UK veterans and non-veterans. *BMJ open*, 9(7), e028189.
17. Weiss, G., & Lonnquist E. L. (2020). *The sociology of health, healing, and illness*. Prentice Hall Publication.
18. Indian Army. (n.d.). Accessed on April, 2022, From https://en.wikipedia.org/wiki/Indian_Army
19. Steptoe, A., & Wardle, J. (2004). Health-related behaviour: Prevalence and links with disease. In A. Kaptein & J. Weinmen (Eds.), *Health psychology* (pp. 21–51). BPS: Blackwell.

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