

Research Article

The Noisy Silence of villagers with Deafness of Dhadkai, Jammu, India: A Case Study

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The Indian National Education Policy (NEP), 2020 clearly stated that the disparity and gaps due to gender, culture, literacy, geographical area and economic conditions need to be bridged up in India. And, for this Socio-Economically Disadvantaged Groups (SEDGs) must be identified and mainstreamed with the system. In addition to that, NEP is also in complete consonance with the Rights of Persons with Disabilities Act of India (RPwD, 2016), which places a strong emphasis on the inclusion and equal participation of individuals with disabilities. With this as a starting point, the researchers set out to investigate and research one of the minority populations, with a special focus on people with disabilities. On exploring the existing literature, the researchers found 3 villages in India with a high prevalence of specific disability i.e. 'deafness'. To study the existing situation and experiences in detail, one of the villages named *Dhadkai* was selected as a case study. Understanding the ecological and socio-cultural environment of the inhabitants of Dhadkai village was one of the study's main objectives. Another was to investigate the challenges faced by the people of Dhadkai, particularly of villagers with deafness and with regard to access to education. The people of Dhadkai village were the population of this study and volunteer sampling method was used for the sample selection. The researchers administered interviews, direct observations and maintained a researcher's diary to gather the data. 36 people with deafness, including 13 women and 23 men, were interviewed and observed. In order to learn more about the socio-cultural context of the village, 15 persons with hearing sensitivity were also made the part of the sample. Hence, 45 people were taken as a sample in the study. By using a thematic analysis technique, themes were generated and reported in the finding section. The findings of the research revealed hereditary as the main cause of deafness among the villagers and highlighted the struggle of many families who have been

struggling hard to earn even their daily living. In addition to poor economic conditions, the people with deafness in this village had never been to any academic institution in their life. Moreover, no provision of catering to educational and vocational needs of individuals with hearing loss was observed. This demonstrated how ignorance of the system and a lack of resources have inhibited this population from realizing their dreams. With respect to their communication skills, the people (with deafness) of Dhadkai use local sign language and have a very limited vocabulary. Through this paper, the authors submit their suggestions and present the scope of interventions which can be made independently and in collaboration with different ministries and non-governmental organizations. The villagers have high expectations and hope from the Government of India and dream to observe development in the village for the benefit of the villagers, society and the nation.

Introduction

The father of the nation, Mahatma Gandhi, rightly said that '*India lives in villages*' and surprisingly, this statement appears to be true in the current scenario as well. Though India has seen a considerable migration from rural to urban areas for many reasons, India is still predominantly a rural nation, with approximately 70% of the people living in rural areas contributing to nearly 50% of the national income (Census, 2011). Hence, it is justified to state that equal attention must be given to the people of rural India who deserve equity and equality by all means with better living standards that includes power, plumbing for drinking water, sanitation, education, health facilities, jobs etc. However, a deeper look at the statistics related to rural India reveals the following:

- the literacy rate of rural India is 73.5% with approximately 65% of female literacy.
- a third of rural households make less than Rs 5000 per month in income.
- half of the rural households lack land and employ primarily casual labour
- have a poverty rate of approximately 26%, compared to just 13.7% in metropolitan areas. The Rangarajan Committee's estimations show that rural poverty, which was about 31% in 2011–12, is higher than urban poverty.
- Infant Mortality Rate, percentage of the anaemic population, various Health Indices, and access to basic services are all indicators where rural India lags behind urban India (as of 2006).
- 69% of the persons with disabilities reside in rural India.

The above data communicates that the people in rural communities continue to struggle with concerns including poverty, unemployment, and a lack of essential facilities like hospitals, road connectivity and schools.

Unfortunately, inequalities in living standards, quality of life, and accessibility to physical and social infrastructure in India are some signs of the growing urban-rural split. But, aspirations are visible in many facets of society, driven by quickening urbanization and ubiquitous information access. When they are not fulfilled, it fuels anger among others who are less fortunate. Therefore, it becomes imperative to explore the present situation of the people belonging to disadvantaged groups in order to make sure that the advantages of economic prosperity are experienced by every Indian citizen.

“According to Paragraph 12.9 of the new Education Policy of India NEP (2020), children from rural areas shall obtain the necessary support for both their academic and further educational goals. Also, para 6.6 mentions that such geographic areas must be designated as "Aspirational Districts" in order to satisfy the educational needs of the people belonging to the areas where there are disproportionately greater percentages of Socio-Economically Disadvantaged Groups (SEDGs). In order to transform their educational environment, it is recommended that regions of the country with sizable populations from SEDGs be classified as Special Education Zones (SEZs), where all programmes and policies are executed to the fullest through additional coordinated efforts.”

On reviewing the various aspects of rural India along the lines of recommendations made by NEP (2020), the researchers intended to work in the area of challenges faced by the people of rural India with a special focus on the people belonging to SEDGs. The literature review guided the researchers that there are three villages in India with dominance and prevalence of a specific disability i.e. deafness from past so many decades. The villages are:

- Dhadkai Village, Doda District, Jammu
- Paralkot Village, Poonch District, Jammu
- Alipur Village, Bangalore, Karnataka

As not much research could be found pertaining to these areas, hence to understand the condition in length and breadth of the villagers, one of the villages was selected as a case study. In this village, there are around 105 families with speech and hearing impairment and also with other disabilities. The village is home to an endogamous group of roughly 4,500 Muslim Gujjar community, a scheduled

tribe of J&K which is proposed to be identified and labelled as PVTG (Particularly Vulnerable Tribal Group) of India.

Carlos Wallace stated that:

'Actions speak louder than words, silence speaks the loudest.'

Some may believe the silence is empty and reflects a vacuum, as there are no words in it. But, sometimes this silence has a more meaningful message than the said one. It is more powerful, perceptive, and strong than a message communicated through speech. And when the silence is unheard for a longer time, it becomes noisy. A noise which communicates a lot of messages that needs to be heard and acknowledged by society as it tells the story of a pain, hopelessness and depressing life experiences.

A similar kind of noisy silence can be observed in the villages named *Dhadkai*, which is also known as 'The Silent Village of India'. To explore more, a survey was conducted in the Dhadkai village in May, 2022. The researchers used an interview, observations, and discussions with locals and higher authorities to gather the data. The result of the data analysis is discussed in the following sections. It is crucial to comprehend deafness in its entirety before examining a specific sample that is suffering deafness in this study. Consequently, a brief overview of hearing loss and terms related to it are presented:-

1(a). An Introduction to Deafness

According to Disability Census 2011, 2.2% of the Indian population had a disability and around 19% of disabled people suffer with hearing loss making India the second-largest country in the world with a Deaf and Hard of Hearing (DHH) community. As per National Sample Survey (NSS)-2002, hearing disability is the 2nd topmost occurred disability with which 32% are found to be profound and 39% with severe Hearing loss. According to 'Disabled Persons in India: A Statistical Profile' (2016), 20% of the 2 million children with impairments in the 0 to 6 age range are DHH and it is reported that the prevalence of congenital hearing loss is high as compared to other factors. A hearing loss that is congenital is one that exists from birth. It may involve hearing loss brought on by inherited conditions or hearing loss brought on by other conditions that existed during pregnancy or at the time of delivery. Congenital hearing loss also affects the speech and language development of the child and hence impacts the individual in almost all the domains of life.

There are a few widely used terminologies that describe a person with hearing loss. Also, there lies some confusion over these terms with respect to their definitions and appropriateness of usage. To have better clarity on these terms, some of these are explained as follows:-

The ear is one of the most important sensitive sensory organs and any damage to this organ causes its malfunction. Due to damage, the hearing sensitivity gets affected to varying degrees of deafness. Let us understand, What deafness means:-

Hearing Impaired: The term "hearing impaired" is frequently used to define people with loss of hearing (any degree, mild, moderate, moderately severe, severe and profound hearing loss), counting those who have a complete absence of hearing and those who have some residual hearing.

deaf: "deaf" term generally denotes a person having severe hearing loss with extremely slight or no functional hearing. When the hearing sensitivity does not respond to a sound of 90 dB HL or more, it is termed deafness. This is the stage of complete loss of the ability to hear in one or both ears.

Hard of Hearing: "Hard of hearing" term is used to refer to people having hearing loss with enough residual hearing and this residual hearing can be enhanced by the use of auditory devices, like hearing aids or Frequency Modulation systems.

Manual communication or Sign Language: It is referred to as a unique language that uses certain visible indicators. These signs are more than various hand motions or manual codes created for the purpose of representing the words, thoughts, and concepts used in the communication process.

Local or Village Sign Language: Sign language sometimes referred to as village sign or rural sign, is an indigenous local sign language used by both hearing and non- hearing people in a region with a high prevalence of congenital deafness. This language typically includes signs derived from gestures used by the hearing population, so that communication can be established between hearing and non-hearing villagers.

It is observed that sometimes deafness genetically predominates in some area and is largely confined to a few families which are largely a reason for the transfer of genes and culture from one generation to the next generation. A similar kind of situation was observed in Dhadkai as well, researchers decided to take it up as a research topic. The researchers analysed a number of research studies in order to obtain comprehensive baseline data, and some of them are mentioned in the following section.

2. Review of Some Related Studies

For the review, the researchers identified two major themes, *rural India* and *people with hearing loss*. Hence, the studies related to these themes were included in the review section.

In order to better understand the nature of rural development in India, Singh, J. P. conducted a study in 2001. The research revealed that the tasks and strategies implemented for rural development fell short of expectations and a delay in the revitalization of rural India was reported. As far as the education in rural India is concerned, a study carried out by Jain P. et.al. (2017) revealed that though India is progressing in almost all the domains, there is still a significant disparity between men and women's educational attainment in rural India. Another study by Ranjan, S. (2019) on academic performance of learners of rural areas reported that more than half of fifth-grade students were unable to read a text and calculate numbers equivalent to those in the second grade. In this research, the author recommended improving the curriculum and putting various strategies into practice in rural areas to counter the academic difficulties faced by rural students. Further to explore the problems of the rural population, in 2020, Rao C. Srinivasa found that the rural population has significant and complex social and economic problems for which decentralization and micro-level planning must be carried out. This shows that rural India still requires interventions in various dimensions.

On the other hand while exploring researches on people with hearing loss specifically hard of hearing and deaf, Gravel, Judith & Galatioto, Jessica, (2003) in their study highlighted the relevance and requirement of language in the life of a child and had also focused on early assessment and intervention of the problem. The authors also mentioned the relevance of providing positive experiences to the child with deafness. With respect to the effects of hearing loss among children, in the cross-sectional investigation, Shipley et.al (2011) highlighted the increased challenges in communicative, emotional, and behavioural domains of children with hearing loss that contribute to various mental illnesses in children. Another study revealed that people with Hearing and visual impairment face difficulties in communication, social interaction, and independence (Hersh M., 2013). According to the findings of the study conducted by Hersh, people with Hearing and visual impairment have trouble communicating feel alone and are less independent. Furthermore, in order to understand the difficulties faced by young children with hearing impairment in an inclusive setting in an urban area, Gudyanga, E. et al. (2014) conducted a study. According to the survey, the most difficult

issue was communication problems. Due to the breakdown in communication, the children encounter dissatisfaction, rage, and exclusion. Varshney (2016) in his research article stated that 'Let's not be deaf for the Deaf'. The article mentioned that Institutional development and team building could be the crucial factors that shall influence the early identification and rehabilitation scenario for people with deafness in the next years. Further, in the investigation of the anxiety symptoms of Australian children with hearing loss, Long J. et al. (2021) discovered that children with varying degrees of hearing loss are more likely than hearing children to experience worry or stress that can result in mental health problems. According to the review, People with hearing loss and deafness experience a variety of obstacles in life, whether they are personal, social, cognitive, emotional, or physical. Therefore, research must be conducted periodically to examine the current situation and aid those in need.

3. About the Study

This research had a qualitative paradigm and was a descriptive research as the researchers aimed to provide a thorough description of the current condition and phenomenon. To carry out a detailed investigation on different aspects like subject's life history, socio-economic conditions, experiences etc. could be studied, the researchers used a case study method. The researchers chose an exploratory case study methodology from among various case study methodologies. With the use of this technique, the researchers were able to gather a significant amount of data regarding the uncommon and unique issues that the sample population had. The terms "Deafness" and "People with Hearing Loss/ Impairment" are used in this study to refer to a person's profound hearing loss sensitivity and speech impairment condition.

3(a). Objectives of the Research

1. To understand the ecological and socio-cultural context of the target population of this research.
2. To explore the challenges faced by the people of Dhadkai, with special focus on people with deafness and their access to education.

4. Methodology

Since learning more about the current state of affairs in the village of Dhadkai was their main goal, the researchers adopted a qualitative analytical approach. The researchers first examined the literature on

the deaf communities and conferred with a few other academicians in order to gather some preliminary data. After analysing the secondary and tertiary data, a visit to Dhadkai was planned. In order to perform the study, the researchers first approached Muhammad Haneef, the village's "Sarpanch" (chief), who is also a Chairman of Bhalessa Block Development Council. With his consent, a visit was planned for May 2022.

Although study studies conducted in this village claimed that travelling to this place was difficult, the researchers had no trouble getting to Dhadkai. Local buses that go to the Doda district can be spotted in Jammu. Regional buses were offered in addition to private vehicle services. Only 3-5 kilometres from Dhadkai, in Bhalessa Gandoh, there were a few lodges that could easily accommodate the overnight demands. After arriving in Dhadkai, the researchers met the village chief who led them to various residents and locales within the community. There were interactions with individuals from various age groups and professions. The villagers who were completely deaf were communicated by using sign language. The researchers also went to the school and Maktab (institutes of daily Quranic and Islamic education for Muslim children), which are the village's educational facilities.

4(a). Study Sample

The population of this study was the residents of Dhadkai village, and volunteer sampling approach was employed for the interviews as well as non-probability sampling methodology for sample selection. People who volunteered to be the part of this research were taken as a sample and hence the data was collected with the consent and under the comfort zone of the sample. Research ethics were followed throughout the entire process, and precautions were made to assure anonymity, informed consent, the sharing of results, and the confidentiality of some specific data.

To carry out this case study, the researchers used direct observations, interviews and maintained a researcher's diary. Informal interviews (semi-structured interviews) and observations were made to study the target population. However during the initial observations, it was noticed that the sample had difficulties expressing themselves through other methods like administration of self-administered research tools (written or verbal), so the researchers chose to use a routine conversation approach (verbal and in sign language) in order to interact with them directly and learn about their concerns. 10 elderly, 20 young adults and 6 children with deafness were interviewed in the study. A total of 36 people with deafness, including 13 women and 23 men, were interviewed. In order to learn more about the socio-cultural context, 15 hearing persons were also interviewed. First, the

information gathered through sign language and verbally was transcribed into words and sentences, after which appropriate notes were made. Using a thematic analysis technique, themes were generated and reported in the findings section after common codes were discovered in the notes.

Note: One of the researchers of this study is a qualified Indian Sign Language interpreter which made her competent in interacting with the villagers with hearing loss condition.

4(b). Description of the Tool used in the Study

In the present study, the researchers conducted interviews, observations and maintained a researcher's diary. Since there was no formal setup and need of fostering low pressure interactions where respondents can speak more freely and openly, the researchers interacted with the villagers in a casual and friendly manner and maintained notes in the researcher's diary. This had aided in building a rapport and in gaining the trust of the respondents. Informal interviewing went hand-in-hand with participant observation. The questions in the interviewing process covered dimensions like demographic profile, concerns related to family support, support from other villagers, education, employment, need of skill development, emotional pressure and aspirations. The respondents' consent and willingness to participate in the interaction was obtained, and it was done so with the understanding that there should be no pressure or stress involved. The responders' level of comfort in addressing the issue determined the length of the conversation. The observations were carried out keeping following factors in mind:-

- Social context
- Self-Image
- Support and Resources
- Living conditions
- Demographic Profile

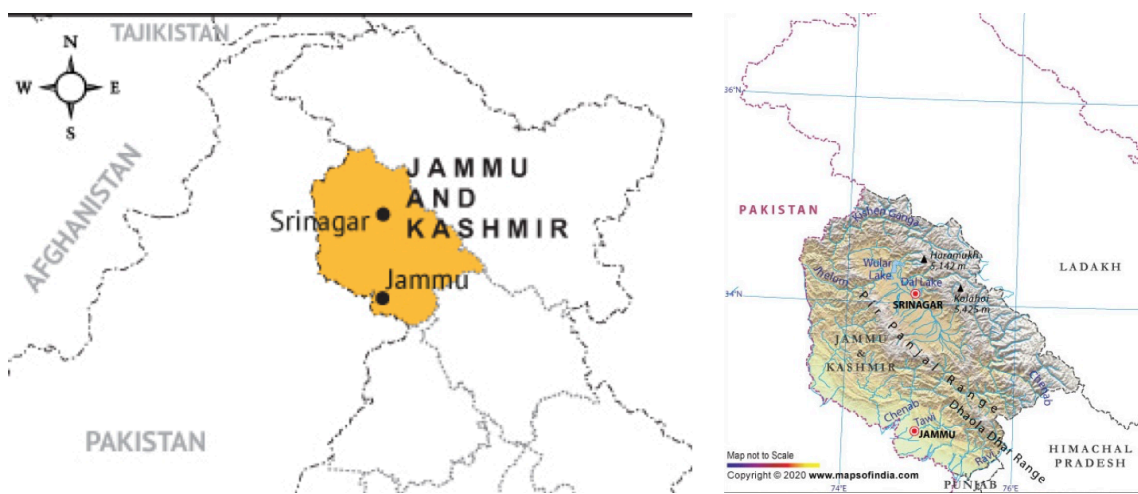
5. Findings and Conclusion

5(a). Objective 1: To understand the ecological and socio-cultural context of the target population of this research.

Findings on the ecological and socio-cultural context:-

Dhadkai, Jammu & Kashmir, India: The northernmost state of India, Jammu and Kashmir, is located in the Himalayan Mountains. The state spans 2,22,236 square Kms in total area. According to the 2011 census report, the state has a total population of 1,25,48,926 people. Jammu serves as the state's winter capital while Srinagar serves as its summer capital. The state is divided into 82 tehsils and 22 districts. Doda District is the largest district in Jammu Province, with a 2625 square kilometre size and a population of 4, 09,936 according to the census data from 2011. As per the History literature, Doda district was named by the utensil makers of Multan, known as 'Deeda'. These people are thought to have travelled all the way from Multan and lived in this area, which is now known as Doda. Doda was initially a part of the Udhampur district, but in 1948 it was separated into its own district. Four tehsils make up District Doda: Doda, Bhaderwah, Thathri, and Gundoh. The rate with which the development is taking place in India is defiantly an eye-opening for the entire world. But keeping the development of the twenty-first century in mind, when the condition of villages of India is discussed, the status is observed to be '*not so good*'. Research and government data reveal that some villages that lie in remote areas are still devoid of essential amenities. Perhaps the worst condition of all is that of the villages that are located on the country's borders like villages of Jammu and Kashmir (<https://www.indiawaterportal.org/articles/rural-kashmir-surviving-dark-age-remote-villages-deprived-basic-facilities>). The living conditions of these villages are challenging.

From the late 20th to the early 21st centuries, Jammu and Kashmir's population continued to expand rather quickly, increasing by almost one-fourth between 2001 and 2011 (Census 2011). Nearly three-fourths of the population in the region still live in towns and villages. According to a 2014 research, 40% of the population of Jammu & Kashmir speaks Kashmiri. The two main Pahadi languages, Bhadarwahi and Siraji, are spoken by the second-largest group. Others in the neighbourhood converse in Dogri and Gojri. The cultural, linguistic, and ethnic makeup of Jammu & Kashmir differs by region which also has various scheduled castes and tribes.

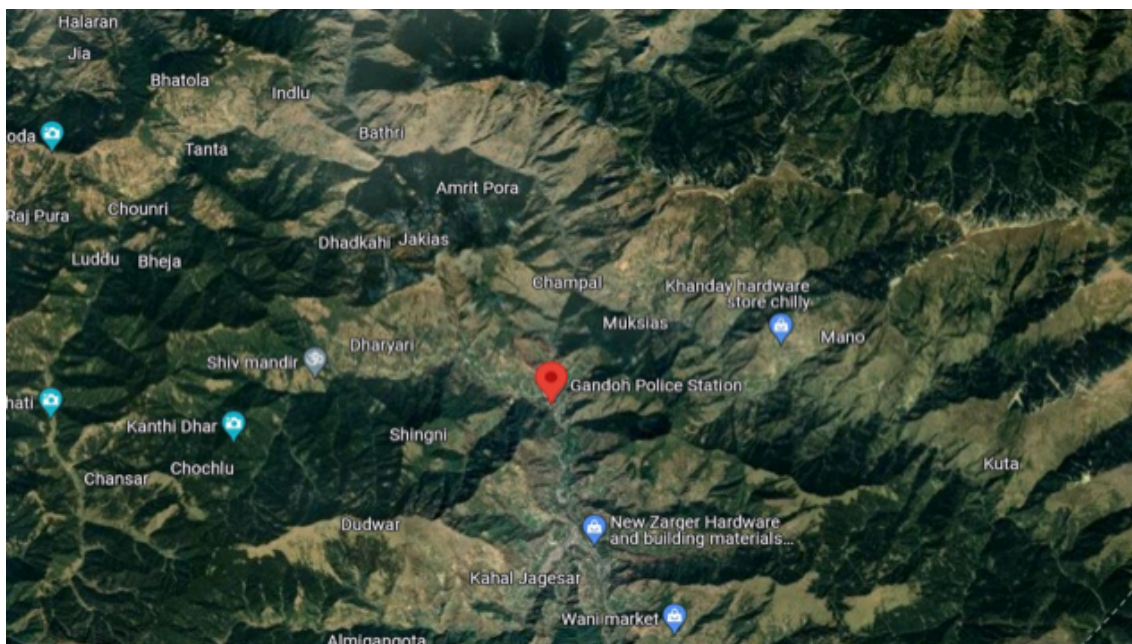


Source: MapsofIndia.com

Demographic Profile of District Doda: The village taken as a case study (Dhadkai) lies in the Doda district of Jammu division. The district consists of 18 tehsils (https://en.wikipedia.org/wiki/Doda_district). This village falls under Gandoh (Bhalessa) Tehsil. According to the census report from 2011, Doda has a total population of about 4, 09, 936 people, of which there are roughly 2, 13,641 men and 1, 96,295 women. Out of the entire population, 32,689 people reside in urban areas and 3,772,471 people live in rural regions. The population grew at a 27.89% annual pace from 2001 to 2011. According to the 2011 census, the literacy rate is 64.68%. The district's lives depend heavily on agriculture. Agriculture is the primary industry practised by the locals, followed by horticulture and animal husbandry. Doda district is not nearly enough in terms of industry. There aren't many active industrial facilities at the moment. Agro-based, small-scale, and wood-based furniture businesses are the main ones present in the region. Due to the District Doda's size and the fact that its communities are dispersed throughout, it was important to sample nearly every area of the district in order to make the study more informative and profitable. Let's now examine the sample villages' socioeconomic profiles.

Profile of Village Dhadkai: The village is 260 km north of Jammu and 70 kms from Doda district, situated 7 km away from sub-district headquarters Gandoh. The total geographical area of the village is 284.9 hectares. Dhadkai has a total population of approximately 1,774 people, out of which the male population is 970 while the female population is 804 (census 2011). There are about 253 houses in Dhadkai village. The reported literacy rate of Dhadkai village is 33.60% out of which 47.94% of males

and 16.29% of females are literate. The people of Dhadkai belong to the Gujjar community and speak Gojri. This community majorly engages in agricultural, pastoral, and nomadic activities. The village is nestled in the snowy Himalayas and is also unique for being composed of almost more than half of the population with deafness. From among two-thirds of the families that live here, nearly everyone has at least one member of the household suffering from a curious congenital disorder that leads to severe speech and hearing disabilities, rendering a large section of the community impervious to the outside world.



Source: MapsofIndia.com

This village is popularly known as **the Silent village of India**. On asking about the status as ‘Silent village’, the Sarpanch (Chief of the village) Muhammad Haneef replied:

“The first reported case of hearing and speech impairment in the village dates back to 1931. There were only 46 cases of people with deafness in 1990. But now, almost every house in Dhadkai has at least one person with deafness condition. Many researchers and medical team had visited Dhadkai and they named this village as Silent Village.”

The other villager commented:

“Children in our community are affected by this impairment, which is the result of some sin we may have committed. Our patience is being tried by God. The nine months leading up to the birth of a child are filled with worry and tension, and the family prays that the child is not born with the disability. God has made our kids silent and given us this silence status.”

It was also reported by one of the female villager:

“We really do not know what can be done for our children. We have requested to so many political leaders to help us. 3-4 kids with impairment are born almost every year. Whenever a female conceives a child in this village, the entire family is in a state of fear till the child is born without any disability condition.”

The statements given by the villagers reflected the pain and fear of the people of Dhadkai with which they are living from past so many years. They want to ensure that their child is not born deaf and mute. During the interaction, it was also found that in 2014, an Indian Council of Medical Research team screened 2,473 villagers and 33 children below 10 years were found suffering from hearing impairment, while 39 adults were found with profound hearing loss. On average, three children are born with such a disability every year in this village. At present, there are 82 people with hearing loss in Dhadkai.

Adults with Hearing Loss (18 and above)	Children with Hearing Loss (0-18 years)
53 Adults	27 children

Data about the People with Deafness in Dhadkai



Source: Pictures taken during the Survey visit

It was noted that in Dhadkai, the prevalence of hearing impairment was highest among the people having age more than 15 years (61% of individuals belonging to this age group). As mentioned earlier too that the people of Dhadkai communicate in Gojri and Dogri, their common language is local sign language too. During the interaction, one of the hearing villagers was asked about how comfortable he is in interacting with the other villagers with hearing loss condition?, he replied:

“We have learned the local signs that the people with hearing loss in our village use because there are a lot of them. And now that we are all aware of these signs, communication is simple. Our understanding of what they are trying to express is clear. I therefore do not believe that we are communicating ineffectively.”

Though Sign Language is being used by villagers (with hearing loss), it is also a well-known language of non-deaf villagers. And hence, good communication could be observed between the deaf and non-deaf villagers. Therefore, an appreciable social integration in the village could be observed.

5(b). Objective 2: To explore the challenges faced by the people of Dhadkai, with special focus on people with deafness and their access to education.

Many concerns were evolved during the informal interactions with the villagers, but considering the word limit of this research paper, the concerns related to the objectives of this research were included and presented in the following section.

Through the content analysis of the interviewed data, following challenges were reported by the people of Dhadkai:-

[1] Lack of Infrastructural Support: On highlighting the problems of the villagers, the Chief of the village Muhammad Haneef (hearing individual) said:

“Whenever there are elections, we always participate fully, but the administration had never helped us and continues to ignore us. Despite numerous requests for a 5-km road, only a 2-km road had been completed under Pradhanmatri Gram Sadak Yojna.”



Source: Pictures taken during the Survey visit

The Chief highlighted the lack of infrastructural support to the people of the village. This was quoted by 60% of the sample during the interview. Additionally, connectivity in terms of having pakka roads from the village to the closest large town is still in poor condition. However, work on building new roads has begun, and the village is currently accessible. The villagers also have a well-built kaccha road (cemented stairs, can be noticed in the image below), which is used by those who live there. Therefore, it can be said that despite being remote, Dhadkai is a reachable place.



A man carrying his wife with multiple disabilities (locomotor and hearing) at his back to the hospital for a regular checkup, Source: Picture taken during the Survey visit

[2] **Climate related Challenges:** It was observed that most of the people of this village have cattle rearing as the main profession and have a nomadic behavior. Before the arrival of the winter season, for cattle grazing and animal keeping, these people move to some other place for some period (2-4 months) to take care of their animals. The issue of moving their cattle from one location to another to keep them safe was acknowledged by 70% of the sample, who also expressed concern about settlement and makes their living during extreme weather conditions.

On asking about How is life?, to a women (with hearing loss condition) (age: 42 years), she signed:

"I am not happy. I am living a struggling life. I was unable to get married because I am deaf. Now I am growing old. I have one brother and three sisters. All three of them lack hearing. All of us stay with our brother. I do work like picking up cow dung and cutting grass for others in the village and get some money in return. I want to help my brother."

Along with relocation, 30% of the sample also emphasized the problems that those left in the village during the winter confront. According to reports, the severe cold and snow are to responsible for their numerous problems with mobility, electricity, and internet access, hence, disconnects them from the entire world.

[3] **Deafness as Congenital Issue:** It was reported by the Chief that efforts to ascertain the cause of this congenital defect were made, but unfortunately no concrete report has been published on the public platform. As per the secondary and tertiary data, it was found that 'Otoferlin' has been recognized by medical professionals as the gene in charge of the large proportion of cases of deafness (www.telegraph.co.uk). The area has the greatest prevalence of non-syndromic deaf-mutism in the world, according to Dr. Sunil Kumar Raina, who led the ICMR study team there (<https://www.telegraph.co.uk/global-health/climate-and-people/born-deaf-mute-kashmirs-silent-village-disease-has-bruised-every/>). It was also reported that genetic testing revealed an autosomal recessive mutation in the population, which was responsible for the increased prevalence of cases associated with consanguineous marriages. Further, a genetic study was conducted on the blood samples of the villagers, the doctor revealed the no curative treatment for this deafness. The Chief of the village also shared that research on the soil, water, and air of Dhadkai was also carried out to know the reasons behind this genetic problem. It was also told by the Chief that intermarriage was found to

be one of the dominant reasons for deafness as per a team of doctors and they were suggested that future generations could be saved provided villagers avoid getting married within close relations. Most of the villagers (80% of the sample) were in a self-blame and self-pitying state whenever a discussion about the deafness in the village was undertaken.

Since many camps and visits were conducted by the medical professionals to Dhadkai, a few of the villagers (with hearing loss condition) expressed lot of anger. One of the villagers (with hearing loss condition) signed:

“People come, stay at the nearby place and call us for check up. They take our blood and I do not know what they do after that. They promise us that something will be done for us. But, no one returns back. False promises are made to us. We do not have the opportunity to even get education. We also want to do well and live a respectful life. But we cannot do anything except rearing animals, farming and cutting woods from the jungle. We have lived a compromised life and our children are also forced to do so.”

The Chief also mentioned that not all of the villagers (with hearing loss condition) had an identity card, which is necessary for them to qualify for the government's disability compensation programme. Additionally, the villagers (with hearing loss condition) who receive disability pensions appear to be unhappy because the government's compensation is insufficient to maintain the family in the modern economy.

[4] Challenges related to Educational Support: It was told by one of the villager that:

“there are 2 government schools in Dhadkai which are till secondary level only, for the senior secondary and higher education. Our children are required to travel to the Bhalessa Gandoh or to the Doda district main city for higher education. This brings lots of problems to our kids. They face accessibility issue on the way”.

The Headmaster of the school of village confirmed that:

“In 2003, the two schools of the village underwent upgradation in response to many requests made by us to the government. But, these schools still lack enough staff. Due to a staffing shortfall, the school is facing lots of academic and administrative problems. Furthermore, there is no primary school here. Moreover after passing XII, the youth is forced either to leave the village to pursue higher education (which is only feasible for a small number of them), or give up on their dreams of doing so which is evident, especially in the case of females.”

One of the hearing villagers (age 42 years) said:

“How would a person (with hearing loss condition) be able to adapt in the hearing world if the able-bodied persons were unable to find suitable employment for themselves? People (with hearing loss condition) do not need to be educated, thus. Persons (with hearing loss condition) should receive training from the government so they can support their families.”

On Education of girls, the Chief stated that:

“Since the higher secondary school is 10–12 kilometres distant from the village, the majority of our girls are compelled to discontinue their studies after matriculation. Additionally, it is challenging for the girls to go that far due to poor road connectivity, geographic factors, and weather conditions.”

Hence, it was found that Dhadkai does not have appropriate education facility for the children staying in the village. Also, it was found that there is no educational facility for the population (with hearing loss condition) in the village. Education for the people (with hearing loss condition) had been completely ignored. During the survey, it was also observed that Dhadkai has Madarsa (mosque) where education is provided to the hearing children of the village.



School Staff with the Researcher of this Study (Govt. High School of Dhadkai),

Source: Picture taken during the Survey visit



High School at Dhadkai

Source: Picture taken during the Survey visit



Madarsa at Dhadkai

Source: Picture taken during the Survey visit



Students in the class

Source: Picture taken during the Survey visit



Student with his Subject Book

*Source: Picture taken during
the Survey visit*



Students attending the Assembly in the morning

Source: Picture taken during the Survey visit



Students being served Mid-Day Meals in Govt. High School

Source: Picture taken during the Survey visit

The Chief of the village also mentioned that:

“Most of the people (with hearing loss condition) get disability pension but the pension amount is very less. In that amount they cannot even take care of their basic needs. How would they take care of their family’s needs? By considering the condition of these villagers and challenging economic climate of today, the government must raise the amount.”

5(c). Recent Advancement at Dhadkai

With numerous social security programmes designed to give the people of Dhadkai the confidence to survive and create a living on their own, the Army has adopted this community and constantly ensured their general well-being. According to reports, the Army provided for the basic needs of the villagers (with hearing loss condition), including clothing, food, and healthcare, as part of the "Sadbhavna Programme." In addition, the Army has started providing door-to-door, individualised instruction for children (with hearing loss condition) by sending out sign language specialists who have undergone special training in Secunderabad. Some children (with hearing loss condition) were sent to Secunderabad as part of this programme for training and education, and it was claimed that

these kids were able to find respectable employment after their training and education at the special school. In addition, the Army began teaching 10 kids sign language and provided them with hearing aids, each costing Rs 17,000, in the initial phase. However, it was noted that hearing aid devices could not assist the people (with hearing loss condition) because they are only useful for those who are hard of hearing, not those who have never been able to hear. For the benefit of the Dhadkai deaf community, the Army has additionally built 5 rooms close to the school that may be utilised for both schooling and other activities. The researchers noticed that the youngsters of Dhadkai have some fundamental knowledge of the Indian sign language during the survey in the interactions with the kids (with hearing loss condition).

During the interaction with the parent of a girl with deafness, the parent stated that:

“My girl has started learning sign language and through that she has learnt numbers and alphabets. She is so excited to go to school now. She says that she wish to learn sewing and open a tailoring shop in future.”

Interactions with the villagers about the learning and teaching of sign language reflected that the introduction of Indian Sign Language had been deemed valuable and aspirations to achieve the dream have started emerging in the hearts of people with deafness in the village. This demonstrates how ignorance of the system and a lack of educational resources have inhibited this population from realising their potential and fulfilling their ambitions.

6. Major Findings of the Research

The major findings of the research are as follows:

The findings related to all the people of Dhadkai (in general) were:

- **Community Rehabilitation:** The residents of Dhadkai are members of the Muslim Gujjar group, a J&K scheduled tribe that is being considered for PVTG (Particularly Vulnerable Tribal Group) designation because they rely on low-value economic activities like subsistence farming, logging, or dairying. According to the Tribal Research and Cultural Foundation (TRCF), this community is considered to be the most uneducated, underprivileged, and backward among scheduled tribes,

demanding "particular attention and a fair deal" from the federal government and state for their elevation.

- **Academic Support and Vocational Need:** The issues related to educational and skill development was found to be prominent for the people of Dhadkai due to geographical, weather and lack of infrastructure support.
- **Emotional Trauma:** All the hearing parents and family members of people (with hearing loss condition) expressed their concern regarding the significant social pressure they experience due to the disability condition of their loved ones. They cannot take their young children outside of their town or leave them alone since they can't hear well enough to know where they are. Due to their impairment, the young people lack opportunity to establish themselves in life, either professionally or in terms of starting a family. As a result, they are left to bear the child's burden for the rest of their lives. They are constantly worried about what will happen to their children when they pass away. Who might look after them while they are away, and heaven forbid that the kids might be taken advantage of because of their condition. This exhibited the heightened stress level of the family members that contributes to the poor mental health.

The findings specific to people (with hearing loss condition) of Dhadkai were:

- **Academic Support for the population (with hearing loss condition) at Dhadkai:** The people (with hearing loss condition) at Dhadkai have not received any academic support from any educational institution and no rehabilitative facility from any organisation. There are about 20 to 25 youngsters (with hearing loss condition) in the village who are in the school going age group (6 to 18 years) and are in desperate need of academic and rehabilitation support. The Chief asked for some residential solutions for the children (with hearing loss condition) while keeping in mind the geographical, seasonal, and infrastructure restrictions of the hamlet. However, it was found that the Dhadkai government school is willing to collaborate with any other government or non-government organisation to provide support to the population (with hearing loss condition) of the village.
- **Vocational Need:** The Dhadkai villagers (with hearing loss condition) were found to be actively involved in farming and dairying. It may be inferred that they are devoted individuals who desire to cater to the needs of their families. The high level of occupational aspirations that were found may lead the responsible government to designate vocational training for employable youth as a special

project. Interviewees who had profound hearing loss expressed a desire to learn fashion design, tailoring, and other aspects of art and beauty culture.

- **Emotional Trauma:** The population (with hearing loss condition) of Dhadkai feels deprived of their fundamental human rights as a result of the total negligence of family, society, and the government. Additionally due to their condition, they are denied the opportunity to marry the partner of their choice as no one desires to have a person with a defective gene in the family. Also, it was discovered that the majority of females (with hearing loss condition) in the survey continue to live alone due to a toxic combination of stigma and fear of harassment.
- **Need for Sign Language Training:** The locals communicate with one another using the local sign language, which has a limited vocabulary. In order to increase the accessibility of the Dhadkai deaf community, ISL training is required. Door-to-door services are currently being used to train children (with hearing loss condition) between the ages of 6 and 14 in Indian Sign Language (ISL), although the programme is still in its infancy and requires assistance from other organisations.
- **Failure of Hearing Aids Assistance:** The Army offered technological support in the form of hearing aid distribution to the villagers (with hearing loss condition) at the beginning of 2022, but because deafness is inherited, the hearing aids did not produce the desired results.
- **Disability Pension:** Although some of the villagers (with hearing loss condition) receive disability pensions from the government, it was revealed during the interview that these pensions are insufficient for them to live comfortably in the current hard economic climate due to the high cost of living.

The findings of the study reveal that the issues and concerns of the villagers of Dhadkai have not been addressed appropriately by the community and the government and reflect that the life of people living in rural/ remote areas of India, especially with some critical condition like this, faces numerous challenges to lead even a basic life. The Right to Education Act (RTE, 2009) confirms the free education to every child with benchmark disability between the age group of 6 and 18 years and states that Government funded educational institutions as well as the government recognized institutions will have to provide inclusive education. It seems that this mandate is disobeyed by the authorities in Dhadkai village, as no individual with hearing loss condition was found to be enrolled in government school of the village. The 'Accessible India Campaign (2015)' launched by Ministry of Social Justice and Empowerment, India promotes creation of accessible environment for Persons with Disabilities (PwDs) seems to be operational only in a few accessible areas and not the remote locations. The PwDs

have all the rights to live a life with provisions for health, education, employment, accessibility and social inclusion for which necessary actions of prevention, awareness, measurement and policy intervention must be taken up as early as possible. This study reports that leading a life with dignity and self respect is still a dream for marginalized people in India. By promoting knowledge and educating individuals about their rights and how to exercise those rights in social space, barriers including attitudinal, organisational, architectural, communication, and technical can be addressed. PwDs' education is crucial since it will enable them to overcome their obstacles and grow in confidence. It is the highest responsibility of the educated society to let people with disabilities live the life they deserve. The findings of this study also resonate with the findings of previous studies (Varshney, S. (2016), Hersh, M. (2013), Loughran, Steven. (2013), Rao C. Srinivasa. (2020) and Singh, J. P. (2001).

7. Conclusion

Many children with deafness in India, a nation where deafness — and disability generally — has been underreported and mistreated — struggle to get suitable education. According to national statistics, people with deafness are more common in rural areas (Census, 2011). The impact of mental health issues in rural locations with the major issue is more severe than in metropolitan areas for the following reasons: accessibility, availability, and acceptance. Compared to those who live in more populous places, PwDs in rural areas confront a unique set of difficulties.

Through this study, it is concluded that:

'People who are deaf in remote locations or rural villages like Dhadkai are still struggling for basic necessities and human rights which are leading to emotional trauma and unhealthy life. Also, the villagers with hearing loss are devoid of basic support services that cater to general and specific needs.'

Suggestions:

- Most of the people at Dhadkai are using local sign language which has a very limited vocabulary. Hence, an Indian sign language training programme may please be arranged for the people (with

hearing loss condition) of Dhadkai as it would help in bringing them to a level where communication in the best possible manner can be established with them. There is already an Indian Sign Language Tutor who is providing door-to-door services to children who are hearing impaired in Dhadkai. Hence, it is suggested that training in Indian Sign Language may be given to all villagers who are deaf. Already running programmes by the Indian Army may be joined/ supported by other organisations and this door-to-door sign language training should be continued for the children with deafness in Dhadkai.

- Since they are nomadic, some short-term vocational courses pertaining to their interest areas like farming, animal husbandry, animal welfare, dairying, poultry farming, health management of animals, livestock marketing, horticulture, agricultural equipment operators, agri-business management etc. may be prepared, customised and translated in ISL for ready access.
- The Rehabilitation Council of India may look for the possibility to extend academic, vocational and rehabilitation support to villagers with hearing loss.
- Awareness cum advocacy camp may be conducted by the different organisations in Dhadkai to motivate the villagers to enrol their children and adults with the institution for academic and vocational skill development.
- Further, as the National Institute of Open School has academic content available in Indian Sign language, it is suggested that other than the regular functional academic facilities for the villagers, the organisation may intervene to offer OBE, secondary and senior secondary content to the learners with hearing and hearing loss condition, through distance mode. The schools in the village may be contacted and a study centre may be opened in the village with all the academic resources and support made available to the target population. Also, personalised/ modified Indian Sign Language academic content may be prepared, compiled and provided to the villagers who are deaf, for easy access.
- Since Army has adopted the village and technological support had already been extended to the villagers, academic support may be extended to the villagers in collaboration with the Army for its effective implementation.
- Fund generation for this project may be done by collaborating with different ministries. Since this is a tribal community (Gujjar Community that comes under the PVTG list) and a nomadic, the Ministry of Tribal Affairs and Ministry of Social Justice and Empowerment may be contacted for the upliftment and educational support of the target population.

- The researcher observed a moderately negative attitude of teachers of high school Dhadkai towards the inclusion of children (with hearing loss condition) in the same school. Hence, some in-service training capsules may be prepared and carried out in Dhadkai to change the attitude of teachers towards the inclusion of children with disability in regular schools.

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