



IRIS

• Intervention • Rehabilitation • Inclusion • Sensitisation

ISSUE 2
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National Institute of Speech & Hearing (NISH)

NISH
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SOCIAL JUSTICE
DEPARTMENT



IRIS

• Intervention • Rehabilitation • Integration • Sensitisation

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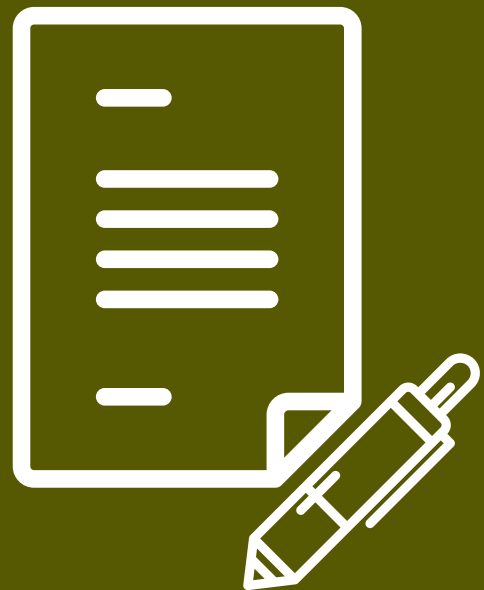
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EDITORIAL





Dr SUJA K KUNNATH
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Dear Readers,

IRIS—to Intervene, Rehabilitate, Integrate, and Sensitize began with a simple thought: voices have to be heard and all they need is a little space. This is an invitation to step into that space we've created just for you, where reading isn't just about words on a page but about connecting with lives, and as you slide past the pages, the understanding naturally turns into inclusion.

Through IRIS, we share ideas and everyday stories. Stories that reflect the quiet strength of persons with disabilities, their challenges, their resilience, their small wins and big triumphs. They're real, lived experiences happening around us every single day.

In this issue, IRIS travels through many such stories and ideas. We look at how technology can open doors to inclusion. We pause to listen to the quiet struggle of a person with aphasia. We talk about the power of human emotions, the steady support of research in disability empowerment, and the often-forgotten wisdom of living a stress-free life. You'll also find useful information on programs and schemes meant to support and empower persons with disabilities.

IRIS isn't just a collection of articles. It's a shared space where voices matter, stories are respected, and understanding grows, gently but surely.

As you read on, we hope these words don't just inform you but move you a little towards empathy, awareness, and meaningful action.

TECHNOLOGY & SOCIETY





The Rise of Artificial Intelligence: Transforming the World of Disability and Inclusion

Artificial Intelligence (AI) has rapidly evolved from science fiction to a practical force that shapes inclusive societies. Today, AI is not only transforming industries but also breaking barriers for persons with disabilities, enabling their independence, accessibility, and equal participation. From smart hearing aids that adapt to a user's environment to AI-powered screen readers that interpret images for the visually impaired, this technology is redefining what is possible for human ability and dignity.

AI in the Lives of People with Disabilities

AI is currently transforming accessibility across multiple domains.

Communication: Tools such as Google's Live Transcribe, Audio Visual Accessibility(AVA), and Microsoft Azure Cognitive Services offer real-time captioning and voice recognition, supporting people with hearing loss in conversations and classrooms.

Mobility and Navigation: AI-driven apps such as Be My Eyes or Seeing AI guide visually impaired users by describing their environment using a smartphone camera. Autonomous wheelchairs use artificial intelligence (AI) and sensors to navigate complex spaces safely.

Education: AI-based adaptive learning systems tailor educational content to individual learning styles, helping students with cognitive or learning disabilities progress at their own pace.

Healthcare: In rehabilitation, AI supports physical therapy through motion tracking and personalized progress

analysis. In mental health, chatbots and monitoring tools assist individuals with anxiety, depression, and autism spectrum disorders.

In short, AI is helping transform assistive devices from static tools into intelligent partners capable of understanding user behavior and adapting to context.

The Future of AI in Disability Empowerment

The next frontier of AI lies in developing systems that not only assist but also anticipate needs. Wearable AI devices can detect early signs of fatigue, seizures, or stress and alert caregivers. Brain-computer interfaces may soon allow direct communication between thoughts and machines, providing new ways for individuals with severe mobility limitations to interact with the world.

However, as AI advances, so must our ethical responsibilities regarding its use. Privacy, data ownership, and bias are crucial concerns, particularly when dealing with sensitive health and behavioral data. Accessibility must not become dependent on affordability; inclusive design should be a universal principle, not a privilege.

Conclusion

Artificial Intelligence holds extraordinary promise for transforming the landscape of disability and inclusion. It empowers individuals to live more independently, bridges communication gaps, and creates pathways for education, employment, and social participation. However, as AI becomes more capable, society must ensure that its development remains human-centered, ethical, and inclusive.

When used with compassion and purpose, AI is not merely a technological tool; it is a force for equity and dignity. In the years ahead, AI will continue to reshape what it means to be able, helping build a world where accessibility is not an afterthought but a foundation.



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SMALL GREAT THINGS



Friend in Need is a Friend Indeed

Looking back at my 23-year journey as an early intervention teacher for children with hearing impairment, I realize that teaching language was never the biggest challenge. What was far more difficult was helping parents, especially mothers, accept their child's disability and step onto the path of rehabilitation with confidence.

Mothers, as the primary caregivers, carry an emotional burden that is often unseen. They are not just parents but also teachers, therapists, and emotional anchors for their children. I have witnessed their struggles up close, and one particular experience from the early days of my career remains unforgettable.



Back then, children used pocket-model hearing aids, which were far less effective than today's advanced devices. The concept of early intervention had just started gaining publicity. Still, many students, along with their parents, came from different parts of Kerala to develop their language and communication skills. One mother, in particular, was often criticized by many teachers for not putting in enough effort to support her child's language development. She seemed distant, and her child was visibly unsettled during sessions. One day, after my class, I asked her to

stay back. Speaking gently, I said, 'Amma, what is troubling you? Tell me, I am here for you.'

At that moment, she broke down, leaning on my shoulder, her emotions pouring out. I held her for a while and reassured her, "We are in this together. You are not alone." From the very next session, I saw a shift in her attitude. Though her child's hearing loss was profound, and his progress slower than others, he seemed confident. His mother had found a renewed sense of purpose. This was a lesson for me too—on how to handle parents with patience, empathy, and understanding.

Many parents of children with hearing impairment make immense sacrifices, often living away from their families to ensure their child receives proper language training. These mothers endure the pain of separation from their husbands, other children, and extended families. Some are fortunate to have a supportive environment, but many struggle alone, receiving little to no encouragement, even from their own spouses.

In these situations, teachers often take on dual roles—not just as educators, but as emotional support systems. They become confidants, offering strength and understanding in a professional yet deeply compassionate way.

Every parent needs a friend who listens without judgment, someone who reassures them that they are not alone in this journey. And in the world of early intervention, a simple act of empathy can make all the difference.

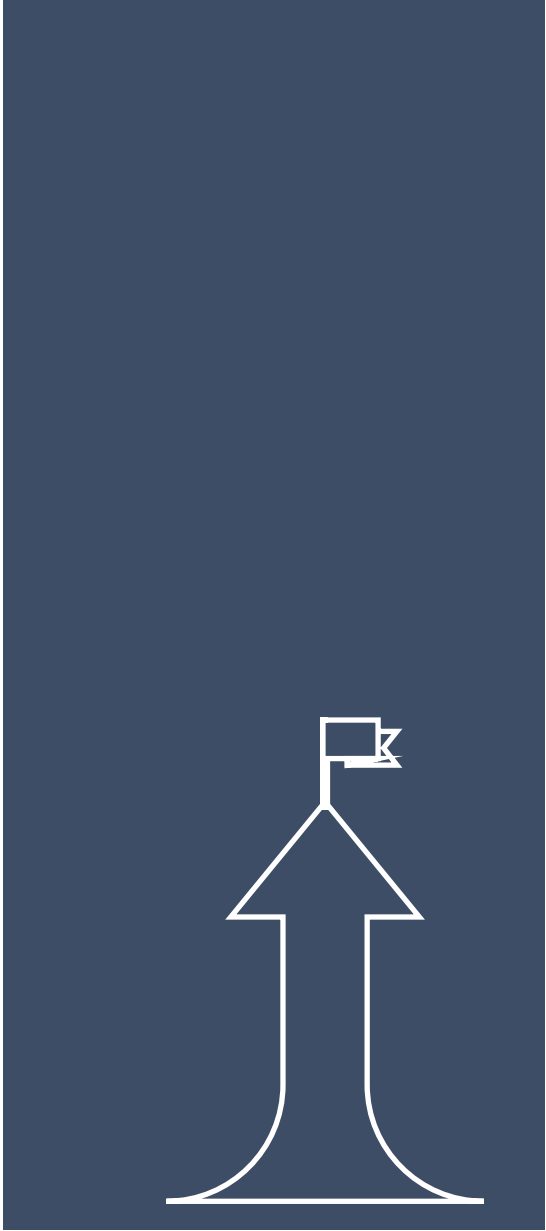
I am very proud to have been an early intervention teacher, and I deeply admire my colleagues and the entire department for their exceptional performance in transforming the lives of children and their families.



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BEYOND



LIMITS

Living Successfully with Aphasia



Imagine the frustration of words slipping away, of familiar conversations becoming a confusing jumble. This is the reality for many people living with aphasia. Aphasia, often triggered by a stroke, disrupts the brain's ability to process language, creating a wide spectrum of challenges. Some individuals might struggle to follow complex discussions, while others find even simple words elusive. Speaking can be equally difficult. Some might struggle, searching for the right sound, while others maintain a conversational flow, but with frustrating pauses as they search for the appropriate word. And it's not just spoken language; reading and writing can also be impacted, making everyday tasks like signing a name a monumental effort. Aphasia is a deeply personal experience, affecting each individual differently, shaped by their unique brain and life story.

When communication breaks down, it impacts far more than just speech. Relationships shift, work becomes challenging, and the simple joys of life can feel distant. But researchers are showing us that "living successfully" with aphasia is possible, focusing on strengths and positive factors to improve quality of life. Understanding the concept of living successfully with aphasia requires one to look at aphasia from three key perspectives: the individual, their family, and the professionals who support them, especially speech language pathologists.

For those with aphasia, the desire for independence remains strong. They crave the ability to engage actively in life, not be relegated to the sidelines. They value social connections and the support of loved ones, finding purpose in these relationships. While acutely aware of their communication challenges, they yearn for clear, effective conversations and express frustration with the limitations they face. Above all, they want to be treated with respect, not pity, and seen as individuals, not just their condition. Their message is clear: support their autonomy, foster meaningful connections, and recognize their inherent worth.

Families are a vital part of helping someone with aphasia live well. When aphasia enters their lives, they become pillars of support, adapting to new roles and responsibilities. They strive to maintain communication, even as it becomes more difficult, and balance the need for support with the desire for their loved one to remain independent. This journey is not without its challenges. Family members often experience emotional strain, taking on increased caregiving duties and longing for better support systems. Their self-care is also vital, as it eventually enables them to provide the ongoing support their loved one needs.

And at the heart of this journey are Speech-Language Pathologists (SLPs). These professionals see "living successfully" as a holistic endeavor, recognizing that communication is an integral part of a person's life. They strive to create a supportive environment, fostering a strong clinician-client relationship that extends beyond formal therapy sessions. SLPs emphasize a positive, strengths-based approach, tailoring interventions to meet the unique needs and goals of each individual. They understand the vital role families play, advocating for their active involvement in the rehabilitation process and providing them with the necessary education and support. They recognize the emotional impact of aphasia, providing encouragement and celebrating progress, while acknowledging that emotional well-being is intrinsically linked to communication success. In essence, SLPs are guides, educators, and advocates, empowering individuals with aphasia and their families to navigate the complexities of this condition and build a life filled with connection and meaning.

Thus, living successfully with aphasia is about more than just overcoming communication barriers. It's about recognizing the resilience of a human being, fostering meaningful connections, and creating a supportive environment where individuals, their families, and others who support them can thrive. By understanding the perspectives of those affected by aphasia, families and professionals should be able to work together to provide them an opportunity to live a full and meaningful life, even when they struggle with speech.



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MINDFUL



LIVING

The Impact of Stress on Health

When we hear the word 'health,' people often think only about physical health. The moment bodily symptoms such as fever or body ache appear, we rush to the doctor. However, there are times when medical tests do not reveal any physical problems, and the doctor may ask, "Are you experiencing any stress that could have caused this?" Often, the questions end there, with no referral to a psychologist or psychiatrist, and only with the advice to "manage your stress."

Stress is a state of worry or mental tension caused by a difficult situation. It can be positive, keeping us alert, motivated, and ready to respond to challenges or avoid danger. Stress can be helpful, keeping us alert and motivated. Too little stress can make us inactive, while too much for too long can lead to exhaustion and burnout. Burnout causes extreme tiredness, loss of motivation, and detachment from work. It can also disrupt patterns of eating, sleeping, and exercise, affecting overall lifestyle and, in turn, physical and mental health. This shows how closely our body and mind are connected and why caring for mental wellbeing is important.

PHYSICAL SYMPTOMS OF STRESS

- **Musculoskeletal:** Chronic stress causes tension in the shoulders, neck, and head, resulting in tension-type headaches, migraines, and pain in the back or limbs.
- **Respiratory:** Worsens breathing problems.
- **Cardiovascular:** Increases risk of hypertension, heart attack, stroke, and may cause cold, sweaty hands or headaches.
- **Endocrine:** Triggers cortisol release, which provides energy but disrupts hormone balance and when chronic, leading to anxiety, depression, mood swings, and feelings of distress.
- **Gastrointestinal:** Affects gut function, causing bloating, nausea, appetite changes, and higher risk of metabolic and immune disorders.
- **Nervous System:** Alters nervous system development and increases vulnerability to neurological or gut disorders.
- **Reproductive System:** In males, reduces testosterone, libido, and sexual function; in females, disrupts menstrual cycles, fertility, and may increase risk of depression.

PSYCHOLOGICAL SYMPTOMS OF STRESS

- Difficulty concentrating
- Difficulty in processing information
- Forgetfulness
- Negative self-talk
- Increased irritability, anger, or anxiety
- Feelings of fear or panic

COPING WITH STRESS

Involves two main approaches:

1. Physical/ Behavioral Strategies

Focuses on maintaining physical health and a balanced lifestyle by:

- Eating healthy and nutritious food
- Getting adequate sleep
- Engaging in regular physical activity or exercise
- Spending quality time with family and friends
- Participating in recreational activities such as hobbies, arts, or crafts
- Managing screen time appropriately

2. Cognitive Strategies

Focuses on managing thoughts and mental responses by:

- Using imagery or visualization (e.g., imagining a peaceful beach)
- Counting to ten to calm the mind
- Performing a cost-benefit analysis of worrisome thoughts (e.g., evaluating the pros and cons of the thought "I am going to fail in exams")

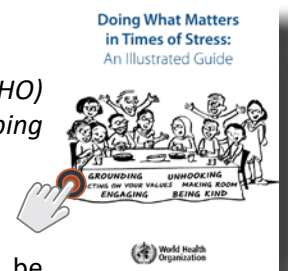


- Muscle relaxation
- Recommendation

World Health Organization (WHO) stress management guide for coping with adversity.

LOOKING AHEAD

Seek help when stress seems to be overwhelming and unmanageable.



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JOURNEY

TO WELLNESS

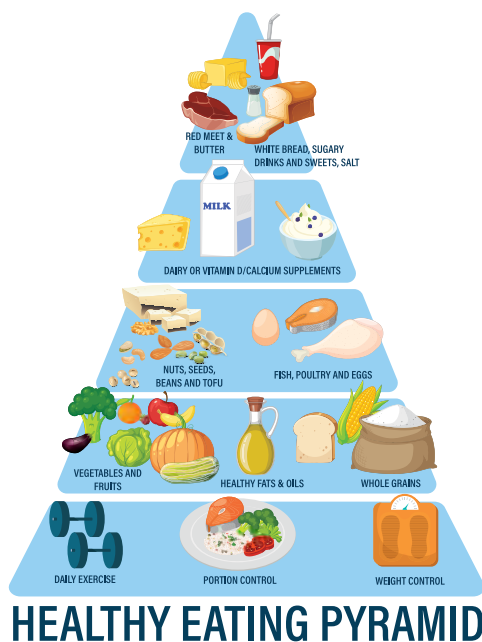
Healthcare Among Youth

Healthcare is crucial for all age groups, particularly for the youth, who often face significant health challenges. This highlights the need for a proactive approach to health, emphasizing individual responsibility and lifestyle changes. To improve health outcomes, young individuals should focus on the following aspects:

Maintain a Healthy Body Weight

Balanced Diet

A diet with variety of healthy food choices for a normal healthy weight & (BMI)



- Avoid skipping meals, processed food items
- Include fruits and vegetables.
- Opt for home made food over restaurant made foods
- Drink adequate water

Regular physical activity

Essential for effective functioning of our body and mind.

- Reduces the risk of heart attack, stroke and some cancers
- Improves our mood and reduces stress
- To combat issues like obesity and insulin resistance

Health screening

Periodic health screening is essential to diagnose diseases at its early stage for effective management. This includes,

- Blood pressure monitoring
- Height, weight, BMI calculation
- Basic blood works
- Infectious disease and cancer screening
- Vision screening

- Dental screening
- Identify abnormal spine and foot problems (can be corrected)
- Mental health screening
- Sleep assessment
- Food habits assessment
- Young females should learn to do a self breast examination (BSE) monthly, preferably on the 10-15th day after the periods

Personal and environmental hygiene

Personal hygiene and grooming boosts our self esteem and confidence. Also prevents diseases.

- Keep body clean, free from germs
- Practise hand hygiene, proper respiratory etiquette, food hygiene and environmental hygiene
- Wash fruits and vegetables well under running water to remove pesticides and germ

Mental health

Our mental and physical health are directly linked. Many youngsters suffer from issues like anxiety, phobia, sleeplessness, depression and substance abuse, etc.

- Seek help when needed.
- Make use of adolescent clinics for proper guidance for all psychological and physical issues.

Vaccinations

Take vaccinations to prevent diseases eg. HPV, Hepatitis, Tetanus, Influenza, etc.

Vitamins and minerals, and other medications

Vitamins are essential for bodily functions and a balanced diet can provide most of them.

- Vitamin D deficiency is very common, which can be linked to increased risk of cancer, cardiovascular diseases, diabetes, depression and autoimmune diseases, etc. besides poor bone health. If deficient, take supplements as prescribed.
- Pregnant women should take vitamins prescribed for the normal development of brain
- Prevent/ treat anemia, thyroid and other hormone problems

Other measures

- Treat any health problems right away without delay
- Take the prescribed medicine regularly
- Keep health records safely
- Listen to your body and note the changes
- Surgeries/therapies as needed

Fostering a culture of healthy lifestyle is vital for everyone. Consulting a healthcare professional for all health concerns is a necessity for young individuals.



MINI MATHEW

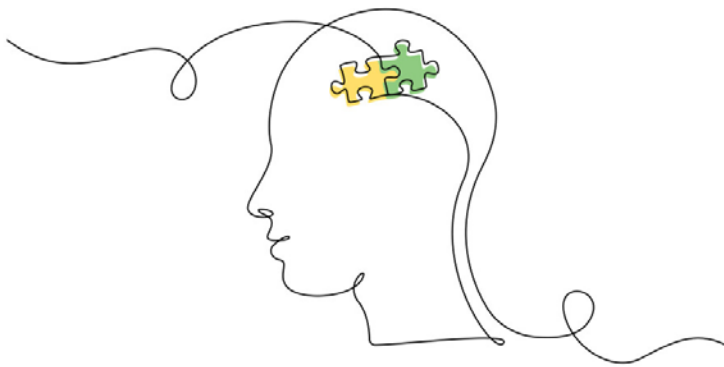
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ADVOCACY IN ACTION



Schemes for Persons with Intellectual Disability



Intellectual disability (ID), a condition characterised by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behaviour which covers a range of everyday, social and practical skills. The Rights of Persons with Disabilities (RPWD) Act 2016, it is one of the recognized disabilities, aims to ensure the rights and dignity of persons with disabilities, including access to education, employment and health-care.

Individuals with 40% or more Intellectual disability are eligible for various central and state government schemes. Niramaya health insurance scheme under National Trust Act 1999 is one among them, an affordable health insurance offering maximum coverage of Rs. 1 lakh for various medical needs.

ADIP Scheme (Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances) by the M/o SJD, to assist disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances to promote physical, social, psychological rehabilitation of Persons with Disabilities by reducing the effects of disabilities and at the same time enhance their economic potential.

Under the Department of Social Justice and Kerala Social security Mission there are different schemes such as Vidyakiranam that provides educational assistance to children of differently abled parents (disability for both parents/ disability for anyone parent) who are economically deprived. Swasraya Scheme which provides self-employ-

ment assistance to such Parents (Mother/Father/Guradians) or those who are unable to earn a livelihood due to their disability. An amount of Rs 35,000/- is being provided to the beneficiaries as one time assistance. Aswasakiranam scheme in Kerala provides monthly financial assistance to caregivers of bedridden, physically and mentally disabled persons who need a full time care giver.

The Karunya Deposit scheme by the Social Security Mission, aims to raise funds for the medical and educational support of physically or mentally challenged children, and orphans, by encouraging individuals and organizations to deposit at least Rs. One lakh as CSR funds. Travel concessions, social security pensions are based on the percentage of disability and annual income.

The Rights of Persons with Disabilities (RPWD) Act, 2016 ensures 5% reservation in government-aided higher education institutions for persons with benchmark disabilities, including intellectual disabilities, with a 5-year age relaxation, also provides a 4% reservation in government jobs, allocating 1% to each major disability category, including intellectual disability.

For Kerala state board exams like SSLC, an additional time of 10 minutes per hour per paper. Considering the difficulties in acquiring language skills, 25% of the total score in theory papers will be granted additionally. Scribes are allowed for students unable to write, and exemptions may be granted for certain subjects like second and third languages. Instead, students can choose practical subjects such as Computer Education, Horticulture, Catering, or Drawing and Painting.

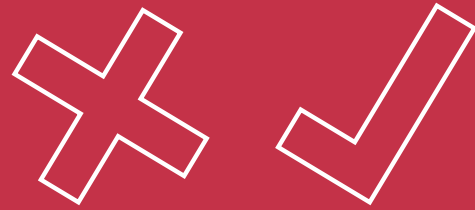
Institutions like the National Divyangjan Finance and Development Corporation, State Handicapped Welfare Corporation, and organizations under the Social Justice Department such as NISH, ICCONS, KSSM, and NIPMR work for the betterment of this community.

Join hands to build an inclusive society where people of all abilities work together for mutual growth and the betterment of all.



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MYTHS & FACTS

Cochlear Implantation:



Cochlear implantation is a transformative solution for individuals with severe to profound hearing loss. Despite its success, several myths continue to create confusion among parents, teachers, and the general public. Understanding the facts promotes informed decisions, timely re-

habilitation, and optimal outcomes.

MYTH 1: Cochlear implants restore normal hearing.

FACT: They do not restore natural hearing but provide electrical hearing by stimulating the auditory nerve. With appropriate aural rehabilitation methods, users interpret sounds meaningfully.

MYTH 2: Only children benefit from cochlear implants.

FACT: For post-lingually deafened adults (those who developed spoken language before losing hearing), cochlear implantation can restore the ability to understand speech, communicate effectively, and re-engage in social and professional life. Even older adults benefit significantly, provided they are medically fit and motivated to participate in rehabilitation. Many recipients report enhanced confidence, safety, and emotional well-being after implantation.

MYTH 3: CI surgery is dangerous.

FACT: Modern CI surgery is safe, short (2–3 hrs), and has very low complication rates. The procedure is performed with precision by an experienced ENT surgeon specialised in performing cochlear implantation surgery.

MYTH 4: CIs are painful to use.

FACT: After the wound is healed, users do not feel pain. Sounds are heard comfortably after proper programming (“mapping”).

MYTH 5: CIs cure all hearing loss.

FACT: CIs help to manage only severe to profound sensorineural hearing loss, not advised for conductive or auditory nerve damage.

MYTH 6: CI destroys natural hearing.

FACT: New soft-surgery techniques help preserve residual hearing and even combine CI + hearing aid use.

MYTH 7: No therapy is required after cochlear implantation.

FACT: Aural rehabilitation approaches like Auditory–Verbal Therapy and/or auditory training are vital for success; device activation is only the beginning.

MYTH 8: CI users don’t need sign language.

FACT: The need for sign language or visual supports depends on the individual’s auditory capacity, language development, and overall progress in rehabilitation. In cases where there are anatomical or neurological limitations—such as a thin or absent auditory nerve, cochlear nerve de-

ficiency, or associated developmental conditions—auditory input alone may not be sufficient to develop functional spoken language. Therefore, a multimodal communication approach, incorporating both auditory-verbal strategies and visual supports like sign language, lip reading, or cued speech, may be recommended.

MYTH 9: CI users can’t swim or play sports.

FACT: CI recipients can lead normal lives. External parts are removed for water activities; waterproof models are now available.

MYTH 10: The device never needs maintenance.

FACT: The internal part may last decades, but external processors need upgrades every 5-10 years. The life of the external processor depends on the appropriate care and maintenance of the device.

MYTH 11: Cochlear implants are unaffordable.

FACT: The procedure can be costly in India. However, schemes like Sruthitharangam (Govt of Kerala and ADIP provide free or subsidised cochlear implants for children below the age of 3 and 5 years, respectively.

MYTH 12: Everyone hears and speaks perfectly after CI.

FACT: Outcomes from CI are highly variable, especially in children; consistent device use, early implantation, regularity and quality of speech and language intervention and family support and home literacy environment ensure the best results.

MYTH 13: Cochlear implants look bulky or embarrassing.

FACT: Modern processors are small and discreet. Off-the-ear processors are largely available in the market. Widespread awareness about hearing loss and its consequences have helped to reduce the stigma rapidly.

MYTH 14: Cochlear implant users should not go outdoors or use their device during thunder and lightning, as lightning can strike through the implant.

FACT: CI users are not at a higher risk of being struck by lightning than anyone else. The implant does not attract lightning or conduct electricity in a way that increases danger. However, as with all individuals, it is advisable to follow general safety precautions during thunderstorms, like avoiding open fields, metal objects, or standing under trees. If lightning is nearby, users may switch off and remove the external processor temporarily to protect the device from potential electrical surges or moisture damage. Once the storm passes, the processor can be safely reattached and used normally.

Cochlear implants are a remarkable revolution in hearing rehabilitation. Dispelling myths ensures early acceptance, better therapy outcomes, and an optimal quality of life. Knowledge replaces fear, empowering families and prospective beneficiaries alike.



Dr. JEENA MARY JOY

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MUST-READS FOR THE DETERMINED



ally distant. Yet, like many mothers of special needs kids, Jani finds strength in the midst of despair. She channels her pain into determination, seeking education and skills in special education to nurture her daughter’s growth. Riya, though vulnerable, becomes the source of Jani’s courage, inspiring her to fight for her child’s rights, her own independence, and the life they both deserve. Misra beautifully portrays how motherhood, especially in the face of unexpected challenges, can awaken resilience and purpose. Through Jani and Riya’s bond, the novel celebrates the transformative power of love, patience, and courage showing that even in difficult circumstances, a mother can stand firm, guiding her child and herself toward hope and fulfilment.

Though there are many perspectives to Jani’s journey, I would like to look at it as a story of motherhood, courage, and unwavering resilience. What Ancient Promises ultimately celebrates is the remarkable courage a mother discovers within herself when faced with life’s toughest challenges. Jani’s journey shows that love alone is not enough — it is the determination to act, to fight for her child, and to redefine her own life that transforms fear and despair into strength. In moments of adversity, a mother often becomes a pillar of resilience, finding reserves of patience, creativity, and fortitude she never knew existed. Misra’s novel reminds us that motherhood is not just about protection or sacrifice; it is about the quiet heroism of standing firm, confronting obstacles, and turning even the most painful experiences into opportunities for growth, hope, and unwavering support for the child who depends on her. In my career, I have met countless mothers who quietly face every challenge with courage and love, holding their children with special needs close to their hearts. Their unbroken bond and everyday bravery are truly inspiring, hats off to these unsung warriors.

Against the Tide: The Unbroken Bond

I remember a friend from my engineering college who gave up a promising career to care for her non-verbal autistic son. Watching her transform her life entirely, becoming a special educator for him, I was struck by her courage and unwavering dedication- she became a true pillar of support for her child. Reading Jaishree Misra’s Ancient Promises, I couldn’t help but think of her as I followed Jani’s journey with her daughter Riya. When Jani first learns that Riya is a child with special needs, the shock and heartbreak are immediate and intense. She faces a world that seems indifferent or even judgmental, with relatives who see Riya as a burden and a husband who is emotion-



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HIGHER

**LEARNING
HORIZONS**

Higher Education for the Deaf and Hard of Hearing in India- Challenges and the Road Ahead

Education is not just about books and classrooms—it is a tool of empowerment. The Constitution of India recognises this by guaranteeing education as a fundamental right under Article 21-A. For children with disabilities, including those who are Deaf and Hard of Hearing (DHH), the Rights of Persons with Disabilities (RPWD) Act, 2016 goes a step further, promising inclusive and accessible education at every level. Yet, when it comes to higher education, the journey of a deaf student is filled with obstacles. Colleges and universities often lack the support systems that would allow them to thrive. While higher education should open doors to all, too many deaf students find those doors still closed.

For most deaf learners in India, communication barriers remain the biggest hurdle. Sitting in a lecture where professors speak but no sign language interpreters or captioning are provided, students are forced to rely on their classmates for notes. This exclusion from active participation leaves them unable to engage with their peers or faculty on equal terms. Furthermore, although many teachers are willing to support deaf students, they often lack training in Indian Sign Language (ISL) and specialised pedagogy. Lessons often end up frustrating deaf students, making them feel left out.

Recognising these gaps, the National Institute of Speech & Hearing (NISH), Thiruvananthapuram, began offering undergraduate programs exclusively for Deaf and Hard of Hearing students in 2008. To support this, NISH introduced a preparatory year as the first year of the degree program to strengthen English comprehension and communication skills, while also familiarising students with academic content through bilingual teaching in ISL and English. Yet, even with this innovation, one year is barely enough to fully bridge the language gap. This shows the need to improve how deaf students learn English in school itself, instead of waiting until college.

The Degree (HI) department of higher education at NISH has also developed the NIM-TIE model (NISH Innovative Model—Training for the Inclusive Educator), a structured orientation program for faculty members who join NISH, ensuring that educators are better prepared to engage with deaf students meaningfully in their classrooms. Over the years, graduates of these undergraduate pro-

grams have shown their potential when given equitable opportunities. Alumni from NISH are now employed across diverse sectors—working in IT companies, design firms, educational institutions, NGOs, and government organisations. Many are pursuing higher studies, while others are active contributors in advocacy and accessibility projects.

Despite these pioneering efforts, higher education opportunities for deaf students in India are still limited to a handful of institutions such as NISH. Most universities still rely heavily on spoken lectures and written examinations and do not provide essential alternatives such as a specialised curriculum, teachers trained in sign language, deaf instructors, ISL interpretation or accessible video materials. Because these supports are absent in mainstream colleges, deaf students feel excluded from many general undergraduate programs. They are instead steered into a few limited streams, leaving them with very few real choices.

At the heart of this issue lies the need to recognise Indian Sign Language as a legitimate medium of instruction in higher education. Training faculty in ISL, employing certified interpreters, creating ISL-based learning resources, and fostering peer support networks on campuses would transform the learning environment. Technology too can play a transformative role—through real-time transcription services, AI-based sign language avatars, and accessible e-learning platforms—but Indian universities have yet to fully adopt these possibilities.

Policy frameworks like the RPWD Act, 2016 and the National Education Policy (NEP) 2020 already stress the need for inclusive higher education. Institutions such as the Indian Sign Language Research and Training Centre (ISLRTC) have further strengthened the visibility and legitimacy of ISL. What is required now is implementation — establishing accessibility/ resource centres in universities, enforcing accessibility guidelines, training faculty systematically, and ensuring that deaf students are not restricted to limited degree streams but have the freedom to pursue careers of their choice.

For DHH students, the barriers they face are not a reflection of their abilities, but of systems that have failed to adapt. If India is serious about inclusion, it must commit to action—valuing ISL, expanding career pathways, and recognising deaf learners as equal contributors to academia and society. Only then can we build a future where deaf students do not merely survive in higher education but thrive as leaders, thinkers, and professionals.



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MOVIES THAT MOVE US





Sound of Metal is a 2019 film directed by Darius Marder. The film is about Ruben, a drummer whose life changes drastically when he begins to lose his hearing. When a specialist tells him his condition will rapidly worsen, he thinks his music career and with it his life is over. What starts as a frightening experience slowly becomes a journey of acceptance, and learning to live in a new way. The film shows Ruben going through denial, frustration, and fear of losing the world he knew.

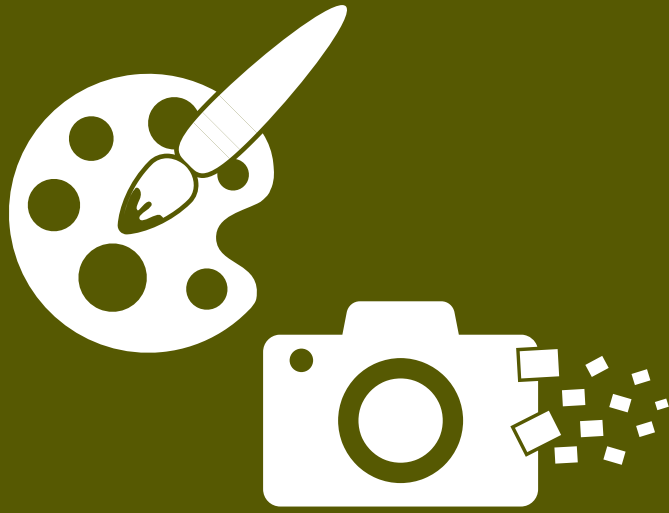
All these emotions feel real when you've met people who have had to reshape their lives all of a sudden. At NISH, I create visual content for various purposes and get the chance to meet and interact with many Deaf and hard-of-hearing individuals. Even though I do not witness the earliest stages of someone's hearing loss, spending time around the people here has helped me understand their challenges and the unique way each person finds their path. Because of this experience, Sound of Metal felt close to my heart.

One thing that struck me was how honestly the movie shows Ruben entering the Deaf community. As someone who spends a lot of time behind the camera, observing, listening, and learning from the people at NISH, I saw so many parallels. The film shows the strength, pride, and unique identity within Deaf culture, something I witness every day.

The part that stayed with me the most is the ending. Ruben sits in silence, stops fighting, and accepts the stillness. I've seen that strength in so many people here, and it's changed the way I look at life. My time at NISH may be short, but it has changed my own understanding of communication and connection. For me, the film felt like a reflection of the people I've met, the stories I've heard, and the quiet changes happening within me.



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CREATIVE MINDS



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“Lockdown”

(Oil on Canvas)

Painted by

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