



CHILDREN'S SPEECH DEVELOPMENT FEATURES

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Annotation: This article analyzes the characteristics of children's speech development, pathology, causes of speech impairment, maternal injuries during pregnancy, features of speech development, and measures taken in cases of speech impairment.

Keywords: speech dynamic localization, expressive speech, impressive speech, echolia, corrective pedagogy, pathology, dyslalia, dysarthria, rhinolalia, stammering.

Аннотация: В данной статье проанализированы особенности развития речи детей, патология, причины нарушения речи, травмы матери во время беременности, особенности на этапе выступления, меры, предпринимаемые в случаях нарушения речи.

Ключевые слова: Речь, динамическая локализация, экспрессивная речь, импрессивная речь, эхолалия, коррекционная педагогика, патология, дислалия, дизартрия, ринолалия, заикание.

Speech is one of the complex higher mental functions of a person. Speech movements are carried out through a complex system of organs, in which the activity of the brain plays a key role. At the beginning of the 20th century, the view that speech function is associated with the presence of special "speech centers" in the brain was widespread. I.P. Pavlov gave this view a new direction. He proved that the localization of the speech functions of the cerebral cortex is not only complex, but also variable, and called it "dynamic localization." The child's speech develops based on the speech of adults. The correct formation of speech depends on the speech of those around us, speech experience, the correct speech environment, and education. Speech is not an innate ability, but it is formed in parallel with the child's physical and mental development throughout life. Scientists show different periods of child speech development, name them differently, and express the age boundaries of each of them differently.

G.L. Rozengrad Pupko divides speech development in a child into two periods:

1. preparatory period (up to 2 years)
2. the period of independent speech formation

A.N. Leontiev divides the formation of a child's speech into four periods:

1. preparatory period - up to 1 year
2. Preschool period - up to 3 years
3. preschool period - up to 7 years old
4. school period

Speech defects are caused by various reasons. They include both congenital and acquired speech defects. It is caused by the experience of various diseases during pregnancy, various infections (measles, cytomegaly, toxoplasmosis, influenza), intoxication, fetal toxicosis, hypoxia or loss of oxygen, increased blood pressure, mismatch between the blood group of the pregnant woman and the fetus, consumption of tobacco and alcohol during pregnancy, radiation waves, physical and mental injuries during pregnancy, asphyxia, and intrauterine trauma. Acquired speech defects occur mainly in the natal and postnatal periods. Inadequate use of gynecological instruments during the natal period, the birth of a child with dysentery. Brain injuries in the postnatal period, severe flu in a child, accidents (automotive accidents).

Currently, there are 11 speech defects, which are divided into groups based on their severity and lightness. Pathological speech disorders are divided into organic and functional parts depending on their central and peripheral character. Peripheral speech disorders include dyslalia, rinolalia, rhynophonia, dysphonia.

The term dyslalia is derived from the Greek word "dis" meaning distortion, "lalia" meaning speech. Dyslalia is the most common defect among speech disorders. According to etiological characteristics, dyslalia is divided into two forms: mechanical (organic) and functional. Mechanical dyslalia is a violation of sound production due to various disorders of the articular apparatus. Functional dyslalia is a functional disruption of the articular apparatus.

Rinolalia: derived from the Greek word "rhinos" - nose, "lalia" means speech. Rhinolalia causes disturbances in the prosodic side of speech and sound output, primarily sounds in the form of -alveolar septum, gum, fissure (nezarashenia) in the hard and soft palate, and impaired construction of the articulatory apparatus. When making a sound, airflow can pass openly not only through the mouth, but also through the nasal cavity, and impairments of normal passage in the closed nasal cavity can be observed due to adenoids, tumors, nasal bone curvature, and chronic processes in the nose.

Rhynophonia is a violation of the voice's timbre in the normal articulation of speech sounds, taking into account the inconsistency of the participation of the oral and nasal cavities in the phonation process.

Dysphonia is the failure of phonation due to pathological changes in the vocal apparatus. Either the absence of phonation (aphonia), or the absence of sound strength (dysphonia), is a violation of the timbre.

Speech disorders of a central nature: dysarthria, alalia, aphasia, dysgraphia or aggraphia, dyslexia (Alexia).

Dysarthria is a disorder of the linguistic sound system caused by organic damage to the central nervous system (sound output, prosody, voices). Dizarthria is often not limited to pronunciation disorders, but is related to speech comprehension and lexical-grammatical aspects.

Alalia is the absence or non-development of speech due to organic damage to the cerebral cortex in the speech zone of the fetus or early period of child development in the uterus. Difficulties in understanding the speech addressed in motor alalia are related to the development of personal speech. In sensorineural allergy, the opposite is observed - to a greater or lesser extent, the understanding of the speech of others is impaired.

Aphasia is the complete or partial loss of previously existing speech, encompassing speech zones due to severe traumatic brain injury, inflammatory processes, and tumors. The mechanism of aphasia is based on the loss of speech stereotypes, resulting in loss of pronunciation skills or the ability to understand foreign speech. In young children (5-7 years old), speech impairment is mainly lost in aphasia-type brain damage and is more associated with speech-auditory memory (L.S. SVETKOVA, 1988)

Dysgraphia or agraphy is a characteristic, partial or complete failure of the writing process. The structure of the sentence and the system of sound syllables are disrupted, the optical spatial images of the letters appear indistinct. No matter where the left hemisphere of the brain is damaged, the back of the forehead, temples, and throat can be impaired.

Dyslexia (Alexia) is a severe reading impairment caused by the underdevelopment of the cervical-temporal parts of the brain.

Expressive speech is the expression of one's opinion through language, which is directed outwards and goes through several stages: idea-internal speech-external expression of one's opinion. Impressive speech is the process of understanding the speech of those around you (oral and written) and goes through several stages. First of all, it is necessary to distinguish the incomplete development of speech from the slowing down of the rate of speech formation. This need arises primarily in the early preschool age, when a delay in speech development and a slowdown in the pace of its development are detected. More accurate differentiation is carried out in the process of educational speech therapy. One of the important diagnostic criteria is the child's ability to master grammatical norms in their native language. As noted above, at the first stage of speech development, a child with incomplete speech development does not fully understand the grammatical changes of words. When the pace of speech development slows down, the child often understands the meaning of the speech addressed to them, including the meaning of grammatical changes in words; they do not make mistakes in understanding the meaning of similar voiced words. In the process of speech recovery, when the pace of speech development slows down, word-formation disorders and agrammatism are not observed. For children with incomplete speech development, this is characteristic and stable.

Thus, in cases of delayed speech development, a child's speech development differs from normal speech development only in its own pace. The patterns of formation of lexical grammatical content in impressive and expressive speech do not differ from normal ontogenesis. The character of children with slow speech development using the grammatical system corresponds to the level of speech development of a normal child. Children with slow speech development have the ability to independently master language generalizations, while children with incomplete speech development cannot. In conclusion, speech development is a complex process that is shaped by the speech of adults. In order to prevent speech disorders, it is necessary to conduct medical examinations and promote a

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