ORIGINAL ARTICLE

INTERNATIONAL JOURNAL OF ARTIFICIAL INTELLIGENCE

ISSN: 2692-5206, Impact Factor: 12,23
American Academic publishers, volume 05, issue 06,2025

Journal: https://www.academicpublishers.org/journals/index.php/ijai

ATTENTION FEATURES OF CHILDREN WITH SPEECH DISORDERS

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Abstract: This article considers the important role of attention in the emergence and perception of speech, and the fact that in preschool children whose speech is not fully developed, the division of attention between speech and practical action is a practically impossible task. Children's attention deficits are observed throughout the entire work process. They have difficulty switching attention, that is, switching from one thing to another, from one type of activity to another. One of the reasons for this is the presence or absence of a connection between the contents of the work being performed sequentially. If there is such a connection, attention shifts quickly and easily. Another reason for the ease or difficulty of switching attention lies in the children's relationship to the objects of attention and the work being performed. The difficulty of switching attention in children with speech disorders is also determined by their relationship to their own disorders. Some children are aware of their shortcomings and are ashamed of them, while others do not care about their shortcomings and do not seek to correct them. These factors prevent them from concentrating and overcoming speech defects.

INTRODUCTION

Speech is one of the complex higher mental functions of a person. Speech acts are carried out through a complex system of organs, in which the brain plays a key role. Attention is understood as focusing the mind on one point and actively directing it to a specific object.

Children with speech disorders are characterized by a number of features, such as variability of attention, low voluntary attention, and difficulties in planning their actions.

• Attention differs according to the involvement of the affective analyzers (vision or hearing): in children with speech disorders, concentration of attention is a much more complex process. For example, in preschool children whose speech is not fully developed, errors often occur in distinguishing color, shape, and spatial arrangement of figures. Such children cannot complete any task due to the dispersion of attention. One of the negative aspects of attention is absent-mindedness. Inattention can manifest itself in the inability to concentrate attention for a long time, in the easy and frequent division of attention. This form of inattention:

• is often one of the causes of decreased working capacity and disorganization of behavior.

• Thus, in order to form voluntary attention in children with any speech disorders, it is necessary to develop it systematically and systematically in the process of activity. In this case, the specific features of the manifestation of attention disorders in each speech defect (alalia,

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dysarthria, rhinolalia, stuttering, etc.) must be taken into account, and this work must be carried out in close connection with the development of other higher mental functions.

LITERATURE ANALYSIS AND METHODOLOGY

If we consider the literature on speech therapy, then the studies conducted by L.V. Neiman and V.I. Beltyukov show that even with a slight decrease in hearing and attention (no more than 20-25 dB), difficulties arise in perceiving certain sounds. If such a decrease in hearing and attention occurs before speech development or in the very early stages of development, it usually leads to general underdevelopment of speech. Since there are violations in the pronunciation of sounds, the vocabulary and grammatical system are also not sufficiently developed.

In children who are born deaf and have scattered attention, imitation of the speech of others does not develop. Gossiping appears in them, just like in their normal hearing peers. However, since it is not reinforced by auditory perception, it gradually fades away. In these cases, speech does not develop in children without special pedagogical influence. In early childhood, the child perceives sounds, syllables, and the words of others in an unclear, distorted way. Because of this, children confuse one phoneme with another, poorly understand speech. In very many cases, children do not notice their own incorrect pronunciation. As a result, it becomes habitual and fixed. Later, this situation is eliminated with difficulty.

From a physiological point of view, speech is a complex act of movement and occurs through the mechanism of conditioned reflexes. Speech occurs as a result of kinesthetic stimulation, that is, from the muscles of speech (muscles of the larynx, muscles involved in breathing).

When I.P. Pavlov spoke about the second signal system, he considered that it is based on kinesthetic and motor excitation, which comes to the cerebral cortex from the speech organs. The accuracy of sounds is controlled by the auditory analyzer. The normal functioning of the auditory analyzer plays an important role in the formation of the child's speech. The formation of speech is especially associated with the child's connection with those who speak, the child imitates them. The child uses not only the auditory analyzer, but also the visual analyzer, that is, he imitates the movements of the lips, tongue, etc. The kinesthetic excitation arising from this movement reaches the corresponding zones of the cerebral cortex. Due to the constant stable connection of the three analyzers (motor, auditory, visual analyzers), speech activity occurs normally. Observations have shown that speech is well developed in blind children, that is, the visual analyzer has a secondary role in speech production. In the development of speech, the activity of the motor and auditory analyzers is primarily in the first place. The central part of the auditory analyzer is located in the temporal part of the left hemisphere of the brain (in the upper part of the brain) - in the back of the upper part. This place is called the sensory or sensory center of speech, and is also called Wernicke's center. If the sensory part of speech is damaged, the analysis of sounds in speech is disrupted.

RESULTS

At the beginning of the 20th century, the view that the speech function is associated with the existence of special “separate speech centers” in the brain was widespread.

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I.P. Pavlov gave a new direction to this view. He proved that the localization of speech functions in the cerebral cortex is not only complex, but also has a variable nature, and called it “dynamic localization”.

Currently, according to the research of P.K. Anokhin, A.N. Leontyeva, A.R. Luria and other scientists, the basis of any mental functions is not separate “centers”, but a complex system of functions located in different parts of the central nervous system.

Speech is a special and high-level form of communication inherent only to humans. In the process of speech communication, people exchange ideas and influence each other. Speech communication is carried out through language. Language is a system of phonetic, lexical and grammatical means. The speaker selects the words necessary to express his or her thoughts, connects them based on the rules of language grammar, and pronounces them through the articulation of the parts of speech.

DISCUSSION

The normal development of a child's speech, due to his attention, allows him to constantly assimilate new concepts, expand his knowledge and imagination about the world around him. The child learns the language of the adults around him. The child can master such a difficult process as mastering speech in a short period of time. The ability to hear, along with mental processes, is of great importance in the development of a child. In the normal development and, in general, harmonious growth of a child, only when the ability to hear is closely connected with all mental processes, and develops without any defects, his speech develops normally.

In a three-year-old child who is not distracted, his vocabulary increases significantly, reaching a thousand or more words. During this period, it is necessary to enrich the child's vocabulary, monitor the correct pronunciation of phonemes and their understanding. In two-three-year-old children, skills are formed with the participation of speech and consciousness.

By the fourth year of a child's life, his speech is further enriched with new words, and the number of concepts he acquires as a result also increases. Children of this age speak on the basis of correctly constructed speech.

By the age of 5-7, speech formation is largely completed. During this period, games, walks, excursions, stories of those around him, and reading poetry are of great importance in the formation of speech. During this period, the child's speech reflects his activity. Based on the results of experimental studies conducted with children with motor aphasia, the following conclusions were drawn:

— the level of quantitative indicators of voluntary attention in children with motor aphasia is significantly lower than in children with normally developed speech;

— the nature of voluntary attention in children with motor aphasia depends on the influence of visual and auditory stimuli: in this case, it is easier for children with speech defects to concentrate their attention on visual instructions than on verbal instructions;

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— the reproductive type of activity is more characteristic of children with motor aphasia (normally - productive), they have a weak ability to independently search for and try out various options when performing a task;

— in game activities, children with motor aphasia can perform tasks on a par with normal children, which indicates that they are able to apply skills at a higher level precisely in game conditions, that is, they are able to perform more actively, so the quality of the activity of children with aphasia depends on how well the speech therapist can concentrate their attention.

In children with motor aphasia, voluntary attention is poorly developed, which prevents the formation of mental processes in them or leads to a violation of the structure of activity. In this case: a) children perceive instructions not clearly, but in fragments; they have difficulty concentrating on the conditions of the task being given, searching for methods and means of its implementation; they usually do not use speech to clarify instructions; b) children with motor aphasia perform the tasks given with errors, while the nature of the errors and the time of task completion are qualitatively significantly different from those of normal children; d) all types of self-control in the performance of tasks (previous, current and subsequent) are not formed or are significantly impaired (O.N. Usanova, Y.F. Garkusha, 1985)

CONCLUSION

Children's attention deficits lead to speech disorders. Cooperation with the family and assistance in partially eliminating, correcting and developing speech disorders in children with speech disorders, whether oral or written, is of great importance, and this is guaranteed by the state. The family is responsible for educating a child with special educational needs, their comprehensive development, correction and preparation for family life. In this process, it is possible to improve their speech skills by organizing speech exercises, encouraging communication and providing constant support, taking into account individual capabilities. This not only helps children's speech development, but also their adaptation to social life. Thus, in order to form the voluntary attention of children with any speech disorders, it is necessary to develop them systematically and systematically during the educational process.

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