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IJEMR Transactions, online available on 21th May 2021.

Link: <https://ijiemr.org/downloads/Volume-10/Issue-05>

DOI: 10.48047/IJEMR/V10/I05/38

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Volume 10, Issue 05, Pages: 162-164

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EDUCATION AND PEDAGOGY OF CHILDREN WITH HEARING IMPAIRMENT

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Abstract: Due to the lack of methodological textbooks, special kindergartens and schools, as well as the lack of qualified educators for the education of children with hearing impairment, many of those children are unable to speak and interact with others, they communicate with others by facial expressions or hand movements. Therefore, every educator should know the methods of teaching as well as physiology of this type of children.

Keywords: Deaf, hearing impairment, agrammatism, deaf-mute, dysgraphia, vibration, tactile, cognition, ENT, transistor apparatus.

Introduction

Children with hearing loss have difficulty hearing in the environment due to hearing loss in both ears. The reasons for this can be different. Often, hearing loss is caused by congenital malformations, ear infections, and in some cases, meningitis-encephalitis of the central nervous system, as well as diseases of the nose and throat. Hearing-impaired children can have a negative effect on their speech and, to some extent, their nervous system. In these children, hearing loss is the inability to fully express speech (such as s, z, d, f), mispronounce the last letters of sentences, or not pronounce them at all. Because when they talk to such children, they can't hear every word or sentence completely. As a result, a state of "agrammatism" gradually begins to emerge. As a result of their hearing impairment, they are unable to control the sentences being spoken to them until the end, so there is no resonance in the child's speech. Children with hearing impairments gradually lose interest in general education. Inexperienced or unskilled educators classify such children as lazy, lazy, and mentally retarded. Although such children cannot hear the syllabus clearly, they are ashamed to ask the teacher over and over again because they are afraid that their classmates will discriminate against them as "deaf and dumb." As a result, if the teacher asks the student to answer a question, he or she will lose his or her mind, and the answers may be risky, non-relevant. If a teacher suddenly asks a question, they will be

confused. In most cases, such children have enough intelligence and understanding, but it is difficult for them to go to public school. A student who realizes his or her own shortcomings will always feel humiliated, irritable, insecure, and resentful. The elimination of such shortcomings is the responsibility of special schools. **Hearing agnosia.** In such cases, due to the cerebral cortex, the patient can hear any sound or sounds, but can not clearly imagine what the sound is, from whom it comes. For example, when you hear a ringing sound, you can't tell which object is coming from, even if you're looking at that object.

This means that such children cannot understand the voice or the words spoken to it. That fact must be taken into account. " The distortions in their calligraphy are called dysgraphia. The upbringing and pedagogy of children with hearing impairment is a complex process that requires special skills and knowledge from the educator. Therefore, every educator should know not only the methods of teaching and educating deaf children, but also their physiology. A healthy child learns from the external environment primarily through visual and auditory analyzers. A young child perceives the effects of the external environment through at least 8,000 visual and auditory organs a day. Well-known physiologist I. M. Sechenov explained that the auditory organs are the most powerful receptors for the study of the external environment. Deaf

children do not have this ability, so they do not have the ability to speak. Now the study of the external environment, perception, vibration and tactile analyzers are actively involved. The central nervous system enhances the activity of these analyzers. Deaf communication is achieved through gestures and facial expressions. Of course, such gestures are very simple and usually refer to features such as objects and so on. Gradually, gestures and lip movements are used to communicate. The deaf person does not hear the words spoken to him, but looks at the lips of the speaker. Regularly formed in this way under the guidance of an experienced educator gives good results. Learning to read with a lip movement is not easy. Not all deaf people can master it. In any case, this method helps the deaf to communicate with others.

Dactiology is the so-called "finger alphabet" in which deaf children can communicate. The letters in this expression are marked by different positions of the fingers. The fingers of the palm can be folded in different ways, half-folded, open or joined together, and so on.

Educators should also pay attention to the fact that deaf children are rare in life. Most children who are considered deaf have a hearing impairment. According to experts, audiometric tests divide all deaf children into four groups based on their preserved hearing:

The first group is a group of deaf children who can hear sounds at the lowest frequency. Children in this group can hear loud banging sounds coming from their ears.

The second group includes those who can understand low-pitched sounds, such as loud sounds coming from the ear and some vocal sounds.

The third group is able to hear words in conversation and understand some syllables, and even say some familiar words.

The fourth group includes children who can hear the conversation from a distance of 2 meters, the teacher's lesson with the help of loudspeakers. With regular ENT checkups,

incomplete treatment of ear infections can also occur and treatment can be continued urgently. Transistors that amplify sound in children who have recently lost their hearing are very convenient and compact, and can be installed in the ear canal. Dwarf battery-powered individual hearing aids and prostheses are especially suitable for deaf children in groups 4, 3, and 2. One of the peculiarities of the pedagogical process of children equipped with individual hearing aids is that they are characterized by elongation of phrases and letters in their pronunciation. Therefore, educators need to work with each child individually to ensure that speech is correct and that expressions are pronounced correctly.

In children, the main stages of development of auditory activity begin at birth. The newborn responds to sounds of sufficient strength, a process based on unconditioned reflexes and manifested by: changes in breathing, changes in pulse, cessation of breastfeeding, and so on. At the end of the 1st month and the beginning of the 2nd month, the child's response to sounds occurs on the basis of conditioned reflexes. For example, during breastfeeding, the sound of the bell is repeated many times: if only the bell rings without breastfeeding, breastfeeding will occur. Very early, from 3 months, the child begins to distinguish the quality of sounds (timbre, pitch). It then begins to distinguish sounds, the human voice, reacting differently to the tones of different sounds. At the age of 2-3 years, the development of speech also leads to the development of hearing, the ability to distinguish words. Normally, speech development takes place earlier than pronunciation, they can hear sounds correctly but cannot pronounce them correctly. For example, the Russian word "карандаш" is pronounced "kalandas". But when an adult says "alandas," the child notices that the word is misspelled and tries to correct it, thinking, "I corrected it to 'kalandas,' not 'kalandas.'" The ability to correctly distinguish sounds in speech is observed in the late 2nd and early 3rd years of life. The ability to hear and distinguish other

sounds (the tone of music, the noises that occur during the operation of certain mechanisms) develops later in life.

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