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SPEECH FEATURES OF CHILDREN WITH HEARING IMPAIRMENTS

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Annotation: This article is about the speech characteristics of children with hearing impairments.

Keywords: Speech, children, hearing, loss, mobility, process, characteristics.

The degree of speech development is not the same as that of hearing impairment and depends on the following factors: the degree of hearing impairment; the time of onset of the hearing analyzer defect; pedagogical conditions of the child after hearing analyzer dysfunction; specific characteristics of the child. Each of the above factors plays a major role in assessing children's speech. Hearing and speech development in children are directly related. The more a child's hearing, the more speech is affected. If the importance of hearing is low, then the deviation of speech is not pronounced. If there is a hearing loss, the child will remain deaf until special education begins. With moderate hearing loss, there are disturbances in the phonetic, lexical, grammatical side of speech. Hearing loss can occur at different times in a child's life. The presence or absence of a secondary appearance of the defect depends on the time factor. The faster the impairment occurs, the more it affects the formation of speech function. In a child under the age of two, the ability to hear leads to a complete lack of speech if speech is not yet formed. By the age of 3-3.5, hearing loss leads to loss of formed speech. If special preparation is not started immediately, speech will be almost

completely broken by the age of 4-5 with full hearing. At the age of 6-7 years, hearing loss leads to a sharp deterioration of the child's speech, and without special pedagogical assistance, speech gradually deteriorates. If a child loses hearing after the age of 7, he or she has literacy skills so that speech can be preserved if systematic corrective action is taken. With partial hearing loss in children, the time factor is also very important - it determines the level of speech development. A slight decrease in hearing in children under 3 years of age can lead to speech delay or development. After 3 years, hearing loss leads to fewer deviations in speech development. Thus, the rate of speech development in children with hearing impairment is largely determined by the onset time of the hearing impairment. The pedagogical conditions that exist from the time a child loses their hearing are of great importance for his or her mental and speech development. The more successfully a child develops, if special medical and pedagogical measures have been taken in the past to counteract the effects of hearing loss. The creation of a speech environment in the family, the organization of special work on the development of early hearing aid, hearing ability and speech determine the

successful development of the child. Personal characteristics also affect the level of speech development. The activity of the child's personality and the mobility of thought processes play an important role in the process of speech acquisition. Stable visual attention and memory help to replace hearing and improve speech. Speech formation in deaf children is based on the compensatory use of intact analyzers in the context of special education. Visual and auditory perception, kinesthetic sensations, tactile and vibration sensitivity are actively involved. A deaf teacher helps a deaf child to develop speech skills, hearing (sound amplification is a must). Speech development in hearing-impaired children is based on residual hearing, which has a natural connection. Even if the perception of oral speech is incomplete, the child is able to master oral speech independently, but with a variety of disorders. With the intensive development of hearing and the creation of conditions for its use, the ability to independently master the grammatical structure of speech grows rapidly. The speech of deaf children is well-developed, well-developed. Their level of speech retention varies. The development of speech and the formation of verbal reasoning in a late deaf child to the point of hearing loss occurred under conditions of natural speech communication based on hearing. People who hear late have poor hearing. At the forefront of correctional education is the task of shaping speech perception on a visual or auditory basis (using sound amplification equipment). Deaf children should have the skills of visual perception of oral speech and have a much later time to master speech. This is different from other children with hearing loss. Speech development plays a crucial role in a child's

development as a person. Hearing loss leads to limited social communication. This restriction affects the formation of the child's psyche. Not all areas of cognitive activity are lacking. Speech, perception, memory, attention, presentation, thinking suffer. In the first 2-3 months of life, the difference between a deaf and hard of hearing child is almost indistinguishable (EF Rau, FF Rau). The screaming and screaming of deaf children is very different from that of a deaf child. Crying occurs in deaf children, but gradually disappears due to inability to control their pronunciation. Laughter, crying, and separate speech can be observed. Young children often use these sounds in communication with adults, in play. Children try to express their desires and needs by whispering. The child begins to use different sound combinations to identify objects and behaviors. However, the combination of these sounds is not similar to words in the mother tongue, and they are understood by limited circles that are close to the child. The combination of sounds is used in conjunction with non-verbal means of communication - natural gestures, appearances, gestures to objects, and so on. Without training, the number of vocal responses decreases with age, they become more monotonous and then disappear altogether. Speech development of infants with hearing impairment in infants is characterized by a great variety, which is related to their hearing condition. The formation of the necessary conditions for speech continues just as it does in the deaf. There are many vocal responses in children with mild to moderate hearing loss from an early age. In the 2nd year of life, hearing is worse than in children, but in contrast to the itching of deaf children, itching occurs. Sometimes screaming words appear at the

age of 2-3, words that indicate the name of toys, things around. These words are pronounced with many grammatical and phonetic distortions. A small proportion of children with hearing impairments have short phrases. Children with severe hearing loss due to their early speech condition look like deaf people on the outside. However, they have more vocal responses than deaf people, and mimic adult speech better. Preschool-deaf children do not form speech without exercise. Various vocal reactions, sound combinations, squeaks were recorded. Without training, the number of vocal reactions decreases, they become more monotonous, and by the age of five or six they disappear completely. Sometimes adult preschoolers who are not taught speech are aware of their speech problems, are reluctant to communicate with people, and avoid contact with adults and hearing-impaired children. The number of non-verbal means of communication in deaf children's preschools is increasing with age. There are more natural gestures that children copy from adults or invent on their own. Various ideas have been developed to describe their emotional state. After four years, the differences in speech of deaf and hard of hearing children become more noticeable. Children with hearing impairments increase the number of words spoken, even without special preparation. Some children learn short agrammatical phrases such as: "Mom, di" (mom, go), "mom, yes" (mom, give). One of the main conditions for the implementation of work on speech development is the creation of an auditory-speech environment that includes constant speech communication with the child, provided that the use of these hearing aids. Work on speech development in infants focuses on the development of visual and

auditory concentration on the adult's face, his speech and objects. This work is carried out over a long period of time, during the day in the process of contact with the child, as well as in special systematic training. Speech development in children with hearing impairment in the 2-3rd years of life has a high rate. In connection with the knowledge of different objects, events, the child has a dictionary of their names, actions associated with objects. The constant use of simple structured phrases makes it easier to repeat some of them more often. It is very important to teach your child to understand the meaning of verbs because phrases need to be understood and used. Work with preschoolers continues, starting at an early age. The basic requirements for the organization and content of work with preschool children in hearing-impaired families remain the same as when working with young children. However, the content of the work is expanding and deepening in different directions. Training and classes are held throughout the day, including regime minutes, games, free classes. Different types of work are held every day, including classes. Creating an auditory-verbal environment involves verbal communication with the child of all family members. A hearing aid is used when working with a child. The comprehensive development of the child includes physical, labor education, acquaintance with the world around him, play activities, development of visual activities, work on speech development, the formation of basic mathematical concepts, as well as teaching reading takes. When a child enters school, work continues to develop speech, cognition, memory, and thinking in general. Speech comprehension occurs before a child can speak, and goes through various stages in its development -

growth in size and qualitatively changing processes. The process known as speech comprehension is not a reaction to a sound signal, but a reaction to its meaning. Although the active speech of a 2-3 year old child consists of speech that comes from his experience and in the context of communication, passive speech allows him to understand not only the motivational (task) speech, but also the story-speech as a means of perceiving the world around him. The active vocabulary of a 2-year-old child is 250-300 words. During this time, the child develops meaningful speech. He is able to convey his thoughts in a simple sentence of a few words. The content of the active vocabulary of a child at the age of 3 is 800-1000 words, at the age of 4 - 1500-2000 words, and at the age of 5 - 2500-3000 words. As children grow and develop, speech is also gradually formed and perfected. In order for children to have a rhythm of speech, the speech center in the cerebral cortex must be fully developed, and their hearing, sight, taste, smell, and skin sensation must be sufficiently developed. Because the senses are inextricably linked to the environment. If the child does not receive new impressions, if conditions are not created for his actions and speech, his physical and mental development will be inhibited. A healthy child satisfies his needs at an early age through simple forms of speech, such as whining, and at a young age,

through the first words. His speech develops primarily on the basis of imitating the speech of the adults around him. When a child first expresses his desires and thoughts in separate words with the exception of a clear grammatical system, by the age of 2, speech begins to find content based on the language system and its laws. Although he does not know any rules of language structure, he can sort words, correct them, form phrases without any mistakes, and even compose completely new words in accordance with the laws of phrases. The child learns the complex system of language through hearing: pronunciation skills - the mastery of the sound structure of many words, their use, the emergence of words and phrases in connection with the grammatical changes and formation of begins to understand the content of the coming meanings.

References:

1. Law of the Republic of Uzbekistan from 18.11. 1991 № 422-XII "On social protection of disabled people." New edition (approved by the Law of the Republic of Uzbekistan dated 11.07.2008 No. 3RU-162).
2. Law of the Republic of Uzbekistan "On guarantees of the rights of the child." // Social protection of youth and women with disabilities. Workshop materials. - Tashkent, 2009 –S. 123-132.