



## PREVENTION OF SPEECH DEFICIENCIES IN CHILDREN

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<b>Received:</b> 26 <sup>th</sup> August 2021 <b>Accepted:</b> 24 <sup>th</sup> September 2021 <b>Published:</b> 30 <sup>th</sup> October 2021	The development of oral speech is important for a child's mental development. The educator identifies, enriches and activates the child's vocabulary, teaches children to pronounce sounds correctly, different forms of oral speech - monologue (narration, retelling) and dialogue (speech or question-answer speech), teaches grammatically correct mastering and correct word formation. In general, it is necessary to consult a specialist as soon as each child begins to feel some shortcomings in speech. Because later these defects may remain in the child's speech. This article discusses the prevention of speech defects in children
<b>Keywords:</b> Children, Speech Defects, Prevention, Correction, Speech Therapist, Education System And Methods	

The work carried out in both kindergarten and school is aimed at the development of educational standards, the knowledge and skills specified in the program, the development of certain personality traits and behaviors. In order to fully meet the requirements of the program, educators and teachers are required to thoroughly examine all the characteristics of their students, especially speech development, to identify shortcomings, eliminate them or send the child to the appropriate specialists, and they to the appropriate institutions.

Speech therapy examinations are carried out on the basis of educational methods and principles, in which the child is thoroughly examined. Speech therapy examinations are performed in two forms: individual and frontal examinations. Individual examinations consist of a tutor or teacher observing each child for at least two weeks at the beginning of the school year. During the frontal examination, children tell a poem, story, answer questions, or draw a story based on a picture in a kindergarten group or classroom. During this time, the general condition of children's speech, articulation, speed of speech, pronunciation of sounds, volume, quality are monitored, and speech defects are identified. After that, children with speech impediments will be registered separately, and a group speech card will be created. An individual speech card will be completed for each child with a speech impediment.

Speech problems do not go away on their own, but they do get worse over time. People with speech impediments need speech therapy. Severe speech impediments affect not only the child's speech but also his overall development. Experts have found that there are many reasons why speech does not develop on time or slows down abruptly. Causes of speech defects in children:

1. Pregnancy (perinatal period);
2. Birth period (natal period);
3. Postpartum period.

Experiencing various diseases during pregnancy, various infections, intoxication, fetal toxicosis, hypoxia or loss of oxygen, increased blood pressure, incompatibility of the pregnant woman and fetal blood group. Smoking, alcohol and drug use during pregnancy, self-medication, ie taking certain medications. Work of the fetus in places where it is dangerous for the fetus (radiation).

- Obstetric pathologies during childbirth, ie the smallness of the pelvis, the umbilical cord of the fetus. Prenatal dehydration, misplacement of the fetus, traumatic brain injury during childbirth, asphyxia during childbirth.
- Postpartum period - from 1 to 3 years of age due to various brain injuries, brain infections, various infectious diseases.
- In classifying speech defects, the child's mental, intellectual, and auditory perception are first examined. Speech defects can be grouped according to their severity. They are:
- Dyslalia is a logopathy that occurs in the normal innervation of the organs of the articulatory apparatus, a mild speech defect characterized mainly by pronunciation defects and sometimes by a lack of phonemic awareness.
- Dysarthria is a severe speech disorder caused by organic damage to the innervation of the organs of the articulatory apparatus, resulting from damage to a pair of neurons. Paralysis usually occurs on one side, left or right. The child's tongue is usually loose or spastic with paretic paralysis.
- Alalia is a severe speech disorder caused by an organic brain injury that is diagnosed in people with normal hearing and intelligence.
- Alalia is characterized by the underdevelopment of 3 components of speech.

- Aphasia is the loss of speech that results from an organic brain injury. Pediatric aphasia is rare in practice. Aphasia occurs mainly after a stroke. In children, brain infections occur as a result of various severe traumas during brain development.
- Rhinolalia is a congenital or acquired defect in the articulatory apparatus or as a result of paralysis of the articulatory apparatus in the nose, nasopharynx, curvature of the nasal bone, various tumors, adenoids, polyps in the nasal area are severe speech defects that occur.
- Stuttering is the result of a temporal change in speech due to the contraction of the muscles of the articulatory apparatus during speech.

Even if a child has a slight developmental delay in phonemic awareness, such a child will have difficulty learning to read and write. With this in mind, it is important to periodically check the phonemic hearing of preschool children and correct any identified deficiencies in a timely manner. Subject and subject pictures are used to check a child's vocabulary. It's a good idea to post pictures by topic. Naming pictures, naming animals and their children, working on antonyms, for example, naming pictures depicting a tall tree and a low tree, a big house and a small house, wide roads and narrow roads: objects, such as carrots, tomatoes, potatoes, generalize as onions-vegetables; the ability to compose a story based on a picture of a subject is tested to understand the meaning of words, and so on.

Examining a child's grammatical structure reveals his or her ability to compose sentences and how well he or she can use words in a sentence. To do this, write a story based on a picture of the subject, put the words in the correct order in the sentence, find the missing word and make a sentence; exercises are given to make appropriate use of word-formative and modifier suffixes, consonant suffixes, singular and plural suffixes. Both oral and written speech of school-age children are checked, the teacher compiles a list of students who make many mistakes in their written work, their anamnesis (information on how oral speech has developed in the past). The children are then given the task of copying and dictating. If the child is not able to complete the task, he will try to write down the syllables or letters. Dropping letters, substituting letters, mispronouncing letters that represent similar sounds, spelling words, and other errors indicate that a child's phonemic hearing, analysis, and synthesis skills are not well developed. Mistakes such as inverting the letter elements, not following the lines, and overlapping the letters indicate that the child's visual perception and spatial perception are not well developed.

Reading skills are tested individually for each child, with a focus on how well the child reads the text - syllables or syllables, letters, while reading which errors are allowed: mispronunciation of letters, the effect of pronunciation errors on reading, reading speed, voice and silent reading skills are checked. It is easy to test reading comprehension skills using question-and-answer retelling and narration techniques. Reading speed also affects conscious reading. In order for conscious mastery to be ensured, the child must read 45-50 words per minute. In such slow-reading children, the connection between the sound image of the word and its meaning diminishes.

Reading difficulties are compared with the child's speech and writing deficiencies, and their causes are identified, and ways and means of overcoming them are identified. There are two types of stuttering:

1. Neurotic stuttering (logonevrosis) is the result of a child's strong mental experiences, stress, depression, fear, extreme rigidity, right-handedness from the slap, bilingualism in the family, imitation of the stutterer.
2. Neurotic stuttering is an organic injury of the brain, caused by various tumors in the brain, dysarthria, diseases of the musculoskeletal system.

In conclusion, speech defects in young children may be congenital or acquired. It is important to carry out correctional work in a timely manner in collaboration with a specialist speech therapist. For example, stuttering can affect a child's mental development if left untreated. A child is unable to communicate with his peers because he is unable to express himself independently. In short, ways to overcome speech defects:

1. Articulation, breathing, exercises to develop small arm muscles.
2. Logomassage (acupressure, relaxing, refreshing massage).
3. Putting a problem sound in speech (by imitation and mechanics).
4. Use didactic games that develop speech.

You should contact a specialist as soon as you notice that your child is slowing down or mispronouncing sounds or stuttering. The earlier you address, the more effectively speech defects will be eliminated.

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