



## THE ORIGIN OF CHILDREN CEREBRAL PALCY AND ITS PSYCHOLOGICAL ASPECTS

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Article history:	Abstract:
<b>Received:</b> 4 <sup>th</sup> February 2022 <b>Accepted:</b> 6 <sup>th</sup> March 2022 <b>Published:</b> 25 <sup>th</sup> April 2022	One of the most socially important issues in the world is the rehabilitation of children with disabilities. This article examines the occurrence and study of musculoskeletal disorders, mainly pediatric cerebral palsy (PCP). The taken measures to provide social, psychological, pedagogical and medical support to children suffering from this disease, and their treatment by healthy people are widely analyzed in this article. Main psychological and pedagogical challenges encountered in integrating them into the community, becoming an active member of that community, engaging in home-based work, and properly rehabilitation is discussed. Suggestions for overcoming these problems are also given by the author.

**Keywords:** Pediatric cerebral palsy (PCP), integration, central nervous system, correction, rehabilitation, musculoskeletal system.

### INTRODUCTION.

The Decree of the President of the Republic of Uzbekistan Sh. M. Mirziyoev dated 01.08.2017 № F-5006 "On measures to further improving the system of state support of people with disabilities" can be a clear proof of the importance of children rehabilitation with disabilities. The country has a system of medical and social care for the elderly, pensioners, the disabled and children with disabilities. Targeted social protection of the deprived layers of population has been identified as one of the priorities of state policy. Above-mentioned decree of the President states that the work in this area is unsatisfactory, the measures taken for early detection and prevention of congenital and hereditary diseases do not give the expected results, and perinatal screening of infants does not show the effectiveness of timely detection of congenital defects and subsequent disability. Considering these shortcomings, additional measures should be taken to provide state support to people with disabilities, further improving the system of medical and social assistance, to improve the quality of life of people with disabilities, and provide them with comprehensive assistance in education and employment.

### LITERATURE REVIEW.

This problem is of great social importance, and the majority of children included in the disability structure are disabled, which is associated with disorders of the musculoskeletal system. Among these types of disorders, pediatric cerebral palsy (PCP) ranks high. This disease is characterized by dysfunction of other organs and systems, such as the severity of musculoskeletal injuries, mainly intellectual and behavioral disorders. [2].

Children with musculoskeletal disorders have been in the spotlight of special educators, psychologists, speech therapists and physicians for several years. Special pre-school educational institutions and schools have been opened in the education system for the upbringing, education and rehabilitation of such children, taking into account the specifics of the disease. [3].

The concept of cerebral palsy (PCP) and the terminology used have not been clearly agreed yet. The term PCP does not cover all multidimensional changes in disease. So far, the optimal classification of the disease has not been developed. Due to the complex clinical picture of PCP is also conditional to divide it into forms and stages [3].

Terms such as "cerebral palsy" and "spastic paralysis" are used in English literature, and "cerebral palsy of movement apparatus" and "cerebral palsy" are used in German literature. In the publications of French authors, the term "impaired motor skills of cerebral origin" occurs [2].

Attempts to find the term that can adequately describe the nature of this pathology continues up to this day. [3].

The success of social integration of children with movement disorders depends on their personality traits. Experiments show that children and adolescents with movement disorders have a number of psychological problems associated with psychogenic trauma associated with the negative impact of the micro social environment and the presence of a physical disability in them. [4]. They are characterized by maladaptive crises manifested in behavioral

disorders and overexertion of the emotional sphere. [5]. Individual features of a child's development, which reflect the compensatory tendency of the individual and can form life activities and behaviors adequately to environmental conditions, are crucial in social adaptation and integration. [6]. In this regard, timely and effective diagnosis, prevention and correction of behavioral, neuropsychiatric, pathocharacteristic disorders play an important role.

### RESEARCH METHODOLOGY.

Pediatric cerebral palsy was first described by the English physician-surgeon V.D. Little (1810-1894). In 1853, V.D. Little published a work entitled "On the nature and treatment of deformations of the human carcass." He pointed out that in the early stages of a child's development, serious and specific diseases can shape his body. In her subsequent research, she observed the development of limb paralysis in children with head injuries during childbirth. For almost 100 years, this disease has been called Little's disease.

The term "pediatric cerebral palsy" refers to Sigmund Freud. In 1893, he proposed that all forms of spastic paralysis occurring in the womb could be combined with similar clinical signs and included in the group of cerebral palsy. At a meeting at Oxford University in 1958, his proposal was accepted and described as "Pediatric cerebral palsy is a non-progressive disease of the brain that occurs as a result of damage to parts of the body in the early stages of brain development that respond to the state and movements of the body."

In 1983, neurologist L.O. Badalyan proposed to call this pathology "dysontogenetic dyskinesia." He argues that in this case, the damage to the nervous system itself is not a violation of finished mechanism, but rather a lag in its formation and development. The term "dyskinesia" undoubtedly describes the nature of movement disorders in PSP quite clearly, but does not reflect the full nature of the disease.

The term "pediatric cerebral palsy" also does not cover all of the existing multifaceted neurological disorders, but the term is widely used in the world literature.

Statistics in recent years have shown that the number of children with musculoskeletal disorders and the need to form a system of social protection for them is needed. In the late eighteenth and early nineteenth centuries, society consciously found a solution to this problem. In the big cities of Europe: London, Copenhagen, Stockholm, Munich and others - charitable houses, medical institutions, educational institutions for children with movement disorders began to appear. Founded in 1921, in Belgium for the primary education of children with cerebral palsy, the historic institution still exists today. In 1947, the first school for children with movement disorders was established in the Netherlands. It was during this period that similar institutions began to open in the United States, Japan, and Australia.

The first institution in Russia for children with this pathology was opened in 1890 in St. Petersburg. In this institution, children were treated, educated and trained in handicrafts in order to involve them in useful work in society. In 1932, the I. Turner Institute for the Rehabilitation of Children and Adolescents with Physical Disabilities was opened under this institution. Until the 1950s, medical care was provided mainly to children with disabilities who had musculoskeletal injuries. In the late 1950s, boarding schools for children with mobility disorders began to be established in major cities of the country. These schools were mainly for children who had polio, but also taught children with PSP. In the mid-1960s, the first psychological room was established within the institute, where staff from the I. Turner Institute could provide psychological support and research to children with PSP. It was during this period that the Institute of Defectology (now the Institute of Correctional Pedagogy) opened a department of education and upbringing of children with musculoskeletal disorders.

### ANALYSIS AND RESULTS.

Today, in order to involve children with cerebral palsy in various stages of education in our country, kindergartens like Semurg № 560 and № 431 in Tashkent, as well as Fergana region, Margilan № 37, Namangan region, № 39 in Mingbulak district are specialized. Currently, there are 3 specialized schools and boarding schools for children with disabilities in the Ministry of Public Education, in particular, a specialized boarding school for children with disabilities in Tashkent. This boarding school accepts students from all over the country, and currently has a much larger capacity than its capacity, i.e. 320 students in a boarding school for 240 places. Education is carried out according to the general education program. The teaching processes in public classrooms are almost indistinguishable from the teaching system in other schools. However, support classes for children with complex disabilities are taught based on a support program, i.e. a simplified program and separate books.

There are currently 4 specialized colleges in the country: Tashkent Specialized Vocational College for People with Disabilities, Republican Vocational College for People with Disabilities, Samarkand Specialized College for People with Disabilities and Fergana Republican Vocational College for People with Disabilities. More than 600 students with disabilities, blind and hard of hearing, study at these colleges. Admission is open throughout the country. That is why colleges are also provided with special dormitories. The duration of study is 1, 2 or 3 years, depending on the health and career of the student. All graduates are awarded with state-standard diploma and can easily work in various organizations. For this purpose there are seven directions (fashion designer, technician for installation of radio-electronic devices, adjustment and repair of computers and computer systems; accountant, shoemaker; repairman for household appliances (refrigerator, TV, etc.); textile products; professional secrets of production (technical-technological) are taught.

Today, there is a clear need to improve the organization of psychological and pedagogical care for children with musculoskeletal disorders, as this pathology is widespread and has a growing trend, especially in children with cerebral palsy.

The system of assistance to children with musculoskeletal disorders has identified a number of problems encountered in their social adaptation and integration into modern society:

Inadequate differentiated psychological-pedagogical and medical-social support;

There is almost no training and retraining of psychologists and pedagogues working with children with various disorders of the musculoskeletal system;

The need to improve medical, psychological and correctional-pedagogical methods of working with children on a scientific basis;

Lack of professional training in the means of movement and employment, the development of home-based work.

### **CONCLUSION/RECOMMENDATIONS.**

Partial solutions to above-mentioned problems can be found in the psychological-pedagogical, medical-social complex organizations and rehabilitation centers for children with musculoskeletal disorders. In order to carry out the work of such centers, it is necessary to improve the early diagnosis of children with movement pathology. For this purpose, examination and consultation with children with severe pregnancy and postpartum encephalopathy in maternity hospitals, as well as regular observation of children of the above given types, and, if necessary, treatment of orthopedists, neurologists, psychologists in the first year of life with the involvement of psychologists and speech therapists. They have to do their job. The establishment of a kindergarten system that is able to cover all children with movement pathology, regardless of their level of injury and state of mind, is also of great importance today. Such institutions should have a differential and individual program of upbringing of children with various disorders of the musculoskeletal system, intellect and speech, and provide the necessary support.

It is also advisable to pay special attention to the education and upbringing of children with musculoskeletal disorders in the education system and training of specialists for their professional involvement in possible types of work. In particular, it is necessary to develop and implement special science programs in higher education institutions for the formation of knowledge and skills of students on the individual psychological characteristics of children with musculoskeletal disorders, effective methods of teaching them.

The number of schools, preschools, and correctional groups currently open for children with PSP and the available facilities do not fully cover their needs. Most children are educated at home. The quality of such education does not fully meet the requirements. Experience in this area shows that the problem can be solved only in a comprehensive, medical-psychological, socio-pedagogical approach. To achieve this, the training of specialists working with children with this pathology - requires them to acquire a variety of medical, psychological, pedagogical knowledge and special rehabilitation methods.

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