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Causes of Voice Pronunciation Disorders in Children with Disabilities

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Abstract: Ushbu Imkoniyati cheklangan bolalarda tovush talaffuzining buzilish kelib chiqish sabablari bo'yicha ishlarning samaradorligini oshirishga ilmiy yondashuvlar asosida nutq faoliyati motivatsiyasini boyitish.

Keywords: Xotiraning asosiy jarayonlari - yodlash, saqlash va ko‘paytirish - imkoniyati cheklangan odamlarda o‘ziga xos xususiyatlarga ega, chunki ular g‘ayritabiiy rivojlanish sharoitida shakllanadi. Imkoniyati cheklangan bolalar ham qiyinchiliklarga duch kelishada xos va g‘oyalar tasvirlarini takrorlash. Differensiatsiya, parchalanish, tasvirlarning o‘xshashligi va g‘oyalarning boshqa nuqsonlari aqli zaiflarning kognitiv faoliyat.

The largest group of children with disabilities (more than 2% of all children) are children with diffuse organic damage to the cerebral cortex, which is manifested in the underdevelopment of all cognitive activities and emotional-volitional areas of the child. . . Morphological changes affect many areas of the cerebral cortex of these children, disrupting their structure and functions.

A delay in the pace and nature of the child's psychomotor development is already detected in the first year of life, and the more complex the mental function, the longer the delay in its formation lasts and it differs in quality from its characteristics. in a healthy child.

Issues related to the study of disability are one of the most important in defectology. They are dealt with not only by oligophrenopedagogues, but also by specialists in related disciplines: psychologists, neuropathologists, psychiatrists, embryologists and geneticists, etc. Attention to the problems of disability is related to the increase in the number of people suffering from this type of disease. the anomaly does not decrease. This is confirmed by statistical data from all countries of the world. This situation makes it important to create conditions for maximum correction of developmental defects in children.

In our country, educational work with children with disabilities is carried out in special pre-school education and school institutions of the education and health system. Children with deep damage to the central nervous system are placed in Mercy Homes for social protection, and educational work is carried out with them according to a special program. Studies conducted by scientists (L. S. Vygotsky, K. S. Lebedinskaya, V. I. Lubovsky, M. S. Pevzner, G. E. Sukhareva, etc.) provide a basis for classifying disability only in cases associated with a permanent, irreversible defect in the cognitive activity of the cortex. [4, 6, 14]. It is these signs (permanence, irreversibility and organic origin of the defect) that should be taken into account first in the educational process.

Research by A. R. Luria, V. I. Lubovsky, A. I. Meshcheryakov, M. S. Pevzner and others showed that in children with disabilities, significant changes in conditioned reflex activity, imbalance in the processes of excitation and inhibition, as well as changes in signaling systems the interaction is broken. 12]. All this is the physiological basis of abnormal mental development of the child, including cognitive processes, emotions, will and personality in general.

Children with disabilities are characterized by underdeveloped cognitive interests, which is reflected in their need to know less than their normal peers.

Data from many studies show that mentally retarded people have underdeveloped mental functions at all stages of the cognitive process, and in some cases, there are elements of apathy. As a result, these children receive incomplete and sometimes distorted ideas about others. Their experience is very low. It is known that in the case of mental underdevelopment, even the first stage of cognition - perception - is defective.

A characteristic feature of the thinking of people with mental retardation is that they are not critical and cannot evaluate their work independently. They often do not notice their mistakes. All children with disabilities are characterized by a decrease in the activity of thinking processes and a weak regulatory role of thinking.

The main processes of memory - memorization, storage and reproduction - have specific characteristics in people with disabilities, because they are formed in conditions of abnormal development.

Children with disabilities also have difficulty repeating images of specific ideas.

Differentiation, fragmentation, similarity of images and other defects of ideas have a negative impact on the development of cognitive activity of the mentally retarded.

In order for children to learn more successfully and be creative, they need a sufficiently developed imagination. For the mentally retarded, it is fragmented, inaccurate, and schematic, because their life experience is weak, their mental operations are imperfect, and the formation of imagination proceeds on an unfavorable basis.

Children with disabilities have more attention deficits than their normal peers: low stability, difficulties in dividing attention, slow change.

In addition to the specified features of mental processes, there are shortcomings in the development of speech activity in people with disabilities, and their physiological basis is a defect.

Interaction between the first and second signal systems. According to experts, the mentally retarded suffer from phonetic, lexical, and grammatical aspects of speech (M. F. Gnezdilov, V. G. Petrova, etc.). Difficulties in sound-letter analysis and synthesis are noted. Speech perception and understanding. As a result, there are various writing defects, difficulties in mastering reading techniques, and a decrease in the need for oral communication.

Speech disorders and their normalization in children with disabilities are determined by specific aspects of higher nerve (nerve) activity and mental development.

Late development of speech is characteristic for children with disabilities. Because lagging behind is observed in the period before speech. If drooling occurs in infants between 4 and 8 months of age, in children with disabilities, this condition appears between 12 and 24 months of age.

According to Kasel, Schlesinger, M. Zeeman, the first words appear at the age of 3. I.B. Carlin and M. Strazulla's research shows that the first words appear in such children between the ages of 2.5 and 5 years. is considered).

A significant delay in the development of speech in children with disabilities can be seen in the emergence of phraseological speech. In this case, the interval between the first words and phrase (compound) speech is also longer compared to normally developed children[35].

According to S. Ya. Rubinstein, the reason for the lack of speech development in children with disabilities is "the weakness of the cerebral cortex, the slow development of new differential connections in all analyzers." Due to the gradual development of differential conditional communication in the framework of Tgetion auditory analyzers, a child with disabilities cannot distinguish speech sounds for a long time and does not clearly understand what others say [35].

Development of motor skills, including speech motor skills, is slow in children with disabilities. Accuracy of speech movements is ensured by double control. Like hearing, kinesthetic control develops in an uncertain manner.

Development of the pronunciation of children with disabilities in individual training is necessary to improve the mobility of the speech organs in order to correct the disorders in the pronunciation of sounds, that is, to eliminate the defect in the pronunciation of sounds in children. It is known from experience that organic damage to the brain of children with disabilities has a direct negative effect on the development of their speech organs and mobility. Also, in the process of speech therapy examination of children with disabilities in individual training, when their articulation organs were examined, it was found that the movement of the tongue is slow, or there is no normal movement, the soft palate is less active, and the speech breath is not normal. Under the influence of these defects, there are cases of distorted pronunciation of a number of sounds in children with disabilities. Therefore, in order to eliminate the shortcomings in the pronunciation of sounds in children with disabilities, it is necessary to exercise their articulatory organs..

Various forms of movements of the lips, jaw, and tongue in the speech process are called articulation.

Articulation exercises are mainly aimed at improving speech organs and ensuring accurate pronunciation of sounds.

Exercises that ensure moderate and normal movements of the speech organs mainly consist of the following:

Upper lip exercise. During the exercise, the lips are pulled to both sides and up, creating a "smile" position. With the same activity, the lip is restored and the upper teeth are closed.

Lower lip exercise. In this case, the above condition is performed with the tool of full - full lower lip. Special attention is paid to the fact that the jaw does not move.

In the joint exercise, upper and lower lip exercises are performed alternately. So, first the upper lip, then the lower lip, and again the upper lip and lower lip exercises are repeated. This scene reminds one of brushing the teeth alternately with the lips.

General exercises. The lips are opened and stretched forward as if pronouncing the sound O, then the lips are gradually reduced to the position of pronouncing the sound "u". After that, the two lips are drawn to both sides as if the rows of teeth were "wiped" and stretched forward again to form the initial "o". When performing this exercise, the sounds "o-i, a-u, o-i-o" are repeated several times without a voice, only with the means of articulation.

Lip pursing exercise. The lips are stretched as if trying to pick up something that is far away, with the teeth tightly pressed together, then they move into a deep smile (pulled to both sides). This exercise is also repeated several times.

Language exercises. In the exercise of pulling out and pulling the tongue, the two edges of the tongue are raised up to form a "groove" and stretched forward as far as possible, and after stroking the upper gums, then the palate, it turns towards the throat. The exercise is repeated several times.

Lip licking exercises. In this case, with the tip of the tongue, the circle of free lips is "licked" first on one side and then on the opposite side. During this exercise, all organs except the tongue should be in a calm position.

An exercise to move the tongue towards lunges. When performing this exercise, the tip of the tongue is moved to the right and left lunge first slowly, then quickly.

Tongue twisting exercise. In this case, the lips are soft, and the tip of the tongue is moved along the teeth first in one direction and then in the opposite direction. In this exercise, the position of "cleaning" the tooth is performed.

Tongue biting exercise. In this case, the tongue is taken between the upper and lower teeth and it is "bitten" several times.

Jaw exercises. In the exercise of yawning position, the tongue is in a flat and free position, the tip touches the row of lower teeth, the jaw is slightly lowered, and at the same time, breathing is easy: the front part of the small tongue spreads and rises up, and a pleasant yawn appears.

In the forward movement of the jaw, the jaw is slightly lowered and moved forward and backward. The exercise of slowly moving the jaw to both sides is also added. The exercise is repeated several times.

The above articulatory exercises must be repeated in speech therapy exercises, mainly in every session, which is conducted to eliminate voice defects. We can observe that the movements of the articulatory organs are passive, and some of them do not participate enough in their speech activities, especially in the students of the auxiliary school, that is, children with disabilities. At the same time, children with disabilities cannot perform the indicated articulation exercises on their own, and if they are trained to perform articulation exercises by repeating each articulation exercise several times, the possibilities of correcting distortions in the pronunciation of sounds will increase.

In the applications given above, how to pronounce sliding sounds (с, з, ш, ж, ч) in a normal state, the method and the form of articulation are given. But children do not always pronounce these sounds normally. This situation is especially common among children with disabilities. At the same time, in children with disabilities, it may take a much longer time to eliminate the defect in the pronunciation of sounds in their speech. Of course, if the speech defects in children are not eliminated in time, it will cause difficulty in speech communication during the period of learning literacy in individual classes for children with disabilities. Therefore, the speech disorders of children with speech defects should be eliminated in a timely manner through the necessary correction work. must Below we will focus on the methods and means of eliminating the pronunciation of sounds in children's speech.

Depending on the nature of the defect, different methods can be used to eliminate the pronunciation of sliding sounds (sigmatism) in children.

Movement exercises of the speech organs, i.e. articulatory exercises, are carried out to eliminate the pronunciation deficiency of each sound.

1. To eliminate interdental sigmatism, the speech therapist instructs the child to bring the upper and lower teeth closer to each other, bring the tip of the tongue to the lower teeth, place the tip of the tongue behind the lower teeth, and pronounce the sound "S", and the sound "S" is clearly pronounced if not, he will be helped. To do this, the speech therapist presses the tip of the tongue behind the lower teeth with a probe or a match stick and tries to pronounce the sound "S". Then the sound "S" is clearly formed. Of course, this method is repeated several times with a child with disabilities. After that, the "S" sound is reinforced with vowel sounds in open and closed syllables to strengthen its pronunciation. After the "S" sound is clear and correct, the "Z" sound is pronounced. In this case, adding a sound to the sound "S" will make the sound "Z".

2. Lip and tooth sigmatism. In this case, the sliding and noisy sounds are pronounced like the sound of "F and V", in which case the lower lip rises towards the upper teeth, narrowing the air flow path.

To eliminate sigmatism of the lips and teeth, the speech therapist offers the child (in the pronunciation of the sound S) to direct the lips to the upper and lower sides (in which the gums

should be visible). If a child with disabilities cannot perform this task, a speech therapist will help. For this, he pulls down the lower lip of the child with his finger and pronounces the sound "S" while ordering him to move. Then the resulting "S" sound is strengthened in open and closed syllables.

Pre-dental sigmatism, in which the sliding sounds are pronounced in an oblique position. The tip of the tongue rests on the upper and lower teeth and prevents the flow of air between the teeth, as a result of which the sounds S, Z are pronounced as T,D. To eliminate this, the speech therapist can use two methods:

1. Method: Exhalation of the air flow between the upper and lower teeth: In this case, the speech therapist lightly presses the tip of the tongue behind the lower tooth using a special probe or a match stick, and the air is expelled.

2. Method: Spread the tongue between the upper and lower teeth and release air. In this case, the air flow touches the tip of the tongue and produces a "noisy" sound similar to the sound S. Then the speech therapist lightly presses the tip of the tongue behind the lower tooth with a special probe and instructs the child to release the air flow. Then the sound S is clearly formed. . Then the sound is strengthened in syllables and words.

Noisy sigmatism: In this case, the tip of the tongue is pulled into the mouth without touching the teeth, the back of the tongue is raised, as a result, instead of an explosion, a soft Sh,J sound is heard. For example, a watch, a chain, a chain. To eliminate noisy sigmatism, it is possible to use two methods of eliminating pre-lingual sigmatism, which were indicated above.

Lateral sigmatism: Gliding or noisy sounds are pronounced with two tones: the tip of the tongue rests on the alveoli, and the rest of the tongue lies on the edge in the oral cavity and rises with one side towards the back teeth. , the air stream passes by the tongue, resulting in an unpleasant sound, and the air stream comes out from the side. It is similar to the pronunciation of the L sound. Side sigmatism can be unilateral or bilateral. Several methods are recommended to eliminate side sigmatism:

Method 1: Speech therapist teaches the child the correct pronunciation of sounds by imitation in front of the mirror. The imitation method is mainly used.

Method 2: the speech therapist creates the correct sound pronunciation using a mechanical method. To do this, the speech therapist uses a special probe or a matchstick to press down the front part of the tongue and order to release the air stream, so that the sound S is formed.

Method 3: To create the correct articulation of the sound, a tooth inter-sigmatism is created. For this, it is tried to release the air stream from the groove between the tongue, so that a sound similar to the sound of S is formed. The sound created in speech is strengthened in syllables, words, poems.

The production of noisy sounds.

Disadvantages of sliding sounds are also found in noisy sounds, i.e. Sh, J, Ch sounds. In addition, noisy sounds are replaced by sliding sounds. For example, Sh sound can be replaced by S sound, J sound can be replaced by Z sound. Such a permutation is called sliding sigmatism. Defects in the pronunciation of noisy sounds are eliminated using the following methods.

It is possible to use the method of imitation to create the sound Sh. If this method does not work, the mechanical method is used. At the same time, the child is told the sound S, and at the same time, with the help of a special probe, the tongue is slightly raised and slightly pushed back. At this time, instead of the S sound, the Sh sound is formed, and instead of the Z sound, the J sound is formed. The speech therapist slowly teaches the child to hold the tongue in this position. Later, the speech therapist strengthens the clearly formed Sh and J sounds in syllables, words, and sentences. Also, strengthening oral and written exercises on distinguishing Sh and J sounds from S and Z sounds are conducted.

The speech therapist offers the child to pronounce the J sound to form the compound Ch sound. When the child pronounces j-j-j sounds several times, the speech therapist slightly pushes the tip of the tongue back using a special probe. Then, instead of the J sound, a mixed Ch sound is formed. When the child pronounces the ch sound independently, the ch - sound is first in closed syllables: ach - ach - ich - three and then in open syllables; It is strengthened in the case of cha – cho – chi – chu. Then it is strengthened in words, sentences, songs, and quick sayings. For example: "The wheels are spinning, the scissors are shining." After the clear pronunciation of the above sliding and noisy sounds is formed in the speech of children with disabilities, logopedic training is conducted in several stages to refine each sound in speech. Of course, these reinforcement exercises will continue for a longer period of time, depending on the individual activity of children with disabilities.

Incorrect pronunciation of sounds in children's speech often occurs due to slow movements of speech organs, low mobility. For example, we can say that we cannot use the sound "R" in speech or that it is pronounced incorrectly.

Pararotatism is the inability to use the sound "R" in speech or its incorrect pronunciation, replacing the sound "R" with other sounds in speech.

The picture attached above shows the normal pronunciation of the "R" sound. In this case, the tip of the tongue rises towards the alveoli, as a result of which a small cavity appears, the air flow from this cavity vibrates the tip of the tongue and a vibrating sound is formed. The vocal cords tighten and vibrate, and the outflow of air becomes strong. In children, the following types of incorrect pronunciation of the R sound, that is, rotatism, are found:

1. Velar rotatism, Greek vemt - soft palate, that is, in which the root of the tongue approaches the lower edge of the soft palate, and an intermediate notch is formed there. The air flow passing through this gap creates an irregular vibration on the soft palate. As a result, noise is added to the sound.

2. Uvelar rotatism, Greek uvula - tongue, in which the tip of the tongue vibrates only the tongue instead of the sound.

3. Lateral rotatism, in which the side of the tongue vibrates instead of the tip of the tongue, as a result of which an ambiguous "R" sound is formed.Amaliyotda R tovushini boshqa tovushlar bilan almashtirib talaffuz qilishni, ya’ni pararotasizmning quyidagi turlari uchraydi, ya’ni R – L,R – tS, R – Ya, R –G‘ kabi holda almashtirib talaffuz etishlarini kuzatishimiz mumkin.

In conclusion, currently available scientific research shows that the main defect in the clinical-psychological form of disability is a clear lack of cognitive activity. It is caused by low thinking ability - processes of generalization and abstraction, as well as the speed of mental processes, mobility, memory, attention and a number of cortical functions. A characteristic feature of disability is underdeveloped speech.

FOYDALANILGAN ADABIYOTLAR RO‘YXATI

1. M Ayupova “logopediya” Toshkent 2007 y
2. Muminova L. R., Shomaxmudova R. SH. “Imkoniyati cheklangan bolalarni individual-korreksion rivojlantirish dasturining metodik asoslari” -T., 2007
3. Akramova X. (2020). Замонавий мультимедиа воситаларидан фойдаланиш - муваффакият гарови . *Архив Научных Публикаций JSPI*, *1*(12), 1-5. извлечено от https://science.i-edu.uz/index.php/archive_jspi/article/view/3162
4. Akramova, X. (2020). Мактабгача ёщдаги болалар билан олиб бориладиган ижтимоий педагогик фаолият технологияси. *Архив Научных Публикаций JSPI*, *1*(16), 1-5. извлечено от https://science.i-edu.uz/index.php/archive_jspi/article/view/3994

5. Akramova, X. (2020). Mehnat darslarida aqli zaif bolalar nutqini o‘stirishning o‘ziga xosligi. *Архив Научных Публикаций JSPI*, *1*(16), 1-5. извлечено от https://science.i-edu.uz/index.php/archive_jspi/article/view/4025