

## **Pedagogical and Psychological Factors of Speech Disorders in Preschool Children**

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**Abstract.** *The article analyzes the psychological and pedagogical factors of speech disorders in preschool children. Phonational and semantic-structural speech disorders (dyslalia, rhinolalia, dysarthria, alalia, and aphasia) are discussed with examples. Psychological, family, and pedagogical factors influencing speech development are identified, and recommendations for correction and development are provided. The article emphasizes the importance of pedagogical and speech therapy approaches in strengthening children's speech and social skills.*

**Key words:** *Preschool age, speech disorder, phonational disorder, semantic-structural disorder, pedagogical factors, psychological factors, speech therapy, child development.*

Preschool age is the period when a child's speech develops most rapidly, and future thinking, communication, reading and socialization skills are formed. Today, the increasing prevalence of phonetic, lexical and grammatical speech disorders in many children, the quality of the pedagogical environment, family upbringing, emotional stress and psychological instability make this issue extremely relevant.

If speech disorders are not detected early, the child's readiness for school will be impaired, learning and communication difficulties will increase, self-confidence will decrease, and the process of social adaptation will be slowed down. Therefore, creating a systematic pedagogical approach, speech therapy assistance, cooperation with parents, and psychological support for the child in preschool institutions is one of the most important tasks today.

The preschool period is one of the most important stages in a child's development. It is at this age that the child learns his native language, forms speech tools and develops the ability to communicate with the world around him. Speech is not only a means of communication for the child, but also the main tool for learning to think, express emotions and socialize. Therefore, any disorders in the development of speech can affect the normal psychological and pedagogical development of the child.

Today, speech disorders come in many forms: pronunciation disorders (dyslalia), speech delay (alalia), disorders related to the central nervous system (dysarthria), as well as speech difficulties on the autism spectrum. For example, children with dyslalia may mispronounce the sounds "r" and "l," making it difficult for them to fully convey their thoughts to others.

These conditions can limit a child's interaction with the social environment, learning and communication skills. Therefore, early detection of speech disorders and the use of pedagogical and psychological approaches are very relevant in the preschool education system. The article analyzes

the psychological and pedagogical factors of speech disorders in preschool children, as well as their characteristics in cases such as alalia, aphasia, etc.

The development of a child's speech is divided into 3 main periods:

The first period is the period before the acquisition of speech, which corresponds to the period from the child's 2 months to approximately 11 months.

The second period is the period of initial language acquisition, which lasts from 11 months to approximately

1 year and 7 months.

The third period can be called the period of mastering the grammatical structure of the language.[4] Speech development in preschool children is closely related to thinking, attention, memory and imagination, and is strengthened through play and activity. The rapid growth of speech is expressed in an increase in vocabulary: 250–400 words at 2 years, 1000–1200 at 3 years, and up to 4000 at 7 years[6].

When children interact with nature and the environment, they develop speech and mental activity by comparing, analyzing and synthesizing things. Speech development depends on the cultural level of the family and the quality of communication with adults, and since the ability to distinguish complex sounds is not yet fully formed, it is important for adults to speak constantly, clearly and fluently. At the same time, pedagogical and psychological factors play an important role in preventing speech disorders and ensuring the social and cognitive development of the child.

The causes of speech disorders are multifaceted and are associated with biological, psychological, and social factors. Biological factors include hereditary predisposition, brain dysfunction, and defects in the hearing or speech organs. Psychological and social factors are related to the child's interactions with the environment, stressful situations, and the communicative environment in the family and school [5].

Speech development in preschool children is a natural process that occurs gradually, but for each child it has individual characteristics. At this age, the formation of speech tools and the ability to communicate with the environment in children is closely related to the child's psychological state, family environment, pedagogical influence, and health factors.

Therefore, delays or disorders in speech development can manifest themselves in various forms: pronunciation errors (dyslalia), slow speech development (alalia), disorders related to the central nervous system (dysarthria), or speech difficulties on the autism spectrum [2]. In this context, when analyzing speech disorders, it is important to view them not only as a separate pathology, but also as a process associated with delays in the child's general speech development and pedagogical and psychological factors. Such an approach serves to early identify children's speech disorders, correctly direct pedagogical and speech therapy assistance, and develop the child's social, cognitive, and communicative abilities.

Speech disorders in preschool children can manifest themselves in both oral and written forms. Oral speech disorders are more common at this age and concern both phonational (pronunciation, volume, tone, and pace) and semantic-structural (content and planning) aspects of speech. Phonation disorders include dysphonia (weakening of sound production), bradylalia (slow speech rate), tachylalia (fast speech rate), stuttering, dyslalia (incorrect pronunciation of sounds), rhinolalia (a violation of sound timbre and pronunciation associated with the palate), and dysarthria (a violation of speech production associated with the central nervous system)[1]. These disorders prevent the child from developing the correct mechanism of sound production, articulation skills, and fluency of the speech process.

Semantic-structural disorders are characterized by insufficient formation of speech content and speech planning processes. Such disorders include alalia (underdevelopment or absence of speech) and aphasia (partial or complete loss of speech as a result of brain damage)[7]. In preschool children, such disorders psychologically complicate children's speech activity, the formation of vocabulary and grammatical concepts, and can also limit communication and social activities.

From a pedagogical point of view, the process of correcting speech disorders in children requires an individual approach. The level of development of speech means directly affects the child's communicative abilities, therefore, speech therapy sessions should be conducted in accordance with the type, severity and psychological state of the child's speech disorder[2]. At the same time, several forms of speech disorders can occur simultaneously. For example, dyslalia and stuttering can be observed together, which increases the need for further individualization of pedagogical methods of influence.

Therefore, when analyzing speech disorders in preschool children, the interrelationship of phonatory, semantic and communicative components is taken into account. By identifying the pedagogical and psychological factors of speech disorders, it is possible to support the child's speech development, increase vocabulary and develop communication skills. This serves to strengthen the child's speech and social skills before entering school.

Speech development in preschool children is a complex process that is closely related not only to their language and communication skills, but also to their psychological state, interaction with the social environment, and cognitive development. Speech disorders — dyslalia, rhinolalia, dysarthria, and other forms — limit a child's ability to express themselves and negatively affect their social and emotional development.

Therefore, early detection of speech disorders and provision of speech therapy, pedagogical and psychological assistance based on an individual approach are very important. The inextricable link between speech and psychological development shows that the child's emotional and cognitive state, self-confidence, attention and thinking abilities directly affect the process of speech formation.

Joint monitoring of children's speech and psychological development, early detection of speech errors and changes in emotional state. Conducting speech therapy and psychological training based on an individual approach to each child, stimulating their ability to express themselves.

To create a consistent and clear speech model for the child, as well as to develop vocabulary and communication skills through games, stories, poems and songs. To support the child's social connections, emotional state and motivation in the family and preschool environment. If necessary, in collaboration with a speech therapist, psychologist or neurologist, the child's psychological and social development is strengthened by applying specialist recommendations, harmonizing the child's psychological and speech development.

To summarize our article, speech disorders in preschool children are often closely related to the pedagogical environment, psychological processes, and the conditions of child development. Pedagogical factors are associated with such circumstances as insufficient speech development activities, the presence of an unfavorable communication environment, low speech culture of educators and parents, as well as the child's lack of active communication. Psychological factors are characterized by emotional instability in the child, fear, shyness, family conflicts, stress, underdevelopment of attention and memory processes, and difficulties in social adaptation.

As a result of the interaction of these factors, a slowdown or disruption occurs in the phonetic, lexical, grammatical and communicative components of the child's speech. Therefore, it is important to provide comprehensive support for speech development in the preschool educational environment, create an emotionally safe environment for the child, provide the right pedagogical approach and regular speech therapy and pedagogical assistance. Through a timely and systematic approach, the possibility of preventing speech disorders and their effective correction is high.

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