



Speech Defects and Ways To Eliminate Them, Which Occur in Children

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<i>Article History</i>	<i>Abstract</i>
Received: 06 June 2023 Revised: 05 Sept 2023 Accepted: 09 Dec 2023	<i>The speech of a child of MTT age develops on the basis of adult speech. The correct formation of speech depends on the speech of those around you, on the speech experience, on the correct speech environment and education.</i>
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1. Introduction

Speech is not an innate ability, but is formed in parallel with the physical and mental development of the child throughout life.

To study, understand speech disorders, it is necessary to know the path of normal development of a child's speech, the peculiarities of this process, the conditions that play a large role in the successful formation of speech.

In addition, it is necessary to know exactly the periods of development of the child's speech. This will be necessary in order to timely know and identify these or that shortcomings in the process of speech development.

G.L.Rozengrad-Pupko divides the development of speech in a child into two periods:

- 1) preparatory period (up to 2 years old);
- 2) the period of independent formation of speech.

A.N.And Leontev divides the formation of a child's speech into 4 periods:

- 1) preparatory period – from the birth of a child to the age of one year;
- 2) the period of stay in the preschool educational organization-up to 3 years;
- 3) preschool period-up to 7 years old;
- 4) school period.

The child will sound from the moment of birth. This sound will consist of screams and cries. True, this sound is far from human speech. But this screech and cry plays a huge role in the development of 3 sections of the speech apparatus (breathing, sound formation, articulation).

Two weeks later, the child begins to pay attention to the voice of the person talking. By the end of a month, it becomes possible to calm him down under a gentle song (alla). On a quick day, the child begins to pay attention to intonation: gently speaking calms down, sharply intonation – cries.

Gu-goulash around 2 months, the pronunciation of the joints appears at the beginning of the 3rd month (*aga-aga, ta-ta, ba-ba* and other). In this case, the consonant combination is not clearly articulated.

The child hears sounds at the age of 5 months. The lips of those around him, seeing the action of articulation, try to imitate it. The fact that the child repeats some specific actions many times leads to the strengthening of the movement skill.

From the age of 6 months, the child begins to pronounce some syllables by imitation (*na-na-na, be-be-be, da-da-da, pa-pa-pa* And other).

In the second half of the year, the child begins to perceive certain combinations of sounds and associate them with objects or actions (this, ma, bey).

At the age of 7-9 months, the child begins to repeat various sounds, following the adult.

At the age of 10-11 months, a reaction begins to appear to the words themselves (regardless of the situation and the intonation of the person speaking).

The second period is the pre-school period (from one to 3 years old).

After the first words appear in the child, the preparatory period ends and the period of possession of active speech begins. At this time, the child pays attention to the articulation of those around him. He repeats the words many times behind the back of the speakers and pronounces the words himself. By 2-3 years of a child's life, his vocabulary wealth becomes significantly richer.

According to the most common information, the growth of children's vocabulary in the period from preschool to educational organization shows the following numbers: 1 year and 6 months - 10-15 words, by the end of Year 2-300 words, by the age of 3 – 1000 words.

By the 3rd year of a child's life, the grammatical side of speech begins to form. First the child expresses his wishes and pleas in one word. Later, simple sentences of 1-2 words begin to appear.

The third period is the pre – school period (from 3 to 6 years old).

During preschool, children first learn articulatively easily pronounced: lab-lab, lab-language consonants - p, B, M, F, v, etc. Articulationally difficult to pronounce: Whistler, Rattler (s, z, sh, j, ch), and sonor (r, l), have difficulty mastering the pronunciation of tongue-back (k, g) sounds. Therefore, children incorrectly use or cannot pronounce these sounds in speech.

During this period, the growth of vocabulary wealth will continue. At the age of 4-6 years, the child's active vocabulary is 3000-4000 words. Together with the growth of vocabulary wealth, the grammatical side of speech also develops.

By the 4th year of a child's life, they begin to use simple and complex sentences in their speech. By the age of 5, however, one can freely use compound sentences. 5-year-olds will have the ability to tell stories and fairy tales without additional questions.

During this period, phonemic perception develops significantly. The child first begins to distinguish vowels and consonants, then sonor, noisy and creepy sounds. In the norm, a 4-year-old child should be able to distinguish all sounds, in which phonemic perception should be formed. By this time, the formation of the correct pronunciation of sounds is completed, and the child speaks correctly, clearly in all respects.

The fourth period is the school period (from 7 to 17 years old).

The peculiarity of this period is that the development of children's speech occurs more consciously than in previous periods. During this period, children acquire sound analysis, grammatical laws of speech. During this period, a new type of speech, written speech, plays a leading role.

Special conditions are necessary for the correct course of the child's speech development process in time.

For this:

- that the child is mentally and physically healthy;
- having normal mental ability;
- normal hearing and vision;
- have sufficient mental activity;
- have the need to talk;
- must have the right speech environment.

The normal development of speech in a child gives him the opportunity to constantly master new concepts, expand his knowledge and imagination about the tevarak-environment. Thus, speech, its development is inextricably linked with the development of thinking.

Speech deficits are defined in logopaedic science as deviations from the norms of a particular language.

Speech disadvantages are characterized by:

1. The speech deficit does not subside on its own, but becomes more entrenched and strained over time.
2. The manifestation of speech defects in adults does not correspond to their age.
3. People with speech deficits will need logopedic help.
4. The disadvantages of heavy speech negatively affect not only the speech of the child, but also his general development.

Among the causes that cause speech disorders in children, external (exogenous) and internal (endogenous) factors are distinguished, as well as external environmental conditions.

Evolution is a dynamic approach when considering various causes of a speech defect. It consists in analyzing the process of the occurrence of a defect, taking into account the General Laws of anomalous development and the laws of the development of speech at each age period, the main causes of speech defects in children:

1. Various pathologies during embryonic development;
2. Toxicoses during pregnancy, viral and endocrine diseases, injuries, incompatibility of blood to rhesus-factor;
3. Labor-time injury and asphyxia;
4. Cranial diseases in the first year of Child Development (meningitis, encophalitis).
5. Traumatic brain injury that occurs along with concussion.
6. Genealogical factors.
7. Sosial-poor household conditions. This condition causes microsocioal pedagogical neglect, vegetative dysfunction, disorders of the emotional-volitional environment, and speech underdevelopment.

The reasons mentioned above, in some cases their concomitant combination, can be the reason for the violation of different sides of speech.

All speech disorders are divided into two groups according to their origin:

1. Speech disorders of an organic nature.
2. Speech disorders of a functional nature.

Organic speech disorders are in turn Central and peripheral in nature according to the damage of a particular location.

Central disorders: are caused by the disruption, damage of one or another part of the central nervous system. Organic speech disorders of a central nature include: alalia, aphasia, dysarthria speech defects.

Peripheral disorders: caused by improper structure or disruption of the articulatory apparatus and impaired innervation of peripheral nerve articulatory organs.

Organic speech disorders of a peripheral nature include: rhinolalia, prognathia, progenia.

Functional disorders — in this case, there are no changes in the structure of the members involved in the speech process. It is of great importance to determine in advance the development of various speech disorders of a functional nature of speech. If a speech defect is first detected at the time of the child's arrival at school, then difficulties in correcting it are observed and negatively affect the absorption. If a child's speech defect is detected at the age of preschool or junior school, medical and pedagogical correction makes it possible to get a full-fledged education at school.

Currently, speech disorders are covered by two classifications in speech therapy; one-medical pedagogical, the other-psychological-pedagogical or pedagogical (R. Ye. Levina).

Disorders can be divided into two groups based on mental-linguistic criteria, depending on what type of speech is impaired: oral or written.

Disorders of oral speech can be divided into two types:

1) phonation (external) provision of statement, they are a violation of the pronunciation side of speech, so-called 2) semantic-structurally (internal) provision of statement, they are a continuous or multi-vowel violation of speech in speech in speech therapy.

1. The weakening of the phonation supply in the statement can be stratified depending on the broken joint:

- a) sound formation, b) pace-tone Organization of statement,
- v) intonation melodic,
- g) manifestation of sound production.

These vulnerabilities can be observed as abstract in various processes, the following types of violation associated with them are distinguished in the logopedia (there are terms that have become traditional to designate them):

1. Dysphonia (aphonia) is the destruction or weakening of phanasia caused by pathological changes in the sound apparatus. Meanings: sound disorders, phonasic disorders, phonotor disorders, vocal disorders. Loudness and creamy-thinness (dysphonia) are manifested in the destruction of Goho phanasia (aphonia), in the violation of goho power.

It may be associated with organic or functional weakening of the central or superficial stop sound production mechanism and may occur at any stage of the child's development. It will be isolated or part of a number of other types of speech disorders. 2. Bradylalia is a pathologically slowed pace of speech. Meaning: bradyphrasia. Articular speech is manifested in the slowed production of the program, is centrally connected and, by its nature, can be organic or functional. 3. Taxilalia is a pathologically accelerated pace of speech. Meaning: taxifrasia. Articular speech is manifested in the accelerated implementation of the program, which, by its nature, is centrally connected, organic or functional. Speech at a slowed down pace will be in a stretched, one-Tone Tone Tone. At an accelerated pace - it is noticeable that it is urgent, aspirational, intense. The acceleration of speech can occur along with agromatisms. Such cases are distinguished at some point as independent violations, which are called by the terms battarism, paraphrase. In cases where pathologically accelerated speech occurs with unwarranted divisions, seizures, pauses, it is referred to by the term poltern. Bradylalia and taxilalia-a violation of the pace of speech, united under the common name speech-are the consequence of a violation of the pace of speech-fluency of the speech process, tone of speech and melodic-intonation expressiveness.

4. Stuttering is a violation of the muscles of the speech apparatus and the pace-tone as a result of voluntary pay gravity. Meaning: logoneurosis;

The central becomes connected, has a functional or organic appearance, more often appears in the development of the child's speech. 5. Dyslalia is a violation of sound pronunciation during the preserved innervation of normal hearing and speech apparatus. Meanings: language fluidity (obsolete), defects in sound pronunciation, phonetic defects, irregularities in the pronunciation of phonemes.

In the misvoiced (phonemic) variety of speech: it is manifested in the distorted pronunciation of sounds, the alternation of sounds or their absence. The defect is therefore associated, it may be that at such a time the articular base is not formed in the child (not all aspects of the articular side necessary for sound pronunciation are mastered) or the articular side is formed incorrectly. This results in inappropriate sounds. Disorders associated with anatomical defects of the articulatory apparatus form a separate group. The violation of pronunciation is considered psycholinguistically either the consequence of the non-formation of phoneme separation and comprehension operas (i.e. defects in perception), or the non-formation of the task of sorting and production (as well as a defect in fertility), or a violation of the conditions for the production of sounds. In anatomical defects, disorders acquire an organic character, and without their participation, a functional one. Disorders are usually in the process of developing a child's speech; and at what age can it appear in the cells of the peripheral apparatus. But it also happens that at some point there is a morbidity of several of its branches in the complex mechanism of phonation derivatives of Sound statement. These include rhinolalia and dysarthria. 6. Rhinolalia is a disorder of the timbre and pronunciation of sound associated with anatomical-physiological defects in the speech apparatus. Meanings: speaking with dimog (obsolete), palatolalia.

It is manifested in a pathological change in the timbre of sound. This is the consequence of the stream of breath being held in a position to sit in the nasal cavity during the pronunciation of all speech words and resonate in it. During rhinolalia, from this, there is a distorted pronunciation of all speech sounds (not individual sounds, as in the case of dyslalia). Prosodic disorders are also frequent in such a defect, the speech at the time of rhinolalia being poorly understood (ambiguous), unambiguous.

7. Dysarthria is a disorder of the speech pronunciation side associated with a deficiency in the innervation of the speech apparatus. Meaning: language purity (obsolete). In this case, it is observed that the complex mechanisms of the statement in phonation speciation are formed by all joints. This results in sound defects, prosodic and articular-phonetic defects. Anarthria that occurs when it is not

possible to produce sound speech is a severe degree of dysarthria. During mild dysarthria, when the defect is manifested in more articular-phonetic disorders, an unknown form of it is mentioned. It is necessary to distinguish such cases from dyslalia. Dysarthria is a consequence of an organic disorder of a central nature. In the localization of central nervous system disorders, various forms of dysarthria are distinguished. And depending on the severity of the disorder, the degrees of occurrence of dysarthria are distinguished.

Dysarthria often occurs as a result of early cerebral palsy, but it can also occur at any stage of a child's development, as a result of neuroinfection and other diseases of the brain.

Violation of the structural-semantic (internal) specification of the statement is indicated by two types: alalia and aphasia.

1. Alalia is the destruction or underdevelopment of speech as a result of organic damage of speech zones in the cerebral cortex to the child's mother cornea or during early development. Meanings: dysphasia, infantile aphasia that appears at an early age, developmental aphasia, gunglik (obsolete). One of the most complex defects of speech, in which the appearance of a colloquial statement and the selection and planning operas at all stages of its adoption will be distorted. As a result of it, the child's speech activity will not develop. The control of speech movements is impaired, which has its own effect on the sound production and the syllable composition of the word. Several types of alalia occur, depending on what speech mechanisms are not formed and what levels of their stages) are more sick.

2. Aphasia is a complete or partial transmission of speech in connection with damage to a particular location of the brain. Meanings: speech disorders, loss. The loss of a child's speech as a result of a cranial injury, neuroinfection, or, a brain tumor occurs after the formation of speech. If such a disorder occurs after three years of age, then it is known as pediatric aphasia. If the disorder occurred at an older age, then aphasia is considered. Violation of written speech. Depending on what type of it is broken down, it is divided into two groups. A weakening of the writing occurs when a specific species is disturbed, a weakening of the reading occurs when the receptive written activity is disrupted. 1. Dyslexia is a partial specific disorder of the reading process. Manifests itself in difficulties in letter perception and familiarity; in eclipses in the addition of letters to syllables and the construction of words from syllables (which leads to a misinterpretation of word forms); in agrammatism and in distorted understanding of what they read.

2. Dysgraphia is a partial inherent violation of the writing process. In the absence of stagnation of the optical-spatial image of the letter, in the mixing or falling of letters, in the statement of the word-syllable composition of the word and in the construction of the sentence. manifest. In the course of teaching, when the writing process is not formed, agraphy is considered. Disorders of writing and reading in children occur through difficulties in interrupting the knowledge and kunikmas necessary to carry out these processes in their entirety. According to the researchers, these difficulties will be associated with defects in oral speech (arrangement from optical forms), non-formation of sound analysis work and involuntary attention deficit. It is necessary to distinguish the violation of writing and reading in children from the infection of knowledge and cuneiform in reading, as well as dyslexia (Alexia) and dysgraphia (agraphia) day, which occurs during aphasia. Thus, in speech therapy, 11 forms of speech disorders are distinguished, 9 of which are the result of orzaki speech and constitute disorders in various processes of production. The other 2 forms involve distortions that are separated in relation to the process of distortions of written speech. Disorders of oral speech include dysphonia (aphonia), tachylalia, bradylalia, stuttering, dyslalia, rhinolalia, dysarthria (anarthria), alalia, aphasia; disorders of written speech include dyslexia (Alexia) and dysgraphia (agraphia). Psychological and pedagogical classification arose as a result of a tank analysis of medical classifications from the point of view of their application in the pedagogical process (this technique is called logopedic exposure). Such an analysis has become very important in connection with the involvement of speech therapy in the education and upbringing of children with impaired speech development. The attention of the researchers was focused on the development of logopedic exposure techniques necessary to work with the children's team (study group, class). To do this, it was necessary to find out the general appearance of defects in various forms of nonnormal development of speech in children, especially those that are considered relevant for correction in the process of reading. Such an approach required a different principle in grouping violations. It is such a principle that medical classification (from general to private, not private) is seen as its basis.

4. Conclusion

This provided an opportunity to see him based on linguistic and spiritual criteria. Among them, the structural component of the speech system (sound side, grammatical structure, dictionary zone), the

functional aspects of speech, the interplay of types of speech activity (oral and written) are taken into account.

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