

INVESTIGATION OF THE CAUSES AND TYPES OF SPEECH PATHOLOGIES IN CHILDREN

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Abstract:

This article examines the causes and classifications of speech disorders in children. Specialists have identified multiple factors contributing to delayed or impaired speech development. Speech comprehension is essential for children's cognitive, emotional, and social development. The study focuses on teaching methods, conditions that facilitate communication, and pedagogical technologies aimed at addressing these challenges.

Keywords: Deaf children, speech perception, dysarthria, rhinolalia, pedagogical methods, sign language, visual communication, educational strategies, social adaptation.

Introduction

Causes of Speech Pathologies

Specialists have determined that numerous factors contribute to delayed or impaired speech development in children. These causes are typically classified into the following developmental periods:

1. **Prenatal period (during pregnancy)**
2. **Natal period (during childbirth)**
3. **Postnatal period (after childbirth)**

1. Prenatal factors: Speech development may be negatively affected by various maternal health conditions during pregnancy, including infectious diseases, intoxications, toxicosis, fetal hypoxia (oxygen deficiency), hypertension, and Rh incompatibility between the mother and fetus. Harmful maternal behaviors such as smoking, alcohol consumption, drug use, self-medication, or exposure to hazardous work environments (e.g., radiation) can also contribute to these issues.

2. Natal factors: Obstetric complications such as a narrow pelvis, umbilical cord entanglement, premature rupture of the amniotic sac, incorrect fetal positioning, birth-related brain injuries, and asphyxia during labor may result in speech development disorders.

3. Postnatal factors (from birth to age three): Postnatal causes include traumatic brain injuries, central nervous system infections, and various contagious diseases which may disrupt normal speech development.

Classification of Speech Pathologies

In the process of classifying speech disorders, the child's mental, psychological, and auditory perception is carefully assessed. Speech disorders are typically categorized according to their severity and clinical manifestations:

1. Dyslalia:

A mild speech disorder occurring with normal innervation of the articulatory organs. It is primarily characterized by pronunciation difficulties and, in some cases, underdeveloped phonemic perception.

2. Dysarthria:

A severe speech disorder resulting from organic damage to the neural pathways innervating the articulatory muscles. It is commonly caused by lesions in paired neurons and may result in unilateral facial or lingual paralysis. The child's speech may present with spastic or flaccid features, depending on the type of paralysis.

3. Alalia:

A profound speech disorder caused by organic damage to the brain. It is diagnosed in children who have normal hearing and intellectual abilities. Alalia is characterized by the underdevelopment of all three components of speech: expressive, receptive, and inner language.

4. Aphasia:

This condition involves the complete or partial loss of previously developed speech due to brain damage. While rare in children, aphasia may occur as a result of severe brain infections or trauma during early brain development. It is more commonly observed in adults following a stroke.

5. Rhinolalia:

A significant speech disorder caused by congenital or acquired abnormalities in the articulatory organs, particularly in the nasal and nasopharyngeal regions. Structural deformities such as nasal bone deviation, polyps, adenoids, or paralysis in these areas can lead to rhinolalia.

Stuttering: A fluency disorder characterized by involuntary muscle spasms in the articulatory organs, resulting in disrupted speech rhythm and tempo.

Stuttering: Types Based on Etiology

Stuttering in children is generally classified into two main types:

1. **Neurotic stuttering (logoneurosis):** This type arises due to psychological factors such as emotional trauma, stress, depression, fear, overly strict parenting, forced change from left-handedness to right-handedness, bilingualism in the family, or imitation of a person who stutters.

2. **Neurosis-like stuttering:** This is caused by organic brain damage, such as brain tumors, dysarthria, motor system disorders, or cerebral palsy (CP).

If stuttering is not addressed in a timely manner, it may have a negative impact on a child's psychological development. A child who cannot express their thoughts clearly may struggle to engage in communication with peers.

Speech Development Criteria

Speech impairments are assessed based on the following developmental milestones:

1. Cooing phase — from 3 months
2. By 1 year and 6 months — vocabulary of 10–15 words
3. By 2 years — vocabulary of approximately 300 words
4. By 3 years — vocabulary of approximately 1,000 words
5. By ages 6–7 — vocabulary should include between 4,000 to 5,000 words

Methods of Speech Correction

1. Exercises aimed at developing articulation, breathing, and fine motor skills
2. Speech massage (point, relaxing, and stimulating techniques)
3. Correcting problematic sounds using imitation or mechanical methods
4. Speech development through didactic games

Logopedic Recommendations

As soon as any delays in speech development, incorrect pronunciation, or stuttering are observed, it is crucial to consult a specialist. The earlier the intervention, the more effective the correction of speech disorders.

Speech disorders are commonly observed in children with developmental anomalies, including hearing impairment, intellectual disabilities, and cerebral palsy. Despite these conditions, the developmental patterns of children with impairments follow similar laws to those of typically developing children. This necessitates an optimistic approach to the education and development of children with disabilities.

Effective pedagogical influence, particularly in the early stages, plays a key role in preventing secondary impairments. For example, in a child with hearing loss (the primary impairment), speech delay becomes a secondary issue, and cognitive development is subsequently affected. Pedagogical intervention is aimed at preventing or minimizing secondary effects, but medical support is also essential.

The severity of secondary impairments is closely linked to the nature and strength of the primary impairment. If the connection is strong, the correction and rehabilitation process becomes more difficult. Vocabulary expansion in such children should rely not only on oral speech but also on reading and writing.

Special education is essential and cannot be overlooked for children with disabilities. Educating children with impairments requires specific pedagogical technologies and

approaches. For instance, in children with hearing and speech impairments, articulation-based teaching methods are used, which is one of the key issues in surdopedagogy.

It is crucial to create a lifestyle for such children from an early age that emphasizes the necessity and interest in speech. By cultivating the need for social communication, the emergence and development of speech can be encouraged.

According to **L. S. Vygotsky**, compensating for various impairments can be achieved through active labor participation and fostering high-level cooperation. Vygotsky placed great emphasis on the physical potential of compensation. He believed that individuals with sensory impairments (such as blindness or deafness) can continue working and contributing in various fields. Meaningful engagement in labor can help such individuals adapt to life.

Vygotsky maintained the idea that individuals with sensory impairments should not be viewed as wholly disabled. According to him, the fate of a person is not determined by the impairment itself, but by their social-psychological functioning. If a person consciously accepts their condition, their compensatory abilities are fully revealed. The degree of compensation depends not only on the nature of the impairment and internal physiological factors, but also on the external social environment.

These parameters, further elaborated by **Lebedinsky**, define the types of impairments in psychological development:

1. **The first parameter** refers to the functional localization of the impairment and determines its scope. This could be a general impairment related to the regulatory systems or a partial impairment involving specific functions.
2. **The second parameter** describes the nature of psychological impairment at the time of injury. The earlier the injury occurs, the higher the risk of developmental delay. Injuries occurring later may have more severe consequences, as they can damage already established psychological structures. Every function passes through a sensitive developmental period, during which it is especially vulnerable to external influences.

Early correction is essential, especially in cases involving secondary developmental impairments that affect the child's psychological characteristics. Delays in initiating the educational process can lead to difficulties in achieving compensation later in life, often requiring intensive and complex special education interventions.

Initially, challenges stem from the primary impairment, while later stages are dominated by secondary psychological disturbances. These, in turn, complicate the child's social adaptation process.

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