

THE ROLE AND IMPORTANCE OF THE DEVELOPMENT OF HEARING SKILLS AT DIFFERENT STAGES IN THE EDUCATION OF CHILDREN WITH HEARING DEFECTS

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ABSTRACT

This article aims to highlight the role and importance of hearing development at different stages in the education of children with hearing impairment.

Keywords: speech, deaf, hard of hearing, hearing ability, healthy child, special institution, anomalous child, auditory analyzer.

Speech is a complex mental activity. It has a great influence on the formation of mental processes and the child's perfect growth. Speech is based on perception by means of auditory organs and develops by imitating others. The auditory analyzer and the speech motility analyzer take part in the formation of oral speech. The speech actuation analyzer works closely with the auditory analyzer, and the level of development of the auditory analyzer depends largely on pronunciation. The development of a child's speech is characterized not only by the level of pronunciation of sounds, physiological and phonemic hearing, but also by the ability to distinguish the structure of words and sound content in his own speech and the speech of others. This ability to understand word structure is also important in the development of grammatical and lexical components. Both signaling systems, as well as the interaction of perception and speech, form the basis of mental development.

According to the information provided by defectologists (T.A. Vlasova, R.M. Boskis, D.V. Neiman, etc.), the level of development of children with hearing impairment depends on the period of the child's life and the severity of the impairment. In deaf pedagogy, children with hearing impairments are divided into deaf, hard of hearing, and children who later became hearing impaired. In the period of infancy, when the tongue has not yet developed, the complete lack of hearing in both ears leads to deafness. Children with speech impairment as a result of partial hearing loss are included in the group of hearing impaired children. Children who become hard of hearing after speech development and formation are later included in the group of hearing impaired. Even if this defect appears after the formation of speech, due to the defect in the ear, there will be specific defects in hearing. Hearing loss can be congenital or acquired. 25-30% of deaf-mute children have congenital hearing defects. In my opinion, the reason for this is: the mother's illness during pregnancy, for example, flu, the parents' drinking, the mother's unknowingly taking drugs during pregnancy (especially drugs such as streptomycin, quinine), damage to the fetus; heredity, genetic factors (pathological changes in the structure of the ear, for example, atresia of the auditory canal - bituvi). Acquired hearing loss can be caused by defects in the structure of the ear or auditory analyzer. This is caused by changes in the higher nerve center, conduction pathways, or the ear itself. A child's early childhood with

otitis, parotitis, meningitis, meningoencephalitis, measles, rubella, and flu can in some cases lead to deafness or hearing loss of varying degrees. Today, extensive study of ecological issues is also of great importance in preventing hearing impairments. We know that various toxic chemical drugs have a very strong effect on the auditory analyzer, especially they destroy the conducting nerves of the analyzer, as a result of which the child becomes unable to hear well. Children with hearing impairments belong to the category of anomalous children, because this defect has a negative impact on the child's overall development and maturation, assimilation of program materials. Children with hearing impairments should be taught and brought up in special conditions and with special methods. Because even mild levels of hearing impairment affect the child's comprehensive development, cause a number of unique difficulties in mastering kindergarten and school programs. After the auditory speech development of young children, for example, even if it is lost at the age of two, as a result of deafness, the child cannot hear the speech of those around him and gradually forgets even what he knows. If special help is not provided to the child in time, then signs of mental retardation will appear. However, the special, correcting conditions that compensate for the defect and activate the control processes eliminate the defects in the child and ensure their mental development as well as general mental development.

Pre-school educational institution and boarding school specially organized for hearing-impaired children have all the necessary conditions. Caregivers and teachers in special institutions should help such children receive appropriate education.

As mentioned above, hearing-impaired children in deaf pedagogy include children who are deaf-mute, congenital and later become hearing-impaired. Therefore, hearing-impaired children, in turn, are divided into children with mild, moderate and severe hearing impairment, depending on the degree of hearing loss. Children with a mild degree of hearing loss can hear speech spoken by voice at a distance of 6-8 m, and whisper speech at a distance of 3-6 m above the ear. Children with medium hard of hearing can hear a spoken word at a distance of 4-6 m, and a whispered word at a distance of 1-3 m. With severe hearing loss, a child can hear a speech spoken in an average voice at a distance of 2 m above the ear, and a whisper at a distance of 0.5 m.

As a result of deafness, a number of defects are observed in the child's speech, for example: poor vocabulary, underdeveloped grammatical component - dropping words in a sentence, using words incorrectly, inability to connect, agree, use word-forming, word-changing adverbs; mispronouncing sounds, confusing consonants with one another, omitting them, etc. Because of not knowing the causes of the defects in the child's speech, some educators and teachers mistreat the child as lazy, irresponsible, bully, and as a result, the child becomes capricious, tearful, irritable, and unable to speak. becomes, that is, secondary mental changes appear in it. Children with a mild degree of hearing loss can receive education in public preschools and schools along with their healthy peers. However, it is necessary to treat them separately, to create favorable conditions for them.

Deaf educators are making great progress in working with hearing impaired children. Anomalous children of this category, after studying in special evening schools, successfully graduate from higher educational institutions, work equally with everyone in various enterprises of our country. In a word, it is possible to eliminate hearing defects, fully

compensate. The main task of educators and teachers is to separate healthy children from hearing-impaired children and treat them separately, if necessary, to ensure that they receive education in special institutions or are involved in integrated education. In special institutions, a student who feels that he cannot express his opinion verbally should know how to express it in written form. For this purpose, teaching students to express their opinion orally and in writing is carried out on the basis of the formation of practical speech skills and qualifications. In Uzbekistan, the development of students' ability to receive and correct speech information, to speak in their native language like healthy peers, and to form an exchange of opinions is being improved by implementing the educational and correctional process based on a single system. The curriculum of schools for deaf and hard-of-hearing children includes training and strengthening of "Lips reading" skills. All special boarding schools for hearing-impaired children in all regions are equipped with sound amplification devices, rooms are equipped with special sound-absorbing coverings, and conditions are created for purposeful implementation of rehabilitation activities.

Nowadays, the issues of early inclusion, development, and correction of deaf and hard of hearing children with special education are relevant in deaf pedagogy. The staff of the Republican Social Adaptation Center, the Avloniy Institute of Medical Education, and RTM have been actively working on creating methodological guidelines for this.

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