

SPEECH DEVELOPMENT OF OLIGOPHRENIC CHILDREN, PROBLEMS AND EFFECTIVE EDUCATION METHODOLOGY

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Annotation. This article provides information about what oligophrenia itself is, as well as about their speech processes. Through the article, you will learn about the normal development of the speech process in mentally retarded children, what processes hinder speech development. In addition, you will learn convenient methods for developing children's speech.

Keywords. Oligophrenia, Speech development, Speech delay, Phonemic perception, Articulatory gymnastics, Correctional and educational work, Socialization, Communicative competence.

Oligophrenia is derived from the Greek words oligos - few, phren - mind, and means low intelligence, low intelligence. [1] That is, oligophrenic children are mentally retarded children whose mental development differs from that of healthy children. Mental retardation is congenital and acquired throughout life. Mental retardation that occurs during life is called dementia. Mental retardation is a defect caused by organic brain damage, and therefore cannot but affect the mental processes of children. In mentally retarded children, speech defects are often observed as a secondary defect. Since the brain has Broca and Wernicke centers that form speech, speech defects occur in a child. According to S.Ya. Rubinstein, the reason for the underdevelopment of speech in mentally retarded children is "the weakness of the cerebral cortex and the slow development of new differential connections in all analyzers" [2]. The emergence of speech in oligophrenic children is significantly delayed compared to healthy children. Late speech development is characteristic of mentally retarded children. A strong lag is observed from the pre-speech period. If in infants babbling occurs normally from 4 to 8 months, then in mentally retarded children this condition becomes evident in the period from 12 to 24 months [3]. In most cases, speech begins to appear by the age of 6-7 years. Children with some forms of mental retardation do not develop speech for several years and practically do not develop it. These children, who are called "non-speech" children, make up 20-25% of young children [1]. We can also notice speech defects in mentally retarded children due to their speech delay and inability to fully express themselves in the process of communication. They have insufficient vocabulary and make grammatical errors in the process of sentence construction, which causes various problems in the process of socialization. In mentally retarded children, speech is too fast, unclear, short, or incomprehensible. When working with mentally retarded children, a speech therapist is organized together with an oligophrenopedagogue, and psychologists are organized to adapt them to the social communication environment. Speech disorders in children with Down syndrome are clearly visible. A low speech rate, that is, bradylalia, is observed. Stuttering in a very strong mental state is also common in such children. Dysphonia-voice changes are widespread. The voice is low and hoarse: coordination of breathing and the vocal articulatory apparatus is impaired [2]. Speech therapy examination in the classroom



During the initial speech therapy examination, deficiencies in the structure of the organs of the articulatory apparatus are identified. In such cases, articulation gymnastics (preparatory exercises) are carried out in parallel with work on the development of phonemic perception. The purpose of articulation gymnastics is to fully and accurately bring the organs of articulation necessary for the correct pronunciation of sounds and to combine simple movements into complex movements - the order of articulation of various phonemes [4].

This article scientifically analyzes the specific features of speech development in mentally retarded children, the mechanisms of delay, and the directions of corrective speech therapy work. It was noted that speech disorders in most cases are formed as a secondary defect due to primary mental retardation, associated with insufficient differentiation of the cerebral cortex. The emergence and development of speech in mentally retarded children is significantly delayed compared to healthy peers; The lack of vocabulary, errors in grammatical structure, disorders in phonemic perception and the functioning of the articulatory apparatus are common. In some cases, speech defects such as bradylalia, dysphonia, stuttering are observed. The article also notes that speech disorders are more pronounced in children with Down syndrome.

Therefore, an integrated approach to working with mentally retarded children - the cooperation of an oligophrenopedagogue, a speech therapist and a psychologist - is of great importance. Initial speech therapy examination, the development of phonemic perception, articulatory gymnastics and systematic correctional exercises are effective tools for the formation of speech. In general, early diagnosis, an individual approach and continuous correctional and educational work are the main factors in developing the speech of mentally retarded children, facilitating the socialization process and increasing their communicative competence.

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