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<https://doi.org/10.61796/jaide.v1i7.756>**THE PECULIARITIES OF THE SPEECH OF BLIND AND WEAK-SIGHTED CHILDREN AND THE IMPORTANCE OF THEIR STUDY****Rimbayeva Ozoda Bazarbayevna**

Student of the Nukus State Pedagogical Institute

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Abstract: the development of both their cognitive activities in conjunction with the lifestyle of people with developmental disabilities is different from that of their healthy peers. We will provide information in this article about the peculiarities of the nut of blind and weak-sighted children and the importance of their study.

Keywords: blind child, weak-sighted child, defect, development, cognitive activity, speech feature

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Speech is a specific function of a person that arose as a means of mutual exchange of ideas between people in the process of social labor and was formed on the basis of imitation during the first development period. Healthy children's speech develops normally. And in the speech of children with poor eyesight and poor eyesight, there are shortcomings. With visual impairment, speech impairment activity is not impaired at all, and its function, as well as its salinity during periods of poor eyesight, protrude as in normal vision. A single breakdown or lack of vision leaves a certain level.

Assimilation of the native language is carried out on the basis of mastering the phonetic side of the beginning speech, that is, the formation (articulation) imitation of the mechanism of phonetic hearing and sound pronunciation. And if the development of phonetic hearing and the formation of speech-hearing images based on auditory perception continues in the same way in blind and weak viewers, then not only auditory, but also speech-motor images (articulation of speech sounds), based on kinesthetic and visual perception, have significant difficulties. This is the result of a complete or partial violation of the ability of a child with a speech impairment with a visual impairment and people around him to visually reflect the articulatory movements. The main speech defect in blindness is the connection of the tongue, which is common in Blind Children of preschool and primary school age. Among the types of speech defects are: sigmatism (s, z, sh) mispronunciation in different versions; lambdacism-L sound mispronunciation; rotasism-R sound pronunciation flaws; there is also a violation of the pronunciation of the sounds of d, t, etc. The development of sound pronunciation depends on the time of loss of vision: M.E.Khvattseva noted that among those born blind and blind before the appearance of speech, the disadvantages of pronunciation are in 16% of cases, and in those who are blind at an older (preschool) age - up to 5-7 years, that is, until the final end of the process of forming sound pronunciation - only in 6% of cases. Speech disorders in blind children are reflected in their writings. According to Khvattseva, 25% of errors are associated with mispronunciation of corresponding sounds, and in 46% of cases, mispronounced sounds cause misspelling. In addition, and this is most importantly, speech defects prevent the mental development of Blind Children and much more than ordinary vision. Shortcomings in pronunciation negatively affect speech activity, limit the already narrowed circle of communication of a number of children with impaired vision,

which makes it difficult to form a number of personality traits or leads to the appearance of negative ones.

By the end of the 1st year of life, the child begins to master semantic speech on the basis of developing phonemic hearing and the formation of the sound apparatus. The identification and development of the defining function of speech takes about a year and a half and is characterized by a rapid increase in vocabulary at the same time as mastering the grammatical structure of the native language. Loss or severe impairment of visual functions limits the number of perceived objects, making it difficult to distinguish between many important and, also, very important properties and qualities of objects with strong emotional effects (e.g., color). This leads to a slowdown in the process of knowing reality and, as a result, affects the pace of speech development. The development of the dictionary can be considered in two ways: quantitatively, with an increase in the number of words used and understood, and qualitatively, with the semantic development of the dictionary, as the ratio of words and the objects they define, the process of increasingly generalizing the meaning of words. The endless possibilities of oral communication in Blind Children (direct communication with adults, listening to radio broadcasts, etc.) help in high school age not only to achieve the standard level, but also to accumulate vocabulary according to it. Some researchers believe that it exceeds. A rich vocabulary is one of the indispensable conditions for compensating for a limited emotional experience, but for this it must be based at least on specific ideas. The degree of correlation between word and image characterizes the qualitative side of the dictionary. The process of mastering the meaning of words begins with the connection of the sound of a word with the emotionally perceived properties of an object, and the assimilation of their generalized meaning is based on the generalization of emotional information. Only on this basis, regardless of specific situations, it will be possible to master the generalized meaning of words. Consequently, the richer the emotional experience, the more diverse the surrounding world is in perception and ideas, the wider the possibility of mastering the generalized meaning of words, and the higher its level.

The impossibility of rational knowledge of many objects and phenomena and their properties deprives the blind of the opportunity to compare learned words with designated objects, and consequently worsens the meaning of words. Despite the fact that blind and weak-seers usually use words correctly in one context or another, their knowledge, when scrutinized, often turns out to be verbal, not based on specific ideas, and the meaning of words, or overly narrowed - the word remains, as if tied to one feature, object or a particular situation, or overly distracted from its specific content, thereby losing its meaning.

However, the mismatch between word and image can be overcome by the verbalism of knowledge mainly with special work on the concretization of speech.

Characteristic features of the development of speech of blind and weak-sighted children, as well as non-linguistic means of communication-facial expressions, pantomime, mastering and using intonation, which are an integral component of oral speech, include. The reduction or inability to visually perceive and directly imitate the external expressive movements of others negatively affects both the understanding of the situation that is accompanied by facial expressions and pantomimics of oral speech and the external design of speech.

A blind and weak-sighted child does not notice the mass of mimic movements and gestures that give the most diverse shades and meanings to the same words. Without the use of these tools in his speech, he significantly worsens his speech, he becomes inexpressive.

Despite the numerous deviations in the development of various components of speech activity in deep visual impairment, it should be noted that, in general, with the correct formative effect on the part of parents and teachers, the speech of the blind reaches normal, serves as a powerful compensatory tool that significantly expands the capabilities of the blind at the level and in all types of

In conditions of Sensor failure, development is subject to the same laws as development in the norm. With the help of compensatory adaptations, the disturbed balance between man, nature and the social environment is restored, displaced or disturbed connections and relationships return to normal.

Thanks to these devices, a disabled person is attached to the activity. The development or restoration of activities manifested in activity is one of the most important tasks of rehabilitation work.

Joining the activities of people who are blind and weak-sighted leads to the formation of new behaviors. For example, compensatory devices that provide orientation in space appear in cases where the blind actively and independently assimilates space. Practice shows that visually impaired people who constantly use the services of accompanying individuals do not develop orientation skills

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