

*Nilufar Abidova,  
PhD,  
Tashkent State Pedagogical University*

## Children with Visual Disorder Speech Development Peculiarities

**Key words:** *speech development, children with visual disorder, amblyopia, of pronunciation, phonemic development, squint, vocabulary, semantics.*

**Annotation:** *the article is recommended for a wide circle of readers, defectologist working in specialized educational establishments and parents of children with visual disorder. The ascertaining study has been conducted to determine the level of speech development.*

**1. Introduction.** The main purpose of human speech is to be a means of intercourse between people. Using the speech, a child can share his thoughts, emotions and feelings, or to announce some important information. All this seems as the fact that goes without saying. And it is really so, but only on condition that the child is able to use the sufficiently developed speech.

Researchers have determined the indisputability of the fact that speech disorders are mainly available in children with visual defects. Being complicated in terms of distinct manifestation and structure, they affect their speech as a whole system and require at the same time the application of an original differentiated system of logopedic work.

Apart from certain difficulties emerging in the course of object-practical activity and the absence of the sense of direction, which are caused by the monocular nature of vision, preschool children experience a kind of psychological discomfort (2, p. 5). It results from the fact that during the pleoptic treatment of amblyopia the method of direct occlusion is used, when a better-seeing eye is excluded from the act of vision, with a view to training a worse-seeing one. Children find themselves in the position of asthenopic or even blind patients with residual vision, since the visual acuity of their worse-seeing eyes can be very low. Data on the peculiarities of psychological and physical development of children with squint and amblyopia make it possible to conclude that such children, together with blind and asthenopic ones, should receive the correction-pedagogic assistance (1, p. 34). At the age of 6-7 (and later), a child with visual disorder, as a rule, begins to realize his defect. In this period such children can start fearing new premises, strangers and novel situations; they become close-lipped and increasingly reluctant to associate (4, p. 88).

**2. Material and Methods.** The ascertaining study of the state of the problem under discussion has been held in the 2017-2018 school year. We have examined 20 children, including asthenopic ones and those with amblyopia and squint (with the visual acuity above 0.2 and incorrect eyesight). All the children have been brought up, during no less than a year, in a special kindergarten intended for children with visual disorder.

Every child has been examined individually, with the procedure beginning with a conservation designed to establish the emotional contact with him. With the anamnesis being collected, the researchers talked with both educators and specialists on mental defects and physical handicaps,

in order to compile a psychological-pedagogic personal information file for all the children examined.

Considering the speech development in children with visual disorder, we have paid attention to the following aspects of speech development: pronunciation, phonemic development (phonemic hearing and acoustic analysis, as well as the knowledge of letters and initial reading proficiency), semantics (the comprehension of words and their metaphorical meaning), vocabulary and the grammatical system of speech.

When determining the level of speech development, we have applied a series of estimating criteria. These include: the clear and legible pronunciation of words, the number of identified letters, the ability to determine by ear the sequence of sounds in words, the availability in oral stories told by children under examination of different parts of speech, the correct explanation of concrete meanings of words, their adequate application in sentences, peculiarities of the grammatical system of speech etc.

Some neglected forms of functional dyslalia have been found in children with visual disorder. This is explained by the fact that asthenopic children, when forming their speech habits, lacked the opportunity to watch and correctly imitate the articulation of adults at a distance.

**3. Results.** Studying the phonemic aspect of speech, we have identified 3 levels of its development: high, medium and low. The high level is characterized by the child's ability to single out by ear all letters and syllables in succession, the knowledge of letters and the ability to slur them into syllables. The medium level is characterized by the child's ability to single out by ear the first sound in a word and consonants in the middle of a word, as well as by the knowledge of letters and the effort to slur them into syllables. The low level of phonemic development is distinguished by the ability to single out by ear only syllables in a word and the knowledge of several letters. The high level of phonemic development has been demonstrated by 10 per cent of the examined children, the medium level – by 30 per cent and the low level – by 60 per cent of children with visual disorder.

The asthenopic children's sharp lagging behind in the development of phonemic hearing, acoustic analysis and initial reading skills is evidently explained by the fact that an overwhelming majority of asthenopic children brought up in special pre-school establishments are 6-7 years old. Their families failed to purposefully develop the phonemic hearing and acoustic analysis in such children; this aspect of speech couldn't develop spontaneously. This once again emphasizes the necessity of special education for pre-school children with visual disorder. The study has helped to expose a number of peculiar features characterizing the phonemic aspect of speech in children with the low level of its development: the insufficient sensitivity to the acoustic structure of speech, the absence of knowledge in the field of acoustic analysis and synthesis of words, weak cognitive activity and the absence of interest for such things.

When studying the semantic aspect of speech, the following four levels of development have been identified in children with visual disorder: high, medium, low and very low.

The high level of development of the semantic aspect of speech has been exposed in 30 per cent of children, the medium level – in 40 per cent, the low level – in 20 per cent and the very low level – in 10 per cent of children with visual disorder.

Investigating the ability to classify things by groups, we have distinguished 5 levels of its development: high, above medium, medium, below medium and low.

According to the study, the task of classifying things has been coped with by 45 per cent of children from the 40-strong experimental group with the grade of 4; 45 per cent of children – with the grade of 3 and 10 per cent of children - with the grade of 2. The analysis of results has shown that the operation of classification was not formed in all children. More often, one can observe the verbal paraphasia, and mainly that of the semantic nature:

- The replacement of a generalizing word by that with a more concrete meaning (a bird – a swallow, a tree – an Oriental plane tree, poplar, mulberry tree etc.);
- The replacement of a generalizing word by a functional property or the means of movement (a plate, a tea bowl etc. that are used for eating; a bee, a crow, a butterfly – because they fly).

**4. Discussions.** As a result of the study, it has been revealed that the active vocabulary in children with visual disorder is below their age norm. A significant lagging behind in the processing of information that is received from the sense organs constitutes an essential deficiency in children with visual disorder. During the brief perception of one or another object or phenomenon, many details remain “un-grasped”.

Very often, visual disorder intensifies the influence of some leading factors that underlie speech pathology. In that way, in the situation of visual-sensory insufficiency in children with visual disorder, their speech system as a whole somewhat deteriorates. This effect manifests itself in a number of ways, including certain peculiarities of vocabulary storage, understanding of the meaning of speech and a word’s functional purpose, mastery of the grammatical system of speech, development of legible speech, adoption of expressive means etc. Despite the peculiarities in the development of different components of speech activity in children with visual disorder, it should be observed that, at large, their speech can reach the normal level, on condition that they are correctly educated. Their speech serves as a powerful compensatory mechanism that substantially broadens the scope of their possibilities in all types of activity.

**References:**

1. *Abidova NZ. Peculiarities of speech development in children with visual disorder: New York Science Journal, 2016, 9(10); 34-36.*
2. *Yermakov VP, Yakunin GA. Development, training and education of children with visual impairment. Moscow, 1990; 222.*
3. *Plaksina LI. Development of visual perception in children with visual impairments. Moscow, 1985.*
4. *Plaksina LI. Development of visual perception in the process of subject drawing in children with visual impairment: manual for the teacher-pathologist. Moscow, 2008.*