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CATEGORIES OF CHILDREN WITH DEFECTS IN DEVELOPMENT

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ABSTRACT

This article analyzes the categories of children with developmental disabilities that help them socialize.

KEYWORDS

hearing-impaired children, visually impaired children, severely speech-impaired children, children with musculoskeletal disorders, children with mental retardation, children with intellectual disabilities, early childhood autism with emotional-volitional disorders, multiple developmental disorders.

INTRODUCTION

As a result of the scientific work and research conducted in the developed and leading countries of the world over the last 30 years, there are basically two different views about disability and disabled people in modern society. These views are referred to as 'models', i.e. the 'medical model of disability' and the 'social model of disability'. The ideological core of these models is fundamentally different from each other, so misunderstandings occur between the supporters of these models.

Nowadays, issues of disability are rapidly changing from the "medical model" to the "social model" at the international level and at the level of developed countries. Such actions first began in the mid-1970s in the United States with the initiatives of people with disabilities.

The group of schoolchildren with disabilities is very diverse. It includes children with various disabilities (see Figure 1):

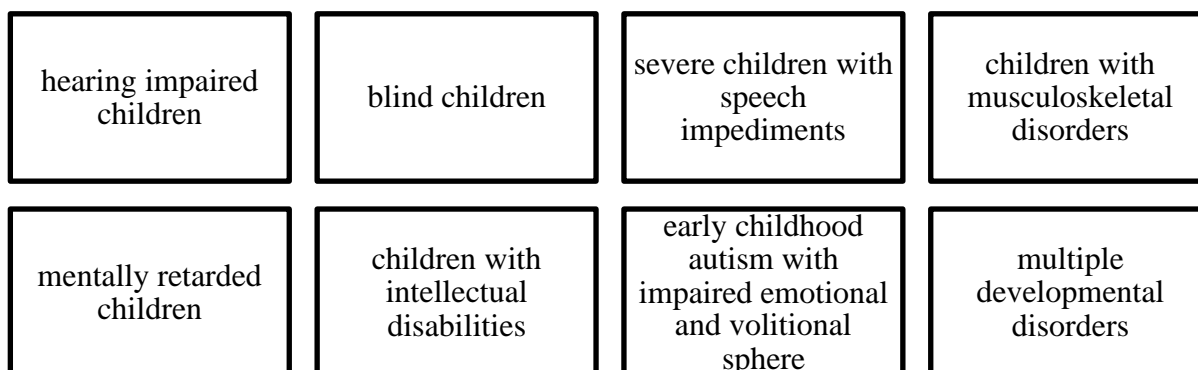


Figure 1. Categories of children with developmental disabilities

Hearing impaired children. There are two main categories of children with permanent hearing loss:

the deaf;

hearing ability is correct.

Deaf children can respond to loud sounds near the ear, but at the same time, without special training, they do not understand words and phrases. Hearing aid or cochlear implantation is mandatory for deaf children. However, even when using hearing aids or cochlear implants, deaf children have difficulty perceiving and understanding the speech of others. The oral speech of these children does not develop independently, so they are included in long-term systematic correction and development work. The main areas of such activity are: development of speech (lexical, grammatical and syntactic structure), development of auditory perception, including listening to speech and formation of pronunciation. Together with the formation of oral speech (in oral and written forms), the process of developing children's cognitive activity and developing all aspects of the child's personality continues.

Hearing ability Children have different levels of hearing ability (mild, moderate, significant, severe) - from small difficulties in perceiving slurred speech to a severe limitation of the ability to perceive the volume of speech. The need and procedure for using hearing aids, especially in classes and lessons, is determined by specialists (doctor-deafologist and deaf-educator). Hearing-impaired children can, at least to a minimal extent, acquire vocabulary and acquire spoken language more independently than deaf children. At the same time, for the full development of the speech of these children, special correction and development lessons with a deaf educator, including the above areas of hearing development, are also required.

Blind children. The following subcategories are distinguished according to the impairment of vision and in the eye with better vision and, accordingly, the possibility of using a visual analyzer in the editorial process (V. Z. Deniskina's classification):

Blind children. The visual acuity of this subgroup of children ranged from 0 (0%) to 0.04 (4%) in the better-seeing eye corrected with glasses.

Depending on the time of the defect, two categories of children are distinguished:

born blind - this is congenital total blindness or blind before the age of three.

blind - children who have lost their sight in preschool age and later.

Visually impaired children. This subcategory includes children with acute low vision, who can see 0.05 (5%) to 0.4 (40%) better in the eye with glasses. The main difference between children of this group and blind children is that with a sharp decrease in the sharpness of perception, the visual analyzer becomes the main source of perception of information about the surrounding world and can be used as a leader in the educational process, including reading and writing.

Children with good eyesight or children with good eyesight and near-normal vision, i.e. children with visual acuity from 0.5 (50%) to 0.8 (80%) correction they see better with

Children with severe speech defects are a special category of children, whose developmental deviations with preserved hearing do not primarily impair intelligence, but there are significant speech defects that affect the formation of psychology. Speech disorders can affect various components of speech: sound pronunciation, phonemic hearing, lexical and grammatical structure, inability to coordinate words in a sentence, such a disorder is called general underdevelopment of speech. Local experts identify 3 levels:

Level I - complete absence or severe limitation of verbal communication tools at the age of 4-5 years.

Level II - the occurrence of some broken words and the differentiation of some grammatical forms.

Level III - presence of detailed phrasal speech with lexical-grammatical and phonetic-phonemic underdeveloped elements. Free speech communication is difficult.

Children with musculoskeletal disorders. The concept of "musculoskeletal system dysfunction" (MSTD) is collective and includes movement disorders of organic central or peripheral origin. Children with impaired functions of the musculoskeletal system are represented by the following categories [3]:

children with cerebral palsy (BSF);

consequences of poliomyelitis;

miyariya;

congenital and acquired underdevelopment and deformations of the musculoskeletal system.

The causes of these diseases are related to genetic diseases, as well as organic brain damage and damage to the musculoskeletal system. Children are divided into three groups according to the severity of motor function disorders and the formation of motor skills:

children with severe disabilities;

children with moderate motor disorders;

children with light motor disorders.

In addition to movement disorders, intellectual development deficits can also be noted in children with musculoskeletal disorders: mental retardation, various degrees of mental retardation, and speech disorders.

Among children with musculoskeletal disorders, the largest group are children with cerebral hemisphere rareage [3].

Children with mental retardation. The group of mentally retarded children (RRS) was separated from the category of unsuccessful schoolchildren. Mental retardation is recommended to be clinically and psychologically divided into the following types: 1) constitutional; 2) somatogenic; 3) psychogenic; 4) cerebral form.

Signs characterizing the constitutional form of mental retardation include: the body structure of the child compared to that of his peers. It looks 1-2 years younger. He behaves like a kindergartener and is still "immature" to learn. Such a child does not start well in educational activities, because he has no interest in studying, and the ability to work is real. Due to irresponsibility, lack of motivation, underdevelopment of mental process analysis and synthesis skills, he learns reading and writing, mathematics with great difficulty. The cases of rapid fatigue and headaches during the lesson cause the work ability and activity of such a child with a constitutional form to decrease even more. This shortcoming in development can be caused by impaired functioning of the thyroid gland and cardiovascular diseases during the pregnancy of the child's mother.

As a result of being frequently sick with various chronic diseases at an early age, a child may not grow well, which in turn leads to mental retardation and delay, which is called a somatic form of underdevelopment. Chronic infections, allergic conditions, congenital diseases and similar diseases are especially common in children. Slowness of mental development related to somatogenic causes causes asthenia in the child. In

some children, somatogenic infantilism is observed, that is, the child does not grow and remains an infant. In this case, neurosis-like conditions in the child's psyche include lack of confidence in one's own strength, timidity, capriciousness, masculinity, the rightness of interest, etc.

In the psychogenic form of mental retardation, the child is brought up in unfavorable and inappropriate conditions from an early age, and the negative aspects of this upbringing have an impact on mental development. The causes of this type of deficiency can be divided into 3 groups: not being involved in child education at all, leaving it completely to its own devices, in which children do not develop a sense of duty and responsibility. In addition to the lack of development of intelligence, interests, cognitive activity, feelings and will, there is also a lack of knowledge and impressions necessary for mastering academic subjects. In the psychogenic form of mentally retarded development, personality development is derailed as a result of the development of a person, and the development of a person is derailed as a result of the fact that most of the characteristics that have appeared as a result of wrong education are added to the deficiencies related to the cognitive activity, in which there are pathological characteristics. It is necessary to distinguish such a child from children without educational care. The behavior of children without educational care is normal, and as a result of improper upbringing, they become underachieving students.

The cerebral form of mental retardation is the result of brain injuries, meningitis, meningoencephalitis, hydrocephalus and other diseases. Children with retarded mental development are less able to study, but if this condition is identified in time and correctly, if

appropriate support is organized for the children, they can master the public school program. In some forms of mental retardation, it is useful to treat children from time to time in special neuropsychological sanatoriums. In the sanatorium, the child is gradually involved in collective work. When the symptoms of burnout appear in him, he is temporarily released from training or given other simpler tasks. After treatment at the sanatorium, the child continues his studies at his school [1].

Children with intellectual disabilities. Children with intellectual disabilities have a permanent irreversible impairment of mental (primarily intellectual) development due to organic underdevelopment of the brain or early damage. Oligophrenia is divided into 3 groups according to the severity of intellectual underdevelopment:

Disability (mild level) - inclusive education can be obtained in an educational institution.

Imbetsillik (secondary level) - it is possible to study in a specialized institution according to an individual program.

Idiocy (severe degree) - uneducated children - are kept in specialized institutions on the line of social protection.

Early childhood autism with emotional-volitional disorders. Children with EBA are a spectrum of developmental disorders characterized by a variety of behavioral, emotional, volitional, and cognitive domains. Characteristic signs: difficulty in communicating and understanding the feelings of other people, social simplicity, funny behavior, monotonous behavior to comfort and discomfort, the presence of visual stereotypes, affective sorting and

other behavioral disorders. The speech is usually specially modulated, sometimes in high tones, sometimes monotonous, apparently "incompletely" not directed to the interlocutor, there is no expression, gesture in the speech communication, the melodic, intonation and timbre side of the speech is disturbed.

Multiple developmental disorders. The presence of two or more major developmental disorders in one child. Such disorders can be: severe vision and cerebral palsy; deafness and cerebral palsy; deafness; blindness and hearing loss; mental retardation with severe visual impairment; blindness and systemic speech disorders and other complex disabilities [4].

In the field of correctional education, work is carried out on different categories of children who need special support: They are:

- 1) children with hearing impairments (deaf, hard-of-hearing children, children who became deaf late);
- 2) visually impaired children (blind, visually impaired children);
- 3) mentally retarded children;
- 4) children with severe speech defects;
- 5) children with locomotor defects;
- 6) mentally retarded children;
- 7) children with complex blind defects in development;
- 8) children with autism syndrome [2; p. 18].

In conclusion, categories of children with developmental disabilities help their socialization.

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