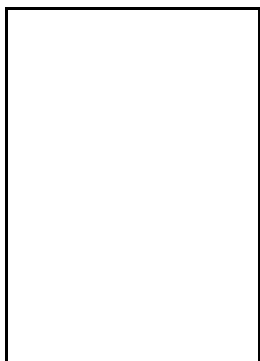




STUTTERING OF PRESCHOOL CHILDREN AND METHODS OF ITS PREVENTION



Marhabo Zoirova Yahya's daughter

*Jizzakh Pedagogical University named after Abdulla Qadiri Pedagogical P
sychology (speech therapy) course 2nd course - 206 group students*

@ZOIROVA515 + 998916262800

Annotation: Today's article describes the origin of stuttering in preschool children and how to carry out preventive measures together with the child's parents, a teacher, a neuropsychologist, employees of an educational institution, a psychologist, speech therapists.

Key word: Educator teacher, neuropsychologist, staff of educational institution, psychologist, speech therapists, stuttering, genetic factor, fear, strong excitement,

Stuttering in children, prevention of stuttering in the first place, is mainly related to mutual conversations between parents, children, and educational activities between preschool educational institutions. In the prevention of stuttering in a child, first of all, the specific features of the child's speech development, his characteristic qualities, relationships within the family and many other things play an important role in the occurrence of stuttering, parents, educators and the child It is very important to be aware of the speech patterns of the close people around, the conditions that contribute to the development of the child and the appearance of speech pathology.

There are three main areas of prevention of stuttering:

- 1) prevention of stuttering in children;
- 2) prevention of chronic and recurrent stuttering;
- 3) prevention of social adjustment disorders.

Several groups of children with risk factors for stuttering can be identified.

First, these are children with a disturbing character. They are usually very attached to their mother and react to changes in her mood. Such children often react to sudden changes in the environment (placement in kindergarten, kindergarten, long absence of mother, etc.) in the form of sleep disturbances, appetite, irritability, tears.

The second is a group of children with early speech development. In such children, their first words appear before the age of 1. At the age of 1.6-1.8, they develop phraseological speech. At the age of 2-2.5 years, they begin to speak in extended phrases. Their speech activity is high. During this period, several iterations appear in their speech. Speech often occurs during the inspiratory phase of breathing. Third, these are children with a slight delay in speech development. Such children develop words after 1 year, often at 1.3-1.5 years. Phrasal speech is formed after 3 years, the stage of its intensive development corresponds to 3.6 years. The speech of such children is often weakened by a significant violation of the voice pronunciation side of speech. Fourth, these are children with genetic risk factors, i.e. children with signs of left-handedness, as well as those who have relatives with stuttering or left-handedness (a genetic cause of speech pathology has been identified) Children who are people who stutter in the speech environment are prone to this speech pathology more often than others. Children brought up in bilingual families are also at risk of stuttering. Stuttering in children of these groups is facilitated by a decrease in the adaptability of their central nervous system.^[1]

Great attention should be paid to working with parents in the speech therapist's educational activities. In the family of children with risk factors for stuttering, conditions should be created for the child's normal somatic and neuropsychic development. These include: following the rules appropriate for the child's age, proper nutrition, avoiding somatic and mental stress, creating a comfortable emotional environment in the family, coordinated educational influence. The fact that preschool children have especially disturbing character traits therefore, they develop fear easily. These fears can be caused by bullying, reading books or watching scary movies, etc. Often, children are afraid of being left in the dark and ask not to turn off the light before going to sleep, they are afraid of being alone in the room, walking down a dark corridor, etc. for parents to be very attentive to their children plays an important role.

Parents should pay attention to the example of parental speech for children from 1 to 6-7 years old, and the general rules of parental speech are as follows:

- the speech should be very smooth, emotionally expressive and at a moderate pace;
- parents' speech should be clear;
- you cannot speak to children in their hoarse language or spoil their vocal pronunciation;
- adult speech should not be overloaded with words that are difficult for children to pronounce;
- adults should not include complex lexical and grammatical expressions in their speech when communicating with a child; the design of phrases should be very simple;
- when communicating with a child, you should only ask specific questions and do not rush to answer;
- the child should not be punished, imitated or nervously corrected for mistakes in speech. Reading children's age-appropriate poetry is beneficial. Children remember them easily, and rhythmic speech helps to develop correct motor automatisms of speech.

Thus, preventive measures for children with early speech development are primarily related to the formation of a protective speech mode, speech rhythmization and speech breathing.

In cases where speech with repetition and inspiration has been observed for more than six months without a tendency to "smooth" and then disappear these phenomena, it is necessary to start corrective pedagogical work to prevent stuttering.

Children with a slight delay in the development of speech often, after careful examination by a psychoneurologist, reveal certain signs of cerebrotrophic syndrome.^[3] Such children need stimulation of speech development, but this stimulation should be very careful and moderate. First of all, such children should form the vocal pronunciation aspect of speech and speech breathing. During the intensive accumulation of vocabulary and the development of phraseological speech in these children, it is necessary to be very careful about the appearance of iterations. If the number of repetitions does not decrease within 3-4 months, it is necessary to move on to corrective measures aimed at developing speech fluency. In children with familial left-handedness, it is useful to quickly identify signs of disruption of the formation of normal interhemispheric relations. At preschool age, some children do not immediately establish the dominance of one of their hands. Children can use their right or left hand equally freely in their movements. In such cases, it is recommended to organize the child's activities in such a way that the right hand is maximally active. Before eating, you need to put the spoon in your right hand constantly, but at the same time weakly. Try to hold the child by the right hand while walking and he will have to know how to separate the right hand and the left hand. If, despite these measures, the child continues to use his left hand constantly, the child should not be prohibited from doing so.

It is known that left-handed children are emotionally unstable, anxious, and have a low level of adaptability of the central nervous system. For such children, emotional stability in family relationships is especially important, and sudden changes in the environment (for example, placement in a kindergarten without an adjustment period) are harmful. The presence of stuttering in the family can have a pathogenic effect on the child's speech development. First of all, it is recommended to significantly limit the speech communication of an elderly person with a small child, especially during the formation of phraseological speech in this child. Their communication can be carried out only when using speech types that do not indicate stuttering in adults (for example, reading poetry, monosyllabic question-and-answer speech, etc.). Parents of stutterers are advised to undergo remedial therapy to eliminate stuttering. Special conditions should be created for children born in a bilingual family (that is, speaking two or more languages). During the development of speech, the nervous system of children experiences significant stress. In cases where two language systems are formed at the same time, it is strengthened. Often, in this case, certain signs of speech pathology appear or deviations from the norm appear. In some cases, this is a delay in the development of each language system that the child acquires at the same time, a small vocabulary that does not correspond to his age, a delay in the formation of grammatical structures, the use of different languages. building a single phrase, etc. In other cases, stuttering may develop.^[3] In order to prevent the development of speech pathology, first of all, it is necessary to create conditions for the formation of the lexical and grammatical base of one language system. This usually happens at the age of 4. After that, the acquisition of another language system does not lead to deviations in speech development or speech pathology, and the child will be able to acquire the second language freely, and the child's memory will also be normal.

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