

SPEECH DEVELOPMENT OF CHILDREN WITH HEARING IMPAIRMENT

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Annotation: This article examines the speech development of children with hearing impairments, highlighting the unique challenges they face in acquiring spoken language. It discusses the impact of varying degrees of hearing loss on speech development, the importance of early intervention, and effective strategies for fostering language skills. The article aims to provide insights for educators, parents, and clinicians to support the speech development of children with hearing impairments.

Keywords: Hearing impairment, speech development, language acquisition, early intervention, communication strategies.

Introduction

Hearing impairment is a prevalent condition that affects a significant number of children worldwide. The impact of hearing loss on speech development can be profound, influencing a child's ability to acquire language and communicate effectively. According to the World Health Organization, approximately 1 in 1,000 children are born with a significant hearing impairment, and many more acquire hearing loss during early childhood due to various factors.

Speech development in children with hearing impairments varies widely depending on the severity of the hearing loss, the age of onset, and the timing of intervention. Early identification and intervention play critical roles in mitigating the

effects of hearing loss on speech and language skills. This article explores the complexities of speech development in children with hearing impairments, emphasizing the need for tailored approaches to support their communication needs.

Main Part

The speech development of deaf children with normal intellectual development begins later than that of children with normal hearing and does not reach the stage of fluent speech. Deaf children from 1 to 6 years old are characterized by making various sounds, humming, cooing, babbling, pursing lips, making silent articulations, and trying to express their desires and attitudes through various actions. Usually, deaf children have a sonorous voice, laughter, and natural crying. Due to the lack of ability to perceive sound, in most cases, untrained deaf children's ability to react to sound (reaction) decreases sharply as they grow older. Most deaf children observe the speaker's lip movements and imitate lip movements with or without making sounds.

Sensory and mental development of deaf children

Development of hearing. Usually, deaf children perceive loud sounds as airplane noise, steam engine noise, loud car horns, and musical instruments such as pianos, drums, and cymbals.

Most deaf children with developed intelligence perceive loud airplane noise, steam engine noise, musical instruments such as pianos, grand pianos, trumpets, and cymbals, lightning, thunder, and the sound of a tightly closed door. It is rare for children who do not perceive sound waves.

Young children react to sounds differently. Most of them react involuntarily to sound: the child turns his head towards the source of the sound, stares, his pupils dilate, stare, searches for the source of the sound, gets scared, blinks his eyelashes, blushes, laughs, smiles, and cries.

Deaf children gradually get used to sounds and stop paying attention to them, the response slows down, and a feeling of familiarity appears. Also, children's reaction to sound sources changes. In children under 2.5 years old, the reaction to sound is in the form of imitation, this reaction is fragile and soon disappears. In 3-year-old children, a quick and clear reaction to sound appears. However, the process of rapid adaptation to sound continues in deaf children until they reach preschool age.

Hearing impairment can be classified into three main categories: conductive, sensorineural, and mixed hearing loss. Each type can affect speech development differently:

1. Conductive Hearing Loss. Often caused by issues in the outer or middle ear, this type may be temporary and can sometimes be treated medically or surgically.

2. Sensorineural Hearing Loss. This permanent condition results from damage to the inner ear or auditory nerve and typically has a more significant impact on speech development.

3. Mixed Hearing Loss. A combination of both conductive and sensorineural components.

The degree of hearing loss—mild, moderate, severe, or profound—also influences how children perceive sounds and learn to speak.

Most deaf children do not react to speech sounds. Up to a certain age, they perceive sound through their auditory vestiges without special training. This is because children's perceptual abilities develop gradually, and at the same time, the sense of distinguishing speech and non-speech sounds increases, as well as the ability to perceive sound sources from a greater distance. Mental and sensory development of deaf children in the early period. Deaf children face unfavorable conditions for growth from the first days and months of their lives. Compared to children with normal hearing, deaf children learn to sit, stand, and walk later. This, in turn, leads to disruption of the connections between analyzers and a limitation in the study of the environment.

The development of object movements associated with sitting movements lags behind, and as a result, the ability to perceive objects weakens.

Children with hearing impairments often experience delays in language acquisition compared to their hearing peers. Research indicates that children with mild to moderate hearing loss may develop speech at a slower pace, while those with severe to profound hearing loss may struggle significantly with spoken language.

Finding an invisible object with your eyes, finding a target in the environment by sight and hearing, and finding a sound source using binaural hearing are impossible tasks for such children. Significant changes occur in the early development of deaf and hard-of-hearing children whose hearing is damaged during pregnancy or in early childhood. Most children who have reached the age of 1.5 learn to walk and begin to walk freely, which changes their relationship with the environment. They become more active in aiming by moving around in the environment, they learn why the objects around them are needed. It becomes normal for them to get the necessary objects when necessary, and to perform household actions by imitating the actions of adults. The general development of children coincides with the development of normally hearing children: they develop the ability to perform manipulations with objects, they begin to use objects functionally correctly based on imitation. The ability to analyze develops on the basis of perception. Children with hearing loss in the early stages of life. As children grow older, they begin to walk and move freely, and their relationship with their environment changes radically. The process of children adapting to their environment becomes more active, and their imagination about what purpose each object serves expands.

The general development of deaf children is similar to the development of healthy children: they try to use objects for their intended purpose, imitate actions, distinguish the shape, size, width and other properties of objects. Children try to take into account the qualities and properties of objects in the process of practical activity. At the same time, children develop such behaviors as comparing and contrasting objects, combining

them, stacking, opening and closing boxes, putting things in them, filling empty objects with other objects. Most of these activities are carried out on the basis of imitation by adults.

All these processes develop equally in both healthy children and deaf children. The conclusion that follows from this is that deaf children can be taught a lot even in home conditions. Of course, these processes in the development of a child occur slowly, do not proceed evenly. Because not all children of this age can perform the described actions. Usually, such processes become active from the age of 2.5.

A number of observed children perform only imitative actions with objects even after they are two years old. The nature of imitation in deaf children differs from that in healthy children. In most cases, children are able to imitate the actions observed in their immediate environment. It can be concluded that the level of imitation of some children on the threshold of school is not sufficient. Only in some children is correct action based on a model observed. It is known that this quality is at a much higher level in healthy children.

Phonological awareness—the ability to recognize and manipulate sounds in spoken language—is critical for speech development. Children with hearing impairments may have difficulty developing this skill due to limited exposure to auditory input, leading to challenges in articulating sounds correctly.

Limited access to auditory information can restrict vocabulary growth. Children with hearing impairments may have smaller vocabularies and may struggle with understanding abstract concepts that require exposure to rich linguistic environments.

There are the following stages in the development of the ability to aim in deaf children:

A) Aiming only at the intended result: the child can act to achieve the intended goal through practical experiments, without taking into account the specific properties of the objects, and also by using physical force.

B) External aiming actions: the child either tries to aim or tries to guess. Because the child is not able to determine the color, size, and shape of the object.

C) Aiming while seeing the object with his own eyes, combined with perceptual actions: in this case, the child acts based on the properties of the object, tries to guess with his eyes, and when it becomes complicated, tries to try to aim. G) Completely imaginative: Shows a relentless performance behavior to achieve seemingly inevitable results.

Importance of Early Intervention

Early identification and intervention are crucial for promoting optimal speech development in children with hearing impairments. Research demonstrates that children who receive timely interventions—such as hearing aids, cochlear implants, or specialized speech therapy—tend to achieve better speech outcomes than those who do not.

Hearing Devices

The use of hearing aids or cochlear implants can significantly enhance auditory access, enabling children to perceive sounds more clearly. These devices should be introduced as early as possible to maximize their effectiveness in facilitating speech development.

Speech Therapy

Speech therapy tailored to the individual needs of children with hearing impairments can help them develop articulation, language skills, and communication strategies. Techniques such as auditory-verbal therapy focus on using residual hearing to promote spoken language.

Family Involvement

Parental involvement is vital in supporting a child's speech development. Parents can create a rich linguistic environment by engaging in conversations, reading books, and using sign language if applicable. Encouraging family members to participate in therapy sessions can also reinforce learning at home.

Collaboration between educators and speech-language pathologists is essential for creating inclusive learning environments. Teachers should be trained in using strategies that support speech development, such as visual aids, repetition, and interactive activities that promote communication.

Facilitating interactions with peers is crucial for developing social communication skills. Group activities that encourage dialogue and collaboration can help children with hearing impairments practice their speech in natural contexts.

Conclusion

In conclusion, the speech development of children with hearing impairments presents unique challenges that necessitate early identification and intervention. By understanding the complexities associated with varying degrees of hearing loss and implementing effective strategies—such as using hearing devices, providing tailored speech therapy, and fostering family involvement—educators and parents can significantly enhance the communication skills of these children.

A collaborative approach involving families, educators, and healthcare professionals is essential for supporting the speech development of children with hearing impairments. Ongoing research and advocacy for accessible resources will further improve outcomes for this population, ensuring that all children have the opportunity to develop effective communication skills and thrive in their social and academic environments.

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