

## PEDAGOGICAL CLASSIFICATION OF DEAF CHILDREN

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**Abstract.** The article discusses the features of the organization of the learning process of children with hearing impairment in private preschool and school educational institutions. The author emphasizes that the organization of methodological work with deaf children should take into account the competence, conditions, experience and professionalism of the teacher and speech therapist, their characteristics and attitude to the professionalism of educators. In order to determine the causes of hearing loss, in addition to the hereditary factors that cause hearing loss in the child, factors that affect the child during pregnancy, birth and the first year after birth should also be considered. When compiling the psycho-pedagogical characteristics of hearing-impaired children, it is necessary to look at the classification of children in order to distinguish the concepts of hearing.

Keywords: pedagogical classification, hearing impairment, mental development, pedagogical process, developmental environment, cochlear implant.

Scientific research in the field of correctional pedagogy in Azerbaijan shows that hearing loss does not deprive children of the opportunity to develop their mental abilities and acquire knowledge in a special educational environment. Research in this area shows that hearing-impaired children are more likely to develop if they receive good education in special and general education schools. Hearing plays an important role in the general and mental development of the child. Without hearing, it is impossible to understand speech, communicate with others, and transfer the knowledge and experience that humanity has acquired over the centuries to younger generations.

Hearing loss in children is a hidden process. This defect is mainly found in preschool children, especially since they do not hear or understand. When parents notice that the child is not speaking or responding to sound, they consult a doctor and the child is diagnosed with hearing loss. According to static data, 1.5 out of 1000 newborns Hearing impairment is seen in 6%. If this defect is detected early in 50% of babies, unfortunately, it is noticed too late in the remaining 50% and they are later included in the medical and pedagogical intervention.

Research on modern deaf pedagogy: DI Tarasov, AN Naderskin, VP Lebedev, OP Tokarev et al. It is recommended to divide the causes of hearing loss into three (3) groups.

Group I - causes and factors that cause hereditary deafness or severe hearing loss;

Group II - factors affecting the fetus during pregnancy and causing general intoxication of the body (congenital hearing impairment);

Group III - factors affecting the hearing organ that is damaged during the child's life (factors affecting acquired hearing).

In order to determine the causes of hearing loss, in addition to the hereditary factors that cause hearing loss in the child, factors that affect the child during pregnancy, birth and the first year after birth should also be considered. When compiling the psycho-pedagogical characteristics of hearing-impaired children, it is necessary to look at the classification of children in order to distinguish the concepts of hearing.

The correct pedagogical-psychological classification plays an important role in correctly identifying the educational deficiencies of these children, as well as in determining the type of educational institution where children will receive education.

The classification of hearing disorders has been made by many researchers: V. Fleury, NM Lagovsky, N. Vasilyev, FA Rau, RM Boskis, A. Dyachkova and others. According to the researchers, it is important to consider the following criteria when classifying hearing disorders.

1. Degree of hearing loss.
2. In case of hearing loss.
3. Speech development level in hearing impaired children.

Russian researcher PM Boskis identified the following main groups of children with hearing impairment:

1. Dumb deaf (deaf according to the old classification).
2. Deaf children (later deaf) who continue their speech.
3. Weak (hard of hearing).

This includes speechless or deaf children, those who lack the natural ability to understand speech, and those who cannot speak independently. In these children, hereditary or acquired severe pre-speech hearing loss is seen in early childhood. If these children do not receive speech training in special ways, they may lose their speech completely.

Most deaf children have hearing loss, this diagnosis is 70-80 dB sound perception not exceeding 2000 hours. Generally, deaf children hear low sounds better for up to 500 hours and do not fully perceive sounds above 2000 hours. Deaf children can be considered as children with third degree hearing loss if they can hear sounds in the range of 70-85 dB. If they hear sounds of 85-100 dB, they can be considered children with fourth-degree hearing loss.

Deaf children who retain their speech to some extent - to hear

Missing children at the age of 4-5 are understandable. Such children have different types of hearing loss: complete or near deafness or deafness. Such children experience violent mental reactions because they cannot hear, perceive or understand many sounds. Therefore, the main task of pedagogical-psychological work in deaf children is to prevent the collapse of existing speech habits, strengthen them and form a habit of reading other people's speeches.

Deaf children are children with hearing impairment as a result of partial impairment in the auditory analyzer. A child is considered weak if he or she hears sounds of 20-50 dB and slightly higher (grade I severe hearing) and 50-70 dB and higher (grade II severe hearing).

Hearing loss slows children's speech acquisition. Speech problems in children with dementia vary. From the second-degree hearing impairment until the child starts school, some sounds have a well-developed speech, although there are some defects in the pronunciation of some words. In the communication process, they can speak independently. The mental development of these children is close to normal development, but although children with first degree hearing loss can use different words, they have different pronunciation disorders in their speech. For this reason, it is necessary to eliminate the deficiencies in the learning process of these children.

A modern pedagogical classification for deaf children was developed by RM Boskis on the possibilities of cognition. RM Boskis notes that LS uses Vygotsky's principles. He talks about the complex nature of the psychological and abnormal development of children, the flaw in any analyzer. The loss or defect of a sense organ negatively affects the whole system, reflects differently on each of the other organs, and most of the time, the organ that is functionally close to that organ is damaged. According to RM Boskis, the pedagogical classification of deaf children is based on a psychological study of the relationship between hearing and speech. The theoretical basis of the classification consists of the following theses:

1. Adults see children's hearing impairments as different from similar hearing impairments. When an adult is deaf, speech, speech, thoughts and the whole personality are already formed. Hearing loss in childhood has a negative impact on their mental development, which leads to World War II. leads to the development of degree defects. Speech development is impaired in hearing-impaired children, and early deafness leads to speech loss. Stupidity interferes with the normal formation of verbal thought and in turn creates a distortion of perception.

2. In order to properly understand the limited development of deaf children, it is important to take into account their current reading and hearing ability to speak fluently. Hearing impairment interferes with normal speech development, and when children have a high level of normal speech, they are more likely to use it without hearing loss. Hearing perceptions are

stronger in children with speech development. If children have the ability to hear, it is possible to develop their free speech.

3. The degree of hearing impairment in children allows the use of residual hearing for speech development. When a child develops a hearing impairment, first of all, his speech is impaired. Therefore, partially deaf children, unlike fully deaf children, have the opportunity not only to use hearing during speech, but also to develop speech in the current hearing situation.

Deafness. Deafness means complete hearing loss..This does not mean being able to speak independently and understand speech at close range. Complete deafness is rare. In most cases, little hearing remains when it comes to songs that let you choose the loud, loud sounds of the environment to hear certain words at close range. The test revealed hearing loss of more than 80 (dB) decibels.

severe hearing loss. On the basis of the function of protected hearing in severe hearing, it is possible to independently reduce the minimum speech reserve, perceiving spoken speech at close range in the earlobe. According to the audiometer, hearing loss is less than 80 decibels.

hearing impairment. The degree and nature of speech development in hearing impairment is due to a number of reasons.

weakening characterized by the appearance of difficulty in perceiving speech hearing. If it is not possible to perceive speech during deafness, if special conditions are created for deafness, if the volume is regulated by sound amplifiers, then speech perception will increase as a result.

The causes of hearing loss are different. Hearing loss occurs in many situations. In poor hearing, it manifests itself in varying degrees of subtle whispering, from being unheard to hearing loud speech. Hearing loss in a child is diagnosed in simple ways. For example, you can control it by whispering and using normal loud speech.

Examination of hearing-impaired children;

Table 1

order №	degree	The distance at which speech is perceived	
		at normal height	In whispers
I	Normal	6-8 meters	3-6m

II	Middle	4-6m	1-3 m
III	Weak	4-2m	1m
IV	heavy	2m	0.5m

If the child does not hear any of the words, the child's ability to perceive vowels and consonants: m, h, r, d, q, u, o (low frequency) ş, f, v, i, e (high frequency) ) should be determined. For this reason, the speech status of hearing-impaired children should be examined.

A study on the speech status of children starting school shows that the speech of deaf children at an early age is different from the speech of children with acquired deafness. In children who cannot distinguish words related to hearing, lack of vocabulary, misunderstanding the meaning of words, distorted pronunciation, sentence construction, etc. the presence of difficulties makes their speech incomprehensible. In addition, the use of polysemous words in only one sense, confusion and confusion between the name and action of an object, lack of understanding of basic and figurative meanings are characteristic of children's speech.

It seems that the development of speech depends on the degree of hearing impairment. When hearing is impaired, there is little change in speech development. When the degree of hearing impairment is severe, greater impairments are found in the phonetic, lexical and grammatical parts of speech, and in severe forms of deafness, children become mute. The presence or absence of secondary defects depends on the age at which the primary defect occurs.

Hearing loss in a child can occur at different times. If the child loses hearing late, he will have a higher chance of maintaining the necessary speech development. If hearing is lost by the age of two, speech is completely lost because it has not yet formed. If children between the ages of three and 3-5 years lose their hearing, the child will also lose the speech they had previously acquired. If the hearing is completely lost at the age of 4-5 years, speech may be completely lost. Therefore, if special education is not started as soon as possible, speech can be seriously impaired when children aged 6-7 years lose their hearing. If a child loses his hearing after age 7 and has mastered grammar before then, his speech can be corrected in a normal work setting.

The timing of hearing loss is an important factor in children who have lost some of their hearing. Determines the level of development of speech. In children under the age of 3, hearing loss in small amounts causes a delay in speech development. Pedagogical conditions play an important role in preventing the emergence of secondary defects. Despite

the complex developmental challenges of deaf children, specialized pedagogical interventions allow the resulting variability to be overcome or reduced.

If the children's close relatives quickly reveal their hearing impairment, the development of thinking, cognitive deterioration can be prevented if the child's development begins to take shape quickly. If the child is allowed to hear and read the lips of a weaker child at close range, he will be able to make the most of his retained hearing and will develop speech quickly.

The level of development of a child's speech is one of his personal characteristics. The motivation of children's thinking process plays an important role in mastering personal speech. The pedagogical classification of deaf children by RM Boskis is based on taking into account the specific development of deaf children. The first indicator of such a classification is the degree of hearing function. However, for the rational organization of differential education is not complete, therefore, in case of existing impairment of the auditory function of the indicator II, the level of speech development should be taken into account. The timing of the failure is very important. RM Boskis divides deaf children into two main sections:

1. Deaf;
2. Weak ones.

Deaf people include children born deaf at an early age. These children cannot speak independently.

The group of deaf children includes children who have a hearing loss and, as a result, are somehow able to speak independently. There can be different levels of auditory speech development. Therefore, RM Boskis divides the children into both groups. Given the increase in hearing impairment, deaf children choose a group of children who have not fully developed their speech skills or who have hearing loss at an early age (up to 2-3 years). Mute deaf people (those who are quickly deaf) are deaf people who dominate speech or maintain or maintain speech to some degree until deafness develops (later deaf).

Children from Zaifeshi were also divided into two groups:

1. From a weak speaker with a certain amount of speech (some deviations in the grammatical structure of speech, pronunciation defects, etc.);
2. Weak ones (short sentences using broken words, wrong sentence structure, etc.).

This is due to the various opportunities for children to communicate with others. Speech formation in the deaf is based on the use of a sensory analyzer, which is protected in a special educational setting. Only with the help of a deaf educator is eye and ear perception and kinesthetic sensation possible using a sound amplifier.

The teacher explains to the children the function of the speech apparatus. It also monitors the correct pronunciation of children's speech by hearing, helps deaf students understand the movement of the speech apparatus and pronounce the appropriate sounds, words and phrases. The formation of oral speech in hearing-impaired students is carried out in an effective working environment for the development of auditory perception. At the same time, deaf educators teach written and spoken typescript to deaf students to make it easier for children to communicate verbally and in writing.

In the first stage of education, deaf students learn the language of communication with the teacher and others through verbal and tactile communication. Children with hearing loss from an early age have hearing impairment and their speech now develops based on their hearing. The ability to perceive normal speech, even incomplete, helps to independently master the spoken language, even with various disorders.

Before special education, the child understands words and phrases, develops an understanding of the meaning of speech acts. With the onset of school, the development of hearing and the increase in vocabulary in its use increases the ability to master the grammatical structure of speech.

Weak children are capable of mastering speech independently (with the sound of speech close to the eardrum), as well as the natural process of communication with others. When a deaf child hears well, they are more likely to participate in the learning process (perceiving with the eyes).

In children with hearing impairment, speech perception through the eye analyzer increases with the severity of the defect. The features of speech perception in these children place different demands on the pedagogical process. Then a separate group is organized in a special school for deaf children. They have different levels of hearing loss and different levels of speech retention.

Later, deaf children learn to speak naturally based on hearing. Later, deaf children are given meaning by the speech acts of others, and most children already have severe hearing loss by the time they enter private schools. Therefore, the problem of language formation comes to the fore with the use of a speaker based on speech or ear-eye speech method. The process of learning to lip read in deaf children is different from that of children with complete hearing loss. Deaf children learn to read from their lips during speech formation. Next, since deaf people have the ability to speak when they lose their hearing, they need to learn the ability to detect speech through an eye analyzer.

Teaching deaf children to read with their lips is very difficult. It is necessary to create a new connection based on the kinesthetic of the pronunciation of the words and sentences formed in the special education process of these children and, accordingly, the eye image, to increase the interaction of the deaf child. Deaf communication with the help of hand gestures transcends the development of his speech. Therefore, when children have speech disorders, language can be used hand in hand as an aid in the educational process. However, the use

of sign language in the teaching process is decreasing due to the formation of written and spoken language.

It is forbidden to use sign language at school for people with disabilities. Therefore, language development in these children is not only in the context of special education, but also when there is a great need for direct communication with others, children's language develops more independently. The use of gestures in communication with the weak slows down the development of spoken languages. Weak children should avoid speaking in sign language during the education process and make maximum use of all necessary visual aids.

Various factors affecting the development of deaf children According to RM Boskis' classification, all levels create a need for children to learn in the future. For many years in the development history of deaf psychology, it was thought that deaf children did not have a sense of hearing. But researchers later proved this to be false.

In the 19th century, B. Fleury, and later the Russian researcher NM Lagovsky and others, showed that deaf children have hearing loss. NM Lagowski says that deaf children have a sense of hearing that can be activated and developed with special exercises. NM Lagowski tried to classify children with hearing loss based on Gartman's research and divided the deaf children into four groups. It is a group of deaf children with a certain level of hearing that allows them to distinguish unspoken sounds and different tones (whistle, noise, hiss, noise, etc.), individual vowels, consonants, syllables and words. and those with more auditory remnants that allowed hearing were referred to other groups.

Subsequent scientific studies confirmed these claims and, using modern acoustic devices, reaffirmed the fact that around 40% of deaf children have some degree of hearing loss. This made it necessary for the researchers to make a new classification for children with hearing loss. One such researcher was the prominent Russian scientist LB Neumann. In his research, he identified four groups of children with hearing loss.

LB Neumann divided children who perceive sound waves up to 128-256 Hz (sound vibrations per second) into the first group, and children who perceive up to 256-512 Hz in the second group. The third group included deaf children who perceived sound waves up to 512-1024 Hz, and the fourth group included deaf children who perceived sound waves up to 1024-2048 Hz. LB Neumann described the children in the third and fourth groups as the most severe form of hearing impairment, deafness.

Social rehabilitation is a system of measures to improve the living standards of children with disabilities, to create equal opportunities for their active participation in society.

A device called a cochlear implant is surgically placed in the ears of hearing-impaired people, and hearing-impaired children can be restored to their former health thanks to the implant.

For many years, deaf people were doomed to live in a quiet world. But now cochlear implantation allows these people to hear even the slowest sounds. A deaf child can both understand and speak through cochlear implants. The implantation of children under the age of 2 allows these children to develop as normally hearing children and to integrate into their environment of normally hearing people.

Science has not yet prevented hearing loss, but as a result of the success of CUs and highly qualified professionals, deaf children have been given the opportunity to hear, understand and speak.

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