

## **Early Inclusion is the Best Way to Socialize Children with Coxle Implants**

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### **ABSTRACT**

This article describes the stages, content, principles, methods of correctional work with children with cochlear implants. In preparing these children for inclusive education, the possibilities of independent listening and speaking activities are revealed. The factors influencing the effective organization of correctional and pedagogical work, identified on the basis of national and regional characteristics and experience, are listed.

**Key words:** child with cochlear implant, inclusion, speech activity, rehabilitation, communication.

### **INTRODUCTION**

In the education system of the new Uzbekistan, inclusive education is recognized as the most humane and the most optimal education for children with disabilities. In addition to healthy children, legal norms have been developed to organize the education of children with special needs for the unique and hidden opportunities of the child. The legal framework for the protection of children's rights has been created in our country, a number of laws have been adopted and children's rights have been guaranteed. In 1992, the Republic of Uzbekistan ratified the Convention on the Rights of the Child (adopted by the UN on November 20, 1989). This Convention is the most universal document of the United Nations on child protection. The Law of the Republic of Uzbekistan "On Guarantees of the Rights of the Child" guarantees the rights, freedoms and legitimate interests of the child, protection of life and health, prevention of discrimination, protection of honor and dignity and a number of other socio-political tasks. In addition, over the past 5 years, the issue of reforming education, ensuring a comfortable life through employment of citizens has risen to the level of public policy.

Decree of the President of the Republic of Uzbekistan dated December 1, 2017 "On measures to radically improve the system of state support of persons with disabilities"

Decree PF-5270 of April 29, 2019 "On approval of the Concept of development of the public education system of the Republic of Uzbekistan until 2030", PF-5712 of October 13, 2020 "Measures to further improve the education system for children with special educational needs" In the context of the tasks set out in the Resolution No. PQ-4860 and other normative legal acts on the introduction of adapted types of educational services to the needy, a system based on differential approaches. In addition, the task of improving the content of continuing education, the introduction of innovative technologies in this educational practice is one of the current issues of general and special pedagogy. In particular, the optimization of the principles of person-centered education in the content of the correctional-pedagogical process plays an important role in the effective organization of education for children with disabilities.

A widely used practice today is to involve children with cochlear implants in general education. Children with hearing impairments may need a different type of hearing aid if sound-enhancing devices are not effective between the ages of 2 and 3. As a means of effectively restoring such hearing, a cochlear implant is surgically inserted into the child. The earlier the child is operated on, the sooner the problems in his speech development will be eliminated. The issue of identifying effective ways to teach, educate and rehabilitate these children in preschool education has also become a research topic of special preschool pedagogy.

Cochlear implantation allows children with hearing problems to hear and distinguish all the sounds around them, to speak, to hear their own speech. That is, it serves as a means of ensuring social adaptation by bringing it into the world of the listener. When a cochlear implant is placed, the child will be able to distinguish all speech and non-speech sounds. However, in children with cochlear implants, the expected result will not be achieved if rehabilitation is not performed before and after surgery. That is, children do not perceive the external world through the sense of hearing, and as a result do not distinguish when they hear the speech of others. Children with cochlear implants should receive targeted deaf pedagogy for some time.

The implementation of inclusive education for children with cochlear implants in the stages of continuing education is illustrated below. First, information on the conditions for achieving inclusion in preschool education is provided. Healthy children of this age are repeatedly asked questions while performing activities related to various activities, and are interested in knowing the names of objects and events that are of interest to them. They express their opinion, desire and strive for the goal. Children with cochlear implants, on the other hand, feel passive, cowardly, insecure, and various complexes as a result of a caring attitude in families. Given that the optimization of preschool and school education today is a requirement of the period, early development of auditory and speech skills in these children through deaf pedagogical work is

required in the postoperative period, given that children with cochlear implants are required to attend secondary school. The more children with cochlear implants are prepared for school education as individuals with social skills and communication skills, the more successfully they will master the subjects taught in school.

## **MATERIALS AND METHODS**

A.N. Belokon N.A. Dayxes, A.V. According to Pashkov, the success of pedagogical measures after cochlear implant placement depends on medical, psychological, pedagogical and social factors [4]:

- The course and stability of the surgical process;
- Methodological literacy of parents on working with children with cochlear implants;
- adjust the speech processor to the child's hearing;
- take into account the individual characteristics of the implanted child;

The system of correctional and pedagogical work with children with cochlear implants requires the targeted participation of a number of specialists: deaf pedagogues, speech therapists, psychologists, teachers, educators.

O.Petrova studied the pedagogical aspects of the interaction of preschool adults with their peers in the process of regular play [1].

T. A. As a result of Vlasova's research, she systematized methods of organizing manual labor processes in older preschool children [3].

Uzbek scientists U. Fayzieva, F. Qodirova, D. Nazarova, R.Rustamova's scientific researches have studied on a scientific and practical basis the effect of hearing loss on the insufficient formation of speech in a child. Based on these studies, the following conclusions were drawn:

1. A deaf child does not understand the appeal made to him for lack of hearing.
2. Deaf children gain the ability to understand speech by themselves and others through special correctional approaches, hearing aids.
3. Corrective and pedagogical work with deaf children after speech formation and cochlear implant placement is radically different from deaf pedagogical work with children with cochlear implantation without speech formation.
4. Depending on the occurrence of deafness and the duration of cochlear implant placement, the content of postoperative work is developed in a specific way.

Different approaches, organizational and methodological aspects of working with children with cochlear implants in Uzbekistan Mo'minova, U. Fayzieva is being developed on the basis of the experience of R. Rustamova [5].

In practice, the commonalities and differences of national experiences were identified:

In the recommendations of U.Fayzieva, the use of dactyl and gesture speech in working with children with cochlear implants is strictly prohibited. Deaf pedagogue R.Rustamova focuses on the use of different approaches that ensure the emergence of vocabulary in the child. It is recommended to exclude gestures from consumption when hearing and perceiving sounds and words.

Professor LR Muminova and her followers recommend the use of psychologically comfortable speech communication for the child, which is most important when working with children with cochlear implants. That is, they consider effective the procedure of first communicating and then achieving the correct pronunciation of sounds and words [6].

U.Yu. Fayzieva emphasizes that in the organization of correctional and pedagogical work with children with cochlear implants it is necessary to pay attention to the following: the child should be under the special supervision of a specialist, be prepared for school education in such a way as to have the necessary speaking resources and life skills [7].

In order to prepare children with cochlear implants for school education orally, mentally, physically, mentally, a specialist (individual education), preschool organization, correctional work in the hearing center should complement each other in content. That is, no matter what type of education a child is involved in, he or she must have the knowledge, skills, abilities and competencies that are appropriate for his or her age, individual characteristics and hearing, but close to the state requirements of preschool education.

In preparing children with cochlear implants for independent auditory-speech activity, it is necessary to rely on their level of mental development. That is, preparing these children for speaking activities is in sync with the task of developing them intellectually. In the process of mastering speech, the child learns objects, their signs, movements, and various relationships. In doing so, the child not only acquires knowledge, but also learns to think. To think is to speak inwardly or out loud, to speak is to think, to comprehend.

Once a child with a cochlear implant has mastered speech, he or she interacts with the world around him or her and his or her worldview expands. He now interacts not only with the subject, but with an object he has not seen at all or does not currently have in his personal experience (travels to fairy tales, listens to and meditates on how people in stories live).

A child with a cochlear implant uses speech to influence the people around him. In this, it is important that the speech is expressive, emotional and connected. The following types of work are recommended for deaf educators or speech therapists working with children with cochlear implants in preschool education when conducting on the child's speech:

**1. Work on passive and active vocabulary:** naming, finding, sorting pictures, showing the requested subject, and various didactic games.

**2. Establishing dialogues that encourage dialogue:** question-answer, storytelling, conversation, role play, fairy tales.

**3. Grammar assignments that encourage the correct expression of an idea:** continue the sentence, recite a poem.

4. Assignments that encourage students to express themselves in a connected way: narrate a cartoon they have seen talking about themselves and their family.

5. Tasks that encourage interaction: peers, adults, teachers, conversations with relatives, role-playing games ("Guest", "Transport", "Market").

### **EXPERIMENTAL WORK ON THE PROBLEM:**

As a result of scientific research conducted by deaf pedagogues of the Department of Defectology of Chirchik State Pedagogical Institute, the following periods of auditory training and speech rehabilitation with children after cochlear implantation were identified:

**Phase 1. The child's adaptation to the external device.** This period lasts from 1 to 3 months, depending on the general condition of the child. In this case, the implant adapts to the child's body and vice versa to the foreign body in the child's body. In practice, adverse effects on the adaptation of the child's body to the implant can also be observed. In such cases, general rehabilitation procedures are carried out on the basis of the conclusions of the cooperation of surgeons, pediatricians, therapists. In addition, the following work will be carried out during this period:

1. Psychological and organizational preparation of mother and child for the process.
2. Preparing the child to turn on the speech processor (conditioned motion reaction to sounds, explanation of the presence or absence of sound, limitation on the volume of hearing). In addition, the preoperative period will continue at this stage (counseling for parents, one-on-one sessions with a deaf pedagogue and psychologist, recommendations on hearing aids, personal planning for hearing and speech rehabilitation at home and in the family). Important tasks at this stage are the types of work that connect the speech processor before and after the power on. That is, the work of teaching to distinguish between non-verbal and non-verbal sounds will also continue under the supervision of a specialist.

**Phase 2. The period of "entering the world of hearing".** That is, during the initial period, the electrode part of the bunda cochlear implantation is launched by the specialist of the surdological Center in a centralized manner using a special apparatus. This process involves diamically controlling the child's perception of the outside world and his attitude to it. In the first

period of this phase is determined the level of general adjustment for all children. After a certain period of time, depending on the dynamic changes in the child, the appropriate setting levels are selected. The dynamics of the setting is determined from the bottom up.

**The content of the work of surdopedagog will be as follows:**

1) speech is working on sound. Bunda to react to different sounds, to attract attention, to arouse interest in surrounding sounds, to hear and distinguish non-spoken and non-spoken sounds, to identify the source of sound izlash,;

2) generalization of auditory imagination, images (spoon, knife skimmer, cauldron – voices in the kitchen; voices of parents, brothers, brothers, sisters-voices of family members; voices of cows, dogs, chickens, sheep – voices of domestic animals);

3) to teach parents to develop the hearing ability of the child in the conditions of household communication.

Speech-building work involves the development of the pronunciation of sounds and sounds:

- development of speech breathing;
- achieve the duration of breathing;
- direction of air flowtirib extraction.

Work on sound:

- sound output-calling;
- voice hearing control;
- sound rigidity, height, timbre control;

In addition, a logopedic massage with a child with a cochlear implant, articulation Gymnastics, teaching his speech to hear and control is carried out.

**Phase 3.. Main period.** This period includes three major types of work related to:

1. Development of speech auditory differentiation.
2. Development of hearing and perception of Appeals and their speech.
3. Develop the ability to hear, understand, understand connected speech, the perception of texts.

**Factors affecting the effective organization** of correctional and pedagogical work after the installation of a cochlear implant:

The presence of an educational – educational environment in the family. Corner for training, toys, the provision of didactic means, warm attitude of parents and relatives towards the child, observance of articulation caresses in speech appeals, prevention of unpleasant voices, timely support of each result of the child, patience during the period of adaptation of the child to cochlear implantation, preparation of the cochlear implant itself and others to be cautious attitude to the

external part

**Organization of specialist activities. This process includes:**

purposeful search for a trustee, find;  
conclusion of a term contract;  
together with the specialist, make a plan;  
getting tips from the specialist on the topic of training;  
timely adjustment of cochlear implant;  
record dynamic changes in the child.

**Effective communication.** Creating a variety of speaking situations, organizing question-and-answer sessions, helping to build communication with peers and adults.

The main direction of correctional-pedagogical, developmental work carried out after cochlear implantation is to teach communication, which has a positive impact on the speech development of deaf children.

Rehabilitation of children after cochlear implantation is a long, planned process. The first 2 years are of particular importance in this regard. It is during this period that otorhinolaryngologists provide medical-psychological-pedagogical assistance to each child, that is, the planned connection and adjustment of the speech processor, pedagogical examination, correctional and developmental training, the advice of specialists in various fields.

In conclusion, cochlear implantation is recognized today as an effective tool in the pedagogical rehabilitation of children with hearing impairment.

When a cochlear implant is installed in preschool and school-age children, hearing-speech skills are improved, the experience of oral communication is enriched, and normal hearing helps to adapt among peers.

Pedagogical conditions necessary for the education and upbringing of children after cochlear implantation:

system of correctional-pedagogical and methodical work of specialists;  
the presence of a complete speech environment;  
parental activities at home.

Corrective and pedagogical work with children with cochlear implants is organized in the following types.

1. Recruitment of deaf educators or other specialists by parents. This type of education is done in the family where the child with the cochlear implant lives or in the specialist's place of residence.
2. Education in special state and non-state preschool educational institutions. This type of

training involves frontal and individual training with a child with a cochlear implant.

### 3. Individual and frontal classes in deaf centers.

No matter what type of education a child with a cochlear implant is treated with, the most important pedagogical condition is a systematic approach by a specialist.

It is well known that in the process of preschool education, a child with a cochlear implant tries to understand them by witnessing the relationship between space and time. On this basis, their motivation for speech activity increases, their abilities grow. Basically, from this period onwards, the child with a cochlear implant becomes more likely to communicate.

One of the characteristics of a healthy preschooler is his curiosity, "why?", "Why?" is a frequent reference to adults with questions such as. Children with cochlear implants do not show activity in such situations. A child with a cochlear implant tends to produce a variety of gestures and other movements to express himself. This situation should be properly addressed by the educator or parents. That is, the child is required to translate his or her desire for independent communication into verbal expression.

The preparation of children with cochlear implants for auditory-speech activity is based on the general laws of personality formation. These laws are also fully applicable to the development of children with cochlear implants. The correctional-pedagogical process should perform targeted interrelated tasks to stimulate communication in the child with a cochlear implant.

In our opinion, the end result of cochlear implants is that the quality of life of the implanted children increases, their social adaptation increases, their auditory senses improve, their oral and verbal skills improve.

If such a chain is aimed at the child with a cochlear implant, the result of this process will be effective. We consider this system on the example of the correctional-pedagogical process of preparing children with cochlear implants for auditory and speech activities. In this process, the organization of various activities (play, make, build, demonstrate,...) ensures that the child with a cochlear implant is not passive. No matter how active and curious a child with a cochlear implant is, he or she will always need a warm relationship. Like a healthy child, a child with a cochlear implant needs love. A child with a cochlear implant develops well when brought up in an environment of love. This law imposes the following requirements on teachers and parents:

- be patient;
- perseverance and determination;
- Be forgiving and kind;
- Take care of the child and support them constantly.
- Ensure the child's confidence in their own strength.



The experience of peers can also serve as a basis for the interests of children with cochlear implants. This is because when children play with their friends, talk to them, or tell them about something they have seen or done, they may be interested in the result. As a result, together they create a plan and begin to perform this or that action (game, object making, drawing, etc.) independently. However, some children with cochlear implants may reveal their routines by asking questions to a teacher or adult before starting to move. In this situation, the educator notices what the child wants in advance, what this desire may lead to and what the result may be, and provides guidelines or prohibitions that ensure the safety of equipment and life (because if the child has electricity, going out, cutting with a knife, etc.). if he asks questions). Questions often arise as a result of the child's direct acquaintance with the subject or event, communication with adults and peers, and independent thinking. In children with cochlear implants, the ability to ask questions develops rapidly after speech is formed. As a result, children ask a variety of questions to find out what interests them. Questions change over time. A 2-3 year old child is interested in the name of the object, its nature and quality. The questions of older children (6-7 years old) are also aimed at identifying perceptions that connect the environment, changes in nature, objects and events. Their questions focus on the relationship between objects and events, the systematization of impressions, and the similarities, commonalities, and differences between them.

How should a teacher or parent answer the questions of children with cochlear implants? They don't ask questions to everyone, they only ask people who have built their trust. They are often asked questions by those who listen to them attentively, answer them with interest and seriousness.

Requirements for adults in such situations:

- to treat them with respect and protection;
- try to understand the motive of the question, to understand the reasons that motivate the child to ask a question;
  - The question asked for knowledge is a reason for the child to meet adults, to draw attention to their emotional state;
  - answer without losing the child's curiosity;
  - The answer should be clear and concise;
  - It is necessary to take into account the level of mental development of the child and rely on his life experience;
  - Teachers and parents are required not to be afraid that the child will not understand everything. Based on the question and answer, it is clear that a child with a cochlear implant has certain information. That is, they understand something in a question-and-answer session, they

have new knowledge, and this knowledge leads to new questions. It is precisely the vague knowledge that has a significant effect on the development of the mind, increasing its cognitive activity. Encourages the child to listen independently and to search for more questions and answers.

### **CONCLUSIONS AND RECOMMENDATIONS:**

1. The development of listening and speaking skills in children with cochlear implants is an important factor in their preparation for school. It is important to take into account the characteristics of the preschool period in auditory and speech rehabilitation, the systematic use of learning tasks appropriate to the child's speech and mental abilities, the choice of methods and tools aimed at shaping children's communication motivation.

2. In postoperative cochlear implantation, it is important to monitor the dynamic changes in the child before, during and after surgery in the organization of targeted cooperation between specialists and parents. The child's lifestyle in the family and the preparation of parents to prioritize the verbal environment in this process is also an important component of auditory and verbal rehabilitation.

3. When working with children with cochlear implants, it is necessary to take into account their psychophysiological characteristics. In this regard, educators need to use alternative alternatives to methods and technologies that are tailored to the specific characteristics of children with cochlear implants.

4. The applied technologies not only teach children with cochlear implants to name their surroundings, objects and events, to describe their signs, to count numbers, but also to effectively prepare them for the knowledge, skills, competencies acquired in life. In this way, the corrective and pedagogical work, which combines several developmental technologies, can be recognized as effective and vital.

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