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Preventive Measures against Speech Disorders in Early Childhood

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Abstract

This article investigates the theoretical and practical aspects of speech disorders in early childhood. The article contains both the analysis of young children's speech diagnostics results and main aspects of a preventive kids' program "I learn how to speak correctly". The program is aimed at improving gross, fine and articulatory motor skills, psychical processes (memory, attention, thinking, perception), impressive and expressive kids' speech, developing parents' pedagogic behavior concerning the speech development problem in early childhood.

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1. Introduction

Early childhood is a sensitive period in the development of psychical processes and all speech aspects. Such scholars as M.M. Alekseeva, B.I. Yashina [1], A.M. Borodich [2], E.M. Mastjukova [3] and others define the following stages of young children's speech : Stage 1 is the process of phonic speech development (the 1st month of life); Stage 2 is cooing (2-4 months); Stage 3 is babbling (5-8 months); Stage 4 is a passive vocabulary development (9-15 months); Stage 5 is an active vocabulary development (18 months-3 years).

There are several important backgrounds for the proper speech process in early childhood. They include speech apparatus maturity, emotional and auditory reaction to adults' speech, primitive understanding of addressed speech, an ability to distinguish between the forms, colors, sizes, sounds and tactile sense of objects, a definite level of attention, perception, memory and thinking development, active imitation of an adult's speech.

The analysis of research work on the problem of speech development in early childhood shows that the early stage is characterized by a situation where an infant may «get stuck» at the babbling stage, his passive and active vocabulary may be enriched poorly, moreover he may be reluctant to use new words in communication and faces problems mastering the verbal lexicon.

The scholar E.M. Mastjukova [3] emphasizes that the lexicon of infants includes: pronunciation of monosyllabic or disyllabic words; pronunciation of frame words including 1-3 syllables; use of onomatopoeic words in speech and fragmented words including the names of animals, objects and actions.

L.V. Bondarko, L.A. Verbitskaya, M.V. Godina [4] point out the fact that the first words of abnormal speech in young children are classified as follows: 1) fragmented words - when an infant pronounces only parts of words , e.g. "mako" (instead of "moloko" - milk), "yaba" ("yabloko" - apple); 2) onomatopoeic words - when a young child tries to denote some objects, actions or situations, e.g. "beep" (a car), "booh" (to fall); 3) frame words - when a baby is able to pronounce correctly prosodic elements such as the stress, the number of syllables, e.g. "tititiki" ("kirpichiki" - little bricks), "papata" ("lopata" - a shovel); 4) words which don't correspond to the words of his mother tongue or their fragments.

We can distinguish important diagnostic signals of deviating speech development in early childhood. They are the absence of 2 - 3 syllables words in speech, passive behaviour in dialogue-making; one-word answers to questions; frequent or constant usage of adults' words in speech; long-term lingering at a particular speech stage; constant distortion of sounds; problems in pronouncing polysyllabic words, pauses in pronouncing expanded phrases and separate words; numerous repetitions of separate syllables and sounds accompanied with some tension in their muscles. It is necessary to mention that the above characteristics are not of equal ranking.

2. Methods

In order to detect the stage of young children's speech development we used diagnostic I.A. Smirnova's methods [5]:

- Speech comprehension (a child answers when called by name, points to an object correctly, shows all parts of a doll's face and body as well as his own, fetches the right object, etc.);
- Volume of his active vocabulary (a child recognizes and names pictured objects, including such topics as clothes, furniture, vegetables, birds, etc.);
- Recognition of sounds (a child names a word according to the associated sound in the beginning, middle or end of a word);
- Active vocabulary (a child examines a picture and speaks about it);
- State of contextual speech (a child examines a picture and tells a story using different parts of speech);
- State of speech grammar (a child uses different types of sentences: simple, expanded - with direct, indirect or prepositional objects, etc.).

According to the above criteria we detected 3 levels of speech development in young children:

- *High level* (a child answers when addressed by his name correctly, points to the right object easily, shows all parts of a doll's face and body without making any mistakes, locates correctly the same body parts on himself, fetches the right object and carries out definite actions with it, understands speech addressed to him, pronounces most sounds correctly and is able to tell what he sees in a picture, etc.);

- *Middle level* (the level of speech comprehension is within the established norms; a child performs all the tasks partly, he may be inattentive to adults' utterances and may not react to questions addressed to him; the child may mispronounce some sounds; he distorts the syllabic structure of words, his phrases are grammatically incorrect, there are some mistakes in using pronouns, the child mixes pronounces "he-she", "I-he", his language is poor, emotionless, primitive, etc.);

- *Low level* (a child is far behind the norm; he is not interested in the task given; he is not able to concentrate his attention on an object and has got problems comprehending instructions; when shown pictures the child becomes puzzled; there are mistakes in his speech; the vocabulary is limited and passive; the child uses infant words and onomatopoeic words).

3. Results

3.1. Selection characteristics

During our research we investigated 40 children aged from 2 years 7 months up to 3 years. 30.5% of all the children attend preschool educational institutions or children's educational centers; 20.8% used to attend such centers but do not go there now for some reason; 48.7% receive home care.

The analysis of their medical background shows that 20.4% of the children had serious somatic diseases in the first 12 months of their life; 12.2% suffered somatic diseases from 12 to 24 months; 5.3% - from 24 to 29 months; 5.8% - from 29 to 31 months; 4.0% - from 31 to 36 months; 10.4% of the children had chronic ailments; 5.0% of them suffered from different infections; 4.8% had traumas of different gravity; 8.1% of the children had cramps when they had a high temperature; 4.9% have hereditary neuropsychic diseases; 4.2% had genetic speech disorders; 14.9% had no deviations in their development.

During our conversation with their parents we learnt that 30.4% of the parents were concerned about the level of their children speech development; 15.7% of the parents have consulted specialists; 30.4% were sure that speech disorders were temporal; 13.2% thought that speech disorders were genetic; 10.3% of them didn't care about this problem.

The questionnaire for parents allowed us to make a conclusion that 24.1% of them were eager to improve their pedagogic behavior concerning the children's speech development; 10.6% thought that preschool educational institutions were responsible for speech development; 65.3% of the parents agreed to take part in the preventive program for their children.

3.2. The results of the research

The analysis of the survey among the children showed that 15.3% of them had a high level of speech development. The kids understood addressed speech correctly, their contextual speech was at a high level, they used different parts of speech, nouns in the singular and plural, perfective and imperfective verbs, there were no mistakes in grammatical constructions, the level of their pronunciation corresponded to the norm.

44.1% of the kids had a middle level of speech development. They had some problems with speech comprehension, they did not accomplish the tasks properly, the majority acted passively, sometimes the kids failed to react to the questions of the examiner, their vocabulary lacked general notions, the kids mixed the pronouns "I-he", "he-she", used incorrect grammatical forms and had problems using adjectives. There were some deviations in sound articulation: the children altered some sounds and their speech was rather emotionless.

40.6% of the kids had a low level of speech development. Their speech did not correspond to the norm; they were reluctant to contact, embarrassed, did not understand addressed speech and had problems answering questions. Some tasks were repeated to them several times, the kids had poor sound articulation and vocabulary. They could not describe a picture; their speech was imperceptible and grammatically incorrect.

The analysis of the survey of the kids showed that their contextual speech, grammar and pronunciation of sounds were poor and inadequate.

4. Discussion

The analysis of the examination results allowed us to elaborate the concept and contents of the program "I Learn How to Speak Correctly". The program aims at creating pedagogic measures to provide preventive service to young children. The program consists of the following sections:

Section 1. "Learn to develop your hands". The aim is to improve young children's gross, fine and articulatory motor skills. The section offers different kinds of games and exercises including a complete massage of facial and articulatory muscles, hand and leg massage, gymnastics for fingers. The section also includes breathing exercises and games such as «Roundabouts», "A sailing Boat", "Snowflakes", "A funny squirrel" as well as physical exercises "Little Kate", "Little birds" and games aimed at developing primitive cultural and hygienic skills "Wiping our nose", "Washing our hands", "Let's feed Masha" and so on.

Section 2. "Learn to think". The aim is to develop young children's psychic processes (memory, attention, thinking, perception). Kids play such didactic games as "Big or small?", "Show a long neck", "Where is the bird singing?", "Where is the bear hiding?", "Who is sleeping in the kennel", "Whose sound is that?", "Red or green apple?", "Rolling or not?", "My funny ball", "Twinkling rattle-toys", "Show the nose", "Complete a picture", and have conversations about our environment such as "Water flows", "Sand spills", "Let's feed the pets" and so on.

Section 3. "Learn to understand words". The aim is to develop impressive speech in young children. They are given picture books, they are supposed to read simple texts, to repeat certain words from poems, limericks, songs; they play didactic games with a doll - "Kate is ill", "Let's dress Kate for a walk"; they try to support a dialogue on such themes as "It's raining", "Leaves turn yellow" and so on.

Section 4. "Learn to speak". The aim is to develop kids' expressive speech (lexicon, speaking in phrases, pronunciation of sounds, vocabulary, communication with other kids). Young children play such phonic games as "Guess who is coming", "Singing sounds", learn small poems "My funny ball", "I have a little goat" accompanied with motions; children learn how to solve descriptive riddles such as "A cat", "A dog", "A bear", "A table", "A chair", how to answer questions, etc.

Section 5. "We teach the whole family". The aim is to develop parents' pedagogic behavior concerning speech development in young children. The program includes "My child's speech" questionnaire and a test for parents "Stages of young children's speech development", as well as discussions on individual programs of prevention service "Help to speak". There are also open lectures like "Drowning or not?", "A colored lawn", "Games for speech development", "Kids' gymnastics for fingers", "Preventive measures of kids' articulation deviations" (with brochures, banners, leaflets, etc.).

5. Conclusion

The results of the preventive programme "I learn how to speak correctly" are as follows: the young children make success in improving their gross, fine and articulatory motor skills; psychical processes (memory, attention, thinking, perception) are on the increase; the young children's impressive and expressive speech develops rapidly; there is progress in forming parents' pedagogic behaviour concerning the articulation problem in kids'.

All in all, A timely preventive system of measures to combat young children's speech deviations is one of the main conditions for a child's harmonized development and his readiness to study at school. Any speech deviation may affect a child's behaviour and further social skills.

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