MEDICAL ASPECT OF PROFESSIONAL ACTIVITY OF SPEECH THERAPISTS
IN THE COMPLEX MEDICAL, PSYCHOLOGICAL AND PEDAGOGICAL HELP
TO CHILDREN OF EARLY AGE

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Summary. In the article, the medical aspect of future speech therapists training in the conditions of the higher pedagogical educational establishment of the professional pedagogical activity with the children of early age in the process of reformation and modernisation of the national education of Ukraine is considered.

Key words: children of early age, medicine, help, professional training, speech therapist

A modern epoch is characterized by the changing of paradigms, the revision of base ideas about a man and society which are examined as aggregate of different micro-societies. Such the complex problem is “children of early age” and among the major directions of reconstruction of the domestic system of education there is the creation of its new structural element, namely the system of early help to the children, as at early intervention it is succeeded considerably to bring down the degree of social insufficiency of children, to attain the maximally possible level of general development, education, and integration to society for every child.

Under the conditions the system of the special education the network of educational establishments is not only there where the process of teaching and educating comes true with the features of psychophysical development, but the system of correctional support and help, the complex accompaniment of people with low psychophysical development on the different age-specific stages. It is a sphere where the interdisciplinary approach, the realization of prophylaxis of rejections in development and early interference, the wide exchange of information and the experience of successful rehabilitation at an international level is needed, as most countries have very alike problems, but the different methods of their decision. In connection with this there is necessity in forming a new generation of speech teachers-therapists able to work in the specialized and interdisciplinary branches. With the entry of Ukraine into Bologna Process the professional trainings must answer the requirements of society and foresee the spectrum of professional potentialities, which will answer the claiming of interdisciplinary studies and the development of universal skills, which predetermine the necessity of consideration of actual aspects in relation to the children of early age, which is necessary to be taken into consideration in the speech therapy activity.

The purpose of our article is finding out of meaningfulness of the content of medical care in perinatal and postnatal periods in the professional activity of speech therapists with the children of early age in the system of complex medical, psychological and pedagogical help.

As the phenomenon of childhood belongs to the category of the complex and multidimensional phenomena, it is investigated by different sciences: by paediatrics, psychology, pedagogics, anthropology, philosophy, by sociology and others – each of which has their own approaches to the problem. At the same time, childhood is the subject of interdisciplinary analysis, and a wide interdisciplinary synthesis appears highly useful to the research of the interpretation of a childhood. The tendency to the interdisciplinary co-operation
with other social and humanitarian disciplines in the study of human and society comes forward to the evidence of cumulative processes which increase in the modern scientific sphere, and the special pedagogics with its components and, including, speech therapy more and more grows into interdisciplinary scientific field. From one side, there is the integration of the researches results of different sciences about human, but from the other hand – their differentiation in relation to the concrete subject (child) of the research process.

The modern demographic and socio-economic situation in Ukraine testifies that there is no demo-reproductive harmony functions of childhood, which provide maintenance of that quality and quantity of children, without the presence of which the reproduction of the population and the revival of the nation are factually impossible, namely:

- quantity of physically and mentally healthy children reduces steadily;
- a paternity crisis as a system which is formed by parents and mothers (subjects of childhood) of present children is experienced;
- an absence of proper level of child’s education in family is predefined by a poverty;
- the population health crisis: high level of illness of children of first-year of life;
- child’s disability grows;
- an amount of preschool educational establishments grow short.

These questions in their essence are related to the maintenance of the national gene pool, first of all, children which have a direct relation to the future economic, political and cultural life of the state and must be distinguished in high priority, operatively and socially correctly solved, in particular by training specialists working with children of early age.

However, it requires an interdisciplinary analysis and synthesis of theory and practice for the creation of the integral idea about the system of early help to the children, which is given by the system of health protection, education and social protection.

In the last decade an interest in the problem of the early complex help to the children with rejections in development grows in correction pedagogics. Infantile and early age (from birth to 3 years) a child’s life is the most responsible for the physical and psychical development and speech.

As at the level of concrete sciences the change of scientific interest toward the early stages of life of human, including the stage of prenatal development and childhood happened, there is an integration of knowledge of natural sciences (embryology, histology, neuropsychology and others) with the diverse humanitarian knowledge, in particular, the preschool special pedagogics, pedagogics of babyhood, speech therapy and others. In the traditional directions of psychological and pedagogical sciences there are new domains of knowledge, such as perinatology, micro psychoanalysis, prenatal psychology and pedagogics, ablitative pedagogics and others. Today early help to the children of early age is the field of interdisciplinary knowledge which examines theoretical and practical bases of the complex maintenance of children of the first months and year of life with medical, genetic and social risk in development [3]. The definitions: “medical care” and “psychological help” are mainly used in psychology and medicine – this is in the wide sense the donation of immediate, direct or mediated help in a crisis situation. For this reason it is sensible to consider the essence of medical knowledge and practice in prenatal and postnatal periods in relation to a child and their meaningfulness in the activity of the speech therapist with the children of early age in the systems of early help.

In general, medical care in our country is provided by the system of the children health protection and is based on the general principles of organization of medical and preventive help: availability, free of charge, the regionalness of medical care, application of clinical supervision, sequence of ambulatory and stationary help, stages of the medical provided from birth to 1 and to 15 years by a doctor-paediatrician and by the doctors of narrow specialization. A word “paediatrics” means studies about the treatment of child’s diseases, but such interpretation only approximately represents paediatrics tasks. The outstanding paediatrician, academician M. Maslov as early as in the first half of the 20th century wrote: “Paediatrics ... puts an aim of creation of the best terms for the comprehensive development of the child’s organism and most resistibility in relation toward harmful factors. Therefore the main direction of paediatrics – is prophylactic” [2].

In the complex of measures, providing development and education for healthy child is a continuous medical supervision from the first days of life and during all childhood. The tasks of the prophylactic monitoring consist of:

- the deep research and assessment of the condition of child’s health in age-specific periods, setting proper recommendations for
providing their harmonious development, quality-controlled functional state of organism and valuable health;
– the early exposure of rejections in the condition of child’s health and the organization of health measures and treatments, the prophylaxes of forming chronic illnesses.

The improvement of the system of medical care of pregnant women and newborn children for the lowering of perinatal morbidity and death rate, the prophylaxis of disability from little “up” is actual [4].

The modern stage the medical care of newborn children is provided by doctors-neonatologists and has the following constituents:
– supervision and support of the healthy newborn child;
– nursing of children with the small mass of body at birth;
– primary reanimation of newborn, intensive therapy and after-reanimation supervision and nursing;
– intensive therapy of newborn with perinatal pathology;
– intensive therapy and nursing of children with the very and extremely small mass of body;
– modern technologies of supervision and treatment of newborn.

However, today the attention is paid to the prenatal period: the realization of the genetic programme on the embryo development stages, that is to beginning of the ontogenesis of a child that determined biological and genetic factors and the concrete terms of environment, in particular the features of internal development, the motion of childbirth, the early neonatal adaptation, the medical care of the gynaecologist, neonatologist, paediatrician for the women in a maternity and post-natal period.

The problems of medical care have deepened with passing of the European criteria of registration of perinatal period, that are regulated by World Organization of Health Protection since 01.01.2007 and recommended by the Ministry of Health Protection of Ukraine in order No 179 dated on 29.03.2006, after which the newborn children that are prematurely born are considered viable and registered in complete 22 weeks of pregnancy, and small mass of body of a child from 500 g at birth. The system of medical and preventive help of a newborn, which includes the post-natal separations of mother and child, the branch of intensive therapy of newborn establishments on municipal and regional levels, the separation of intensive therapy of newborn at regional (municipal) child’s hospitals, branch of pathology of newborn and the nursing of prematurely born children at regional (municipal) child’s hospitals, and consequently, the training of personnel in these establishments become necessary [4].

Under such conditions perinatal health acquires the value of the integral index, the criterion of estimation and the prognostication of forming of child’s health in further life which practically depends on the future parents health. It predetermines strengthening of the prophylactic direction of the professional training of not only future specialists of medical but also social and pedagogical fields, in particular, mastery in methods and facilities of the elucidative activity in relation to a perinatal period and its sensitivity concerning some harmful factors (smoking, alcohol and others) and their consequences.

In the system of the complex early pedagogical help sense and speech therapists work consists in the prophylactic, developing, correction (compensation), educational measures on different levels, that is why the information about continuing child’s internal development period is important. Within these critical periods of internal development when the risk of violations and pathology is high, it is necessary to define and warn of their negative action.

The first critical period of internal development (stage of protogenesis) lasts from 1st till the 15th day of pregnancy (first 2 weeks) and contains the impregnation and implantation processes. The damage of the impregnated ovule in the first 2 weeks of pregnancy results in its wilful interruption, ectopic pregnancy and forming some development defects of an embryo.

The second critical period proceeds from 16th till the 75th day of pregnancy and contains the stages of organogenesis (or embryogenesis) and placentaion. At the stage of embryogenesis the intensive differentiation of the cagtes of an embryo’s organism and forming internals and systems take place. Always the front (future head) and back end-point appear on the 3-4th week of pregnancy, all organs and systems of organism are being formed. Organogenesis begins with the development and differentiation of neurotubule (in future – the nervous system) and the cardiovascular system, the differentiation of the respiratory system, digestion
organs, urine system (future kidneys); bones, backbone, muscles, skin and others are being formed.

On the Apgar scale the newborn are divided into three main groups, as receptive to morbidity in the neonatal period:
1. Children with the violation of adaptation: by an internal hypoxia and asphyxia at childbirth, by the respiratory disorders syndrome, oedematous syndrome, and by the reanimation of newborn.
2. Prematurely born and children with time-lagged internal development.
3. Children with the inherited innate and endocrine diseases [1].

These children require further medical accompaniment, the psychological and pedagogical support of education conditions that is, early complex medical, psychological and pedagogical help.

Thus, the meaningless of perinatal and postnatal periods and their consequences specify the necessity of the children and their mothers medical care and strengthening medical, psychological and pedagogical prophylactic measures.

In accordance with the Laws of Ukraine “Basis of Legislation of Ukraine on a Health Protection”, “About the Protecting of Childhood”, an implementation of the Government Programme “The Reproductive Health of Nation” in a period until 2015, ratified by the decision of Cabinet of Ministers of Ukraine No 1849 from 27.12.2006, the common order of Ministry of Ukraine in matters of family, young people and sport and Ministry of Healthcare of Ukraine No 1/135 from 30.03.2005, the common order of Ministry of Ukraine in matters of family, young people and sport and Ministry of Healthcare of Ukraine No 1209/228 from 17.04.2006 and with the purpose of the realization of Plan of General Measures of the Child’s Fund of UNO on July, 7, 2011 Supreme Soviet of Ukraine passed two acts which gave a start of the medical reform in Ukraine. The bill No 8602 “About Making Alteration to Bases of Legislation of Ukraine about a Health Protection in relation to the Improvement of Grant of Medical Care” was approved. This Law established that the organization of the medical care of children on the conditions of reformation (until 2020) and the system transition of the stage of primary help family medicine principles consist of three levels.

At primary level – there will be a supervision of a healthy child and a healthy pregnant by a family doctor and consultants.

At secondary level – the maintenance and the creation of health protection establishments is foreseen for children (child’s hospitals of intensive treatment, paediatric separations in the hospitals of reproduction treatment, and also paediatric branches in the hospitals of plan treatment).

At third level – the preservation of regional child’s multi-field hospitals is foreseen, where highly specialised medical care will be provided.

However, Article 24 of Conventions of United Nations Organizations (UNO) about the rights for a child, underlining the primary meaning of medical care to children at the level of the primary link of health protection, specifies that the unfavourable indexing of the health condition of child’s population determines the necessity of organization of maximally effective medical care to the diseased children, which cannot have exceptionally medicamental nature, but must include physiotherapy, massage, medical physical education and other types of not medicamental treatment, as they are inseparable parts of therapy at most diseases for patients of different age, including the children of early age, with whom the valuable correction of present pathology is especially important. It induces the specialists of humanitarian profile and speech therapists’ training on the basis of interdisciplinary educating and forming universal practical skills for bringing them into the process of early help to the children. So, for today the accordance of the special education as a system for the purposes, needs, standards and requirements of main consumers.

CONCLUSIONS

The conducted research does not satisfy all the aspects of the problem of integration of medical, psychological and pedagogical training of future speech therapists for the professional activity with the children of early age.

The differentiation of the medical care of the children of early age in violations of speech communication requires further detailed scientific research.

REFERENCES

