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Indian Journal of Forensic Medicine & Toxicology, NOctmobberr-:D1e0ce.m59b5er82/0091793,V-9o1l.3103.,2N01o.94.0056157.659 [Mentoring and Social Interaction Abilities of Adolescents with Speech Impairment](#) Suriana1, Hasyim As'ari1  
 1Health Polytechnic of Surabaya Abstract Background of research is adolescents with speech impairment who have limitations in communicating. The purpose of study is analyzing the relationship between [mentoring and social interaction abilities of adolescents with speech impairment](#) in SLB "Karya Mulia" Surabaya. The design of this research was posttest- only control group. The population size was 45 respondents, while the sample size was 40 respondents, selected using simple random sampling technique. There were 2 variables namely: (1) mentoring, (2) social interaction ability. Data were collected through observation, then analyzed using Fisher's Exact. Mentoring can improve social interaction abilities because mentoring function is motivator; role of the facilitator; and role of catalysts. Implementation of mentoring very need to be optimized. Keywords: mentoring, social interaction, adolescents, speech impairment Introduction Background Delay or interference with speech and language, can have a profound effect on aspects of a child's life, while also having a long-term impact. This statement can raise the concern of parents who have children with a history of delayed speech, or even parents who have difficulty accepting this situation, but this needs to be known by parents or teachers so they can monitor the child's development continuously.(1) ,Speech and language` delays or disturbances are now increasingly found, formal incidence rates for this disorder do not yet exist, for example, in Jakarta it is estimated at 21%. Therefore, parents must be aware of their child's speech development, with the consideration that if this delay is not handled early, there can be interference with intelligence and behavior in children(2) Children with language disorders have lower quality of friendship and social activity participation compared Corresponding Author: Name: Suriana Email: suriana70@gmail.com Address: Pucang Jajar tengah Street 56, Surabaya, Indonesia to children with normal development.(3) Problems with peers have been studied for more than 9 years. Of 171 children aged 7-16 years with a history of language disorders, children with language disorders are more at risk of having difficulties in dealing with peers.(4) [The causes of language development disorders are numerous and extensive. All](#)

disturbances start from the process of hearing, the transmission of impulses to the brain, or the organ making sounds. Some of the causes of speech disorders or delays are hearing loss, speech organ disorders, mental retardation, genetic or chromosomal abnormalities, autism, selective mutism, functional delays, receptive aphasia and environmental deprivation. Environmental deprivation consists of quiet environment, social economic status, incorrect teaching techniques and parental attitudes. Speech disorders in children can be caused due to organic disorders that interfere with some body systems such as the brain, hearing and other motor functions. Several studies have shown that the cause of speech disorders is the presence of dominant hemisphere disorders. This deviation usually refers to the left brain. In some children also found irregularities in the right hemisphere, corpus callosum and auditory trajectories that are interconnected. Other things can also be caused by factors outside the body's organs such as the environment that lacks sufficient stimulation or the use of two languages. If the cause is an environmental factor, usually the delay that occurs is not too severe. There are three main causes of speech delay, namely mental retardation, hearing loss and delayed maturation. This delay in maturation is often called functional speech delay.( 5) To avoid adverse effects on speech-impaired adolescents, several methods can be applied to build self- confidence, namely formal education services including SLB, rehabilitation centers, and regular schools that have implemented an inclusive education system that really needs mentoring from teachers. Mentoring in learning programs can encourage children to gain competencies that enable them to prosper and function socially.(6) Considering the magnitude of the benefits of mentoring learning to adolescents to the ability of social interaction for the researcher, the researcher will identify the influence of mentoring learning on adolescents to the ability to speak socially to adolescents in SLB Karya Mulia, Surabaya. Table 1. The Social Interaction Abilities Method The design that be used in this study was posttest- only with control group. The population of the study was 49 adolescents with speech impairment in SLB Karya Mulia, Surabaya, Indonesia. The sample size was 40 adolescents, selected using simple random sampling, 20 adolescents for intervention group and 20 adolescents for control group. Research instruments were observation sheets of social interaction. The categorical data were presented in the form of frequency and percentage(7), then analyzed using Fisher's exact test. Findings The results of the study, both in the form of descriptive analysis results are presented in Table 1 and Table 2. Meanwhile, the results of testing the hypothesis using Fisher's exact test are presented in Table 3. Social interaction Very Good Good Enough Less f % f % f % f % Cooperation 4 10 17 42.5 19 47.5 0 0.0 Competition 7 17.5 21 52.5 12 30.0 0 0.0 Disputes / disputes 5 12.5 20 50.0 5 12.5 10 25.0 Adaptation 1 2.5 17 42.5 22 55.0 0 0.0 Table 1 shows that the lowest ability of social interaction was disputes. Table 2. Assistance to Social Interaction Social interaction Very Good Good Enough Less f % f % f % f % With assistance Cooperation 4 20 10 50 6 30 0 0 Competition 3 15 9 45 8 40 0 0 Disputes 5 25 9 45 2 10 4 20 Adaptation 1 5 10 50 9 45 0 0 Without assistance Cooperation 0 0 7 35 13 65 0 0 Competition 4 20 12 60 4 20 0 0 Disputes 0 0 11 55 3 15 6 30 Adaptation 0 0 7 35 13 65 0 0 Indian Journal of Forensic Medicine & Toxicology, October-December 2019, Vol. 13, No. 4 1761 Table 3. Results of Fisher's exact test Social interaction Amount Accompaniment Good Enough f % f % f % With assistance 16 40 4 10 20 50 Without assistance 9 22.5 11 27.5 20 50 Total 25 62.5 15 37.5 40 100 p-value 0.048 Table 2 and Table 3 show that there were significant differences in the ability of social interaction (p-value = 0.048) between adolescents with assistance and without assistance. Discussion Social interaction Abilities The results of the study showed that the most of adolescents with speech impairment had good

social interaction skills. Deaf and deaf teenagers who study at SLB Karya Mulia, Surabaya majority have received guidance, teaching and are trained to socialize in the previous school, Elementary School of SLB Karya Mulia Surabaya. During elementary school education for 6 years and junior high school up to now teenagers have conducted socialization with teachers and their age so that speechless and deaf teenagers always get guidance, direction and are trained to interact with the teacher and the friends, but not with normal friends. The ability of good social interaction increases the ability of adolescents to continue to a higher level of education even some deaf teenagers continue to higher education level and even have a job. Research data shows that there are still 4 teenagers with disabilities (5%) having less social interaction ability. This is caused by hearing impaired hearing loss resulting in limited mastery of language that creates barriers to communication with the social environment, deaf youth often show an asocial, hostile or withdrawn attitude.(8) Deaf people do not hamper social interaction and environmental adaptation as long as speech and deaf teenagers get guidance, direction, and acceptance even with achievement and decent living. Assistance to the Social Interaction Skills The results of Fisher's exact test indicate that assistance can improve the social interaction skills of teenagers with disabilities in SLB Karya Mulia, Surabaya. This is due to the accompaniment in which there are in the forms of piracy, directing in groups that are more connoted to mastering and controlling. Deaf teenagers who have social interaction skills also have good abilities in collaboration, competition, conflict and convenience or self-expense (accommodation). However, mentoring has not been able to increase social interaction as a whole. This has made it possible for the role of mentoring to be less than optimal as a catalyst for deaf adolescents with deaf youth and lack of youth readiness to socialize with a wider environment, related to finding jobs, relationships and networking. To improve the ability of social interaction as a whole, the implementation of the companion role needs to be optimized because social.(9) Deaf teenagers who have been able to do social interaction do not need to be too worried about being a burden on their family and nation because deaf teenagers have been able to do most social functions. Conclusion The social interaction abilities of the speechless teenagers in SLB Karya Mulia, Surabaya is mostly good. To improve the ability of full social interaction the implementation of the role of companion needs to be optimized because social interaction is the key to all social life, without social interaction there will not be a common life. Conflict of Interest-No Source of Funding- Authors Ethical Clearance- Yes References 1. IDAI. Long-term Impacts of Delay or Language- Speaking Disorders: What Parents Need to Know. 1762 Indian Journal of Forensic Medicine & Toxicology, October-December 2019, Vol. 13, No. 4 2017 [cited 2017 Dec 31]. Available from: <http://www.idai.or.id/artikel/klinik/pengasuhan-anak/dampak-jangka-panjang-keterlambatan-atau-gangguan-bicara-bahasa-hal-yang-perlu-diketahui-orangtua> 2. Fadlyana E, Suryawan A. Speech-Language Development, Determinants of Intelligence and Children's Behavior. Medika. [Internet]. Available from: <http://www.jurnalmedika.com/> 3. Durkin K, Conti-Ramsden G. Language, Social Behaviour, and the Quality of Friendships in Adolescents with and without a History of Specific Language Impairment. *Child Development* 2007;78: 1441-57. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2007.01076.x/> 4. Mok PLH, Pickles A, Durkin K, Conti-Ramsden G. Longitudinal Trajectories of Peer Relations in Children with Specific Language Impairment. *Journal Child Psychology Psychiatry* 2014; 55: 516-527. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/jcpp.12190/> 5. Judarwanto W. Causes of Speech and Language Disorders [Internet]. CHILDREN SPEECH CLINIC. 2009 [Cited 2017 Dec 31]. Available from: <https://speechclinic.wordpress.com/2009/06/28/penyebab-gangguan-bicara-dan-bahasa-2/> 6. Fadliyaturrohman. Learning Assistance Program

for Blind Children at Yayasan Kesejahteraan Tunanetra Islam (Yaketunis). Undergraduate Thesis. Yogyakarta: UIN-Sunan Kalijaga; 2014. 7. Nugroho HSW. Descriptive Data Analysis for Categorical Data. Ponorogo: Forikes; 2014. 8. Wasito DR, Sarwindah-S D, Sulistiani W. Social Adaptation of Deaf Adolescents who Attend Public Schools in the Journal of Psychology Media Persons. 2010;12(3):138-152. 9. Fachrial LA. Social Processes and Social Interaction [Internet]. 2017 [cited 2017 Oct 4].