

## Increasing the ability of children with autism in performing oral hygiene through photographs

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### Abstrak

Peningkatan Kemampuan Anak Autis Menggosok Gigi melalui Foto: Studi Subjek Tunggal di Indonesia. Autisme merupakan gangguan perkembangan pada anak dengan prevalensi kejadian 1 : 88 anak di dunia. Sebanyak 50% anak autis usia sekolah mengalami kesulitan dalam menggosok gigi secara mandiri. Penelitian ini bertujuan untuk meningkatkan kemampuan menggosok gigi anak autis usia sekolah menggunakan foto. Metodologi penelitian kuantitatif kuasi eksperimen dengan menggunakan desain subjek tunggal (single subject design). Sebanyak tiga orang subjek penelitian yang merupakan anak autis usia sekolah beserta orangtua mereka berpartisipasi dalam penelitian ini. Intervensi diberikan menggunakan rangkaian foto mengenai tahapan dalam menggosok gigi setelah terlihat trend kemampuan pada fase baseline. Pengukuran kemampuan menggosok gigi dilakukan pada fase baseline, intervensi, maintenance, dan generalisasi. Hasilnya, kemampuan menggosok gigi Anak A, B, dan C meningkat dari 14, 21, dan 22 menjadi 30, 31, dan 30. Kemampuan menggosok gigi pada ketiga anak meningkat setelah dilakukan intervensi dan menetap pada fase generalisasi.

*Autism is a developmental disorder in children that now affects 1 : 88 children in the world. As many as 50% of school- age children with autism face difficulty in independently performing oral hygiene. This research seeks to increase the ability of children with autism in performing oral hygiene through the use of photographs. The methodology of the research is quantitative quasi-experimental through the single subject design. The three research subjects are school-age children with autism, and their parents also participated in this research. Intervention is conducted through a series of photographs on the steps in performing oral hygiene after the ability trend in the baseline phase is observed. Assessment of the ability to perform oral hygiene is done in the baseline, intervention, maintenance, and generalization phases. The result is that the ability to perform oral hygiene for Children A, B, and C increases from 14, 21, and 22 to 30, 31, and 30. The ability to perform oral hygiene for the three children increases after intervention and settles in the generalization phase.*