

The Implementation of Diet Therapy for Autistic Students

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Abstract: Children with autism tend to experience digestive disorders. Therefore, autistic children must take diet therapy. This research used qualitative method. The results showed that (1) Implementation of diet therapy: preparation, implementation, monitoring and evaluation. (2) Obstacles in the implementation of diet therapy: autistic students themselves, parents, and the difficulty of getting certain food. (3) Impact of diet therapy: students are more silent and can sit quietly during the implementation of ABA therapy. The implementation of diet therapy for autistic students will have a good impact if applied correctly. Suggestions in this research, do not let a diet leak even if only once.

Keywords: Diet, Therapy, Autistic Students.

INTRODUCTION

The term autism is intended to refer to a child who has a disorder with symptoms of quality disturbances in social interactions, communication and has behavior, interests and activities with patterns that are maintained and repeated. In line with this statement, Sathe (2017) states that "Autism spectrum disorder (ASD) is characterized by impairments in social interaction, communication, and behavior as well as sensory challenges". Based on this definition, autism is characterized by a decrease in value in social interactions, communication, behavior and sensory. Salim (2007) explains that "a person with autism usually lives in his own world. Children who have autism can be recognized from a young age, namely when they are 2-5 years old "

In Indonesia, the results of examinations of 200 children with autism symptoms showed that all of them were allergic to food (Ginting, 2004). Autistic children generally have a regular and routine habit, usually preferring soft and sweet foods. Due to the irregular coordination of tongue movements, often the food is only eaten and not swallowed immediately. The food requirements for autistic children are somewhat different from the food consumed by other normal children, apart from the characteristics of the food, there are other factors that may contribute to this problem (Schreck, 2006).

Children with autism tend to experience indigestion. Abata (2014) explains that foods containing gluten and casein are suspected to affect intestinal health in children with autism. Some types of food should not be consumed by children with autism because they can damage the intestinal wall. So that the absorption

capacity of the intestine increases dramatically and causes materials that should not be absorbed to be absorbed, including fungi, bacteria and parasites. The work of the child's brain is eventually disrupted and can cause the child to become unable to stay still and calm. Therefore, the daily diet for children with autism must be considered properly. Sulandjari (2016) stated that "the types of food that are not recommended for children with autism are foods that contain gluten, casein, sugar, salt and soda". Eating foods containing these substances can lead to hyperactive behavior in children with autism. Food consumption patterns for children with autism must pay attention to foods that are allowed and foods that must be avoided (Andayani & Sulandjari, 2016).

Diet therapy that can be applied to children with autism is one of them by rotating and eliminating food. Food rotation is a diet that is done by changing the food menu for children with autism within a certain period of time, for example for five days or even one week. According to Sutadi (2016) "the principle of rotation is that food ingredients that are given on certain days are not given on other days". Meanwhile, food elimination is the elimination of certain foods that can trigger behavior disorders in children with autism. Parents who have autistic children must be able to recognize the types of foods that cause allergies in children with autism.

METHODS

The research approach used in this research is descriptive qualitative research methods. According to Sugiyono (2015) "qualitative research methods are naturalistic research methods because the research is

carried out in natural conditions, the researcher acts as a key instrument, data collection techniques are carried out by triangulation (combined), data analysis is inductive / qualitative, and the results of qualitative research emphasize more. mean". Besides that, this research is also descriptive. According to Ulfatin (2015), "descriptive research aims to describe and / or describe characteristics and phenomena, one of its main characteristics is its narrative presentation (many descriptions of words).

The data collected refers to a predetermined focus, namely (1) the implementation of diet therapy for autistic students, (2) obstacles in the implementation of diet therapy for autistic students, (3) the impact of diet therapy on autistic students.

In this study, data sources were obtained from interviews, observations, and documentation studies. Interviews were conducted with education providers (principals and teachers who handle students with autistic special needs), parents of students with autistic special needs. Observations were made to observe the implementation of diet therapy at Al Azhaar Islamic Junior High School and at students' homes. Meanwhile, documentation study is used to collect non-human supporting data which is useful for strengthening the results of interviews and observations.

FINDINGS AND DISCUSSION

Findings

Diet therapy or diet therapy is one of the special programs applied to students with special needs with autism at Al Azhaar Islamic Junior High School in Tulungagung. This program was implemented precisely in December 2017.

The implementation of diet therapy for students with autism is carried out in steps, namely, first doing an IgG Food Allergy test in the laboratory to determine whether there is an allergy to certain foods. Second, determine the variety of food that is done by the therapist. Foods that are allowed to be consumed are foods that are not only found in the IgG Food Allergy test as well as various foods that are taboo for consumption by children with autism, namely flour and various derivative products; milk and various derivative products; soya and various derivative products; corn and various derivative products; as well as food ingredients that have high phenol content. Furthermore, after determining the foods that can be consumed by autism, then food rotation and elimination are carried out. Rotation is carried out for 7 days (1 week) if bad effects arise, food elimination is carried out. Food rotation and elimination are carried out by parents themselves, but under the supervision of the principal. Finally, the evaluation is carried out every

day by parents. Parents must record any changes that occur within 24 hours of their child.

Obstacles in implementing diet therapy can be in the form of obstacles that come from internally (in this case, the student's living environment) and external obstacles, namely obstacles that come from other things. Internal barriers can come from autistic students themselves, whether they can accept the diet well or not, being influenced by their friends or not, as well as from parents due to being busy and not wanting to bother preparing different foods. Meanwhile, the external factor is that it is difficult to obtain certain foods, for example French salt and Himalayan salt, which are not sold in the student residence area. For that parents have to buy these materials from other areas.

A diet that is done properly and correctly can have an impact on the success of ABA therapy in autistic students. Students who are on a strict diet are considered to be quiet and calm while carrying out ABA therapy, are more obedient, can follow instructions well, and so on. In addition, it also has an impact on daily activities in the form of changes that are better than before the diet. These changes can be seen from the daily assessment of the BALS components which include Behavior, Attention, Language, Stimming / Self-stimulation, and Hyperactivity / Hyperactivity.

Discussion

Children with autism need to get therapy in order to build a better condition (Bektiningsih, 2009). Diet therapy is done by regulating food consumption for autism. One form of diet therapy for autism is by rotating and eliminating food. According to Sutadi (2016), "the principle of food rotation is that food ingredients that are given on certain days are not given on other days. while food elimination is done by observing the changes that occur in children during the day, if unexpected conditions occur, the food that is the cause must be stopped.

Before determining a food rotation and elimination diet, it is necessary to do an IgG Food Allergy test in a certain laboratory to find out if the child has an allergy to certain food ingredients. Blood pressure in autistic children is lower than other normal children so that they have a poor balance and often feel dizzy (Winarno, 2013). The food given to children is food that in addition to the results of the IgG Food Allergy test, flour and various derivative products, milk and various derivative products, soy and various derivative products, corn and various derivative products, and other food ingredients that have high levels high phenol content. In accordance with Kusumayanti's (2016) statement that gluten and casein should not be consumed by autistic children because they are types

of protein that are difficult to digest. Apart from being free of gluten and casein, food must also be free from preservatives and dyes (Herminiati, 2009).

In addition to paying attention to the various food ingredients consumed by children with autism, the equipment used to cook these foods must also be considered. When cooking food for autistic children, they must use cooking utensils with special criteria, namely (1) all cooking utensils and cutlery use glass, (2) spoons, dinner forks, vegetable spoons and rice spoons all made of wood, (3) for cook rice using a steamer made of glass or bamboo.

During the implementation of this diet therapy, you must really supervise children with autism, don't let the diet leak even though it's only biscuit crumbs. Because if there is a diet leak, then you have to repeat the diet all over again. According to Safura (2017) "good cooperation between teachers and parents will help in implementing interventions while at home". This is the importance of supervision that must be carried out by teachers, parents of students and those who are close to autistic students.

The implementation of diet therapy does not escape from various obstacles. These obstacles can occur for various reasons. As the closest person to students, parents should pay more attention to their children. This is consistent with the statement of Sofia (2012) that "the success of a diet is influenced by a very supportive environment". However, in this case parents can be an obstacle to the implementation of diet therapy for autistic students. Various things such as being busy and not being bothered are reasons for parents not to implement a diet for autistic students. In accordance with the statement of Ramadayanti & Margawati (2013) that the inconsistent application of a diet is influenced by factors of family support and the surrounding environment.

Factors from autistic children themselves can also be a barrier to their diet. Usually the child does not receive a good diet. This can happen in everyday life, when a friend eats something that he cannot eat, he wants to eat food like his friend's. In addition, it can also be seen when a child does not want to eat diet food, and is still tempted by other foods that are prohibited.

Apart from the factors that have been mentioned, there are other factors that become obstacles to the implementation of diet therapy for autism, namely the difficulty of getting certain food ingredients. This is because the food ingredients are not sold in the area where the student lives. For example French salt and / or Himalayan salt. Therefore, parents must look for these food ingredients even out of town. Parents also have to pay more because these food ingredients are usually sold at a relatively higher price.

Diet therapy in autism is closely related to BALS. Sutadi (2016) states that "the components of BALS include Behavior / behavior, Attention, Language, Stimming / Self-stimulation, and Hyperactivity / Hyperactivity". Forms of behavioral disorders such as aggression (attacking, kicking, hitting, grabbing, scratching, difficulty sleeping, waking up during sleep, etc.), self-injury (hurting or injuring oneself. Forms of attention disorders such as reduced and even lost eye contact, difficult to pull. or maintaining attention, difficulty concentrating on tasks, etc. Forms of language / speech disturbances such as bubbling, difficulty capturing verbal instructions or directions (in the form of words or sentences), difficulty processing and expressing, can be disturbed or reduced or even disappear or Instead, they don't speak at all. Forms of self-stimulation disorders, such as increased self-stimulation, both in frequency and strength, or for example, new self-stimulation that did not exist before, such as children walking back and forth, etc. the child becomes more difficult to prepare or control his seat, does not want to sit quietly, etc. Based on the results of research by Hapsari (2014), it shows that foods containing gluten and casein do not significantly influence hyperactive behavior in children with autism.

A diet that is done properly and correctly can have an impact on the success of ABA therapy in autistic students. According to Rezkisari (2016), "a regular diet in children can help the success of ABA by up to 40%". Students who are on a strict diet are judged to be able to sit quietly while carrying out ABA therapy, become more obedient, can follow instructions well, and so on. ABA therapy can help shape behavior that is acceptable to the social environment in children with autism (Kurnaini, 2006). In addition, it also has an impact on daily activities in the form of changes that are better than before the diet. These changes can be seen from the daily assessment of the BALS component. In everyday life students become calmer, can sleep soundly, and have more concentration.

CONCLUSION

Based on data exposure and the previous discussion, it shows that (1) The implementation of diet therapy for autistic students consists of: preparation, namely carrying out an IgG Food Allergy test in the laboratory to find out allergies in autistic students before determining the right food variations, implementing the diet applied by parents to their children, supervision and evaluation carried out by the school. (2) Obstacles in implementing diet therapy include: autistic students themselves who find it difficult to accept the diet and are still tempted by prohibited foods, parents who are too busy so they don't have time to prepare food for their children, and other obstacles such as difficulty

getting certain food ingredients . (3) The impact of diet therapy for students with autism can be seen from the assessment of the BALS components (Behavior, Attention, Language, Stimming / Self-stimulation, and Hyperactivity / Hyperactivity), in the form of: direct impact on the implementation of ABA therapy, namely students. can be more silent and can sit quietly during the implementation of ABA therapy, besides that it also has an impact on daily activities.

Based on the above conclusions, some of the suggestions put forward in this study are as follows: (1) The principal must always supervise the implementation of the diet therapy program, (2) Parents must understand their child in all conditions. Parents must really supervise the daily consumption of food for their children and do not let the diet leak even if only once.

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