Social Behavior Studies: The Influence of The PVT Method on Toddler’s Social Behavior Development (Guidance and Counseling)

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ABSTRACT

The ideal natural normal birth event, balanced between the size of the fetus and the area of the mother's pelvis, causes optimal stimulation of the vestibular, viseroseptic, and tactile functions to have the perfect chance of developing the Proprioseptic System. Unique Proprioseptics will integrate primitive reflexes into stages; sensomotor, praxis, to representative, then develop cognitive skills into social behavior intelligence that is recorded in the memory of children aged 3-5 years, and have Type I Acrobatic Reaction at the age of 3 months. If not born normal naturally has an acrobatic reaction pattern; Type II, Type III, and Type IV are at risk of experiencing Failure Managing Senses (sensory process soldered’s / SPD) and environmental disturbances (autism spectrum disorder’s / ASD). PVT Habilitation Method from the age of 3 months to ensure the formation of the Proprioseptic System, so the results of research on 303 baby samples consist of 10 birth groups (normal, underweight babies, overweight babies, premature, twins, breech, induction, vacuum, forceps, and cesarean), around 151 infants with PVT habilitation do not suffer from SPD and ASD. While the remaining 152 babies, without PVT habilitation, based on acrobatic reactions the results are as follows; Type I only experienced SPD = 0.13%, Type II in addition to SPD = 0.11%, also experienced ASD = 0.09%, Type III in addition to SPD = 0.24%, also experienced ASD = 0, 16%, and Type IV besides SPD = 0.15%, also experienced ASD = 0.50%.

Keywords: Vestibular, Viseroseptic, Tactile, Habilitation PVT, and Proprioseptic

1. INTRODUCTION

Biomedics is the science that uses basic principles and knowledge; biology, chemistry and physics to explain life phenomena at the level of molecules, cells, organs and intact organisms, their relationship to disorders or diseases and to find and develop appropriate methods and materials to prevent, treat and restore obstacles or damage as the cause (Choi et al., 2014; Roosendaal, 2007, Elmeros and Madsen, 1999; Palomares et al., 2005).

Criteria for Mother and Fetus fulfill the ideal rules referred to are (Dizon-Townson et al., 2005; M.S. et al., 2010): For expectant mothers: Reproduction age 23 - 33 years; enough amount and variety of healthy foods with general BMI 25.4; general height 155.3 cm or more; the distance between pregnancies of 4 years or more; normal body condition and healthy function; pollution free; and For future fetus babies: Weight between 3,000 - 3,500 grams; body length of 50 cm or more; head circumference 33.5 cm; the APGAR test scores reached 10; The skeletal and muscle functions are normal both left and right.

2. LITERATURE REVIEW

The problem is not all lucky births can fulfill the ideal rules mentioned above, including birth with; Underweight, Premature, Twin, Breech position, Overweight, Hydrocephalus and Fetal Abnormalities (Abubakari et al., 2015; Gemzell and Roos, 1966; Meis et al., 1987; Vikse et al., 2008). Besides that there is birth through action, among others; Forcep, Sectio cesaria, Vacuum suction, or Induction of Sintosinon, so it does not get perfect stimulation by the birth of the mother (Deery and Hughes, 2004; Kraft et al., 2009, 2008, Brochet and Dousset, 1999; Farhad, 2019; Melamed et al., 2000). Bilirubin is the result of a rupture of red blood cells due to inadequate blood volume in the baby to cope with new temperature changes outside the uterus, due to cutting the umbilical cord too early (Fevery, 2008; Perlman and Volpe, 2017; Stocker et al., 1987, Ruscio et al., 2008).
3. METHOD

3.1 Preventive intervention

The principle of stimulation for alignment is based on the mechanism of development of the Neuro-psychobehavior, as follows:
- Begins by the Internal Sensory Sense Organ System from the Inner of body sense, digestion, cardio vascular, and breathing which are innervated by 2 autonomic nervous systems: Orthosympathetic nervous system (lateral horn of the spinal cord C8-L1) and parasympathetic arrangement (N III, N VII, N IX, and myelotom lateral horns S2 - S4),
- Then the External Sensory Sense Organ System from the Surface of body sense; skin, pain, touch, heat, cold, rough, smooth, etc. whose supply starts from peripheral to the spinal cord, through the intervertebrae ganglion to the spinal cord toward the spinothalamicus tractus in the spinal cord,
- Ends the Joint Sensory Sense Organ System from the Joint of the body sense; muscles, tendons, and bones, to form a Sense of joints in the body called PROPRIOSEPTIC system

This method should be carried out by his mother which consists of six steps, namely: Step I. Vestibular Stimulation; Step II. Brain Stim Stimulation; Step III. Visceroceptive Stimulation; Step IV. Ganglia Basal Stimulation; Step V. Tactile Stimulation and Step VI. Proprioceptive Stimulation

3.2 Early detection

In addition there are also APGAR values that are important, but neglected so that they cannot predict the risk of disruption of social development

4. RESULT

4.1 Construction and Samples

The entire cluster is 10 (ten), namely: spontaneous premature n = 32 babies, underweight with forcep n = 32 babies, excess body weight above 3.5 kg spontaneous n = 32 babies, excess body weight with vacuum n = 32 babies, Cesar section n = 32 babies, Spontaneous breechus n = 32 babies, Spontaneous Jaundice babies n = 32 babies and Spontaneous Normal as control n = 32 babies.

4.2 Form and Assessment

In the study, it was stated that the SPD if there were sensomotor obstacles had not continued to praxis, whereas ASD had stated if obstacles had occurred until praxis had continued to be representative.

4.3 Observation Result

But the same cluster babies who had Type I, Type II, Type III. Type IV acrobatic reactions without PVT, as table 1.
Second, in the birth of High Birth Weight Babies cluster there were 15 infants with acrobatic type II reactions and two type III infants, but without PVT intervention, then were observed for 30 months against obstacles to sensomotor, praxis and representative development.

### Table 1. Natural Baby Birth Non PVT

| NBB  | AR    | PVT | Development disorders |
|------|-------|-----|-----------------------|
|      |       |     | Sm  | Px  | Rp  |
| 16N  | Type I | Not | 1   | 1   | 1   |
| 17N  | Type I | Not | 1   | 1   | 1   |
| 18N  | Type I | Not | 3   | 3   | 1   |
| 19N  | Type I | Not | 1   | 1   | 1   |
| 20N  | Type I | Not | 1   | 1   | 1   |
| 21N  | Type I | Not | 1   | 1   | 1   |
| 22N  | Type I | Not | 1   | 1   | 1   |
| 23N  | Type I | Not | 3   | 1   | 1   |
| 24N  | Type I | Not | 1   | 1   | 1   |
| 25N  | Type I | Not | 1   | 1   | 1   |
| 26N  | Type I | Not | 1   | 1   | 1   |
| 27N  | Type I | Not | 1   | 1   | 1   |
| 28N  | Type I | Not | 1   | 1   | 1   |
| 29N  | Type I | Not | 1   | 1   | 1   |
| 30N  | Type I | Not | 1   | 1   | 1   |

Note

NBB: Natural Baby Birth
AR: Acrobatic Reaction
PVT: Vestibulat – Tactile alignment
Sm: Sensomotor
Px: Praxis
Rp: Representative

First, it turns out that these two babies were born two years apart and less than three years (Table 1).

### Table 2. High Birth Weight Babies Non PVT

| NBB  | AR    | PVT | Development disorders |
|------|-------|-----|-----------------------|
|      |       |     | Sm  | Px  | Rp  |
| 16T  | Type II | Not | 3   | 1   | 1   |
| 17T  | Type II | Not | 3   | 1   | 1   |
| 18T  | Type II | Not | 3   | 1   | 1   |
| 19T  | Type II | Not | 3   | 1   | 1   |
| 20T  | Type II | Not | 3   | 1   | 1   |
| 21T  | Type II | Not | 3   | 1   | 1   |
| 22T  | Type II | Not | 3   | 1   | 1   |
| 23T  | Type II | Not | 3   | 1   | 1   |
| 24T  | Type II | Not | 3   | 1   | 1   |
| 25T  | Type II | Not | 3   | 1   | 1   |
| 26T  | Type II | Not | 3   | 1   | 1   |
| 27T  | Type II | Not | 3   | 1   | 1   |
| 28T  | Type II | Not | 3   | 1   | 1   |
| 29T  | Type II | Not | 3   | 1   | 1   |
| 30T  | Type II | Not | 3   | 1   | 1   |

Note

HBWB: High Birth Weight Babies
AR: Acrobatic Reaction
PVT: Vestibulat – Tactile alignment
Sm: Sensomotor
Px: Praxis
Rp: Representative

Third, in the birth of Low Birth Weight Babies cluster of 15 babies born with less weight (≤ 3,000 g), there were 14 babies who had type III acrobatic reactions and only one baby had type II acrobatic reactions and without PVT. Specifically, two babies among those who have type III acrobatic reactions are babies with birth spacing of less than two years.

### Table 3. Low Birth Weight Babies Non PVT

| NBB  | AR     | PVT | Development disorders |
|------|--------|-----|-----------------------|
|      |        |     | Sm  | Px  | Rp  |
| 16R  | Type III | Not | 3   | 1   | 1   |
| 17R  | Type III | Not | 3   | 1   | 1   |
| 18R  | Type III | Not | 3   | 1   | 1   |
| 19R  | Type III | Not | 3   | 1   | 1   |
| 20R  | Type III | Not | 3   | 1   | 1   |
| 21R  | Type III | Not | 3   | 1   | 1   |
| 22R  | Type III | Not | 3   | 1   | 1   |
| 23R  | Type III | Not | 3   | 1   | 1   |
| 24R  | Type III | Not | 3   | 1   | 1   |
| 25R  | Type III | Not | 3   | 1   | 1   |
| 26R  | Type III | Not | 3   | 1   | 1   |
| 27R  | Type III | Not | 3   | 1   | 1   |
| 28R  | Type III | Not | 3   | 1   | 1   |
| 29R  | Type III | Not | 3   | 1   | 1   |
| 30R  | Type III | Not | 3   | 1   | 1   |

Note

LBWB: Low Birth Weight Babies
AR: Acrobatic Reaction
PVT: Vestibulat – Tactile alignment
Sm: Sensomotor
Px: Praxis
Rp: Representative

### Table 4. Sectio Cesaria Birth Babies Non PVT

| NBB  | AR     | PVT | Development disorders |
|------|--------|-----|-----------------------|
|      |        |     | Sm  | Px  | Rp  |
| 16C  | Type IV | Not | 3   | 1   | 1   |
| 17C  | Type IV | Not | 3   | 1   | 1   |
| 18C  | Type IV | Not | 3   | 1   | 1   |
| 19C  | Type IV | Not | 3   | 1   | 1   |
| 20C  | Type IV | Not | 3   | 1   | 1   |
| 21C  | Type IV | Not | 3   | 1   | 1   |
| 22C  | Type IV | Not | 3   | 1   | 1   |
| 23C  | Type IV | Not | 3   | 1   | 1   |
| 24C  | Type IV | Not | 3   | 1   | 1   |
Table 5. Recapitulation of Result Study of PVT in baby After 30 Month

| Variabl e of birth | % age of number | Number of birth for 2 years (1987-1989) | AR Test | Acrobatic Reaction | PVT | Result after 30 month | Non PVT | Result After 30 Month |
|---------------------|-----------------|----------------------------------------|---------|-------------------|-----|----------------------|---------|----------------------|
| NBB                 | 0.59            | 992                                    | 30      | 30                | 15  | 0                    | 0       | 15                   | 0.13    | 0                    |
| HBWB                | 0.11            | 183                                    | 30      | 28                | 15  | 0                    | 0       | 15                   | 0.33    | 0.13                 |
| VSBB                | 0.02            | 35                                     | 30      | 26                | 15  | 0                    | 0       | 15                   | 0.13    | 0.27                 |
| BBJ                 | 0.02            | 30                                     | 30      | 19                | 15  | 0                    | 0       | 15                   | 0.13    | 0                    |
| BBBF                | 0.03            | 59                                     | 30      | 30                | 15  | 0                    | 0       | 15                   | 0.07    | 0.13                 |
| PBB                 | 0.02            | 36                                     | 30      | 30                | 15  | 0                    | 0       | 15                   | 0.13    | 0.27                 |
| LBWB                | 0.12            | 195                                    | 30      | 28                | 15  | 0                    | 0       | 15                   | 0.13    | 0.20                 |
| TBB                 | 0.02            | 41                                     | 30      | 32                | 16  | 0                    | 0       | 16                   | 0.25    | 0.06                 |
| BBF                 | 0.02            | 33                                     | 30      | 28                | 15  | 0                    | 0       | 15                   | 0.27    | 0.20                 |
| SCBB                | 0.05            | 85                                     | 30      | 31                | 15  | 0                    | 0       | 16                   | 0.19    | 0.31                 |
| Total               | 1.00            | 1689                                   | 303     | 105               | 151 | 0                    | 0       | 152                  | 0.18    | 0.16                 |

Average number of SPD or ASD

Table 7. Analysis Base on Acrobatic Type

| AR   | PVT | SPD | ASD | Non PVT | SPD | ASD |
|------|-----|-----|-----|---------|-----|-----|
| Type I | 16 | 0   | 0   | 16      | 0   | 0.13 |
| Type II | 53 | 0   | 53  | 0.15    | 0.06 |
| Type III | 62 | 0   | 63  | 0.15    | 0.50 |
| Type IV  | 20 | 0   | 20  | 0.15    | 0.50 |
| Total    | 151| 0   | 152 | 0.66    | 0.72 |
| Average  | 0  | 0   | 0   | 0.17    | 0.18 |

Note
NBB : Natural Baby Birth
HBWB : High Birth Weight Birth
VSBB : Vacuum Suction Birth Babies
BJ : Babies Born Jaundice
BBB : Baby Born Breech Position
PBB : Premature Birth Babies
LBWB : Low Birth Weight Babies
TBB : Twin Birth Babies
BBF : Baby Born with Forcep
SCBB : Sectio Cesaria Birth Babies

5. DISCUSSION

The results of the recapitulation of all clusters, showed that the group that received the habilitation PVT intervention experienced good development, on time at the sensomotor, praxis and representative stages.
Types I and II are generally experienced by babies with normal natural birth, which is preceded by the effect of the hormone oxytosis up to a minimum of 8 hours of adequate uterine contractions from moderate to strong rhythmically (Figure 3).

The SPD and ASD are conditions that are not optimal development of basic cognitive skills, so that children become delay in performance and are not eligible if they enter formal school.

6. CONCLUSION

Habilitation PVT interventions are proven as prevention of developmental disorders for babies who have type II, III, and IV acrobatic reactions so that the development of STNR and ATNR is timely, so that PROPRIOSEPTIC patterned as a UNIQUE of the individual joint sense in stimulating normative cognitive skills in the social field and education.

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