# Survey Conducted on Use of Massage Room at Nguyen Dinh Chieu School for the Blind in Vietnam

Aiko KIMURA<sup>1)</sup>, Miho KURIBAYASHI<sup>2)</sup>, Dang Thi Hung MAI<sup>3)</sup> and Yoshitoshi ICHIMAN<sup>4)</sup>

<sup>1)</sup>School for the Visually Impaired, University of Tsukuba
<sup>2)</sup>Niigata Prefecture, Niigata School for the Blind
<sup>3)</sup>Nguyen Dinh Chieu School for the Blind
<sup>4)</sup>Department of Acupuncture/Moxibustion, Tsukuba College of Technology

Abstract: A survey was conducted from December 21-23, 2000, and August 6-11, 2001 on the 265 patients who visited the massage room. Most visited the massage room once a week with the aim of relieving fatigue. Satisfaction of massage techniques, massager's behavior and the comfort of visiting the facility in the blind school were mostly high. Key Words: Vietnam, Visually Impaired, Massage, Survey

#### Introduction

In Vietnam, the visually impaired are educated at the 13 schools for the blind, located nationwide. However, the education programs differ according to the schools and the city, and no national standard is set. For example, the Nguyen Dinh Chieu School for the Blind in Ho Chi Min City facilitates up to high school, whereas in Hanoi City only a school up to junior high school is offered, and in Haiphon City up to elementary school<sup>10</sup>. Also, although new buildings are built every year, along with new roads, better printing equipment and job education in large cities, such as Ho Chi Min City, scars of the Vietnam War still remain in many of the rural areas, hindering the distribution of braille writing equipment, educational tools, and papers to the students.

After graduation from the blind school, the visually impaired in Vietnam join a local association for the blind under the Ministry of Labor, Invalids and Social Affairs (MOLISA) to work manufacturing brooms and rush mats<sup>2)</sup>. However, these jobs only offer low salary, not allowing social independence. Recently, the association for the blind has built massage rooms enhancing the fostering of massagers. Under these circumstances the Nguyen Dinh Chieu School for the Blind in Ho Chi Min City has been offering education-after-graduation since 1990. As the first step, massage, enabling health management, was positioned as a suitable job for the visually impaired, and a massage room was built on the school's premises. In 1996, the author visited the Nguyen Dinh Chieu School for the Blind, where interest in Japanese massage technique was especially high, marking this visit the beginning of exchange in guidance of techniques and practice<sup>3)</sup>.

In 1997, The Nippon Association financed a joint project, "Japan Massage Seminar", between the Ounkai Social Welfare Corporation, a supportive group for the

visually impaired and Bridge Asia Japan (BAJ), a non-governmental organization<sup>3)4)</sup>. During this project the author conducted a survey, while teaching massage at the massage room in Nguyen Dinh Chieu School for the Blind. As a result, an interesting tendency was found through studying the affect of Japanese massage, and teaching massage as a means of supporting social independence for the visually impaired.

#### Materials and Methods

Term of Survey

Survey was conducted twice, first being December 21-23, 2000, and second being August 6-11, 2001.

Number of Subjects

55 people (31 males, 24 females) for the first survey. 210 people (121 males, 89 females) for the second survey. Total of 265 people (152 males, 113 females) were targeted.

Age (Questioned only in second survey)

10's — 3 people; 20's — 37 people; 30's — 93 people; 40's — 51 people; 50's — 9 people; 60's — 6 people; 70's — 1 person (Total 200 people, 10 did not answer).

Jobs

Government employee — 87 people; teachers — 18 people; clerks/restaurant assistants — 53 people; office employee — 46 people; agriculture — none; unemployed — 21 people; others — 40 people

# **Questions**

Survey was conducted by questioning the patient's 1) reason for visiting the massage room; 2) affected area and symptoms; 3) kind of action taken when ill; 4) date of first visit; 5) frequency of treatment; 6) source of information on the massage room; 7) impression of the massage room; 8) point of improvements, after their massage treatment. Some answers include more than one reply, and some, no answers.

## Results and Discussion

Age

Largest group was those in their 30's and 40's, adding to 144 people, or 72% of the total.

Jobs

Total of government employees, teachers and office employees added to 151 people, or 57% of the total. At an average monthly salary of 30 to 50 dollars, 1 to 2 dollars for a massage is a heavy burden. However, it is considered to be an important way to maintain health. The need for massage enhances demand for massagers, and can be considered as a valuable job segment. No patient was engaged in agriculture as the survey was conducted in a large city, but there may be a need for a comparison research between big cities and agricultural areas. A large number was unemployed (21 people), but massage treatment was needed, though they were not necessarily old aged.

# Reason for Visiting The Massage Room

217 people, or 78.3% of the patients came to relieve fatigue (Table 1). The main reason for visiting a massage room is the same as in Japan.

# Affected Area(s) and Symptoms

This question was asked to determine the kind of training required during this Massage Seminar. Largest number of symptoms was fatigue and weariness, followed by stiff shoulders, and then headaches. Areas that were affected were backs, hips, and lower limbs (Table 2). Mental stress is considered to be low, as no disorder in internal

Table 1 Reason of Visit

Reason	No. of People	Percentage
beauty/facial treatment	19	6.9
slimming treatment	14	5.1
relieving of fatigue	217	78.3
illness treatment	18	6.5
no answer	9	3.2

Table 2 Affected Area and Symptoms

Area	No. of People	Percentage
Face	5	1.9
Neck	35	13.5
Chest	4	1.6
Stomac	7	2.7
Back	78	30.1
Hip	70	27.0
upper limbs	23	8.9
lower limbs	37	14.3

Symptoms	No. of People	Percentage	
Headache	36	13.0	
stiff shoulder	54	19.4	
tired eyes	6	2.2	
nasal congestion	2	0.7	
Stomach disorder	7	2.5	
breast pain	2	0.7	
Constipation	2	0.7	
urine disorder	0	0.0	
menstrual cramp	0	0.0	
Agenesis	0	0.0	
Dizziness	5	1.8	
Fatigue/weariness	114	41.0	
Insomnia	21	7.6	
no answer	29	10.4	

organs was found. A good result was obtained through cross analysis of need for relieving fatigue.

#### Kind of Action Taken When Ill

More than half of the patients go to massage therapists, and those who take western medicine followed in number. Not many went to doctors or for acupuncture/moxibustion (Table 3). Many Vietnamese believe relieving fatigue cures colds, and thus massage is the best remedy. In Japan, patients go to hospitals to be checked by a doctor, but in Vietnam massages are preferred. Also, saunas are built with every massage room in Vietnam, and are thought to be more effective than rest.

## Date of First Visit

50% of the patients first started visiting 1 year ago, 19% were from less than 6 months, and 15% came for the first time (Table 4). The number of frequent users is increasing. Nguyen Dinh Chieu School for the Blind opened it's massage room in 1995. It started in one small room without a stable price setting. It is now on the second and third floor facilitating 11 chiropractic beds, each separated by curtains, and small saunas, showers and toilets on each floor. The improvement of facilities highly affects the increase in repeated visits to the massage room. First visits were mostly made while the patients were in their 20's to 40's. Also, after one visit to the massage room the patients tend to start visiting more than once a month. The tendency of long-term visits may be due to the patient's learning of the massage room's existence through spread of word. Thus, more fostering of better massagers is necessary.

# Frequency of Treatment

38% visited once a week. 31% visited randomly, and 21% of the patients came once or twice a month (Table 5). Oriental treatment has been said to be most effective

Action	No. of People	Percentage
go to the hospital	10	3.0
take Western medication	118	35.9
take herbal medication	8	2.4
Acupuncture	5	1.5
Moxibustion/cupping glass	7	2.1
Massage	163	49.6
Nothing	18	5.5

Table 3 Kind of Action Taken When Ill

Table 4 Date of First Visit

Term	No. of People	Percentage
first visit	40	15.2
From less than 6 months ago	51	19.3
From more than 6 months ago	40	15.2
From more than 1 year ago	133	50.3

when applied once every 7 to 10 days. The reason of this result shows the Vietnamese also behave according to this principle.

# Source of Information on the Massage Room

65% were introduced by an acquaintance, with TV, newspapers and signboards following (Table 6). The most reliable advertisement was through an acquaintance who had visited the massage room before.

## Impression of the Massage Room

Satisfaction of technique and behavior during treatment was very high, and no complaint was found regarding the facility and price (Table 7). 82% of the patients found it comfortable to be situated in a blind school. However, 17% felt uncomfortable in a blind school, and making improvements on this fact is an important factor. Surprisingly 98% answered "good" or "normal" for sanitation. The facility is not necessarily sanitary, but when compared to Vietnamese standards the massage room is highly facilitated. The cleanliness of saunas and toilets were far from those in Japan. Improvement of sanitation may take a long while, when the standard of living and low income is considered<sup>3)</sup>.

#### Points to be Improved

80% answered no improvement is necessary. Keeping in mind that Japanese massage is performed on a clothed client need for a massage without undressing was low at only 17 people. This result may be due to the widely known tradition of Vietnamese oil massage. Other requests noted for "frequent changing of towels, sheets, and pillow covers", "keys to lockers", and "sanitation of shower rooms and sauna rooms" (Table 8). These requests were highly effective and should not be difficult to achieve.

Unlike in Japan where postal surveys can be done, these results were obtained by traveling to Ho Chi Min City and by conducting a fieldwork survey. The cost, time, difference in language and customs should add more value to this research. Vietnam is

Number of Treatment	No. of People	Percentage
once a week	98	38.7
more than three times a week	21	8.3
once or twice a month	55	21.8
random	79	31.2

Table 5 Frequency of Treatment

Table 6 Source of Information on the Massage Room

Source	No. of People	Percentage
TV/Newspaper ad	35	14.1
signboard	30	12.0
introduced by acquaintance	164	65.9
others	20	8.0

Table 7 Impression

Impression of:	Evaluation	No. of People	Percentage
technique	good	216	81.8
•	normal	45	17.1
	bad	3	1.1
behavior	good	242	91.3
	normal	22	8.3
	bad	1	0.4
sanitation	good	174	65.7
	normal	87	32.8
	bad	4	1.5
facility	good	97	36.0
	normal	167	62.1
	bad	5	1.9
price	high	6	2.3
	normal	227	85.6
	low	32	12.1
time	long	4	1.5
	normal	255	96.2
	short	6	2.3
being in a blind school	comfortable	210	82.0
	normal	2	0.8
	uncomfortable	44	17.2

Table 8 Points to be Improved

Point	No. of People	Percentage
treatment at home	23	8.7
treatment without undressing	17	6.4
nothing in particular	211	79.6
others	14	5.3

currently in the situation where Japan was in 1968. Massage is becoming known as a new job sector for the visually impaired. However, on the other hand, as is the current condition in Japan, massagers, acupuncturists and therapists of moxibustion without visual disorder have been increasing, and more searches for jobs for the visually impaired has become necessary. Regardless of total blindness, one must develop massage techniques and seek a symptom or treatment, which no other person can cure, in order to become a globally accepted massager. Under these circumstances it is highly important for the visually impaired Japanese to guide not only the Vietnamese, but those from various countries.

From the result of this survey we must continue to support self-reliance and development of the visually impaired in Vietnam.

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#### References

- 1) Ichiman Y, Kushiro H, Takahashi M.: Current condition of education for the visually impaired in Vietnam. Tsukuba College of Technology Techno Report 8(2): 89-91, 2002.
- 2) Takahashi M.: Situation of the visually impaired in Vietnam. Science of Oriental Medicine as a Physiotherapy 21(1): 69-85, 1998.
- 3) Takahashi M, Takahashi H, Kushiro H, Yokoyama E, Shimura M, Kimura A.: Following the first Japan massage seminar. Science of Oriental Medicine as a Physiotherapy 22(1): 60-83, 2000.
- 4) Kimura A, Shimura M, Yokoyama E, Kuribayashi M, Takahashi M, Kushiro H.: Report on the 2<sup>nd</sup> massage seminar, in Vietnam. Science of Oriental Medicine as a Physiotherapy 23(1): 75-86, 2000.