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There are more than 25 countries in Asia. Many of them are developing countries and there is little information available on their welfare systems. I will describe today social work problems and issues of six Asian countries: India, Singapore, Hong Kong, Taiwan, South Korea, and Japan.

ISSUES FACING SOCIAL WORK IN INDIA NOW AND IN THE FUTURE

India is a nation with a population of 844 million (Bose, 1992). India has been improving economically in recent years; however, the high growth rate of the population tends to offset the gains from economic progress and puts severe pressures on resources for providing social services. Family planning has not been successful. The birthrate has declined only 6.4 percent in the past 19 years, while growth rate of the population increased 23.5 percent in 10 years. More than one third of the population are categorized as poor, without the purchasing power to meet basic needs of housing, adequate food, and clothing (Bose, 1992).

The infant mortality rate is 81 (UNICEF, 1995). Although equality has been guaranteed by the Constitution, in reality, there is a large incidence of malnutrition among poor women and children. Infant mortality is higher among girls than among boys. The school dropout rate among girls is also higher than boys, yielding an adult literacy rate among women of only 39.4 percent. Educated women are now seeking a redefinition of their traditional roles and responsibilities, and are and will be demanding equality (Newsweek, September 12, 1994).

HOW IS SOCIAL WORK RESPONDING IN INDIA?

India began professional social work education at the graduate level in 1936. India now has bachelor's, master's, and Ph.D degrees in social work, but graduate education predominates. The U. S. model of social work education, especially the remedial model, has influenced social work curricula in India. Casework and group work have been taught extensively with their emphasis on therapy to help unadjusted and maladjusted individuals, with some community organization also taught (Bose, 1992). By 1989, about 2000 students per year have been graduating from social work programs. This is a very small number in a large nation with 844 million people. Master of Philosophy and Doctoral programs in social work train students for teaching and research positions. There is very little development of the front line social worker at the bachelor's and lower levels where the bulk of workers are needed. However, a constraint is that a bachelor's degree is not recognized by governmental agencies and non-governmental agencies have only poorly paid positions (Bose, 1992).

The remedial approach to helping people in India has been challenged as of limited value in the context of such massive social and economic problems and the need for developmental and preventive functions has been advocated since 1968. Indian social workers are challenged to focus on the
economic and social conditions of disadvantaged people (Bose, 1992).

ISSUES FACING SOCIAL WORK IN SINGAPORE, HONG KONG, TAIWAN AND SOUTH KOREA

Singapore, Hong Kong, Taiwan and South Korea are newly industrializing countries (NICs) and former colonies, and they share other similarities.

Singapore, a small nation of 1000 square kilometers, became an independent nation from British rule in 1959. The official language is English. Hong Kong, a British colony since 1842 and also a land of 1000 square kilometers, is ruled by the British government and the official language is English. It will be returned to China in 1997. Taiwan, a former colony of Japan, was proclaimed by Chiang Kai-Shek as the Republic of China in 1949. South Korea was also colonized by Japan until 1945.

In the pursuit of national development since the end of the World War II, the governments of these NICs have focused on economic growth and political development and social development has been secondary as a residual element (Lee, 1992).

Some issues and societal conditions vary from country to country. Priorities of Singapore were to industrialize the nation, to lower unemployment and raise income levels, to provide decent housing for all, and to build a national identity. Currently, Singapore has achieved all of these goals (Fukada, 1994). People are employed. Almost 90 percent of the Singaporeans who live in public housing units hold title to those units. The Singapore government has achieved the housing goal by establishing a system of saving. Twenty percent of every employee's salary is withheld and saved. In addition, his/her employer or company puts 20 percent of his/her income aside for saving on his/her behalf, altogether a 40 percent saving for each employee (Fukada, 1994).

Although its economic policy is western, Singapore's public policy is Confucian. Singapore has an authoritarian, well-running government with many regulations. The government stresses sanitation, cleanliness, and safety. For example, a person forgetting to flush a public toilet is fined $500. Chewing gum in public is an offense and is punished by heavy fines. Possession of a gun is a criminal offense. Pulling a trigger of a gun, even toward the sky, means a death sentence. Possession of drugs, depending on kinds and amounts, also brings a death sentence (Fukada, 1994).

In Hong Kong, though economically prosperous, housing and inadequate resources are the biggest problems. With a population of 6.2 million in a small land, it is extremely overcrowded. Life expectancy is 76 years. As Hong Kong does not have a pension system, the care of the elderly is becoming a serious problem. Many families are split and family members are being sent to Canada or other countries for fear of the unknown future after 1997. Juvenile delinquency, disintegration of the family and rehabilitation of the mentally ill are other problems which are currently demanding the attention of social workers and will continue in the future.

Taiwan's land reform program, nationalization, and the provision of human services have produced an equitable pattern of income distribution. Taiwan's standard of living has increased since the 1950s. Unemployment has virtually disappeared. Taiwan's social structure has undergone dramatic changes with the creation of the new middle class.

South Korea (S. Korea) is run by an autocratic government and is split by
religious conflicts which contribute to political polarization and rigid policymaking. S. Korea is a nation of private companies with strong industrial groups. The gap between the rich and the poor in S. Korea has grown wider since the early 1980s (Lee, 1992).

Except for Singapore, the rapid industrial growth in the NICs since the 1970s has resulted in worsening of the environment, including ruined fishing beds, contaminated drinking water, uncontrolled use of pesticides and fertilizers, and heavy smog in urban areas. By the early 1970s, the major causes of death in these nations were tumors and diseases of the circulatory system (Lee, 1992). In order to protect the environment, Singapore forbids anyone, including private land owners, to cut down any tree without governmental approval. Every tree in Singapore was numbered (Fukada, 1994).

There are a growing number of working women in these NICs, a change which will require more child care services and services for elderly people. None of the NICs' family welfare programs provide benefits for needy families.

HOW IS SOCIAL WORK RESPONDING IN THE NICs?

Social welfare in the NICs is considered, in part, the state's responsibility, and social work is officially recognized as a profession, but the role of social workers in the broad arena of social development is limited (Lee, 1992).

Social Work educational programs offer diplomas, bachelor's, master's, and doctoral degrees. The majority of Taiwan's social work programs are affiliated with sociology departments at universities and colleges. Generally, students in the NICs except Hong Kong take courses in casework and community work, and a limited amount of group work. Courses in social policy are not offered or not emphasized. As a result of colonial ties, the British model has influenced the social work curricula in Hong Kong and Singapore. Social work training in Hong Kong started in the sixties and the training has been on a generic basis. Hong Kong educators currently use the textbooks from the UK and North America. (Lam, 1992 and 1994). Taiwan and S. Korea favor the North American remedial model of social work. Social work education programs continue to focus on individual functioning, but there are doubts about the effectiveness of the western models of social work education and practice in Asian cultures without modifications. Recent trends show a common inclination to design social work training reflecting a social development perspective. (Lee, 1992).

Most schools of social work in the NICs are members of the Asian and Pacific Association of social work education, which serves as an avenue for new knowledge and practical exchanges among educators and professionals in Asia. There is generally a short supply of trained professional social workers in the NICs.

ISSUES FACING SOCIAL WORK IN JAPAN NOW AND IN THE FUTURE

Japan is situated in the far-east region of Asia. Japan has a population of 125 million people. Imagine half of the U.S. population living in land the size of the state of California! Between the 1960s and 1980s, Japan had remarkable economic progress. The standard of living has improved with higher salaries and all kinds of technological inventions. Issues facing Japan now are 1) the greying of the nation and the care of the
elderly, 2) the increasing number of women in the labor force, 3) an increase in the divorce rate, and 4) Japanese "pressure-cooker" education.

Japan's average life expectancy is 79 years, 82 years for women and 76 years for men. In 2021 the percentage of the population over age 65 will peak at 23.6 percent. (Matsubara, 1992). The infant mortality rate is very low and the birthrate in 1994 was 1.3.

Women's employment has been increasing. The more women work outside the home, the more need there will be for the society to provide child care services and services for the elderly. The divorce rate has also been increasing. In 1988, there were 529,000 single parent (mother and children) families due to divorce. This was approximately a 40 percent increase from 352,000 in 1983 (Yomiuri Shinbun, 1990). The increase in divorce was also reflected in the increase of paternal single parent families in one city in 1990 (Kobe Shinbun, 1990), however, national data was not available.

There are a considerable number of children and high school students who refuse to attend classes or drop out schools. Japanese education is very stressful to many children. Studying to pass entrance exams in which they compete for a limited number of space causes unbearable stress for them. Collaboration between education and social work is limited and no social workers are employed at schools.

Japan is faced with reshaping its social welfare services in order to accommodate the emerging trends of the society.

**HOW IS SOCIAL WORK RESPONDING IN JAPAN?**

The provision of social services has been the responsibility of the government. Japan has the Old Age Persons Health Law established in 1982. Home health care and other institutional services became the responsibility of local governments. Local governments are responsible to provide the personnel to deliver services, such as meal service, bath service, and helper service for elderly persons who need those services. In 1987, the Certified Social Worker and Certified Care Worker Law were enacted which founded a system of qualifications for social workers.

Since 1945, Japan has applied the U.S. model of social work to meet the needs of its society. The social work method used most extensively in Japan has been social casework. Public welfare offices, child guidance centers, and hospitals have used casework. Group work has been used mostly at residential institutions in providing services for elderly people, handicapped people, and children who require day care.

The nation's close to 850 health care centers are the frontline public institutions in the health and hygiene fields (Matsubara, 1992). Social workers are playing an active role at these health care centers and in mental hospitals. Health care centers treat maternal and child health problems, as well as problems related to environmental hygiene.

Social work students receive social work degrees in sociology or literature at most of the colleges and universities, except a few institutions. Although the bachelor's level social work programs enroll more than one hundred students per program each year, only a limited number of graduates enter the
field of social work. The MSW level education programs are very small and limited (4 to 8 students per program). Consequently, social workers lack professional autonomy and the professionalization of social work in Japan is still in the initial developing stage.

The system of on-the-job training programs has improved. Because of the lack of clear definition of social work, many people with no social work training have been appointed to social welfare positions. The National Council on Social Welfare conducts training sessions for staff who are employed at various social welfare institutions throughout Japan. There has been a severe shortage of social workers due to low wages of social welfare positions. Japan will need an additional 200,000 social workers in the next ten years due to the increase in elderly population (Matsubara, 1992).

CONCLUSION

In summary, major social issues of the above Asian nations and the colony of Hong Kong are 1) more women in the labor force, 2) the need for child care services 3) the need for care of the elderly, and 4) inequality of women in comparison with women in western societies. The social work profession was imported from the west to Asian countries after World War II, except in India which imported social work from the West in 1936. Since then, models of social work practice that fit best with Asian people and culture have been challenged. The remedial approach has been critically viewed and a developmental approach has been advocated. All Asian countries described above have a shortage of social workers. As the life expectancy of people in Asia is increasingly becoming longer, with Japan being the longest, Japan's refinements and upgradings of its services for the elderly will be the area, I think, Japan would be contributing to other nations in the near future.

Asian countries have now developed their own systems of sharing and/or exchanging information, knowledge and skills which fit best for Asians through the Asian and Pacific Association of Social Work Educators' annual conferences. In addition, social workers attend other international conferences, and network with social work professionals around the world.

REFERENCES


Lee, P.C. (1992). Social work in Hong Kong, Singapore, South Korea, and Taiwan: Asia's four little dragons. In M.C. Hokenstad & et al. (eds), Profiles in

