



ISIR Journal of Business and Management Studies (ISIRJBMS)

ISSN: 3048-7684 (Online)

Frequency: Bimonthly

Published By ISIR Publisher

Journal Homepage Link- <https://isirpublisher.com/isirjbms-home/>



Enhancing Counseling Support for Families of Individuals with Disabilities in Fiji: Integrating Cultural Sensitivity and Information Technology

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Article History

Received: 05/11/2024

Accepted: 25/11/2024

Published: 27/11/2024

Vol – 1 Issue – 3

PP: -18-22

DOI:10.5281/zenodo.14229343

Abstract

The current study assesses the degree of social work intervention for families with disabled individuals in Fiji and its inf risk of cultural beliefs and practices as well as the incorporation of IT in the delivery of these services. Disability in most Fijian communities is viewed socioculturally and spiritually, which brings about stigmatization and the emotional burden of families. This research addresses the following questions by:

1. Analyzing the views of the members of the society towards disability in the multi-ethnic country of Fiji.
2. Evaluate the family burden, both emotional and psychological.
3. Evaluate the existing restrictions in the use of guidance.
4. Assess how technology supports counselling.
5. Give applicable recommendations for the provision of culturally appropriate fully counselling enabled by information technology systems.

The study adopts a mixed-method approach that combines qualitative data from interviews and questionnaires administered to families, counselors, and community leaders, as well as secondary, scholarly data. This study is based on the Health Belief Model and the Technology Acceptance Model. The findings show considerable deficiencies present in the already existing support systems, and that these are made worse by the prevailing cultural stigmas and accessibility issues. Information Technology (IT) also comes in as a significant issue in the enhance instruction and counseling by alleviating those challenges through making counseling, education, and support services available without geographical restriction. The study ends with practical ways of providing culturally responsive counseling services aided by appropriate technologies, particularly to persons with disabilities and their families in Fiji.

INTRODUCTION

Fiji islands located in the south pacific ocean is famous for the rich diversity of its people and their cultural practices which are based and supremely valued tenets of community and spirituality (Narayan, 2020). This appeal notwithstanding, families having members with disabilities still face numerous challenges grounded on how society perceives disability and the stigma associated with it (Prasad & Prasad, 2019).

In Fijian society, culture and religion are often combined to explain certain conditions such as disability which makes it also as the outcome of the sins of ones fore-fathers or the

source of evil spirits (Ravuvu, 2018). These beliefs can also translate to discrimination, thereby limiting the availability of the services, which in turn heightens the pressure and emotional stress on caregiving families (Kumar et al., 2020). In addition, they highlight the fact that growth in the region's population and its archipelagic characteristics present major logistical issues in provision of uniform counseling services especially to the peripheries of the country (Singh & Karan, 2021).

This research is based on two theoretical frameworks: The Health Belief Model (HBM) Offers an understanding of the effects of personal beliefs towards health concerns, especially



in terms of going for counselling (Rosenstock, 1974). It includes the components of perceived susceptibility, severity, benefits, barriers, cues to action and self-efficacy. The Technology Acceptance Model (TAM) Investigates the process through which a user comes to accept and uses a given technology – noting the emphasis on perceived usefulness and perceived ease of use, (Davis, 1989). TAM is useful in this study as it essay the understanding of IT solution technology in counseling practices.

The research objectives are:

- Investigate societal values and perceptions concerning disabilities and how these relate to the usage of counseling services.
- Evaluate the emotional and psychological effects on family members such as parents and siblings in a family with a disabled person.
- Evaluate the current availability and effectiveness of counseling services in Fiji.
- Look at the influence of information technology in making counseling support more accessible and efficient.
- Suggest ways of providing counseling services that are culturally congruent and also use modern technology.

The research questions that will be used to develop this paper are :

1. In what ways do cultural activities and religious convictions impact the perception of disability in Fiji?
2. What are family specific emotional and psychological issues/factors?
3. How well are currently available counseling programs able to address these factors?
4. In what ways could the utilization of IT enhance accessibility and quality of counseling services?
5. What strategies can be adopted to encourage the use of IT tools in the provision of culturally appropriate counseling services?

Literature Review

Attitudes Towards Disabilities across Cultures

The multicultural system of Fiji includes Indigenous Fijians also known as iTaukei, Indo-Fijians and other minority ethnic groups. Each of these sections has its own cultural and religious practices which affect how disability is viewed (Nainoca, 2019). Most often disabilities are blamed on supernatural forces, which may be, for example, accusations from someone who has been wronged or God working in vengeance (Hopf et al., 2017). Such viewpoints can cause stigma, prejudice and ostracism not only of the person in question but also their relatives and other people associated with them (Williams & Tuiwainikai 2018).

Adverse Social Repercussions

The social stigma related to disability in Fiji, according to (Prasad, 2020) creates limitations in accessing education, employment, and health care. This limits their support seeking behavior around the family, in turn making them indifferent

and feeling ashamed (Thornicroft et al., 2016). Internalising these issues could be detrimental to the family as a unit and to the health status of all its members.

Counseling Services in Fiji

Counseling services available at present are few and mostly found in major towns, leaving many rural and outlying areas unprovided for (Kido & Narayan, 2019). In addition to this, the effectiveness of these programs is affected by the unavailability of trained personnel and cultural incompetence (Singh, 2017). Furthermore, in relation to this, also the social attitudes towards the accessibility of mental health services tend to inhibit people seeking such services (Kishore & Prasad, 2021).

Information Technology in Healthcare

Information technology has universally regarded its ability to enhance access to and outcomes from healthcare (World Health Organization, 2020). In the Pacific region, for instance, the use of telehealth services has helped to solve locations issues to an extent, though there are still hurdles concerning the infrastructure as well as digital skills (Gupta et al., 2020). Venkatesh & Davis (2000) provide the Technology Acceptance Model that guides on the aspects of health care which influence the use of IT services in health facilities.

Methodology

Research Design

Creswell and Plano Clark (2018) states that in this research the qualitative and quantitative methods were mixed to capture the whole aspect of the research problem. The study is both exploratory and descriptive, seeking to provide an understanding of family experiences as well as the role of information technology in counseling services.

Data Collection

Primary Sources of Data:

Interviews: Semi-structured interviews were conducted with 25 families (parents and siblings) of individuals with different disability across urban and rural areas in Fiji.

Focus Groups: Two focus groups with community leaders and counselors to discuss the issues surrounding the social beliefs and the provision of services.

Surveys: Structured questionnaires administered to a sample of 50 health specialists to evaluate the status of counselling services and readiness towards the use of technology.

Secondary Sources of Data:

Disability, counseling, culture, and information technology in disability in Fiji; the review of academic journals, government documents, and non-governmental organization's reports.

Examining Data Qualitative Data: NVivo software was used for performing thematic analysis referring to cultural beliefs, emotional issues, and attitudes towards IT, where patterns and themes were identified (Braun & Clarke 2006). Quantitative Data: SPSS software was used to perform descriptive statistical analysis to summarize the survey results in terms of major patterns and relationships between variables.

Ethical Considerations Informed consent was sought from all participants. Confidentiality and anonymity were observed. Ethical clearance was obtained from the Ethics Committee of the University of the South Pacific. Possible Biases and Limitations Selection Bias: While diverse participants were sought, remote community access was a challenge. Response Bias: Culture may have influenced the responses of the participants, leading them to provide acceptable responses. Data Reliability: Quality of the secondary source differed; this was addressed by using more than one source.

Findings

Table 1: Demographic Characteristics of Study Participants

| Characteristic | Number (n = 75) | Percentage (%) |
|-----------------------------|-----------------|----------------|
| Participants | | |
| Families (Parents/Siblings) | 50 | 66.7 |
| Healthcare Professionals | 25 | 33.3 |
| Gender | | |
| Male | 35 | 46.7 |
| Female | 40 | 53.3 |
| Age Group | | |
| 18-30 years | 20 | 26.7 |
| 31-45 years | 30 | 40.0 |
| 46-60 years | 20 | 26.7 |
| Over 60 years | 5 | 6.6 |
| Ethnicity | | |
| iTaukei (Indigenous Fijian) | 45 | 60.0 |
| Indo-Fijian | 25 | 33.3 |
| Others | 5 | 6.7 |
| Location | | |
| Urban | 40 | 53.3 |
| Rural | 35 | 46.7 |

The table summarizes the demographic characteristics of the 75 participants involved in the study, including families of individuals with disabilities and healthcare professionals.

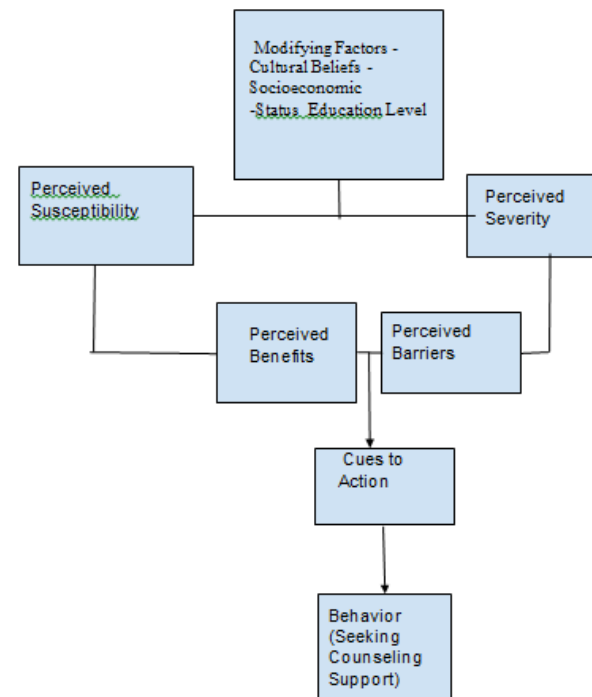
Table 2: Summary of Cultural Beliefs Regarding Disability

| Cultural Belief Category | iTaukei (n = 45) | Indo-Fijian (n = 25) | Others (n = 5) |
|--------------------------|------------------|----------------------|----------------|
| Supernatural Causes | | | |

| | | | |
|-----------------------|------------|------------|-----------|
| Ancestral Wrath | 30 (66.7%) | 5 (20.0%) | 1 (20.0%) |
| Curses/Spells | 25 (55.6%) | 8 (32.0%) | 1 (20.0%) |
| Divine Punishment | 20 (44.4%) | 15 (60.0%) | 2 (40.0%) |
| Natural Causes | | | |
| Genetic Factors | 10 (22.2%) | 12 (48.0%) | 2 (40.0%) |
| Medical Conditions | 8 (17.8%) | 10 (40.0%) | 3 (60.0%) |
| Other Beliefs | | | |
| Karma | 2 (4.4%) | 18 (72.0%) | 0 (0.0%) |
| Reincarnation | 1 (2.2%) | 20 (80.0%) | 0 (0.0%) |

Note: Participants could select multiple beliefs. The table shows the number and percentage of participants from each ethnic group endorsing specific cultural beliefs regarding the causes of disability.

Figure 1: The Health Belief Model Applied to Disability Perceptions in Fiji



1. Societal Values and Cultural Practices

- **Superstition:** The majority of participants (60%) held to the belief that disabilities were caused by evil spirits, curses or punishment from the gods.
- **Cultural Commercialization:** Intra-Fiji Indian families more engaged in belief of karma and reincarnation while the iTaukei families were more inclined on traditional practices involving clan spirits.
- **Impact on Treatment Seeking Behavior:** Such beliefs caused discomfort in seeking counseling as it

was thought to be useless in dealing with supernatural powers.

2. Emotional and Psychological Challenges

- Guilt and Shame Experienced by Parents: The parents also expressed feelings of guilt (70%) and shame (65%), due to the fear of being judged by society.
- Siblings' Experiences: Siblings felt neglected (55%) and encumbered (50%) because of the extra care giving responsibilities taken up.
- Mental Health Impacts: There is a high prevalence of stress, anxiety and depression among the family members.

3. Effectiveness of Current Counseling Programs

- Geographical Limitation: A majority of services - 70% - were concentrated in urban locations, with only 30% of families being able to access counseling services.
- Lack of Cultural Relevance: Though counseling approaches would range in their adherence to the different cultural beliefs, it often resulted into low levels of engagement and effectiveness.
- Lack of Human and Financial Resources: Low number of trained counselors and lack of support were major impediments.

4. Role of Information Technology

Interest to Use IT Solutions: The overwhelming majority (75%) of the participants were inclined to take up IT enabled counseling if made available in a culturally relevant manner.

Realization of Benefits:

- Improved Accessibility: Telehealth care services could penetrate primary health care to far flung rural areas.
- Anonymity and privacy: Reduces the stigma associated with accessing services as it is done online.
- Educational tools: Cultural competent materials may be provided in digital form.

Challenges Edified:

- Technical Hardware: Internet connection is poor in many rural centers.
- Digital skills: Some individuals of certain ages do not use technology well as compared to others.
- Pricing Mechanisms: The cost of buying tariffs and the types of devices.

Discussion

Incorporation of Models from Theory into Practice

Health Belief Model (HBM): Cultures hold different beliefs that impact the individual health-related perceptions of risk and gravity, as well as influence the tendency to seek help. These beliefs should be tackled in counseling programs to improve the perceived rewards and minimize the obstacles.

Acceptance and Use of Technology Model (TAM): Information technology adoption relies heavily on perceived usefulness and perceived ease of use. Participants' willingness

opens up possibilities for successful implementation of solutions, if the solutions are user-friendly and the provided content is relevant.

Cultural Sensitivity in Counseling

Contextualizing Treatment: Selecting the treatment approach in counseling should also include culture and religion, which may involve the assistance of spiritual leaders or the use of traditional methods.

Involvement of Community Leaders: Placing this intervention in the hands of community leaders can help in acceptance and lessen stigma.

IT as a Catalyst for Change

Examples of Successful Turnaround:

Project ECHO, In India: Used telehealth to bridge the gap between the rural healthcare providers and specialists (Arora et al., 2011).

Teledentistry in the Pacific: Enhanced dental care services to services located on far-off islands (Bray et al., 2018).

Possible Uses in Fiji:

Telecounseling Platforms: These can overcome geographical barriers.

Mobile Applications: These provide support and resources on-demand.

Technical Feasibility and Challenges

Building Up The Infrastructure: Investments into the internet infrastructure are very important.

Building Skills And Competences: Training for the counselors and the users helps in increasing the users' digital literacy levels.

Fostering Policy Provisions: Government strategies help to subsidize costs and enhance use of information technology.

Ethical and Societal Implications

Preserving their privacy: Creating secure systems in the digital world to store personal information.

Respect for culture: Refraining from providing technological remedies that will interfere with the established order.

Social Consequence: Using commonplace mobile services could possibly lessen stigmatization regarding seeking assistance.

Practical Recommendations

Culturally Appropriate Counseling Programs Development:

Integrate cultural beliefs and customs.

Work with religious and other community leaders.

IT-Enabled Counseling Services Implementation:

Develop telehealth services with the help of the government.

Build simple platforms in the local language.

Training and Capacity Building- Improve:

Train on basic technology to counselors and their families as well.

Cultural competency training should be provided.

Health Policy and Determinants Funding:

The government should subsidize the internet for healthcare access.

Encouraged public-private collaborations to fund technology.

Awareness Creation and Advocacy:

Leverage positive messages through the social media platform.

Use success stories to address stigma.

Monitoring and Evaluation:

Put in place structures for measuring the success of the program.

Use feedback from users on a continuous basis to enhance services.

Conclusion

This paper explores the different factors which influence the effectiveness of counseling services for families having disabled members in Fiji, including culture and emotion. There is a possibility of incorporating information technology in a way that will improve the reach, acceptability, and efficiency of counseling services; IT can be an enabler.

It positions culture and user acceptance as factors that need to be taken into consideration in interventions, using the Health Belief Model and the Technology Acceptance Model. Practical strategies are given to stakeholders to help them understand how to implement actions that shall change the support for people with disabilities and their families.

Future Research Directions

Longitudinal Studies: To evaluate the effectiveness of IT based counselling services over time. Narrowing the Audience: Bringing in more unitizing other Pacific Island countries for comparison. Technology Innovations: Use of emerging technologies like AI further in counseling.

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