

Assessing key considerations for burial practices, death and mourning in epidemics



Funeral of a 12-year-old girl in Ikoko Impenge in the Province of Equateur of the Democratic Republic of Congo.

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This Practical Approaches brief highlights key considerations for rapidly appraising burial/funerary practices and beliefs around death/dying during an epidemic. It provides guidance on the relevant social science knowledge required to adapt epidemic preparedness and response to the local context. By using this tool, an overview of local knowledge, meaning and practice will be gained, which can help inform programming related to death and burial.

Local social scientists or those in operational research roles embedded in an epidemic response should use this tool to gain a background understanding of the contextual aspects that shape vulnerability to a particular disease. This background

can then serve to support the design of more specific social science research questions and tools for primary data collection as part of the epidemic response (e.g. community feedback mechanisms; Knowledge, Attitudes and Practices surveys).

Please note that these are guiding questions. Beliefs and practices vary widely across cultures, so some questions may be more relevant than others in different contexts. Additionally, the nature of the disease itself will make some questions more relevant than others, for example the transmission pathways (contact, airborne, vector, etc.) of the pathogens will make particular issues, such as burials, more salient. Questions should be tailored to a particular context and disease.

Methodologies for use during remote context analysis

The following methods can be used for the rapid assessment of burial practices, death and mourning in the context of epidemic response:

- Desk review of relevant anthropological/sociological literature to assess what we already know and provide critical evidence of knowledge gaps.
- Interviews with local relevant social scientists and humanitarian/development agencies to provide up-to-date information about social science research and community engagement initiatives.
- Stakeholder interviews in affected communities, community meetings and focus group discussions according to relevant social dimensions (age, gender, ethnicity, religion, income, etc.).
- Where possible, community walk-throughs, observations and other rapid ethnographic techniques.

This assessment should be used in tandem with exploring, together with stakeholders and communities, appropriate ways to adapt and react to the disease. It is not a mere analytical exercise, but rather an action-research one. This assessment should be an *integral part of an ethnographic context analysis* (see SSHAP *Practical Approaches* briefs *Rapid Remote Context Analysis Tool (RR-CAT) in Epidemics and Rapid Anthropological Assessments in the Field*), which focuses on rapidly gathering information around an operational context (including population movement, livelihoods, and trade patterns).

Questions modules

This tool is comprised of six modules that provide insight into beliefs around death and the afterlife; post-death practices and those related to preparing the body, and the meaning this has for people; burial/cremation practicalities; practicalities of the rites and ceremonies following death, the meaning this has for people and the perceived consequences of not following customary practice. It also provides insight into other relevant ceremonies related to death; alternative practices, looking at past local experiences, and appraising what adaptations would be acceptable and what processes could be followed.

The following research questions are relevant to each of the methods listed above, but with careful adaptations (i.e. questions for a literature review will be worded differently to those for use with communities).

These topics may be sensitive and asking these questions could arouse strong emotion and/or concern around intention. This means rapport-building, honesty, mutual respect and reinforcing trust is vital **before, during and after** the collection of this information. Recommended steps:

- Give your name and where you are from, thank them for welcoming you to the community.
- Explain why you are there, your job and why you want to talk with them specifically.
- Explain you will keep their personal information private and invite them to feel comfortable with you.
- Allow them to refrain from answering certain questions if they do not feel comfortable (however, if this happens, it provides information in itself by indicating the particular sensitivity of the topic).
- Ask if they have any questions and be willing to answer questions about why you are there.
- Be honest – if you don't know, you don't know and that is okay.
- Inform them of the next steps and follow-up.

Identifying the proper community entry channels and going through trusted leadership is crucial. Convenient meeting times and places should be agreed with community members (e.g. not during a feast day or celebration).

Complementary method

It can be helpful to elicit a narrative from the participant about normal burial/cremation and mourning practices in order to root the questions in a recent experience. Ask the participant to recall a recent burial and the subsequent mourning. Whilst they describe what happened, the data collector can use the questions and prompts to elicit further details.

MODULE 1 Meanings of death and the afterlife

- What happens after people die? What does the afterlife look like? What is the relationship between the dead and the living? How does this differ across relevant populations (ethnicity, religion, etc.)?
- Is there a relation between the cause of death and the type of funeral practices necessary (e.g. suspicions of witchcraft, unexplained death)?

MODULE 2 Post-death practices, including preparing the body

- Who should be informed when a person dies (e.g. family members, religious/community leaders)?
- How long is it customary for people to wait between death and the burial/funeral?
- How is the body prepared for burial/cremation (e.g. washing, clothing, closure of eyes and mouth)? How does this vary according to area/religion/gender/ethnic group, etc.?
- What is the meaning behind body preparation and the different practices?
- Who is involved in preparing the body (position in the family, gender, age, professionals)?
- What elements of the preparation of the body (if any) contribute to spreading infection of disease ____? How does this vary according to area/religion/gender/ethnic group, etc.?
- What are the social-cultural consequences if the body is not prepared appropriately? Are there other rituals that can be used to compensate for deviations in the customary way of preparing the body?
- Is there a period of time in which the body is honoured (e.g. a wake) before burial/cremation? How long is it? Where is it conducted? Who participates in it?

MODULE 3 Burial and cremation

- How are bodies put to rest (cremation/burial/other)? Where are bodies supposed to be buried/cremated (e.g. hometown of their kin, particular natural sites such as the forest etc.)? What meaning do burial/cremation sites have? Who can access these burial/cremation sites?
- Who is responsible for physically transporting and burying the bodies? How is the body usually transported (e.g. ambulance, stretchers, motorcycle)?
- When dealing with high mortality: Is there space in cemeteries? How are decisions made over expansions of burial sites? Are people adequately informed of any official procedures for the removal of bodies, and timing and procedures for burial/cremation?
- If the person has died in hospital or in a treatment unit, are the family adequately informed? Can the family adequately engage with the body? Is the burial site agreed upon by the mourning family? What is the degree of participation of communities in these processes?

MODULE 4 Internment/cremation and rites

- Can you describe the rites or ceremonies that follow a person's death? When does the burial or cremation come into this? What (if any) are the mourning rites that must then be followed?
- Who is responsible for organising each of these steps?
- Who attends the different events (e.g. close family, extended family, community)? How does attendance vary depending on the status of the deceased? How does this vary according to religion/gender/ethnic group, etc.?
- How do these practices vary depending on the status/religion/gender/ethnic group, etc. of the deceased?
- How are condolences expressed when someone dies (e.g. gifts)? What are the appropriate expressions of solidarity and support when engaging with those mourning?
- What meaning do these processes hold for the deceased person/the community/the family?

- What elements of the processes described are risky in terms of the transmission of disease ____? (e.g. related to persistence of the pathogen and the potential ways of transmission)
- What are the socio-cultural and economic consequences of not following conventional practices? (e.g. the deceased not moving to the afterlife, a curse from ancestors, allocation of inheritance).

MODULE 5 Ceremonies and rituals

- Are there other mourning rituals or death related gatherings that represent a congregation of people commemorating a death? Do they represent risk of contagion?
- In some cultures, there are funerary practices that apply to other people related to the deceased (e.g. ritual isolation and cleansing of widows). What are these practices and do they present a risk of contagion of disease ____ or delayed care?
- Is there a risk attached to the catering of food and drink during rites and ceremonies?
- Are there exceptional circumstances in place that mean that people are not being buried according to custom (e.g. suicide, armed conflict)? How does this affect the transmission of disease ____?

MODULE 6 Alternative practices and adaptations

- Are there situations that allow for the suspension or alteration of the normal burial practices? Have there been high mortalities and requirements of changes in burials in the past e.g. during conflict?
- Are there local cultural understandings of epidemic disease and mortality? Are there previous experiences of shifting practices accordingly (e.g. using gloves, disinfectants)? Are there culturally acceptable ways of changing only those practices that are high risk of transmission?
- Who makes the decision about how a burial can be adjusted? Who would need to be involved in these discussions? What should the process be? (Note: alternative practices should be made in agreement with communities and the mourning families).
- Has disease ____ ever required the deployment of burial teams? How are these perceived by different segments of the population? How do they engage with families and communities when a death occurs? How could these burial teams be more trusted (e.g. composed of local inhabitants)?
- How do people react to the use of body bags? If negative, can body bags be adapted?

About

The Social Science in Humanitarian Action Platform (SSHAP) aims to establish networks of social scientists with regional and subject expertise to rapidly provide insight, analysis and advice, tailored to demand and in accessible forms, to better design and implement emergency responses. SSHAP is a partnership between the Institute of Development Studies (IDS), the London School of Hygiene and Tropical Medicine (LSHTM), Anthrologica and UNICEF Communication for Development (C4D).



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Credits

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