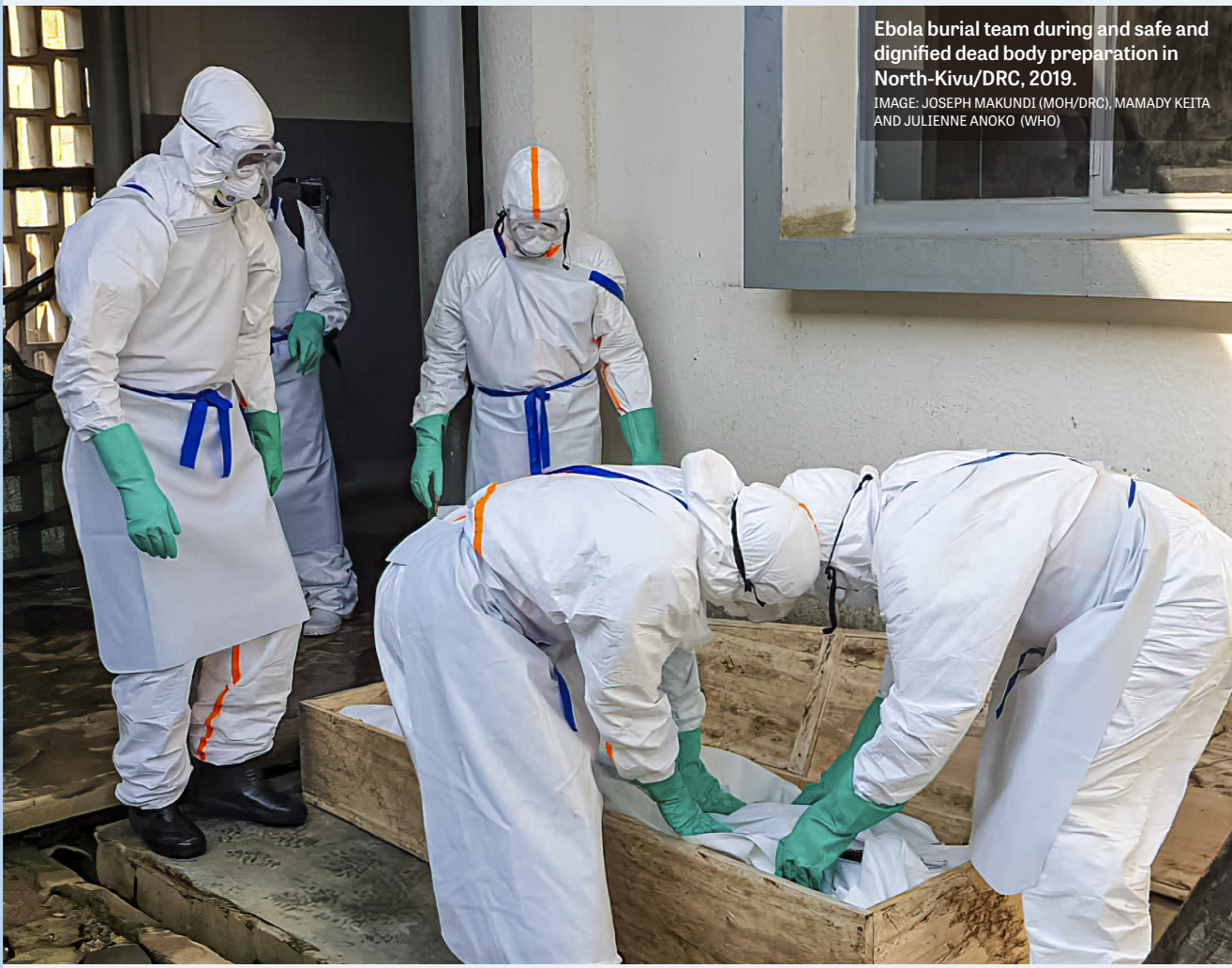
Balancing Burial Rituals with Public Health Demands During the 2014 Guinean Ebola Epidemic



Ebola burial team during and safe and dignified dead body preparation in North-Kivu/DRC, 2019.
IMAGE: JOSEPH MAKUNDI (MOH/DRC), MAMADY KEITA AND JULIENNE ANOKO (WHO)

This SSHAP Case Study explains how an anthropologist negotiated a medically safe burial for a pregnant woman who had died of Ebola Virus Disease (EVD) in a Kissi community at the beginning of the 2014 Ebola epidemic in Guinea. The epidemiological protocol to organise a safe burial for a deceased pregnant woman with suspected EVD clashed with the local community's need for a ritual burial following a post-mortem caesarean. A tense stand-off occurred. According to Kissi culture, when a pregnant woman dies the foetus should be removed before burial, to avoid a curse on the community.

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Against this backdrop, the World Health Organization (WHO) brought in anthropologist Julienne Anoko to engage in a culturally sensitive rapid ethnographic investigation and carry out community-based participatory dialogue with family members, local authorities, and customary authorities and religious leaders. As a result, an improvised ritual was devised, addressing the emotional and cultural needs of the mourning family and community, and meeting public health requirements. This case study shows the flexibility in funeral traditions in the face of a public health crisis and provides important insights for public health authorities in how to negotiate safe burials with affected communities that address local obligations and respect.

The challenge: resisting Ebola response measures

Touching, hugging, dressing, washing, and kissing bodies, as well as transport and burial, are culturally appropriate ways to say goodbye to a loved one. But during an Ebola epidemic, funeral rites and customary burial practices can clash with public health needs and lead to contagion as the bodies of those who have died from EVD are highly infectious. Contact with those who cared for the victim is also risky. However, public health responses in Guinea that attempted to ignore or forbid traditional burials were met with strong community resistance, and mistrust of health authorities was common throughout the epidemic.

At the beginning of the 2014 outbreak in Guinea, a pregnant woman died with severe infection, and clinicians suspected a high risk of EVD. The Guéckédou district medical authorities recommended a 'safe' burial, in which her body would be placed in a body bag at the hospital and transported directly to a secure cemetery. The community, however, feared a different kind of contagion would result should they not be allowed to follow the traditional burial protocol (a post-mortem cesarean operation and ritual washing of the body). They reported a widely feared curse would descend upon the woman's home village, with disastrous implications for the broader community's reproductive health. Consequently, both the family and village adamantly insisted on having the body made available to them so they could perform the caesarean, and they refused to provide a list of the deceased woman's contacts for tracing. Public health authorities prohibited the post-mortem caesarean, out of fear for contagion. A confrontation arose between the nurses and doctors, the district health officers, the family, and village leaders.

The research: a rapid ethnographic assessment on burials

Julienne Anoko, the WHO anthropologist appointed to mediate, conducted a rapid ethnographic assessment over three days to understand how death, and particularly unexpected death, is understood by different members of the community. She interviewed key community leaders: elderly men and women, *chefs de la forêt sacrée* (chiefs of the sacred forest), excision practitioners of the traditional *Poro* and *Sande* societies, traditional midwives, traditional healers, national authorities, and others, to forge a way forward that protects the community, but also respects ancient practices.

The assessment provided a deeper local and contextual understanding of death and funerary rites. Funerary rites in this area are practices where family and community members grieve, pay homage to the deceased person, and resolve challenges that emerge between family members and between community members. Solidarity and love towards the dead person and the mourning family is often shown through body contact. Expressed community grief is thought to help the dead person to move with ease into the afterlife. The passage of loved ones is also the vehicle for the living to connect with their ancestors, to demonstrate respect, and to make amends for perceived faults. If the correct funeral procedures are not followed, kin and community may be judged 'at fault' by the ancestors, who may levy a curse on the community for the considerable slight (e.g. creating widespread deaths of women in childbirth, illnesses in the community, etc.).

When a pregnant woman dies, it is locally unacceptable for her to be buried directly: the custom is for the foetus to be surgically removed

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first either by a society initiated excision practitioner (male or female)'or a surgeon in a medical facility, and buried separately. This is done for three reasons: (1) because the foetus is still attached to the mother's body, this connection is thought to represent an eternal burden for the woman's spirit, which she should not be expected to bear; (2) when the woman's spirit goes to the world of the ancestors, she would be carrying the spirit of the foetus with her, which would offend the ancestors as the foetus represents an unsocialised, 'not yet ready' being; and (3) when a pregnant woman dies, she may become suspected of witchcraft (the witch spirit weakening the body, thus not allowing the pregnancy to go to term). The caesarean rite is considered a method to assess if witchcraft was in fact involved, and if so, to redress the situation appropriately. As a result, living family members of the women may face stigma, and isolation within their wider community.

The impact: mediating ritual modifications

Following the assessment, it became clear that the community felt an indispensable need to drive the curse away from the area, through a specific, complex ritual performed to avoid angering the ancestors, re-establish the disturbed order, and symbolically clean the community to prevent wider contamination. The rapid assessment had already introduced the anthropologist to community leaders and started an engagement with community members to build mutual trust and lay the foundation for mediation.

> ***"Traditions are invented, and they can often be reinvented, flexible, and modifiable, provided that the symbolic and emotional aspects are respected. This is particularly true of funeral rites and burials."***

The first step was to hold meetings with traditional practitioners, including circumcisers and *Poro* and *Sande* society initiates (both men and women who uphold traditions in Guinean society) and older chiefs of Guinea's south-eastern forest region. The community picked the meeting participants, ensuring ownership and legitimacy.

These meetings sought to mediate a modification of funeral traditions that attended to the emotional, social, and religious needs of the community, and also upheld epidemiological safety by avoiding the dangerous surgical procedure. The anthropologist was able to identify the flexibility inherent in the funeral traditions. The identification of a potential ritual was achieved through asking meeting participants to share memories of reparation rituals. Specifically, the reparation ritual *Wolilé* (appeasement) was discussed, used in the past in cases of unexplained deaths where traditional burials could not be performed. The ritual is believed to cleanse the village of curses by seeking forgiveness from the ancestors.

Meetings then took place between the anthropologist, the widower (who needed to authorise the ritual as he had paid the dowry), village elders, the woman's elder uncle, and members of the WHO team to discuss the specifics of the modified ritual. The widower, village elders and the woman's elder uncle then met with the family, the community, and religious authorities.

In the Wolilé ritual, a dog is sacrificed and buried outside the village, symbolically replacing the woman. A medicinal preparation is made with the blood of the animal and edible plants from the forest, some of which is ingested by the ritualist and close family members, and some sprinkled throughout the village. The community agreed to accept the safe burial of the pregnant woman when the WHO team announced that it would fund the *Wolilé*. WHO and its partners also funded the transport of the *Salilno* (ritualist) to the village, the payments to ancestors from each of the rivers that the *Salilno* crossed, and the purchase of a goat (in lieu of a dog), 12 yards of white, red, and black tissue, and salt, oil, and rice. On the seventh day, kola nuts and rice flour were distributed as a mark of respect, the *Wolilé* reparation ceremony took place, and the safe burial of the pregnant woman was conducted. Family and community participation in planning the improvised ritual, and the WHO team's demonstrated respect for both local customs and the wellbeing of the community, helped the process reach a peaceful end.

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Lessons learned

Traditions are invented, and they can often be reinvented, flexible, and modifiable, provided that the symbolic and emotional aspects are respected. This is particularly true of funeral rites and burials. This case study also shows that the lay/local models of disease, risk, and wellness can be harnessed to match the goals of public health, and that flexible funding for materials needed for alternative burial rituals is critical and should be available to teams and communities during an emergency response.

Additionally, this case provides some important learning around the role of the anthropologist – or similar position, like a community engagement officer – during an outbreak. They have a critical role as mediator and, through rapid ethnographical methods, convey the logics behind both the epidemiological narratives of the public health response and the 'lay epidemiologies' of communities, showing that they are not irrational or irresponsible. The respect for local logics also serves to build trust, and through mediation, the response can seek sources of flexibility within local practices and transfer some ownership to those most affected, thus reducing tensions within the community.

Further reading

Anoko, J.N. and Henry, D. (2019) 'Removing a Community Curse Resulting from the Burial of a Pregnant Woman with a Fetus in Her Womb. An Anthropological Approach Conducted During the Ebola Virus Epidemic in Guinea', in D. Schwartz, J. Anoko and S. Abramowitz (eds.), Pregnant in the Time of Ebola: *Women and their Children in the 2013–2015 West African Epidemic*, New York NY: Springer

Richards, P. and Fairhead, J. (2014) *Burial/Other Cultural Practices and Risk of EVD Transmission in the Mano River Region*, Briefing Note for DFID, 14 October, Brighton: Ebola Response Anthropology Platform

Ripoll, S.; Gercama, I.; Jones, T. and Wilkinson, A. (2018) *Social Science in Epidemics: Ebola Virus Disease Lessons Learned – Background Report*, SSHAP Lessons Learned Issue 2, UNICEF, IDS and Anthrologica

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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