

Social Science in Humanitarian Action

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Key considerations: burial, funeral and mourning practices in Équateur Province, DRC

This brief summarises key socio-cultural considerations concerning events related to death, burial, funerals (rites or ceremonies), and mourning in the context of the outbreak of Ebola in the DRC, June 2018. Further participatory inquiry should be undertaken, but given ongoing transmission, conveying key considerations and immediate recommendations for safe and dignified burial practices and related community engagement have been prioritised.

This brief is based on a rapid review of existing published and grey literature, experience of previous Ebola outbreaks in the DRC, Uganda and West Africa, informal discussions with colleagues from UNICEF, WHO, IFRC and GOARN Social Science Group, and input by expert advisers from the Institut Pasteur, Stellenbosch University, University of Sussex, University of Edinburgh, University of Wisconsin, Tufts University, Institut de Recherche pour le Développement, Réseau Anthropologie des Epidémies Emergentes, London School of Hygiene and Tropical Medicine, Social Science Research Council, Paris School of Economics, Institute of Development Studies, Anthrologica and others. Responsibility for this brief lies with the Social Science in Humanitarian Action Platform.

Key considerations

- Beliefs and practices related to death, burial, funeral rites and mourning can (i) directly impact the transmission of Ebola and (ii) influence trust between communities and responders. In previous Ebola outbreaks in the DRC and elsewhere, washing and touching an infected body after death and during burial has played a key role in disease transmission.
- Safe and dignified burial protocols must be developed to be appropriate and acceptable to the local context. Despite the urgency of the current phase of response (and the attention being given to vaccine introduction), sustaining key public health measures – including safe and dignified burials – is critical.
- Through practices associated with death, burial, funerals and mourning, social relations are reinforced between the family unit, broader community, ancestors and future generations.^{1,2} Burial and funeral rites symbolise the deep connection between the deceased person and their socio-cultural networks.³
- Relatives provide constant care and companionship to help their loved ones when ill and when moving from life to death. Congolese burial practices usually involve close and intimate bodily contact, and the body must be cleaned (often washed with herbs) and decorated in preparation for burial. Custom requires that the preparation of a body is gender specific, so only female relatives and female community members take care of a woman's body at death, whilst men prepare a man's body. Both men and women can prepare the body of a child.^{4,5}
- Outside the current Ebola outbreak, the precedent for moving a person's body (by road and motorised boat) from the place of death to his or her home village for burial has been documented between Mbandaka and Bikoro.⁶ This practice has been attributed, in part, to the strong desire to be buried in ancestral land alongside relatives and in one's own natal community. However, the feasibility of being 'returned home' for burial may be limited by a family's financial resources. The importance of location of burial should not be underestimated, and is highlighted by land claims being contested on the basis of ancestral burial plots.⁶
- Burial and funeral practices vary between communities, but in general, funerals are understood to be privileged spaces in which the social status of the deceased and their family, and the family's grief, are made visible. It is socially important to host a 'good funeral' with a large group of mourners, and mourners often travel long distances to attend.⁷ It has also been reported that in some communities, mourners need to be fed and given shelter for the whole duration of the *matanga* (Lingala for 'mourning gathering'), sometimes until forty days after the actual burial.⁷
- Rather than being a ceremony held during one point in time and linked to the actual burial, some funeral rites are performed over a long time period, with different phases being spread across several months (as by Balambo communities in Haut-Uele province).^{8,5}
- The psychological impact of death is irrefutable. The inability to honour a loved one with an appropriate burial and funeral is immediately distressing for the deceased's family and community, but also holds longer-term significance. Although there are many religious beliefs in the region, the response (and more specifically safe and dignified burial procedures) needs to recognise that many communities consider disrespecting or angering the ancestors can cause repercussions in life and result in illness or misfortune being bestowed on an individual, an individual's family and/or community. As a consequence, individuals and communities may be reluctant to change certain practices if the immediate benefit of a safe burial is not as valued as the longer-term consequences. Such sentiments can be magnified during an emergency situation. In the Ebola outbreak in Boende (2014), community members clearly articulated their distress at not being able to accompany their deceased relatives for burial but instead having to entrust this precious task to (sometimes unknown) burial teams.⁹ In other contexts, the fear of Ebola has resulted in some family and community members distancing themselves from their familial duties and refusing to participate in safe and dignified burial.

- Heightened 'energy' after a death and during a funeral, which is a socially and emotionally charged environment, can quickly convert into disruptive behavior even outside an emergency setting. Occurrences of violent intrusion by youth at *matanga* in Kinshasa have been recently reported, although in other, particularly more remote areas, such disruption is rare.¹⁰
- Burial and funeral practices are also influenced by the perceived cause of death or the circumstances in which a person dies.⁵ In previous outbreaks, death from haemorrhagic fever has been linked to 'sorcery' and 'witchcraft'. In the outbreak in Boende (2014), it was reported that organs, hair, nails and clothes were being removed from a dead body for use in 'witchcraft' and this contributed to heightened distrust of Ebola response teams who were held directly responsible for people's deaths.⁹ Similarly, during the Ebola outbreak in Isiro, Haut-Uele province (2012), burial protocols limited the number of people who were allowed to see the deceased, and this led to increased rumours that the bodies had been mutilated or taken for 'sorcery'.¹¹ In the West Africa Ebola outbreak (2013-2016), communities perceived that bodies 'disappeared' from treatment units. Because family members had not seen their relative's body, they did not know whether their relative had died or not, or whether the body had been treated with due respect.
- After a death, the period of mourning and associated practices varies between communities. Amongst Mongo populations, it is reported that the spouse of a deceased person needs to be 'cleansed' by his or her in-laws. The widow or widower remains isolated and is not allowed to speak to others or wash themselves until after they have been cleansed. In the Ebola outbreak in Boende (2014), it was reported that this practice contributed to delayed care for other family members, particularly children.⁹ It has also been documented that the spouse of a deceased person is required to have their head completely shaved. During an Ebola outbreak, this places the person doing the shaving at elevated risk if the spouse is also infected.⁹ A similar purification rite has also been described as an important expression of grief amongst the Bangala of the Upper Congo River and Nande in Nord-Kivu. Amongst Balambo communities in Haut-Uele, widows withdraw from community life during mourning, a period that is lengthened if the death of the spouse is thought to be from 'unnatural' causes (such as 'witchcraft').¹ Historically, other Batwa groups moved camp after a burial and did not speak of the deceased individual again.⁴
- It should be noted that burial, funeral and mourning practices both influence and are influenced by broader determinants. Popular modern Congolese dance music has been analysed as having its roots in *matanga*, and 'stand-up comedy' by opportunistic youth groups is a new component of funerals in Kinshasa.^{12,7} Whilst many funerals in the DRC now combine 'traditional' rites with 'modern' practices, it has also been reported that certain ethnic groups (e.g. some Batwa groups) have held tightly to their traditions, rejecting assimilation.^{13,14}

Recommendations

- In the context of Ebola, burials must be conducted by trained specialised teams, yet safe and dignified burial protocols must remain as close to local burial and funeral practices as possible, only changing or adapting the components that are medically unsafe.¹⁵ Although practices differ across the DRC, the significance of 'seeing the dead' appears to be constant and burial protocols must enable family members to safely see their deceased relatives. A well-managed and transparent process will also help reduce rumours associated with the care of the deceased and the intentions of burial teams.
- Evidence shows that local practices are not static, but shift and evolve in response to immediate conditions. Communities are pragmatic: both individual and collective behaviours are adjusted to protect a person's own health and that of their household and community. When communities understand the risk of transmission associated with preparing a body after death and with burial, they are best placed to suggest acceptable modifications to local practices.^{15,16}
- Discussion and agreement at the local level about how a safe and dignified burial should be conducted is critical. Careful consideration must be given to who should be involved in such discussions from both the response side (given the documented community distrust of responders and burial teams) and the affected community. For example, it is important to be sensitive to the role of elders and/or traditional healers in confirming deaths in rural areas, the gender implications when preparing a body for burial, and the potential role of youth in the practical organisation of funeral practices in urban areas. Local adaptation is key, and the safe participation of family and community members must be facilitated during all phases. These critical points should be made explicit in safe and dignified burial protocols and standard operating procedures.
- In addition to community consultation, families of suspected, probable and confirmed cases should be sensitively informed about what will happen in the event that their relative dies. This means engaging with affected families before a death occurs. The safe and dignified burial procedure agreed at the local level should be carefully explained, and opportunity provided for the family to ask questions and make any particular requests (see point below). Such engagement will help reduce the risk of surprise, incorrect assumptions and suspicions.
- Safe and dignified burials, as usually conducted by response agencies, are relatively standardised. This reduces a family's opportunity to exhibit social status and publically display grief, both key components of the mourning process, and may result in hidden burials or hostility towards burial teams. To reduce this risk, and to encourage the reporting of deaths and acceptance of safe and dignified burial protocols, it is important for families to be able to personalise the burial whilst ensuring it is medically safe. In previous outbreaks in DRC and beyond, the burning of clothes and other personal effects of the deceased has led to increased tensions. In communities where possessions of the deceased (e.g. shoes) are normally placed on the top of a grave, it has been suggested that significant objects (such as tobacco, pipes, shoes and gifts) be placed inside the coffin or grave instead.^{17,18}

- In some previous outbreaks, response agencies were responsible for transporting bodies back to the deceased's home village for safe and dignified burial, including the bodies of people who died at a treatment unit or referral hospital.¹⁹ This assured communities that their loved ones would be buried in the correct location, reduced the likelihood of families informally moving a body (sometimes long distances), and therefore lowered the significant risk of infection faced by people without training or equipment to move a body safely.
- Patterns of movement after a burial and funeral, and the withdrawal of individuals society have implications for contact tracing during an Ebola outbreak. With some adaptation, however, the customary withdrawal of individuals could help support isolation, surveillance and infection prevention control measures.
- In many areas, it is not acceptable to bury a pregnant women without conducting a cesarean section post-mortem (particularly in the third trimester). In the Ebola outbreak in Boende (2014), transmission was amplified due to this procedure, and all those who participated in the procedure subsequently died.²⁰ This customary practice was successfully negotiated in Guinea during the West Africa outbreak (2013-2016) through effective community consultation which resulted in the community suggesting the cesarean section be substituted by a non-invasive sacrificial procedure carried out by a local healer, for which response agencies met the cost.²¹ Experienced anthropologists who are deployed in Equateur province can play an important role in helping to facilitate such sensitive consultations.
- In the Ebola outbreak in Boende (2014), it was reported that community members were alarmed by seeing body bags at treatment units and this resulted in some people avoiding care as they interpreted the presence of the body bags to mean death was 'inevitable'.⁹ Materials associated with safe and dignified burials must be carefully and sensitively introduced and explained to communities, and treatment centres must be projected as places which provide care and hope of survival.
- Burial teams should include trusted persons who already customarily play a role in death, burial and funerals and who are known to local communities. Such individuals should receive training on safe and dignified burial protocols and procedures, and should act as liaison between a family and burial team, even if they are not directly involved with making the body medically safe. In previous outbreaks in DRC, Uganda and West Africa, the significance of actively incorporating local community members into burial teams and facilitating effective community engagement has been well documented.²² In the outbreak in Kikwit (1995), for example, health workers engaged community elders to instruct their communities not to touch or kiss their dead, and because local power dynamics and 'correct' ways of disseminating information were followed, practices and behaviours were successfully modified and helping to stop transmission.²³
- There is little published information about the funeral practices of the Catholic Church, the numerous Pentecostal Churches or of Muslims in the affected communities in DRC. Further local insight would be helpful. In Christian communities in urban settings, it has been reported that neighborhood involvement and prayer groups sometimes dominate the funeral to such an extent that the role of the family unit can be marginalised.²⁴ Given the influence of the church, it is crucial to work with and through church and other religious leaders. They are best placed to convey information to their congregations, can help build confidence in the response, and specifically in terms of burial practices, should be involved with safe and dignified burials as appropriate. They can also provide ongoing psychosocial support to bereaved families and affected communities.
- Recommendations regarding the training of burial teams is beyond the scope of this brief, but two key points should be highlighted. First, burial teams must be properly trained in community engagement, negotiation and psychosocial management. They are required to not only perform a medically safe burial, which is a challenging and highly skilled job, but to simultaneously address the social aspects of death, and be able to engage the affected family and community with respect and empathy. The inclusion of a designated community-liason person as part of a burial team has proved important in previous outbreaks.²² Secondly, the response has a duty of care to support the psychosocial welfare of burial team members and help them negotiate any stigma or marginalisation they may face from their families or communities due to their role, not only during but also after the response.
- It is important to further understand specific practices associated with death, burial, funerals and mourning in Bikoro, Iboko and Mbandaka and in the affected communities. Key insights are needed in relation to: the usual process following death, including interactions with the deceased's body and possessions; who is involved and where they travel from; how people interact; how condolences are conveyed; whether the perceived cause of death changes these processes; circumstances that allow for the suspension of customary practices; willingness to work with safe and dignified burial teams; and community-led recommendations for acceptable and appropriate safe burial practices. A series of key questions focusing on these issues has been developed, and partners are encouraged to refer to the Question Bank shared by the Social Science in Humanitarian Action Platform.

Contacts

If you have a direct request concerning the response to Ebola in the DRC, regarding a brief, tools, additional technical expertise or remote analysis, or should you like to be considered for the network of advisors, please contact us.

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