

## Burial/Other Cultural Practices and Risk of EVD Transmission in the Mano River Region

Briefing Note for DFID, 14<sup>th</sup> October 2014

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### Key points

1. Death threatens the social fabric, and people feel moved and impelled by death to express their feelings. These expressions are intended to repair social relations, and allow the spirit of the dead person to move on, untrammelled by lingering concerns and commitments to those who remain.
2. These are universal concerns. There are myriad particular ways in which feelings and concerns focused on death find detailed cultural expression but it is often not helpful to dwell on the details, since this risks seeing cultural minutiae as "causes" of Ebola Virus Disease (EVD). The objective is to combat a virus, not local customs.
3. In general, the approach to village communities in such traumatic circumstances should be to ally with them in expressions of grief, concern and solidarity, and then to recognize that cultural and behavioural change will come most effectively if they are offered space in which to exercise their own collective understanding of ways to mitigate the moral and societal risks mentioned below.

While this briefing note identifies arenas of particular significance with regard to burial practices, **such practices are not standardised, are likely to change as social responses to Ebola evolve, and therefore need to be discussed on a locality by locality basis.** Key points are given below, followed by a more substantial discussion of burial and cultural practices that increase risk of EVD transmission.

4. It is a fact that the body of a person suffering EVD is a potent source of infection, whether during the third stage of the disease or immediately after death.
5. The strong emotions of social solidarity invoked by death often find expression in body contact - e.g. hugging the bereaved, or stroking a dead person to express sympathy or in the hope of coaxing any remnant of life. These contacts are potential sources of EVD transmission.
6. Rural Sierra Leoneans are also familiar with people sometimes reviving after apparent death, and bodily contact with the deceased around the time of death helps confirm that the person really has died. This contact is thus not as strange as some outsiders appear to find it.
7. Bodies sometimes have to be moved on death, and this is also a potential source of disease transmission. A woman who has died a "stranger" in her husband's village, and where marriage

gifts are incomplete, might have to be returned to her place of birth for burial, again a hazardous operation.

8. There are compelling reasons to attend the house of the dead and the eventual internment. First, there is a need to express empathy for the bereaved. Second, there are social obligations to be discharged (e.g. to kin or affines). Third, absence might create suspicion (deaths are often attributed to malice rather than misfortune).

9. Not attending a funeral, or not carrying out procedures deemed to be correct or necessary creates a huge burden of guilt among the negligent. They have sinned. No amount of "health education" about risks of EVD will alter this burden of guilt. People retain a strong motivation to bury their dead in a correct and respectful manner.

10. Ebola is not the only factor to cause deviation from "correct" burial procedure. Security concerns were a disruptive factor during the civil war, for example. A person may die in an accident or far from home and have to be buried at once. There are established procedures to compensate dereliction and to assuage guilt in such cases. Matters might be corrected by compensating rituals intended to guard against the anger of the dead.

11. It follows that such procedures may need to be invoked to cover the "sin" of incorrect burial in cases of EVD. The important point, however, is that it is the burying community that must decide. Enforcement of little understood sanitation rules by strangers with no connection to the deceased are likely to be resented and resisted. No authority stands above what people consider to be a moral imperative.

12. Knowledge has spread in rural communities of the risks posed by funerals for transmission of EVD. More work is needed to document these local understandings, and assess what behavior changes they might have induced. Clearly, local ideas and practices conducive to risk reduction should be encouraged.

13. Attention also has to be paid to how to make Ebola cases less hazardous for others, either during the process of transfer to a treatment facility or in extreme sickness and death. Single room/single carer models have been proposed. Feedback is needed from villages about the way the single carer would then be treated.

14. One issue will be the expression of empathy for the bereaved carer, after a death has occurred, since body contact with the carer might be hazardous. There is a rich local culture of gift giving in rural Sierra Leone, and villagers should be engaged in discussion about how this cultural idiom might best be adapted to take account of EVD.

15. Practical concern at burials is expressed by placing a gift of money on the ground. This "non contact" giving has clear cultural salience, and the idiomatic implications might be explored to cover other "non contact" forms of expression of concern for the welfare of the bereaved caregiver (e.g. provision of food, clean clothing, warm water). Here again, the ideas (and cultural creativity) of villagers need to be engaged.

16. Preparation of bodies for burial is also an important topic. In general, corpses are cleaned and oiled for burial. From the perspective of disease transmission it would be ideal to avoid all such procedures, but they carry strong cultural significance and elimination is unlikely in villages. An alternative is to look to ways of making body preparation as safe as possible, e.g. through use of hot water, chlorine, and protective items such as rubber gloves.

17. The water or mud from body washing is sometimes used for other purposes, such as anointing widows to help free them (when the mud is washed off) from the dead husband's spirit. Villagers may be able to suggest alternative means to achieve such ends without incurring the risk of EVD transmission. Risky "optional" procedures should be flagged for discussion, with a view to discouragement, such as the sprinkling of water used to wash the corpse of a dead Islamic teacher said to have spread EVD among children in his charge.

## **Burial/cultural practises that increase risk in high risk countries.**

### **Introduction**

The region has many religions, Christian, Muslim and the ancient indigenous religious practices. Burial should be respectful of all. In many cases those professing Christian and Moslem beliefs also hold to many elements of indigenous religious rites in a form of syncretism which is especially important in events surrounding death. This note will focus on the latter, which are less well known, and more common. These paragraphs are also offered tentatively. They are drawn up to identify **arenas of significance** which clearly **need to be discussed on a locality by locality basis**, and which are **likely to change** as the social life of Ebola evolves.

### **Background to mortuary practices**

For many, mortuary practices are orchestrated to enable the dead person to accede to the 'village of the ancestors' where they might reunite with their already-dead relatives and friends and where they live a very similar life to those on earth and continue to participate in affairs on earth. This 'village of the dead' is no heaven or a hell: how the person has lived on earth does not shape their destiny there. This is determined instead by the accomplishment (or not) by those living of the mortuary requirements that are due them. If the correct treatments and sacrifices are not made over the tomb, the spirit might not even attain the village of the dead, and will be condemned instead to wander eternally, and will surely return to torment their family. This is to be feared, as the angry spirit will throw spells on their descendants, send illnesses, make pregnant women abort, or make them give birth to monsters. This is why people are so concerned by the proper conduct of funerals, and seek to die among respectful friends and family. To die of Ebola is one thing, but to be deprived of an afterlife is quite another. Even recently, seriously ill patients or their relatives who manage their treatment "are likely to give higher priority to communal feasting and secret society fees than to expenditure for clinical consultation and drugs."

Dangerous disease is often regarded not simply as an affliction, but also either as a punishment for committing a social fault that disrupts the natural order, or the result of maleficent acts of sorcery, or the act of a disgruntled ancestor. Families of the dead may be anxious to discern which of these causes is relevant, and to take steps during funerals to address them so that the problems that led to the death can be resolved. The fault needs to be identified (often by the ill confessing) so that reparation rituals can be properly targeted, or the living sorcerer or disgruntled ancestor responsible identified, so actions can be taken. If the ill person dies, resolution is still important. Many sensitive problems around caring for the ill, and caring for the dead, can be traced to these practices.

### **Principles to guard health**

There are some underlying principles which will help understand burial practices concerning social faults. In particular, for Kissi, a smooth-running, healthy world is an orderly one in which people, crops, domestic animals and wild animals reproduce as they should, and to this end each of these should reproduce in their correct but separate places and in their correct but separate cycles. People reproduce in villages, crops in fields and animals in the bush. Moreover, the reproductive cycle for

one child needs to be separate from the reproductive cycle of the next; the seeds of one year's crop need to be kept separate from the seeds of the next and so on. Actions that confuse this orderliness in which reproductive cycles of people, animals and crops are mixed, or the reproductive cycle of one year or of one child is mixed with another are the social faults that cause ailments and do so simultaneously for people and of the agro-ecosystem. Thus having sex in the bush, not the village demarcated for this, disrupts this order and brings reproductive illnesses on the perpetrators (expressed as a 'tying' of the body) and on the bush (causing drought, crop diseases and a 'tying' of the bush that prevents, for example, animal movements that enable hunters to make their killing). The blood of menstruation (part of human reproductive cycles) needs to be separated from fields, or both crops and the person concerned will fail to get 'pregnant'. Having sex whilst breastfeeding a baby confuses one reproductive cycle with the next, bringing on ailments for both offspring and the mother. Mixing the seeds of one harvest with the next leads to poor harvests and wider fertility problems.

For some peoples in the region, such principles mean that *those who are pregnant (in a cycle that is bringing someone into this world) would not be able to care for those who are at death's door* (about to leave this world). Not everyone may be eligible to be involved in 'home care' for Ebola. In many places, only initiated men and post-menopausal woman can touch a dead body without danger. Such proscriptions are, however, not necessarily generic to the region.

What is true of events surrounding reproduction and birth is also true of 'death' (which is a painful birth into the next stage of life in the 'village of dead'). Death should occur in the village (or sacred forest), not the bush. Deaths in 'the bush' (e.g. such as happen when Ebola patients collapse en route to a care facility) are faults that can lead to drought, crop diseases and such like. A death in one generation should not be confused with a death in the next, *so a mother should not be buried with her fetus inside her* (for fear of disrupting not only this world, but also the far more important ancestral one).

This is precisely what happened after an Ebola response team faced problems on the death of a pregnant Kissi woman, in what became an exemplary case of cultural sensitivity. The response team ran into opposition from the population concerning the conditions of the burial. The fetus had to be extracted so that mother and baby could be buried separately. The response team considered extracting the fetus to be far too dangerous. A 'fault' would thus be inevitable. "Without an agreement between the medical teams and the population, the woman could not be buried, and her body began to decompose." Eventually with the intervention of an anthropologist the team realised that it would be possible to conduct rituals to repair the fault once it was made. "After discussions with the elders from the young woman's village", they came to an agreement that "there had to be a reparation ritual, consisting of offerings and various ceremonies." The "anthropologists involved asked the WHO to pay for the reparation ritual, and that's how the burial took place."

Whilst some faults concern the reproductive order and others the transition to death, others still concern the economic order, and in particular the orderliness of 'ownership' and of honoring debts and reciprocating gifts whether with help or blessings. Faults here include stealing, ignoring a debt or non-reciprocation and these too can bring on illness or personal catastrophe. *Among many people in the region, people should not be buried without their creditors and debtors settling their accounts (e.g. bridewealth payments), or this too can bring disorder among the dead as well as the living. For many in the region who are desperately poor, recovering debts is a non-negligible concern.* Those working in the region need to take enormous care needs to offer blessings in response to a gift, or, indeed, to return the favor.

### **Respect for the mortally ill**

People try very hard to access the last wishes of the dying for reasons of compassion and for fear of their vengeance after death. *How are the last wishes of those dying of Ebola in isolation to be*

*conveyed to their families?* Heirs must respect instructions regarding the distribution of property. Again, *how are such wishes communicated from isolation units?* It is also important to *give the dying all the food and drink they solicit* lest they take vengeance when dead. Reported incidents of patients being deprived of food and drink in isolation units are not simply 'unfortunate,' but such treatment is highly disrespectful of the dying; disrespect that might have terrible consequences for the living. These are significant reasons why people may stay away from isolation units.

Those dying would usually be transported to an empty house. Custom dictates that one should purify and replace the furniture, clothing, and provisions that are in the room where a death occurred; a custom that could be seen to dovetail with disinfecting houses after a death.

### **Touching the body**

There are several aspects of mortuary practices in which people touch bodies. The first concern washing the body. There are other important reasons for touching a body. First, the deceased's eyes need to be closed, usually by a brother. Second, in the privacy of a hut, the corpse should be washed, sometimes also oiled (with palm oil), and then dressed well. Usually men will wash and prepare men, and women, women. For several reasons, the body will be washed twice, first when initially clothed or wrapped in a fine cloth, and then when re-clothed for burial (perhaps in cheaper material). This rewrapping and the fate of the recycled cloth will both be sources of funeral-related infection.

A second set of reasons for touching the body concern divinatory practices. During some mortuary ceremonies, it is important to ascertain whether (a) the dead person was themselves a sorcerer - all people can be suspected to have been a sorcerer, and recent misfortunes might be attributed to them; or (b) whether the dead person was killed by a sorcerer. The more important the person, the more likely someone might be blamed. Modes of divination vary. In one version used historically (and potentially, today) the dead body (or as a substitute of the clothes, hair and fingernails of the deceased) is paraded on a head-held stretcher around the village so the deceased spirit can speak through a living medium to name the sorcerer or admit themselves to be one. In another version, the spleen (or liver?) of the body is removed and put in water, and if it sinks, the person was a sorcerer. *The use of bodies in such divination to discover the cause of death has been noted as one reason for infection in the Ebola crisis.* This is not a tradition destined 'to die out'. It is very important to identify witches prior to their burial, as a witch must be buried in a special way "to render the spirit innocuous, or they will continue after their death to cause illness, crop failures and other misfortune." Those who do not attend funerals, or who mourn insufficiently might well be suspected of sorcery, which accounts in part for the high attendance at funerals.

A third reason for touching the body concerns the 'initiation' of youth. The deaths of the young who have not yet been initiated are usually relatively small affairs – they are not yet full people. In some locations, however, on the death of an uninitiated girl, her body is would be washed, rubbed with shea butter or palm oil and dressed in her best clothes. Her hair will be carefully plaited and every wish she had expressed complied with. Things become more elaborate if the date her initiation was already fixed, so the dead girl will arrive at the dead with the social status of an adult. The old women proficient in excision (i.e. 'Female Genital Mutilation' will be called and the dead body initiated into sexual adulthood in this way. Perhaps if the girl was engaged, the groom would have to 'marry' the corpse, and spend a night in its company or risk the dead girls' wrath.

## Burial location

A funeral can be conducted very quickly for less significant people (for uninitiated children, and the socially marginal), or might be surrounded by very complicated ceremonies for those who are socially particularly important. The death of a prominent hunter, a former soldier, or an influential elder, is a matter of huge importance. There are, however, other distinctions that are crucial to understand and which influence where someone should (or would like to be) buried.

Different localities have different traditions concerning where the dead should be buried. Those from a village should usually be buried within 'the village'. In some regions this can be literally in or amongst the houses, or just behind them within the village. In others it is still within the village, but on the village edge, or in a grave yard which is still within the village bounds.

There is, however, a very important distinction between being buried within or outside of a village. In many regions the grave of a stranger (such an Ebola victim passing through or someone buried at a treatment centre) would not be dug within the village, as this is the abode to the community's own dead. Strangers are usually buried out of the town (in the bush) along the pathway, sometimes at a crossroads. Those struck by lightning and who must thus have been robbers, and those burned by wildfire are similarly buried there. Those who died at sea are buried under the beach. Intentionally, nothing signals such a grave to a passerby. The logic for placing all these burials by paths is that they are often trodden by strangers who, with luck, will attract these potentially dangerous dead (those wandering eternally) away from the village as they leave.

In some regions, the body of the first child to die from any couple is buried in a very different way and in a special location. Their death is effectively denied as their body is returned 'to the land' effectively as the family's personal sacrifice to the land spirit. This person will thus not rejoin the family ancestors. They are lightly buried (or simply thrown without ceremony) in a special wooded on the village margins. They are washed with a special decoction and buried naked, wrapped only in leaves of *Newbouldia Levis*, and carried by men if male, and by women if female. Sometimes all the 'bad deaths' (of strangers, those struck by lightning, lepers etc.) are also buried among these "first dead" (effectively becoming sacrifices to the land). A confessed sorcerer can be buried in the mud near a pond or river – never in the village, upside down and naked.

Whether any burial is 'East / West' or 'North / South' and which is the head end is significant, as is whether the burial of a person is on one side or the other. Exactly what the significance is needs to be discerned for each location.

After burial there are several events which finally install the dead among the ranks of the ancestors. Those important for Ebola are first, 'sacrifice of expulsion' when an animal (cock, bull) is sacrificed over the tomb to mark the admission of dead among the ancestors. After this sacrifice, no further sacrifice will be paid at the actual grave, but at the common altar of the lineage. The deceased has received all the food and all the attention to which they were entitled and should henceforth not trouble the living. With this event, the living have paid their dead for the right of entry among the ancestors. *It is important for the living to know the location of the grave to make such a sacrifice (even much later).* The second event is the laying of a stone (or other item such as an antique iron rod, or an iron bracelet that had similarly been placed in the deceased person's hand) on the ancestral altar. In certain regions (e.g. Sherbro) women will may be conveyed to their natal homes to be buried. Importantly, however, when a death occurs away from home and the body could not be brought back, the stone (or similar) can be taken from the actual tomb and brought to the native village so the deceased can be integrated with his ancestors. *Such a tradition enables one to avoid moving actual bodies home, and such a ritual might be significant in addressing properly the burial of some Ebola victims away from home.* A similar item for a deceased woman might be placed on the altar of the women's cult.

The location of graves and whether the body is clothed is highly significant. People desire very strongly to be buried in their own community so that they can rejoin the company of they have already lost to the 'village of the dead', and will go to great efforts not be left to wander eternally the lonely stranger-dead. Unceremonious burials near Ebola Treatment Centres that are outside of villages may well echo the burials of the sorcerors, robbers and strangers, so it is not surprising that people may be hesitant to die there.

As MacCormack suggested: "If seriously ill people do enter hospital, staff must allow 'chaplancy' visits from lineage and secret society elders, who are highly respected members of the community." Impending death is a time for ensuring that all is well in relationships between the living and those about to make their final transition. Peace must be made "lest they become wrathful ancestors... Hospitals must allow for visits of extended kin, and for ceremonies of reconciliation to be carried out on hospital premises. Otherwise the elderly patient may be taken away from hospital before a course of treatment is completed." Such 'escapes' of Ebola patients from hospitals with the support of their kin, have been a well reported feature of resistance within Ebola treatment centres. Long before global concern with Ebola arose, MacCormack recommended that in planning all health provision in this region "that lineage and secret society chiefs must participate in the planning and implementing of primary health care initiatives. They have been the health educators, herbalists and midwives for millennia, and their concern for the health and fertility of their people is genuine."