Responses to Death, Care and Family Relations in Urban Senegal
Executive Summary

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Research findings of 'Death in the Family in Urban Senegal: Bereavement, Care and Family Relations' research project, funded by the Leverhulme Trust

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Introduction

- This study provides the first in-depth understanding of responses to death, care and family relations in an urban West African context. The loss of a close adult relative is a significant life transition that almost everyone experiences at some point in the lifecourse and which may have a range of material, social and emotional consequences for children and families.

- The research aimed to investigate the material and emotional significance of a death of a close adult relative for family members of different genders and generations in urban Senegal. It aimed to explore how the death of a close relative impacts on identities, caring relations and responsibilities among families of varying socio-economic status and diverse ethnicities (focusing on the three largest ethnic groups, Wolof, Hal Pulaaren and Serer) in two cities.

Research context and methodology

- Many death and bereavement studies conducted to date are rooted in medicalised and individualised frameworks developed in the global North. The available literature on social aspects of death in Africa tends to focus on widowhood mourning rituals, funerals, or on orphanhood and potential outcomes of parental death. Very few studies have explored the *material, social* and *emotional* dimensions of loss in Africa, which this study sought to address.

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- Urban Senegal provides a complex social milieu where religious and cultural practices and processes of urbanisation shape family life and responses to death (Evans, 2015). This study focuses on Dakar, where over 3 million people or half of all urban residents lived in 2013 and Kaolack, a major, but much smaller city, with a population of 338,760, located in the groundnut producing region (ANSD, 2014).

- We draw on a feminist ethic of care and concepts of responses to death and continuing bonds, to analyse the material, social and emotional dimensions of the death of an adult relative. We aim to adopt a reflexive approach and balance the multiple, sometimes conflicting, voices of participants, the researchers and the perspectives represented within theories and frameworks which researchers bring to the study (Mauthner and Doucet, 2008).

- A qualitative methodology, informed by an ethic of care, was considered most appropriate. A diverse sample of thirty families (15 in Dakar, 15 in Kaolack) was recruited and in-depth interviews were conducted with 59 family members, including children and youth, middle and older generation adults. Four focus groups were conducted with 24 women and youth in the selected, contrasting neighbourhoods (one central and one peripheral in each city). Semi-structured interviews were also conducted with 23 local and religious leaders, non-governmental organisations, municipal and City Council representatives, in addition to government and INGO representatives working on social protection at national level.

- As part of the participatory dissemination process, six workshops were held in the selected neighbourhoods with 45 participants (27 young people, and 18 middle and older generation adults) who had participated in family interviews or focus groups. Two policy workshops were facilitated (one in Dakar, one in Kaolack) with29 government and non-governmental representatives and Islamic and local leaders. Workshops presented the key findings, discussed particular issues in more depth and used a participatory ranking exercise to gain participants' views about priorities to improve policy and practice.

Research findings

Family relations, care and narratives of a family death

- In the urban context of economic pressures, large multi-generational households and sometimes poor living standards, the family in the largest sense (including neighbours), and associated moral values and reciprocal practices of *solidarité,* were crucial to participants' survival, life chances and social status.

- Care of sick, elderly and dying relatives was often gendered, with men regarded as more responsible for the financial costs of medical treatment and women and girls regarded as more responsible for practical care-giving and domestic work. However, such gender norms were not necessarily followed; many female relatives paid for medical costs and some men were involved in practical care-giving for sick female relatives and children.

- The largest number of interviewees had lost a husband (15 interviewees), a mother (15 interviewees) or a father (10 interviewees). Most of these relatives had died in middle or older age. While some used medical terms to describe their relative's illness, others drew on a range of embodied accounts of illness (physical symptoms) or other events leading up to the death. A significant proportion, particularly young people, however, did not specify the illness or did not know what illness their relative had experienced, with a strong sense that a physical 'cause' was not necessarily sought.

- Several participants drew on religious beliefs and refrains to help them accept the death, while others appeared to make sense of the death, especially untimely and accidental deaths which were a profound shock, through thinking about events and interactions with the deceased in the days before the death. Middle and older generations often placed more emphasis on 'God's Will' and religious explanations, conveying a desire to make sense of the death and accept its inevitability without question.

Caring for the dead

- Practices and occasions to care for the dead were generally strongly framed by religion. The involvement of a wide range of relatives, neighbours and friends was critical to the immediate aftermath of the death, and arrangements and activities for the burial and funeral.

- Attendance at burials and cemeteries was strongly gendered among Muslims, with women and young children usually keeping away, while Catholic women participated and viewed the body alongside men.

- Funerals were regarded as important social and religious occasions that reflected the social standing of the deceased and their family. The observance of particular funeral days and scale of ceremonies also depended on relatives' and neighbours' means and customs related to ethnicity, as well as religion.

- Both Muslim and some Catholic women reported following strict codes of conduct during a widely recognised p eriod of widows' mourning, which could be experienced as quite restrictive. Both Muslim and Catholic women seemed to accept these customs and saw them as helpful in praying for the deceased and deepening their religious practice, whilst also fearing the consequences of not observing such practices.

- Amongst Muslims in particular, offerings of food or money to others were an important continuing practice for remembering and caring for the dead. For both Muslims and Catholics, prayers were central forms of caring, and religious anniversary events were also common forms of remembrance of the deceased.

Impact on the living: personalised responses

- Interviewees often used the language of it being *'hard'*, feeling '*alone'* and a sense of a '*void/ emptiness'* in their lives when describing the impact of their loss. Young people's responses were often brief. Physical effects were frequent, particularly problems with sleeping. People spoke of the particular family role their relative had played, their friendship and personal support, love and companionship.

- Dreams, a sense of the presence of the deceased, reminders, memories and photos could all be valued, but could also be a cause of fearfulness, to be avoided. Thinking often about their relative was not generally associated with fear, and many interviewees pointed to the beneficial legacy their relatives had left behind, including advice, a good upbringing, and personal characteristics and values.

- Religious beliefs formed a core framework for making sense of family deaths. Many spoke of the comfort their faith brought, and the help it provided in resigning themselves to what had happened

- The social regulation of grief was evident, particularly regarding crying, and the need to be 'strong' in the face of practical daily problems of survival. Religious ideas could form part of this social regulation of emotions, since crying too much or too loudly was met with disapproval, and an absence of acceptance of the death might be viewed as a failure to recognise God's Will or to live up to the test of faith that was involved. This could create mixed emotional responses, as people felt an obligation to stop crying, and a need to carry on living and supporting other family members, while sometimes still feeling a profound sense of loss and pain that may be difficult to acknowledge socially.

- Many interviewees emphasised the importance of the 'the family' and the need to contribute to its 'success'. Young people emphasised that they must 'succeed' in their studies and work, so that they were able to help their families.

- Some young people identified changes in their view of life and future outlook following the death: becoming more religious, more mature, strengthening their resolve to support remaining family members. In a few instances, the death of a parent led to a perceived temporary loss of motivation and direction, which could impact negatively on young people's studies and future aspirations.

Care of the living and family change

- In most cases, interviewees provided and received care and support from family members in adjusting to the death. For some families and individuals, the loss of income that the deceased had provided and changes in familial roles and relationships following the death led to financial difficulties and to problems for some children in continuing their schooling.

- Poorer households were more likely to suffer major disruptions such as migration in search of work or residential relocation to join another household, including child fosterage practices. Such movements may help to prevent extreme poverty but may also create emotional, social and practical difficulties for adults and children, which may be difficult to adjust to. 'Comfortable' and 'middling' households were less likely to have to make such major adjustments to their lives.

- Most interviewees reported that the deceased had very few heritable assets to pass on to family members or significant others; clothing and other small items, and sometimes furniture, were usually the only belongings, which were shared out between family members or given to others as offerings.

- Young people's, particularly daughters' caring and domestic responsibilities may increase following the death of a mother or older sibling, which may have detrimental impacts on their education. Young people also often provided emotional support to siblings and other 'bereaved' family members.

- The loss of material support, which was intrinsically bound up with the emotional impact of loss, could lead to feelings of fearfulness and even despair at how to face problems in life without a much loved relative.

Policy and practice implications

- The vast majority of interviewees relied on their social ties and informal networks of family, friends, neighbours and colleagues for material, practical and moral/ emotional support following the death of a relative. Some also drew on informal relationships with members of local associations, local and religious leaders and members of their faith community to access support.

- Only a tiny minority of participants mentioned receiving any support or assistance from formal government or non-governmental services and most were not aware of any support services or assistance that might be available in their locality.

- Governmental and NGO representatives expressed frustration with the very limited resources available for social protection services for 'vulnerable' children and families in need. Lack of funds, alongside a lack of co-ordination and shared understanding of the target beneficiaries, undermined their ability to 'function' and do the minimum needed in their professional roles.

- Family interviewees identified a range of predominantly material support needs following a death, focused on children's educational costs, sufficient food, assistance to find work, financial assistance and access to housing. A few young people and older generations identified a need for moral/ emotional support and some young people emphasised the need for advice, which many felt they lacked following the death of their parent.

Conclusion

- This study has revealed how the material, social and emotional dimensions of death are intrinsically interwoven, which suggests the need to be particularly attentive to relational selves, emotions and the socio-economic, cultural and religious context. Religion could be a source of great comfort and appeared to help people to accept the death, as well as being a potential source of tension.

- The research suggests the need to take account of family and community *solidarité* as crucial sources of reciprocal informal support in urban environments, while also recognising the limits of such resources. Informal mechanisms of social solidarity beyond the family and neighbours, based on ethnic, religious or community networks, women's and youth associations or civil society organisations, were particularly important for poorer families and those of minority ethnicities or religious affiliations, who often had less extensive family ties to draw on. Strengthening informal associations and networks may help to support to families in need in low-income urban neighbourhoods. Such sources of support may be increasingly important within the context of rapid urbanisation, which is perceived to coincide with a declining sense of *solidarité*.

- We hope that this research has provided in-depth insights into a particular 'family trouble' (Ribbens McCarthy et al, 2013) - the death of an adult relative - from a gendered and intergenerational perspective, which unsettles taken-for-granted assumptions, policies and practices regarding support for 'bereaved' children and families, whether in the context of Senegal, West Africa or cross-culturally.

Policy and practice recommendations

The research calls for **an ethic of care** that recognises and values the social reproductive work of care and the complex interdependencies of relational selves, alongside material-emotional responses to death and the wider religious, cultural and socio-economic context.

Our overall messages for policy and practice, confirmed through the participatory dissemination process, focus on the need to:

1. **Consider the death of a relative as a potential criterion for vulnerability when targeting cash transfers and other social protection services to poor families**

There was considerable consensus among community members and policymakers and practitioners that, alongside indicators of poverty, **vulnerability criteria should include orphaned children and youth, widows (particularly those who were in polygamous unions) and widowers with young children, as well as other female-headed households with young children**. Efforts to tackle governance issues and greater co-ordination among policymakers, practitioners and community members are needed to develop a shared understanding of the diverse circumstances of children and families who may be regarded as 'vulnerable' and in need of support.

2. **Improve access to healthcare and alleviate the costs of care for sick and dying relatives**

Many participants struggled to pay for the high costs of healthcare for sick and dying relatives, which could result in delays seeking medical treatment. **Improving access to healthcare was one of the most important priorities** for community participants and policy and practice professionals alike. In addition, p**oor communication between healthcare professionals and patients' relatives**, especially gender discriminatory attitudes, alongside people's respect for authority figures such as doctors and other educated professionals, could hinder information-sharing about diagnoses and the care patients needed and prevent access to available healthcare support. The dangers of a lack of trust and poor communication between healthcare professionals and community members have been revealed in the recent Ebola crisis (Anoko, 2015).

3. **Raise awareness of social services and assistance available to poor families, make services more accessible at local level, and improve governance issues in the allocation of resources to target groups**

The minimal government assistance that is currently available for 'vulnerable groups' through local social service centres in urban areas of Senegal and the lack of trained personnel and logistical problems, such as a lack of transport, severely undermine the capacity of social workers and those responsible for social action and support services to do their job. Although some school and university bursaries were reported to be available to orphaned young people, no interviewees had received such support or knew how to access it. Similarly, there was almost unanimous scepticism among family interviewees, focus group participants and local and religious leaders about whether any available government or NGO resources would meet the intended beneficiaries. This calls for urgent action to **build the capacity of social workers, schools, universities and other social support services to provide more inclusive and transparent social and educational support** for children, young people and families living in poverty who have experienced the death of an adult relative.

These policy and practice recommendations relate to a broader concern highlighted by the research for development agencies, policymakers and practitioners globally to recognise **the**

inter-connected nature of material, emotional, social and spiritual dimensions of the death of a relative, which may have lasting repercussions for children, young people, middle and older generations. The widespread poverty, lack of social protection and welfare services, adherence to widowhood-mourning practices and religious and moral imperatives about the need to carry on, make death **not just an emotional upheaval, but an economic, social and cultural struggle to survive and 'succeed' in life**.

Furthermore, our findings suggest that **bereaved young people experienced a temporary loss of motivation and direction** and that **religious faith may help young people to make sense of the death.** The potential impacts of bereavement, both short and longer term, during childhood and youth and any gendered differences, in addition to the factors which may build young people's resilience, warrant **further robust qualitative and quantitative longitudinal research in Senegal and elsewhere in the global South,** in line with such research in Anglophone and western European countries (Ribbens McCarthy, 2006; Akerman and Statham, 2014; Penny and Stubbs, 2015). This is of particular relevance to UNICEF, UN Women, development agencies, government departments for education, non-state actors globally, researchers and academics.

The research has demonstrated the need to develop a **family-focused approach** that goes beyond targeting individuals or households for development assistance and instead adopts a more **holistic understanding of the interdependent, reciprocal and extensive nature of family and community ties, care resources and support needs**. The involvement of a wider range of family members, neighbours, local and religious leaders and informal associations, where appropriate, when assessing and providing support to families, within a broader ethic of care, may help **to link up and enhance both the formal and informal support systems** in order to ensure that the most marginalised children and families do not fall through the gaps.

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