

CARINGSCAPES, RESPONSES TO DEATH AND FAMILY RELATIONS IN URBAN SENEGAL



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DEATH IN THE FAMILY IN URBAN SENEGAL

RESEARCH PROJECT

- Aim to investigate material and emotional significance of an adult relative's death in diverse sample of families of varying socio-economic status and ethnicities in two cities in Senegal
- In-depth interviews with 59 'bereaved' family members from 30 families, incl. 9 children (12-17yrs) and 19 youth (18-30)
- Key informant interviews: 20 local and religious leaders and professionals
- 4 focus groups , observations
- Dissemination and discussion visit to Senegal, November 2015
- Final report to be published in January 2016.



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FRAMINGS

FRAMINGS: ETHIC OF CARE

- Feminist ethic of care emphasises relationality and fundamental human issues of interdependence, vulnerability and potential for suffering (Tronto, 1993; Ribbens McCarthy, 2012)
- Embodied nature of caring relations and practices that vary according to different socio-spatial and temporal contexts (Bondi, 2008; Evans and Thomas, 2009)
- Feminist understandings of relationship between 'researcher' and 'researched', reflexivity and emotionality of research process.



FRAMINGS: CARESCAPES & CARINGSCAPES

Involve a focus on:

- Resources for care and their temporal and spatial accessibility (*Carescapes*)
- Social patterning of caring practices and trajectories across time-space (*Caringscapes*)
 - Multiple temporalities (life course, work career paths, daily routines of people and institutions) and spatialities (scales, connectivities, mobilities)
 - Socio-cultural norms of care, obligation and reciprocity
 - Feelings, subjective positions and emotional dynamics of care
 - Unequal power relations and how practices are shaped by the distribution of resources in time-space (McKie et al, 2002; Bowlby, 2012).

FRAMINGS: CHILDREN, YOUTH & FAMILIES IN SUB-SAHARAN AFRICA

- African concepts of childhood and youth: reciprocal rights and responsibilities to families and communities (Evans, 2010)
- Implicit 'intergenerational contract' between younger and older generations, in context of very limited formal support (Laird, 2005; Van Blerk and Ansell, 2007)
- Youthful population: half of the population are aged under 18 in Senegal (UNICEF, 2014)
- Multi-locality of livelihoods and diversity and fluidity of household structures (Bass and Sow, 2006)
- Majority of households have extended family structure in Senegal, average of 7 people in urban areas (ANSD, 2014)

FRAMINGS: DEATH & BEREAVEMENT STUDIES

- Bereavement, like religion, often compartmentalised in designated spaces and times, but is ongoing and pervades everyday life (Maddrell, 2009)
- Much of death and bereavement studies to date rooted in medicalised and individualised frameworks developed in global North, little work addressing material, social and emotional responses to death in Africa
- 'Continuing bonds' between the living and the dead shaped by relationships in life, nature of death & social factors (Klass et al, 1996; Klass, 1999; Howarth, 2007)
- 'Responses to death' rather than 'bereavement' (Klass, 1999) - moving away from dominant discourse of individualised journey of 'grieving'
- In Africa, policy and research focus on orphaned children in context of HIV; cash transfers to 'vulnerable groups' and development of social protection systems (UNICEF, 2009)

CONTEXT AND LOCALITIES

SENEGAL: DYNAMIC URBAN CONTEXT

- 48% of population live in urban areas (ANSD, 2013)
- Over 3 million people, over half of all urban residents, now live in Dakar (ANSD 2013)
- Kaolack, major but smaller city (339,000) in the groundnut growing area, attracts internal migrants
- Complex social milieu, triple heritage of African, Islamic and French colonial influences
- 94% of population are Muslim, 4% Christian; majority of population married in monogamous unions, 29% in polygamous unions in urban areas (ANSD, 2014)
- Life expectancy of 67 yrs in urban areas; mortality rate of 6% in urban areas, but very low levels of registration of deaths.



RESEARCH LOCALITIES

- Ethnically diverse populations of urban residents, most work in the informal sector
- 1 central and 1 peripheral neighbourhood in each city
- Geographical and economic 'marginality' of peripheral neighbourhoods: pervasive poverty, poor basic infrastructure and sanitation, susceptibility to flooding, very limited formal welfare support or services
- Large households, fluid composition (9 with up to 5 people, 20 with 6-20 people, 3 with 21 or more)
- 'Family' (incl. neighbours) and associated moral values crucial to survival and life chances



Relatively good quality housing,
Guédiawaye



Average housing, Touba
Extension

FINDINGS

NB. Preliminary findings. Please do not cite without authors' permission.

TIME-SPACE PRACTICES OF CARE FOR SICK, ELDERLY & DYING RELATIVES

- Diverse kin and in-law relationships with deceased (15 had lost a husband, 15 had lost a mother, 10 a father)
- Practical and financial responsibilities to care for relatives reflected dominant gender and generational roles and responsibilities
- Costs of medical treatment could tip families into poverty
- Difficult communication with, and gender discriminatory attitudes among, some healthcare professionals
- Older people reported to have sense they were going to die and were prepared for their death: *"Maybe she had 'death sickness'"* (Samba, woman aged 51, whose grandmother had died in her 90s)
- Shock and fear at death of younger relatives or those who were killed in an assault or accident

TIME-SPACE PRACTICES OF CARE AFTER DEATH

- **Importance of religion, time and space to embodied practices** of caring for the dead:
 - Preparation of the body, burial and funeral (on day of burial, 3rd, 8th and/or 40th day after death): timing differs according to religion, as well as poverty/wealth.
 - Among Muslims, fear of dead body and segregation of women and children aged under 10 from seeing the body, burial and going to cemeteries
 - Less marked gender and age differences among Catholics: women, children & men attend burial/ funeral, organised for when relatives can come, women regularly visited cemeteries
 - Spatial significance of burial sites for some and long journeys for burial, eg. burial in Touba (Holy city for Murid brotherhood)
 - Gendered mourning practices for widows: separation from everyday behaviours, special clothing, bathing and prayers, religious & sometimes ethnic differences

TIME-SPACE PRACTICES OF CARE AFTER DEATH

- **Co-presence and *solidarité*** at home of family members during funeral and after the death
- **Prayers (mutual caring) and offerings (remembrance):** preparation of dishes enjoyed by deceased given to others at significant times

“During the month of Ramadan, each day I prepare ndogou and I give that to elderly people because my husband died during the month of Ramadan [...] I give rice, coffee, bread, dates; even ice-cream; I give that. (Athia, 52 year old widow of deceased husband, Touba)

- **Religious ceremonies** (1 yr anniversary) e.g: reading the Koran, if can afford it
- **Thinking about the deceased and feeling their absence** – places, dreams, activities, objects, esp. clothing, photos

EMOTIONS AND SUBJECTIVE POSITIONS OF FAMILY MEMBERS

- ‘...emotions cannot be understood outside of the cultures that produce them’ (Scheper-Hughes, 1992)
- “*You know, the Senegalese are afraid of death*” (Seynabou, aged 29, brother died 15 days previously)
- Third of middle & older generations drew on **religious understandings** as explanation for death, only a few younger people gave this as explanation:
“It’s He [God] who took him. I can do nothing. There’s a moment when you hold back; you pray for his soul and appeal to Him”. (Safietou, 50 year old mother whose son died aged 23, Guédiawaye)

‘Explanation’ of death	
Description of illness symptoms	26
Medical term used eg brain tumour, diabetes, hypertension, cancer	24
Religious explanation: ‘God’s will’	18
Accident or assault	6

EMOTIONS AND SUBJECTIVE POSITIONS OF FAMILY MEMBERS

- **Powerful brevity of family members' responses:** *'It's hard', 'feeling alone', feeling 'a void/ emptiness' (une vide), needing 'advice', being 'tired'*
"It's very hard, I almost went mad", (Nogaye, 46 year old widow, husband died a year previously)
"I felt really alone. Even at the time that you're talking you feel that there's a complete void there", (N'diogou, aged 22, mother died 5 months previously)
- **Absent presence of deceased:** loss of particular role, shared activities, friendship, companionship, particular personality, **advice + support:**
"When he received [money], he gave [us] all the money, and I managed the house... I often think of him... I cry each time I have problems.... I think of my eldest daughter's schooling and the rent. I'm responsible for all that and I can't afford it". (Simone, 39 year old widow, husband died ten months previously)
- **Embodied manifestations of emotional responses** eg. sleeping problems, very tired, becoming thin, sick
- **Thinking about deceased and legacy** they left behind

EMOTIONS AND SUBJECTIVE POSITIONS OF FAMILY MEMBERS

- **Management of emotions** for self and others (eg. children):

"I also encourage my children, especially my eldest, because crying and beating yourself up doesn't do any good. [Her mother] had gone, so all she could do was to pray for her soul to rest in peace". (N'diougá, 63 year old widower, wife died a year previously)

*"It was very hard but I stayed strong because there's no sense in keeping on crying".
(Mame Cor, 16 year old son of deceased, Touba)*

- **Comfort in religious beliefs**, helped to accept the death:

"I thank the good Lord because it was Him that gave me my mother. Now that he needs her, there's nothing I can do" (Saer, young Muslim man aged 22, mother died 4 months previously)

- **Religious ideas** formed part of social regulation of emotions:

"You shouldn't exaggerate because everything has a limit...religion doesn't tolerate a person crying for so long [during the funeral period]... Of course religion allows us to cry but if you persist, it's like calling into question Divine will". (Head of district, Guédiawaye)

- **Strong obligation to stop crying** after first few days/ weeks and need to carry on surviving and living.

CARE OF THE LIVING AND FAMILY CHANGE

- **Impact on household finances** - loss of income, esp. if deceased was head of household/main income earner (10 households)
One young woman whose father had died 8 months ago said a father and head of household protects the household and the impact of his death on the family is *"like a big baobab tree that been uprooted"* (FG, Guédiawaye)
- In some 'poor' and 'middling' households, difficulties paying for children's schooling, young people needed to work
- **Inheritance and sharing out of deceased's belongings** – usually led by male relatives, sometimes following guidance of imam according to Islamic law among Muslims, common law among Catholics
- Very few heritable assets (clothing, small items, furniture only belongings); 1/5th inherited small sum of money, 4 inherited a house
- Importance of inheritance and ownership of housing for widows and divorced women heading households

CARE OF THE LIVING AND FAMILY CHANGE

- **Reconfiguration of familial roles and generational hierarchies:** changes in household head and *kilifa*, missing advice and guidance of parent, spouse as *confidante*, remarriage (esp. for men)
- **New caring routines and responsibilities for young people, esp. girls:**
"My sister-in-law was here at home; when my brother died, she went back to hers [...] [now] I go to the market, I prepare meals; I do the housework".
(Hawa, 16 year old sister of deceased, Touba)
- **Significance of sibling relationships throughout lifecourse**
- **Migration/ residential mobility** to live with other family members, sometimes separation of young children from parents or siblings

CARE OF THE LIVING AND FAMILY CHANGE

- **Continuing caring routines and family practices** in the same way as before the death
- **Importance of contributing to the ongoing 'success' of the family** and necessity of family survival, esp. among young people:
"What's most important for my future is to continue my studies [...] To succeed because I really want to help my mother". (N'della, 19 year old daughter of deceased, Touba)
- **Changed imagined futures** for young people – more religious, aware of mortality, desire to behave morally in future, fulfil role in intergenerational contract:
"My father helped the people who depended on him so as he's no longer here, as his son, I'd like to take his place to help the people he helped"
(Cherif, aged 26).

CARESCAPES

- Tiny minority reported receiving any **formal support** from government, NGOs, schools or employers and not aware of any available support
- Frustration with **very limited resources** available for social protection services for 'vulnerable' children and families in need
- **Lack of co-ordination** or shared understanding of target beneficiaries undermined professionals' roles
- **Socio-cultural norms** may prevent people from seeking available support
- **Significance of informal support from relatives, neighbours and friends** following the death: condolence money, moral/ emotional support, ongoing material support, practical assistance
- Some **informal support from local associations**, religious and local leaders
- **Perceived needs:** children's educational costs, food, employment, housing, moral/ emotional support, advice, housing

CONCLUDING POINTS

- Importance of time-space dimensions of care and embodiment in understanding caringscapes after death, within wider context of very limited formal resources to support families and communities (carescape)
- Material and emotional significance of death interwoven - implications for how we theorise care and responses to death cross-culturally
- Crucial importance of 'the family', *solidarité* and informal support networks in urban neighbourhoods
- Religion source of comfort, acceptance of death, as well as tension in containing tears and more extreme responses to the death
- Living feel connected to the dead through prayers and offerings for the dead and by the dead for the living
- Gap between family members' experiences and policy rhetoric about social protection calls into question extent to which little available assistance reaches intended beneficiaries
- Need for an ethic of care that recognises complex interdependence of relational selves, religion and material-emotional responses to death in urban African as well as cross-cultural contexts.



FURTHER INFORMATION

- For updates, see:
[blogs.reading.ac.uk/
deathinthefamilyinsenegal](https://blogs.reading.ac.uk/deathinthefamilyinsenegal)