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Research Report 1
February 2016

Responses to Death, Care and Family Relations in Urban Senegal



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HUMAN GEOGRAPHY RESEARCH CLUSTER REPORTS

Human Geography Research Cluster Reports, University of Reading are intended to present our research results to as wide an audience as possible and may contain preliminary research findings or highlight results of relevance to policy and practice.

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Executive Summary

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.
- Urban Senegal provides a complex social milieu where religious and cultural practices and processes of urbanisation shape family life and responses to death (Evans, 2015a). 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) with 29 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 period 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 recommendations¹

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, **poor 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

¹ See Section 11: Conclusion for further discussion of the policy and practice recommendations in relation to development and social policy and practice.

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 the 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.

1. 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. Recent literature has analysed asset inheritance and the intergenerational transmission of poverty (Cooper and Bird, 2012; Cooper, 2012; Evans, 2015a & b) and there has been considerable policy interest in cash transfers to 'vulnerable groups' and the development of social protection systems in Africa in recent years (UNICEF, 2009; Hutton et al, 2014). Yet few studies to date have explored the *material, social* and *emotional* dimensions of the death of a relative in Africa (Hewlett, 2005).

This study 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 Pulaar and Serer: Bass and Sow, 2006) in two cities. This was achieved through addressing the following objectives:

1. To explore the significance of the death of a spouse, parent, adult sibling or other relative on the identities, time-space practices of care, relationships and responsibilities of different family members and how they negotiate these changes. Young people's experiences of a close family death and intergenerational dynamics were a particular focus of attention.
2. To investigate how continuing bonds with the deceased are expressed through material and emotional means across different temporal and spatial contexts. This may include mourning rituals, remarriage practices, child fosterage practices, memories of the deceased, inheritance practices and the fulfilment of the deceased's wishes and re-imagining of the future.
3. To analyse the ways that practices of care among the living following bereavement and continuing bonds with the deceased are embedded in gendered, inter- and intra-generational relations, ethnicity, religion, socio-economic status, and place-based differences.
4. To identify the policy and practice implications in order to enhance support networks and improve the social protection and care of bereaved young people and other family members in urban Senegal and other African contexts.

2. Research context

In the global South, the death of a spouse, parent, sibling or other relative may have a range of significant practical, economic and emotional impacts on people's lives, resulting in mourning and grief, intergenerational transfers of wealth, changing caring responsibilities, livelihoods and migration decisions or increased poverty. Many death and bereavement studies conducted to date are rooted in medicalised and individualised frameworks developed in the global North and there are very few studies of the social aspects of death and bereavement in Africa. In this section we highlight recent literature on responses to death, widowhood, orphanhood and care which are relevant to our research, followed by an overview of the research context in urban Senegal.

2.1 Responses to death and care

In the global North, bereavement, like religion, is often compartmentalised in designated spaces and times, but like faith, is ongoing and pervades everyday life (Maddrell, 2009). Societies may regulate grief through the 'policing' activities of community, family and religion (Walter, 2000). Recent geographical work on religion has focused on the intimate space of the body and the ways bodily performances, for example in prayer, ritual, dress and so on, are shaped by different sets of formal or informal rules, norms and expectations (Gökariksel, 2009; Holloway and Valins, 2002). Mills and Gökariksel (2014) argue that research in Muslim-majority societies can destabilize normative and homogenizing understandings of Islam and of Muslims. Indeed, Wikan's (1988) comparative research in Muslim communities in Egypt and Bali suggests that culture shapes and organises responses to loss more than religion.

Recent studies have called for more attention to be paid to the material dimensions of death and absence, and for explorations of the relationships between space/place and death, bereavement and mourning (Hockey et al., 2010; Maddrell and Sidaway, 2010). Key spaces pertinent to understandings of death and mourning include: the cemetery, the site of death, the body (both of the living and the dying or dead person), the domestic space of the home, and other everyday spaces which may bring back memories or a sense of loss for bereaved people, or which were associated with the deceased's identity (Maddrell and Sidaway, 2010).

Despite increasing recognition of the socio-cultural contexts, norms and values that surround connections between the living and the dead (Howarth, 2007), the majority of death studies focus almost exclusively on the global North. While some of this work has explored individual everyday narratives of 'bereavement' (Valentine, 2008), few studies have explored the everyday significance of death within the familial and social context. Research has been heavily driven by a focus on psychological processes of what may be understood to be 'normal grief', and how to determine when professional psychotherapeutic interventions may be appropriate. In these debates, theoretical approaches have moved away from notions of 'stages of grief', and towards ideas of 'continuing bonds' (Klass et al, 1996), 'meaning-making' (Neimeyer, 2001), and the 'dual process model' (Stroebe and Schut, 1999) (see Rothaupt and Becker, 2007 and Hall, 2014). In studying death in Senegalese families, we have sought to step outside such theorising and related concepts based in the global North, and have drawn instead on Klass's notion (1999) of 'responses to death', in order to move away from the dominant western discourse of the experience of the death as an individualised journey of 'grieving' (Rosenblatt and Bowman, 2013).

Early anthropological work highlighted the 'liminal' (van Gennep [1909] cited in Hockey et al., 2010) nature of the mourning period and ritual practices that widows in African contexts may be expected to follow in order to assume new identities as 'widowed'. Thomas' (2013 [1968]) essays on death in Africa reflect a classical anthropological focus on mortuary rites and cultural practices associated with particular ethnic groups, including the Diola in Senegal. Anthropologists have pointed to the gendered nature of emotion work, including love and grief,

which is often relegated to women (Scheper-Hughes, 2004). Women are commonly assigned to prolonged and ritualised grieving through mourning customs (Scheper-Hughes, 2004). Indeed, the available literature on social aspects of death in Africa tends to focus on widowhood mourning rituals and practices (Potash, 1986; Olasinde, 2012) which some authors regard as helpful in promoting healing and coping (Elegbeleye and Oyedeji, 2003; Nwoye, 2005; Ndiaye, 2012), while others point to the hardships of purification rituals and the discrimination women face (Ewelukwa, 2002; Makatu et al, 2008). Valentine (2006) highlights the need to move beyond the 'conceptual and disciplinary split in which the grief of modern Westerners has been psychologised and medicalised, while the mourning or ritual behaviour of pre-modern and non-Western others has been exoticised and romanticised' (p.57).

Understandings of death and funeral practices in diverse contemporary African societies have risen up the policy agenda in the wake of the recent Ebola crisis. In many contemporary African societies, funerals and commemorations of deaths are the largest and most expensive cultural events, underpinned often by a quest for family prestige and status (Jindra and Noret, 2011). Nevertheless, extravagance may be accompanied by potential conflicts between competing social commitments. Studies of urban funerals in Africa have been rather neglected to date, yet they may provide a window onto the extensive socio-cultural changes that have occurred in political economy, religion and education in recent decades. In Kinshasa, for example, groups of young men in the neighbourhood regularly take control of funerals and contest the role of elders, revealing 'the profound crisis of intergenerational transmission and existing structures of family and kinship' (de Boeck, 2012, p.248).

A decline in the fear surrounding death, related to notions of contagion, has been noted in many African countries in recent decades, linked to the influence of Christianity and Islam (Jindra and Noret, 2011). In southern Ghana, a 'good death' is identified as the death being peaceful, 'natural' after a long life, it preferably takes place at home and is accepted by relatives (van der Geest, 2004). Ndiaye (2009) suggests that the Wolof in Senegal do not subscribe to a notion of a 'good death', accepting the inevitability of death, but a death which occurs abroad is most feared and is regarded as a 'bad death'. Similarly, among the Serer in Senegal, a death can only be accepted when it takes place in the community, near relatives, and deaths occurring outside the family context are considered a 'bad death' (ibid).

Development research in Africa has focused primarily on death as a 'household shock' with material consequences, especially for widows and orphaned children (Dornan, 2010, Crivello and Chuta, 2012). Attention has focused on changing patterns of care and orphanhood in the context of the HIV epidemic in eastern and southern Africa (Cluver et al., 2007; Demmer, 2007; Evans and Becker, 2009) or on the policy and legal frameworks of asset inheritance (Cooper, 2012; Cooper and Bird, 2012). While Evans' (2012a & b; 2014; 2015a & b) previous research in East Africa and Senegal examines the relationship between widows' and orphaned young people's asset inheritance and their physical and emotional wellbeing, very few studies have explored the *material, social and emotional dimensions* of loss in Africa, which this study has sought to address.

In European and North American contexts, growing attention has been paid to 'childhood bereavement' in both research and practice. In the UK, the Childhood Bereavement Network was established in 2001 to help co-ordinate the growing but disparate services and support for 'bereaved children' (Penny, 2010), and the evidence base that identifies the possible 'outcomes' for children of experiencing significant bereavements in their lives has grown (Ribbens McCarthy, 2006; Akerman and Statham, 2014). These debates have, however, been very heavily focused on children living in the global North².

² In the UK context and in the literature on childhood bereavement, the term 'orphan' is rarely used and is often seen as outdated and implying a lack of support. Children whose parent(s) has/have died are usually

In a similar vein, yet drawing on different literature, the implications of parental death on outcomes for orphaned children in Africa have been debated. Assumptions about the vulnerability of orphaned children³ compared to non-orphaned children have been increasingly questioned (Meintjes and Giese, 2006). In Ethiopia, poverty and caring relations within households are often more significant factors influencing children's wellbeing than orphanhood *per se* (Crivello and Chuta, 2012; Himaz, 2013). Orphanhood needs to be understood within the context of widespread child fosterage and informal kinship care practices in Sub-Saharan Africa; an estimated 15.8% of children in West and Central Africa do not live with their biological parents (Save the Children, 2013; Beck et al, 2015). Such practices are regarded as a traditional coping mechanism which can help to care for and protect children facing adversity, while development agencies also recognise the risks of violence, abuse and exploitation for children living with relatives (Save the Children, 2013). Rather than focusing only on children's experiences of parental death, this study explored both adults' and young people's responses to the death of a range of significant adult relatives. Families were selected to reflect a range of kinship relations and socio-economic backgrounds in differing neighbourhoods, enabling us to explore varying levels of vulnerability to poverty.

Our theoretical and methodological approach was underpinned by a feminist ethic of care which highlights the relational, often gendered, nature of care⁴, and foregrounds fundamental human issues of interdependence, vulnerability and the potential for suffering (Tronto, 1993; Ribbens McCarthy, 2012a; Bowlby, 2012). Evans' (2014) research in rural and urban Senegal suggests that a death in the family often represents a 'vital conjuncture' (Johnson-Hanks, 2002) that may potentially reconfigure meanings and familial roles and responsibilities for income earning, domestic and unpaid care work within the household. Our research sought to examine how the death of a family member may reconfigure present care of the living and continuing bonds with the deceased and imagined futures. Recent sociological literature has theorised the relationships between the living and death in terms of 'continuing bonds' which are shaped by relationships in life, by the nature of the death itself and by other social factors such as economic status, ethnicity, religion, age, gender and sexuality among others (Klass et al, 1996; Klass, 1999; Howarth, 2007). Relational bonds of care after death can retain a material dimension, as well as being deeply felt in the bodies of the living (Ribbens McCarthy and Prokhovnik, 2014).

In this study, we draw on these conceptual approaches to responses to death, care and continuing bonds in order to analyse the material, social and emotional dimensions of the death of an adult relative in urban Senegal. We aim to explore whether and how such theoretical and empirical insights about bereavement and care gained in the global North operate in the very different socio-cultural and economic context of Senegal. We also seek to consider whether and how new insights into family responses to death in the global South may shed new light, or raise new questions, concerning experiences of death in the global North.

referred to as 'bereaved children', 'children bereaved of a parent' or 'parentally bereaved'. The broader term 'bereaved children' can potentially include a wider range of significant others who have died, but in practice, UK local authority support is often targeted towards children bereaved of a parent or a sibling, although exceptions are sometimes made in the case of other deceased relatives, particularly if they were the child's main carer/ guardian (personal communication with Alison Penny, Childhood Bereavement Network, 19/1/16).

³ Orphaned children are defined by the United Nations as children who have lost one or both parents (UNAIDS, 2012)

⁴ We have found it difficult to convey in French the multiple meanings and flexible use of the English word 'care', which Francophone academics have also noted, often retaining the English word 'care' in their discussions (Garrau and Le Goff, 2010). In this report and in interviews, we have used a range of verbs and nouns depending on the context, including: *prendre en charge* (take responsibility for), *s'occuper* (look after), *soigner, soin* (although this usually implies medical/ nursing care) and *assumer des responsabilités familiales* (take on familial responsibilities).

Urban Senegal is a particularly appropriate location in which to explore responses to death, care and family relations, since it provides a complex social milieu where religious and cultural practices and processes of urbanisation shape family life. In the next section, we give an overview of population dynamics, household structures and mortality rates in urban Senegal and where possible, in Dakar and Kaolack, our study locations, in addition to discussing available literature on death and inheritance in Senegal. The statistical information is based primarily on the most recent national census data or other national surveys with the 'head of household' or another household member deemed capable of responding to the questions (ANSD, 2014). As we discuss in Section 4, our research has revealed the complex, diverse and fluid nature of 'families' and 'households' in Senegal (Bass and Sow, 2006). We recognise that understandings of 'family' are culturally variable and highly contested. Families in African societies are characterized by considerable diversity, but Oheneba-Sakyi and Takyi (2006) argue that most share common themes, such as an emphasis on the extended family, multiple marriage forms, high levels of childbearing, differentiated gender roles and strong intergenerational ties. According to the authors, 'family' can thus be defined as 'a dynamic social institution with members coming and going', rather than defined primarily by 'biological ties that household members may have with each other' (ibid, p.2). A household can be defined as having members who do not necessarily reside in it, but to which they contribute economically and socially, and more than one household may therefore claim an individual as a member (Bass and Sow, 2006, p.90). Furthermore, the majority of the population in Senegal do not officially register deaths, although figures are higher in urban areas. There is also poor reporting of the age of the deceased and whether a death occurred in the preceding 12 months (ANSD, 2014). The robustness of statistical information about households and estimated mortality rates should therefore be treated with caution.

2.2 Life and death in urban Senegal

The proportion of the population of Senegal living in urban areas increased significantly from the 1970s onwards (from 34 % in 1976 to 41 % in 2002), with a rapid increase in the last decade (up to 45 % in 2013) (ANSD, 2014). In common with many African countries, the population of Senegal is very youthful. The majority of the urban population (57.3 %) are children and youth aged under 25 years, with only a very small proportion (4.4 %) of the urban population aged over 65 years (ANSD, 2014). While the incidence and intensity of poverty is greatest in rural Senegal (MEFP et al., 2014), ongoing economic pressures and processes of urbanisation, the recent food, fuel and financial crisis, high levels of migration, combined with the large, diverse nature of households, means that increasing pressures are placed on families living in urban areas. Overall life expectancy in Senegal was 65 years in 2013, with higher life expectancy in urban areas (67 years) compared to rural areas (63 years) (ANSD, 2014). Dakar region has the highest life expectancy (70 years), while Kaolack region reflects the national average of 65 years.

Almost a quarter [23 %] of the population of Senegal live in Dakar, the capital city, where over 3 million people or half of all urban residents lived in 2013 (ANSD, 2014). The city is projected to grow at a rate of 4.45 per cent in the decade 2010–2020 –that is, by more than 100,000 inhabitants annually – in common with other major West African cities (UN-Habitat 2014). Kaolack is a major, but much smaller city, with a population of 338,760 (ANSD, 2014) located in the groundnut producing region. In common with the other major urban centres outside Dakar (Thiès and Saint Louis), Kaolack is located in western Senegal which is more densely populated and more urbanised and industrialised than the rest of the country (ANSD, 2014).

The majority of children in Senegal are at risk of one or more indicators of multiple deprivation and the majority experience at least two deprivations simultaneously (MEFP et al., 2014). Chronic poverty affects 27 % of households in Dakar and 37 % of households in other cities (Fall et al., 2011). In urban areas, the highest risks of deprivation for children aged under 5 years are in the areas of housing, healthcare and nutrition; for 5-14 year olds, they concern housing, food insecurity, education and sanitation (inadequate toilets); while for 15-17 year olds, they focus on

healthcare, exposure to violence and crime, access to safe drinking water and sanitation (ibid). Although evidence of differences in socio-economic status according to ethnicity in Senegal is mixed in the MEFP et al. (2014) study, Fall et al. (2011) suggest ethnicity may be a significant risk factor: those of Hal Pulaaren and Serer ethnicity have an 83 % greater risk of chronic poverty while those of Diola ethnicity have an 80 % greater risk compared to those of Wolof ethnicity, the largest ethnic group in Senegal.

The majority of the population do not officially register deaths, but according to the census report, 61 % of urban residents do register deaths, while 32 % do not (ANSD, 2014). Dakar region has the highest rate of registration (83 %), while only 27 % of deaths are officially registered in Kaolack region (ANSD, 2014). The overall mortality rate in Senegal is estimated to be 8 %, with lower mortality in urban areas (6 %) compared to rural areas (9 %). The gross mortality rate for Dakar region is considerably lower (5.2 %) than for Kaolack (7.6 %) and other regions in Senegal (ANSD, 2014). Apart from the higher risk of infant and child mortality, the mortality rate increases steadily with age from 1 % in the 10-14 age group to 12.5 % in the 55-59 age group, 18.2 % in the 60-64 age group, 30 % in the 65-69 age group and 48.3 % in the 70-74 age group. It increases approximately 1.5-fold with each successive five year age group (ANSD, 2014).

Overall, 7 % of children aged under 18 in Senegal are defined as 'orphaned children'⁵ (one or both parents have died), with a slightly higher proportion living in urban areas (7.8 %) compared to rural areas (6.6 %) (ANSD, 2013a). Less than one per cent of children (0.4 %) have lost both parents. The 15-17 year age group are most affected by orphanhood (19.1 %), followed by the 10-14 year age group (10.9 %) (ANSD, 2013a). In Senegal, orphaned young people (aged 10-14) appear slightly less likely (90 %) to attend school than non-orphans (94 %) (UNAIDS, 2012). In 2006, 12.5 % of Senegalese children aged under 18 were sent to live with a host family as part of child fosterage practices (which are usually unrelated to parental death), for relatively short periods or more permanently and almost a third (32 %) of households either sent or received foster children (Beck et al, 2015).

Family relations, marriage, mourning and inheritance practices in Senegal are underpinned by the 'triple heritage' of African, Islamic and colonial influences (Bass and Sow, 2006). Although the majority of the population practise Sufi Islam, Senegal is a secular state. The vast majority of the population (94 per cent) are Muslim, while a minority are Christian (4 per cent) and animists and other religions (2 per cent) (ANSD, 2013b). The majority of the population in Senegal are married in monogamous unions, but over a third of married people live in polygamous unions (ANSD, 2014). Dakar has a lower level of polygamy (26.4 %) than the national average (35.2 %), which ANSD (2014, p.283) comments is due to 'socio-economic constraints'. In contrast, Kaolack is one of eight regions (which includes rural and urban areas) which has a higher level of polygamy (41.5 %) than the national average (ANSD, 2014).

The majority of households in Senegal are characterised by an extended family structure⁶, although a lower proportion of extended family households are found in urban areas (59.7 % compared to 70.2 % in rural areas) (ANSD, 2014). Urban households are slightly smaller than in rural areas, composed of seven people on average, compared to ten people in rural areas (ANSD, 2014). Households are nevertheless comparatively large in urban Senegal compared to

⁵ This compares to an estimated 3.5 % of young people (aged 5-16) in the UK who have been bereaved of a parent or sibling at some point in their childhood (Penny and Stubbs, 2015). Both the UK and Senegal figures given here should be treated with caution, given concerns about the lack of firm statistics of children bereaved of a parent elsewhere. This has been a cause for concern for researchers and service providers in the UK for many years (Ribbens McCarthy, 2006, Penny, 2015, private correspondence). The [Childhood Bereavement Network](#) (2015) has used census data on household and family composition and combined this with mortality statistics to estimate the number of children affected in the UK, but this is based on many assumptions, and is not as robust as needed.

⁶ An extended family household is defined as comprising a nuclear family and other people who may or may not have kinship ties to the head of household (ANSD, 2014, p.306).

elsewhere in West and Central Africa, where on average between 4.5 and 6 people live in urban households (Jacquemin, 2010). Over a quarter of children (25.8 %) aged under 18 in 2012 lived with their mother but not their father and of these, only a small proportion (3.4 %) had lost their father (ANSD, 2013a).

Nationally, a higher proportion of women are recorded as widows (8.2 % of women already married) than the number of widowers (1.1 % of men already married) (ANSD, 2014). This disparity appears to be linked to the larger numbers of women affected by polygamy, in addition to social expectations of men of all ages to remarry within a shorter time period compared to widows and hence they are not reported as widowers (*ibid*). Approximately twice as many widows head households in Dakar (15.3 %) and other urban areas (16.7 %) compared to rural areas (8 %) (ANSD, 2013b).

Islamic and Christian practices regarding burial, funeral, mourning and inheritance have mingled with indigenous cultural practices (Sow, 2003). The scarce literature available on death in Senegal highlights the social importance of funeral and widowhood practices among the Wolof (Ndiaye, 2009), the Serer (Faye, 1997) and the Diola (Thomas, 2013 [1968]). Despite their restrictive and potentially coercive nature, Ndiaye (2012) suggests that widowhood practices among the Muslim Wolof can be regarded as an individual and collective form of healing that renders harmless the negative forces attached to death.

Customary and religious marriage and inheritance practices, some of which are accommodated in the plural legal framework in Senegal, may perpetuate hierarchies of gender, marital status, sibling birth order, caste and ethnicity (Bass and Sow, 2006). The contradictions of legal pluralism are revealed in national laws relating to polygamy and succession (*ibid*; Evans, 2015a). The Constitution (2001) provides many formal rights for women, including equality with men before the law and the right for women to control their own property. Yet the Family Code, originally passed in 1973, requires men to choose between monogamy, polygamy with two, or polygamy with more than two wives, with a default rule whereby the marriage is considered polygamous if a husband fails to make a choice (Scales-Trent 2010; Sow 2003), which is usually the case in marriage ceremonies conducted at the mosque. The Family Code also includes the option for Muslims to follow Islamic law regarding the division of inherited assets, while common law (which applies by default to Catholics and any other heirs who do not opt for Islamic law) provides for the spouse and his/her male and female children to inherit equal shares of the inheritance. According to Islamic law, in the case of a death of a household head, Muslim daughters are entitled to only half of the estate that their brothers receive, and widows are entitled to only one-eighth of their husband's estate. Other family members are also entitled to shares of the inheritance.

2.3 Concluding points

This section has identified responses to death, a feminist ethic of care and continuing bonds as the key academic concepts that have informed the development of this study. We also provided an overview of the research context in urban Senegal, with a particular focus on the cities of Dakar and Kaolack, where the research was conducted. The analysis reveals the need for greater understanding of how the process of urbanisation affects responses to death, funeral, mourning and inheritance practices and family relations in Senegal. The next section summarises the research methodology adopted.

3. Research methodology

Given the sensitivity of the topic, a qualitative methodology was considered most appropriate to gain an in-depth understanding of the experiences of different family members who have lost a significant other. The qualitative methodology is informed by an ethic of care (Tronto, 1993) and feminist understandings of the relationship between the 'researcher' and the 'researched' and the need for critical reflexivity that recognises the complex power relations that shape research (Scheyvens and Leslie, 2000). This approach prioritises listening to the voices of participants, although we recognise the complexity of this (Mauthner and Doucet, 2008), particularly in cross-cultural work. The feminist ethic of care perspective we adopted views care as an ongoing process that involves 'taking the concerns and needs of the other as the basis for action' (Tronto, 1993, p.105). This perspective highlights the interdependence and interconnectedness of human relations, responsibilities and practices of care and hence can be understood as an ethical foundation for social theory and research (Blazek et al, 2015). This approach guided the care with which we sought to engage with participants and understand their experiences, including engaging in dialogue with participants about our initial interpretations and actively involving them in the prioritisation of policy and practice recommendations (Evans, 2016).

A semi-structured interview guide was used as a guide rather than a formal questionnaire, thus, not all specific questions were necessarily asked of everyone⁷. Most interviews were conducted in French by Joséphine (of Burkinabé/ Belgian nationality) and Fatou (Senegalese) who translated from French into and from Wolof. Ruth and Joséphine also conducted some interviews with national stakeholders and a small number of local key informants and family interviewees directly in French and Fatou conducted a small number of interviews with family members directly in Wolof (see Evans et al, forthcoming for discussion of language and reflexivity). In all but one case, two members of each family, of different generations and genders where possible, were interviewed to provide insight into the experiences of differently positioned individuals and intergenerational dynamics within households. We prioritised children and young people where possible. Interviewing two members of each family provides for a more complex understanding, but also raises issues of interpretation, such as whether related accounts appear to corroborate or contradict each other (Ribbens McCarthy et al, 2003).

We also conducted four focus groups (one in each locality) with women and young people recruited through women's and youth associations to explore perceptions of the neighbourhood, cultural and religious practices, and norms surrounding death, mourning and grief. See Table 3.1 for a breakdown of focus group participants' biographical characteristics.

The research conforms to the ethical protocols of the Association of Social Anthropologists of the UK and the Commonwealth and the British Sociological Association. Ethical approval was granted by the University of Reading Research Ethics Committee in 2014. Rights to informed consent, anonymity, confidentiality, safety and security of the participants and researchers, data protection and dissemination, are of paramount importance throughout the research process. In line with current social research practice, a small financial payment was offered to all family members and community members participating in interviews to compensate for their time. The researchers remained sensitive to signs of distress and recognised that revisits could be necessary if participants become distressed or did not wish to continue with the interview in one session (Robson and Evans, 2013).

3.1 Selection of participants and description of sample

Dakar, the capital city, and Kaolack, a major city located in the groundnut basin, were selected as the main research locations. Through discussions with Advisory Group members, we identified

⁷ See our blog for interview topic guide: <http://blogs.reading.ac.uk/deathinthefamilyinsenegal/>.

two urban neighbourhoods of contrasting geographical and socio-economic characteristics in each city (see Section 4 for details of the research locations).

We adopted a flexible, ethnographic approach to identifying families and community leaders and gaining their trust to participate in the study. We drew on contacts with community members, women's rights organisations and religious and local leaders in both cities to identify potential families. In most cases, the research team first visited the family, accompanied by a local facilitator, in order to complete a family profile. This enabled us to verify that participants met the selection criteria regarding their relationship to the deceased, that the death took place in the last five years and their ethnicity and religious affiliation, and helped us decide which family members to interview. The sampling approach avoided relying on volunteers to come forward, but inevitably depended on families being known to local facilitators, who decided which potential families to suggest and who may have been more inclined to approach families they knew personally or whom they considered, for example, more respectable, or where the effects of the death on the family were more visible.

A purposive sample of 30 diverse families (15 in Dakar, 15 in Kaolack), was identified during the main period of data collection (May-July 2014). In total, we conducted in-depth interviews with 59 family members, comprising 9 children (aged 12-17), 21 youth⁸ (aged 18-30), 22 middle generation adults (aged 31-60) and 6 older adults (aged 61-77). More women than men participated in the study, due in part to the greater visibility and higher numbers of widows compared to widowers, in addition to our means of recruitment via contacts with women's groups and community members who acted as gatekeepers to potential participants. Rather than aiming to be representative of families in Dakar or Kaolack or seeking to map variability in terms of patterns, the small, but heterogeneous sample enabled us to explore the range of experiences and viewpoints found across people living in diverse circumstances. See Table 3.1 and 3.2 for a breakdown of interviewee's and families' biographical characteristics and socio-economic status.

As Table 3.2 shows, the majority of family interviewees were Muslim (46) and from the three largest ethnic groups (Wolof, Toucouleur/Hal Pulaar, Serer), while 12 were Roman Catholic of Serer and minority ethnicities. We sought to specifically recruit a small number of Christian families to give insight into religious differences.

The majority of families interviewed lived in relatively large households of 6-10 or 11-20 people (see Table 3.2). Just under half of the women interviewed had no or very little formal education (14 out of 29) and only two had completed or studied beyond secondary school; none of the men interviewed had not completed primary school, a third had completed primary school (4 out of 12) and some had studied at university level. According to MEFP et al. (2014), children (aged 5-17) living in households where the head never attended school have a four to five times higher risk of experiencing multiple deprivation than children living in households where the head has higher education.

Families' socio-economic status within the sample has been categorised as relatively 'poor', 'middling' or 'comfortable', based on researchers' observations and participants' accounts of their living conditions, their education, livelihood, remittances, pension and other sources of income, property ownership, health status and number of dependents within households. Due to the flexible nature of semi-structured interviews and the research objectives, information about participants' socio-economic status was not always complete. Nevertheless, relational comparison within the sample gives some indication of the varying socio-economic position of

⁸ The African Youth Charter (UNESCO, 2006) defines young people or youth as all persons aged 15-35 years, while the UN (2006) defines youth as aged 15-25 years. This research focused on children (aged 12-17 years) and youth (aged 18-30), since many aged over 30 had completed their studies, were working and/or were married and had their own children.

different individuals and households, which we have drawn on where relevant in our analyses. The majority of the sample can be characterised as of 'middling/ average' socio-economic status or 'poor': 40% (12) are 'poor', 43% (13) are 'middling' and only 17% (5) are 'comfortable'.

Table 3.1: Breakdown of participants' biographical characteristics

Characteristics	Number of Interviewees		Number of focus group participants	
	Male	Female	Male	Female
Gender				
	21	38		
Age				
• 12-17 yrs	5	4	2	2
• 18-24 yrs	1	7		8
• 25-30 yrs	6	7		
• 31-40 yrs	1	5		1
• 41-50 yrs	4	7		3
• 51-60 yrs	1	4		5
• 61-77 yrs	2	4		3
Current work/ study status:				
• Informal sector	7	11		10
• Studying	7	9		
• No livelihood/ studies		11		3
• Formal sector employment	4	2		1
• Retired/formal sector pension	2			
• Rental income		1		
Educational background (those not currently studying):				
• No schooling		4		7
• Koranic education		5		
• Some primary school		5		2
• Completed primary school	1	6		1
• Completed primary school and vocational training	3			
• Some secondary school (<i>bième-3ième</i>)	3	7		4
• Completed secondary school (<i>terminale</i>)	1	1		
• Professional training (teacher, military)	1	1		
• University Masters degree	2			
• University education	1			
Total family interviewees:		59	Total FG participants:	24

In Appendices I and II, Tables 3.4 and 3.5 show the relationship between interviewees' religion and ethnicity and their socio-economic status. There is no strong relationship between religion and socio-economic status in our sample although Table 3.5 shows Catholics are slightly over-represented amongst the 'poor' group. Table 3.4 shows that 'other ethnicities' are over-represented in the 'poor' group. Because numbers are small, this category represents the combination of six ethnic groups. Amongst the larger Wolof and Serer groups, the Wolof are over-represented in the 'poor' and the 'comfortable' groups and the Serer amongst the 'middling' group. The differences are small in terms of absolute numbers and in the main analysis sections we have not explored the interactions of ethnicity and socio-economic status or of religion and socio-economic status.

Table 3.2: Interviewees' and families' characteristics

Characteristics of interviewees	Number of interviewees (n = 59)	Characteristics of families	Number of families (n=30)
Religion of interviewees:		Approximate household size⁹:	
• Muslim	47	• 1 person	1
• Roman Catholic	12	• 2 people	2
Ethnicity of interviewees:		• 3-5 people	6
• Wolof	19	• 6-10 people	11
• Serer	17	• 11-20 people	9
• Toucouleur	7	• 21 people or more	3
• Fula/ Hal Pulaar	5	Socio-economic status:	
• Diola	2	• Poor	12
• Conagui	2	• Middling	13
• Cap Verde	2	• Comfortable	5
• Bambara	2		
• Socé	2		
• Soninke/ Sarakholé	1		
Current marital status (those aged 18 years or over):			
• Unmarried	16		
• Widow, no co-wives mentioned	15		
• Married, no co-wives mentioned	7		
• Married in polygamous union	3		
• Widow from polygamous union	3		
• Divorced	2		
• Widower, no co-wives mentioned	2		
• Widow remarried	1		
• Widower remarried	1		

Interviews and focus groups were complemented by 20 semi-structured interviews with 23 key informants, comprising local and religious leaders, community-based non-governmental organisations, municipal and City Council officers providing social support services at local level, in addition to government and INGO representatives working on social protection at national level. National government stakeholders included representatives of the Ministry of the Family, Ministry of Health and Social Action, Ministry of Education and the General Delegation for Social Protection and National Solidarity. See Table 3.3 for a breakdown of key informant interviewees.

Table 3.3: Breakdown of key informant interviews

Key informant characteristics	Dakar	Kaolack
Religious and local leaders		
• Imam	1	2
• Roman Catholic priest	1	1
• Head of district/ local council representative	2	1
• Leader of youth association		1
Local authority and NGO representatives		
• NGO representative	2	2
• Local authority social service representatives	2	
Total local stakeholders:	8	7
National stakeholders		
• Ministry representatives	6	
• INGO representatives	2	
Total national stakeholders:	8	
Total key informants:	23	

⁹ Interviewees from the same family did not always live in the same household, hence the information about size of household and total number of households differs slightly from the overall number of 30 families.

3.2 Data analysis

All audio-recorded interviews and focus groups were transcribed and translated in full into French and English and profiles written for each that provided biographical details about participants, information about the interview/ focus group context, response of participants, researchers' reflections and the means of recruitment. We developed a thematic coding framework through reflexive conversations among the research team. All family transcripts were coded using Nvivo software and individual and generationally interlinked life history analyses were developed using an analytic summary template for each family. We seek to develop a reflexive and multi-layered interpretive approach to knowing 'narrated subjects' (Mauthner and Doucet, 2008) when reading each transcript, although the forms and extent of narration at times presented significant challenges for interpretation (Callaghan et al, 2015), particularly with regard to emotional issues.

The reflexive approach to analysis adopted included recorded and transcribed discussions between team members on cultural norms surrounding death and grief in the UK, Burkina-Faso and in Senegal using Walter's (2010) checklist of questions to interrogate our own cultural assumptions. We have also interviewed each other about our own experiences of the death of a relative (in French or English) using our interview schedules to understand more about our own and each other's emotional responses to the death of a relative and meanings of 'family', as well as the feelings aroused by being interviewed on this topic (see Evans et al., forthcoming, for further discussion).

Throughout the analysis phase, we held regular meetings in the UK and skype calls and some face-to-face meetings with the researcher and translator based in Senegal to reflect on our analytic approach, explore queries, and further refine the coding framework and our interpretations of transcripts.

3.3 Dissemination

The importance of appropriate dissemination strategies is increasingly recognised as an ethical requirement of social research. The interpretations and findings presented in the preliminary report were discussed further with participants, religious and community leaders, local authorities, government and NGO representatives in a series of participatory workshops in Dakar and Kaolack in November-December 2015. As Evans (2016) found in previous research, the participatory dissemination process enabled participants to provide feedback on the preliminary findings and prioritise policy and practice recommendations, which in turn may produce beneficial social 'impacts'.

Ruth and Fatou held six participatory workshops in the selected neighbourhoods in Dakar and Kaolack with a total of 45 participants (27 young people aged 12-30, and 18 adults aged 31 and older) who had been interviewed or who had taken part in focus group discussions during the main period of fieldwork a year and a half previously. Workshops explored some of the responses we found particularly challenging to interpret, especially around recurrent phrases used such as '*c'est dur*'; religious and cultural widowhood-mourning practices and topics about which the main period of data collection had produced little material, such as religious ideas about the afterlife. We also asked participants to rank nine policy and practice suggestions, the results of which are reported in Section 9. Workshops (conducted in French and Wolof) were audio-recorded and transcribed into French.

Through tracing almost all of the original family interviewees during the dissemination phase, we also sought to document any major changes in their circumstances that they or local facilitators reported (see Section 8) and we conducted three follow-up interviews with participants unable to attend workshops to explore in more depth changes in their family lives (including their responses to further deaths).

As part of the dissemination, we held two policy workshops (in Kaolack and Dakar) with a total of 29 government and non-governmental representatives and Islamic and local leaders, where we presented and discussed the findings, facilitated small group discussions to seek participants' views about improvements to policy and practice, and conducted the same ranking exercise of nine policy and practice suggestions used with community participants (see Section 10). Workshops were audio-recorded and transcribed in French.

In line with our feminist methodological approach and ethical concerns, we recognise the need to balance the multiple, sometimes conflicting, voices of the individuals interviewed, the researchers, and the perspectives represented within theories and frameworks which researchers bring to the study (Mauthner and Doucet, 2008). On completion of the project, the complete dataset of interview and focus group transcripts (in French and English) will be made available to researchers through the UK Data Service¹⁰.

¹⁰ See <http://ukdataservice.ac.uk/>,

4. Urban Senegal: dynamics and family relations

This section outlines the research locations in Dakar and Kaolack and gives an overview of family relations in this urban context.

4.1 Research locations in Dakar

In Dakar, the research was focused predominantly on Médina, a *commune d'arrondissement* (administrative district) in Grand Dakar and the *commune d'arrondissement* of Diarème Limamoulaye in the *arrondissement* and *département* of Guédiawaye.

Médina is one of the city's oldest high-density districts in central Dakar, established in 1914 to re-house the indigenous African population evicted from Plateau (the European commercial and administrative centre) (Piga, 2002). Participants living in Médina comprised a range of socio-economic groups and ethnicities. The majority of the neighbourhood were reported to be of Wolof ethnicity as well as Serer, Diola, Fula and Toucouleur. Women in the focus group described Médina as 'a melting pot' and thought that there was a high level of mutual support: '*We're solidaire [support each other]*'.

The large urban areas of Guédiawaye and neighbouring Pikine were created during the two decades from 1950, in order to clear shantytowns and reduce congestion in Dakar city centre (Piga 2002); migrants have continued to settle there ever since. Today, numerous peripheral, generally low-income, areas of the city make up the *banlieues* of Dakar, where a large proportion of urban dwellers live (Evans, 2015a). As a major suburb of Dakar, Guédiawaye is characterised by geographical and economic 'marginality', in terms of high levels of youth unemployment; the majority of residents work in the informal sector; there is poor basic infrastructure and sanitation and susceptibility to recurrent flooding in some neighbourhoods and concern about levels of crime and violence. Residents of more comfortable socio-economic status, however, also live alongside those who are of poorer or middling socio-economic status and in our sample, six of the ten interviewees in 'comfortable' households were Guédiawaye residents. In the focus group, young women in Guédiawaye said they were proud of the suburbs and that '*we're really united*', despite negative perceptions.

4.2 Research locations in Kaolack

Kaolack is a religious city for the Tidjaniyya Sufi Muslim brotherhood and site of religious pilgrimage annually during the *Grand Gamou* [Muslim festival to celebrate the birth of the Prophet]. In the *commune* of Kaolack, the research focused on the *quartiers* [districts] of Kasnak, a neighbourhood of mixed socio-economic status located near the centre of the city, and Touba Ndong Extension, a peripheral neighbourhood on the edge of the city, subject to recurrent flooding, where the majority of the population had poor access to basic services, such as electricity.

Kasnak is characterised by a diversity of ethnic groups, the majority of whom are Muslim, with the Wolof perceived as indigenous to the neighbourhood. Living conditions in Kasnak were described by key informants as 'modest' or 'average', since the neighbourhood was located centrally and had access to basic infrastructure such as water and electricity. Young people were concerned, however, about inadequate waste disposal, high costs of electricity, lack of street lighting and crime. In comparison to Kasnak, poverty appeared to be much more visible in Touba Ndong Extension. Living conditions for many in Touba Ndong Extension were described by a religious leader as '*often precarious*' and an NGO representative working in the neighbourhood said '*some are well off, but there are those who live in total insecurity*'. An imam said, '*We are "Santianes"*' [people who occupy empty spaces on the edge of town]. '*People who aren't poor don't live here*'.

4.3 Family relations and meanings in urban Senegal

It is crucial to consider the context of family relationships and meanings in Senegal before it is possible to understand how the death of a family member may impact on others. Family meanings and relationships were the underpinning bedrock of what interviewees said about their experiences of death. We also asked some specific questions about families in order to understand some of the assumptions people had about families: Q: What does the family mean for you? *'They've got a lot of power over me. Me too, I attach great importance to them. When you have a child you must bring them up well'* (Athia, 56 year old widow).

Among the Wolof, children are regarded as the products of two (matrilineal and patrilineal) lineages and kinship is transmitted by blood, reflected in the Wolof expression *'bokk derat'*, 'to have the same blood', translated as kinship (Diop, 2012 [1985]). Yet social ties of marriage and extensive shared social experience may also be sufficient to provide both kinship and household membership (Bass and Sow, 2006). In this research, the complexity of family relationships and household composition was apparent when seeking to compare the information available from family profiles and the two family interview transcripts (see Table 3.2). We found it was impossible to reconcile what was said in these different accounts and recognised instead the mobility of participants and the fluid, constantly changing nature of households (Bass and Sow, 2006). Child fosterage practices were also apparent (Beck et al, 2015), whereby children were brought up by another relative as if they were their own. Relatives might also be part of the household during the daytime, and share meals, but go elsewhere to sleep at night.

Family members relied on each other for daily survival, emotional and practical support, for opportunities *'to succeed'* in life, and to manage in times of crisis. This reciprocal support was fundamental to the fabric of daily living, and very important at times of death (as shown in later sections) and in maintaining a family's reputation and social standing. As Selbe (aged 13, daughter of deceased father) commented in response to the question, 'What does the family represent for you?': *'They've supported me like my father; they've supported me like my mother'*.

Participants' understanding of *solidarité* and even kinship was not just based on support provided by family members and relatives but also included neighbours who could be crucial in the struggle to survive and find support: *'We help each other here in the suburbs. I don't think anyone can eat while there's a family next door who can't eat; at least you'll try to give them something'* (young woman in focus group in Guédiawaye). Some imams and national stakeholders felt however that there had been a decline in *solidarité* in the city in recent years.

African concepts of childhood view children as having reciprocal rights and responsibilities to their families and communities (Evans, 2010; 2015c). The African Charter on the Rights and Welfare of the Child (1990) includes children's responsibility to preserve and respect the family. Childhood is thus framed by an assumption that an implicit intergenerational contract exists between younger and older family members, and the well-being of the family as a unit¹¹ is paramount. Family well-being, then, is regarded as dependent on inter- and intra-generational relationships, in which children recognise the authority of elders, including older siblings, who provide *'advice'* about how to function within family and social life. Sibling relationships appeared crucial, not only during childhood but throughout the lifecourse, and sibling birth order was an important aspect of family hierarchies (Evans, 2015c). Eldest brothers and sisters were expected to exercise authority over young siblings from an early age. Safia, aged 31, whose mother had died, commented on the importance of respect for sibling relationships and authority for daily life to be workable:

¹¹ For discussion of the meaning of family as a unit in the global North, see Ribbens McCarthy (2012b).

Q: And do you get on well here? *Yes. There's respect. You know without respect, nothing can work because respect is reciprocal but sometimes there are arguments. You have to say to your brother; 'You must do this-and-that' for them to find peace again.*

The interdependence and reciprocity of family relationships, and the significance of the family unit, led to a strong emphasis on unity and the moral importance of the family by some interviewees. As Abdoulaye (aged 30), whose mother had died, said: *'We're united. My aunts; my mother's younger sisters often come here and we meet. We talk, we drink tea like we used to when my mother was here. We're really united'*.

The importance of maintaining the reputation and respect for the family was a pervasive theme in many interviews. Taken-for-granted assumptions about the values of a respectable family were often gendered and age-related: staying at home in the evenings (for children), not going out and not gossiping or meddling in others' affairs (for women, especially during widowhood-mourning), practising one's religion, valuing education and success, and bringing up one's children to share these values. Relatives' and neighbours' reciprocal support for burials and funerals was sometimes regarded as a key indicator of the respect in which the deceased, and their family, was held, confirming observations of mortuary rites in many other African countries (Jindra and Noret, 2011).

4.4 Concluding points

This section has provided an overview of the research locations and family relations and meanings expressed in this study. 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 (Jacquemin, 2010). This meant that people were reluctant to complain even when family members acted in ways that harmed or seriously undermined interviewees' interests. The following sections focus on the empirical findings about participants' experiences of family deaths.

5. Narratives of care and family deaths

This section gives an overview of the characteristics of the deceased family member, explanations for the death and familial caring responsibilities. It explores how care for sick and dying family members is embedded in gendered and generational hierarchies, discusses narratives of family deaths and how different family members responded at the moment of death.

5.1 Explanations for the death

Interviewees had diverse kin and in-law relationships with the deceased family member (see Table 5.1). The largest proportions of the sample 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, although one young man had died aged 23 and five relatives had died in their thirties. In just under half (14) of the families, the death had taken place between one and two years ago.

Table 5.1 Characteristics of the deceased family member in relation to the interviewee

Characteristics of the deceased family member			
Person who died:	Number:	Age range of deceased:	Number:
• Husband	15	• 18-24 yrs	1
• Mother	15	• 31-40	5
• Father	10	• 41-50	7
• Brother	4	• 51-60	7
• Wife	3	• 61-70	2
• Son	2	• 71 or over	8
• Aunt	2		
• Divorced husband	1	Length of time since death:	
• Sister	1	• Under 6 months	6
• Niece	1	• 6-12 months	6
• Grandfather	1	• 1-2 years	14
• Grandmother	1	• 2-5 years	4
• Son-in-law	1		
• Brother-in-law	1		

Interviewees often talked at some length and in some detail about the events surrounding their relatives' deaths. As shown in Table 5.2, over a third of interviewees (22 out of 59; 37 %) used a medical term in their accounts of their relative's illness and death, while roughly even numbers of interviewees either described physical symptoms (17 out of 59; 29 %) or did not specify/ did not know what illness their relative had experienced in the days, weeks or months leading up to their death (16 out of 59; 27 %). Of the 16 who did not specify or know the illness, 10 were young people (a third of the young people interviewed, 33 %) and 6 were middle-aged or older adults (around a fifth of adults interviewed, or 21 %). Overall, participants' accounts rarely gave a detailed medical explanation of the 'cause of death', in the way that might be common in the global North (Valentine, 2008)¹². The most frequently mentioned biomedical explanations concerned chronic illnesses such as high blood pressure/ hypertension, diabetes or diabetes-related complications and cancer.

Interviewees rarely mentioned discussing their relative's diagnosis or cause of death with doctors or healthcare professionals providing treatment. As Boubacar, an NGO worker,

¹² Due to the semi-structured nature of interviews and our overall research focus on responses to death rather than on medical explanations for the cause of death, researchers did not ask all participants about medical explanations for their relative's illness or whether they had been told a medical cause of death by medical staff.

commented about his brother's illness: *'those are questions we don't ask'*. Furthermore, Anthiou, whose niece had died, commented: *'I can't actually tell you exactly what her illness was. The doctors prescribed her medicine which I always paid for without finding out'*. A minority of participants made reference to 'mystical illnesses' and/or reported that they had taken their relative to a traditional healer, on one occasion because relatives could not afford biomedical treatment. The use of traditional healers may have been under-reported, given the intimate and private nature of patient-healer relationships and therapeutic landscapes (Bignante, 2015).

Table 5.2: Accounts of relative's illness and/or death

Description provided of relative's illness/ events leading to their death	No. of adults who cited	No. of young people who cited	Total no. of interviewees who cited ¹³
Medical term used:	12	10	22
• High blood pressure/ hyper-tension	2	5	7
• Diabetes/ diabetes-related	3	2	5
• Cancer/ tumour	3	1	4
• Hepatitis	2	1	3
• Malaria	1	0	1
• Stroke	1	0	1
• Asthma/ TB	0	1	1
Physical symptoms:	11	6	17
• Heart problems/ chest pains/ breathing problems	2	2	4
• Flu/ headache/ vomiting/ aches	2	1	3
• Stomach problems	3	0	3
• Wolof/ mystical illness/ 'possessed'	1	1	2
• Throat problems	0	1	1
• Paralysed	1	1	2
• Skin problems	1	0	1
• Lost consciousness/ tantrums/ incontinence	1	0	1
Unspecified illness/ not known	6	10	16
Other:	1	3	4
• Killed in violent assault	0	2	2
• Drowned in fishing accident	1	1	2
Total no. of interviewees	29	30	59

5.2 Caring responsibilities for sick, elderly and dying relatives

The majority of interviewees had experienced the declining health of their deceased relative over a number of months or years. Caring responsibilities for sick, disabled and elderly relatives reflected dominant gender roles and responsibilities, in line with existing research on family caring relations (Evans, 2014; Evans and Thomas, 2009). Men often met the financial costs of medical treatment, in their masculine roles as income-earners and providers for the family, while women and girls had greater responsibilities for practical and emotional caring tasks and household chores, which were often regarded as part of women's 'natural' social reproductive

¹³ NB. One main medical term or symptom or no specified illness has been recorded and counted for each interviewee, despite the fact that they sometimes gave more than one symptom. Due to our methodological approach, in all but one case, two family members accounts are provided of one deceased relative's illness/death (usually a middle-aged/older adult and a young person aged 12-30), although their responses were not necessarily consistent. Findings are based on relatives' self-reports and so more stigmatised illnesses or causes of death, such as HIV, mental illness or suicide may be under-reported.

roles within the household. However, many women also paid for their husband's medical treatment themselves and sought financial support from relatives, neighbours and friends when necessary and some men were involved in practical care on occasions.

Alima, a 46 year old widow, for example, did laundry to earn money for her husband's prescriptions when he was sick and also received regular financial support from her husband's friend in Dakar whom her husband had helped during his studies. Such reciprocal supportive relationships were typical of the informal networks of family and friendship relationships which were regarded as crucial for survival. Many adult children and other relatives living elsewhere sent regular remittances to pay for medical costs, including an uncle, older siblings and nephews who were working or studying.

In the focus group in Médina, women highlighted the financial problems many faced in paying for healthcare, which forced people to stay at home and delay seeking medical treatment: *'Sometimes you're sick but you don't want to go to hospital because you won't be able to pay the prescription that they'll prescribe there. If it's a test too, you won't be able to pay so you're forced to stay at home'*. Interviewees sought contributions from family members and friends, sought donations or borrowed money from employers and acquaintances and, in only a few cases, applied for aid from the town hall's 'social cases' fund for a reduction in the costs of medical treatment for relatives. Some participants also reported appealing to doctors for a reduction in the costs of treatment for older relatives. A few interviewees benefited from the state's 4/5th reduction in medical costs for public sector employees. As one teacher commented about his wife's medical costs: *'That's what helped me a little. If I had to pay the lot, really that would have been catastrophic'*.

The financial costs of medical treatment could tip families into poverty from which it was difficult to exit. Seynabou (aged 28) and her siblings, whose brother was ill for two years, sought a reduction in medical costs from the hospital social services. She explained:

We used everything we had on his illness [...] Me, I was working and I was in some tontines [women's informal rotating credit and savings scheme] but I spent it all on my elder brother's illness. Today I can't sell anymore. [...] The medicine was very expensive; every day we spent almost 30,000 CFA [equivalent to £32].

Several women highlighted poor communication between doctors and female family members about their relative's diagnosis. Seynabou expressed frustration that doctors would only share her brother's diagnosis with a male relative:

...One day my maman asked the doctor who told her that he'd tell a man but not a woman! That's when she called my elder brother who came; the doctor told him that he had hepatitis. If we'd known that before, we could have managed or got him in hospital because it's a treatable disease now.

These accounts suggest that gender discriminatory attitudes among healthcare professionals may prevent important information being communicated to family members responsible for managing the care of their relative.

As the literature on care has shown (Bowlby et al, 2010; Evans, 2014; Evans and Thomas, 2009), women of older and younger generations were generally responsible for practical care-giving tasks for a range of relatives. Eldest daughters were often relied on to help with caring and domestic tasks which could impact on their education. As N'daye, a young woman (aged 17) explained:

Sometimes when I had classes in the morning at 10am, I used to get up early. I used to clean the house; I prepared the food for my brothers and for my mother. When I got back home I used to cook. Sometimes it was my father that used to go to the market. [...]

I didn't have the time to revise, that's why repeated 6^{ème} (UK equivalent of Year 7, secondary school).

Women and girls usually provided intimate personal care for sick relatives. N'daye's father, for example, explained that, although he was involved in other aspects of his wife's care, his eldest daughter, N'daye provided personal care for her mother during this period. Nevertheless, despite such gendered expectations, boys and men were sometimes called on to provide care when female relatives were not available. Several women and some men also reported providing care for their relative whilst they were in hospital, with many staying with them in hospital at night.

5.3 Narratives of family deaths

The majority of interviewees gave detailed narratives of the events leading up to their relative's death, their experiences of the moment of death, or where they were when, and how, they heard the news. Mention of the registration of the death either with a '*constat de décès*' (mandatory death notice, issued by a doctor) or '*certificat de décès*' (official death certificate issued by the town hall) was notably absent from these accounts; only one interviewee explicitly said that they had a death certificate for the deceased.

Several interviewees whose relatives had died in old age thought that their relative had had a sense that they were going to die and were prepared for death, which was often manifested in a reluctance to seek medical treatment. N'della (aged 19) said that her father had aches for four months but did not want to go to hospital and refused to take his medication. When asked if she knew why, she replied: '*He often used to say that he wanted to die*'. Some interviewees referred to older relatives' sense of premonition and preparation for death. Samba (aged 51), whose grandmother had died in her 90s, drew on a notion of 'death sickness':

Maybe she had 'death sickness'. We told her on that day that we were going to take her to the hospital. She used to say "I'm satisfied because I've seen my grandchildren".[...] That's why she refused when we wanted to take her to the hospital.[...] She knew she was going to die.

Some interviewees' accounts suggest a desire to protect children from the full extent of their parent's condition, as well as some apprehension among men about breaking the news of a relative's death to the deceased's children and/or wife. Some interviewees expressed frustration that relatives delayed telling them about the death. A preference among some medical professionals for disclosing news of the death to male rather than female relatives was also evident, as Anthiou's account of her niece's death suggests: '*Then the doctors called my elder brother. As he was a man, they told him she was dead, and then he came to tell us she was dead, but we didn't know exactly when she died*'.

Interviewees' accounts of unexpected deaths of younger relatives who were only ill for a short period of time or who had been killed violently or in an accident, were experienced, understandably, as a great shock. Such deaths were more difficult for family members to share with close relatives and to accept and make sense of, in comparison to the deaths of relatives who had chronic illnesses or who died in old age. In the case of a family whose relative had been killed in a violent assault, news of the death was met with fear. Some interviewees appeared to make sense of such unexpected deaths by drawing on events leading up to the death that they felt provided a warning or sign of the potential danger facing their relative.

Elsewhere in the interview, often when asked about their feelings about a relative's death, a quarter of participants, mainly middle and older generation adults (12 out of 15 interviewees in total), made reference to '*God's will*' in making sense of the death or said that it was God's decision that their relative should depart the earth at that time. Abdoulaye (aged 30, Muslim) was one of the few young people drawing on this religious framing of the death, when asked, Q:

Can you tell us what you felt at the time of your mother's death? *'It's like everybody. It's very hard but I left everything in God's hands.[...] It's God that brought her onto earth and God who took her back, and nobody will escape that day'*. This suggests participants made sense of the death and its inevitability through drawing on their religious faith.

5.4 Responses at the moment of death

Most interviewees remembered the exact date their relative had died and many drew attention to deaths which occurred during religious festivals, such as Tabaski, Tamkharit, Magal, Gamou, Ramadan (Muslim festivals) or Easter (Christian festival), or on Fridays (significant to Muslims). As Abdoulaye's (aged 30) account suggests, the religious significance of the day his mother died and his religious faith helped him to accept her death:

It was hard but I trusted in God and what's more, she died on the day of Tabaski. Everybody wants to have this day [to die] so I thank God. She did a lot of good things and I know only God can reward her. [...] She died at prayer time.[...] I thank God; it's Divine will.[...] Everyone has their day.

Some interviewees' narratives of the death included religious practices such as reciting the Koran and placing it on a relative's head at the moment of death. The religious significance of the moment of death appeared to help participants accept the death.

Some older women who had seen their husband die in front of them in hospital said that they knew their husband was about to die and gave calm accounts of the moment of death, as Khoury explained: *'I gave him some water and when I saw him, I knew he was dying. When he passed away, I prepared him and I called his children'*. In contrast, some younger women expressed fear when their relative died at home. Diami (aged 26) was sweeping the house at the time and went to check on her mother. She felt *'so afraid'* that she did not think her mother had died, but realised she was dead when she saw she was no longer breathing and called her aunt to help lift her. She expressed a feeling of being left alone at this moment: *'I felt very bad because I only had my mother'*.

5.5 Concluding points

This section has shown that while some interviewees 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.

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, in practice, 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.

Many narratives of family deaths were characterised by older relatives' sense of premonition about their death and a reluctance among older relatives to seek medical treatment, in contrast to the profound sense of shock and difficulty relatives experienced accepting the death of young or middle generation relatives. 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, 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 than young people, conveying a desire to make sense of the death and accept its inevitability without question.

6. Caring for the dead

In this section, we discuss how people cared for their deceased relative after their death and in subsequent months and years. We bring religion specifically into focus, as the overwhelming majority of interviewees said that religion rather than ethnicity was the guiding framework for the customs and beliefs that were followed after the death. Nevertheless, the participants in focus group in Touba Extension, who were of diverse ethnicities, discussed at some length how burial, funeral and condolence practices may vary according to ethnicity and locality. Such ethnic variations are therefore also discussed where appropriate.

6.1 The wishes of the deceased

When interviewees were asked if their relative had expressed any wishes concerning their burial, Muslim participants generally said that this was just something that was known, sometimes because particular Muslim brotherhoods are associated with specific burial sites (for example, in Touba for *Mourides*). For several Catholic participants, the place of burial was more a matter for discussion than for Muslim interviewees. Some interviewees said that the place of burial had not been discussed, sometimes for other reasons, such as the death being sudden, or because the individual had not wanted to talk about it. Ouly's mother (Muslim) was therefore unusual in giving her views about her burial before her death:

She said she wasn't going to get better but if she died she must be buried in Malume Cemetery where they buried two of her children. ... She also asked us not to borrow anything to organize her funeral (Ouly, young woman aged 31, Serer).

Like Ouly's mother, Diodio's Catholic grandfather spoke of his wishes that his burial and funeral should be arranged simply and without expense: *'He always said, 'I don't want you to do too much for me. If I die, don't do too much, stay simple'* (Diodio, young woman, aged 22, Serer).

6.2 Caring for the dead: washing the body

In caring for the body of their deceased relatives, Muslim interviewees explained that the usual practice is for the body to be taken to the morgue at the mosque for washing and Islamic preparation for burial, whether the person has died in hospital or at home. Interviewees described how the body was usually washed and prepared by those of the same gender, who were usually relatives or neighbours, under the supervision of the imam, or occasionally by paid helpers. Malang's wife had died at home, so some of the preparation occurred there before going to the morgue at the mosque. Athia's husband, who died in hospital, was an imam, and she described their relationship as very close. Athia (aged 56, Toucouleur, Muslim) was unusual as a woman, in actually preparing the body of her husband herself.

Of the six deaths that concerned a Catholic family, the bodies were generally shown in an open coffin before the burial, sometimes in several places, if the body was transported to different locations before burial. Only one Catholic family explicitly said that the body was not shown. Safia (aged 31, Diola, Catholic) was encouraged by an older relative, her 'grandmother', to view her mother's body privately, in order to have an opportunity to make peace with the deceased: *'If you've done something to her, so that she forgives us, and if we have something to tell her and she hasn't done it, we forgive her too'*. The family might also be involved in the washing and preparation of the body, but apparently with less extensive ritual. Among Catholic families, there was also more evidence of customs related to ethnicity being observed alongside religious rituals.

6.3 Caring for the dead: the burial

There were some clearly distinct differences in burial practices according to religion. In this discussion, we also identify where relevant when the households involved were 'poor', 'middling' or 'comfortable', to give some indication of the availability of material resources for burial and funeral arrangements.

For most Muslim interviewees, the burial and the funeral were two separate events, with the funeral occurring *after* the burial, at a different location. All the Muslim interviewees said that the burial took place either the same day as the death, or the following day; the only case where this was not clearly followed was Anna's husband who needed an autopsy. Even then, relatives would try to arrange burial speedily. For Catholics, the funeral generally occurred immediately *prior* to the burial, and on the same day.

The burial was generally arranged by male relatives, often the deceased's brothers or uncles, but it could also be arranged by friends, neighbours or work colleagues. It was usually only men and older boys who attended Muslim burials, and several women commented that they were not expected to attend: *'I didn't attend the burial. Muslim women don't attend burials'* (Nogaye, 46 year old widow, Wolof, poor household).

The only exceptions to this gendered pattern were that a few boys and young men or other male relatives said they had not attended the burial themselves for various reasons, saying they were too afraid, or they had been left behind or otherwise prevented, as Baba (aged 14, Hal Pulaaren, Muslim) commented about his mother's burial: *'I told my sisters that I wanted to go, but my aunt refused. She said that if I went there, I'd (just) be there crying'*.

Some young Muslim women in the focus group in Guédiawaye explicitly questioned women's lack of opportunity to view the body and attend Muslim burials in comparison to Christians' practices:

- *I'm against this practice [of speedy burial] because at least that person [living at a distance] should have the chance to see their relative's body for a last time; that's where the difference in funerals between Muslims and Christians lies. And also with Christians everyone has the right to go to the cemetery to attend the burial but with us Muslims; you don't have that right. [...]*
- *When the body's taken out of the house, it's only the men that'll know what happens next.*
- *We women stay and cry; we only cry.*

The burial appeared to be an urgent and important undertaking for Muslims, with the well-being of the deceased also at stake, as one imam explained: *'If for example, the person dies and the body isn't prepared properly; no one has prayed over the body, it hasn't been properly buried, everything is done in haste, then this person will not be blessed'*. The burial sometimes involved transport to a different city or site, even in the middle of the night, usually to enable burial in a particularly significant religious site or in their family village.

Among Roman Catholic interviewees, the burial did not take place with the same urgency as for Muslims, but might be several days after the death. Anthiou (aged 57, Diola, poor household) explained how this gave people time to contribute to the cost of the coffin, and the purchase of the plot for the grave. While waiting for the burial, the body was generally kept at a morgue, although it might then be brought to the house before the funeral and burial.

Three of the six Catholic families interviewed described significant conflicts about where the deceased's body should be buried. Déguéne (aged 56, Serer, poor household) described a major dispute with her sister-in-law, who had converted to Islam and wanted to bury her brother in a

Muslim cemetery; she implied that this had later led to difficulties over the death certificate, causing problems with her claim for her widow's pension. Another Catholic widow, Simone (aged 39, 'middling' household), experienced a painful dispute with her husband's family about whether he should be buried in the town close to where he had lived with her and their children, or, as was done, in the family grave in his town of origin. Their own children and other relatives were upset by this decision, which they felt made it harder for them to visit his grave to pray. Nevertheless, Simone's daughter said that they all '*united for the burial*'.

As with Muslim interviewees, amongst Catholics there appeared to be some prohibitions against tears, both at the funeral and burial. Both N'della (aged 19) and her mother, Déguéne (Serer, Catholic, poor household) were prevented from attending for this reason: '*They took him [her father] to the morgue and they said that those people who cry couldn't attend the burial... They left us in the house where we stayed there until they came back*'.

6.4 Caring for the dead: funerals

Common elements for all funerals, whether Muslim or Roman Catholic, were religious practices (reciting the Koran, holding of a Mass, saying prayers), as well as slaughtering livestock as part of the preparation of meals, and sometimes multiple funerary events on different days after the death.

Muslim funerals generally involved certain key elements, if there was sufficient money available: paying for an imam or a marabout to attend; recitals of the Koran; prayers; and food, with a cow, sheep or goat slaughtered for the meal, and special millet paste and porridge prepared and given to guests or others in the community. Unlike at the burial, there seemed to be an acceptance of crying at the funeral: '*There was crying everywhere, our neighbours, family members, my friends. In fact it was indescribable, the atmosphere*' (N'diogou, 29 year old young man whose mother had died, Wolof, 'comfortable' household).

Funerals usually took place at the deceased's home, immediately after the burial, but they sometimes took place at the deceased's rural family home and could involve a sequence of funerary events in different locations. Sometimes this meant that not all family members attended the funeral, and two people mentioned that only male relatives had attended funerals of their relatives some distance away. People sometimes travelled long distances for funerals, including from Canada and Europe.

In addition to funeral ceremonies on the day of burial, Muslim funerals sometimes involved several separate occasions on the 3rd, 8th and 40th days after the death, which depended on customs related to ethnicity, as well as on families' financial means. One key informant suggested that different ethnicities had '*their customs*' to celebrate the funeral on either the day of burial, the 3rd, 8th or 40th day after the death or a combination of these. Similarly, Boubacar (aged 44) commented: '*But with us Halpulaar we do everything on the same day you die. The funeral is on the same day, then it's finished*'. Overall, the 40th day seemed to be the least observed as a funeral day, followed by the 8th day.

Very few families appeared to have observed all three funeral days (3rd, 8th and 40th days), and different family members sometimes gave varying or contradictory accounts. Djibril, a 42 year old Wolof man in a 'comfortable' household, suggested the importance, for Muslims, of observing the different funeral days if families could afford the costs: '*When a person dies there are obligations that you have to meet if you can afford to. The 3rd day is the big ceremony, the 8th and the 40th... It's all reciting the Koran to pray that her soul goes to Paradise...*'.

Women in the focus group in Touba Extension, Kaolack thought that these funeral ceremonies were meant to coincide with changes in the body of the deceased, from the 3rd day onwards:

At that moment the body will swell up and they should ask for God's pardon. [On the 8th day after burial] you should pray again because the body will start changing. On the 40th day, you should pray again because the body will start to decay. The day of the anniversary too, you'll pray for them because the body is taken by the earth. All those days are days of forgiveness.

In some families, it was not always clear exactly which days had been observed as funeral days. Furthermore, the co-presence of relatives, neighbours and friends and the extent of social activities in the immediate aftermath of the death, rather than just the funeral days, appeared to be important to several participants. As Sofi (aged 30, Toucouleur Muslim from a 'middling' household) whose father-in-law had died, commented: *'Everyday people would come, for a week. People came every day, even up to the 40th day. But the funeral was celebrated on the first and second days'*.

Funerals thus appeared often to be major social ceremonies for Muslims, with many people attending. As discussed further in Section 9, the costs of burials and funerals were usually met through the condolence money and in-kind contributions (such as rice, oil, sugar) of many people, including relatives, work colleagues, and neighbours. Boubacar was related this to *'teranga'* [Wolof word for hospitality], a Senegalese custom:

There really were a lot of people. People also supported us morally and financially. That's also something that should be highlighted but that's Senegalese Teranga. With things like that, the whole family, neighbours, everyone comes and everyone tries to comfort you. There's also the moral support. People also give something to contribute even if only on the first day (44 year old Hal Pulaaren, Muslim man, eldest brother died three months previously, 'comfortable' household).

Catholic interviewees also often observed further funeral events on the 8th and 40th days after the death, or if not on these specific days for all Catholic families, then over two or three days, and sometimes again at anniversaries (discussed further below). Some Catholic interviewees appeared to place greater emphasis than Muslim interviewees on family members covering the burial and funeral costs rather than friends and neighbours, although one Catholic woman in the focus group in Touba Extension, Kaolack, suggested that this might vary with ethnicity.

Some men emphasised the significance of large funeral gatherings in enhancing the reputation of the deceased and providing comfort to relatives. N'diouga, a retired head teacher with several children now living and working abroad, took considerable pride and comfort from the burial and funeral after his wife's death. The ceremony continued into the third day, with all the costs covered and enough available to build her a tomb. He felt that Muslim burial and funeral arrangements reflected the role of the person who had died:

...if the deceased had played an important role in society or in the neighbourhood or village, well, on their death you can't get just rid of them like that, in the blink of an eye... we can't do as if it were a child who died, bury them and leave, that's not done. Now if the person had a very important role in the neighbourhood or exemplary behaviour, we couldn't shorten their funeral ceremonies. (63 year old widower, Wolof, Muslim, 'comfortable' household).

While funerals were thus major social events for many participants, several Muslim families appeared to have held the funeral with less ceremony, on the same day as the burial. Sometimes this was attributed to lack of money, perhaps because the deceased had been ill for a long time, or it could be attributed to customs related to ethnicity. For Allassane (aged 36, Toucouleur) living in a 'comfortable' household, there was a clear preference not to hold too many ceremonial events for his deceased mother:

...it was only the one time [the 3rd day]. We've noticed that funeral ceremonies can sometimes be overwhelming. That's why we have a Koran recital for her every week or fortnight but we don't organize an anniversary because sometimes that's going too far.

Only one family reported that they had not held a funeral at all because they could not afford the costs, as Aminata, a young woman (Hal Pulaaren, Muslim) in a poor household, said: *'If we could have afforded it we were going to organize a funeral service for her, recite the Koran and everything. Now, if you can't afford it, you can't do it.'*

Among Roman Catholic interviewees, the funeral Mass generally took place on the same day, just prior to the burial, but there might be complex arrangements for social ceremonies alongside these religious rituals. Throughout these events, women participated alongside the men, with women sometimes being the ones who organised the arrangements. Nevertheless, some participants also referred to particular funeral practices associated with their ethnic group. Déguéne commented, *'Among us Serers, it's the eldest son who has all the rights at his father's funeral'*.

When a relative was taken elsewhere for burial, as for the Muslim participants, the associated religious services and funeral events often took place at different locations at considerable distance from each other. Some Catholic funerary gatherings and events might also be held specifically on the 8th and 40th days. The intermingling of ethnic customs alongside Catholic religious observances appeared more evident among Catholic interviewees than among Muslim interviewees.

None of the interviewees criticised how others had behaved or dressed at the funeral of their relative. However, in focus groups, some participants observed that people sometimes behaved in ways considered inappropriate at funerals:

You see people chatting and laughing during funerals and at the same time the children and wife are crying indoors (young woman, aged 18, Muslim, Guédiwaye).

There are also people who consider funerals as a party. The person who's lost somebody close is sad but people who come to the funeral ceremony behave how they like! They dress like it was a happy occasion. Instead of listening to the speeches that the imams and others give; they continue talking about other things (young woman, aged 18, Muslim, Kasnak).

Overall, it seems clear that funerals often comprise complex, expensive, and extensive social and religious ceremonies, that can be understood as important markers of social standing, supporting findings from elsewhere in Africa (Jindra and Noret, 2011). Indeed, in the policy workshops, considerable concern was expressed by government policymakers and NGO practitioners about the large amounts of money that they felt were *'wasted'* on multiple funeral ceremonies that some relatives or neighbours insisted continue for many days, regardless of the material circumstances of families. They felt that such scarce resources could be better spent on assisting families with medical costs before the death, and on providing condolence money as a means of support for widows and children in the months following the death, which could help to alleviate poverty.

6.5 Continuing care for the dead: mourning practices

We next consider how our interviewees continued to express care for the dead in the weeks, months and years since the death with regard to mourning practices. By far the most extensive, formal, socially recognised and prescribed mourning practices were discussed in relation to widows. These practices – with the exception of praying for the deceased – were, however, not explicitly linked to beliefs about caring for the dead, although this might be their underlying rationale.

Mourning practices for widows seemed to reflect cultural practices, as much as religious customs. There were ten Muslim widows in our study, of whom three were aged 25-30, four were aged 41-50, and three were over 50 years old. They had all observed widowhood-mourning customs to a greater or lesser degree. All agreed that for Muslim widows, the mourning period was 4 months and 10 days, and the main elements involved:

- covering the head and ears with a veil
- wearing two particular sets of (traditional) clothes, which should only be washed in special containers on a Monday and Friday;
- praying for the deceased, and also for others;
- staying at home, especially during daylight hours, and not working;
- avoiding talking about the business of other people (gossiping);
- cleanliness and special washing routines.

Other elements mentioned by a few included fasting, making offerings, and practices that could perhaps be summarised as modesty, such as avoiding wearing jewellery, which an imam suggested was to avoid other men being attracted to the widow. But despite widespread agreement about these various aspects, women might not be aware of what would be required of them, as Toufil, a young widow (aged 25, Hal Pulaaren) said: '*When I learnt the news [of her husband's death], at that moment the elders were there and they told me to remain there. Me, I didn't know the traditions, so I just obeyed them.*'

In the dissemination workshops, Muslim religious leaders confirmed that Muslim widows were expected to observe mourning practices for a period of 4 months 10 days, but apart from praying and dressing modestly, suggested that most of the practices associated with widowhood-mourning were linked to the customs of particular ethnic groups rather than religious rules.

Female relatives often had particular roles regarding mourning practices, especially sisters of the deceased husband, who usually supplied the clothes and other necessary utensils and objects that the widow should use exclusively during this period. If sisters-in-law were unavailable or unwilling to perform this role, then daughters or other female family members might step in and as a last resort, the widow might buy such items herself. The end of the widowhood period was often marked by a small ceremony, and the widow gave the clothes and other items used to others as an offering, or these items were returned to the sister-in-law who also gave them as an offering:

When I finished widowhood I took a special purified bath at night. I went out on a long walk around and came back. Q: And the outfits? I gave all the things I had used during the mourning period as an offering. (Diobé, aged 29, Wolof, husband died a year previously, poor household)

The benefits of widowhood were seen primarily in terms of increasing the widow's religious practices and moral codes of behaviour. Athia, a widow (aged 56, Toucouleur), whose husband died three years previously, said that some practices, such as observing the five daily prayers and refraining from gossiping, were expected of women more generally, at any time:

Everything the widow shouldn't do, the normal woman shouldn't do either. You shouldn't interfere in other people's problems. You should be careful what you say. You should say what you see. You must avoid rumours. God doesn't like that. You must respect the five daily prayers but you must do your ablutions before praying.

One woman (aged 55) in the focus group in Medina felt that widows in mourning might encounter difficult responses if they were seen by men in the street:

During widow's mourning they tell you that you shouldn't go out, but if you have a job you can go and work or even attend to your affairs. The man that meets you in the street will consider you as some kind of rotten meat! It's as if they're avoiding you. They think that if you meet a widow in the street, you won't have a thing for the whole day! Some even take off their hat to hit their body after! For them they'll soon die!

Some women also mentioned warnings and fears about what it was said would happen if widowhood-mourning practices were not observed, such as going mad (mentioned by four widows), falling sick or becoming deaf. Young people in the focus group in Kasnak, Kaolack also suggested that sanctions might be applied to widows if they did not undertake mourning correctly, in contrast to the lack of restrictions on widowers:

But you see men who'll look for another wife a week after the death of their first wife! He'll say she's already gone, but when a woman loses her husband and she refuses to do widowhood, her head will be shaved.

Participants in all six of the Catholic families interviewed included widows whose husband had died, one of whom had been divorced from her husband. Specific widowhood-mourning practices were observed by all for periods of either six months or a year, although there were some variations in practices. The most common was that of wearing special clothing throughout the widowhood period, which was prescribed as either black with a veil, or white and which may be changed at dawn and dusk and washed on particular days of the week. Praying, attending Mass – often on a daily basis - and not going out after dusk, were also pervasive practices mentioned by several.

Some Catholic women expressed a view that widowhood-mourning customs had become less stringent under the guidance of the Pope, with elements of choice involved, for example, about whether or not to wear black clothing, and for how long a period. A Roman Catholic priest interviewed commented that widowhood-mourning practices were shaped by ethnicity rather than Catholic traditions:

There's a period of widowhood but this isn't strictly linked to the Catholic religion. Rather, it's inherited from the traditions of each [ethnic group]... But the Church accepts it. It's not against faith so it has nothing to say, but this isn't something that's imposed. It respects the tradition and customs of each.

Two Catholic widows of Serer ethnicity mentioned not sleeping in bed, and not sitting on chairs. One of these widows, Oumy, a school teacher whose husband had died three years previously, expressed how restrictive she had found such customs and explained that at the end of the year, she was expected to give everything away:

Q: And how was widowhood? What did you have to do or not do? *[Laughs] Ah! I found it so hard. There were many things forbidden.... At the beginning sometimes I was told that I shouldn't sleep on my bed. I shouldn't even sit on chairs because they say that after widowhood is over, you must give everything away...*

Q: And how long does this period of widowhood last? *In Senegal that lasts one year, but I did six months because my work didn't allow me to do it for a year, because sometimes, when I was in assembly [at school] I wasn't able to sit anywhere because they tell you if you sit down the others won't be able to accept sitting down there.*

Other aspects mentioned by some involved elements of modesty (specifically identified as African) and not gossiping, in common with Muslim widowhood practices.

Practices for other relatives in Catholic families were much less extensive and varied according to ethnicity, mainly involving wearing special clothing: *'All the children have to wear white. We all wore white and the boys wore black and white.... from the death to the 8th day'*(Albertine,

aged 19, whose father died ten months previously). Sometimes white clothing was kept for special days, like going to church. Safia, (aged 31, Diola) suggested that wearing special clothing was optional for relatives.

Specific mourning practices were not mentioned for other Muslim relatives of the deceased, although some young people in the focus group on Kasnak, Kaolack suggested that Muslim widowers were not supposed to remarry within 40 days. This was also confirmed by an imam who suggested this period should last for three months. N'diouga (a widower aged 63, Wolof), explained how expectations of men whose spouse had died differed to those of women, but in practice few men remarried within a short time period: *'...for a man, if there aren't any restrictions, he could remarry a few days after, but because of ethics and good manners, we don't do that'*. Only N'diaw (aged 55, Muslim) referred to a particular practice specifically required of a widower, which he described as a Serer custom: *'The only special thing was that I was not allowed to eat the meat of the cow we'd killed.... among Serers, they say it's not good'*.

Although there were no particular dress requirements for other mourners, many Muslim interviewees referred to the need to wear *appropriate* (generally traditional, modest) clothing. A few also said that family members should behave in ways that would communicate to others that they were grieving, such as speaking quietly in the house, not turning on the TV or keeping the radio/TV at low volume, so that others *'know that there's been a death in the house'*.

As with burials and funerals, while some mourning customs were regarded as specific to Catholics or Muslims, other practices were shared or varied according to ethnicity rather than religious affiliation.

6.6 Continuing care for the dead: prayers, offerings and other practices

Beyond mourning customs, prayers were by far the most significant act of continuing care for the dead, particularly for Muslims but also for Catholics. As Saer, a young Muslim man (aged 22) whose mother had died two months previously, commented, *'If somebody's died you can only say prayers for them'*. For Muslims, this was generally described as part of their routine of daily prayers, which included praying for all deceased relatives: *'I wake up every morning at 5am. I do my ablutions and I pray for him and my deceased relatives, and for all the other deceased Muslims'* (Nogaye, widow, aged 46). An imam explained how prayers are regarded as for the benefit of the dead: *'It's said in religion that when someone dies there are angels who come to ask him questions and he'll answer.... These prayers we do for him can allow him to answer easily'*. In addition to praying, several Muslim families mentioned reading the Koran as a way of caring for the deceased: *'After each daily prayer, I pray for her [his deceased mother]. And every fortnight we recite the Koran for her, the family together'* (Allassane, aged 36).

Prayers were also an important continuing practice of care for the deceased among Catholics. Two interviewees (one Catholic and one Muslim) expressed a belief that prayers were a reciprocal activity between the dead and the living. As Djibril, a man (aged 42, Wolof, Muslim) whose 'mother'/aunt died a year previously commented:

They say in the Muslim religion that everybody, all our relatives that have died, watch over us, because when we pray and say prayers for them, they too do the same for us, so she [his deceased 'mother'/aunt] continues to watch over us.

A Catholic widow, Alima (aged 46, Conagui) said that she sometimes found prayer was helpful in dealing with difficult emotions: *'I prayed all the time until I calmed down'*.

Some young people of both Muslim and Catholic religious affiliations saw continuing to pray and to care for other family members as practices which continued the wishes of the deceased. Albertine (aged 19, Catholic) said:

[I] pray every night before going to sleep because he [her father] was a man who believed in God, who loved his religion... I pray for him, for the house, for my brothers and sisters and everybody. I do that for him because he liked his children to pray and so on.

Similarly, Abdou, a 25 year old Muslim man, spoke of trying to care for his deceased brother-in-law's children, 'like he used to do', as a way of caring for him, and Magatte, (aged 17, Muslim) said that she was learning the Koran to fulfil her deceased father's wishes.

Both Muslim and Catholic families gave accounts of religious practices to remember their relative on particular occasions, especially on the anniversary of the death or on a special religious occasion. Reciting or reading the Koran was a central Muslim practice at such events: 'We recite the Koran on the anniversary of his death. We cook as an offering and we pray for him' (Nogaye, widow, aged 46, Wolof, poor household). Several Catholics requested Mass to be said in church, when they could afford it, which seemed to be a key activity in their continuing care for the dead:

Often, when I have money, I'll give [money] to the priest so he can say a Mass for him... And sometimes when I don't have any money, I'll go to church and give a coin as an offering for him (Alima, widow, aged 46, Conagui, poor household).

Catholic interviewees also said that they marked the anniversary of the death in particular ways, such as going to the cemetery with other family members to say prayers and light candles for their deceased relative, while others remembered the deceased particularly on All Saints Day.

An important practice in continuing to care for the dead, particularly for Muslims, was the giving of food or money to others as offerings or alms. Across households of all types of socio-economic status, 25 Muslim interviewees described *giving offerings*, usually when asked about things they continued to do for their deceased relative. Sometimes these offerings were given on particular days or occasions:

Every Friday when I finish at midday, I go to buy biscuits which I give as alms (Fary, aged 22, mother died five months previously, middling household).

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 (Athia, aged 56 widow, husband died three years ago, poor household).

One widow (Catholic, Bénin-Cap Verdian) suggested that this was a particular African/Senegalese custom and Oumy, another Catholic widow (Serer), mentioned offerings as a specifically African tradition: 'In Africa they say that the day of the anniversary you have to make his favourite dish as an offering'.

Muslim interviewees said that they bought particular foods or prepared dishes that the deceased had enjoyed, which was given to others (often children or older people) in remembrance of the dead. For some, however, there were just not the resources to be able to give offerings: 'I don't do anything for her because I can't afford to. But I wanted to prepare her favourite dish and give it as an offering each Friday' (Aminata, young woman aged 25, Hal Pulaaren, mother died a year previously, poor household).

As well as daily prayers and special Masses, many Catholics spoke of visiting the cemetery as a particular place for praying. However, amongst Muslims, it was very noticeable that it was only men who said that they visited cemeteries. In response to a direct question, 12 Muslim men stated that they had visited the grave, whereas 12 women, and one sixteen year old young man, said that they had not done so. However, a further three Muslim women said that they wanted or planned to visit the grave, but had not yet done so, and one said that her younger sister had visited the grave. Several Muslim women gave very brief answers and two middle-aged Muslim

women explicitly said that they were afraid to go to visit the grave or to go to a cemetery. Chérif, a Muslim man (aged 33, Toucouleur, comfortable household) spoke of how he had overcome his fear of cemeteries in order to go there:

There was a time when I was afraid to go into cemeteries but since I attended my father's burial, I've plucked up my courage. Every Friday, except today, I go to the cemetery... I pray a lot for him [his father] as that's all I've got left to do for him.



Fig. 1: Muslim cemetery of Pikine, Dakar where Muslim relatives of interviewees living in Guédiawaye were likely to have been buried. Only men were observed to be praying or attending a burial on the day of our visit (the *Magal*, a Muslim festival).

While no Muslim women spoke of praying at the graveside, Catholic women said they regularly visited the grave to pray, as well as to look after the site, although this might be difficult if the grave was located some distance away, involving time and money to get there. Simone, from a middling family, whose husband had been buried close to his parents in his town of origin, said how she had to choose sometimes between visiting his grave and having something for the children to eat: *'So I prefer to stay here and pray for him [...] he receives my prayers [...] We don't see him, but he sees us'*. Other Catholic women also spoke of caring for the grave: *'Sometimes I go to the cemetery, I clean his grave and come back'* (Oulimata, aged 18, Conagui, father died a year previously, poor household).



Fig. 2: Catholic cemetery Saint-Lazare de Béthanie, Dakar. No one was observed to be visiting graves on our day of visit (a weekday).

Muslim interviewees also spoke of wanting an inscription on the grave, although for many this involved a simple plaque or marker, and for several, there was nothing to mark the grave, although some spoke of wanting to do this. Some spoke of spending significant sums of money on the gravestone: *'When I got my pension, I bought five cases of tiles to build the grave. I spent 90,000 CFA [equivalent of £102] in total'* (Cheikh, man, aged 77, Toucouleur, mother died a year previously, middling household). Lack of financial means was a significant limitation for several interviewees: *'They put a metal board on the grave with her name on it. I encircled the grave with rocks because I couldn't afford a gravestone'* (Malang, widower, aged 47, wife died two years previously, poor household).



Fig 3: Simple graves with metal plaques in the Muslim cemetery of Pikine, Dakar

6.7 Concluding points

Across the interviews, practices and occasions to care for the dead were generally strongly framed by religion. The timing of Catholic burial and funeral arrangements differed significantly from those of Muslims. As we discuss further in Section 9, 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. The gendering of these arrangements also differed markedly between Muslims and Catholics, with Muslim women keeping away from the burial and from cemeteries generally.

Both Muslim and some Catholic women reported following strict codes of conduct during a widely recognised period of widows' mourning. Catholic widows were sometimes expected to observe a longer mourning period than Muslim widows, although this appeared to be related to ethnic customs rather than religious expectations amongst Catholic widows. For both Catholics and Muslims, the social consequences of widowhood-mourning practices 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, although one professional Catholic woman spoke of how it was difficult to maintain widowhood practices at her place of work. Mourning generally was discussed in terms of particular customary practices and rituals (notably for widows, rather than other family members) rather than in terms of feelings or other behaviours. In contrast to Muslim women, Catholic women regularly visited cemeteries to pray and tend the grave of the deceased.

Amongst Muslims in particular, offerings of food or money to others were an important continuing practice for remembering and caring for the dead. But for both Muslims and Catholics, prayers were central forms of caring, and religious anniversary events were also important. Within these continuing activities, the particular deceased relative might become identified with the wider set of deceased family members, and with the dead more broadly.

7. Impact on the living: personalized¹⁴ accounts of responding to the death

This research highlights the fact that emotions are highly complex phenomena, touching on the embodied senses, the physical and practical needs of living, the nature of relationships between people and the cultural context (Scheper-Hughes, [1992] 2004), raising many theoretical issues that are beyond the scope of the present discussion. However, we have sought to step outside of the common assumption in the global North that emotions are somehow above and beyond material existence, rather than intrinsically bound up together. Grief may perhaps be regarded as a luxury in situations of survival (Demmer, 2007), but this understanding may itself imply that emotional responses to death are separate from material experiences; perhaps it is rather that paying emotions much attention may be a luxury.

Given that we seek to prioritise interviewees' own 'voices', and avoid, as far as possible, imposing understandings of bereavement and grief drawn from existing literature (and the UK researchers' own lives) in the global North, this analysis seeks to attend closely to the language and words that people used in talking about their experiences. This section offers, therefore, a cautious interpretation of the impact of the death on interviewees, focusing on individualised and personal accounts of feelings and memories.

7.1 'It's hard'

The first and most striking response of individuals to the death was the pervasive re-iteration across the interviews of the brief phrase, '*it was hard*' or '*it's hard*', used by almost half the sample in describing the effects of their loss and appeared one or more times in 80% of the family interviews (total of 235 references, including when the researcher and interpreter used this phrase). It was used both to describe emotional responses to the death, as well as difficult material circumstances and struggles to support the family, in other parts of the interview. It was often used almost as a standalone phrase and sometimes was followed by a little more elaboration: '*It's very hard, I almost went mad*' (Nogaye, aged 46, widow); '*It's hard to lose your husband*' (Anna, aged 41 widow). Some participants gave more extensive elaboration:

It was hard. I couldn't spend a single night without thinking about him. I had the scene in my mind the whole time, especially the last three days (Abdou, young man, aged 25, brother-in-law died a year previously).

The ways in which this phrase was qualified or elaborated comprise a range of themes: it was hard but I'm resigned; it was hard because of the difficult feelings; it was hard because it involved traumatic events; it was hard because I've had multiple losses; it was hard because it was my husband; it was hard because we don't have support. This brief language of '*it's hard*', was very striking and powerful, and encompassed multiple aspects of the situation and feelings involved. When analysing the research team's interviews with each other, we found that Jane also used this phrase '*it's hard*' many times when referring to the death of her husband, while Ruth and Sophie often used the words '*it's difficult*' about the death of a relative.

¹⁴ The use of the term 'personalized' signals a focus on interviewees' individual accounts of their feelings and responses to the death of their relative. Clearly, it is a potentially debatable term (see Ribbens McCarthy and Edwards, 2002), as is the focus on emotions as individual and subjective. This focus enables us to attend to individual meanings and responses that were undoubtedly socially embedded, but which may have been less easily voiced in the everyday lives of participants.

7.2 Shock, pain and tears

Many people elaborated difficult feelings, and the extent to which they had cried at the time of death, and continued to cry into the present. As one woman in the focus group in Touba Extension, Kaolack said: *'The relative is part of the family. Whatever their age if you lose a relative it's as if you've lost a part of your own body'*. Some expressed their initial shock or surprise at an unexpected or particularly difficult death (as noted in Section 5): *'I was completely devastated. Honestly, I was completely shocked'*. (Boubacar, 44 year old man, eldest brother died three months previously). Occasionally, there was relief at an end to suffering from chronic illness and pain, alongside the grief:

Q: We would like to ask what you felt at the moment your wife died? *Great sorrow. But I must confess something. That is to say we were in anguish but at the same time we were relieved. Why?... in the end to look at her was really difficult... we knew that she was suffering and there was nothing we could do* (N'diaw, widower, aged 55).

Many interviewees, particularly young people, gave very brief elaborations of their feelings: *'I felt bad'; 'It hurt'; 'I was sad'; 'I was grief-stricken'*. Some spoke about the profound effect of the death on their emotional wellbeing: *'Ah! What pain, loneliness, sadness'* (Oumy, 33 year old widow). The words often used to describe how people felt included: *terrible; pain; awful; bad; sorrow; distress; hurt; upset; sad*. In one instance, the major feeling described was of fear, which was reiterated in the focus groups and by one imam: *'The Senegalese are afraid of death'*.

Participants described the responses of children in the household to the death in terms of crying and feeling sad when they were told, and that it was *'hard'*, and *'difficult'* for them. Several interviewees said that children's reactions to death were no different to adults. Djibril (aged 42) whose 'mother'/aunt had died, however, thought that it was sometimes difficult to understand children's reactions, as they seemed quite changeable: *'For children, it's rather difficult to explain their feelings because children tell you something moving, and in the next minute, you see them playing, so to know if that's affected them or not it's rather difficult'*¹⁵. Adults sought to comfort children, especially through consoling them and giving them advice and guidance.

Given the fear of death, it is perhaps not surprising that a small number of interviewees said that they had not told children in the family of their relatives' deaths. Although the majority of participants did not keep the death from children, five interviewees said that their children did not know what had happened or believed that their relative had gone away and would be returning at some point:

The smallest [children] weren't aware of their father's death... The youngest, when you ask her, she says that her father's gone to Dakar and he's going to bring her some toys when he comes back (Toufil, widow, aged 25, husband died six months previously).

Nevertheless, in such circumstances, relatives and neighbours sometimes had other ideas and told the children, and sought to comfort them. In workshop discussions, many participants thought that children were no longer sheltered from death and seeing the body of the deceased to the same extent as in the past, saying *'Children now know what death is'*, and that children sometimes attend burials. Some attributed this change to a perception of higher rates of death and the close proximity of people living in urban neighbourhoods. Others implied that religious beliefs were leading to a decline in the fear of death, saying, *'if you have faith, you have nothing to fear of death'*.

¹⁵ It is notable that this tendency amongst children has also been observed amongst bereaved children in the UK, and in this context, has been normalised in books about children's responses to death (see Crossley, 2000).

Many interviewees talked about crying, at the time of the death and burial, or continuing into the present: *'I kept crying and people tried to console me but they couldn't'* (N'della, young woman aged 19, Catholic, father died six months previously). Sometimes interviewees commented on how they tried to control their tears out of consideration for others, suggesting a social regulation (or policing, as Walter, 1999, would describe it) of emotions:

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'diouga, widower, aged 63, Muslim, wife died a year previously).

It appeared that children's tears might be discouraged in the same ways as adults, as part of the need to accept *'God's will'*.

Women in the focus group in Touba Extension, Kaolack discussed whether it was appropriate to cry after a death and suggested that differences might be linked to ethnicity. A Catholic Diola woman explained that, as her father was animist and was very old when died, *'he'd said for people to have fun when he died'*, and people sang and danced at his funeral. Another Diola participant said, *'Among us, we don't cry for someone that's died'*. Interviews with key informants and workshop discussions with family participants revealed that crying too much was not considered appropriate:

Excessive crying is not appropriate... You shouldn't exaggerate because everything has a limit. Q: Can the person cry during the funeral period? No, that's not good. Religion doesn't tolerate a person crying for so long... Of course religion allows us to cry but if you persist, it's like calling into question Divine will (head of district, Guédiawaye).

In the workshops, community participants explained that they thought it was normal to cry if you lose someone you were close to, but you should cry *'discretely'*, that is, *'quietly'*. In the policy workshops, Muslim religious leaders confirmed that people could show their emotions through tears, but Islam disapproved of crying loudly, or saying despairing words such as 'what will become of us now?' or 'where will I go?' since as one Islamic leader commented: *'..that's a way of saying...it's as though God isn't there. A Muslim believes that it's God who solves these problems'*. One imam associated crying loudly with animist practices linked to ethnicity, particularly the role of 'wailers' who may be paid to cry at funerals. Many participants commented that Islam recommended that, instead of crying too much, people should pray for the deceased.

In a few instances, adult interviewees described themselves as being overwhelmed by their feelings, for example, Simone (aged 39, widow, Catholic) said she was *'going crazy'*, while Malang (aged 47, Muslim) described having complete breakdown after his wife's death:

I didn't feel good. I had burn out a week after her death. I ran through the streets. I went to see our head one day and told him, 'They're going to kill me'. I was seriously seeing things, I was hearing voices in my head.

Nogaye (aged 46, widow, Muslim), in contrast, expressed a sense of her feelings being 'normal': *'It's normal to be a little bit shaken. It'll be very difficult for you to bounce back'*.

7.3 Being alone in 'the void'

Many interviewees tried to explain what they felt they had lost, and which was now missing in their lives, leaving *a gap*, or *an absence*. Several referred to this as *'a void'* or *'emptiness'* (*un vide* in French), but by far the most widespread and recurrent language was that of being *'alone'*¹⁶. This appeared somewhat surprising, as most participants seemed to be surrounded by the

¹⁶ The same word *'weet'/weetay'* is used in Wolof to mean 'alone' and 'a void/ gap/ emptiness/ absence'.

company of relatives, friends and neighbours, and perhaps were even more so immediately after the death, as a Roman Catholic priest commented:

As soon as there's a death, the family or people directly affected by the death aren't left alone the whole time. There are always women, neighbours, close friends that are there, that spend the day with them, spend the night with them... it's something that's really very spontaneous and very natural.

The use of the language of being *alone* seems to imply something more fundamental about the gap and emptiness left in their lives by the absence of the deceased, which led to feelings of loneliness and being alone despite the presence of others. Given the importance of people's intricate and extended family and social networks for daily survival (as discussed in Section 4), it seems that the significance of a family death is not only about the end to a relationship, but it also disrupts familial roles and generational hierarchies (discussed in more detail in Section 8). As Jacquemin (2010) suggests, rather than being a choice, solitude and isolation in Africa (more than elsewhere) appears to be a sign of a loss of social status and support.

The language of being *'alone'*, like the phrase *'it's hard'*, was sometimes used quite starkly, without elaboration, particularly amongst the younger generation who had experienced the death of a mother, as N'diogou (aged 22, mother died five months previously) commented: *'I felt really alone. Even at the time that you're talking you feel that there's a complete void there'*. The language of feeling *'alone'*, however, was not only used by those who had lost a parent, but was also used by many other relatives to point to the loss of the particular role that the deceased had played in their lives, including eldest brother, sister grandmother and so on. Some interviewees and many workshop participants described how the deceased relative, particularly a mother or father, who had died was *'irreplaceable'* for the children. Some observed that other children did not have this painful absence or gap in their lives: *'It's hard to see friends with their father and you don't have your father anymore'*. (Yama, 47 year old widow, husband died two years ago).

Some described the friendship that had been lost, along with the *advice* (discussed further in section 8) that the deceased used to offer: *'My mother was my confidante. I always used to talk to her about what I was doing. [...] She was at the centre. Each time you had a problem, you came to her'* (Allasane, man aged 36, mother died two years previously). Others referred to the loss of their love and companionship (particularly as a spouse): *'It's the loneliness, because really, when you have a wife, you discuss every time you're together. So when she leaves, it's lonely'* (N'diaw, 55 year old widower). Some described the impact of the loss of the particular personality of their relative within the family. Unusually, Boubacar (aged 44) mused on his brother's death, three months previously, in terms of the reality of death and the loss of bodily existence, which he understood as there now being something missing in him and other family members:

It's difficult to see him like that, lying there, and you know, that guy there, he's not coming back, it's over, he's gone. Someone you saw walking, someone who helped you when you were studying and who did everything for you. And you see him and he can't move an arm, you can see he can't do anything. It's hard [...] there's something in us which has gone and we can't get it back.

7.4 Physical impact and gaps in daily life

Several interviewees spontaneously referred to a range of physical changes, and an inability to function normally, after the death (see Table 7.1).

Many seemed to accept such experiences as unavoidable consequences of their responses to the death, but a few referred to religion as helping them: *'At the beginning it was very hard. I got thin. But I got better, being a Muslim'* (Safietou, aged 50, son died five years previously). Key

informants also suggested that the responses to death could lead to death and even suicide: *'There are people who get sick from crying over the death of a relative. There are people who have heart problems and even die following the death of a relative. It's hard to lose a loved one'* (imam).

Three interviewees mentioned how the children's reactions to the death had brought difficulties, such as headaches or affected their school attendance. However, most interviewees said that nothing much had changed in the children, despite the sadness and the tears. Some described how the children have learned about death and the need to accept its finality.

Table 7.1: Physical effects of the death reported by interviewees

Physical change	No. of interviewees who cited ¹⁷
Not sleeping	9
Illness, loss of weight	4
Disruption to work or school	4
Avoiding places, rooms in the house	3
Headache	2
Not eating	1
Not drinking	1
Not socialising	1

7.5 Reminders

For many interviewees, particular places carried strong memories of the deceased, most often the person's room (7), house (7), or another room in the house (1) or somewhere outside the home (4). Only N'daye (aged 17) who had moved to live with other relatives after her mother's death, answered the question about whether particular places reminded her of the deceased with a definite *'nowhere'*.

Others mentioned particular objects which reminded them of their relative, including clothes (8), personal belongings (7), or furniture, notably particular chairs (3) and a bed (1). Almost everyone who was asked directly about photos said that they, or other members of the family, had kept photos. Only N'daye said she didn't have a photo or anything else of her mother's. Some young people mentioned that photos were on the screensaver of their computer, or on their mobile phone. For some participants, however, as with other reminders, photos were felt to be disturbing: *'I enlarged his photo which I put on the wall... I had the impression that the photo was looking at me so I was very frightened, and I took the photo down'* (Yama, 47 year old widow, husband died two years previously).

Seven interviewees mentioned particular activities, such as studying, going to the market or to their place of work, that reminded them of their relative. A few interviewees missed caring for their relative if they had been sick, with the death creating a daily reminder of their absence: *'I remember I looked after her when she was ill. I made her walk. I miss all that.* (Abdoulaye, young man aged 30, mother died a year previously).

Five interviewees spoke of how the deceased's children were a reminder of the parent who had died, while one widower was reminded of his wife by his wife's friends. Baba (aged 14) said he cried when he heard of other deaths. For some, it was particular days of the week when their

¹⁷ Some individuals mentioned more than one physical effect.

relative had died or a particular religious festival (Mother's Day, or Tabaski) that most reminded them of their loss.

For a few people, such reminders were unwelcome intrusions on their attempt to continue with their lives, while some had very difficult memories associated with these reminders: *'The last image I have is when she died. We laid her in the bathroom to wash her. So that's an image which still haunts me'* (N'diaw, aged 55, wife died one year previously). But for some, these material places and things constituted cherished memories that brought some comfort: *'I kept some of her clothes which I wore when I was pregnant'* (Diami, aged 26, mother died one year previously).

Eight interviewees mentioned seeing their relative in dreams. As with other reminders and memories, this might be experienced as positive or negative: *'I sometimes dream at night. She appears to me, smiling, which reminds me of when she used to make fun of me'* (N'diougua, aged 63, wife died one year previously); *'I often saw him in my dreams. At night I was afraid to go in his room. Now it's over'* (Lamine, young man aged 13, father died two years previously).

Many interviewees were asked a direct question about whether or not they felt their relative's presence, or that their relative was with them. Sixteen people answered this in the affirmative, while five answered negatively. The negative answers were sometimes brief, perhaps implying that this would be too awful to think of. For others the idea of a continuing presence seemed to be somewhat absurd: *'Q: Do you sometimes feel your husband's presence? I don't think he's there as he died'*. (Toufil, 25 year old widow, husband died six months previously). For those who said they did feel a presence, this often seemed to be a source of some comfort: *'I feel her presence from time to time. I was very close to her'* (Allassane, 36 year old man, mother died two years previously). Some felt a sense of presence when they prayed for their relative, or visited the cemetery. Djibril (aged 42, 'mother'/aunt died a year previously) suggested that his religion encouraged reciprocal continuing bonds and care between the living and the dead: *'They say in the Muslim religion that everybody, all our relatives that have died, watch over us, because when we pray and say prayers for them, they too do the same for us, so she continues to watch over us'*.

Many workshop participants said that memories and reminders of the deceased, including religious ceremonies organised on the anniversary of the death, were occasions when they or other family members could express their grief through tears.

7.6 Thoughts and the legacy left behind

While feelings about reminders of the deceased varied, many interviewees said that they thought about their relative and did not appear to associate this with any discomfort. Amadou (aged 26) said he thought of his deceased father *'a lot'* since his death a year ago, but he was unusual in linking his thoughts with bad feelings: *'I feel bad every time I think of him'*. Some interviewees expressed how much the deceased was in the interviewee's thoughts 'every day' or as Fary (aged 22) commented about her mother: *'Every moment I think of her'*.

Others linked their thoughts to particular practices for the deceased, such as one Catholic young woman going to the cemetery every Sunday. Sometimes thoughts were framed by reference to memories of the past, particularly caring for their sick relative in the last months of their life. Sometimes it was the future that had been lost that stayed in the mind.

The most frequently cited non-material legacy that relatives were perceived to have left to family members (mentioned by 13 participants) was an emphasis on religious faith and saying prayers, as Ouly (aged 31) commented about her mother who had died four months previously: *'She had faith and she asked us to be pious and to have faith'*. Three interviewees specifically referred to advice: *'I think it's her advice that has made my life'* (Samba, 50 year old man, grandmother died a year previously).

Others referred to children having received a good upbringing, generally, or with regard to respectability. Seven participants mentioned a preference for children or other family members not to go out too much, which might be related to not associating with undesirable peers or others in the neighbourhood. Four interviewees mentioned the importance of education as a feature of a good upbringing:

I can tell you that if we've succeeded in our studies, it's thanks to our mother that we've got on... it's her that got us to work hard and to always be first in our studies. That's what she left us, and I thank her for that (N'diogou, young man aged 29, mother died one year previously).

Personal characteristics, values, and setting a good example were also often regarded as an important non-material legacy of the deceased for remaining family members (referred to by 12 participants). This included not getting involved in talk that did not concern them, behaving well as a husband, not fighting, being generous, liking people, being nice. Only one young man mentioned an undesirable trait, 'being difficult', that relatives said had been passed on to him by his father.

7.7 Acceptance, comfort and resignation

Many interviewees spoke of what had helped them to accept the death, and/or come to terms with it to some degree. Two interviewees specifically referred to death as a general part of life that had to be accepted. N'diougou (63 year old widower) explained that the word 'Muñul' in Wolof referred to the need to accept death: *'Like they say in Wolof, "Muñul" [you must persevere]; that is, you must be aware that everything perishes so it's not worth creating a drama. You must remain strong; everyone does, yes, even women'.*

By far the most pervasive framework for accepting the death, being comforted and resigned to it, was that of religion, particularly Islam:

God's helped me a lot. I could have kept thinking of my mother's death, I didn't do that (Mame Cor, young man aged 16, mother died one year and three months previously).

Being Muslim, I can only trust in God. It's He who'd given him to me, it's He who took him. I can do nothing... Ultimately you pull yourself together (Safietou, woman aged 50, son died five years previously).

A Roman Catholic priest suggested that a person's ability to accept a death might be seen as a reflection of the level of their faith:

You feel the depth of the person's faith. It's when we're tested. It's for that, in Wolof they say "Natu". Natu is something we say that measures your faith. God does it to measure your faith; to see how far your faith goes; the depth of your faith.

It was also apparent at times, however, that some people felt they could not accept the death, even though this might be going against the teachings of religion. As Ibrahima (aged 44) commented about his mother's death two years previously: *'...this gap we're still feeling until now. Sorrow; I'm even ashamed to think of her to tell you the truth, because I still haven't accepted this death. I pretend that she's still here. That's what helps us to keep going'.* Similarly, a woman in the focus group in Médina felt that the impact of the loss did not subside over time:

I think each time you wake up and you remember she used to do that or he used to do this, that affects you all the time. It's as if it were today. Even if it's five years or something like that.

Others described how exhortations from siblings or other family members had helped them come to terms with the death, or at least, to stop crying. Mame Cor, a young man (aged 16)

whose mother had died, described how being 'strong' was '*the only thing left [to do]: ... it was hard but I stayed strong because there's no sense in keeping on crying*'.

7.8 Changing priorities, outlook and behaviour

Among many interviewees, a relative's death brought about changes in their current priorities and ideas about the future. Such effects were evident amongst all the households regardless of religion, wealth or ethnicity. The central significance of 'the family' in people's lives and the importance of contributing to the ongoing 'success' of the family were commonly identified as interviewees' current priorities. Young people overwhelmingly emphasised that they must 'succeed' so that they were able to help their families. For most 'success' was linked to doing well in their studies. Young people in their later 20s and 30s also wanted to help their families and some hoped to start their own businesses. Middle aged and older people hoped to either be able to support the family themselves or, often, for their children to find paid work to support the family: '*The most important thing for me is that my child finds stable employment to be able to help her deal with the difficulties we face*'. (Nogaye, widow, aged 46).

Regarding their future outlook, some older people simply hoped that they would live long while believing that, '*My future depends on God*' (Khoury, widow aged 67). Their other hopes for the future were centred on their children, as Khoury also said: '*if the children make it, it's like I've made it*'. Others just hoped that they would have enough to eat. In contrast, younger and middle aged people identified more specific hopes and plans for themselves or their children which demonstrated a sense of agency in bringing about change in their lives. For example, when asked, 'What's most important for the future of your other brothers and sisters?', Allassane (aged 36, comfortable household) replied: '*We meet every Sunday to discuss projects, we share the same projects*'. Those living in more 'comfortable' households expressed the most definite and optimistic plans for the future. Amongst poorer households there was less certainty about the ability to change their situation, as Seynabou (aged 29, poor household) commented: '*Only God knows the future but we must be courageous and hard working. I want to find work to help my mother*'.

Almost all interviewees aged over 40 years said that their future hopes had not changed as a result of the death; they still had the same plans and aspirations for their children. Some interviewees explicitly described how their relative's death had increased their awareness of mortality, enhanced their faith, encouraged them to support other family members in the way that the deceased had, or in some other way changed their behaviour. As Boubacar (aged 44) commented about his brother's death:

It encourages me to be more involved, always knowing that one day I'll have to go but when I do, I'll also have what he had, that's very important. Even if it isn't financial or something else, at least the moral aspect, the support he gave the family, that I can also at least be where he was. It's the family, so the day I should go, others can say I'd supported the family.

Simone, a Catholic woman, who was employed to prepare the dead for burial, felt that the loss of her husband had increased her empathy for others.

In contrast to middle and older generations, younger people more frequently identified changes in their view of life, such as becoming more religious and more mature. As Mame Cor (aged 16) commented: '*The death of my mother pushed me to following my religion better [...] In a way it's enabled me to know more things in life. That's made me realise things*'. Some young people also expressed a stronger sense of responsibility to fulfil their role in the 'intergenerational contract' and provide for other relatives as their deceased parent had done. As Chérif (aged 26) explained: '*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*'.

Significantly, however, in a few instances, the death of a parent led to a temporary loss of motivation and direction for some young people, which could impact negatively on their studies and future outlook. Toufil, a young widow, mentioned that her young daughter did not want to go to school for a period after her father's death. N'diogou, a young man (aged 29) said,

After my mother's death I even asked myself questions like, why wear yourself out? Because the one that encouraged me to make sacrifices in life had gone, so why continue to work? I did like Victor Hugo, the blasphemer.

Baba's (aged 14) words also suggest that a mother's death could affect a young person's sense of purpose in life: *'When my mother died I didn't want to carry on living. It was my older sister who talked to me, that's why I became ambitious, but I dropped everything'*.

In the workshops, young people confirmed that they thought that such a loss of motivation was usually only temporary, and religious faith, family and peer support were perceived to help young people overcome this. Our research design and the complexity of links between childhood bereavement and outcomes do not permit exploration of any potential longer term impacts on young people's education or emotional wellbeing¹⁸.

7.9 Concluding points

Seeking to unravel the complexity of responses to death among the living is a challenging task. Sometimes this impact was described with considerable but powerful brevity – particularly the language of it being 'hard' and feeling 'alone' and a sense of a 'void/ emptiness' in their lives. Young people's responses were often brief when describing their feelings. Physical effects were also frequent, particularly problems with sleeping.

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 generally viewed in a more positive light, and many interviewees described the beneficial legacy their relatives had left behind, including advice, a good upbringing, and personal characteristics and values. In describing their sorrow, people spoke of many aspects of their loss, including: the particular family role their relative had played, their friendship and personal support, love and companionship.

Social regulation (or 'policing' in Walter's 1999 terminology) of grief was evident, particularly with regard to crying, and the need to be strong – injunctions that appear to be particularly important when faced with practical daily survival needs and being left with insurmountable problems (discussed in more detail in Section 8). Religious beliefs, shared pervasively in families and communities, formed a core framework for making sense of family deaths. While many spoke of the comfort their faith brought, and the help it provided in resigning themselves to what had happened, religious ideas could themselves form part of the 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. The exhortations of others, and feelings of obligation to family members, might also serve to create such mixed emotional responses, feeling an obligation to stop crying, and a need to carry on living and supporting other family members.

Nevertheless, several interviewees expressed some sense of beneficial changes that had occurred as a result of the death of their relative. Religion played a key role, both in terms of the

¹⁸ It should be noted, however, that research from the US and UK suggests that while the patterns are very complex, children bereaved of a parent may sometimes experience a variety of impacts, both in the immediate years after the death, and in the longer term into adulthood. Such impacts may include long term outcomes related to educational qualifications, which may be differentiated by gender (Ribbens McCarthy, 2006, Penny and Stubbs, 2015).

potential for learning, and in terms of the awareness of mortality and need to accept the death as part of God's will. Many interviewees prioritised contributing to the 'success' of the family. Young people emphasised that they must 'succeed' so that they were able to help their families; 'success' was often linked to doing well in their studies. Some young people identified changes in their view of life and future outlook following the death, such as becoming more religious, more mature, strengthening their resolve to fulfil familial expectations and support remaining family members. Significantly, in a few instances, the death of a parent led to a temporary loss of motivation and direction, which could impact negatively on young people's studies and future aspirations.

8. Care of the living and family change

Supportive caring relationships between family members and neighbours were shown to be crucial in the care of ill and dying relatives in Section 5 and as discussed further in Section 9, in providing assistance following a relative's death. This section examines the impact of the death on the material situation of children and adults in the household, including their livelihoods, inherited assets and education; and social changes in relationships and responsibilities within the family, including residential relocation, child fosterage and re-marriage.

Governmental and NGO representatives tended to emphasise the economic / material impacts of a relative's death, focusing particularly on the situation when the main income-earner, often the husband/father, had died. Families in such situations were regarded as at risk of 'falling' into poverty, which might be associated with other problems: children were no longer able to attend school; the widow and children could have health problems; the family could face difficulties paying the rent and become homeless; family ties could be disrupted if children were entrusted to different relatives as part of child fosterage practices; the division of inherited assets in polygamous families could mean that a widow or orphaned young people were forced to sell the house and the family dispersed, or inheritance disputes could result in the loss of their home or other assets. Although this section focuses on many material and social impacts of the death, it is important to recognise that these aspects and the emotional dimensions of a relative's death, discussed in Section 7, appear to be intrinsically bound together.

8.1 Household finances and loss of income

Many interviewees described the loss of the support that their relative had provided, or might have provided in the future. In circumstances where a death could create, or increase, problems for daily survival, material and emotional support were bound up together. As a Roman Catholic priest said, when it's an '*economic void*' as well as a social and emotional void, '*that has another dimension, and that is felt even more painfully*'. The loss of material support, and its emotional impact, was a pervasive theme. As noted in Section 3 and Appendices I and II, the qualitative data do not suggest any clear causal relationships between ethnicity or religion and socio-economic status; in the rest of this section, therefore, we do not discuss such possible relationships.

Interviewees in ten households (five 'poor' and five 'middling') said explicitly that the death had increased their financial problems, since they had lost income brought in by the person who died, either through earnings, or in one case, from a pension. Oulilmata (aged 18, poor household) commented: '*It's my father who took care of us. And when he passed away there were some relatives who helped us at first but after they said they couldn't any more. At the moment we're managing to eat and go to school.*'

Interviewees in seven 'poor' households and eight 'middling' households did not explicitly report any worsening in their financial situation as a result of the death. They had either not lost income because the deceased had not provided income, or they had been able to replace the income because another household member had found work, or they had moved to a relative's house or, in one case, received financial support from another relative. None of the 'comfortable' households talked of financial problems following the death.

In households reporting financial problems following the death, widows and other relatives struggled to pay for children's schooling, as Yama (aged 47, poor household) explained: '*Lamine [her son aged 13] was sent home recently because he didn't have the school smock. It cost 5,000frs [equivalent to approximately £6] and I don't have any money. He's often sent home*'. She commented on how frustrating Lamine found this situation. Similarly, Aminata (aged 25, middling household), who had become responsible for her two younger siblings following her mother's death, explained that her brother also had been sent home from school:

The only problem I've had is that I can't always look after everything as I can't afford to. You see the one there? He was sent home from school because he hasn't got an exercise book and he's in 1^{ère} [CM2, equivalent to Year 12 in UK].

Some young people reported that they had had to take up paid work after the death in order to contribute to the household. While several young people undertook paid work during school vacations, some young people reported that they were no longer able to attend school due to their need to work. Albertine (aged 19, young unmarried mother, middling household) had to give up studying in order to find paid work after her father's death:

It's changed my life a little because I wasn't used to working. Papa was here and he gave everything; all I had to do was to study but after my father's death, I was forced to work. One, because I have a daughter and two, because I have to help my mother. So that's changed my life a little; more responsibilities too.

Even the 13 households classified as 'middling' did not manage to escape poverty. Thus the experience of poverty or of living on the edge of poverty was a theme which pervaded many interviews, even if this was not explicitly linked to the impact of the death. For 'poor' households, worrying about money to pay for food was common, but was also reported by some from 'middling' households:

I have a heavy heart when I experience an unhappy event like bereavement. I even ask myself what I'm doing in this life. I cry when I sometimes don't have anything to give my children to eat; and my brothers' and sisters' children who are in my care. It makes me feel very bad (Anthiou, 57 year old aunt whose niece had died, middling household).

Problems in paying for children's education and for medical expenses were also commonplace amongst both 'poor' and 'middling' households. Lack of money affected several families' ability to carry out the funeral ceremonies as they wished or to visit the grave and contributed to their grief. In such circumstances of precarity a loss of income resulting from the death of a household member who was able to earn was a major problem.

8.2 Inheritance and sharing out of the deceased's belongings

In many African societies, wishes for inheritance are rarely expressed, since preparing for death often goes against cultural norms and writing a will is considered to risk bringing misfortune and premature death (Wood et al., 2006; Evans, 2015b). None of the interviewees reported that the deceased had written a will and very few said that the deceased had expressed their wishes about inheritance verbally before their death. N'doumbé, a young Muslim woman commented: *'You know, people don't usually talk about death. People often think about it but they always stay optimistic'*. Similarly, N'diougua, an older widower, suggested that writing a will was regarded as improper for Muslims:

No, no; not a will. As a Muslim; we're not allowed to make them. We're not allowed to say what assets we'll give to him or her after the burial. A good Muslim doesn't do that because we leave everything in the hands of God. After their death the goods rightly go to the heirs.

In policy workshops, however, Muslim religious leaders refuted this notion, saying that wills are recognised and recommended to Muslims in the Koran, although there were conditions associated with bequeathing assets to others.

The inheritance of housing, money, clothing and other belongings was usually settled within Muslim families according to Islamic law, as Evans (2015a) previously found. This meant that following the payment of any debts, sons and daughters inherited most of the deceased's assets and belongings, with sons usually inheriting twice the share of daughters. Widows/ widowers,

siblings and other family members also often received a share. Most Muslim families affirmed that they followed Islamic law principles regarding inheritance, rather than cultural practices associated with their ethnic group, as Boubacar commented, *'That's Muslim, nothing else. With us Hal Pulaaren there aren't customs, it's Islam'*.

In most families, older male or female relatives shared out the deceased's clothing and other belongings according to the principles of Islamic law and/or were led by pragmatic reasons, such as whether clothing fitted different relatives. Many young people and some women were not present or involved in the inheritance procedure or sharing of the deceased's belongings. In only six Muslim families, neighbourhood imams or other Islamic scholars were called upon to assist in the division of heritable assets and belongings among family members. Ouly, a Muslim young woman explained that an imam was not needed when there were few assets to divide: *'We did it [the inheritance/ division of assets] ourselves. For example if she'd left many things, we'd have called the imam, but as they're clothes you can share them'*.

Islamic law was often applied flexibly (Evans, 2015a), depending on different families' circumstances. In Diarry's experience, an imam divided the deceased's clothing and other belongings equally between her husband's two sons and a daughter, which she thought was increasingly common: *'Before it was boys that inherited more than girls [...] But now, they share equally'*. This was, however, the only example cited of Islamic law being applied equally to sons and daughters. None of the interviewees made reference to the statutory Family Code, although most Catholic families appeared to conform to the principles of common law set out in the Family Code. In one instance, a Serer Catholic family applied matrilineal inheritance practices associated with their ethnic group.

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 (accessories, jewellery, books, bed sheets/ covers and so on), and sometimes furniture, were usually the only belongings to be inherited. Over half of interviewees (34/59) reported that the deceased's clothing was shared among sons and daughters (who were the most frequent recipients), or to siblings, other relatives, friends or neighbours who had been close to the deceased, and/or clothing was given as an offering to others in the community.

Less than a fifth of interviewees (10/59) reported that a small sum of money had been inherited, mainly by the deceased's children, although two Catholic young women said that the deceased's widow had also received a share of these financial assets. In a few cases, adult children of the deceased experienced difficulties in providing the necessary paperwork to access financial assets, such as pensions and any salary payments. Only four interviewees reported that they had inherited a house, two interviewees reported inheriting sheep, which belonged to the whole family, and one widow reported inheriting a pirogue and motor which she planned to sell for her children. Family homes were usually regarded as belonging to family members living there and were not divided during the inheritance procedure unless there were co-wives and step-children who were also heirs.

In just under half of the families (14/30), the division/ sharing out of the deceased's belongings, house, livestock or other assets had not yet taken place. Boubacar (Muslim) explained that family members were waiting for the end of the widow's mourning period to divide his brother's assets. In some Muslim families where there were no substantial heritable assets, particular family members were allowed to keep the deceased's belongings if they wished without observing the usual inheritance procedure, in recognition of the grief and closeness of their relationship to the deceased. Djibril (aged 42) explained that his aunt's daughter who used to sleep in the room with her was allowed to keep her mother's clothes and other belongings:

I think that maman's clothes are still in the wardrobe until now. They suggested taking out the clothes and sharing them with relatives so that each family member can have a

souvenir of maman but [...] they didn't want to insist too much because as maman's daughter, she was too attached to her, they didn't want to push her...

Moreover, in this case and in other families, the sharing out of the deceased's belongings was portrayed as a difficult emotional experience for interviewees. Some wanted to be rid of the deceased's belongings quickly, while others simply did not want to be part of the sharing out of belongings. Allassane (aged 36, Muslim) left the house when he found family members sharing the inheritance and commented, *'Even members of the family cry when you tell them, this is their part of the inheritance'*.

Interviewees in two Catholic families explained that the deceased's belongings were usually kept until the first anniversary of the death (which appeared to be linked to the traditional end of the widowhood-mourning period for Roman Catholics), when they would be shared out among close relatives, friends and neighbours. They emphasised that it was not allowed for close family members to touch or see the deceased's belongings until the first anniversary of the death.

Only a few interviewees reported family inheritance disputes or resentment about the division of assets. Yama, a Muslim widow, explained that her husband had some land in his village, but his older brother had argued with family members about the children's potential entitlement to inherit the fields: *'Even the day of the funeral they argued between them! They asked him to say what assets there were for the children to know; he said he wouldn't say because it was his brother; same father and same mother'*.

Two examples of a widow and a divorced woman reveal the importance of housing in enabling women heading households and their children to survive in urban areas (Evans, 2015a). Safietou, a widow who had been the third wife in a polygamous union, had experienced a long delay (nine to ten years) before she received her and her children's share of her husband's inheritance from the children of the first wife. The step-children waited until they could afford to buy the house where they lived with their mother, which meant that the final amount raised and divided among all his children was considerably less than if it had been sold to an outsider at the time of his death. Safietou was reluctant to confront her co-wife's children about this, due to their age and higher social status, despite her mother's encouragement.

In a few instances, the inheritance of much less valuable belongings were also the subject of resentment and family tensions. Cheikh, an older Muslim man, felt that his mother's wishes had not been respected and said that relatives living elsewhere had taken all her belongings after the funeral:

...you generally don't get what you want. When she died, members of the family from [other towns] came and spent the night here and stole everything she'd kept. They even stole the pagnes [cotton wrappers].

Interviewees were generally reluctant to confront relatives about inheritance disputes or difficulties with accessing inherited assets. Cheikh commented, *'It wouldn't have made any sense to quarrel. I preferred to let it go'*. This reveals the often overriding importance of maintaining harmonious kinship ties and social networks to ensure survival, within a broader cultural context in which marital and family disputes are usually resolved through mediation, negotiation and consensus-building (Camara, 2007).

8.3 Changes in familial roles and relationships

Alongside changes in income and loss of material support, the death often led to significant changes in familial roles and relationships, which could have far reaching effects on the wellbeing and opportunities of living family members. Such changes included the loss of an advisor or confidante, changes in household headship and leadership, child fosterage, migration and the potential dispersal of household members.

8.3.1 Changes in gender and generational hierarchies

As noted in Section 7, many interviewees placed a strong emphasis on the loss of the role of the deceased within the family and how they felt about this. A Roman Catholic priest described the impact of an adult's death in terms of the emotional and social dimensions of the loss of the head of household:

There's this void, a feeling of loneliness for the widow or widower. The children too who from now on are left to themselves, all that. They don't know what tomorrow will bring. They don't know how they'll be able to organize now and live without this person who often was in charge.

The impact of a death of the male head of household on family life was described by a young woman in the focus group in Guédiawaye as *'like a big baobab tree that has been uprooted'*. In some cases, this may pose a threat to the social fabric in which people's lives are embedded, and through which their survival in the world is secured.

The death sometimes led to significant changes in household headship (the person who was often the main income earner and who was regarded as responsible for the overall organisation of activities in the household) and in the role of the *kilifa*, a Wolof term denoting the person who was the major decision-maker who was consulted on all household matters and was seen as having overall moral authority (Gning, 2013). Such changes could challenge conventional gender norms, when widows became the head of household and *kilifa*.

Some interviewees said that the role of head of the household could be taken on by family members of either gender and would often reflect seniority, but also the person's physical capability to manage everyday household activities, in contrast to the role of *kilifa* which might be exercised by someone who could not or did not run the day-to-day affairs of the household. For example, the death of her husband meant that Fagui, a widow, and her brothers now shared responsibility for providing for the household, although her elderly father remained the *kilifa*. Q. 'Who's now the head of the household here?' *'I am with my brothers and each of us gives what they have'*. Q. 'Who's the kilifa?' *'It's my father'*. Similarly, Djibril (aged 42) explained that although the household was headed by his elder brother, who was *'the head of the family, well apart from my uncle'*, he noted that his uncle who lived elsewhere was regarded as the *kilifa* and head. There were sometimes differing views within families about who was *kilifa*. Saer (aged 22) thought that although his two older sisters were the heads of the household, following his mother's death, as the oldest man in the household that he was the *kilifa*: *'As I'm a man, it's me at the moment'*. However, his elder sister Ouly said the *kilifa* was their father, who did not live with them.

Disruptions to the generational hierarchy caused by the death could place greater responsibility on younger household members which some found difficult. Safia (aged 31) whose mother died five months previously, for example, commented on the increased burden of responsibility she felt towards her younger siblings: *'Your brothers' and sisters' future is in your hands. That's why being maman and papa is difficult. Sometimes I confide in my grandmother'*. Support from relatives appeared to be particularly important in helping bereaved family members to adapt to new familial roles. Safia expressed how much she valued the moral support she received from her mother's family: *'They didn't leave me. [...] They didn't leave me; my cousins. They call me. My older brothers, my uncles, they didn't leave me. Ah, yes. If they'd left me, I don't know what I'd be like now'*.

Young people also expressed how they missed the advice and guidance of their deceased parent and implied that the advice of others did not make up for the loss of this role that their parent had performed:

Since my father died, we hardly go out. He was our advisor. When you go out now and encounter problems, you have nobody'. (Doudou, aged 27, son of deceased father)

When my father was living it was him who gave me strength. [...] Today I don't see him anymore; I only have my mother and my brothers and sisters to advise me. (Selbe, aged 13, daughter of deceased father)

My mother took care of me in every way. [...] She took care of all my needs. She advised me, she was also my friend. Today I'm alone with my father who is not here, he's in Italy (Fary, aged 22, daughter of deceased mother).

Husbands and wives also expressed the impact of their spouse's death in terms of the loss of someone to confide in and receive advice from, as discussed in Section 7.

8.3.2 Young people's increased care work

As discussed in Section 5, the illness of a parent, particularly a mother, could result in increased care work for young people, especially daughters. The death of a relative, especially mothers and older siblings, also resulted in daughters taking on increased childcare or domestic responsibilities in several households. As Hawa (aged 16) whose older brother had died, commented:

It was my brother who used to go and look for water. He would take a cart (and horse) to go and get water. And now, it's my sister and me who do it. [...] In any case, every day I go to school after having done the housework. When I finish I go and get water.

Increased care and domestic responsibilities had a negative effect on the schooling of some young people, although these examples were fewer than problems with school attendance that resulted from financial difficulties. This is an indication of the high priority most parents placed on children's education, which was seen as a potential route to 'success' and relative economic security, not only for the individual child but for the family. The importance of children's schooling to parents and its costs are indicated by Alima, a widow (aged 43) who spent 46 per cent of her earnings on her daughter's schooling:

I receive 40,500 CFA [equivalent to approx. £45]. From this money I paid 18,300 CFA for my daughter's schooling, I also pay the shopkeeper. Sometimes I don't have anything to pay the rent or electricity. One of my deceased husband's friends used to send me 7,000 CFA to pay the rent.

In some instances, an older child had given up their studies in order to find work to support other members of the family, including financially supporting their siblings' education. For example, Diami (aged 26) had moved from Kaolack to Dakar in order to earn money to send to her mother and her younger siblings after her father's death 12 years ago.

Following the subsequent death of her mother, she became the head of the household responsible for her two younger siblings (aged 19 and 22), her own two children and the child of her brother (aged 30) who also lives there. Another brother (aged 24) who worked in Dakar sometimes sent money home. Diami's account exemplifies the strength of feelings of responsibility for siblings that many interviewees expressed:

I don't want them to go hungry or thirsty. I want them to succeed in their life. [...] I stopped my studies so they could continue theirs. [...] If I want to buy something and I think of them, I no longer want to do it.

Young people also appeared to be very aware of the impact of the death of their relatives on older family members, often expressing considerable concern, and a desire to help by contributing financially, by providing emotional support or by staying 'strong' themselves. As

Baba (aged 14), whose mother died a year previously, commented: '*Everybody was upset. There were some of my sisters who cried and it was me who consoled them... We've never experienced such suffering*'.

8.3.3 Residential relocation and child fosterage

The residential relocation of some or all household members following a death was often a response to financial difficulties or disruption and changes in familial roles and responsibilities brought about by the death. Family members moved to live with relatives or a husband, except in Malang's case, where the household dispersed and he rented a room on his own. Such moves sometimes entailed child fosterage practices which placed young children with different relatives.

For example, Animata (aged 25) had been living with her siblings and her widowed mother. After her mother's death she moved with her younger sister and her own three children to live with her husband and her husband's married sister and children. Her two younger brothers slept nearby at their aunt's house but had meals at their sister's house, as she sought to care for them as their mother had. She explained: '*I'm like their mother, I'm responsible for them. I prefer to give them everything I have and me, I don't have anything because that's how our mother did things*'.

Two widows returned to live with their natal families after their husband's death. Diarry (aged 44) moved from the home she had shared with her husband, two step-sons and her daughter (aged 25) from her first marriage to live with her mother in Médina. She explained that she wanted to leave the rented room for her step sons to use. A younger widow, Toufil (aged 25) who had lived in an extended family household, with her husband and three children, her father-in-law and his wives and her brother-in-law and his children, also relocated to a relative's house after observing widowhood-mourning at her father-in-law's house. She returned with her baby son to live with her paternal aunt who had brought her up. At the time of interview, her two daughters were still living at her father-in-law's place, but she said she intended to bring them back eventually, '*because they're girls and it's the mother who should bring up her daughters*'. She explained that she had to leave them at present because, '*I can't just leave after the death. It'll be seen badly by people. That's why I've left the children there, to show I trust them*'.

A more unusual example of household dispersal and child fosterage practices is the case of Malang, the only interviewee who lived alone. Following his wife's death two and half years previously, five of his six children had been sent to live with different relatives in different locations. The youngest child who was a few months old when the mother died was placed in a children's residential care home. Both Malang and his daughter commented on how hard they had found it adjusting to these changes in the family. Furthermore, solitude and isolation may be considered a strong sign of a loss of social status (noted in Section 7), as one may no longer have the resources needed to contribute to the family and participate in mutual aid and reciprocal practices of solidarity (Jacquemin, 2010).

The only other example of child fosterage that clearly resulted from the death was that of a young widow (aged 33) who had no children and who was 'given' her 12 year old nephew by her older sister to help her '*get rid of the loneliness*', so that she did not live alone after her husband's death.

In general, it appears that the more complex material adjustments involving residential relocation, abandoning studies to care for younger siblings or to find paid work were more common amongst poorer households. Families or individuals who had to make major adjustments to their livelihoods, responsibilities or home had to cope with emotional, social and practical aspects of the death as well as often major changes in material circumstances. 'Comfortable' households and many of those described as 'middling' were less likely to have to make such major adjustments to their lives.

8.3.4 Re-marriage

The loss of a spouse could bring not only loss of a confidante but loss of someone to manage or guide the household, bring in money and help raise the children as well as the loss of a sexual partner. One potential response was to re-marry.

Two of the three widowers spoke positively about remarriage. Malang, whose separation from his children is described above, saw remarriage as a way of re-constituting the family he had lost: *'I'm planning to remarry to re-unite my children'*. N'diaw (aged 55) spoke very warmly of his deceased wife, who had died one year previously, and only revealed at the end that he had just remarried: *'Q. And to finish, do you envisage remarrying one day? Ah! I re-married last Thursday (laughs)'*. N'diougá – the third widower (aged 63) did not mention re-marriage as an option for himself although he explained religious expectations about men remarrying after a wife's death.

Of the 15 widows interviewed, nine did not mention re-marriage and were not asked about it explicitly, although all were asked about the future. Three of these, all aged under 40, whose husbands had all died within the past year, were very upset about their husband's death during the interview and might not have been ready to consider such a change. Three were over 60 and may not have deemed themselves to be expected, either socially or in terms of their religion, to consider re-marriage. The remaining three widows, aged between 40 and 59, did not discuss re-marriage, although all lived in poor households and re-marriage might have improved their financial situation.

Three widows said explicitly that they did not plan to re-marry. They sought to support themselves and their children through paid work or through relying on support from their adult children:

Do you think about remarrying? *Me?* Yes. *What use would that be?* (Athia, aged 56 year, poor household)

Q. And do you think that you will remarry in the distant future? *That's what they're always telling me but I tell them I'm not thinking of that for the moment. I ask them to pray for me so I can get a job* (Anna, aged 41, middling household).

Only three widows were positive about re-marriage, describing it as socially and religiously appropriate. One young widow hoped to remarry both because her family wanted her to do so and because she wanted *'to manage my household like before'* (Toufil, aged 25, middling household). Fagui (aged 46, middling household) explained:

As a Muslim I will remarry because it's God who recommends that. I shouldn't stay like that. If I was of a certain age I could stay like that without re-marrying but I am not that old. If God gives me another man I'll get married again.

Ndiémé (aged 28, middling household) also said *'I leave everything in God's hands'*.

8.4 Concluding points

The death of an adult relative had many repercussions for the wellbeing of the living. In most cases, interviewees provided and received care and support in adjusting to the death from members of their family, especially those with whom they shared their daily living. Tensions over inheritance and over daily living were hinted at and very occasionally made explicit. The more dominant message is of the centrality of family support for survival. Many people were able to continue without significant loss of income or major negative practical effects on their lives, but for some families and individuals the loss of income and the changes in roles and relationships following a death did lead to financial difficulties and particularly 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 to join another household. Such movements may help to prevent extreme poverty but may also create emotional, social and practical difficulties for adults and children. 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 often provided emotional support to siblings and other family members. Child fosterage practices could be a practical means of care after a death, but could also separate children from surviving parents or separate siblings, which could be difficult to adjust to, given the fact that many young people felt strongly about the loss of advice and guidance that a loved parent or relative had previously provided.

When tracing interviewees for the dissemination workshops a year and a half later, four of the young people interviewed from 'middling' or 'poor households' had moved to live with other relatives to continue their studies. Three women from 'poor' or 'middling' households and one man from a 'comfortable' household had also moved for a range of reasons, including the house falling into disrepair. We were saddened and shocked to hear that two interviewees (an older father, and an older sister in her twenties) from poor households had died since the original interview, leading to further disruptions and the risk of increased poverty for the young people left behind. Two families (one 'middling', one 'comfortable') had also experienced the death of a further family member in recent months.

These major upheavals and changes in families' circumstances provide initial longitudinal insights into significant material and emotional disruptions, including further deaths, that may follow the death of an adult relative, particularly among 'poor' and 'middling' households. Many of the difficulties that can follow a death, such as financial hardship, problems over schooling and residential relocation, however, involved a reliance on reciprocal relations of material, emotional and practical support from relatives both within and beyond the immediate household. The loss of material support, combined with the emotional impact of loss discussed in Section 7, could lead to feelings of fearfulness and even despair at how to face problems in life without a much loved relative. These findings resonate with the suggestion from some authors in the US and UK that a death may bring a 'cascade of events' into play (Christ, 2000); there is also robust evidence from the global North to suggest that multiple difficulties in children's lives – including family deaths – may be associated with unwelcome long term outcomes (Ribbens McCarthy and Jessop, 2005; Penny and Stubbs, 2015).

9. Policy and practice implications

This section discusses the policy and practice implications of the research findings. Following an overview of available support services in Senegal, a number of challenges and barriers to the social protection and support of children and families are identified. Participants' experiences of receiving formal and informal support are then discussed. We then discuss participants' perceptions of the needs of children and adults who have experienced a family death, in view of the difficulties and changes in circumstances that this could entail, as discussed in Section 8.

9.1 Social protection and support services in Senegal

Formal social protection systems are generally inadequate and inaccessible to the majority of the population in many African countries (Jacquemin, 2010). Governmental and non-governmental stakeholders working in Kaolack, Dakar or at the national level described how some social protection programmes and welfare services were available to poor families in Senegal, although capacity to meet the needs of all those who presented for support was severely limited. Where policies and programmes were in place, it was not always clear how these were implemented and to what extent target beneficiaries were able to access these in practice at local level.

As Table 9.1 in Appendix III shows, interviewees described a number of initiatives and programmes developed in Senegal in recent years which aim to provide social protection for 'vulnerable groups'. Interviewees suggested that widows living in poverty may be supported by micro-finance projects to develop income-generation activities to support their children. Orphaned young people were also sometimes able to access school bursaries and vocational training through the local authority or NGO support. Women also could access free legal advice in Dakar and Kaolack through drop-in centres run by AJS and APROFES respectively.

9.2 Perceptions of vulnerability and the targeting of services

Government and NGO stakeholders reported that social protection services and support were not specifically targeted to children or adults who had experienced a family death, although widows, and women in general, as well as orphaned children, were recognised as potentially 'vulnerable groups'. A Ministry of the Family representative acknowledged that children whose parent or relative had died were not specifically targeted for social welfare support, but they were included in Orphans and Vulnerable Children policies, especially if they had been orphaned by AIDS. One NGO representative thought that the most vulnerable were women and young people living in extreme poverty, who were not educated and *'aren't aware of their rights to be able to defend themselves'*.

In view of the limited resources available for social welfare support, representatives of government Ministries emphasised the *'need to target in order to reach the most vulnerable'* and regarded a three stage process of targeting as necessary to ensure *'objectivity'* and good governance in the identification of beneficiaries. This process comprised: *geographical targeting* of low income neighbourhoods; *community targeting*, in which the most vulnerable were identified by local committees of local and religious leaders, civil society representatives, leaders of associations and so on; and finally, *category targeting* of vulnerable groups, although little information was available about how different categories of vulnerable groups were defined or targeted. The national programme of family security grants described a similar process of targeting. Children or adults who had experienced a death were not specifically part of the targeting criteria.

Only representatives of the Office for the Promotion and Protection of Vulnerable Groups, Ministry of Health and Social Action specifically identified widows and orphaned children as target beneficiaries of social services, although they described their support for these groups as

'rather piece-meal'. Representatives of a Centre for Social Promotion and Reintegration [CPRS: *Centre de Promotion et de Réinsertion Sociale*] in Dakar explained that they conducted social enquiries to verify the circumstances of potential beneficiaries who requested financial assistance and prepared social cases of those who were deemed to be 'destitute', which they sent for consideration by the City Council.

Ministry representatives reported that some orphaned and vulnerable children in need were supported through school bursaries (annual financial assistance of 35,000 CFA, equivalent of £38 to pay for school enrolment fees, books and other expenses). Some 'vulnerable' young people experiencing poverty could also access vocational training if they met certain criteria. Orphaned children seeking such training were requested to include their relative's death certificate in their file, as they would be given priority. It was not clear, however, what proportion of those needing such support actually received bursaries, or on what basis they are distributed. In common with family interviewees and local and religious leaders, NGO representatives expressed some scepticism about whether accessing such governmental education support was an equitable, transparent process: *'I don't know if it's fair or not because it's sometimes political'*. It was thought that school management committees made a note of orphaned young people to prioritise them for any available assistance; an NGO representative said, *'it's not systematic but they try to take orphans into account'*.

9.3 Challenges and barriers to social protection and support for 'vulnerable' children and families

Government and NGO representatives working at national and local level highlighted a number of challenges and barriers they faced in their work on social protection and support for 'vulnerable' children and families in Senegal.

9.3.1 Insufficient funds and capacity

National stakeholders welcomed recent reforms to develop a Social Protection Strategy, policies and programmes in Senegal. One stakeholder also regarded the newly adopted National Child Protection Strategy [*Stratégie nationale de protection l'enfance*] as *'a huge advance'*. Many stakeholders however saw the key challenge as putting such policies into operation, such as ensuring good quality services at local level, ensuring adequate numbers of social workers were available per head of population and so on.

Almost all key informants interviewed, whether working nationally or locally, cited insufficient funds as a major barrier to their work to support 'vulnerable' children and families. Dakar city council and social services representatives expressed frustration that the funding to provide emergency financial assistance for destitute families was cut back each year, with the result that *'they don't give us the means'* to do their jobs. CPRS social workers explained that emergency assistance was only available for medical care, but there was no longer any emergency procedure in place at social services or at the Town Hall to provide food aid or meet other needs of destitute families: *'So anyone seeking assistance is obliged to wait until the commission meets again. You see?'* Similarly, a representative of Dakar City Council pointed to social services' and the council's insufficient funds and inability to respond to emergencies.

Representatives of the Ministry of Health and Social Action working with vulnerable groups expressed frustration about the lack of capacity and logistical problems facing their division, such as a lack of transport and insufficient personnel which prevented them from going *'to the field for supervision'*. They thought this was necessary, *'to see if what we're writing is really being done on the ground'* and felt that this undermined their capacity to do their job satisfactorily: *'I'm not asking for the means; just the minimum to be able to function'*.

9.3.2 Rapidly changing policy context and lack of co-ordination

A major challenge identified by national stakeholders concerned the rapidly changing policy and institutional context, which included responses to the global financial crisis, Senegal's ranking as a lower middle income country and a perceived reduction in donor aid, alongside substantial reforms introduced by the Government under President Macky Sall from 2013. Although there was a common social protection agenda in rhetoric at least, such *'dramatic reforms'* were, as one representative of an INGO commented, *'...sometimes beyond the capacity of the civil service or beyond the capacity of the agencies to adapt to the reform, to respond properly to their technical support needs.'*

National stakeholders perceived a lack of 'joined-up thinking' and poor co-ordination between government Ministries, NGOs, donors and other partners, despite the fact that they were often working to meet the same social objectives and targets in Senegal. One national stakeholder noted that the Government's agenda *'derives in fact from the position of the President himself, because he came with a very strong social justice agenda'*, manifested, for example, in his flagship programme of national family security grants. Interviewees highlighted the problem of different government Ministries competing for scarce resources which had been allocated to new high profile programmes and structures, such as the national family security grants led by the General Delegation for Social Protection and National Solidarity (*Délégation Générale à la Protection Sociale et la Solidarité Nationale*: DGPSN). As representatives of the Ministry of Health and Social Action commented, *'political realities sometimes cause the work to stop'* and *'institutional dispersion'* was regarded as leading to a lack of *'harmonisation of operations'*.

9.3.3 Complex poverty dynamics in urban Senegal

The complex dynamics of poverty in Senegal were regarded by some national stakeholders as posing a challenge to developing social protection and support services. They pointed to the fact that although poverty rates have been decreasing, the absolute number of people living in poverty has increased in recent decades (MEFP et al., 2014). In the aftermath of the global financial crisis and Senegal's ranking as a middle income country, some multilateral donors were perceived to be no longer, *'putting in as much as before'*, yet the complexity of the task of alleviating poverty had not reduced.

Furthermore, national stakeholders noted that Senegal is becoming more and more urbanised (even if it is not urbanising as rapidly as some African countries), leading to growing disparities and inequalities within the country and between urban areas (MEFP et al, 2014). Although poverty is highest in rural areas and there is generally better access to basic services in urban areas, particularly Dakar, limited access to healthcare, safe drinking water and adequate sanitation, alongside exposure to crime, limited access to education, inadequate housing and food insecurity linked to high living costs, can heighten the risk of multiple deprivation for some young people. In Dakar, for example, 84.3 % of 15-17 year olds experience one or more indicators of deprivation, compared to 66.2 % of young people the same age living in other towns in Senegal (MEFP et al, 2014).

Many key informants (working both at national level and locally) suggested that urban areas had not been able to *'catch up with the demand'*, in terms of urban planning and the provision of basic infrastructure and social services. Several key informants commented on the lack of urban planning and government action to address recurrent problems of flooding in peripheral neighbourhoods in Kaolack and Dakar: *'the Government makes promises but in terms of fulfilling [them], for the last 20 years, 30 years, nothing has changed, so there's no real action'*. Some key informants suggested that there was little knowledge and understanding about the circumstances of children and families who had migrated from rural areas and were living in peri-urban areas on the periphery of cities, which is supported by recent literature (Jacquemin, 2010). This research will contribute partly to filling this gap, by providing insight into how people cope with a relative's death in urban environments undergoing change in Senegal.

9.3.4 Targeting of services and support to 'vulnerable groups'

Some key informants noted that different Ministries and NGOs had different target groups which could be difficult to reconcile. A national stakeholder who had been involved in a UNICEF pilot cash transfer programme felt that the definition of 'vulnerable groups' was problematic and *'quite outdated because today it's women and children and never men'*. She explained that while orphans and widows were often taken into account in cash transfer programmes, men who were widowers were not perceived to be vulnerable. Representatives of the Ministry of Health and Social Action recognised that they often only supported individual 'orphaned children' or 'widows' without understanding the impact of a relative's death on different members of the family, or seeking to support the whole family, which they thought was needed:

You have to take the family as a whole [...] It's really piecemeal how we support these types of families. That is, we take care of orphans on the one hand, separately from widows. But for other family members too that depend also on this person that was the main source of income; so they all need to be supported. So this overall care, we still don't have it until now in our projects.

This suggests the need for 'whole family' approaches (Children's Society, 2015) within a broader ethic of care (Evans and Becker, 2009).

9.3.5 Barriers to accessing services

National stakeholders highlighted a number of barriers that faced children and families in accessing social and legal services at local level. Women's rights organisations highlighted the lack of awareness of women's rights, due to the fact that information about laws were usually only available in French (and not in Wolof and other national languages), and the majority of women were not educated. Although literacy rates are considerably higher in urban areas, especially in Dakar, considerable gender disparities persist (65.6 % of men and 50.5 % of women are literate in urban areas, compared to 42.3 % of men and 25.9 % of women in rural areas: ANSD, 2014, p.81). Financial barriers and lack of awareness about available support also prevented women from seeking legal redress regarding, for example, inheritance claims.

Similarly, representatives of the Ministry of Health and Social Action perceived a lack of awareness about support services that were available through local social centres (CPRS). They suggested that Senegalese values of *'Sutura'* (Wolof for someone who keeps a secret, masks their suffering and shortcomings) and *'Jom'* (Wolof for courage, bravery) meant that people were reluctant to share their problems with others. This could prevent them from seeking support from local social centres:

...it's complicated; people can't go everywhere revealing their vulnerable situation. [...] They don't want to; even if they know the procedure, [...] [they] don't want to go to explain the difficulties they're facing. All those are factors that block.

Family interviewees and focus group participants, however, did not identify these cultural values as barriers to the take up of services and one policy professional responsible for the National Programme of Family Security Grants felt that people did not adhere so much to these cultural values anymore and agreed to be openly identified as a beneficiary of the programme. A representative of a women's rights NGO suggested, however, that women were particularly reluctant to take legal action against their husband or other family members due to socio-cultural norms: *'That's what we say in Senegal; a woman should never take her husband to court. Those are the difficulties; there are many court proceedings that are abandoned because of these prejudices'*.

Key informants working on children's rights highlighted administrative barriers preventing some children and families from accessing services, such as lacking a birth certificate. Poor governance

could also pose a barrier to accessing services. A representative of the national programme for family security grants highlighted the challenge of ensuring that community-level committees allocated *'the nation's resources equitably, transparently'* to the most vulnerable families; a comment that reflects widespread concerns of family participants, local and religious leaders, and NGO representatives, about aid not reaching the intended beneficiaries.

9.4 Experiences of seeking formal support

As Table 9.2 shows, only a tiny minority of interviewees reported receiving any formal support (on a one-off basis) from government services, schools, NGOs or employers. While participants may have underreported any formal support received to the research team in the hope of receiving assistance¹⁹, almost all interviewees said they were not aware of any governmental, NGO, school or other organised assistance available to families who had experienced the death of a relative or were living in poverty in their neighbourhood.

Table 9.2: Formal support received following the death of an adult relative, mentioned by family interviewees

Support received	Employer	NGOs	Governmental assistance	Total
Condolence money for burial & funeral costs	1			1
One-off financial/ food aid			2	2
Transport for burial/ funeral	1		1	2
Children's school expenses		1		1

Athia, a widow living in a poor household in Touba Extension had received some support for children's school fees, books and other expenses from an NGO providing support to orphaned children in the neighbourhood. Two other women in 'middling' households had tried unsuccessfully to access support from the same NGO, as one widow explained: *'They told us that [NGO] aids children that have had a death of their relatives. We took the children there but they didn't get anything'*. When the deceased had worked in the formal sector, a small number of interviewees reported that the employer had provided financial support, in one instance for a funeral car to transport the deceased's body to Thiès and for a bus for colleagues, friends and relatives from Dakar to attend the burial and funeral.

The only formal government support reported to have been received was Guédiawaye Town Hall's provision of a vehicle to collect a deceased relative's body and two interviewees received one-off financial/food aid in Dakar and Kaolack; a neighbour who worked at Dakar City Council sent an envelope with a sum of 20,000 CFA, (equivalent to approximately £22) to one participant, while another participant once received 15,000 CFA and a bag of rice from a financial aid service for poor families in Kasnak, Kaolack.

Several interviewees were suspicious that any aid that was available would be diverted to relatives and friends of those who managed the funds. One widow living in Médina commented that you needed to *'know someone'* to be able to benefit from one-off assistance that was sometimes available from the Town Hall through a ticket draw during religious festivals: *'If you don't know anyone there, you won't get anything'*. A Dakar City Council (*Mairie*) representative explained that since problems with the allocation of ad-hoc financial assistance at religious festivals in recent years, a procedure had been established for allocating small sums of financial aid according to a small quota for each local neighbourhood (*commune d'arrondissement*) based on social cases assessed by social service centres (*Centres de Promotion et de Réinsertion Sociale: CPRS*).

¹⁹ Researchers sought to manage participants' expectations of the research process when negotiating informed consent; we explained that we were only able to offer a small financial expenses payment for their time and were not able to provide on-going support to their family.

9.5 Informal support networks of family and community

The overwhelming majority of interviewees reported receiving financial and moral support from their informal support networks in the aftermath of a family death, as people came to their home to present their condolences. As Table 9.3 shows, relatives, neighbours and friends were most frequently mentioned by family members as the main sources of support. Boubacar, a middle aged man living in Guédiawaye, made the striking remark: *'Without the family, we're nothing. Without friends, we're nothing. Without neighbours, we're nothing'*. As discussed in the previous findings sections, *solidarité* [solidarity/ mutual help] and reciprocal social ties appeared to be crucial to survival and communal belonging in urban Senegal, particularly at a time of death.

The burial and funeral costs were usually met by the condolence money (*'diakhal'*; in Wolof) that relatives, friends, neighbours, colleagues and others presented on a mat when they came to the family's home or which had been sent by relatives living abroad. While some reported that the condolence money from neighbours and friends covered the costs of the burial and funeral, others said that most of these expenses were met by the deceased's family.

Table 9.3: Informal support received following the death of an adult relative, mentioned by family interviewees

Support received	Neighbours	Friends	Relatives	Colleagues	Total ²⁰
Condolence money for burial & funeral costs	20	5	22	2	49
Moral/ emotional support/ advice	20	8	18	1	46
On-going financial/ material support	6	1	18		25
Practical assistance with burial & funeral	2	3	5		10
Food/ soap/ other material support for funeral	6	1	2		9
Spiritual support	1				1

Jacquemin (2010) suggests that it is the groups which are best integrated into modern urban socio-economic structures that perpetuate practices of family solidarity and re-establish extended urban families. In this study, families of 'comfortable' socio-economic status whose relative was older, well known and respected in the community, reported receiving considerable contributions for the burial and funeral ceremonies. In contrast, a few participants living in the low income neighbourhood of Touba Extension, Kaolack reported that neighbours came to offer moral support and sometimes soap, but provided very little or no financial contributions. Toufil, a young widow (aged 25, middling household) commented: *'Maybe they can't afford to, but I know that they will help me if they can'*. Some interviewees explained that if the immediate family do not have the means to pay for the burial and funeral, neighbours bring money and *'do everything while they wait for the other family members to arrive'*.

Some participants commented on how helpful they had found the practical assistance that friends, neighbours and relatives provided in organising the burial and funeral ceremonies, which relieved close family members of having to make these arrangements in the immediate aftermath of the death. Women usually prepared the food and sometimes helped with childcare, while men helped to organise the condolence money and the burial and funeral ceremonies, including providing tents, chairs, transport and so on.

²⁰ NB. One or more types of support mentioned by each interviewee have been counted, hence the total does not reflect the number of interviewees.

Some participants of higher socio-economic status emphasised the strength of reciprocal social ties and solidarity in their neighbourhood; their neighbours, friends, and colleagues provided practical assistance, on-going material assistance and emotional support and care following the death. Some considered neighbours like their 'family', as Djibril, who lived in a 'comfortable' household in Médina, summed up:

When a person dies all the neighbours, all your neighbours, your friends, everyone comes to share your pain. Everybody comes and gives something to help you with the costs, we really live as a family, even neighbours are part of the family.

Participants valued the moral/ emotional support they received from relatives, friends and neighbours who consoled them, offered advice and guidance and helped them not to feel alone in their loss in the immediate aftermath of the death. N'diaw, a widower living in Touba Extension, emphasised how important Senegalese solidarity was after a death. He said *'you're never really alone [laughs]'* and explained: *'The house is filled; people are there but you are comforted. During the eight days, you don't have a problem. The presence of people comforts you'*. His son also valued the presence of their relatives who stayed for over a month after his mother's death. Some NGO representatives also pointed to the importance of family *solidarité* which surrounded close relatives of the deceased in the days and months after the death which helped to reduce feelings of loneliness, and which contrasted perhaps with more 'Western' approaches to 'bereavement': *'We don't have psychologists like you do but we have the family entourage and everything, so there's a whole system around the affected family'*.

Young people, in particular, said that their remaining parent, siblings and other older relatives helped to console them and gave *'advice'*. Young people valued the emotional support that friends provided, which helped them to gradually *'forget'* and resume their usual activities. Fatoumata (aged 21, Guédiawaye) said of her brother's death:

He was my friend. It was very difficult for me at the beginning but my friends who live in the neighbourhood were there every day. Q: Is it because of them that you didn't feel alone? Yes, it was them who helped me forget a bit.

As discussed in Sections 6, 7 and 8, the co-presence of relatives, friends and neighbours during the immediate aftermath of the death seemed to be particularly important in helping people to feel that their 'pain' was shared, they were cared for and were not 'alone'. Nevertheless, as mentioned in Section 7, the loss of a relative did leave many people feeling 'alone' and a gap/ void in their lives, despite the support of family and friends.

Several interviewees reported receiving on-going material support from relatives, neighbours and friends in the months following the death. Uncles, older siblings, cousins and other relatives living elsewhere in Senegal or abroad sent regular remittances, as well as financial contributions from neighbours and friends, which helped widows and orphaned young people pay for household, school and university expenses. Some interviewees commented however, that financial or material support was limited to the first two or three months after the death, after which time people were no longer able to afford to help and widows needed to earn an income to support their children. Indeed, in the dissemination workshops, young people and middle-aged and older women emphasised the fact that while the co-presence of relatives, friends and neighbours in the days or weeks after the death helped to console them, the period after the funeral, or for widows, after widowhood-mourning, was the worst, as they had to struggle to support the family, without support.

Bearing in mind that our interviewees were accessed via local leaders and community groups, only a small number of participants held more critical views about the level of emotional support and understanding in the neighbourhood about how a death may affect family members. N'diogou, a young man (aged 29) living in Guédiawaye commented: *'You know after a death, people don't have the time to even look at you'*. Similarly, Coumba, a widow (aged 60)

living in Touba Extension said that, *'after the end of the funeral I didn't see anybody after that, none of my relatives or anybody'*.

Such views were reflected in some key informants' perceptions of communal *solidarité* in the city. One social worker emphasised the time-limited nature of mutual support which was focused only on funeral ceremonies and mourning following a death and that after the 40th day, *'everyone goes their own way'* and *'the family's left to its own devices'*. Representatives of the Ministry of Health and Social Action suggested that condolence money could be better spent supporting family members in the month following the death, rather than being used up in two or three days of funeral ceremonies in which large numbers of people had to be fed. Furthermore, in the policy workshops, government and NGO representatives commented on the high costs of multiple funeral ceremonies, in addition to ceremonies on the anniversary of the death, which they regarded as a *'waste'* and could be put to better use to support widows and children in the months after the death, which could help to alleviate poverty. As one women's rights NGO representative commented:

We regret it every time that there are death ceremonies that are excessive. There are a lot of costs. We spend a lot and don't even manage it [...] People expect a lot, even though our marabouts [religious leaders] tell us each time that it's a waste...'

Almost all the widows, orphaned children and other relatives interviewed said that they were not stigmatised by their loss, but rather were treated the same as previously and included in the community. As Selbe a young woman (aged 13) commented: *'I'm with them like I never lost my father'*. Oumy, a Roman Catholic widow, whose husband died two weeks after their wedding, however, suggested that widows were sometimes subject to gossip about why the husband had died, but emphasised that it was only people in the community who said *'things that hurt'*, not her husband's relatives.

In the policy workshop in Kaolack, NGO representatives highlighted harmful gender discriminatory practices which could impoverish widows, such as family members of a deceased husband sending a widow without many children back to her natal family within a week of her husband's death. They also explained that a widow's sisters-in-law sometimes forced her to contribute double or triple the amount they gave for the *'diakhal'* (condolence money), part of which was used to buy the clothing the widow wore during mourning, but the rest would be given to her sisters-in-law. Such practices were not reported among the interviewees in our sample and may be more common in rural areas.

9.6 Informal support beyond family and neighbours

As already discussed, most participants relied on their social ties and informal networks for support. For a small number of interviewees, relationships with religious leaders and members of their faith community, local leaders, school teachers, and local associations to which they belonged, provided important additional sources of informal support, as shown in Table 9.4.

Table 9.4: Informal support outside the family received following the death of an adult relative, mentioned by family interviewees

Support received	Religious leaders/ faith community	Local leaders	School teachers	Local associations	Total
Condolence money for burial & funeral costs	1	2	1	6	10
Spiritual support	4			1	5
Moral/ emotional support/ advice	2		1		3
On-going financial/ material support		1			1

Several interviewees were members of local youth or women's associations, *tontines* [women's weekly rotating saving and credit schemes], or cultural associations of minority ethnic groups, such as a Cap Verdian *batuka* [traditional dance] group or Beninese cultural association. Members made monthly contributions to a 'kitty' which was used for members who were in need.

Concern for the ability to arrange decent burials for one's close relatives is often a major part of associational practices in African cities (Jindra and Noret, 2011). Simone, a widow of Bénin-Cap Verdian ethnicity living in a 'middling' household in Médina emphasised how important her involvement in three such associations was in developing social ties that provided financial assistance for her husband's burial: '*...it's these associations that buried him, accompanied him! If I wasn't in these associations, I don't know what would have happened!*'. A few interviewees reported receiving condolence money from their association and in one instance, a neighbourhood association organised a Koran recital in remembrance of a deceased brother, who used to teach the Koran to children in the neighbourhood *daara* [Koranic school]. One widower received a significant sum of money from members of the *tontine* his wife had belonged to.

A small number of interviewees mentioned receiving financial, material or spiritual support from religious leaders and members of their faith community. A few interviewees reported that local and religious leaders and teachers provided condolence money on an informal basis and moral support when they visited participants' home during the funeral. In one instance, a local leader provided on-going material support to a family informally when he could afford to. When asked if teachers or school staff assisted her children following their older brother's death, Safietou, a mother living in Guédiawaye, commented, '*They didn't even try!*'. A Ministry of the Family representative commented that in schools, '*People sympathise, but after life goes on. You're a pupil like all the others!*'

9.7 Priorities and support needs

When adults and youth who had experienced the death of a relative were asked what help or support they thought would be most helpful for others in similar situations, a range of types of material and emotional support was identified. As Table 9.5 shows, support for children's educational costs was mentioned most frequently and young people felt strongly that this was the first priority. Support to ensure families had sufficient food to eat was considered the next priority, followed by assistance to find work, and financial assistance or welfare grants. Access to housing was also identified as an important priority by young people and middle and older generations. A need for moral/ emotional support was identified by a few young people and middle and older generations, while a few young people also emphasised the need for advice, which many felt they lacked following the death of their parent, as discussed in Sections 7 and 8. A number of other types of support related to meeting basic needs, funeral costs, livelihoods, spiritual and educational support were also identified by a minority of participants.

Many key informants working at national and local levels identified a range of suggested improvements to social protection services and support for children and families, as shown in Table 9.6 below. Many thought that access to basic services and infrastructure was the key priority to alleviate poverty and support 'vulnerable' families. In line with the views of family interviewees, many local and religious leaders and some government and NGO representatives thought that financial assistance and material support (such as food aid, clothing etc.) should be provided to poor families and widows and orphaned children in need.

However, some key informants recognised the limitations of one-off emergency assistance. A Catholic priest commented: '*Well, it'll last a while and then it's finished. They fall back in the same situation as before. So, it's still there, the problem, yet we only have this ad-hoc aid for the moment.*' In common with family interviewees, several imams and leaders of local associations expressed distrust of NGOs and government services and highlighted problems of poor

governance which meant that aid did not reach the intended beneficiaries. As one imam commented: *'If the government or NGOs did things legally to aid disadvantaged people, this money wouldn't be misappropriated. But they fund like that and the money is wasted. Nothing gets to those disadvantaged people'*.

Table 9.5: Support suggested by family interviewees for children and adults who have experienced a relative's death

Support suggested	Number of young people (aged 12-30)	Number of middle generation & older adults (aged 31 and over)	Total ²¹
Children's education	20	7	27
Food	8	6	14
Help to find work	8	4	12
Financial assistance/ welfare grant	4	5	9
Housing	2	5	7
Moral/ emotional support	1	3	4
Advice	3		3
Assistance to repair/ rebuild home	2	1	3
Rent	1	1	2
Healthcare	1	1	2
Access to internet for university studies		1	1
Access to hearses, shroud & preparation of body		1	1
Funds for women's business activities		1	1
Spiritual support	1		1
Schools to supervise/ advise students	1		1
Clothes	1		1

Several government and NGO representatives emphasised the need to target support to the 'most vulnerable' people and recognised differences within the categories of 'women', 'widows', 'orphaned children' and 'youth'. Some government and NGO representatives thought that greater understanding was needed of the impact of death on different family members and that this should be included in the remit of social protection policy and support services. As a representative of a women's rights organisation commented:

Social protection should take charge of the issue of mourning/ bereavement²².[...] It's new and I think people are not aware of this issue. It's a new issue so there should be a lot of awareness-raising on this.

Some national stakeholders suggested building greater capacity and a shared understanding of 'targeting' to the most vulnerable groups. Furthermore, one local leader identified a need for training in community development approaches and assisting members of their community to access support.

Many NGO representatives and local and religious leaders thought that educational support should be provided to vulnerable children. A representative of an NGO supporting orphans and other vulnerable children emphasised the need to focus on children's rights and for supervision and support of vulnerable children in school, so that *'children aren't left to their own devices'*. Ministry representatives pointed to existing governmental programmes which they felt needed

²¹ NB. One or more types of support mentioned by each interviewee have been counted, hence the total does not reflect the number of interviewees.

²² The French word, *deuil*, can be translated as 'bereavement', but also refers to 'mourning' and 'funeral procession'; there is no separate word for 'mourning'. See Evans et al (forthcoming) for further discussion of language issues in this project.

to be scaled up and rolled out, such as a school canteen programme, school bursaries, the family security grants programme and so on. Representatives of women's rights NGOs argued for the need to raise awareness about women's and children's rights, harmonise legislation and ensure that the law was enforced.

Table 9.6: Suggested improvements to social protection and support services, proposed in interviews with local and religious leaders and governmental and NGO representatives

Suggested improvements	Local & religious leaders	Government & NGO representatives	Total ²³
Provide financial/ material support to poor families, widows and orphaned children	7	6	13
Educational support for children	4	6	10
Employment/ work opportunities for young people	4	3	7
Develop strategies to identify and target support effectively and transparently to the 'most vulnerable'	1	3	4
Improve access to healthcare	3	1	4
Support widows (micro-finance, training) to develop income-generation activities to support her family		4	4
Raise awareness and understanding about the effects of death on different family members, support whole family		3	3
Promote gender equality and raise awareness of women's and young people's rights		3	3
Harmonisation of legislation and ensure that laws protecting women's and children's rights are enforced		3	3
Raise awareness about social support available		2	2
More funding for social protection of vulnerable groups		2	2
Greater integration of approach to social protection and co-ordination between government, NGOs, donors and partners		2	2
Vocational/ professional training for young people	1	1	2
Training and capacity building on targeting approaches	1	1	2
Increase access to free legal advice, legal aid funds		1	1
Promote will-writing to avoid inheritance disputes		1	1
Include family death in social protection policies		1	1
Improved links between research, policy and practice		1	1
Housing for orphaned children	1		1
Subsidised rent/ regulation of rental charges	1		1

9.8 Concluding points

This section has shown that 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. A smaller, but significant proportion 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 service providers, such as government financial assistance through local social services (CPRS), the City Council or NGOs and were often not aware of any support services or assistance that might be available in their locality.

²³ NB. One or more types of support mentioned by each interviewee have been counted, hence the total does not reflect the number of interviewees.

Governmental and NGO representatives working at national and local level expressed frustration with the very limited resources available for social protection services for 'vulnerable' children and families in need. They felt that this, 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. A range of priorities and support needs and improvements to social protection services were identified by family members, local and religious leaders, NGO and government representatives.

10. Policy and practice recommendations

This section gives an overview of the discussions held with community members and policymakers, practitioners and local and religious leaders, following our presentation of the preliminary findings during the participatory dissemination process. We first present the results of the ranking exercise of policy and practice suggestions and then outline the key issues identified in the policy workshops with government and NGO representatives.

10.1 Ranking of policy and practice suggestions

The participatory dissemination workshops enabled us to present our preliminary findings and discuss further our suggestions for policy and practice with community members, policymakers and practitioners. We used a participatory ranking exercise to enable participants to vote (using stickers on flipchart paper) for the three most important priorities, from the nine suggestions we proposed (see Figure 4). Table 10.1 shows the importance of each suggestion for community members (based on workshops with young people and with middle-aged and older adults in each locality in Dakar and Kaolack) and for professionals, local and religious leaders in Dakar and Kaolack, as well as the combined overall priority.



Fig 4: Ranking exercise, workshop with young people, Kaolack



Fig.5: Small group discussion, Kaolack policy workshop

Table 10.1: Ranking of policy and practice suggestions by different groups

Policy and practice suggestions	No. of votes of community participants	Importance to community participants ²⁴	No. of votes of professionals, local & religious leaders	Importance to professionals, local & religious leaders ²⁴	Total votes of both groups	Overall priority ²⁴
Improve the targeting of conditional cash transfers and other social protection services , include orphaned children, widows and widowers with young children living in poverty	28	1	11	2	39	1
Improve access to healthcare and alleviate the costs of care for sick and dying relatives	20	2	12	1	32	2
Raise awareness about social support and assistance available to poor families and improve governance issues in the allocation of resources to target groups	16	3	6	7	23	3
Increase and improve the availability of school and university bursaries for students whose parent or other significant adult relative has died	15	4	8	5	23	3
Provide access to dedicated staff who are available in school for students to talk to and ask for advice and guidance and peer mentoring schemes for orphaned young people.	14	5	8	5	22	5
Greater recognition of the mixture of feelings that children and adults may experience and that painful feelings may persist beyond the immediate aftermath of a relative's death, among governmental and non-governmental service providers, religious and local leaders, school staff, local associations and other community members.	12	7	10	3	22	5
Material support, advice and guidance, moral/emotional and spiritual support for those who have experienced a death provided by governmental and non-governmental service providers, religious and local leaders, school staff, local associations and other community members on an on-going basis where possible.	8	9	10	3	18	7
Adopt 'whole family' approaches that recognise the roles of different family members and the importance of family support following a death	13	6	3	9	16	8
Training and capacity-building of healthcare professionals in communicating with clients and their relatives, including tackling gender-discriminatory attitudes.	9	8	6	7	15	9

²⁴ 1= most important, 9 = least important.

The overall top three priorities were to improve the targeting of conditional cash transfers and other social protection services; to improve access to healthcare; and to raise awareness about and improve governance issues in the assistance available to poor families.

Community participants thought that improving the targeting of cash transfers was by far the most important priority and that the death of family member should be included in the vulnerability criteria, particularly for orphaned young people, widows and widowers with young children who were living in poverty. Participants were aware of the National Programme of Family Security Grants, which came into operation at the national level following our initial interviews, although very few community participants had heard of families who had received support, despite some being identified as potential beneficiaries. While professionals and local and religious leaders also considered this important (their second priority), they ranked improving access to healthcare as the number one priority (community members' second priority).

The most marked differences between the two groups concerned the greater emphasis community members placed on raising awareness about assistance available to poor families and improving governance issues in the allocation of resources to target groups (their third priority), while this was only the seventh priority of professionals. Similarly, professionals ranked 'Greater recognition of the mixture of feelings that children and adults may experience' as their third priority, while community members ranked this only seventh. Professionals also ranked 'Material support, advice and guidance, moral/emotional and spiritual support for those who have experienced a death' much higher than community members, perhaps because this kind of informal support from community members and local associations is what they often already have access to, as discussed in Sections 9.5 and 9.6, and hence this was not regarded as a priority for action.

When the results of community members' rankings are disaggregated according to young people's views and those of middle and older generation adults, there was consensus about the importance of improving the targeting of conditional cash transfers and other social protection services and access to healthcare (both in the two groups' top three priorities). Middle and older generation adults thought that there should be more dedicated support within schools for bereaved young people (which they ranked as their third priority), while young people considered improving the assistance available to poor families as more important (their second priority).



Fig. 6: Small group discussion, Dakar policy workshop

10.2 Suggested improvements to policy and practice

Policy workshop discussions (see Figures 5 and 6) with government and NGO representatives revealed a number of suggestions to improve the support available to poor children and families who experienced a death, as shown in Table 10.2.

Table 10.2: Suggested improvements to policy and practice, proposed by government and NGO representatives

Q: What are the priorities for policy and practice regarding children and families who have experienced a death?	Q: How could the governance and accessibility of social services and support for poor families be improved?
Define a real family policy which must translate to the operational level by providing integrated care (health, education, socio-economic dimensions)	Put into operation the social protection policy (eg. initiatives such as school canteens programme)
Define a family policy, with priority for widowers with children, since they have often been neglected in policy	Ensure that healthcare governance is effective through the pyramid healthcare structure
Revise the social security policies, increase pensions allocated to widows and orphaned children, allocate a pension to widowers	De-centralise social services
Include widows and orphaned children in the selection criteria for family security grants, educational assistance	Ensure the accessibility of information through an adapted communication strategy
Develop a policy of support and assistance for families who experienced a death, eg. include a support fund in the budget of the local authorities (<i>collectivités locales</i>)	Reinforce citizen control/ participation
Develop a life insurance policy (<i>l'assurance décès</i>) and make relatives aware of the need to take out life insurance	Prioritise the recruitment of social workers to support poor families affected by bereavement
Provide psychological support for children and families	Develop awareness-raising programmes for healthcare professionals to provide better care for poor families, especially widows and orphaned children
Establish government structures responsible for psycho-social care and support and allocate the necessary resources	Build healthcare structures at local level since most people use <i>postes de santé</i> (basic health clinics)

In addition to the key questions posed above, discussions with policymakers and practitioners about how to improve the targeting of cash transfers and other social protection services confirmed the priority placed on this by community participants. Three of the four small discussion groups of government and NGO representatives in Dakar and Kaolack, thought that the death of a head of household or the status of widow or orphan should be included in vulnerability criteria, alongside other key selection criteria such as: a lack of income and/or limited access to basic needs, such as drinking water, electricity, housing, food, sanitation, healthcare, education, size of household and age of children. Some thought that physical or intellectual disability, the presence and care of older people and those with chronic illness in the family should also be included in the vulnerability

criteria, while others also included young mothers without an income and children whose mother or father had died, or whose parents were disabled or were sick.

Suggestions for improving the targeting process focused on the need to:

- establish a community level committee comprising key stakeholders such as local imams, leaders of youth associations (*Associations sportives et culturelles*), locally elected leaders;
- put in place a single register of beneficiaries, based on a unified, participatory and transparent process, in order to avoid risks of inclusion or exclusion (part of the remit of the National Programme of Family Security Grants, see Appendix III);
- co-ordinate and harmonise interventions in favour of vulnerable groups to avoid duplication of services to particular beneficiaries and enable as many families in need as possible to benefit from services;
- recruit private sector actors (NGOs) working at local level to assist with targeting and ensure process is community-led and transparent.

Participants also questioned the duration of support provided to families under the national programme of family security grants and the risk that families would return to living in poverty if the funds were discontinued. As noted in Table 9.1 Appendix III, under the national programme, conditional cash transfers are intended to be provided to target families over a five year period, but it is unclear what will happen when that period comes to an end.

Muslim religious leaders also highlighted the fact that Muslims are expected to provide for orphaned children following the death of a parent:

'Islam tells us to take responsibility for orphans, so for Muslims when there is a death and children become orphans, Muslims have an obligation to provide for these orphans. So there are practices recommended for festivals like Tamkharite, Tabaski [Muslim festivals], we say to support these orphans, do charitable deeds on their behalf. So it's not only family security grants which help these orphans, there is the religious aspect which should be taken into account' (imam, Kaolack policy workshop).

Nevertheless, while extended family members usually saw providing for orphaned children as part of their familial responsibilities, no one interviewed linked their care of orphans to their Islamic faith or religious obligations. This perhaps reveals the primary importance placed on family ties and the need to provide for and sustain the 'family collective' in its widest sense, rather than associating the care of orphaned children with religious obligations.

When NGO and government representatives were asked how access to healthcare could be improved and the costs of medical treatment for sick and dying relatives be reduced, participants recognised that the state had improved the provision of health centres in recent years, but felt that the costs of medical treatment were prohibitive. They proposed that there should be preferential tariffs for the poorest, most vulnerable groups and 'traceability' (good governance), alongside initiatives such as *Plan Sésame* (which provides free access to healthcare for children aged 0-5 and for older people), and the promotion of *Mutuelles de Santé* (mutual [co-operative] health insurance schemes) under the national Universal Healthcare Coverage scheme (CMU). Participants pointed to the limits of the *Mutuelles de Santé*:

'There are many medicines which are excluded, even though people need them. And the people who ask for them always have problems. They don't provide for cases of diabetes and hypertension [...] So chronic illnesses should be included in the programme'(male participant, Kaolack policy seminar).

Overall, participants commented on the fact that there were often relevant social protection policies in place, but they were often not applied effectively on the ground, as discussed in Section 9.

The policy workshops also asked participants to reflect on how this research could be useful to policymakers' and practitioners' work currently or in future. A selection of their responses, which were written on post-it notes, are listed in Table 10.3. Their responses suggest a range of ways that the research may help to inform future policy and practice for families in Senegal, not least in helping to develop a more family-focused policy and approach to social protection that takes account of the significant economic, social and emotional effects of a family death on children and adults.

Table 10.3: Learning from the research that may inform the work of policymakers and practitioners

Q: How may this study be of use to you in your work currently or in future?

The targeting of families affected by a death is a point to improve in our policies

The support/ care of children/ families affected by a death in our awareness-raising and advocacy work with policymakers

This study allows us to see how death is experienced in families and what actions to take to foster the family's resilience

This enables us to analyse many social cases judged to be commonplace

To have a new perspective on families affected by death

We can use this study to put in place support programmes for widows and orphans

This study will enable us to improve our system of targeting for cash transfers and for food aid

We are developing a family policy in the Department of the Family. The recommendations could be useful in refining our document

The workshop is going to enable us to better take into account certain aspects of the death of a relative, especially the expression of grief.

Popularise the results nationally and integrate the problem into our programmes

The definition of a social policy of support for widows and orphans

Improve our perception of the situation of families (widows and family members)

10.3 Concluding points

This section has summarised the results of the ranking of policy and practice suggestions by community members and professionals and provided an overview of the views of government and NGO representatives in response to our preliminary analyses of the policy and practice implications and presentation of the key findings in the policy workshops. The consensus that emerged around the three top priorities to improve support for children and adults affected by a family death have helped to confirm our initial suggestions and refine the overall conclusions of our study.

11. Conclusion

This report has summarised the key empirical findings of our research that sought to investigate the material, social and emotional significance of an adult relative's death in the context of urban Senegal. These findings are drawn from a rich dataset and we have not yet been able to tease out more fully the meanings and significance of different aspects of the analysis and link these to more theoretical understandings, which we intend to develop in future publications.

The research has revealed how the **material, social, emotional and spiritual dimensions of death are intrinsically interwoven**, which has implications for how we theorise responses to death and care after death, not only in the context of urban Senegal, but also in cross-cultural perspective. The crucial importance of 'the family', *solidarité* and informal support networks in urban neighbourhoods, comprised of close and extended family members as well as non-kin neighbours, friends and others, is evident across the different domains we have examined: caring for sick and dying relatives, caring for the dead, care of the living, needs and priorities. A more fine-grained understanding of the effects of a death on poor children and adults, especially widows, widowers and orphaned children and youth, but also other family members, could help to develop more family-focused policies and improve local, national and international responses and development interventions, which to date rarely focus on the social, religious and emotional aspects of death and bereavement²⁵.

The research has shown that a death can cause **a myriad of material, social, and emotional disruptions to the everyday lives of children and adults**. Significant upheavals, such as residential relocation, children and youth moving into kinship care arrangements, increases in caring and domestic work and negative impacts on young people's educational and paid work pathways, were more frequent among poorer families. Death thus constitutes a 'vital conjuncture' (Evans, 2014), a moment of change and transition, above and beyond grief and shock, which may lead to a **re-ordering of family roles, caring responsibilities and generational relations, detrimental emotional and educational impacts, as well as poverty**, which may have continuing repercussions for children, young people, middle and older generations throughout the lifecourse.

The research thus 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. Such an approach needs to **take account of existing sources of reciprocal informal support** in urban environments that different families are able to draw on, while also recognising the limits of such resources (Jacquemin, 2010). As a recent mapping report of child protection systems in Senegal observes, well organised structures exist at the community level which participate in resolving child protection concerns, or in our research, providing care resources, but such structures are rarely linked officially to the formal (state) system (Kébé, 2012). Our research suggests that informal mechanisms of social solidarity beyond the family and neighbours, based on, for example, 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

²⁵ Except for humanitarian and disaster response organisations and support for widows and Orphaned and Vulnerable Children (OVC) within the context of the HIV epidemic, which usually adopt a psycho-social support approach (thanks to Morten Skovdal, formerly of Save the Children UK for pointing this out).

religious affiliations, who often had less extensive family ties to draw on. **Strengthening informal associations and networks may help to support families in need in low-income urban neighbourhoods**, as long as widespread concerns about governance, local politics and power inequalities within communities are adequately addressed. This may be increasingly important within the context of rapid urbanisation, since *solidarité* was perceived to be declining in urban Senegal, in comparison to more socially cohesive, rural areas. Families of higher socio-economic status with significant social capital could rely on much more substantial financial and social support from extensive networks of family, neighbours, colleagues, local leaders and political acquaintances compared to poorer families.

Although our research has focused on 'ordinary' deaths of largely middle and older generation adults in urban areas, rather than stigmatised, multiple deaths such as those caused by Ebola, HIV or other communicable viruses, some lessons from our research in Senegal may be relevant in the aftermath of the Ebola crisis in neighbouring Guinea, Liberia and Sierra Leone and to development policy and practice more broadly.

The seemingly **common-place nature of death and dead bodies to everyday life in urban neighbourhoods** was evidenced in the location of morgues in local mosques, where the washing and preparation of dead bodies of Muslims by relatives or community members usually took place and the widespread perception that children now *'know what death is'* and were no longer sheltered from it to the same extent as previously. This was also apparent in the willingness with which people responded to our questions, despite death being a 'taboo' topic. Yet despite a perceived decline in the fear of death in recent decades, which may be linked to greater adherence to Islam and Christianity and the proximity of death to everyday life, **death, dead bodies and cemeteries continued to be associated with fear**, particularly among women.

Mourning practices for widows reveal the syncretism between Islamic/ Catholic and African cultural practices linked to ethnicity. Such practices were often experienced as setting women apart from other family members in the aftermath of their husband's death and could be very restrictive. They were, however, often regarded by women as obligatory, linked to the fear surrounding death and implicit (and sometimes explicit) notions of contamination and sickness if widows did not adhere to religious and cultural norms.

Indeed, the research revealed **how important it was to bereaved family members to observe religious and cultural practices** regarding the preparation, care and burial of the deceased, funeral ceremonies, widowhood-mourning, anniversaries and other occasions to remember the deceased. Religious beliefs, refrains and practices, often intermingled with cultural understandings linked to ethnicity, provided a taken-for-granted backdrop to participants' experiences, framing their understandings, responses and practices surrounding family deaths. This reveals the **importance of understanding socio-cultural norms, meanings and practices surrounding illness and death in particular places**, which is particularly crucial in health epidemics associated with multiple deaths, such as HIV or Ebola (Liddell et al., 2005; Anoko, 2015; Desclaux and Sow, 2015).

The significance of ideas about **the role of prayers for the dead and by the dead for the living** to our participants suggests an important way in which the living can continue to feel connected to the dead. Indeed, **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**, as imams, family members and neighbours sought to contain bereaved family members' tears and more extreme responses to the death.

A number of challenges and barriers to the development of effective social protection policies and support services for 'vulnerable' children and families have been identified. **The gap between family members' and religious and local leaders' experiences and the policy rhetoric about social protection**, in addition to the limited resources, issues of poor governance in the allocation of resources to intended beneficiaries and other challenges identified by policymakers and practitioners, raise serious questions about the extent to which the most 'vulnerable groups' actually receive such support and whether it helps them to exit situations of poverty and social exclusion.

Our overall messages for policy and practice, which were confirmed through the participatory dissemination process we engaged in with community members, religious leaders and policy and practice professionals, 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.

This recommendation is of particular relevance to those developing cash transfer and other social protection programmes (Hutton et al, 2014), UNICEF, UN Women, UNDP, donor agencies and funders, government and non-state development actors globally. It is most pertinent to the work of the Senegal National Programme of Family Security Grants, led by the General Delegation for Social Protection and National Solidarity (*Délégation Générale à la Protection Sociale et la Solidarité Nationale*) which at present, does not include the death of a relative as a specific vulnerability criterion to be considered when identifying potential beneficiaries. This recommendation is also relevant to those working on poverty alleviation and social protection within the Senegal Government Ministry of Women, Family and Childhood, the Ministry of Education, Ministry for Local Governance and Development (*Ministère de la Gouvernance Locale, du Développement et de l'Aménagement du Territoire*), Ministry of Health and Social Action and NGOs working at international, national and local levels.

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. Suggestions focused on preferential tariffs for the poorest groups and to include chronic illnesses in the remit of *Mutuelles des Santé* (mutual health insurance schemes). In addition, **poor 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).

This recommendation is of particular relevance to development actors working on healthcare systems and social protection globally, in addition to those working on the development of the national Universal Healthcare Coverage Scheme and the promotion of *Mutuelles de Santé* at national and local levels in Senegal. Key actors in Senegal include the Government Ministry of Health and Social Action, the Ministry for Local Governance and Development (*Collectivités Locales*), as well as *Mairies* (city councils/local authorities), Municipal and Rural councils who may have funds that could be allocated to alleviate such healthcare costs for the poorest families.

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 and the death of a relative did not appear to be systematically included as a potential vulnerability criterion for consideration. There was almost **unanimous scepticism among family interviewees, focus group participants and local and religious leaders about whether any available government or NGO support or resources would reach 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.

This recommendation is particularly relevant to those working within social protection and social work globally, as well as national stakeholders such as the Senegal Government Ministry of Health and Social Action, Ministry of Women, Family and Childhood, the Ministry of Education, Ministry for Local Governance and Development, *Mairies* (city councils/ local authorities), Municipal and Rural councils as well as non-state actors, such as NGOs who provide assistance and support to poor families at local, national or international levels.

These three key 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**. This makes people even more reliant on social capital (*solidarité*) than usual and reveals the extent and boundaries of the social ties and support that bereaved family members are able to draw on.

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**. Adopting a 'whole-family' approach (The Children's Society, 2015) that recognises the caring responsibilities of different family members may help to ensure that both children's and adults' needs are assessed for social protection and support services. This involves **recognising the sometimes significant care work that children and young people undertake, particularly girls**, which may increase when caring for sick, disabled, dying or bereaved family members and can have potentially negative impacts on their education, employment prospects and social and personal development. Young people may provide assistance with mobility, healthcare, personal care, engage in paid work to support the family and pay for healthcare costs, in addition to providing emotional support, domestic work and childcare for bereaved parents, siblings and other relatives following a death.

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, women and families do not fall through the gaps.

We hope that this report 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 generational perspective, that gives pause for thought and 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.

References

- African Charter on the Rights and Welfare of the Child (1990)
http://www.au.int/en/sites/default/files/Charter_En_African_Charter_on_the_Rights_and_Welfare_of_the_Child_AddisAbaba_July1990.pdf [accessed 27/08/15].
- Akerman, R. and Statham, J. (2014) *Bereavement in Childhood: The Impact on Psychological and Educational Outcomes and the Effectiveness of Support Services*, Childhood Wellbeing Research Centre, Working Paper No. 25,
http://www.cwrc.ac.uk/news/documents/Revised_Childhood_Bereavement_review_2014a.pdf [accessed 27/08/15]
- Anoko, J. (2015) *Communication lors d'épidémie de Maladie à Virus Ebola avec des communautés révoltées en Guinée: approche anthropologique*. Présentation au Colloque EBODAKAR 2015 Dakar, 19-21 mai 2015,
http://ebodakar2015.sciencesconf.org/conference/ebodakar2015/pages/150520_Communication_Julienne_N._Anoko.pdf [accessed 22/1/16].
- ANSD (Agence Nationale de Statistique et de la Démographie) (2013a) *Enquête Démographique et de Santé Continue au Sénégal (EDS-Continue) 2012-2013*, Dakar: ANSD, Calverton, Maryland: MEASURE DHS, ICF International.
- ANSD (2013b) *Rapport de la Deuxième Enquête de suivi de la pauvreté au Sénégal de 2011 (ESPS II)*, Dakar: Ministère de l'Economie et des Finances, République du Sénégal.
- ANSD (2014) *Recensement Général de la Population et de l'Habitat, de l'Agriculture et de l'Elevage 2013, Rapport Définitif*, Dakar: ANSD and Ministère de l'Economie, des Finances et du Plan, République du Sénégal
- Bass, L. and Sow, F. (2006) Senegalese families: the confluence of ethnicity, history and social change. In Y. Oheneba-Sakyi and B. Takyi (eds) *African Families at the Turn of the 21st Century*. Westport: Praeger, pp.83-102.
- Beck, S., De Vreyer, P., Lambert, S., Marazyan, K. and Safir, A. (2015) Child Fostering in Senegal. *Journal of Comparative Family Studies* XLVI(1): 57-73.
- Bignante, E. (2015) Therapeutic landscapes of traditional healing: building spaces of well-being with the traditional healer in St. Louis, Senegal. *Social and Cultural Geography* 16(6): 698-713.
- Blazek, M., Smith, F., Lemosova, M. and Hricova, P. (2015) Ethics of care across professional and everyday positionalities: the (un)expected impacts of participatory video with young female carers in Slovakia. *Geoforum* 61: 45-55.
- Bowlby, S., McKie, L., Gregory, S. and MacPherson, I. (2010) *Interdependency and Care over the Lifecourse*. Oxford: Routledge.
- Bowlby, S. (2012) Recognising the time-space dimensions of care. *Environment & Planning A* 44(9): 2101-2118.
- Callaghan, J., Gambo, Y. and Fellin, L. (2015) Hearing the silences: Adult Nigerian women's accounts of early marriages. *Feminism & Psychology* 25(4): 506-527.
- Camara, F. K. (2007) Women and the Law: A Critique of Senegalese Family Law. *Social Identities* 13:787-800.
- Childhood Bereavement Network (2015) Key Statistics,
<http://www.childhoodbereavementnetwork.org.uk/research/key-statistics.aspx> [accessed 27/08/15]
- Christ, G. (2000) *Healing Children's Grief: Surviving a Parent's Death from Cancer*, New York: Oxford University Press.
- Cluver, L., Gardner, F., Operario, D. (2007) Psychological distress among AIDS-orphaned children in urban South Africa. *Journal of Child Psychology and Psychiatry* 48(8): 755-763.
- Cooper, E. (2012) Women and inheritance in Sub-Saharan Africa: what can change? *Development Policy Review* 30(5): 641-57

Cooper, E. and Bird, K. (2012), Inheritance: A Gendered and Intergenerational Dimension of Poverty. *Development Policy Review* 30: 527–541.

Crivello, G. and Chuta, N.(2012) Rethinking orphanhood and vulnerability in Ethiopia. *Development in Practice* 22: 536-548.

Crossley, D. (2000) *Muddles, Puddles and Sunshine: Your activity book to help when someone has died*. Hawthorn Press Ltd.

Davidson, J. and Milligan, C. (2004) Editorial. Embodying emotion sensing space: introducing emotional geographies. *Social & Cultural Geography* 5(4): 523-532.

de Boeck, F. (2012) Death matters: intimacy, violence and the production of social knowledge by urban youth in the Democratic Republic of Congo. In K. Pinther, L. Förster, C. Hanussek (eds) *Afropolis*, Jacana Media, pp.242-249.

Demmer, C. (2007) Grief is a luxury: AIDS-related loss in South Africa. *Illness, Crisis & Loss* 15(1): 39-51.

Desclaux, A. and Sow, K. (2015) 'Humaniser' les soins dans l'épidémie d'Ebola? Les tensions dans la gestion du 'care' et de la biosécurité dans le suivi des sujets contacts au Sénégal. *Anthropologie & Santé* [En ligne], 11|2015, <http://anthropologiesante.revues.org/1751> [accessed 22/1/16]

Diop, A.B. (2012) [1985] *La Famille Wolof*. Paris: Karthala.

Dornan, P. (2010) *Understanding the Impacts of Crisis on Children in Developing Countries*, University of Oxford.

Elegbeleye O. S. and Oyedemi M.O (2003) Bereavement Trauma and the Coping Ability of Widow/Ers: The Nigerian Experience. *Journal of Social. Science*, 7(4): 249-254.

Evans, R. (2010) 'Children's caring roles and responsibilities within the family in Africa', *Geography Compass*, 4(10): 1477-1496

Evans, R. (2012a) Inheritance, Access to Resources and Poverty in Serer Families in Senegal, *Research Note 1*, Walker Institute for Climate System Research, University of Reading, May 2012, http://www.walker-institute.ac.uk/publications/research_notes/WalkerInResNote1.pdf. [Version française: 'Héritage, accès aux ressources et pauvreté au sein des familles sérères au Sénégal', http://www.reading.ac.uk/web/FILES/geographyandenvironmentalscience/Walker_research_note_1_Evans_May_2012_French.pdf]

Evans, R. (2012b) Safeguarding inherited assets and enhancing the resilience of young people living in child- and youth-headed households in Tanzania and Uganda. *African Journal of AIDS Research* 11(3): 177–189.

Evans, R. (2014) Parental death as a vital conjuncture? Intergenerational care and responsibility following bereavement in Senegal. *Social and Cultural Geography* 15(5): 547-570.

Evans, R. (2015a) Working with legal pluralism: widowhood, property inheritance and poverty alleviation in urban Senegal. *Gender and Development* 23(1): 77–94.

Evans R. (2015b) HIV-related stigma, inheritance and chronic poverty: the vulnerability and resilience of widows and caregiving children and youth in Tanzania and Uganda. *Progress in Development Studies* 15(4): 326-342.

Evans, R. (2015c) Negotiating intergenerational relations and care in diverse African contexts', in R. Vanderbeck and N. Worth (Eds). *Intergenerational Space*. Routledge, pp.199-213.

Evans, R. (2016) Achieving and evidencing research 'impact'? Tensions and dilemmas from an ethic of care perspective. *Area*.

Evans, R. and Becker, S. (2009) *Children Caring for Parents with HIV and AIDS: Global Issues and Policy Responses*. The Policy Press: Bristol.

Evans, R. and Thomas, F. (2009) Emotional interactions and an ethic of care: caring relations in families affected by HIV and AIDS. *Emotions, Space and Society* 2: 111-119.

Evans, R., Ribbens McCarthy, J., Bowlby, S., Wouango, J. and Kébé, F. (forthcoming) 'Producing emotionally sensed knowledge? Reflexivity, emotions and cross-cultural translation of responses to death', *International Journal of Social Research Methodology* (under review).

Ewelukwa, U. (2002) Post-colonialism, gender, customary injustice: widows in African societies. *Human Rights Quarterly* 24(2): 424-486

Fall, A., Antoine, P., Cissé, R., Dramani, L., Sall, M., Ndoye, T. et al. (2011) *The Dynamics of Poverty in Senegal: Chronic Poverty, Transitional Poverty and Vulnerabilities*, Policy Brief, LARTES National Studies No.27.

Faye, A. (1997) *Le Thème de la Mort dans la Littérature Sereer*. Dakar, Les Nouvelles Editions Africaines du Sénégal.

Garrau, M. and Le Goff, A. (2010). *Care, Justice and Dépendance. Introduction aux Théories du Care*. Paris: Presses Universitaires de France

Gning, S. (2013) *Aging and surviving: elderly women living with illness in rural areas of Senegal*. Paper presented at the European Conference of African Studies, Lisbon, 27–29 June 2013.

Gókariksel, B. (2009) Beyond the officially sacred: religion, secularism, and the body in the production of subjectivity. *Social & Cultural Geography* 10(6): 657-674.

Hall, C. (2014) Bereavement theory: recent developments in our understanding of grief and bereavement. *Bereavement Care* 33(1): 7-12.

Hewlett, B. (2005) Vulnerable lives: the experiences of death and loss among Aka and Nganda adolescents of the Central African Republic, in B. Hewlett and M. Lamb (Eds.) *Hunter-gatherer Childhoods: evolutionary, developmental and cultural perspectives*, New Brunswick, New Jersey, Transaction Publishers, pp.322-342.

Himaz, R. (2013) Impact of Parental Death in Middle Childhood and Adolescence on Child Outcomes. *Journal of African Economies* 22(3): 463-490

Hockey, J., Komovomy, C. and Woodthorpe, K. (2010) *The Matter of Death: Space, Place and Materiality*, Palgrave.

Holloway, J. and Valins, O. (2002) Editorial: Placing religion and spirituality in geography. *Social & Cultural Geography*, 3(1): 5-9

Howarth, G. (2007) The rebirth of death: continuing relationships with the dead. In M. Mitchell (Ed.), *Remember Me: Constructing Immortality. Beliefs on Immortality, Life, and Death*. London: Routledge.

Hutton, J., Boeser, S., Grootenhuis, F. (2014) *A review of Cash Transfer Programming and the Cash Learning Partnership (CaLP) 2005-2015 and beyond*. The Cash Learning Partnership.

Jacquemin, M. (2010) *Urbanization, Social Change and Child Protection in West and Central Africa*. UNICEF West and Central Africa Regional Office, Dakar.

Jindra, M. and Noret, J. (2011) *Funerals in Africa. Explorations of a Social Phenomenon*. Berghahn Books, New York/Oxford.

Johnson-Hanks, J. (2002) On the Limits of Life Stages in Ethnography: Toward a Theory of Vital Conjunctions. *American Anthropologist* 104(3): 865-880.

Kébé, M. (2012) *Présentation: Cartographie des Systèmes de Protection des Enfants au Sénégal*. Conférence sur le Renforcement des Systèmes de Protection de l'Enfance en Afrique subsaharienne, Dakar, 7-9 mai 2012. République du Sénégal, Ministère de la Femme, de l'Enfance et de l'Entreprenariat Féminin, Direction des Droits et de la Protection de l'Enfance.

Klass, D. (1999) Developing a cross-cultural model of grief. *Omega, Journal of Death & Dying* 39(3): 153-178.

Klass, D., Silverman, P.R. and Nickman, S.L. (eds.) (1996) *Continuing Bonds. New Understandings of Grief*. Washington, DC: Taylor & Francis.

- Liddell, C., Barrett, L., Bydawell, M. (2005) Indigenous representations of illness and AIDS in Sub-Saharan Africa. *Social Science and Medicine* 60: 691-700.
- Maddrell, A. (2009) A place for grief and belief: the Witness Cairn, Isle of Whithorn, Galloway, Scotland, *Social & Cultural Geography* 10 (6): 675-693
- Maddrell, A. and Sidaway, J. (2010) *Deathscapes: Spaces for Death, Dying, Mourning and Remembrance*, Ashgate.
- Makatu, M.S., Wagner, C. and Ruane, I. (2008) Discourse Analysis of the Perceptions of Bereavement and Bereavement rituals of Tshivenda Speaking Women. *Journal of Psychology in Africa* 18(4): 573-580
- Mauthner, N. and Doucet, A. (2008) What can be known and how? Narrated subjects. *Qualitative Research* 8(3): 399-409.
- MEFP (Ministère de l'Economie, des Finances et du Plan), ANSD, DGPSSN, UNICEF Sénégal et EMAP (2014) *Actualisation de l'étude sur la pauvreté et les disparités chez les enfants au Sénégal*, Dakar, Décembre 2014.
- Meintjes, H. and Giese, S. (2006) Spinning the epidemic: mythologies of orphanhood in the context of AIDS, *Childhood*, 13(3):407-430.
- Mills, A. and Gökarişel, B. (2014) Provincializing Geographies of Religion: Muslim identities beyond the 'West'. *Geography Compass* 8(12):902-914.
- Neimeyer, R. (2001) *Meaning Reconstruction and the Experience of Loss*. Washington, American Psychological Association
- Ndiaye, L. (2009) *Parenté et Mort chez les Wolof. Traditions et modernité au Sénégal*. Paris, L'Harmattan
- Ndiaye, L. (2012) *Mort et Thérapie en Afrique. Enjeux, représentations et symboles*. Paris, L'Harmattan.
- Nwoye, A. (2005) Memory Healing Processes and Community Intervention in Grief Work in Africa. *ANZJFT* 26(3):147-154
- Oheneba-Sakyi, Y. and Takyi, B. (2006) Introduction to the Study of African Families: A framework for analysis, in Y. Oheneba-Sakyi and B. Takyi (Eds.) *African Families at the Turn of the 21st Century*, Dubuque, Iowa : Kendall/Hunt, pp.1-23.
- Olasinde, T.A. (2012) Religious and Cultural Issues surrounding Death and Bereavement in Nigeria. *Online Journal of African Affairs*, 1(1): 1-3.
- Penny, A. (2010) Childhood bereavement: the context and need for services', in B. Monroe and F. Kraus (eds.) *Brief Interventions with Bereaved Children*. 2nd ed. Oxford University Press. pp1-14
- Penny, A. and Stubbs D. (2015) *Bereavement in Childhood. What do we know in 2015?* Childhood Bereavement Network, National Children's Bureau, London.
- Piga, A. (2002) 'Processus socioculturels dans la ville de Dakar: politique urbaine, immigration et secteur informel. in A. Piga (ed.) *Dakar et les Ordres Soufis. Processus socioculturels et développement urbain au Sénégal contemporain*, Paris: L'Harmattan, pp.285-412
- Potash, B.(ed)(1986) *Widows in African societies: choices and constraints*. Stanford: Stanford University Press.
- Ribbens McCarthy, J., (2006) *Young People, Bereavement and Loss: Towards an Inter-disciplinary Approach*. Buckingham: Open University Press.
- Ribbens McCarthy, J. (2012a) Caring after death: issues of embodiment and relationality. In C. Rogers and S. Weller (Eds.) *Critical Approaches to Care*. London: Routledge
- Ribbens McCarthy, J. (2012b) The powerful language of "family": togetherness, belonging and personhood. *Sociological Review* 60(1):68-90.

- Ribbens McCarthy, J. and Edwards, R. (2002) The individual in public and private: the significance of mothers and children, in A. Carling, S. Duncan, and R. Edwards (eds.) *Analysing Families: Morality and Rationality in Policy and Practice*, pp. 199-217.
- Ribbens McCarthy, J. and Jessop, J. (2005) *Young people, bereavement and loss: disruptive transitions?* London: National Children's Bureau.
- Ribbens McCarthy, J. and Prokhovnik, R. (2014) Embodied relationality and caring after death, *Body and Society* 20(2):18-43
- Ribbens McCarthy, J, Holland, J and Gillies, V. (2003) Multiple perspectives on the "family" lives of young people: methodological and theoretical issues in case study research. *International Journal of Social Research Methodology* 6(1):1-23.
- Ribbens McCarthy, J., Hooper, C. and Gillies, V. (eds) (2013) *Family Troubles? Exploring changes and challenges in the family lives of children and young people*. Bristol: The Policy Press
- Robson, E. and Evans, R. (2013) Interview distress. In A. Graham, M. Powell, N. Taylor, D. Anderson and R. Fitzgerald (2013) *Ethical Research Involving Children*. Florence: UNICEF Office of Research, Innocenti.
- Rosenblatt, P. and Bowman, T. (2013) Alternative approaches to conceptualizing grief: A conversation. *Bereavement Care* 32(2): 82-85.
- Rothaupt, J.W. and Becker, K. (2007) A Literature Review of Western Bereavement Theory: From Decathecting to Continuing Bonds. *The Family Journal* 15 (6): 6-15
- Save the Children (2013) "YARO NA KOWA NE": *Children Belong to Everyone*, Regional research report on kinship care, 16th October 2013.
- Scales-Trent, J. (2010) Women lawyers, women's rights in Senegal: the association of Senegalese women lawyers. *Human Rights Quarterly* 32: 115-43
- Scheper-Hughes, N. (2004) [1992] Death without Weeping. In A. Robben (ed) *Death, Mourning and Burial: A Cross-Cultural Reader*. Oxford: Blackwell, pp.179-193.
- Scheyvens, R. and Leslie, H. (2000) Gender, ethics and empowerment: dilemmas of development fieldwork. *Women's Studies International Forum* 23: 119-130
- Sow, F. (2003) Fundamentalisms, globalisation and women's human rights in Senegal. *Gender and Development* 11(1): 69-76
- Stroebe, M. and Schut, H. (1999) The dual process model of coping with bereavement: rationale and description. *Death Studies* 23(3):197-224.
- The Children's Society (2015) *Whole Family Pathway. A Resource for Practitioners*. http://www.youngcarer.com/sites/default/files/whole_family_pathway_2015.pdf [accessed 9/1/16]
- Thomas, L.V. (2013) [1968] *Cinq Essais sur la Mort Africaine*. Paris, Editions Karthala.
- Tronto, J. (1993) *Moral Boundaries. A Political Argument for an Ethic of Care*. New York and London: Routledge
- UN-Habitat (2014) *The State of African Cities 2014. Reimagining Sustainable Urban Transitions*. Nairobi: United Nations Human Settlements Programme.
- UNICEF (2009) *La Protection Sociale des Enfants en Afrique de l'Ouest et du Centre. Etude de cas du Sénégal*. UNICEF
- UNAIDS (2012) *Report on the Global AIDS epidemic 2012*, UNAIDS.
- Valentine, C. (2006) Academic constructions of bereavement. *Mortality* 11(1): 57-78.
- Valentine, C., (2008) *Bereavement Narratives: Continuing Bonds in the Twenty-First Century*. Abingdon, Oxford: Routledge.
- van der Geest, S. (2004) Dying peacefully: considering good death and bad death in Kwahu-Tafo, Ghana. *Social Science & Medicine*, 58: 899-911.

- Walter, T. (1999) *On Bereavement: The Culture of Grief*. Philadelphia: Open University Press
- Walter, T. (2000) Grief Narratives: the role of medicine in the contemporary policing of grief. *Anthropology & Medicine* 7(1): 97-114
- Walter, T. (2010) Grief and culture. *Bereavement Care* 29(2): 5-9.
- Wikan, U. (1988) Bereavement and Loss in Two Muslim Communities: Egypt and Bali compared. *Social Science & Medicine* 27(5): 451-460
- Wood, K., Chase, E. and Aggleton, P. (2006) "Telling the truth is the best thing": teenage orphans experiences of parental AIDS-related illness and bereavement in Zimbabwe. *Social Science and Medicine* 63 (7): 1923-33.

Appendix I

Table 3.4: Ethnicity and Socio-economic status: No and % of interviewees

	Poor		Middling		Comfortable		Totals	
	No.	Column** %	No.	Column %	No.	Column %	No	Column %
Wolof	9	36	5	23	5	42	19	32
Row %*		47		26		26		100
Serer	5	20	8	36	4	33	17	29
Row %		29		47		24		100
Toucouleur/ Pulaar	4	16	5	23	3	25	12	20
Row %		33		41		25		100
Other ethnicities	7	28	4	18	0	0	11	17
Row %		64		36		0		100
Total	25	100	22	100	12	100	59	100
Row %		42		37		20		100

* Row % = Percentage of each ethnic group in each socio-economic category

** Column % = Percentage of each socio-economic category in each ethnic group

No = Number of interviewees

Appendix II

Table 3.5: Religion and Socio-economic status: No and % of interviewees

	Poor		Middling		Comfortable		Totals	
	No	Column** %	No	Column %	No	Column %	No	Column %
Muslim	19	76	18	82	10	83	47	80
Row %*			40		38		21	100
Catholic	6	24	4	18	2	17	12	20
Row %			50		33		17	100
Total	25	100	22	100	12	100	59	100
Row %			42		37		20	100

* Row % = Percentage of each religious group in each socio-economic category

**Column % = Percentage of each socio-economic category in each religious group

No = Number of interviewees

Appendix III

Table 9.1: Social protection services and support in Senegal²⁶

Stakeholders responsible	Main aims & target groups	Services provided
National level		
National programme of family security grants (led by DGPSN)	<p><i>'to strengthen the productive and educational capacity of the poorest, most disadvantaged people'</i></p> <p>Target group: 50,000 households living in poverty each year, aims to reach 250,000 families by 2017</p>	<ul style="list-style-type: none"> • 100,000 CFA (approximately £109) per year over a five year period as a conditional cash transfer • Beneficiaries expected to undertake civil registration (of births etc) of family members, keep a vaccination record of children (aged 0-5) and enrol and continue to support children's school attendance. • Beneficiaries benefit from the Universal Healthcare Coverage scheme. <p>Areas covered: National programme rolled out across country, with quotas for each neighbourhood, depending on geographical targeting</p>
Universal Healthcare Coverage scheme (CMU)	To promote access to healthcare for those without health insurance	<ul style="list-style-type: none"> • Facilitates access to healthcare and promotes mutual (co-operative) health insurance schemes
Ministry of the Family Division of Operational Projects and Programmes to alleviate poverty	<i>'We fund them, we support them in their activities so that long-term they can be independent, to get out of poverty, to eradicate the intergenerational transmission of poverty.'</i>	<ul style="list-style-type: none"> • Range of poverty alleviation programmes to support women and young people operating at local level (see below)
Ministry of Health and Social Action supported micro-finance income-generation projects	Target groups: Widows and other women with children living in poverty	<ul style="list-style-type: none"> • Funding and capacity building of individual women and women's groups through local Centres for Social Promotion and Reintegration (<i>CPRS</i>)
Ministry of Health and Social Action social and educational assistance	Target groups: orphaned and vulnerable children and young people in need	<ul style="list-style-type: none"> • School bursaries (annual financial assistance of 35,000 CFA, equivalent of £38) to pay for primary and secondary educational costs up to <i>Terminale</i> (equivalent of Year 13 in UK) • Vocational training for young people who have completed primary school and are not attending secondary school

²⁶ This table is not an exhaustive list, but is illustrative of services and support most relevant to our research that was mentioned by national and local governmental and non-governmental stakeholders working on social protection.

Stakeholders responsible	Main aims & target groups	Services provided
Local level		
Dakar City Council		<ul style="list-style-type: none"> financial assistance for children's education (grants in primary school, fixed annual aid in secondary school, annual grants for university students) ad-hoc financial aid for emergencies, especially during religious festivals in collaboration with CPRS financial assistance for healthcare micro-finance programme targeted towards women, including widows health and welfare programme targeted towards <i>talibés</i>²⁷ referrals of orphaned children to orphanages and SOS villages when relatives were unable to provide care. <p>Areas covered: Dakar municipalities</p>
Centres for Social Promotion and Reintegration (CPRS)	<p>Aim: <i>'to look after vulnerable people'</i></p> <p>Target groups: <i>'women, men and youth in a vulnerable situation'</i></p>	<ul style="list-style-type: none"> financial assistance for widows, mothers caring for poor children, older people and families with orphaned children funding and support for women's rotating credit and saving schemes to develop income-generation activities <p>Areas covered: Dakar municipalities</p>
Ministry of the Family supported micro-finance projects	<p>Aim: to support women and youth to develop entrepreneurship skills and income-generating activities to combat youth unemployment</p> <p>Target groups: Women and young people living in poverty</p>	<ul style="list-style-type: none"> Micro-finance and capacity building of women and young people <p>Areas covered: Guédiawaye, Pikine and Rufisque (low income suburbs of Dakar), Kaolack and some other towns and cities in Senegal</p>
Association for the Promotion of Senegalese Women (APROFES)	<p>Aim: to promote the economic, social and political rights of women, reducing violence against women, promoting women's leadership, and their access to resources, including land, finance, health and social protection</p> <p>Target groups: primary focus on women, who are targeted to also reach men</p>	<p>Range of NGO support and capacity building among local women's groups, including:</p> <ul style="list-style-type: none"> listening drop-in centre (<i>Point d'Écoute</i>) providing free legal advice in Kaolack training with women's groups mutual health insurance schemes and co-operatives supporting women's and girls' leadership skills and involvement in healthcare committees <p>Areas covered: 5 regions (Kaolack, Fatick, Kaffrine, Thiès and Saint Louis).</p>

²⁷ Children, usually boys, living in *daaras* [Koranic schools] who are often sent out by their *marabout* [teacher/ spiritual guide] to beg on the street in towns and cities.

Stakeholders responsible	Main aims & target groups	Services provided
Local level		
Association of Senegalese Women Lawyers (AJS)	<i>'to bring the law closer to the population'</i> to facilitate women's access to justice	<ul style="list-style-type: none"> • legal advice drop-in centres (<i>Boutiques de Droit</i>) • advocacy for changes in the law • training on human and civil rights <p>Areas covered: Médina, Pikine (neighbouring suburb to Guédiawaye), Dakar and Kolda, as well as national level advocacy and training</p>
SOS Village Enfants Kaolack	Target groups: <i>'vulnerable groups'</i> including orphaned children and their families, children living in one parent families, disabled people and others living in poverty	<ul style="list-style-type: none"> • food aid • micro-finance and other assistance • nursery • elementary school • medical centre • 'Strengthening the Family' programme <p>Areas covered: Touba Extension and other neighbourhoods in Kaolack</p>