

## *Death, dignity and distress in the rural Eastern Cape under Covid-19*

### **Summary**

This policy brief considers how the Covid-19 outbreak and the responses by the South African government affected communities in rural areas of the former Transkei area of the Eastern Cape, particularly in relation to local funeral and burial practices.

The study on which this brief is based found that the regulations issued under successive nationally declared states of disaster entailed severe restrictions on:

- the extent to which bereaved families were able to commune with kinship and neighbourhood social networks, which undermined local resilience;
- how the bodies of their loved ones were handled and buried, which created fear and anguish within local communities.

For many rural residents of the former Transkei, the hard lockdown measures imposed by the state from March 2020 produced trauma and atomised responses to the outbreak at a moment when the need for community solidarity in remote rural areas was particularly great, and failed to provide them with

adequate local medical and other services in their time of need.

There was significant agreement among most of the respondents to the study that the implementation of the new rules on funerals and the handling of Covid-19 corpses was causing great cultural harm; and widespread strategic resistance to the rules was reported as a result. Residents reported never having been properly consulted or engaged on the threat posed by Covid-19 and how it may be mitigated. At the same time, significant communal responsibility was reported with members of rural communities taking many steps to protect themselves and each other from the Covid-19 outbreak, including by adapting practices around funerals. In this regard, local leaders said new ways of managing death and bereavement could be found which both satisfied psychosocial demands and protected the living. However, it was also noted that, while there was great readiness at the local level to adapt cultural practices, there needed to be a willingness on the part of the government to engage and provide support for such a 'people's science' approach.

Accordingly, this policy brief concludes with recommendations relating to fostering a 'people's science', producing more culturally acceptable funeral practices, and improving health care provision under Covid-19.

The study on which this brief is based was conducted by the Human Sciences Research Council (HSRC) and Walter Sisulu University (WSU) in eight municipalities in the Chris Hani, OR Tambo, Alfred Nzo and Amatole districts of the Eastern Cape<sup>1</sup> during July and August 2020. It canvassed the views of 91 key local stakeholders, including traditional leaders, religious leaders, ward councillors, community leaders, health officials, nurses, traditional healers, funeral parlour staff, burial society members, insurance company representatives, gravediggers, the police and the kin of people who had died during the lockdown imposed by the state.

## Introduction

From March 2020, the South African government started to implement an eight-stage, bio-technocratic plan which sought to control the pandemic by imposing a set of staggered restrictions on people's movements and engagements with each other, as well as a number of health and sanitary measures (Karim 2020; Windholz 2020).

In rural South Africa, funerals are family and community affairs. They are not usually managed by the state, funeral directors, local government officials or hospital staff. They are not occasions at which one expects to find health officials and funeral directors dictating behaviour, or policemen threatening

arrests and fines, or disrupting proceedings. Families and religious leaders are normally given relative freedom to bury the dead in dignified ways, according to tradition and religious belief. In the time of Covid-19, however, funerals and other customary practices, including male initiation rites and other community rituals, became identified as high-risk sites of infection, especially in rural areas where a disproportionately large number of these rituals still occur in South Africa. They were viewed by the state as 'super-spreader' events which needed tight management, control and monitoring.

Accordingly, regulations produced in April by the Department of Cooperative Governance and Traditional Affairs (COGTA) under the Disaster Management Act of 2002 limited the number of people attending funerals to no more than 50, imposed restrictions on the length of funerals and conditions relating to physical distancing of those in attendance, and limited the movement of mourners and bodies travelling between urban and rural areas.

In addition, in May, the Department of Health issued rules on the handling of human remains which indicated: the sanitary risks and requirements of handling Covid-19 bodies, including the personal protective equipment (PPE) that should be worn; the terms under which such bodies could be viewed, dressed and washed by family members at mortuaries; how the bodies should be transported; the maximum duration of funerals (two hours); and limits on attendance at funerals, which allowed only close family to be present if the cause of death had been Covid-19.

The government's rules were stricter than the World Health Organization (WHO) guidelines, upon which they were based. The WHO advised: 'The dignity of the dead, their cultural and religious traditions, and their families should be

respected and protected throughout' (WHO 2020: 1). The organisation further noted: 'To date there is no evidence of persons having become infected from exposure to the bodies of persons who died from Covid-19' (WHO 2020: 1).

From July, the government issued new rules requiring that all bodies be tested for Covid-19 before a death certificate could be issued and the remains released to the family.

## A people's science

Although the popular response to the government's efforts to address the pandemic was initially favourable, some shortfalls were identified. For example, calls were made for a greater role for social scientists in shaping the mitigation policies being produced by the government (Dell & Paterson 2020; Paterson 2020); and the approach adopted by the government, which was seen as inspired by efforts in the Global North, was criticised as inappropriate for the material, cultural, social and political conditions in South Africa (Friedman 2020).

With the country entering Level 2 lockdown in August, the state became less visible as an agent of enforcement, and its potential role as a partner with communities in strategies to save lives, create jobs and reduce the harm caused by the outbreak became increasingly important. In support of such a partnership, the HSRC/WSU study (Bank, Sharpley & Paterson 2020) sought to establish the parameters for change at the local level and how these may be shaped by people's own efforts rather than, or in conjunction with, those of external agencies – in other words, the development of a 'people's science'.

## The people versus the government

The research for this study was initiated amid what may be described as a moral panic as national concern over the spread of the disease focused on

1. The eight municipalities where the research was conducted were Engcobo, Ingquza, Intsika Yethu, King Sabata Dalidyebo, Mbashe, Mhlontlo, Mzimvubu and Nyandeni.

the movement of people and bodies from urban to rural areas, and on the conventional cultural practices associated with burial rites in the countryside. At this time:

- Stories of widespread flouting of official lockdown measures at village funerals stigmatised rural populations.
- Tensions mounted over the movement of people and bodies across the provincial border from the Western Cape and elsewhere into the Eastern Cape.
- As the pandemic spread across the province, gossip and rumour about the cause of the outbreak was widely shared in the absence of effective public education.

The climate of fear was exacerbated by the implementation of a hard lockdown, under which police tipped over beer drums at rural funerals and arrested people for contravening the regulations. The HSRC/WSU study found that these actions generated resentment and anger among local residents and, in the absence of a clear rationale, resistance. The residents reported never having been properly consulted or engaged on the threat posed by Covid-19 and how it may be mitigated, and feeling marginalised and abandoned by traditional leaders and government officials, who were seen as ignoring their needs and cultural practices.

## Rural funerals

In rural areas, funerals are occasions at which large extended families unite to bid farewell to the deceased and usher them on their way peacefully and with dignity to the afterlife. Although fewer urban residents who have migrated from the countryside now travel 'home' to the rural areas regularly, families from the former Transkei still prefer to bury their members on the homestead. Funerals follow a similar pattern:

- The body is brought home, physically and spiritually.

- Young women from the village help prepare the homestead and the food for the guests, while young men help dig the grave.
- Family members may wash and dress the body at the mortuary.
- On the eve, the corpse is placed in an open casket in the main house where a vigil is held.
- The next morning, the body is moved to a tent in the yard where a larger gathering assembles and up to a dozen people may speak before the coffin is carried to the grave site.

In Xhosa culture, if the funeral is not performed meaningfully, the family may need to invest in expensive rituals to appease the deceased and can suffer considerable, long-lasting trauma.

## Closing the gate

For many rural residents of the former Transkei, the state's intrusion in the name of public health into a social and cultural space that had previously been almost entirely theirs, as well as the new general restrictions on movement and communality, were experienced as alien and alienating. The feeling was that the government was 'closing the gate' (*ukuvula isango*) within villages, producing atomised responses to the outbreak at a moment when the need for community solidarity to promote resilience in remote rural areas was particularly great. The accusation was also that the government was 'closing the gate' by failing to provide rural residents with the political support required to defend their interests, or adequate local medical and other services, including access to the new grants and relief measures.

As rural families were corralled behind the gates to their homesteads, they were deprived of the support that would normally have been provided at this time of year, when the 'gate is open' to returning kin, as well as the opportunity to unite in adversity.

Subsequently, as families started to feel the deadly presence of the virus more directly in their neighbourhoods, household heads and senior members sought to 'close the gate' themselves, in particular to protect the elderly. These efforts have been resisted by many younger rural residents, leading to significant inter-generational cultural conflict, and have given rise to increased domestic violence as men turned on their spouses for failing to activate their networks to put food on the table as expected.

## Resistance, compliance and adaptation

Many community members indicated that they had felt abandoned to their fate by political and traditional leaders in the region and by officials at the local, municipal and national levels. Local leaders also described how the lockdown restrictions on gatherings prevented people from coming together, which undermined their own political and pastoral work, as well as communal resilience more broadly. In relation to compliance with the rules – particularly those on physical distancing and mask-wearing – it was found that adherence related to whether the police were actually present. In addition, there was broad scepticism about the extent of general observance of the rules.

A number of different narratives were produced to explain people's behaviour in response to the regulations. Councillors and traditional leaders placed the emphasis on how 'disobedient' some villagers were, even blaming the spread of the virus on aberrant behaviour, such as at funerals, while admitting that this view was unsubstantiated. (These respondents also reported that their roles in seeking compliance had led to 'unnecessary enemies' being created locally.) Meanwhile, local community leaders focused more on how effective, or ineffective, the rules actually were.

There was significant agreement among most of the respondents that the implementation of the new rules on funerals and the handling of Covid-19 corpses was causing great cultural harm, in particular, by:

- preventing families from viewing and communing with the bodies of their loved ones;
- isolating bereaved families from their communities before and at funerals;
- contravening key rites, for example, interring the bodies in plastic prevented the skin from meeting soil, as custom required;
- precluding the possibility of satisfactory identification and consequently burying the wrong body.

Strategic resistance to the rules was reported, with family and community members:

- no longer reporting deaths to avoid visits from the authorities;
- opening coffins and viewing and preparing bodies without following the rules;
- holding night vigils;
- flouting restrictions on numbers of mourners present at funerals;
- holding funerals early so that they could be completed before any officials arrived.

At the same time, significant communal responsibility has been reported with members of rural communities taking many steps to protect themselves and each other from the Covid-19 outbreak, including adapting practices around funerals. In this regard, local leaders said that new ways of managing death and bereavement could be found that both satisfied psychosocial demands and protected the living. For example, many leaders viewed the new, quicker funerals as a return to the old ways, also noting that they met the needs of ancestors who understood that current conditions precluded long ceremonies.

However, it was also noted that, while there was great readiness at the local level to adapt cultural practices, there needed to be a willingness on the part of the government to engage. On the kinds of immediate change that should be implemented, it was generally agreed that:

- funeral parlours should wrap bodies so that their faces are visible and they are not encased in plastic;
- bodies should be allowed to be brought into the home for viewing and communing before going to the gravesite;
- the numbers of those allowed at funerals could be increased to include extended kin and other community members under strict monitoring to prevent the spread of the virus.

## Health services

Rural families complained about the failure of local nurses to be ready or sympathetic when 'people needed them most'. Nurses had not been at their stations in rural clinics because of fear and uncertainty about the pandemic, including concern that they may contract the virus. At the same time, rural nurses were placed in an invidious position. A number of the nurses stated that they had received no training whatsoever on how to deal with Covid-19 cases, and that they lacked the appropriate medicines at rural clinics. These circumstances left them little option but to refer patients to urban health centres, many of which had closed.

Consequently, many households turned to traditional remedies and strategies to protect themselves against infection. In this regard, local traditional healers said they wished that the government had involved them in discussions about the outbreak so that they could respond to it with the state's support – affirming the finding that, notwithstanding official support for the idea of medical pluralism, there was little practical

integration between the state's system and the activities of these healers.

## Recommendations

Greater engagement by the government with South African social scientists may help to produce more effective mitigation policies to meet the material, social and political needs of South Africans. Further research in this area should be considered.

Furthermore, in light of the HSRC/WSU study's findings on traditional burials, three sets of recommendations have been made with reference to the benefits of adopting a 'people's science' approach, how funerals practices may be adapted so as not to infringe on socio-cultural practices, and how health-service provision may be improved to ensure an effective, holistic approach, including in relation to funerals, under Covid-19.

### 1. A 'people's science' approach

- The government should involve local people more in decision-making around how best to combat the virus, including the kinds of actions that may be taken to prevent its spread and treat it more effectively.
- In support of such coordination, frontline staff and local leaders, and representatives and/or mechanisms that can articulate and represent community interests with integrity, should be identified and fostered. In this regard, efforts should be made to coordinate with traditional leaders to find more effective ways of identifying local community interests and communicating these to the relevant government officials at the local, provincial and national levels.
- The coordination should lead to clear, consistent messaging by provincial, municipal and local officials on the rubric of the protocols to be adopted and the rationale behind them.

- Broader public education efforts, led by senior government officials on the ground, should be undertaken to address the pandemic. A properly resourced train-the-trainer programme should be established as a matter of urgency to implement such education, which should come to people in their own language, in their own places and through channels that they understand and respect.

## 2. Funerals

- Government officials should return to the first principles of the WHO guidelines. That is, the dignity of the dead, their cultural and religious traditions and their families should be respected.
- Government policies and procedures on funerals should speak to local cultural practices:
  - Family members should be permitted to view and communicate with the body at the mortuary and again at home in ways which ensure the safety of everybody.
  - The present practice of dead bodies being dressed by the morticians at the funeral parlour could be adapted to include family members safely.
  - Consideration should be given to interring bodies in shrouds. At the least, funeral parlours should wrap bodies so that the face is visible.
  - Greater numbers could be permitted at funerals under the condition that there is physical distancing, a mechanism for contact tracing and appropriate sanitation.
- The Department of Health should be clear and consistent in the advice that it issues to funeral parlours.
- Home Affairs offices must seek to ensure timely production of death certificates.

- Insurers should coordinate more effectively with funeral parlours so that pay-outs are issued more quickly.

## 3. Health

- Health promotion services should be introduced or reintroduced in rural areas. Traditional health care should be better integrated with the state-run system.
- The government should make arrangements to test many more members of rural communities for Covid-19, with a particular focus on improving care for the elderly.
- The government should step in to meet shortfalls in PPE provision for frontline staff, including nurses, police, local leaders, priests and gravediggers, and for community and family members whose roles in funeral and bereavement processes might place them at risk.

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