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Time-space practices of care after a family death in urban Senegal

**Sophia Bowlby, Ruth Evans, Jane Ribbens McCarthy,
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Abstract

This paper contributes to studies of care practices and care ethics beyond the Minority world by analysing informal caringscapes after a family death in urban Senegal. Based on the findings of a qualitative study in the cities of Dakar and Kaolack, we explore exchanges of care by the living for the living in the period immediately following the death, and changes in these care practices over the longer term. We focus on mobilities and changing care roles in family lives over time. We demonstrate the central significance of family commitments and concern for the wellbeing of the 'family' in caring exchanges. We suggest that a deeply relational understanding of personhood as bound up with family and community underlies many current caring practices in urban Senegal and challenges current conceptualisations of care interdependencies.

Key Words : Feminist ethic of care, informal care, family relations, time-space practices, death and bereavement, ubuntu, Senegal West Africa

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Introduction

After her father's death, Diami (then aged 14) moved from Kaolack to Dakar to earn money to help her mother and siblings. She later married a trader with a co-wife. When her mother became ill she returned to Kaolack. When her mother died, she stayed to care for two younger siblings, her two children, a brother and his child. She survived by trading in perfumes and with money sometimes sent by her husband and a brother. Of her siblings she said:

"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".

Diami's story illustrates how exchanges of care in response to family deaths are made through family networks created over time and sustained across space. The intermingling of emotional and practical caring arrangements with kinship obligations and moral responsibilities to care for 'the family' as a communal group helpfully introduces key concerns of this paper.

We define care provided free of payment and not provided by an organised third sector group as 'informal care'. The paper explores informal care exchanged amongst family members, neighbours and other community members following a family death in urban Senegal, based on a qualitative study informed by a feminist ethic of care. We analyse informal practices of care by the living, for the living, that take place at the time of such a death, and subsequent changes in these practices, focusing on place and mobilities, ideas of family and family relationships. The paper responds to Raghuram's (2016) call to use studies of care practices to explore "*understandings of care ethics from different places*" (p.526). It contributes to the growing body of work exploring geographies of care in Majorityⁱ world contexts aiming to 'speak back' to and 'diversify' theories of care rooted in the Minority world (Raghuram, 2016).

Urban Senegal offers a dynamic context in which to explore care after death and family relations. Continuing urbanisation, limited access to basic services, inadequate public welfare, health care and social protection services, religious and cultural practices shape family life in the poor neighbourhoods selected as our

research locations in Dakar and Kaolack. These are cities where chronic poverty affects about 27 % (Dakar) or 37 % (Kaolack) of households (Fall et al., 2011). Family structures and expectations of support differ considerably from those common in many Minority world contexts. Moreover, economic restructuring, the food, fuel and financial crises (Heltberg *et al* 2013), high levels of migration, combined with the large, diverse nature of households, means that urban families face increasing practical and emotional pressures.

The next three sub-sections position the study within literature on care, geographies of care and ‘family’. We then provide a concise overview of the research methodology and sample. The following two sections discuss how people cared for one another in the immediate aftermath of a death; and how the death led to longer term changes in familial caring roles and responsibilities. The final section explores how a strong sense of a collective family project and social connectedness is implicated in re-shaping the composition and time-space patterns of care practices after a family death.

Care

There is a substantial cross-disciplinary literature about care practices (reviewed by Yeandle *et al*, 2017) and care ethics (reviewed by Sander-Staut nd). From this literature we highlight four widely agreed features of care relationships that are relevant to our study.

First, care is viewed as an inherently interdependent practice between care givers and receivers, most notably expressed in the feminist ethic of care (Tronto 1993). This notion of interdependence is also present in the complex concept of ‘Ubuntu’, originating from South Africa – roughly translated as conveying that ‘a person is only a person because of other people’ (Nel, 2008). This is an interpersonal notion of humanness in which ‘the individual owes his or her existence to the existence of others’ (Kamwangamulu 1999:29). Consequently, Ubuntu does not stigmatise ‘dependency’ as is the case in the Minority world (Gouws and van Zyl 2014).

The Senegalese concept of *Dimbalanté (Wolof)/Solidarité (French)* refers to a sense of togetherness and mutual support, while *Teranga* refers to the obligation to provide hospitality without question (Gasparetti 2011). Like Ubuntu, these concepts encourage reciprocal care as an expected part of ‘family’ and ‘communal’ identity. But these English terms only partially capture the meaning of such terms for the Senegalese. Sarli *et al* (2012) report Senegalese villagers as saying that “*the wellbeing of each of us is expressed through our relationship with others, where ‘others’ are intended to mean members of our family and community, but also ancestors*”. (2012:74) (see Ribbens McCarthy *et al*, 2020). This quote places family and community as irrevocable networks of relationships enduring in place and stretching backwards and forwards through time. Such conceptions challenge the notion of a bounded, separate self who interacts with other such individuals and provides an alternative picture of personhood as always imbricated in significant others, potentially including the dead. Hence, caring for another or others might be understood as supporting one’s own wellbeing and reflects a deeply relational understanding of self and personhood which arguably goes beyond understandings of ‘relationality’ and ‘interdependence’ as theorized within much current feminist literature (Mackenzie and Stoljar 2000; Kittay and Feder 2002).

In both Minority and Majority worlds it is also widely recognised that caring interdependencies may involve the exercise of control and power by, or over, the care-receiver and the care-giver. Research in Africa has drawn attention to the complexity of interdependencies between ‘care-givers’ and ‘care-receivers’ in many contexts, shaped by gendered and generational power relations and inequalities and the wider landscape of care (Van Blerk and Ansell, 2007; Hanrahan 2018). Caring relations are inevitably characterised by emotional tensions and resource constraints that may undermine family members’ ability to provide ‘good care’ (Evans and Thomas, 2009).

Second, care is not defined by type of task but rather as a practice imbued with particular values (Sander-Staut nd). Thus, care practices are highly varied - ranging from bodily care, to help with tasks, to economic support, to emotional care - and can require co-presence or be exchanged at a distance (Yeandle *et al*, 2017). We

recognise that contributing to the family or household income may be performed as a caring activity, which is often significant in Majority world contexts, although this is not usually included in definitions of informal (unpaid) care work (Evans, 2014).

Third, whose care needs are recognised (and the nature of those needs), who is expected to provide particular forms of care, and how, are socially determined and variable (Raghuram 2016). Much feminist scholarship has shown that a caring disposition is often socially associated with femininity and that, in both Minority and Majority worlds, women are usually expected to do or organise most unpaid caring tasks concerned with bodily or emotional care for children or older people (Chopra and Sweetman, 2014). This gendering of care is characteristic of caregiving in Africa and Senegal, where most domestic care work is the province of women or girls. Care needs also may lead to mobility between households, with women or children moving to provide ‘proximate’ care for close and extended family members and/or to access care resources (Van Blerk and Ansell 2007; Hanrahan 2018). Gendered inequalities in family care practices in South Africa have prompted some to note that Ubuntu’s encouragement of communal care responsibilities through recognition of human interdependencies still supports a patriarchal division of care work (Gouws and van Zyl, 2014).

Finally, many academic discussions of caring tend to focus on a care-giver/care-receiver dyad. Although it is widely recognised that family carers may be caring for more than one person, the complexities of families or households in which a multiplicity of intermingled caring relationships and responsibilities are being enacted, often simultaneously, is less commonly discussed in the care literature, as opposed to the scholarship on families. In this paper we explore how family members conceive of their caring relationships to one another and to the family group.

Time-space practices of care

Geographers have emphasised the patterning of care relationships in time-space through the concepts of ‘landscapes of care’ (Milligan and Wiles, 2010), and ‘caringscapes/carescapes’ (Bowlby *et al* 2010). Both concepts point to ‘the complex

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social, embodied and organizational spatialities that emerge from and through relationships of care' (Milligan and Wiles 2010: 736). 'Caringscapes' refers to the shifting everyday caring practices of individuals in time-space, reflecting interactions between individuals' memories, hopes and plans concerning care and the fluctuating contexts of livelihood exigencies. It emphasises the social patterning of caring exchanges across multiple temporalities and spatialities. 'Carescapes' refers to the (changing) material and social infrastructures affecting care which affect caringscapes. In our research, these may comprise formal support such as that provided by state or non-governmental organisations alongside urban infrastructures, such as basic services, health and education.

Senegal has very limited public and private care related services and welfare provisions, while housing, sanitation and local transport are, for most people, of poor quality. Thus, informal, rather than formal, care relationships dominate care practices in Senegal. They are shaped by a context of domestic overcrowding, resource scarcity, vulnerability to environmental shocks such as flooding and constraints on everyday mobilities. Here, our discussion of caringscapes focuses on the role of time-space relationships in care practices and the importance of interactions between care practices and the social and physical infrastructures of care.

At a broader scale care practices and care ethics vary over space and time. A significant element in understanding this variability is an exploration of what Raghuram (2016) terms their long term 'geohistory'. She emphasises that 'Just as places are made through historical and contemporary relations, so too are care practices.' (526). While we do not set out to provide anything so ambitious as a 'geohistory' of care practices in Senegal, we describe local geographies of care practices and explore how these are entangled with particular conceptions of how and by whom care should be done.

Family relations

A large literature critically analyzes the concept of 'the family', largely focusing on Minority worlds (Ribbens McCarthy and Edwards 2011; Morgan 2011; see also

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Ribbens McCarthy *et al*, 2020 for a more global view). Here we are concerned with current understandings of ‘family’ and family practices relating to care after death in Senegal.

In Senegal family membership includes a wide range of related individuals who are understood to share commonalities – having in common the same blood and ancestors - based on inter- and intra-generational ties (Bass and Sow 2006; Ribbens McCarthy *et al*, 2020). High levels of childbearing and socio-cultural expectations, mean that the web of family relationships may be very large. Family membership is fluid and dynamic. Over a third of married people live in polygamous unions and wives do not always reside in the same household as their husband (Bass and Sow, 2006). A family member contributing to, but not living in, a shared dwelling may be seen as a household member. Thus, a family member may be claimed by and see themselves as, a member of more than one household (Bass and Sow 2006). In Senegalese multi-generational households, a *kilifa* or senior family patriarch is usually a man who often lives with his wife/wives and adult sons and their wives and children, while adult daughters often move to live with their husband’s family. De Vreyer and Nisson (2019) conceptualise Senegalese households as comprising linked, somewhat self-contained, intergenerational ‘cells’ living within a single household. These are described as: the head of household and ‘unaccompanied dependents’; each wife, her children and ‘co-dependents’; each married child of the household head with his/her spouse and children. Some aspects of budgeting and resource allocations are shared between ‘cells’ but others are separate.

Social values such as *Dimbalanté/ Solidarité* and *Teranga* are important to survival in a context of poverty and limited state welfare provision (Randall and Coast, 2015). Jaquemin (2010) suggests, however, that relationships of family ‘solidarity’ are of more value to the better off than to the poor, who have little material support to offer each other. Furthermore, such solidarity does not mean that all family members are of equal status. Resources directed towards children are not necessarily shared equally between family ‘cells’ (De Vreyer and Nisson, 2019). Expectations of shared kinship responsibility are also under strain in Senegal, as elsewhere in Africa, as a result of socio-economic and demographic changes, which have increased burdens of

responsibility while diminishing the resources available to families (Jaquemin 2010, McQuaid *et al*, 2019).

Age and gender hierarchies within Senegalese families and households affect who does what work and who decides on household and family matters. Children are viewed as having reciprocal rights within and responsibilities to their families and communities and an implicit 'intergenerational contract' frames expectations of younger and older generations (Van Blerk and Ansell, 2007; Evans, 2014). Younger adults should care for older family members. Children are expected to respect the authority of those older than themselves, including siblings, and older family members should provide '*advice*' and support to younger members. Household tasks are strongly gendered with girls and women expected to clean, cook and care for children and older or sick people, frequently alongside food production and income earning. Boys and men should engage in productive activities to contribute to the economic survival of the household and broader family unit, although increasing numbers of women and girls are the main income earners within male-headed households in African cities (Iyenda and Simon 2006).

Migration and urbanisation have dispersed members of kin networks into different urban areas in many African countries. This may ensure that some members are in labour markets where earning is possible. Dispersal may, however, weaken kin ties and make emotional and non-financial practical care more difficult. Improved transport and the rapid growth of mobile phone use in Senegal, as elsewhere, has nevertheless made it easier to maintain kin connections and transfer money over distance (Porter 2016). Most of our participants living in Dakar and Kaolack maintained phone communication with family members elsewhere in Senegal and with those living abroad.

The strongly felt, widely practiced responsibility to share economic resources with family and household members does not imply economic or social equality within Senegalese families. Describing inter- and intra-generational relationships in urban Uganda, McQuaid *et al* (2019) identify, 'moral dilemmas shaped in complex layers of competing responsibilities to care for the self, immediate family, siblings and

extended kin [...], as well as people's creative efforts to manage and negotiate structural ambivalences' (p7). This description neatly identifies the potential tensions over caregiving in Senegalese multi-generational households.

In our empirical findings we adopt a broad definition of care, recognising the significance of livelihood activities, as well as social reproductive and emotional support, in caring for the wellbeing of family members. We explore the significance of family relationships - alongside relationships with neighbours, friends and community organisations - for individual subjectivities and practices of care. We draw on the concept of 'caringscapes' to focus on the mobilities and interactions, through time and across 'distance', involved in the patterning of diverse caring responses.

Research Methodology

The wider study on which we draw investigated the material and emotional significance of the death of a close adult relative for family members of different genders and generations in urban Senegal (Evans *et al* 2017a). This paper addresses our first research objective: *to explore the significance of the death of an adult family member 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 and intergenerational dynamics were a particular focus of attention. We adopted a feminist ethic of care perspective to guide the research design and practice of interviewing and used a qualitative approach in order to provide in-depth insights appropriate to a sensitive topic.

We recognised that our team of British, Senegalese and Belgian-Burkinabé researchers was made up of women with different positionings in terms of ethnicity, age, religion, nationality, institutionalized academic seniority and research experience. We sought to use our different positionalities positively to alert us to taken-for-granted ideas about bereavement, family relations and caring. We held reflexive discussions about our experiences of a family bereavement and cultural norms surrounding death and grief. We tried to use the variety of experience and

understandings in the team to limit, as far as possible, imposing our own prior understandings on interpretations of interviewees' accounts (see Evans *et al*, 2017b).

Given rapid urbanisation and less research about changing social relations in cities compared to rural areas in Africa and Senegal, we focused on the experiences of people living in urban neighbourhoods. Our aim was not to provide a representative study but to gain an insight into the range of factors and experiences found amongst people living in diverse circumstances and in different generational household positions in an inner and a peripheral working-class urban neighbourhood in each of two cities, Dakar and Kaolack.

We carried out in-depth, audio-recorded interviews in Wolof or French with a purposive sample of 30 families in which there had been a death in the last five years. Fifteen families lived in Dakar (the capital) and fifteen in Kaolack (a major city in the main groundnut growing area). In total, 59 people were interviewed, ranging from children (from 12 years old) to older adults (aged 61-77). In all but one household, two family members were interviewed to explore intergenerational and gender dynamics. In addition, we carried out four focus groups with women and young people (one in each locality), and 20 semi-structured interviews with 23 key informants (imams, priests, local leaders, NGO staff, government and other strategic professionals). Following analysis of the interviews, we facilitated dissemination workshops to discuss our provisional findings, which included 45 participants from those who had taken part in the family interviews or focus groups.

Ninety four percent of the population of Senegal are Muslim and four per cent are Christian (ANSD, 2013). The majority (47 or 80%) of interviewees were Muslim, and we specifically recruited 12 (20%) who were Roman Catholic in order to explore religious differences - although these are not a major concern of this paper. We categorised the socio-economic circumstances of each household as 'poor' (40% - 12 households), 'middling' (43% - 13 households) or 'comfortable' (17% - 5 households) on the basis of researchers' observations and participants' accounts of their living conditions, education, livelihood, remittances, pension and other sources of income, property ownership, health status and number of children within households. In this

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paper we do not examine place-based differences but do consider the impact of socio-economic circumstances.

We developed a thematic coding framework through intensive analyses of individual interviews, and reflexive conversations among the research team. All the family transcripts were coded using NVivo software, and individual and generationally interlinked analyses were developed, using an analytic summary template for each family. All names used are pseudonyms. In analysing these transcripts one obvious set of questions concerned the emotions associated with the care relationships experienced by participants. Interviewees rarely elaborated verbally on their feelings about bereavement or concern for family members. Such emotions were often described with very brief, although often powerful, phrases (Evans *et al* 2017a, Evans *et al*, 2019). In our research with participants in situations of precarity, we understand emotions evoked by bereavement as *constituted by* and *constitutive of*, the materiality of experience. Simply engaging in particular activities may convey emotional as well as material support and thus, for an individual, describing what is experienced as a caring action may need no further emotionally descriptive gloss. Therefore, in our discussion of the findings, we rely on interviewees' reports of actions, as much as descriptions of feelings, as evidence of the emotions involved in caring.

Time-space practices of care in the immediate aftermath of a family death

The majority of participants lived in households of 6-20 related people. We estimate that 15% of significant family members outside these households lived within walking distance and a further 24% within 30km. Participants considered parents, children, brothers and sisters to be 'close' family. Some aunts and uncles were also included as 'close', as were the few nephews and nieces mentioned - particularly if they lived together. Cousins were usually considered as part of the extended family. One participant included her neighbours as part of her 'close' family while four mentioned them as part of their extended family. Three respondents (two were

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young people) named friends as part of their extended families. The majority of participants emphasised the importance of family as a shared - but fluid and changeable - entity, providing emotional and practical care and feelings of belonging and security as well as motivation to work for 'success' for 'the family project' (Morgan 2011) stretching into the future. These features of family relationships are significant to caringscapes of the living after a death.

Death brings in its train the need for burial of the deceased's body, which usually involved a religious ceremony. For Senegalese Muslims, the burial should take place within 24 hours and if there is a funeral ceremony it will be held immediately following the burial. There were sometimes additional funeral ceremonies on the third, eighth and fortieth days after the death, associated with three phases of funeral rites regarded as essential to the functioning and survival of the group in Wolof culture (Ndiaye, 2009). Funerals were normally held at the home of the deceased or sometimes in the family's village of origin. For Catholics, the timescale was slightly less pressured, which enabled family members from further away to come for the funeral; burial normally took place several days after the death and a church mass was held just prior to the burial, on the same day. Some Catholic families also held funeral ceremonies on the eighth and fortieth days. For both Muslim and Catholic interviewees, the burial sometimes took place in another city or in their family village and, hence, might require long distance transport.

The demands of organising the burial and funeral pose a short-term major disruption to everyday life for those responsible for caring for the body, observing religious norms and upholding the reputation and memory of the deceased. For most families, tasks included preparing the body for burial, organising a funeral ceremony and transporting the body to the cemetery as well as financing and organising the funeral gathering. The latter normally involved providing food to those who attend and sometimes paying for an imam or priest to lead religious ceremonies. These mundane tasks require people and resources to be brought together at appropriate times and places. They also require finance. They thus also offer an opportunity for caring practices – for emotional and spiritual support to be provided and practical and financial help to be given to close family members of the

deceased considered to be in mourning, by a broad range of family members and neighbours.

Such time-space practices of care were very evident in our interviewees' accounts of the immediate aftermath of the death (Table 1). For a short period, the home and immediate neighbourhood became significant sites for intensive caring practices. Many relatives lived too far away to come in time to help with organising a Muslim burial. Normally help with organising and financing the funeral was provided not only by family members living within the household or locally but also, crucially, by neighbours. In addition, family members and neighbours were often involved in helping transport the body from the home to the burial site.

Responsibilities for organising and attending the burial were strongly gendered amongst Muslims, with only men and older boys normally attending. Amongst Catholics, both men and women attended the church funeral and burial. Despite the short timescale for Muslim funerals, family members came from abroad as well as from a wide variety of places in Senegal after a death. Those coming from abroad and distant parts of Senegal were normally only able to attend the third day or later ceremonies, but relatives might then stay for a week or several weeks to provide caring support.

Several interviewees indicated the multifaceted significance of the practical care that relatives and neighbours provided in organising the burial and funeral:

'As I said, since the death, I simply did this [he folds his arms]. It was my elder brother [who did not live in the household] who did everything. You know that's very important'. (N'diaw, 55, wife had died).

N'diaw explained that support from neighbours and friends involved practical help with the funeral but also contributions such as food, soap or money. Being part of this network of *solidarité* appeared to provide ontological security:

‘Senegalese solidarity is extraordinary because the neighbours; all the work during the funeral – it was them. We sat back. We were there; we did absolutely nothing. All that had to be done in the house, it was the neighbours [...] I remember all that we spent for the funeral; the beef, the rice all was offset by neighbours’ and friends’ contributions. Even after the funeral, there was a lot of money left over. But the Senegalese are very supportive especially at times like these. Really there are difficult moments but there is solidarity. You are never really alone [laughs]. It’s really very important.

Classmates of his two children also provided various forms of support:

‘At the death, all his [son’s] class came with their teacher. They came with some money. It’s the same with the girl [...]; it was also the same thing. Their friends came and they also supported them.’

Similar feelings were expressed by Djibril, 42, after the death of his aunt:

‘When a person dies ... 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.’

N’diaw and Djibril were both from households we classified as ‘comfortable’. Although their experience of support from family and neighbours was very widely shared amongst our interviewees and, for some, support from schools and local associations, its extent was often severely limited by poverty. Some interviewees said that they had not been able to afford or received financial support to provide the burial and funeral arrangements they wished. Animata (25, poor household) did not have financial help available from others to meet her funeral obligations to her deceased mother: *‘If we could have afforded it, we were going to organise a funeral service for her, recite the Koran and everything. Now, if you can’t afford it, you can’t do it’.*

In these circumstances loving support was all that many family members and neighbours could offer:

‘Members of my family can’t afford much but they all love me. The day he died they were all there; even those from the villages far away came. Those that couldn’t come, they phoned me. Even today, there were two that phoned me’ (Salimata, 62-year-old widow and mother of a son who had died a few weeks prior to the interview, poor household).

The burial and funeral for Salimata’s son had had to be very simple because of her family’s poverty:

‘The day they buried him they prepared food. People that worked at the market [where her son had worked] gave 35,000 frsⁱⁱ. With this money they bought meat and they prepared lunch. People ate and they did everything on the same day. On the 3rd day they recited the Koran and it was over. [...] They didn’t organize any ceremony because they didn’t have any money’.

While these accounts give examples of the widespread care and support from family members and neighbours following a death, there were also accounts in three families of quarrels over the place of burial. Some interviewees also remarked that funerals were opportunities for neighbours to gossip, party and display new clothes rather than offer care to the bereaved.

From these accounts we see that the burial and funeral were occasions for the exchange of material help and care but also for emotional support through practical assistance, social contact, and simple co-presence. This illustrates the multiple dimensions of caringscapes (Bowlby *et al*, 2010), socially patterned across space and time. The sense of the self being bound up with family members was powerfully expressed by N’della (19), when talking of the comfort she received from the presence of her family members after her father’s death: *" if I cry and I see them beside me, it’s as if I have everything I need beside me"*. Many respondents also sought solace through praying and other religious practices and from imams, priests or friends and

family members who provided spiritual support and guidance that helped them to make sense of the death (see Evans *et al* 2019).

Caring relationships, resources and mobility in the longer term

Most of the deceased in this research were members of interviewees' close family and at least two thirds were of an age to make a major contribution to the household livelihood. Frequently, the death had reduced the household's economic security, and in some, household members could not continue living together as a result. All deaths disrupted generational hierarchies, familial relations and caring responsibilities, changed many people's future plans and had significant emotional impacts. The central importance of family *solidarité* and *teranga* was evident across all interviews. They led individuals to take on new familial responsibilities and enabled people to seek care from relatives, which sometimes led to mobility between households, residential relocation and money flows. Thus, the death shifted the socio-spatial pattern of caring exchanges within family and neighbourhood networks.

Family obligations and role changes were influenced by the household's economic situation. Major material adjustments were more common in poorer households. 'Comfortable' households and many 'middling' households did not make major economic adjustments, although in all cases emotional consequences and changes to household roles occurred.

Young people's responses and care

Many young people expressed feelings of obligation to support their 'family', particularly mothers and siblings. Several young people who had lost a parent said this motivated them to study harder in order to 'succeed' and be able to help family members in the future, especially those who had helped them. Others had stopped their studies and found paid work. For example, Albertine, 19, an unmarried mother living with her widowed mother and five siblings, stopped studying after her father's death to find paid work: *One, because I have a daughter and two, because I have to help my mother*'.

For some young women, their household tasks and responsibilities grew significantly. When Hawa's brother died, his wife returned to her natal family, leaving Hawa (16) to do more shopping, cooking and housework, and to collect water with her sister. Several young men spoke of an increased obligation to earn now or in the future to contribute to 'the family'. Some young people took on care for siblings. After her mother's death, Safia (31) became head of a household consisting of her younger brother and sister and her sister's two young children. Confiding in her grandmother, who lived locally, helped greatly, as well as the emotional support she received from other relatives via the phone and face-to-face: *'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'*.

A further change involved *loss* of the care received from the deceased. Young people explained that the care remaining family members gave was either not sufficient or not available. Fary (22) explained *'My mother took care of me in every way [...] she advised me, she was also my friend. Today I'm alone with my father who is not here, he's in Italy'*. Fary lived with her aunt and uncle, her younger sister and another child - but she *felt* alone without her mother's advice and care. Although other family members were often available, many young people said that no one could 'replace' their mother or father, in terms of the advice and guidance they had provided.

Changes in household roles

Some respondents in their middle years found they needed to take on new roles that contravened gendered expectations. Two such roles were: the head of household – the person responsible for providing an income for, and managing, the household; and the *kilifa* - a Wolof word describing the 'patriarch', family decision-maker or person with overall moral authority to make decisions for the welfare of all (Gning 2013). The same person usually takes both roles and lives within the household, but the *kilifa*, usually male, can be a senior relative living outside the household who may not be the main income earner. This illustrates the moral authority of elders over family decision-making processes, with gender and generational hierarchies often

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defining who performs this role. Being the *kilifa* was often about ‘taking care of’, in a sometimes paternalistic sense, or having overall responsibility for ‘the family’ rather than ‘caring for’ or ‘care between’ family members, but the distinction was often fuzzy. For example, Boubacar (44), had been chosen by his elder brothers as the household’s new *kilifa*, but stressed the importance of encouraging family sharing of finances and decisions. Three women had become *kilifa* after being widowed, when no other male relative was available. Two other widows said they were head of the household but did not name a *kilifa* and two said that the *kilifa* was a woman senior to them.

Some interviewees discussed ‘sharing’ their resources among family members, particularly co-residing adult siblings. Fagui (46, middling household, widowed), told us, ‘*I am with my brothers and each of us gives what they have*’. Allassane (36, whose mother had died), when asked, ‘What’s most important for the future of your brothers and sisters?’ replied, ‘*We meet every Sunday to discuss projects, we share the same projects*’. Boubacar expressed a commonly held ideal: ‘*Those who can, contribute; those who can’t also eat and do everything with the others*’. He now tried to follow his deceased brother’s example so that after his own death ‘*others can say I’d supported the family*’, indicating the moral status of care for ‘the family’. Boubacar expresses the ideal behaviour for a *kilifa*, looking after the wellbeing of the whole family, practising *solidarité* and thereby gaining respect and status. However, many in poorer families, lacking resources, struggled to fulfil this ideal role.

Responding to financial problems

An important element of caringscapes in Senegal is providing financial support or resources to others in need at crisis points and over the longer term. As shown, immediately after the death such support was forthcoming from relatives and neighbours for many who needed it. However, in the dissemination workshops, young people and middle aged and older women talked of how financial support dried up in the period after the funeral or after widowhood-mourning (4 months 10 days). This does not necessarily signify a lack of ‘caring about’ but shows the difficulty of ‘caring for’ others materially over the longer term with few resources.

The experience of Oulimata (18 and Catholic) illustrates both the value and fragility of diverse social support networks:

“when he [her father] passed away there were some relatives that helped us at first but after, they said they couldn’t anymore. At the moment we’re managing to eat and go to school. There was a neighbour who gave us money at the end of the month but in the meantime, he also had eye problems and stopped helping”.

Nuns also helped her by finding her mother a cleaning job and sometimes paying Oulimata’s school fees.

Thus, for many adults as well as young people in the aftermath of a family death, finding ways to secure their own and other family members’ long-term economic security was difficult. A few interviewees had attempted to gain financial help from external governmental or non-governmental institutions but were very rarely successful. Some women were members of tontinesⁱⁱⁱ and informal associations which provided short-term financial support. Other responses fall into three broad categories - efforts to: increase the earnings of household members; gain financial support from non-resident kin or friends and neighbours; or, move to another household – to share their resources or to take advantage of educational opportunities or a better labour market.

Some household members who had not previously earned money sought a means of earning it. Young men and women might take holiday jobs or leave their studies to provide financial support to the household. Widows often developed new livelihood strategies such as trading, selling cooked food or cleaning jobs. For several the death resulted in increased poverty. For example, Yama (47, living with an adult daughter and three younger children) had started work as a cleaner when her husband became sick and continued this after his death. She found it hard to make ends meet: *“it was him that gave the daily household expenses. He paid the rent and sometimes I covered the rest of the month, but today it’s me that does all that”*. Widows who became the main income-earner thus found themselves transgressing conventional

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gendered and religious norms that position men as responsible for the household's economic survival.

Many households relied partly, or, rarely, wholly, on money from other non-resident kin, including relatives working abroad. Twelve of the 30 households (40%) talked of ongoing financial support from outside the household. For ten of these, it was family members, usually close family members, who provided financial support (Table 2). In two households, money which had previously come from friends and neighbours had ceased. The current residence of financial providers was only known for five of the twelve households. One provider lived in France and the others in Dakar. In addition, five of the 30 households told us about unpredictable, small sums of money given by ten non-resident relatives (six of whom lived abroad). These data, although for a small and purposive sample, are in line with the findings of Madhavan *et al* (2018) in Kenya that close relatives are the dominant source of ongoing financial support.

For some, the death led to a move to another household to access material and emotional care. This possibility depended on other family members' willingness to meet the demands of *dimbalanté* and *teranga*, in sometimes difficult circumstances. Of the adult interviewees, two widows returned to their natal families after their husbands' deaths. After her widowed mother's death, Animata (25), who had been living with her mother and her own children and siblings in Kaolack, moved to her husband's home with her young sister and her own children. Her two younger brothers came too but slept nearby, at her aunt's house, although they had meals with her. She talked about the strength of her emotional attachment to her siblings and her feelings of responsibility: "*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*". Such mobility between households and adjustments to living arrangements might take some time. In the dissemination workshop, a year and a half after the original interviews we found that sadly Aminata had died and her younger brother had moved to Dakar to live with an uncle. Four widows, and one woman whose mother had died, from poor or middling households, had by then

moved to live with other family members. Three middle-aged men from middling or comfortable households had also moved.

Children or young people might also move to another family household as a result of the death. West Africa has a long tradition of child fosterage/ informal kinship care arrangements between family members (Beck *et al* 2015). In the workshops, we found four young people from ‘middling’ or ‘poor households’ had moved to live with other relatives due to household dispersal or in order to continue their studies. One young woman from a ‘middling’ household was now living and studying at her uncle’s place; she been required to re-take the first year of secondary school following her mother’s death and he wanted to ‘keep an eye’ on her progress. There were also two examples of child fosterage/ alternative care arrangements for children following a family death. In one instance, a childless young widow (33) was ‘given’ the 12-year-old son of her older sister to help her ‘*get rid of the loneliness*’. In the other, Malang (47), after his wife’s death, sent five of his six children to live with relatives in different locations. The youngest, a baby, was placed in a residential care home while Malang lived alone – the only participant to do so, and a very rare situation in Senegal, seen as a sign of low social status (Jacquemin 2010). On our return visit, we sadly heard that Malang had also died.

As seen in Diami’s story in the Introduction, family ties are foremost in care exchanges and wellbeing is expressed as bound up with the wellbeing of close family members. Threading through Diami’s story and those of all participants were motifs of strong familial responsibilities and emotional commitments to the wellbeing of other household or family members, echoing ideas of *Solidarité/Dimbalanté*, *Teranga* and *Ubuntu* discussed earlier. Thus, over the longer term, participants’ ‘caringscapes’ were dependent on social values, responsibilities and obligations to support ‘the family’, with little mention of the role of neighbours and friends. There was also little evidence of support from wider ‘carescapes’ in urban Senegal, with minimal expectation of support from external state or non-governmental organisations and suspicions about favoritism in the allocation of these limited resources.

Concluding Discussion

This paper has considered the ‘caringscapes’ of bereaved families in urban Senegal, that is, the informal time-space organisation of care for the living, by the living, over the short and longer term. We conclude by considering what these caringscapes suggest about expectations of who should care and how they should do so.

In the period immediately following a death, transport and financial limitations, and Muslim rules about a rapid burial, mean that local family and communal support is essential to help the bereaved. The death also sets in train visits and mediated contacts from family members living some distance away in the weeks after the death. This widespread family and communal support evidences the existence and value of a sense of interconnectedness amongst family and neighbours. The care of family members and neighbours seems to create a sense of ontological security for all participants, especially bereaved close kin, founded on expectations of *Dimbalanté/Solidarité* and *Teranga*, which expressed and reinforced commitment to these values. This positive picture is undermined by issues of poverty. Poor neighbours, friends and relatives have limited capacity to give financial assistance. Formal support provided by the state or NGOs is severely lacking. Thus, poorer households tend to receive less material help.

Lack of resources amongst relatives and neighbours also had a major impact on the financial and other caring support available over the longer term for households struggling with financial or care pressures. For people of all ages the death often stimulated a renewed commitment to ‘care’ for their family emotionally, practically or financially. Longer term adjustments often involved significant shifts in everyday mobilities and activities and, for some, resulted in migration, reconstituting existing households with new caring relationships and obligations. Adherence to social values of *Teranga* and *Solidarité/Dimbalanté* underpin these adjustments in the context of very limited formal safety nets in poor urban neighbourhoods. Our data – which we recognise is from a small and non-representative sample – suggests that it is ‘close family’ - parents, grandparents, siblings, sons and daughters – who are most likely to provide long term financial support, a new household to live in or moral and practical ‘advice’.

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Family relationships appear instrumentally necessary to the survival and wellbeing of many people in Senegal and success of the ‘family’ can be regarded as a collective ‘project’ (Morgan, 2011). But the practical significance of family relationships comes with emotional and moral commitments to one another developed over time through reciprocal contributions and mutual support and, often, shared domestic routines and co-residence. These commitments stem from acceptance of the socially-endorsed, ethical family responsibilities of individuals whose personhood is intimately bound up with their generational, kin and gender positions in a fluidly defined, but enduring, ‘family’. Participants’ accounts thus illustrate how present caringscapes interact with past and anticipated future experiences of care, situated within broader social contexts of gendered and generational expectations and reciprocal kinship and communal obligations. Caringscapes are also shaped and constrained by the resource-limited carescapes of urban neighbourhoods, common in Majority world settings.

Participants’ stories show how diverse ‘care’ practices interweave over time and space to fulfil and create positive commitments to a ‘family project’. But marital and family relationships can also be fraught with negative emotions and power imbalances that were glimpsed in some narratives. The ambiguities and tensions described by McQuaid *et al* (2019) as stemming from socio-economic and demographic changes were certainly evident in urban Senegal, as were gendered and generational inequalities in care-giving responsibilities. These, including the chronic poverty of many urban households, pose challenges to the social valuation and continuation of practices of *Teranga* and *Dimbalanté /Solidarité*.

The significance of ‘the family’ and communal ideals of mutual caring obligations certainly ‘speak back’ (Raghuram 2016) to theories of feminist care ethics rooted in the Minority World. From a Minority World perspective, the findings raise questions about tensions between (gendered and generational) individual rights and communal responsibilities of family members, particularly if they feel that their own wellbeing is ‘bound up’ with each other and the success of ‘the family project’. Kamwangamalu (1999) argues, however, that ‘ubuntu’ does not equate to a negation of individuality,

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but points to the limited possibilities for individual self-sufficiency. The deeply relational understandings of personhood voiced by some interviewees in which the wellbeing of the individual is bound up with that of 'the family', seem qualitatively different from the interdependencies of care suggested by care theorists in the Minority world. Our findings thus challenge current conceptualisations of care interdependencies and 'carer'/'cared for' dyad approaches that overlook the extensive, diverse range of caring relationships, familial and communal responsibilities. They suggest the need for further research, engaged with care ethics, in a variety of contexts and at different scales, in both Majority and Minority worlds, on how practices of care may be built upon, and evoke, diverse understandings of relationality, the constitution of personhood, and what it means to be a human being.

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Footnotes

i. The terms Majority and Minority worlds have become increasingly used to replace ‘developing and developed worlds’ in order to emphasise that the majority of the world’s people live in the former.

ii At the time of the study 10,000 CFA equalled approximately £11 GBP

iii A *tontine* is an informal rotating credit and savings scheme whereby a group of savers (usually women) pay monthly subscriptions. Straws are drawn monthly to determine who will receive the pooled resources, often used to fund investments in small business. Members may also agree for it to be used as a contribution for members who are in particular need.

Tables

Table 1: Sources of informal support in the immediate aftermath of a family death, mentioned by family interviewees

	Condolence money – funerals & burials	Practical assistance with burial & funeral	Food/soap/ other material support for funeral	Moral/ emotional support/advice
Family	22	5	2	18
Neighbour	20	2	6	20
Friend	5	3	1	5
Colleague	2			21
Religious leader/faith community	1			2
Local leader	2			2
School teacher	1			1
Local association	6			0

Table 2: Financial support from non-household family members of participants over the longer term

Relatives of an adult household member who were providing support	No of households mentioning as source of continuing support	No of households mentioning as source of occasional support
Adult child/grandchild	5	4
Sibling	3	2
Uncle/Aunt	2	2
Cousin	1	0

Non-resident husband	0	1
Adopted nephew	0	1
Total no of households mentioning support	10	5