

Untold Stories of the Bereaved Relatives of Victims by Covid-19 Virus in Echague, Isabela, Philippines

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Abstract: *Before the COVID-19 pandemic hit the Philippines, grieving practices included a usual 9 to 10 days wake at home where all relatives and friends of the dead visits the wake. In some areas of the Philippines, wake includes feasting, gambling, partying, prayer service and social gathering. In their culture, the wake for the dead seems like an invitation to gather and remember all their memories together. When the pandemic was declared, the Philippine government prohibited social gatherings in an effort to prevent transmission of the virus in the community. One policy that arose includes an immediate burying of a person if that person died with COVID virus. Another option was to cremate the person if the family wishes to hold a wake for up to 5 days. This was a significant change in the culture of grieving and bereavement in the Philippine community. In this study the researchers wish to understand what are the untold stories by the grieving family with a relative who died with COVID 19. The study used Qualitative-Descriptive and Thematic Analysis to be able to describe the phenomena. Purposive sampling was used to select respondents. The researchers selected a person with a member who died from COVID-19 in Echague, Isabela, to be the respondents of this study. The researchers conducted an interview with the respondents until data saturation was reached. Questions included their experiences upon diagnosis of COVID and upon Death of the relative. A total of five respondents were interviewed. Results of the study indicated that most participants agreed that having a Covid-19 sufferer in their family increased their worries about contracting the disease and infecting other family members, as well as their fixation with getting sick. Indeed, because of the prevalence of Covid-19, having a patient has caused stress and anxiety in the life of every family member. Many families were unable to visit the patients and say their final goodbyes due to the circumstances that emerged after the deaths of COVID-19 patients. The families were upset with it because they believed they had given the dead relatives an incomplete farewell. The study's findings indicate that the COVID-19 victims' kin suffered a variety of difficulties, including doubts and worries and rejection. The patients' challenges lasted even after they passed away, and incomplete goodbye to the deceased person, lonely funeral, dispute during the interment procedure, and the deaths unbelievable reality made them worse.*

Keywords: COVID-19; Lived experiences; incomplete goodbyes; untold stories

I. INTRODUCTION

In December 2019, a new coronavirus illness known as COVID-19 was discovered in Wuhan, China. The fatal viral illness spread from a single location to the entire country in less than a month. COVID-19 quickly became a global public health problem due to its high human-to-human transmission potential. On March 11, 2020, the WHO declared COVID-19 a worldwide pandemic. (Sujan Babu Marahatta, et al, 2020). Meanwhile, global collaborative research initiatives to exchange real-time data battling the epidemic have been developed. COVID-19 has already claimed the lives of over a million individuals all across the world. (Zhu, H., Wei, L. & Niu, P., 2020)

As of November 2020, the Philippines was one of the nations most impacted by COVID-19, with 422,915 documented cases and 8,215 fatalities. With no mass testing procedures in place, these numbers are severe underestimates. To prevent the spread, domestic regulations in the Philippines have called for expeditious cremations of confirmed or

suspected COVID-19 victims within 12 hours post-mortem; burial is permissible but less preferred in order to accommodate Islamic funeral laws or areas where no crematoria are present. Moreover, many funeral homes are pushing for cremating bodies even when COVID-19 is unconfirmed or not suspected out of an abundance of caution. Following government guidelines, crematoria are rapidly processing cremations even when contrary to traditions of whole-body internment in the Philippines. (Government of the Philippines COVID-19 dashboard, 2020). They give ways for the community to help the bereaved family. Many individuals throughout the world have experienced sadness and grieving as a result of this virus (Bertuccio & Runion, 2020). The Department of Health (DOH) said a coronavirus disease (Covid-19) patient who will die due to the infectious disease has to be buried or cremated within 12 hours. DOH-Davao director Dr. Annabelle Yumang said in a virtual presser Wednesday, March 25, that since Covid-19 is a highly infectious disease and in order to prevent contamination, the dead body must be buried immediately or cremated. Families of the victim are not allowed to go near the victim unless the dead body is already inside the coffin or has been cremated. Yumang emphasized that the coffin for a Covid-19-positive fatality will not be the regular coffin offered by funerals. From the hospital, the cadaver must be properly sealed in a leak-proof bag and placed in a metal casket which should be airtight to prevent contamination (Juliet Revita, 2020).

Before the COVID-19 pandemic hit the Philippines, grieving practices included a usual 9 to 10 days wake at home where all relatives and friends of the dead visits the wake. In some areas of the Philippines, wake includes feasting, gambling, partying, prayer service and socia gathering. In their culture, the wake for the dead seems like an invitation to gather and remember all their memories together. When the pandemic was declared, the Philippine government prohibited social gatherings in an effort to prevent transmission of the virus in the community. One policy that arose includes an immediate burying of a person if that person died with COVID virus. Another option was to cremate the person if the family wishes to hold a wake for up to 5 days. This was a significant change in the culture of grieving and berievement in the Philippine community. In this study the researchers wish to understand what are the untold stories by the grieving family with a relative who died with COVID 19.

While there has been researches on the biological elements of the illness as well as the perspectives of healthcare personnel and survivors, there have been very few studies on untold story of the bereaved relatives battle amid COVID-19 pandemic in Echague, Isabela. A greater understanding of a person's lived experiences may aid local and national efforts to enhance service provision for patients and their families both during and after the pandemic. Given that COVID-19 spreads fast among family clusters, we attempt to investigate the experiences of those family members who have lost loved ones. The study's major research question is, 'What are the stories of the bereaved relative's battle amid COVID-19 pandemic in Echague, Isabela. Given the paucity of research on this subject, it is critical to learn from the current COVID-19 situation. To enhance future practices and assist the design of special family-centered recommendations in times of crisis, it is critical to gain a thorough knowledge of stories of the bereaved relative's battle amid COVID-19 pandemic in Echague, Isabela. In the context of significant health crises, researchers be used qualitative research mentioning the experiences of a person with a relative who died from COVID-19.

II. METHODS

This study used Qualitative-Descriptive and Thematic Analysis to be able to describe the phenomena. This research was conducted at Echague, Isabela, Philippines, a first class municipality with a population of 88,410 people and has 64 barangays. The place was chosen to be the locale because of the large number of available respondents and the accessibility of the place. From March to November 2021, there were 93 confirmed deaths in Echague, Isabela who had the COVID-19 virus. The list of victims was taken from the Rural Health Unit and this was the source of the prospective respondents. The researchers used purposive sampling in selecting the respondents. The victims of COVID 19 were identified from the list taken from the Rural Health Unit. The researchers then reached out to the families of the victim and a consent was taken from those who are willing to participate in the interview. The data were obtained through a face-to-face interview method. Questions were created by the researchers with the help of research advisers. The guide questions were also evaluated by a psychologist. The questions were open ended and a prepared follow up questions were listed to facilitate continuity of communication. Themes were identified from the narrations of the respondents and were clustered and analysed. The interview went on until a data saturation was reached.

III. RESULT

Lived Experiences of a person with a relative who died from Covid-19 Upon Diagnosis

The first retrieved category of data contained the Lived Experiences of a person with a relative who died from Covid-19 (Upon Diagnosis). Doubts, and Worries, and being rejected were among the obstacles.

Doubts and Worries and Being Rejected

Upon diagnosis, respondents, 2,3,4,5 shared the same untold stories with regards to the infection of their loved ones. The majority of them were clearly stated that the source of the infection was claimed to have obtained in the hospital. Respondent 2, a male and the deceased's son, shared that his father has cancer and didn't expect to have COVID-19 as one of the causes of his death. Four of the family were being exposed, and they quarantined for 14 days in their house. While his father was admitted to the hospital, their family's relatives supported them financially and even morally. The son also stated "*madi kami nagbulod ti kwartan ta adda met ti nakabangko nga kwarta ti pamilya mi ken maysa met nga nagtrabaho jay gobyerno idi ni papa*" (we didn't borrow money because my father has savings in the bank, for he himself was a former government employee). Although the family was given moral support, many avoided interacting with them out of fear. Here, their ability to communicate with others has altered from being sociable to not, since they had observed others daily the same.

Respondent 3, a male, a breadwinner, and the deceased's husband, shared that his wife had been hospitalized short while. The husband said that "*inyapan mi ni misis koi di jay ospital, ket idi parbangon ket idjay met ipupusay nan*" (I brought my wife to the hospital at night, and by dawn, she had already passed away). "*Nagpa-exposed nak lattan tatno adda lang mang assist ken misis ko, na quarantine nak jay baryo mi ti 2 weeks, pagyamanak pay ken Apo ta adda ti boss ko nga maysa nga nangsuporta ti pamilyak. Adda met lang naawat mi gapo gobyerno nga tulong. Kaasi ti Apo madi da kami met inadaywan dagijay karruba mi, simula umuna suda ti maysa met lang nga nangtulong kada kami. Narigat man nga panunuten ta ajay nangyari kanyami ket maysa nga threat nga agbalin aday wan da kami ti tao pero pagyamanak ta madi nga kasjay ti nangyari, awan ti discrimination nga nangyari*". (I let myself be exposed to assist my wife. I was been isolated alone and quarantined in our barangay for a total of 14 days quarantine. I was thankful to his boss because he supported him financially. I received financial assistance from our municipal mayor. Although it was insufficient enough to pay all of the costs, it was still a significant aid. My family did not feel any rejection from other people, but they themselves were the ones who voluntarily visited and gave goods. They have been incredibly helpful from the beginning, and the family appreciated it so much. The husband stated that "having a family member could make it difficult since some people could view you as a threat to their health. However, I'm so grateful for the people in my life because they haven't made me feel alone or afraid of me. Having said that, I have not encountered discrimination since everyone around me was very positive). A positive mindset has been seen in respondent 3, which is a good quality that we should have despite the loss.

Respondent 4, a male and the deceased son, shared his stories as he first said that "*si mama and breadwinner dati, pero dahil sa kanyang sakit di na niya kayang magtrabaho, pinasa niya yung obligasyon sa panganay niyang anak since nasa abroad naman siya*" (my mother was the breadwinner before, but due to her disease, she couldn't find any hope to work, so she passed the obligation to her firstborn since she's working abroad). "*Na-admit si mama sa ospital mga isang lingo dahil sa asthma niya and upon reaching the hospital naswabbed si mama and they said that she was tested positive ng COVID-19*". (My mother was admitted to the hospital for one week because of her asthma. Upon reaching the hospital, they swabbed her, and she tested positive for COVID-19.) The findings of the institution have stated that her asthma triggered the virus, which it was became the cause of her death. The family believed the infection was harbored when she was admitted to the hospital. After one week of being confined, she passed away. Her losses affect the entire family. Respondent 4 said that they don't feel rejected since people were the ones who insisted on visiting but as for the family member, they don't allow someone to visit them to avoid the possibility of being exposed and the spread of the virus.

Respondent 5, a female and the deceased's stepdaughter, shared with us her untold stories with the diagnosis of her stepfather. Her father was hospitalized because he had a heart attack. Later on, he was admitted and tested positive. The daughter stated that "*nagulat po ako dahil nagpositive po si papa ng COVID-19, given na siya'y may sakit pa*" (we were shocked when we found out that he tested positive for COVID-19, especially given that he was still ill). Among

the five family members were exposed and spent seven days in quarantine at home. According to her, due to his older age and inability to look for employment, the deceased was unable to meet the demands of his family on a daily basis. So even when he's still alive, his daughter, the respondent herself, became the breadwinner of the family. They were grateful enough for the helping hands in times of difficulty in their lives, so they didn't feel rejected despite not being socially active.

Lastly, respondent 1, a female, a breadwinner, and the deceased's daughter, shared a different story about her untold stories. She said that *"inabi na po nilang dead on arrival si papa matapos ang matagal na pag-aantay naming sa rescue team dahil nga po na atake si papa sa puso"* (they proclaimed my father to be dead on arrival after our long wait to the rescue team during our father's heart attacks). *"Noong swinabbed po siya, patay nap o siya that time, pero huli na lang po naming nalaman na nagpositive siya ng COVID-19, so 19 members po sa pamilya naming ang na exposed that time at matapos noon nag quarantine kami ng 14 days"*, (when he was swabbed, he was already dead, but we later learned that he had tested positive for covid-19). Nine members of the family were exposed, and in that, the whole family decided to have their 14 days quarantine. The daughter covered the hospital bills, and they received no help from other people, not even burial assistance. Avoidance from the neighborhood has felt, but she said that *"ang mga tao po hindi nila kayang maintindihan yung sitwasyon namin"* (people couldn't comprehend our current circumstances) so it's acceptable to compare to the previous experiences. This story was so different because they feel rejected by others but having a positive attitude makes them feel strong.

Lived Experiences of a person with a relative who died from COVID-19 After Death

The second category comprises Lived Experiences of a person with a relative who died from COVID-19 (After Death), such as incomplete goodbye to the deceased person, a lonely funeral, a dispute during the interment procedure, and death's unbelievable reality.

In the Philippines, it is customary for the deceased's family to keep him at home for a few hours or days after his passing so that loved ones can give him their final hugs and visit. Many families were unable to visit the patients and say their final goodbyes due to the circumstances that emerged after the deaths of COVID-19 patients. The families were upset with it because they believed they had given the patient an incomplete farewell.

After death of the patient, Respondent 1 states that her father passed away at 3:00 A.M; his body was removed at 3:00 P.M and was immediately buried around 6:00 P.M. The family spent nothing because the deceased had life insurance which has great help for them. According to the daughter, there's no ritual that happened because, in their religion, they didn't practice and perform it. Here the family tension was observed, followed by inadequate grieving for the bereaved family.

Respondents 2, 3, 4, and 5 shared that their loved ones were being cremated after death. Respondent 2 said that after three days of grieving, they interred his father's ashes in the cemetery after being buried in their home. They had no money problems because they had access to his father's saving through a life insurance policy, as well as the government's help and several contributions. He had already given the family the properties he owned ahead of time. The family has no tension, and they are actively praying for their father's soul.

The husband told his experience when his wife died because of COVID-19. He was unable to grieve her body. "We couldn't even mourn her body after seeing the results of her swab test. We immediately buried her body; also, she didn't have a last will testament since we were unable to talk to each other because it was so sudden". Financially, he managed to pay all the expenses with the help of his friends, families, and community.

Next is respondent 4; he shared with us that right after his mother passed away, the body was cremated immediately, and they buried her ashes for almost a month in their house. On June 21, 2022, they decided to place the ashes in a cemetery. He said that the family of the deceased person was able to properly grieve because they did have enough time to be with the ashes even though the corpse itself was no longer there.

Lastly, respondent 5 told us that her stepfather's body had been cremated and was buried in their house for three days. The family expresses their grieving because of their sudden loss, and it hurts them knowing that he died from COVID-19. Up until now, the family of the deceased person is still praying for his soul and for him to protect his family always.

IV. DISCUSSION

The analysis of interview data yielded insight into the experiences of families whose loved ones died as a result of COVID-19 in Echague, Isabela, organized into two categories that emphasize the study's concepts.

Table 1: Codes, Categories, and Subcategories Extracted From Interviews.

CATEGORIES	SUBCATEGORIES	CODES
Lived Experiences of a person with a relative who died from COVID-19 (Upon Diagnosis)	Doubts and Worries Being rejected	Worries about the infection of other members of the family, the source of infection, the support upon diagnosis, the place to be isolated and quarantined, about who will continue the obligation of the deceased, worries about the procedure to be provided and the finances Avoidance of the community/neighborhood and other relatives, inappropriate behavior of neighbours,
Untold stories of a person with a relative who died from COVID-19 (After Death)	Incomplete goodbye to the deceased person/ Pre-matured separation from the deceased person Lonely Funeral Dispute during the interment procedure Deaths unbelievable reality	Not seeing the last moments of the dying patient, no proper farewell to the deceased, not seeing the moments of burial, not seeing, kissing, or touching the deceased, and forbidden crowd. Insufficient funeral, not holding the ceremonies on 9 th day, insufficient grieving/mourning Family tensions over how to hold a grieving ceremony Having nightmares about the patient's death, emotional and irrational behavior of a relative towards the deceased person

One of the things that a person who lost a relative to COVID-19 faces is rejection. According to certain studies, rejection and stigma were widespread during the Covid-19 pandemic. Bhattacharya et al. (2020) claim that the COVID-19 pandemic has caused societal stigma and discriminatory behavior among patients and their families. People with COVID-19 who are ignored by society also suffer rejection from their families and caregivers. This rejection endures even after the patient recovers or passes away because of the patient's fear of getting sick and dying, as well as the widespread rumors. Even though the families of the victims are more in need of support than ever, they are being turned away, which can make coming to terms with the loss of loved ones more difficult.

Following the loss of a COVID-19 patient, the family faced new challenges. One of these challenges was the patient's incomplete goodbye, which led the loved ones of COVID-19 victims to experience painful bereavement. The pandemic's impact led to millions of families sharing painful tales of how to say goodbye to loved ones who had passed away. The trauma was ingrained in the victims' hearts, and it also had an adverse effect on their mental health. In a thorough review, Burrell and Selman (2020) emphasized that there is no connection between grief and the mental health of survivors and showed how funeral customs have an impact on the mental health of bereaved family members. This variable's impact on survivors' mental health is influenced by cultural considerations, the significance of mourning rites for survivors, mourners' capacity to carry out this ritual, and their ability to say goodbye in a meaningful way.

The uncertainty and worry of planning funerals was another problem faced by families of COVID-19 patients when their loved ones passed away. Families in those challenging circumstances required comprehensive aid and guidance from doctors and health facilities since the corpse had to be prepared differently than in the past. These actions for patients' relatives were generally not taken, nevertheless, due to hospital overpopulation and the high fatality rate.

Due to the pressure of the current outbreak, Filipino burial customs such as the nine-day period, offering funeral prayers in the presence of the dearly departed's family and friends, and the attendance of all family members and friends at the funeral as a sign of respect and farewell to the deceased were not observed. Additionally, the family of the deceased attempted to carry out the traditional burial ritual with the assistance of family members. However, citing COVID-19

mandates, the deceased was immediately cremated in less than 12 hours postmortem without notifying the next-of-kin or conducting any autopsies, which caused a rift in the deceased's family.

The lonely funeral of the departed was another finding of the study on COVID-19 victims. The COVID-19 pandemic forced a change in funeral customs. Funeral rites, the nine-day rites, and other outdated customs were not observed. The absence of rituals affected the family in that it made them more anxious and contributed to their breakdown. Social media can help grieving families connect in this way by expressing their love and support.

Incomplete goodbyes are a concern shared by the families of COVID-19 victims that have not been addressed in the prior study. Each of us may endure the loss of a loved one; thus, it is important to provide the grieving family with adequate support to reduce the likelihood of despair, stress, and worry. Even if we may have anticipated their situation, we must nevertheless feel for them. Being a support system during this pandemic will have a greater impact on the surviving family members' mental health. Once more, social media usage is significant in this situation.

Lastly, the study shows that majority of the respondents have accepted the situation. They strongly believe that everything happens for a reason and that God will provide relief from all suffering and worry in God's perfect timing.

V. CONCLUSION

The study's findings indicate that the COVID-19 victims' kin suffered a variety of difficulties, including doubts and worries and being rejected. The patients' challenges lasted even after they passed away, and incomplete goodbye to the deceased person, lonely funeral, dispute during the interment procedure, and the deaths unbelievable reality made them worse. Therefore, appropriate action must be taken to eliminate the disease's stigma and discrimination through the media and public education, train skills and treat patients at home through the mainstream press, and provide more access to medical counselling, care, and facilities in order to reduce the negative effects of COVID-19 infection and death and stop a health crisis from turning into a social crisis. The delivery of accurate information must be monitored to ensure that families respect and revere the deceased while also adhering to health guidelines for burial, developing a culture of virtual condolence via phone, video call, or message to provide emotional support to survivors, and providing timely psychological services to prevent suicide.

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