

Urban-Rural Compliance Variability to COVID-19 Restrictions of Indigenous Fijian (iTaukei) Funerals in Fiji

Asia Pacific Journal of Public Health
1–8

© 2021 APJPH

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/10105395211005921

journals.sagepub.com/home/aph



Ron Vave, BSc, PgDip, MSc¹ 

Abstract

Research on coronavirus disease 2019 (COVID-19) has focused primarily on impacts in Western societies despite emerging evidence of increased vulnerability among indigenous peoples such as Pacific Islanders. Using Facebook public posts, this research assessed compliance to COVID-19 restrictions such as social gatherings (SG) and social distancing (SD) in non-COVID-19, indigenous Fijian (iTaukei) funerals in Fiji. Results showed 95% of the 20 funerals exceeding SG limits with greater, and highly variable crowd sizes in rural than urban communities. Additionally, 75% of the 20 funerals did not adhere to the 2-m SD requirement of which 80% were in rural areas. Higher SG and SD compliance in urban funerals could be partially explained by the presence of a recognized authority who enforced crowd size limits, and the heterogeneous urban community who were more likely to flag breaches than their collectivistic, homogeneous, close-knit, rural counterparts. Ultimately, health authorities need to utilize a social lens that incorporates etic and emic differences in culture to ensure maximum compliance.

Keywords

COVID-19, Facebook, Fiji, funeral culture, indigenous, Pacific, restriction, social gathering

What We Already Know?

- Coronavirus disease 2019 (COVID-19) restrictions have physiological, psychological, social, and economic impacts on people around the world with greater vulnerability of minority communities and indigenous peoples such as Pacific Islanders.
- Majority of studies on impacts of COVID-19 on funerals has been in Western societies and on COVID-19-related deaths.
- Studies on funerals in relation to COVID-19 are on changes to traditions and rituals, social gathering and social distancing, and impacts on grieving.

What This Article Adds?

- Indigenous perspective on compliance to COVID-19 restrictions and its implications on public health in relation to non-COVID-19 funerals in Fiji.
- Insight into sociocultural factors during the COVID-19 pandemic such as collectivism in rural communities and heterogeneous urban communities that influence compliance levels to public health restrictions that have broader relevance and implications for indigenous and diasporic communities around the world.

- Rural compliance to social gathering and social distancing restrictions is lower and more variable than in urban funerals, which laxes as restrictions are extended.

Introduction

Human societies around the world have created ceremonies to farewell loved ones who have passed on. While funeral ceremonies vary from one society to another, they often involve social and communal gatherings. In 2020, funeral ceremonies were challenging and performed in ways that were vastly different from the norm. These are largely attributable to government restrictions that were aimed at reducing the spread of the coronavirus disease 2019 (COVID-19) that originated in China in December 2019. By March 11, 2020, COVID-19 was in 114 countries, at which point the World Health Organization declared a pandemic.¹ As of

¹University of Hawai'i at Mānoa, Honolulu, HI, USA

Corresponding Author:

Ron Vave, Fisheries Ecology Research Lab, Marine Biology Graduate Program, University of Hawai'i at Mānoa, Honolulu, HI 96822, USA.
Email: ronvave@hawaii.edu

September 30, 2020, it was in 188 countries with close to 34 million cases and 1 012 964 deaths.² Despite advances in health care, recent data show a disproportionately higher vulnerability and infection rate among the elderly and indigenous peoples.^{3,4} A growing body of research attributes this vulnerability to people with comorbidities, lack of adequate insurance, and low income resulting in multiple families per dwelling, which exacerbates the risk of infection.⁵ Among these vulnerable communities are indigenous Pacific Islanders, who are culturally rich and largely communal.^{4,6} While a majority of COVID-19 research focuses on the physiological, social, and economic impacts on Western societies, there is a paucity when it comes to impacts on cultural practices of indigenous peoples. Funerals are of particular interest as compliance to COVID-19 restrictions have been challenging and have resulted in clusters in London,⁷ Hawai'i, and Africa.⁸

To protect the public against COVID-19, restrictions and guidance were meted out at all levels of society. Restrictions are defined as rules or laws that regulate behavior,⁹ which are formulated and legislated at the national level by governments. Globally, there appear to be 6 types of restrictions during the COVID-19 pandemic: (1) social gathering (SG) limitations, (2) locking down areas of infection, (3) curfew hours restricting movement except for essential services, (4) air and sea travel restrictions, (5) quarantine of the infected, and (6) school and business closure. Depending on infection numbers and severity, governments implemented one or more of these restrictions that are adjusted as the situation warrants.

The literature on the benefits of COVID-19 restrictions shows that quarantine alone reduced infection and death by 81%, which increased when combined with travel restriction and school closure.¹⁰ However, compliance has been highly variable, which could be due to myriad reasons such as a false sense of invulnerability, misinformation,¹¹ media fatigue, and government distrust.¹² This could be exacerbated in funerals where collectivistic, indigenous communities prioritize the well-being of the group by gathering for support, vis-à-vis individualistic communities. COVID-19 funeral literature, particularly for indigenous communities, is silent and abstract about this issue, which can be a challenge to health authorities.

This article seeks to address this gap by elucidating the compliance levels to COVID-19 SG restrictions in the cultural practice of indigenous Fijian (iTaukei), non-COVID-19 funerals in Fiji. This is important since restrictions appear to have been meted out in a blanket manner with little contextualization, which could partially explain the varying levels of compliance.

Methods

This research was implemented under the author's 2015 research permit, CHS #23253, by the University of Hawaii's Office of Research Compliance—Human Studies Program.

Two sources of publicly available online data were mined in order to assess the impact of Fiji's COVID-19 restrictions on non-COVID-19 iTaukei funerals in Fiji. First was the data collection on Fiji's COVID-19 cases and restrictions from Fijian news articles and Fijian government press releases, starting from March 2020 till August 31, 2020. This was used to map and create a timeline of events from when Fiji recorded its first COVID-19 case (Figures 1 and 3).

The second method was via the social networking site, Facebook, through "passive analysis"¹³ and "observational research" in which information was only obtained from public posts without interacting (friend request or messaging) with the people who posted online.¹⁴

iTaukei keywords on funerals and its English equivalent such as somate/funeral and reguregu/condolences, for example, were used in Facebook's search bar. Results were filtered to public posts from Fiji and for the timeframes in 2020 that coincided with the 4 SG restriction periods shown in Figure 3. The goal was to find at least 5 funerals per timeframe. A total of 60 publicly posted iTaukei funerals was found to have occurred between March 19, 2020, and August 13, 2020, of which 40 were incomplete and therefore excluded from the analysis. The remaining 20 were complete in having full name of the deceased, date, and burial location, which was differentiable between cemeteries in urban (n = 8) and rural (n = 12) areas. They were also replete with photos and videos that were used to estimate crowd sizes.

The day of burial is usually when gathering is highest, which is why it was selected for a headcount to assess compliance to SG limits and social distancing (SD). To avoid repeated counts, only one location from burial day, either at the funeral service (home or church) or at the cemetery, was selected. Ideal for this task are publicly posted videos that panned across a crowd. These were used to take multiple, overlapping screenshots (example in Figure 2), zooming into various parts of the photo to ensure each person is counted correctly. In the absence of videos, several photos of the crowd, from different angles was used. Overall, headcount totals (crowd size) for a funeral can be considered conservative as only a single location on burial day is used and does not include mourners at other locations or days. Also, low confidence in an artifact from images being a person was excluded from counting. Each of the 20 funerals was also assessed for SD, which is a distance of at least 2-m between people.¹⁵

Results

Overview of Fiji's COVID-19 Cases and Restrictions (March 19, 2020 to August 31, 2020)

Fiji's first COVID-19 case was reported on March 19, 2020 (Figure 3). The individual was a flight attendant and a resident of Lautoka city at that time, which triggered a slight panic that resulted in parents removing their children from Lautoka schools. Immediately, the government announced the closure

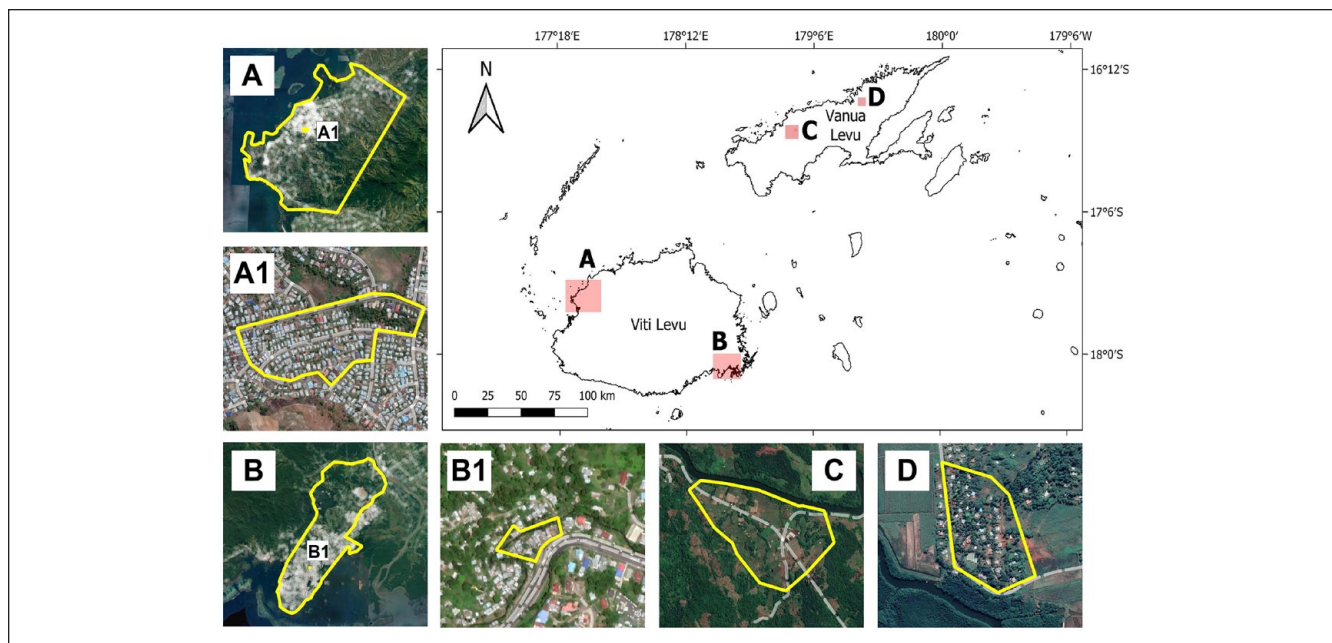


Figure 1. Total of 6 lockdown areas in 4 places across Fiji: (A) Lautoka city (area: 190 km²), (A1) Kashmir neighborhood in Lautoka (0.11 km²), (B) Suva (80 km²), (B1) Nabua settlement in Suva (0.02 km²), (C) Vunicagi settlement in Dreketi (1.81 km²), and (D) Soasoa settlement in Labasa (0.15 km²). Solid lines demarcate border of lockdown areas and dashed lines are roads.



Figure 2. Graphical illustration of a typical screenshot from a panning video or photo that would be used for a manual headcount. Actual images used in analysis are not shown to maintain confidentiality despite these materials being posted publicly.

of schools and nonessential businesses in Lautoka, followed by an early onset of holidays for all schools across Fiji. Over the next 2 weeks, Lautoka was on lockdown (Figure 1A) and SG was limited to 20 people (Figure 3). Cases 2, 3, and 5 in Lautoka were the mother, 1-year old nephew, and Zumba mate of Fiji's first case. The fourth case in the capital city of Suva was a returnee from Australia. The sixth and seventh cases on April 2, were a couple from the Nabua settlement in Suva (Figure 1B1), which was placed under lockdown. The couple worked as hairdressers in separate salons in Suva, which resulted in Suva being placed under lockdown as well (Figure 1B). The couple was later confirmed to have been infected by

the man's father (case 9), who spent a few days with them after returning from India, before traveling on to Labasa on the Island of Vanua Levu where he was isolated. His inter-island travel elicited both sea and air passenger travel restrictions (Figure 3). Stricter measures including "no gatherings" were implemented from April 4 due to the highest daily increase of 5 cases (Figure 3) that were spread out across the main islands of Viti Levu (Lautoka, Nadi, and Suva) and Vanua Levu (Labasa). Case 9, a resident of Soasoa Settlement (Figure 1D), tested positive while in isolation at the Labasa hospital resulting in his settlement being placed under lockdown. On April 16, a resident of Vunicagi Settlement (Figure 1C), who was the traveling companion of case 9, tested positive, resulting in his settlement being locked down as well. He was asymptomatic for more than 14 days, which prompted the Fiji government to immediately extend quarantine and lockdown restrictions from 14 to 28 days. Six more cases were confirmed over the next 3 weeks bringing Fiji's total to 18, by April 20. On April 26, after a week of no cases, inter-island travel resumed, and SG restriction was increased to 20. All 18 cases progressively tested negative and were subsequently released from quarantine by June 5. On June 22 (after 64 days of no new cases), the SG limit was increased to 100. Schools fully resumed on July 6, after 105 days of extended school holidays. However, new "border cases" emerged from July 6 onward, all of which were from repatriated Fijian citizens. As these cases had no contact with the general public since their arrival, it was considered low risk to the Fijian populace, which meant no restrictions being reinstated. Unfortunately, between July and August, Fiji recorded 2 COVID-19-related death from

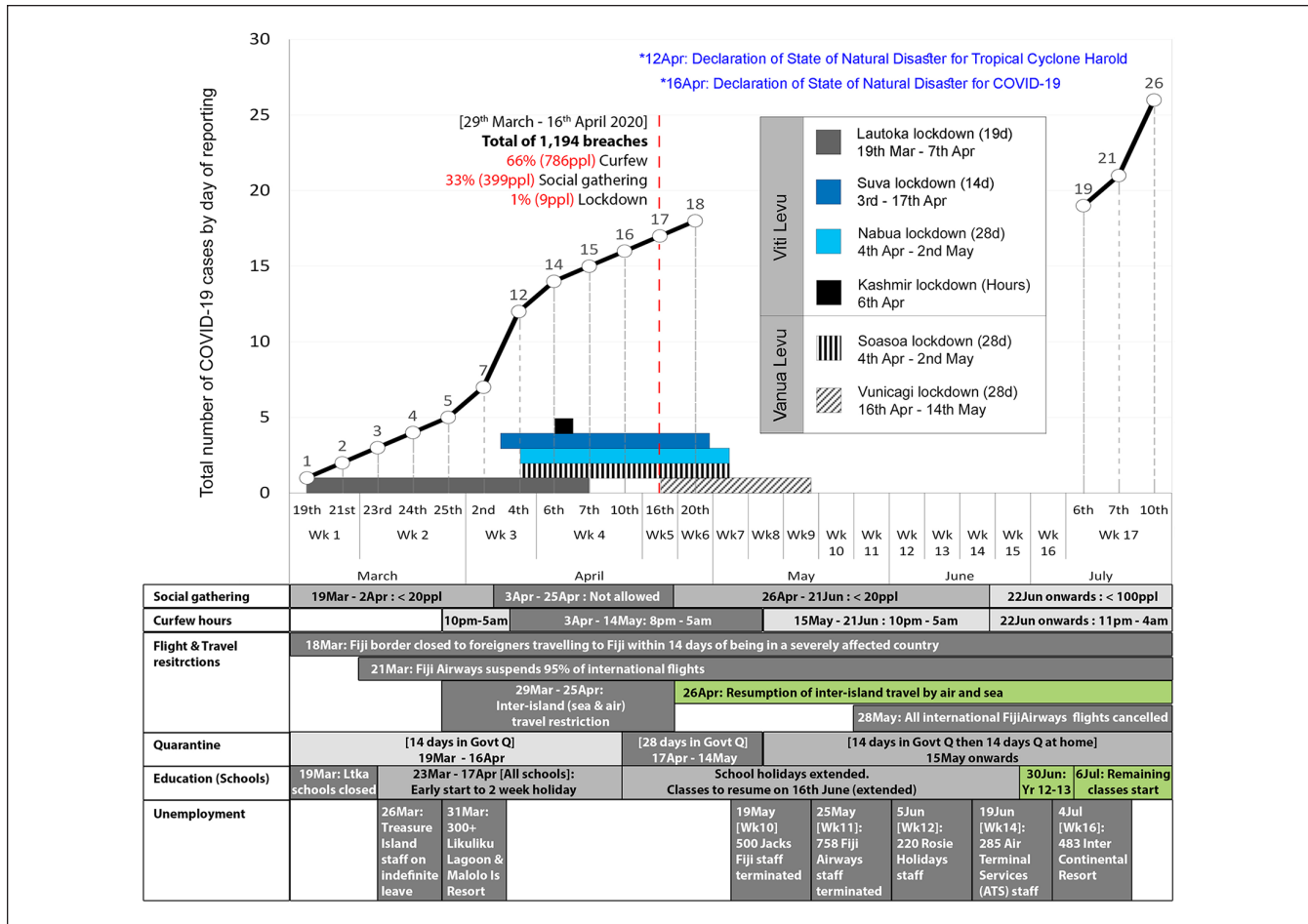


Figure 3. Timeline of coronavirus disease 2019 (COVID-19) cases and restrictions in Fiji.

Table 1. Crowd Size and Social Distancing Metrics for Each Timeframe and SG Limit in Fiji.

Timeframe	Total # of COVID-19 cases	SG limits	Number of funerals analyzed	Overall crowd size at funeral service or burial			No social distancing in funeral	
				Minimum	Mean	Maximum	Village	Urban
March 19 to April 2	1-7	<20 people	5	27	47	60	3 of 3	1 of 2
April 3 to April 25	8-18	No gathering	5	24	56	128	1 of 2	0 of 3
April 26 to June 21	—	<20 people	5	56	103	239	4 of 4	1 of 1
June 22 to August 13	19-28	<100 people	5	82	176	247	3 of 3	2 of 2
Total							11 of 12	4 of 8
							15 of 20 (75%)	

Abbreviations: COVID-19, coronavirus disease 2019; SG, social gathering.

border cases who were Fijian citizens that were repatriated from India and the United States, respectively.

Four distinct timeframes of changing SG limits based on Fiji’s number of COVID-19 cases can be seen in Figure 3, which coincided with tightening and relaxation of multiple restrictions. Limited data by the Fiji Police Force has SG accounting for a third (33%) of the breaches (Figure 3).

Funeral Gathering: Overall

In Table 1, except for a funeral in late June that had a crowd size of 82, the remaining funerals for each of the 4 timeframes exceeded SG limits that were in place. At times, the maximum crowd size was 3 to 10 times greater than the limit.

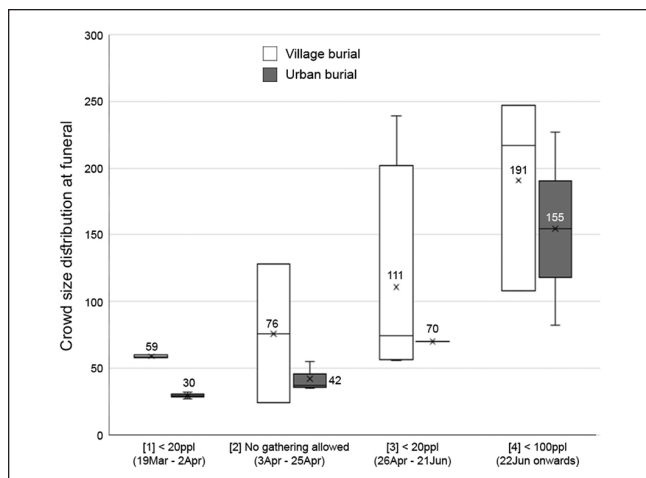


Figure 4. Boxplot showing crowd size distribution for funerals in urban (gray) and rural (white) areas. x represents the average size of crowd (values provided), the horizontal line within the box represents the median, and the upper and lower edge of boxes represent quartile ranges. Where present, whiskers show the minimum and maximum values for crowd size in that timeframe. Total sample size (n) for each timeframe is 5.

Additionally, adherence with the SD requirement of 2-m between people increased in early weeks of the pandemic, peaking after the highest daily increase on April 4, 2020 (Figure 3 and Table 1) as COVID-19 spread across Fiji. Overall, 15 (75%) of the 20 funerals did not adhere to SD with a majority of these (n = 11 or 73%) occurring in villages (Table 1).

Funeral Gathering: Urban Versus Rural

Figure 4 shows that funerals with burial in villages consistently had a higher, average crowd size and greater variability in comparison to urban funerals, with both showing reducing compliance as the pandemic progressed.

Discussion

Funeral Gathering: Overall

Except the funeral with 82 people, the remaining 19 funerals exceeded SG limits (Table 1). However, in the author's 6 years research experience on iTaukei funerals, it is important to note that crowd sizes observed in this research are slightly to considerably lower than pre-COVID-19 funeral gathering, suggesting some degree of caution and therefore, compliance.

The general effect of restrictions and the challenge it imposes on funeral gathering are almost universal. In Fiji, funeral restrictions are guided by recommendations from the World Health Organization¹⁶ and the Fiji government,¹⁷ such as reduction in funeral attendance, which was doable, albeit with great reluctance. This was indirectly aided by international and domestic travel restrictions (Figure 3), or people being quarantined on arrival resulting in some

missing the passing of their loved ones, and either parts of, or the entire funeral. Area lockdown (Figures 1 and 3) also reduced funeral attendance since relatives were not allowed to cross into, or out of the border. There were 2 publicly posted Fijian funerals, where only the coffin (containing the deceased) was transferred across the border so that the deceased could be buried at their village or hometown, as opposed to a foreign location. Direct management of funeral gathering by families of the deceased, with relatives, would have been a difficult task, on top of grieving. For many Fijian funerals, gathering limits was included in either a Facebook or newspaper announcement. This approach had greater reach and possibly avoided a direct confrontation with relatives.

Collectively, these restrictions resulted in relatively "smaller," and in some cases, shorter and therefore lower cost funerals, which was financially advantageous to family members who were unemployed and were frugal with available, expendable income as a result of COVID-19. However, this could intensify and prolong grief thereby affecting closure since some may feel guilty for not fulfilling cultural obligations with everyone present.¹⁸ Particularly in accident-related funerals such as vehicular accident or drowning, where it was observed from publicly posted funerals that crowd sizes were much higher than normal. Therefore, while funeral gathering limits may be known to people, some still attended resulting in higher numbers.

Unfortunately, Table 1 showed maximum crowd sizes increasing over time indicating that people were starting to ignore restrictions,¹⁹ which could be due to Fiji's number of cases leveling off and people recovering. This is important for health officials to know as it could be resolved through increased community engagement and messaging by stakeholders such as the local health centers and church personnel. Additionally, compliance can be improved by increasing enforcement and penalizing offenders as a deterrent to others.

An issue worth noting is the Fiji Prime Minister's announcement on April 2, 2020, for a complete ban on all SG including having no visitors at home, the lone exception being a 20-person workplace limit.²⁰ This restriction was in place from April 3, 2020, to April 25, 2020 (Figure 3) during which crowd size at funerals was between 24 and 128 individuals (Table 1). A clarification from Fiji's Health Minister on April 20, 2020, two weeks after the ban started, stated a 20-person limit for funerals, at which point complaints had already been received of large gatherings occurring, including funerals.²¹ The lack of clarity regarding funerals from the Prime Minister's announcement and delayed clarification from the Health Minister may have contributed to people's disregard and low compliance toward the ban.

Adherence to SD of 2-m between people had higher compliance during the "No gathering" restriction, which was when case numbers was highest. This was especially true for burials in urban areas for which crowd size was smaller and

attendees were socially distanced, with women in particular wearing gloves and masks.²² However, the 10 funerals after April 26, 2020, when restrictions started to ease as a result of no new cases, exhibited little to no SD between people. Interestingly, a funeral that was attended by Fiji's current Prime Minister and his wife, and also Fiji's President and his aide-de-camp had them sitting 2-m apart. It looked awkward at first, particularly for the couple, but it showcased how one could be present yet socially distanced. Especially since the Prime Minister has been the main person announcing the COVID-19 restrictions.

Funeral Gathering: Urban Versus Rural

This research finds that rural funerals had a more lax compliance to SG limits than its urban counterparts (Table 1 and Figure 4). One possible explanation is that the latter was being enforced by prison wardens who supervise burials (which is undertaken by prisoners), with the added task of policing crowd size at public, urban cemeteries. This supports existing literature that rural dwellers were less compliant in adhering to restrictions²³ and that compliance can be achieved through enforcement.²⁴ Low rural compliance could be further explained by the collectivistic nature of village communities that is composed of closely related families who prioritize funeral attendance over public health precautions by government.⁸ As an example, several prominent chiefs in Fiji passed on in urban areas where gathering was controllable, but this was not so in villages where they were buried. Facebook livestream videos of these funeral gatherings in villages attracted comments about crowd size exceeding limits, particularly from non-indigenous individuals. This shows how heterogeneous communities can be more vocal about breaches, as opposed to their close-knit, homogenous, rural counterparts where everyone knows each other and out of respect, exercise restraint on correcting people publicly.

Collectivistic Communities

Finally, the nascent COVID-19 funeral literature discusses SG in an abstract sense, naturally focusing on reducing infection through SG restrictions, but less on the innate reasoning behind it. This could lead to lower compliance due to non-contextualization of the restriction, possibly leading to higher infection.^{8,25} In collectivistic cultures of indigenous peoples, greater emphasis is placed on the well-being of the community and, secondarily, on the individual.²⁶ For this reason, relatives and friends will frequently visit or stay at the home of the deceased, to offer solace and help out with errands such as cooking and receiving condolence groups. Grieving family members, on the other hand, find strength in seeing and being among their relatives during this difficult time. These are why funeral gatherings are essential. This reality extends beyond national borders and is also true for indigenous, diasporic communities, so the

global relevance and health implications of a blanketly applied, uncontextualized restriction being equally adhered to by all ethnicities is misguided.

However, this does not mean that behavioral change and compliance with current and future health restrictions by indigenous communities is impossible. It simply means that, for enhanced compliance, policymakers and national health authorities need to understand the etic values and behavior of their communities. Especially since some iTaukei have obesity and cardiovascular issues,²⁷ and are essential service workers,²⁸ which increases vulnerability and exposure to COVID-19.²⁹ As such, policies and health directives need the engagement of indigenous communities and influential community leaders in its development, and in disseminating culturally relevant messages²⁶ that uses noninflammatory language,²⁹ emphasizes family,³⁰ and patriotic duty.³¹ However, internationally, for this to be more effective, indigenous Pacific Islander community data in countries like New Zealand and the United States, for example, needs to be disaggregated.

There are several limitations of this study. First, sample size of funerals is low as it was dependent on publicly posted funeral information on Facebook. As such, the findings of this study are only indicative and would therefore not be truly representative of iTaukei funerals around Fiji. Second, the dataset has more urban than rural funerals, which was an artefact of (1) the Facebook search results and (2) exclusion criteria where there might be more photos of people at the funeral, but name and/or location of burial were not included. Lastly, interpretations of the data are solely that of the author and lack on the ground, community interviews.

Conclusion

Like other Pacific Islanders, indigenous Fijians are among the communities noted in literature to be highly vulnerable to COVID-19. This research sought to add to the literature a sociocultural component, from an indigenous perspective, by assessing the impact of COVID-19 restrictions on non-COVID-19, indigenous Fijian funerals in Fiji. The findings are globally similar, in which compliance with restrictions are high at early stages of the pandemic but start to lax afterward. A potentially unique addition to the literature is the low and highly variable compliance to SG and distancing restrictions in rural funerals, which declined over time. This is important for health authorities to know as increasing complacency increases risk of infection or worse, death. For vulnerable, collectivistic, indigenous communities with comorbidities, which can be highly mobile and social, particularly at funeral gatherings, low compliance is a risk factor that needs to be minimized through behavioral change and enforcement. As of September 15, 2020, Fiji has been fortunate in having only 32 COVID-19 cases and, unfortunately, 2 COVID-19-associated deaths. This could be worse in future pandemics if compliance issues are not addressed. However, for that to happen, multisectoral, retrospective

discussions with community leaders about low compliance, risks, and potential solutions needs to take place. On the other hand, increasing compliance for the purpose of lowering risk to individual and public health means changes to funeral tradition and processes. Thus, the impact of changes on individuals, the community, and as indigenous peoples would be areas worth researching in the future.

Acknowledgments

The author is grateful to Fiji's Ministry of Health and Medical Services for providing boundaries of COVID-19 lockdown areas. Special thanks to Dr Alan Friedlander, Dr Amerita Ravuvu, Dr Tarcisius Kabutaulaka, Ms Wendy Tan, Ms Fane Vave, and two anonymous reviewers whose feedback greatly improved the manuscript.

Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.

ORCID iD

Ron Vave  <https://orcid.org/0000-0001-6137-3685>

References

- World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19—11 March 2020. Accessed August 9, 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020>
- Dong E, Du H, Gardner L. An interactive web-based dashboard to track COVID-19 in real time. *Lancet Infect Dis.* 2020;20:533-534. doi:10.1016/S1473-3099(20)30120-1
- Power T, Wilson D, Best O, et al. COVID-19 and indigenous peoples: an imperative for action. *J Clin Nurs.* 2020;29:2737-2741. doi:10.1111/jocn.15320
- McLeod M, Gurney J, Harris R, Cormack D, King P. COVID-19: we must not forget about Indigenous health and equity. *Aust N Z J Public Health.* 2020;44:253-256. doi:10.1111/1753-6405.13015
- Khatana SAM, Groeneveld PW. Health disparities and the coronavirus disease 2019 (COVID-19) pandemic in the USA. *J Gen Intern Med.* 2020;35:2431-2432. doi:10.1007/s11606-020-05916-w
- Kaholokula JK, Samoa RA, Miyamoto RES, Palafox N, Daniels SA. COVID-19 special column: COVID-19 hits native Hawaiian and Pacific Islander communities the hardest. *Hawaii J Health Soc Welf.* 2020;79:144-146.
- Quadri SA. COVID-19 and religious congregations: implications for spread of novel pathogens. *Int J Infect Dis.* 2020;96:219-221. doi:10.1016/j.ijid.2020.05.007
- Jaja IF, Anyanwu MU, Iwu Jaja CJ. Social distancing: how religion, culture and burial ceremony undermine the effort to curb COVID-19 in South Africa. *Emerg Microbes Infect.* 2020;9:1077-1079. doi:10.1080/22221751.2020.1769501
- Oxford Learner's Dictionary of Academic English. "Restriction." *Oxford Learner's Dictionary of Academic English.* 2020.
- Nussbaumer-Streit B, Mayr V, Dobrescu AI, et al. Quarantine alone or in combination with other public health measures to control COVID-19: a rapid review. *Cochrane Database Syst Rev.* 2020;(4):CD013574. doi:10.1002/14651858.CD013574
- Tasnim S, Hossain MM, Mazumder H. Impact of rumors and misinformation on COVID-19 in social media. *J Prev Med Public Health.* 2020;53:171-174.
- van der Weerd W, Timmermans DRM, Beaujean DJMA, Oudhoff J, van Steenberghe JE. Monitoring the level of government trust, risk perception and intention of the general public to adopt protective measures during the influenza A (H1N1) pandemic in the Netherlands. *BMC Public Health.* 2011;11:575. doi:10.1186/1471-2458-11-575
- Franz D, Marsh HE, Chen JI, Teo AR. Using Facebook for qualitative research: a brief primer. *J Med Internet Res.* 2019;21:e13544. doi:10.2196/13544
- Moreno MA, Goniou N, Moreno PS, Diekema D. Ethics of social media research: common concerns and practical considerations. *Cyberpsychol Behav Soc Netw.* 2013;16:708-713. doi:10.1089/cyber.2012.0334
- Fijian Government. Statement by the Prime Minister Hon. Voreqe Bainimarama on Covid-19. Accessed July 1, 2020. [https://www.fiji.gov.fj/Media-Centre/Speeches/STATEMENT-BY-THE-PRIME-MINISTER-HON-VOREQE-BAI-\(3\)](https://www.fiji.gov.fj/Media-Centre/Speeches/STATEMENT-BY-THE-PRIME-MINISTER-HON-VOREQE-BAI-(3))
- World Health Organization. Infection prevention and control for the safe management of a dead body in the context of COVID-19. Accessed December 8, 2020. <https://apps.who.int/iris/rest/bitstreams/1300088/retrieve>
- Fiji Government. Fijian COVID safe economic recovery framework. Accessed December 3, 2020. <https://www.mcttt.gov.fj/wp-content/uploads/2020/11/Fijian-COVID-Safe-Economic-Recovery-Framework-Rev-2.pdf>
- Akwa TE, Maingi JM. From Ebola to COVID-19: reshaping funerals and burial rites in Africa? *J Health Commun.* 2020;5:2. doi:10.4172/2472-1654.100007
- Zali A, Ashrafi F, Ommi D, Behnam B, Arab-Ahmadi M. The deadly cost of ignorance: the risk of second wave of COVID-19. *Asia Pac J Public Health.* 2020;32:511-512. doi:10.1177/1010539520957809
- Fijian Government. Statement by the Prime Minister Hon. Voreqe Bainimarama on new Covid-19 cases in Fiji. Accessed July 1, 2020. [https://www.fiji.gov.fj/Media-Centre/Speeches/STATEMENT-BY-THE-PRIME-MINISTER-HON-VOREQE-BAI-\(5\)](https://www.fiji.gov.fj/Media-Centre/Speeches/STATEMENT-BY-THE-PRIME-MINISTER-HON-VOREQE-BAI-(5))
- Narayan V, Danford I. Follow COVID-19 social gathering restrictions even during funeral gatherings—Dr Waqainabete. Accessed July 15, 2020. <https://www.fijivillage.com/news/Follow-COVID-19-social-gathering-restrictions-even-during-funeral-gatherings—Dr-Waqainabete-8r45fx/>
- Clark C, Davila A, Regis M, Kraus S. Predictors of COVID-19 voluntary compliance behaviors: an international investigation. *Glob Transit.* 2020;2:76-82. doi:10.1016/j.glt.2020.06.003
- Haischer MH, Beilfuss R, Hart MR, et al. Who is wearing a mask? Gender-, age-, and location-related differences during the COVID-19 pandemic. *PLoS One.* 2020;15:0240785. doi:10.1371/journal.pone.0240785
- Tang KHD. Movement control as an effective measure against Covid-19 spread in Malaysia: an overview. *J Public Health.*

- Published online June 13, 2020. doi:10.1007/s10389-020-01316-w
25. Curran KG, Gibson JJ, Marke D, et al. Cluster of Ebola virus disease linked to a single funeral—Moyamba District, Sierra Leone, 2014. *MMWR Morb Mortal Wkly Rep.* 2016;65:202-205. doi:10.15585/mmwr.mm6508a2
 26. Germani A, Buratta L, Delvecchio E, Mazzeschi C. Emerging adults and COVID-19: the role of individualism—collectivism on perceived risks and psychological maladjustment. *Int J Environ Res Public Health.* 2020;17:3497. doi:10.3390/ijerph17103497
 27. Taylor R, Lin S, Linhart C, Morrell S. Overview of trends in cardiovascular and diabetes risk factors in Fiji. *Ann Hum Biol.* 2018;45:188-201. doi:10.1080/03014460.2018.1465122
 28. Scott GG. Situating Fijian transmigrants: towards racialised transnational social spaces of the undocumented. *Int J Popul Geogr.* 2003;9:181-198. doi:10.1002/ijpg.278
 29. Wang D, Gee GC, Bahiru E, Yang EH, Hsu JJ. Asian-Americans and Pacific Islanders in COVID-19: emerging disparities amid discrimination. *J Gen Intern Med.* 2020;35:3685-3688. doi:10.1007/s11606-020-06264-5
 30. Troolin DE. Distantly united: Papua New Guinean relationality in the face of COVID-19. *Anthropol Now.* 2020;12:84-90. doi:10.1080/19428200.2020.1761215
 31. Nguyen NPT, Hoang TD, Tran VT, et al. Preventive behavior of Vietnamese people in response to the COVID-19 pandemic. *PLoS One.* 2020;15:0238830. doi:10.1371/journal.pone.0238830