

# **Silent Mourning: Re-Interrogating Feminist Ethics of Care and Government's Political Communication during COVID-19 in Nigeria**

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## **Abstract**

Death is an unavoidable component of human life, an ever-present reality that, paradoxically, is increasingly avoided. In circumstances such as the COVID-19 pandemic, when governments' political communication regulated mourning processes, women were affected in particular ways because they are typically the carriers and choreographers of funeral rites; during the pandemic, they developed a form of "silent mourning." By interrogating these dynamics, this article contributes to a nuanced understanding of grief, caregiving, and crisis management in the context of public health emergencies. Using methods of critical analysis, as well as deconstructive and reconstructive argumentation, this study seeks philosophically to foreground decolonial remains (surviving Indigenous cultural ways of mourning and caring that women relied on during COVID-19) linked to Western-centric political communication as women navigated mourning practices during the pandemic. We employ an African feminist philosophical lens to interrogate the relevance of feminist ethics of care during this time.

**Keywords:** African feminist philosophy, COVID-19, decolonisation, political communication, silent mourning

## **Introduction**

Death is an unavoidable aspect of life, and the loss of a loved one can cause profound grief. Accepting help from others during this difficult period and

allowing oneself the necessary space to heal can facilitate a gradual return to regular routines and enhance appreciation for the life we continue to live (Mortazavi et al. 2023). The COVID-19 pandemic has reshaped not only public health systems around the world but also how cultures navigate death and grief (Buckley et al. 2023; Sola et al. 2023; Vachon et al. 2023). While restrictions on funeral gatherings and limited contact with dying loved ones caused obstacles, they also provided possibilities for exploring new kinds of connection and support. Although traditional group mourning practices were interrupted, the pandemic allowed for creativity in developing new rituals that promote closure and solidarity.

Across Africa and in many ethnic groups in Nigeria, care continues after death with complex rites that represent spiritual, communal, and cultural values (Park 2020). These mourning practices are frequently gendered, with women, particularly mothers, wives, and daughters, bearing primary responsibility for caregiving and ritual performance (Asuquo et al. 2017; Oyeka 2022). These duties are more than just symbolic; they require significant emotional labour, material preparation, and spiritual guardianship. Asuquo and Akpan-Idiok (2021) found that cultural expectations during funerals can cause emotional strain and negative health outcomes for women.

Government-imposed COVID-19 restrictions in Nigeria further complicated this situation. Public health directives, heavily informed by global health discourses from the global north, were often detached from the lived cultural experiences of Nigerians. These “one-size-fits-all” measures failed to accommodate local mourning customs, particularly those involving women’s caregiving. Consequently, mourning was both silenced and fragmented, reduced to its most minimal form, with spiritual and emotional needs unaddressed.

Care ethics mostly ignores the complexity of caregiving in African cultures, as demonstrated by the pandemic. Pandemic-related restrictions failed to recognise how economic hardship, cultural restrictions, and spiritual disruptions affected people’s ability to care for one another, forcing them to mourn in silence amid increased caregiving demands. In response, they created culturally rooted alternatives, such as one-year memory events and informal

support networks, which aligned closely with the local communal ethos rather than Western ideas of care.

This article presents an African feminist perspective that prioritises cultural uniqueness, lived experiences, and communal ethics over individual moral reasoning and blanket regulatory frameworks. Critics like Oyewùmí (2003) highlight how Eurocentric feminist paradigms misinterpret African women's experiences, while contemporary studies acknowledge the diversity within both "Western" and "African" feminism. Amina Mama (2001) critiques the homogenising tendencies of global north feminisms that often generalise African women's experiences. African feminist philosophy values care, agency, and mourning within kinship networks. This demonstrates how Nigerian women embraced local care ethics during the COVID-19 pandemic, asserting their moral agency despite state-imposed mourning restrictions.

We present the concept of an "African feminist ethics of ambivalence" to explain how selected Ibadan women handled mourning customs amid COVID-19 constraints. The ethics of ambivalence is viewed as a moral framework that enables women to confront contrasting social and cultural expectations, offering a complex substitute for Western care ethics by presenting caregiving as politically positioned and contextually impacted.

## **The Nigerian Government's Political Communication**

The analysis of government political communication during the pandemic seeks to improve our understanding of the government's operations, failings, and efficacy in times of crisis. Clear and concise communication is crucial for societal cohesion, highlighting the importance of an active government and citizen engagement. Political communication involves a three-way relationship between the government, media, and public, focusing on policy dissemination, public responses, and message framing to elicit political reactions (Karam 2018). This process is key to achieving democratic goals.

In a scoping review, Nour and Kisa (2024) analyse the communication methods of political leaders in countries with high COVID-19 infection rates, identifying six key approaches: social media, science-based communication, narrative control, sympathetic messaging, ideological framing, and storytelling.

Although Nigeria was excluded due to its lower infection rate, similarities with Brazil, India, and South Africa, such as weak healthcare systems and questioned government credibility, were noted. The scoping review highlights Nigeria's crisis communication failures, particularly the lack of compassion and context-specific narratives, which may have fuelled citizens' mistrust.

The Nigerian government relied heavily on its communication strategy to enforce health rules and raise awareness during the pandemic. To educate the public about the virus, its symptoms, and precautions, including handwashing and social distancing, the government used radio, television, and social media (Nigeria Centre for Disease Control 2020). Press briefings and communication coordination were handled by the Presidential Task Force on COVID-19, which stated that relief supplies would be delivered to vulnerable groups "in the coming weeks." Ojo (2021, 249), however, draws attention to the absence of precise deadlines for delivering promised relief supplies to vulnerable groups.

Following the first COVID-19 case in Nigeria, public health education and risk communication began using traditional and social media platforms like WhatsApp, Twitter, and Facebook, with messages translated into local languages to increase reach (Lawal and Amzat 2020). The Nigeria Centre for Disease Control (NCDC) launched the #TakeResponsibility campaign to emphasise individuals' roles in prevention (NCDC 2020). This prompted the Nigerian government to impose a lockdown from 30 March to 28 April 2020, which included travel restrictions and the closure of marketplaces, places of worship, and schools, leading to mixed compliance (Mbah 2020). Inconsistencies between federal and state responses hampered national coordination. While the NCDC released guidelines, the absence of a coordinated strategy resulted in disjointed health measures. Strict lockdowns in cities like Lagos and Abuja clashed with various state measures, causing confusion. Resource allocation was uneven, favouring urban areas while leaving rural regions with low supplies (Ilesanmi et al. 2021). This situation exposed flaws in health infrastructure and governance, undermining public trust and emphasising structural inequities. Furthermore, political corruption and misinformation made compliance difficult, as some religious leaders framed the virus in spiritual terms.

Scholars have long criticised Western-centric viewpoints as dominant in African political communication studies (Omotoso 2013; Wasserman 2010; Olukotun and Omotoso 2017; Onuora 2021; Karam 2018; Ngomba 2012; Marie 2018). This criticism emphasises the need for a more nuanced and comprehensive approach to political communication that includes African viewpoints, cultural frameworks, and localised interpretations. Such an approach would decrease communication barriers and ensure that African realities are accurately reported and analysed.

## **Methodology**

This study employed a qualitative, narrative methodology to explore grief and mourning dynamics under COVID-19 restrictions, focusing on women in Ibadan, Nigeria. It forms part of a broader research project examining how grief and widowhood are shaped by cultural change, governance responses, and technological affordances. This specific inquiry situates personal mourning within feminist ethics of care and the disrupted communication structures imposed by governments during the pandemic.

We selected three women involved in mourning traditions in Ibadan and, after COVID-19, used snowball sampling, beginning with “Participant 0,” who cared for her husband until he died from the virus. We expanded our search by consulting a major hospital’s health information department and reaching out to local clergy from churches and mosques for help with funeral and bereavement information. We acknowledge that this approach may have excluded non-religious individuals, and to some extent, adherents of traditional religions. Strict adherents of traditional religions may have been unintentionally omitted due to difficulties in finding them. However, there is an overlooked level of syncretism of faiths among persons from South-West Nigeria (Peel 1968; Adedokun and Mheta 2025). Thus, many individuals observe “orthodox” requirements from Christianity or Islam while also accommodating socio-cultural rituals depending on their circumstances. Besides, cultures across many African contexts are deeply intertwined with social activities, regardless of religious creed. To address this gap, we further relied on Participant 0’s network, including those encountered at the morgue. In total, 11 participants aged 38 to 63 were interviewed. The settings in which

data was collected were marked by limited physical contact and an increased reliance on virtual communication, which may reflect a broader social shift in Ibadan towards the use of digital technologies for care and mourning practices. This shift likely influenced the continued adoption of technological platforms such as Zoom for funerals and memorial gatherings, as well as the continued absence of key family members from some social events, even after COVID-19 restrictions were lifted. Ibadan was chosen for its blend of urban and peri-urban features, its major tertiary hospital, the University College Hospital, and rich cultural heritage. Although diverse, the population is predominantly Yoruba, and the Yoruba language plays a key role in communicating cultural norms and social duties. The mourning culture studied is significantly influenced by Yoruba cosmology, familial structure, and communal rituals, despite the presence of non-Yoruba speakers in the city.

Data were collected via semi-structured interviews capturing personal narratives of loss, alongside the tension between private grief and public restrictions on mourning rituals. Questions ranged from how participants felt when their loved one passed to how these feelings evolved upon realising the changes that pandemic protocols would cause to their mourning experiences. Secondary data, such as government papers, newspaper articles, and books, helped us contextualise these experiences within larger socio-political discourses. Thematic analysis revealed key patterns, including the psychological toll of constrained mourning and the creative coping strategies employed by participants. Cross-referencing with secondary sources helped ensure reliability and depth.

Ethical considerations were central to this research. Informed consent was obtained, and identities were anonymised. Participants often felt emotional pain recalling their losses but viewed the interviews as cathartic. Interviews were paused or rescheduled to prioritise their emotional wellbeing and took place in culturally sensitive settings.

This study highlights the complex interplay of grief, cultural practice, and state-imposed limitations in times of global crisis, offering insight into how women navigate mourning amid public health emergencies and disrupted care traditions.

**Table 1: Demographic features of women interviewed in Ibadan, 2025**

Participant	Gender	Age	Religion	State of origin	Relationship with the deceased	Marital status	Education level
1	Female	50	Christianity	Oyo	Daughter	Married	Bachelor's degree
2	Female	42	Islam	Oyo	Daughter	Married	HND
3	Female	38	Islam	Ondo	Daughter	Single	BSc
4	Female	59	Christianity	Oyo	Wife	Widowed	BSc
5	Female	60	Islam	Oyo	Sister	Married	BSc
6	Female	48	Christianity	Oyo	Daughter-in-law	Married	SSCE
7	Female	63	Christianity	Oyo	Wife	Widowed	BSc
8	Female	44	Christianity	Osun	Wife	Widowed	OND
9	Female	39	Christianity	Oyo	Daughter	Single	Masters
10	Female	55	Christianity	Osun	Sister	Married	SSCE
11	Female	57	Christianity	Oyo	Wife	Widowed	Masters

## **Re-interrogating Feminist Ethics of Care during the COVID-19 Pandemic in Nigeria**

This article examines COVID-19-related silent mourning through the lens of feminist ethics of care in Nigeria. The ethics of care underscores the importance of caregiving and interdependence as foundations of ethical behaviour (Gilligan 1977). Relevant in crises, this approach promotes empathy and responsiveness, distinguishing between natural care (intuitive and relationship-based) and ethical care (commitment to societal needs) (Flinders 2001; Noddings 2002). Carol Gilligan (1977) highlights caregiving as a vital communal virtue, critiquing the focus on justice in patriarchal contexts. Nel Noddings (1992, 2010) adds that being cared for strengthens one's ability to care. The COVID-19 pandemic, however, exposed the limitations of relying solely on natural care. By natural care, we mean the everyday care that people provide to others just because they care about them, not because they are paid or trained to do so.

As more family members stayed home, women took on additional responsibilities like cooking, childcare, and home-schooling. Lockdown restrictions further cut off access to essential services such as healthcare, childcare, and transportation, exacerbating their challenges (Kinoti and Kelleher 2022). Female healthcare workers and social workers, often overworked and under-resourced, faced mental and physical exhaustion (Asuquo et al. 2017; Schnall et al. 2008). These conditions highlight a recurring flaw in care ethics: the expectation that women continue to provide care under crisis without structural support, reinforcing gendered inequality (Zarit 2008) and detrimental agency (Omotoso and Kolawole 2025).

African feminist philosophers have highlighted concerns regarding the applicability of Western-centric feminist ethics of care in African contexts. Mangena (2009) warns that adopting care ethics without critique could perpetuate conventional gender roles and ignore the problems encountered by African women, as demonstrated by the risks women in Zimbabwe incur to care for HIV-infected spouses. Omotoso (2018) proposes ethics of vigour as an alternative, which integrates care with justice, risk, and control, going beyond Welch's (1990) ethic of risk, which she critiques as insufficiently result-oriented. Similarly, Olojede (2021) advocates for an ethics rooted in African ontologies, arguing that endogenous experiences, not Eurocentric traditions, should guide feminist ethical frameworks.

This study looks at sorrow and mourning among women in Ibadan, Nigeria, during the COVID-19 lockdown. Interviews with widows and bereaved women revealed that silent mourning policies increased emotional burdens. Instead of alleviating care responsibilities, funeral restrictions raised psychological strain, forcing women to mourn alone without the opportunity to express their grief communally. Mortazavi et al. (2023) affirm that mourning rituals provide vital psychological relief and social support, and their absence exacerbates grief, particularly for women who often play central roles in mourning rites.

## Traditional Mourning Practices: Navigating Tradition and Urban Adaptation in Ibadan

Ibadan, a famous Yoruba city in Nigeria, provides an excellent framework for studying mourning traditions. Traditional practices are preserved, including the roles of *opó* (widow), *obinrin ilé* (women carers), and *omo olókù* (bereaved children). However, urban pressures are changing traditional customs, resulting in shorter observances of occasions like multi-day wakes and communal feasting. Death rituals are important social strategies for dealing with loss, with mourning being a culturally learnt process (Mortazavi et al. 2023). Yoruba mourning is gendered, with women frequently serving as carers and memory keepers, transforming personal grief into community resilience.

The disruption caused by the COVID-19 pandemic imposed speedy burials, limited gatherings, and excluded family members from hospitals and mortuaries. Widows described experiencing “invisible deaths” where they never saw the body, never held a ceremony, and never received communal validation for their grief. According to Haowei et al. (2022), such disruptions deepen widowhood trauma, especially when paired with economic precarity and social isolation.

Our interviews indicated a mismatch between public health policies and local mourning customs during COVID-19. Government messages often overlooked the cultural roles of women in Yoruba rituals. Broad regulations disrupted these practices, leading to increased trauma for grieving families. Women, typically responsible for post-death care, felt isolated from community support. In response, many organised micro-wakes, digital prayer circles, and surrogate care communities, finding ways to cope with respected health guidelines while honouring their cultural values. This moment called for the enactment of *Ubuntu*, a philosophy emphasising interdependence and restorative care for marginalised individuals. As Diouf et al. (2023) suggest, *Ubuntu* should be intentionally practised to create spaces where art, practice, and scholarship intersect. These grassroots innovations in mourning illustrate that care is evolving and rooted in empathy, resistance, and cultural continuity.

The failure of political communication during the pandemic was both administrative and ethical. By ignoring gendered and cultural aspects of sorrow, pandemic governance excluded mourning care work from public discussion.

An African-specific care ethic should explore how political processes affirm or negate culturally rooted expressions of mourning.

What emerged from the study is a concept we term “African feminist ethics of ambivalence.” This framework recognises the complexities of caregiving in African societies where women are praised for their emotional strength but left unsupported, where cultural rituals offer to heal but are also sites of gendered labour, and where state policies often collide with Indigenous practices. Ambivalence here signals the tension between the necessity and the burden of care, especially during crises like COVID-19. The ethics of ambivalence emphasises the value of complexity; rather than seeking simple solutions, it acknowledges the tensions and resilience inherent in women’s caregiving during crisis. This approach conceptualises care as inextricably linked to kinship networks and communal identity, offering insights into how care may both restore and adapt in the face of upheaval. As Dillard and Okpalaoka (2011) point out, the concept of wholeness is central to the African understanding of community and caring.

This ethical perspective critiques Western-centric feminist care ethics in addressing the complexities of caregiving for African women after a death. These women provide emotional, spiritual, and practical care without institutional support while navigating societal expectations. The pandemic highlighted that mourning is not only an emotional task but also a political and cultural activity that needs recognition and support in policymaking.

The Nigerian government overlooked mourning rituals as essential cultural and emotional practices, revealing a broader trend in postcolonial administration that often regards care as a private, apolitical matter. This oversight demonstrates the state’s technocratic approach, which prioritises biological and security logics over societal concerns (Vachon et al. 2023). By ignoring communal mourning customs rooted in Yoruba cosmology and gender roles, the state diminishes the emotional components of loss and exacerbates structural violence against women who bear caregiving responsibilities. According to Buckley et al. (2023) and Sola et al. (2023), this disrespect reflects the disconnect between public health policy and lived realities, where cultural care infrastructures provide critical emotional support and social resilience.

## Post-death Care, Agony, and Nigerian Women: Silent Mourning during the COVID-19 Pandemic

How did the pandemic reconfigure normative feminist ethics of care, and what critical discourses emerged from Nigeria's intersection of bereavement, pandemic, and government policies? This section explores these questions with empirical evidence from the narratives of women. Using these narratives, we explore the tension between traditional mourning practices, cultural expectations, and government-mandated protocols designed to curb the spread of the COVID-19 virus.

### *Silent mourning*

The concept of silent mourning is introduced to capture the layered experiences of women navigating grief under the constraints of the COVID-19 pandemic. Traditionally, mourning practices in Nigeria are deeply communal, involving physical presence, collective rituals, and emotional support for the bereaved. Pre-pandemic mourning cultures included visits to grieving families, wake-keeping ceremonies, elaborate burial rites, and religious prayers such as the eighth- and 40th-day *Fidau* (for Muslims), as well as widowhood rites and post-death rituals observed across various ethnic groups. These activities are largely facilitated by women, underscoring their vital role in offering care, not only to the deceased but also to the living, thus bridging the gap between cultural obligations and emotional healing (Odimmegwa 2010; Nweke 2021).

In many Nigerian communities, especially in the South-West, women play key roles during mourning. The eldest daughter often leads burial rites after her father's death. There are also wake-keeping and widowhood customs. For instance, the deceased are not forgotten or abandoned when guests are fed, libations are poured, and praise poems (*oriki*) are sung. These examples of communal care for the deceased highlight how women strengthen family and community ties during loss. These tasks are seen as acts of care that honour the deceased and help the grieving find closure.

However, the COVID-19 pandemic disrupted these long-standing practices. Restrictions on gatherings, physical distancing, and fears of contagion led to the suspension or significant alteration of traditional rituals

(Omonisi 2020). Women, who typically provided both emotional and logistical support during mourning, found their caregiving roles constrained. This gave rise to what the authors conceptualise as silent mourning, the suppression of public expressions of grief and the erasure of cultural rituals that ordinarily facilitate healing and closure. Ibukun, a participant from the broader study, expressed:

I could not carry out any service of songs, wake-keep or burial service in our church due to the lockdown measures and social distancing... It was a quiet mourning. Neighbours could not come around.<sup>1</sup>

As a global crisis, the pandemic significantly increased death rates, with over four million deaths recorded worldwide by July 2020 (World Health Organisation 2020). This unprecedented loss triggered widespread grief, yet public health protocols often left mourners isolated. Social distancing deprived individuals of the comfort of physical touch, communal prayers, and traditional gatherings, resulting in what scholars describe as “unfinished” or “disenfranchised grief,” a form of sorrow that is not publicly acknowledged, socially supported, or ritually resolved (Doka 1999, 37).

Grief can have serious effects, especially when people lack support during mourning. Women, who often hold families together emotionally, may feel isolated. This can lead to complicated grief, a condition characterised by strong sadness that disrupts social and work life. Recognised in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> ed, as a mental health issue, complicated grief can increase the risk of trauma, depression, and suicide if unresolved (Nakajima 2018; Mortazavi et al. 2023). Many women used prayer to cope during this time, but six out of 11 felt silenced in their grief because they could not pray for the dead. This shows that prayers for the dead are meant to be communal and carry more weight when many people participate.

This circumstance appeared even more distressing among the Muslim participants, as time was of great essence in performing burial rites (such as burial within 24 hours of death). Mariam, whose family is Muslim, expressed the incompleteness of their grief:

NASFAT (a popular Muslim social organisation in Nigeria) tried to be there for me during this time. But we couldn't mourn my father according to Islamic laws. You know, we pray together as Muslims, so this social isolation thing was a problem.<sup>2</sup>

Though her parent died at home, many rites such as joint prayers and body washing were skipped to finish the burial before any health authority found out. For her, "It is better to rush everything and put the body in the ground than for the body to be seized."<sup>3</sup> Some Muslims also shared instances of praying over the pictures of the deceased over the phone, and this was unlike the community usually created to support grieving families.

Thus, silent mourning not only reflects the pandemic-induced disruption of cultural and emotional expressions of grief but also reveals the broader implications of crisis-driven public policy. It calls attention to the need for health responses that are both epidemiologically sound and culturally sensitive, strategies that preserve human dignity, honour the dead, and support the mental wellbeing of those left behind.

### *Devastation caused by policies, bureaucratic hurdles and restrictions*

Omonisi (2020) noted that cemeteries limited attendance to fewer than 20 people, enforcing strict social distancing. The ban on international flights further complicated traditional burial rites for those who lost loved ones abroad, and vice-versa. These restrictions disrupted crucial social support systems for emotional healing (Khosa-Nkatini and White 2021). Families turned to virtual funerals and online rituals for connection, although these lacked the intimacy of in-person ceremonies (Selman et al. 2020). Meanwhile, the affluent political class appeared to evade these protocols, deepening socioeconomic divides in mourning practices.

In particular, the contradiction between the government's regulations and the practices among those in government led to conflicting perceptions of the disease's severity for the living, and undermined the imperative to follow burial directives issued by those who appeared to be making the law while simultaneously disregarding it (Mostafa and Hussain 2021). For example, some participants recounted incidents where government officials or politicians would attend funerals in large gatherings, flouting the very restrictions they had

imposed on the populace. A case in point was the burial of Abba Kyari (Chief of Staff to the President of Nigeria, 2015–2020) who died of COVID-19 and whose funeral was attended by a large crowd of government officials, in flagrant violation of social distancing mandates and regulations governing interment. Iyabo, a 42-year-old entrepreneur, who lost her mother, found it particularly hurtful. Her business required frequent trips to markets in Lagos for resale in Ibadan; the lockdown caught her in Lagos. She recounted:

It [COVID-19 restrictions] affected us because we were supposed to start frying *akara* for people who come to mourn with us and offer prayers for the dead, but the lockdown couldn't allow us [to] do this... I was not happy.<sup>4</sup>

The gap between government statements and reality, along with a lack of trust in the state in Nigeria, caused people to view COVID-19 rules as politically motivated rather than focused on public health. Many believed the virus mainly affected the wealthy, leaving the poor less vulnerable. Conflicting messages changed attitudes towards pandemic guidelines. Some women felt resentful and helpless in their grief, while others adapted traditional mourning practices to challenge the rules.

For instance, Yemi, a 44-year-old widow, discussed the bureaucratic difficulties she faced in securing permission to hold a proper burial for her late husband. Yemi narrated the painful experience of having to transport her husband's body in a private car, with only a few family members in attendance, due to restrictions on public gatherings:

When my husband died, representatives of the hospital management told us that we couldn't do our normal burial because of COVID-19. We had to sneak his body out at night and bury him quickly with just a few people there. It was so painful, not being able to give him the kind of send-off he deserved.<sup>5</sup>

While interrogating the reasons for the pain and injustice that she felt, Yemi recounted the cultural significance of burial rites in Yoruba tradition, she herself being Yoruba, where the presence of extended family and community members is crucial to the grieving process.

Losing my husband was devastating. What made it even harder was the pandemic. It left me feeling dejected and lonely because many of my friends and family members, especially those very fond of me, couldn't come around to sympathise with me. Only a few people managed to visit. The pandemic changed everything. My husband was buried immediately and quietly. If not for the

pandemic, he would have had a more befitting burial – something much more elaborate and deserving of him. The restrictions greatly impacted our traditional burial rites.<sup>6</sup>

In another interview, Funmi, a 39-year-old who lost her father to COVID-19, narrated her experience of separation from her father before he passed on, and the inability to have a proper burial:

We were not allowed to enter his room. We could only talk to him from a distant window... After four days when he died, the hospital handled everything. We were not permitted to touch his body or to mourn him well. We just did straight burial... straight to the burial ground because we had to follow the [government's] instructions.<sup>7</sup>

Reflecting on injustice, Funmi expressed how she had really wanted to give her father a proper and befitting burial but did not have that opportunity. Funmi, who lived in the suburbs of Agbowo in one of the traditional houses, belonged to the lower middle class. She said, "...and that is why I feel cheated. It was like this rich people's disease took my father."<sup>8</sup> She took a long pause, an interlude that seemed like she was replaying the event on a screen visible only to her, then added that it was an experience she would never wish for her worst enemy, and that it still haunts her.

There are different ways of making sense of "the cheating" in these women's narratives. First, it appeared that while the infirmity of the rich had taken away Funmi's father, it failed to bestow the corresponding privileges of the rich on them – a power to have done the burial as they would have preferred, just as they had watched the rich and powerful do on television. This unravels the class stratification of death and post-death care, cloaked in the pandemic regulations, and the attendant social injustice. Second, the phrase "...but we had to do what they said at the hospital" suggests a lack of agency and the inability of the women to assert their cultural imperatives and preferences over the imposition of pandemic protocols. The ambiguity surrounding the rules for burial rites during the pandemic led many bereaved individuals to follow them without government oversight. Medical practitioners, viewed as essential workers, may have encouraged compliance over defiance among the grieving (Gamad et al. 2022). This obedience was not merely a concession to authority but a means of self-preservation. The fear of a novel disease that claimed thousands of lives daily took precedence over

traditional burial customs. In Nigeria, the stark daily death toll, often shared through digital media and WhatsApp updates, made this fear even more tangible.

Consequently, the experiences of loss and constricted expression of grief and mourning resulted in heightened emotional distress, a diminished sense of meaning and belonging, and disruption of crucial cultural and social practices. However, full solace for this suppressed grief came a year after the lifting of the lockdown, performed by throwing a big party usually tagged “one-year remembrance party” to celebrate the life of the deceased and finally provide closure for the grief of the bereaved.

*“We threw the party one year later”: suspended mourning and postponed collective catharsis*

In Nigeria, burial rites are deeply rooted in spiritual beliefs about the afterlife and the role of ancestors. Traditionally, funerals, especially for the elderly, are elaborate, celebratory events that honour a life well lived and aid the deceased’s transition to the ancestral realm (Khosa-Nkatini and White 2021; Ekore and Abass 2016). COVID-19 restrictions disrupted these rituals, denying the bereaved the communal grieving essential for emotional healing. In response, many, like Funmi and Tomi, turned to “one-year remembrance parties” as alternative mourning spaces. These gatherings allowed families to mourn, celebrate, and share stories of loved ones, particularly those who had lived to old age, restoring a sense of closure and community that had been absent during the initial burial (Boge 2023; Adesoji et al. 2021). The remembrance party thus emerged as a critical site for deferred mourning, offering emotional relief and collective healing in the wake of disrupted cultural and spiritual grieving practices. According to Funmi:

...you know, when your parents die at a ripe old age, there is a special way to go about their burial in our custom. Because of COVID-19, we couldn’t do it. But we threw a big celebration one year after.<sup>9</sup>

The two participants (Funmi and Tomi) who lost relations who were considered to have lived to a ripe old age reported attempting to recreate these mourning rituals, albeit on an altered but larger scale, later in time. It appeared that the dead could not rest, or the bereaved could not unburden their grief,

until they held collective ceremonies in commemoration of the departed (Amadi and Igoniko 2024). What was unclear, however, was the extent to which these memorials were socioeconomic events or traditional rites. While Tomi reported that “many prayers were offered for the dead, both traditionally and in church,”<sup>10</sup> Funmi reflected on the economic burden of the event. From Tomi’s reflections, it appeared that there was a quagmire in the order of performance of traditional rituals for the dead. Customarily, as the first-born daughter of an elderly person, she was expected to take on an important role:

In my village [Ondo State, an Eastern Yoruba land], there are specific roles for family members during burial ceremonies, especially the first daughters. Each first daughter is required to bring a live goat, which is used for prayers to ensure my late father’s peaceful rest as he journeys to the other world. After the prayers, the goat is slaughtered and prepared as a delicious meal for relatives gathered for the ceremony.<sup>11</sup>

Doing this one year after the death of her father allowed Tomi to fulfil the delayed traditional obligations, perform funeral rites, and mourn collectively with her community. Although Tomi is Yoruba and a non-indigene of Ibadan, her dwelling in Ibadan with the deceased at the time of his death meant that her father’s body could not be carried back “home,” as was customary among her people. This provided obviously excusable reasons for her inability to carry out his funeral rites. But the consequences of breaking the tradition, which prescribed a fixed timeframe for these rituals, remained unknown. Tomi instead expressed her concerns about the ancestors:

The COVID-19, which stopped me from executing these rites, was beyond my hands. Where would I have gone to buy a goat? *Ori oku ri mi* (the soul/spirit of the dead can bear witness). I would have done much better if there was a way.<sup>12</sup>

While Tomi bemoaned her inability to perform the prescribed rites, Funmi reflected on how these rites would have cost her financially, emotionally, and health-wise. She thus expressed relief, saying, “I did not bear any of that women stress; I am very grateful for that.”<sup>13</sup>

Ibadan funerals are typically elaborate, communal events requiring significant resources (Omonisi 2020). Women, especially the *obinrin ilé* (married women in the family), play central roles in posthumous care, organising rites, providing emotional support, and cooking for mourners, which can be physically and emotionally taxing (Boge 2023). COVID-19

restrictions changed how people mourned. Funmi, who is not from Ibadan, faced challenges during the lockdown. Her family could not visit, and she could not go home. As a result, she relied on her “Ibadan family,” including close neighbours and friends, for support. This shift highlighted new caregiving roles, with emotional and practical tasks falling mainly on women. The pandemic altered how care and grief were managed in local communities. For example, Funmi and Tomi discussed how COVID-19 protocols improved their funeral experiences. Funmi, the widow, appreciated being able to skip some customs, which eased her grief. Tomi felt relieved that she didn’t have to bear the costs of hosting friends and relatives after her father’s death.

These experiences illustrate the remarkable resilience of Nigerian women and underscore the role of feminist ethics of care during the COVID-19 pandemic. Such adaptations reveal the capacity of communities to balance cultural heritage with contemporary challenges.

## **Conclusion**

This article investigates the interaction among women’s silent grieving, feminist ethics of care, and Nigerian government’s political communication during the COVID-19 pandemic. Government communication initiatives attempted to increase trust and reduce disinformation (Ezeibe et al. 2020); however, uneven messaging caused uncertainty and differing interpretations (Aiyewumi and Okeke 2020). Migration limitations, although rooted in safety concerns, alienated communities during the pandemic (Abulude and Abulude 2020). This highlights the need for communication that reflects cultural values, provides accessible means, and incorporates community input.

This article suggests an African feminist ethics of ambivalence that values adaptability, structural responsiveness, and cultural roots. This strategy enables women to negotiate care in ways that are appropriate to their situations, such as balancing moderation with elaborate post-death rites based on Yoruba cosmology. This ethic serves as a useful framework for comprehending care and grief amid crises like the COVID-19 pandemic. The ethics of ambivalence explains African women’s lived experiences as they navigate the complex pressures of tradition, state regulation, and spiritual duty.

From data collected, the study indicates extraordinary adaptation in grieving customs during the pandemic. Micro-wakes, internet prayer circles, and livestreamed funerals were among the inventive ways in which women honoured their loved ones. These examples demonstrate a caring ethic that is not just deeply founded in cultural traditions, but also sensitive and adaptable to crisis-related issues.

Thus, this article contributes significantly to a larger epistemic enterprise by emphasising African women's experiences as rich sources of theory, resistance, and transformational care. This transformative care explains how African women, especially in Yoruba communities, reinterpret caregiving and grief during times of crises, like the COVID-19 pandemic. Women reinterpreted care through inventive, relational, and flexible practices that addressed both societal demands and state constraints rather than seeing care as a fixed, traditional responsibility associated with ritual performance. In spite of their physical separation, women managed to preserve emotional ties using internet platforms, group storytelling, and symbolic acts of memory. By altering social relationships, moral standards, and epistemic authority, such practices show that care is not only restorative but also transformative. By emphasising these lived experiences, the article positions African women as essential agents who create new ethical frameworks for understanding care in times of disruption and transition, rather than as passive cultural bearers.

We recommend a review of health policies during crisis. Information dissemination should be culturally sensitive and aware of gender issues. Public health strategies need to recognise care practices not merely as private, sentimental gestures, but as public, ethical responsibilities connected to justice and dignity. Political decisions regarding mourning should be guided by local knowledge, respect for religious diversity, and the realities of gender. This could have meant designing mourning policies that permitted culturally sensitive, modest burial rituals that recognised local religious customs and gender roles. Finally, this study advances decolonial discourse by advocating for a contextually grounded feminist care ethics, African feminist ethics of ambivalence, that integrates cultural practices, systemic equity, and policy adaptability, ensuring care does not perpetuate gendered marginalisation.

## Notes

1. Ibukun (Participant 1), in-depth interview with first author, Ibadan, 5 January 2025.
2. Mariam (Participant 2), in-depth interview with first author, Ibadan, 5 January 2025.
3. Mariam, interview.
4. Iyabo (Participant 4), in-depth interview with first author, Ibadan, 5 January 2025.
5. Yemi (Participant 8), in-depth interview with first author, Ibadan, 5 January 2025.
6. Yemi, interview.
7. Funmi (Participant 9), in-depth interview with first author, Ibadan, 5 January 2025.
8. Funmi, interview.
9. Funmi, interview.
10. Tomi (Participant 3), in-depth interview with first author, Ibadan, 5 January 2025.
11. Tomi, interview.
12. Tomi, interview.
13. Funmi, interview.

We have refrained from revealing the identities of the respondents and used pseudonyms. The interviews were conducted in strict confidence through personal communications on 5 January 2025.

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