

Harnessing Yorùbá Concepts of Care *Ìtójú*, *Ìké*, and *Ìgè* as an Ethics of Holism

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Abstract

Care ethics, or the ethics of care, is a normative ethical theory that emphasises human relationships and understands individuals as interdependent, relational beings. It also highlights the importance of emotion-based virtues, including benevolence, mercy, care, friendship, reconciliation and sensitivity. This paper addresses the problem of care from an African feminist perspective. To address the paucity of African feminist ethical theory, it asks: how do *ìtójú*, *ìké*, and *ìgè* pan out in various care contexts such as *ìké ọmọdẹ* (child care), *ìké arúgbó* (care for the aged), *ìké òbí* (parental care), *ìtójú aláísàn* (care for the sick), *ìtójú agbèegbè* (environmental care), *ìgè ọkọ* (care for the husband), *ìgè àgbàlagbà* (care for the elderly), and so forth? *Ìtójú* encompasses simple care or nurture. *Ìké* represents pampering, indulgence, fussing, and pandering. *Ìgè* is typically employed in relation to *ìké*, such as in *ìké ati ìgè* (pampering and reverence/showcasing). *Ìgè*, in addition to indicating pampering, also introduces the element of reverence in care relations. The trio emphasises human relationships and virtues such as care, compassion, and sensitivity, uncovering and recovering African women's contributions to the care discourse and the ethics of holism. Do *ìtójú*, *ìké*, and *ìgè* contribute to or undermine economic power? This paper uses the philosophical methodology of critical analysis, argumentation, and the reconstruction of ideas to argue that the trio of *ìtójú*, *ìké* and *ìgè* provides a holistic conception of care, nurturing, and healthy pampering applicable beyond the African context, as it incorporates not only bodily or physical care but also spiritual, emotional, social and environmental care of humans, fauna, and flora.

Keywords: Feminist care ethics, African feminist ethics, Yorùbá care ethics, Western care ethics, ethics of holism

Introduction

This paper discusses the triad of *ìtòjú*, *ìké*, and *ìgè*. It examines how the trio is implicated in various care situations, and fundamentally, how it transcends care ethics towards an ethics of holism. *Ìtòjú*, *ìké*, and *ìgè* are African concepts, specifically words from the Yorùbá language, employed to denote different levels of care and caring that apply beyond bodily care to the environment, animals, the economy, and activism. The discourse relates to an African feminism, as *ìtòjú*, *ìké*, and *ìgè* distil women's contributions to the aforementioned areas using these concepts, thereby validating African women's daily life experiences as significant beyond the domestic sphere. While Western perspectives have predominantly shaped the discourse on care ethics, South African *Ubuntu* ethics has been linked to care ethics (Hall et al. 2013; Nicolaides 2015; Gouws and van Zyl 2015). With this in mind, this paper contributes to the literature by advancing the understanding and incorporation of non-Western, predominantly West African, ethical traditions. It contributes to African feminist ethics on care by exploring the rich culture of care ethics embedded within the Yorùbá belief system, specifically focusing on the concepts of *ìtòjú* (careful attention, protection and maintenance), *ìké* (pampering, intense care, careful handling), and *ìgè* (reverence, respect, showcase).¹ These concepts offer a varied, yet holistic, approach to care that encompasses physical, emotional, spiritual and environmental dimensions in what could be called a Yorùbá feminist ethics of holism.² By examining these concepts, we aim to contribute to the growing body of African feminist ethical theory and broaden the global understanding of care ethics.

Contextualising Yorùbá Care Ethics

The Yorùbá, one of the largest ethnic groups in Nigeria, have developed a sophisticated ethical system that emphasises communal responsibility, intergenerational care, and harmony with the natural world (Oyewale 2020). The concepts of *ìtòjú*, *ìké*, and *ìgè* form a triad that encapsulates the Yorùbá

approach to care in various contexts, from childcare to environmental stewardship. Integrating these concepts into contemporary care practices presents both opportunities and challenges as we navigate the complexities of modern healthcare and social support systems. How can they (*itọ́jú*, *iké*, and *igè*) be applied to various care situations, including *iké ọmọdẹ* (childcare), *iké arúgbó* (care for the aged), *iké òbí* (parental care), *itọ́jú aláìsàn* (care for the sick), *itọ́jú agbèegbè* (environmental care), *igè ọkọ* (care for the husband), *igè àgbàlagbà* (care for the elderly), and other care situations? We found some responses to this by exploring how the trio of *itọ́jú*, *iké*, and *igè* provides a comprehensive framework for care applicable beyond bodily care and beyond the African context. In particular, *iké* and *igè* offer a direct, deeper, and complementary approach to care (*itọ́jú*). When taken together, these concepts provide a holistic understanding of care that addresses the multifaceted nature of human needs and experiences. This exploration deepens our knowledge of care ethics from an African perspective, offering valuable insights and a framework for addressing global care challenges in an increasingly interconnected world.

Ìtọ́jú encompasses simple care or nurture, in which one assumes a responsibility similar to that of a professional caregiver. At this level, one can care for anybody. *Ìtọ́jú* is to care at the bare minimum, for instance, *itọ́jú ọmọ* (care for the child), *itọ́jú ayíkà* (care for the surroundings), *itọ́jú ẹbí* (care for the family). It implies a proactive approach to care that anticipates needs and takes preventive measures (Oyewale 2020). This concept extends beyond human relationships to include care for the environment and the spiritual well-being of all humans. In practice, *itọ́jú* may manifest as regular health check-ups, preventive maintenance of community infrastructure, or the preservation of cultural traditions, among other examples. *Ìtọ́jú* is the Yorùbá equivalent of the common notion of the care we give to people and all other animate and inanimate things. Yorùbá care ethics focuses on caring for people, animals, properties, possessions, and surroundings. Similarly, we strive to maintain a peaceful coexistence with our environment, fostering a happy life while nurturing plants and trees to meet our needs. This expansive nature of *itọ́jú* reflects the Yorùbá understanding that care is not limited to interpersonal relationships but extends to all aspects of life and the world around us.

Ìkẹ́ represents pampering, indulgence, fussing, and pandering (Ilori 2025).³ It goes beyond *ìtọ́jú*, which is the first gradient of caring. It emphasises the ongoing nature of caring relationships. *Ìkẹ́* is when one takes extra care of somebody or something. This may be due to the relationship between the carer and the person receiving care. *Ìkẹ́* refers to a type of care that is more personal and passionate than *ìtọ́jú*. The interests of the cared-for become the primary concern of the carer. For instance, the Yorùbás often express the following statements: *o n kẹ́ bí ojú* (pampering someone like the eyes), *o n kẹ́ nkan ọ̀sìn* (pampering domestic animals), *o n kẹ́ ọmọ* (parental caring for the child), *kẹ́ ọkọ* (affectionate care for the husband), *kẹ́ aya* (affectionate care for the wife), to reflect the importance of *ìkẹ́*. *Ìkẹ́* involves sustained effort and dedication in providing support and nourishment, whether in caring for the environment, children, animals, elders, or the community (Togonu-Bickersteth 1997). In contrast to *ìtọ́jú*, describing *ìkẹ́* in concrete actions is often difficult, if not impossible. *Ìkẹ́* is a higher level of *ìtọ́jú*. The Yorùbás believe that parents who give their children *ìkẹ́* when they are young will receive it back as they grow older.⁴ This aligns with the common view of life as a cyclical journey, where care given in terms of *ìkẹ́* is eventually reciprocated, creating a sustainable system of mutual support within communities.

Ìkẹ́, in comparison to *ìtọ́jú*, is deeper and deeply personal with more attention to details (Francis Olufemi Oladiipo, personal communication with Olojede, 26 March 2024). *Ìtọ́jú* appears to be superficial where *ìkẹ́* is present. For instance, a nurse can give *ìtọ́jú*, but a mother or relative who doubles as a nurse can transcend mere care, *ìtọ́jú*, to providing *ìkẹ́*. English transliteration fails to convey the notion of *ìkẹ́* adequately. There is, however, a negative side to pampering, as seen in a term like *àkẹ́bàjẹ́*; when, for instance, a child or person is over-pampered. In providing *ìkẹ́*, moderation is key. The concept of *ìkẹ́* recognises that care is not a one-time act but a continuous process that requires commitment and perseverance. To care for someone or something under the caption of *ìkẹ́* insinuates a recognition of a more profound sense of caring responsibility. The manifestation of this caring responsibility, as demonstrated in *ìkẹ́*, goes further to project that the individual who cares for another person or group of people or a thing, e.g. one's parents, children, friends, colleagues, and acquaintances, acknowledges something in them that

is beyond the ordinary reason for caring for the welfare of people in general. It is safe to say that *iké*, as used by the Yorúbás, speaks more to the metaphysical connection in human relationships.

While *iké* is used as a stand-alone concept, *igè* is typically employed in relation to *iké*, such as in *iké ati igè* (pampering and reverence/showcasing); both usually go together (Francis Olufemi Oladiipo, *personal communication with Olojede*, 26 March 2024). *Ìgè* is an extension of *iké*. *Ìgè*, in addition to indicating pampering, also introduces the element of reverence in care relations. While it might seem at odds with the moderation emphasised in Yorùbá ethics (Hamzat and Adeosun 2020), *igè* recognises the importance of dignity, respect for the person, and occasional extravagance in care relationships, acknowledging the emotional and psychological benefits of such gestures. *Ìgè* also implies *àpónlè*, *àyé sí* (deep respect, courteousness), but is not a direct synonym of these concepts. Following the trajectory of this exposition, *igè* is a third layer and culmination of a caring attitude in the Yorùbá belief system and practice. To reach this level of caring, one must start with *itójú*, develop into *iké*, and peak at *igè*. No one can ever achieve this level of caring attitude without fulfilling *itójú* and *iké* first in the Yorùbá caring practice.

This layer of care (*igè*) often manifests in familial bonds and marital relationships, though it is not limited to these. Parents show this form of care towards their children as they grow; older children exemplify it to their ageing parents; and spouses also demonstrate it in their marital union. This concept adds a layer of warmth, intimacy, and affection to a caring relationship, recognising that sometimes going above and beyond the basic duties of care can have significant positive impacts on well-being. Reaching this stage of care cultivates a form of moral reciprocity, in which both the carer and the cared-for recognise each other as moral agents, bound in a relationship of mutual respect and responsive commitment. This approach is similar to Nel Noddings' claim that "caring is not controlled entirely by the carer – it is a mode of shared control" (2002, 14). Hence, both the carer and the cared-for are actively involved in the care process and activities; both parties contribute appropriately. However, this recognition in Noddings' (2002) care project is at the more general stage of caring, which corresponds to the *itójú* stage in Yorùbá caring practice.

These three concepts – *itọ́jú*, *ikẹ́*, and *igẹ̀* – are not isolated but are connected, forming a comprehensive approach to care that addresses multiple facets of human experience. As embodied by these concepts, the Yorùbá understanding of care recognises the complexity of human needs and the importance of a holistic approach to well-being. This multidimensional view of care aligns with contemporary understandings of health and well-being, which emphasise the interconnectedness of physical, emotional, and social factors (Metz 2013).

We find both similarities and notable differences when comparing Yorùbá care ethics with Western care ethics, as developed by feminist scholars such as Carol Gilligan (1982) and Noddings (2002, 2013). Both traditions recognise the importance of human connections in ethical decision-making and acknowledge the role of specific situations in moral judgements. They also reject rigid universal principles in favour of more flexible, context-sensitive ethical frameworks. However, there are significant inherent differences between these ethical systems. Yorùbá care ethics incorporates spiritual considerations more explicitly than most Western care ethics frameworks, reflecting the integral role of spirituality in Yorùbá culture. The concept of *itọ́jú* extends care to the natural environment, a dimension often less emphasised in Western care ethics. Western ethics gives social significance to the environment, while in the Yorùbá belief system, there is a deeper metaphysical/spiritual connection to the care of the environment. This ecological aspect of Yorùbá ethics aligns with contemporary environmental ethics and could offer valuable insights for addressing global environmental challenges (Bẹwajì 2021).

Furthermore, while Western care ethics tends to focus on individual relationships, Yorùbá ethics emphasises communal responsibilities and collective well-being (Metz 2013). This communal focus reflects the Yorùbá understanding of personhood as inherently relational, where an individual's identity and moral obligations are deeply intertwined with their community. This perspective offers a valuable counterpoint to the often individualistic focus of Western ethical frameworks (Metz 2013). The metaphysical foundations of Yorùbá care ethics also set it apart from Western approaches. Yorùbá ethics is grounded in a specific metaphysical understanding of the universe, including concepts like *orí* (inner head or destiny), which influences ethical considerations (Gbadegesin 1991). *Orí* is more than a physical part of

the body; it is a metaphysical essence that represents an individual's inner self, destiny, and moral compass. Care, or *itọ́jú*, in relation to *ori* is not merely an emotional or material obligation but a spiritual alignment with the well-being and destiny (*ayànmọ̀*) of another. To care for someone, therefore, is to recognise and respect the uniqueness of their *ori*. For instance, when someone supports a young person in choosing a life path aligned with their true purpose, the person is said to be nurturing that person's *ori*. This reflects a deep moral responsibility that extends beyond caring for a person's physical needs to encompass their metaphysical journey as well. This metaphysical dimension adds depth to Yorùbá care ethics, linking everyday care practices to broader cosmological understandings.

Feminist Care Ethics: A Historical Insight

Having explored the Yorùbá concepts of *iké*, *itọ́jú*, and *igẹ̀* as expressions of a holistic and relational moral outlook, it is helpful to take an inward turn into broader philosophical discussions of the history of feminist care ethics to juxtapose the uniqueness and universality of Yorùbá care ethics. In normative ethical theories, care ethics emerged as a significant paradigm, emphasising human relationships, empathy, and context-dependent moral reasoning. It challenges traditional ethical frameworks by prioritising the interdependent nature of human existence and the role of emotion-based virtues in moral decision-making (D'olimpio 2019). Care ethics started to gain traction in the late 20th century as a revolutionary approach to moral philosophy.

The development of care ethics is closely tied to feminist thought, with pioneers like Gilligan (1982) challenging prevailing theories of moral development. Noddings (2002, 2013) further developed these ideas, emphasising the relational nature of care and the importance of both the carer and the recipient in ethical interactions. Joan Tronto (1993) expanded the scope of care ethics beyond personal relationships, applying its principles to political theory and social policy. Other significant contributors to care ethics include Eva Feder Kittay (1998), who applied care ethics to the issues of disability and dependency, and Virginia Held (2006), who articulated care ethics as a distinct moral theory. Care ethics is a dominant feminist ethical framework in Western thought.

Care ethics offers a fresh perspective on moral reasoning by emphasising the importance of relationships, context, and emotion in ethical decision-making (Ström-Awn 2020). At its core, it recognises humans as fundamentally interconnected beings rather than isolated individuals. This view is in stark contrast to traditional moral theories like Kantianism and utilitarianism, which prioritise universal principles and rational calculation. Consider, for instance, a family caring for an elderly parent with dementia. Care ethics would prioritise the relational aspects of this situation, such as the family's history, emotional bonds, and the specific needs of both the carer and the cared-for, rather than imposing a universal ethical rule, as seen in both Kantianism and utilitarianism.

Care ethics is defined by five key themes: interdependence, emotional and moral values, relational ties, responsiveness to others, and context-bound considerations (Engster and Hamington 2015). Interdependence is evident in family life, where care ethics views people as reliant on one another, highlighting that individuals depend on others at different life stages (Noda 2011; Collins 2015). This theory suggests that humans thrive in community rather than isolation, an idea exemplified in African traditions. Emotional and moral values such as compassion and empathy are fundamental as care ethics values emotions as vital tools for understanding ethical dilemmas (Held 2006). These values also emphasise the moral significance of familial and friendly relationships. Relational dynamics play a pivotal role in ethical considerations as care theorists argue that human beings are inherently relational. As Fiona Robinson (2011) illustrates, interdependence constitutes a fundamental element of our existence, calling into question the validity of impartial ethical frameworks. Responsiveness to others' needs is another crucial principle. Care ethics prioritises understanding and meeting the expressed needs of those being cared for, with Tronto (1993) asserting that care starts from the needs of others. Lastly, the context-dependent nature of care ethics is significant as it recognises that moral decisions should take specific circumstances and individuals into account (Engster and Hamington 2015). This approach advocates for tailored interventions in humanitarian work rather than generic solutions.

Gilligan (1982) rethinks the traditionally male-centred moral theories of development, aligning them with the feminist agenda of recognising women's

voices across all fields. In *In a Different Voice*, Gilligan (1982) challenges dominant moral theories, critiquing their inadequacies in addressing women's psychological development. She argues that traditional psychological theories – established by Sigmund Freud (1905) and later advanced by Jean Piaget (1932) and Lawrence Kohlberg (1958) – reflect a gender-biased norm that, in her view, “fashions women on a masculine cloth” (Gilligan 1982, 18). In advocating for the “voice of care”, Gilligan (1982) introduces a model that captures the moral dimensions of women's psychological development. Her account centres on “voice” – a term she uses to represent feelings, emotions, and “relationship”, emphasising care ethics as an alternative to the dominant ethical paradigms. She illustrates how women's self-conception drives a focus on care and responsibility, forming the foundation for an ethics of care as a different moral theory. Gilligan's theory is based on how women perceive themselves. She uses the term “conception” to highlight women's understanding of themselves, emphasising that their judgements are often highly contextual (Gilligan 1977). To illustrate this, she contrasts the moral judgements of two 11-year-olds, one male and one female, confronting a moral dilemma. By analysing their responses, she questions prevailing developmental theories, such as Freud's view of women's moral inferiority and Kohlberg's six-stage model, which have traditionally undervalued relational perspectives (Gilligan 1982).

Most dictionaries characterise “care” as a state of mental engagement or concern, often linked with anxiety, fear, or solicitude regarding someone or something (Merriam-Webster Dictionary). Thus, caring typically implies a focused mental state in which an individual feels emotionally invested. Milton Mayeroff describes caring as helping others grow and actualise themselves (Mayeroff 1971, cited by Noddings 2013). Mayeroff's view emphasises a dynamic in which one party aids another in reaching their full potential, thereby concentrating control in the hands of the carer. However, examining care from this angle is somewhat restricted and risks misrepresenting its essence. Thus, there is a necessity for another perspective. Noddings (2002) and Noddings (2013) starts by examining the fundamental nature of care. She acknowledges that defining care is a difficult task. She makes attempts to delineate what care is. For her, care denotes a fondness or regard for a person or object (Noddings 2013). Fundamentally, it involves taking responsibility for another person's or

object's well-being, safety, or maintenance. Hence, caring inherently implies a relational interaction between two individuals: the carer and the one who is cared for. Care becomes sincere when the cared-for expresses a need and the carer consciously acknowledges and responds to it (Noddings 2002). Here, "need" includes material and emotional aspects, such as companionship, respect, privacy, and support (Noddings 2002, 14). In fulfilling these needs, the carer's actions must be qualitative and quantitative. An example from Noddings illustrates this: Mr Smith provides financial support for his mother in a nursing home but fails to visit or communicate with her – his "care" may fulfil the quantitative aspect but lacks qualitative depth (Noddings 2013). True care necessitates both dimensions. Moreover, the cared-for must recognise and accept the carer's efforts. Without this recognition, caring remains superficial and incomplete. This dynamic highlights Noddings' (2013) concept that the care process begins with the cared-for. She observes that "something from the carer must be received, completed in the cared-for" (Noddings 2013, 9). Thus, a genuine caring interaction only occurs if the cared-for acknowledges the carer's concern.

One of the central ideas in Noddings' project is that caring arises from our natural human inclinations, our innate tendency to respond to others with empathy, affection, and attentiveness, and the relational encounters through which these feelings are expressed and deepened. She refers to this as natural caring, motivated by the innate love we have for others, which makes us care for and look after their well-being. In her words, "Such caring may require monumental physical or emotional effort, but it does not require a moral effort; that is, we act out of inclination, not out of duty or concern for the status of our character. Such caring, I argue, is the social condition we treasure and want to establish or preserve" (Noddings 2013, xv). Her emphasis on care as a natural and affective response by the caregiver to the cared-for, rather than a duty-bound obligation, marks a significant departure from traditional ethical frameworks. However, this reliance on natural predispositions raises questions about the universality and consistency of care. Using this principle as the foundation for a comprehensive ethical system becomes challenging if natural caring cannot reliably motivate ethical behaviour.

Furthermore, Noddings' relational model of caring encounters ethical ambiguities when the care recipient fails to reciprocate or even rejects the care

offered. By placing the responsibility on the cared-for individual to acknowledge and validate the care provided, Noddings risks creating undue pressure for them to respond positively, even if they do not feel genuinely cared for. This expectation may unintentionally restrict the autonomy of the cared-for, transforming care into an obligation rather than fostering a mutual engagement. Lastly, while Noddings advocates for an ethics of care as an alternative to masculine, principle-based ethics, her focus on relational closeness and personal engagement may inadvertently reinforce stereotypes about gender roles. By associating care ethics primarily with women's moral experiences, Noddings might limit its appeal and applicability across different genders. Critics, such as Michael Slote (2007) and Onora O'Neill (2012), argue that for care ethics to be universally applicable, it should integrate elements of impartiality and justice, ensuring it can tackle ethical challenges in diverse contexts without reinforcing gendered expectations.

Despite these criticisms, the notion of care from a Western perspective provides a refreshing break from the male-centred ethical theories that have dominated the discourse on moral philosophy for ages. While African feminist ethics can relate to the Western conception of care, the former offers a deeper, more robust layer of care than its Western counterpart, and to this, we now turn. The Yorùbá belief system, deeply rooted in West African culture, offers a rich account of philosophical and ethical concepts that provides valuable insights into care ethics. This complex system of thought developed over centuries presents a holistic worldview that emphasises the interconnectedness of all beings and the importance of maintaining harmony within the community and with the spiritual realm (Etta et al. 2016).⁵

Ethics of Holism and African Feminist Care Ethics

African feminist ethics has been the subject of theorising by a number of scholars (Telesia 2024; Fayemi 2009; Mangena 2009). Some of these scholars focus particularly on the idea of care and its implications for women. They argue that, as socially structured, care relations often place a heavy burden on women. Such relations can become a source of oppression, suppression, and subjugation, limiting women's freedom and self-actualisation (Omotoso 2018; Olojede 2020). For this reason, they contend that African feminist ethics should

not be confined to the ethics of care alone. While it is a truism that African feminist ethics should not be based solely on care, the act of caring is an integral part of it. This is because, in the pre-colonial or traditional African setting where women were more burdened with the act of caring, there were women such as Efunsetan Aniwura, Queen Amina of Zazzau, Queen Kambasa, Moremi Ajasoro, Queen Idia of Benin Kingdom, and the Queen Mothers of Ghana, who also had enviable responsibilities that transcended bodily care (Olojede and Nwabueze 2025).⁶

Furthermore, in Yorùbá culture, some aspects suggest a superiority of the female gender, emanating from the art of caring. Legend has it that Olódùmarè sent all the Òrìṣà (gods) into the world with the task to *mú ayé tòrò* (restore peace to the world). They toiled and laboured without success and eventually had to return to Olódùmarè to report their failure. Olódùmarè then inquired about the list of the Òrìṣàs who went on the expedition. After they enumerated the names of all the Òrìṣàs that went, Olódùmarè asked why they excluded Ọ̀sún.⁷ They responded in the common patriarchal derogatory language, *obínrin lásán ni* (she is just an ordinary woman). Olódùmarè instructed the contingent to return to the world, this time with Ọ̀sún accompanying them. It was only after this that the mission was successful and the world became peaceful and flourished. Ọ̀sún was initially excluded because she was female, but they became successful by including her (Kolade Ajila, personal communication with Olojede, 29 April and 5 June 2025).

In addition, at the beginning of the year, people are greeted thus *ọ̀dún á yabo* (literally, “the year shall be fruitful, productive”). *Abo* here refers to the female or femininity. No one ever says *ọ̀dún á yako* (“the year shall be calamitous”); *ako* here refers to the male or masculinity. Furthermore, when someone wishes to do evil and make another unproductive, they use *ako ibépe* (male pawpaw) for an evil charm. When a woman gives birth, and the sex is described as *ọ̀wọ́ ẹ̀rọ̀* (soothing direction), it refers to a girl child. The essence of these illustrations is not to suggest that women are the only carers or that they must lose themselves in the act of caring. It also does not deny the importance of holistic care, which includes active male participation. Instead, the point is that caring is often understood as ontological to women’s nature. In Yorùbá culture, there are contexts where preference is shown towards

women because of their fertility and, by extension, their natural capacity for care. This preference is shaped by the belief that what is feminine tends to ease difficulty, foster productivity, and demand less strain.⁸ These allusions to the fertility and productivity of women cannot, therefore, be divorced from their roles as carers. These resources in Yorùbá culture provide a model for respecting the caregiving role of women, not necessarily female superiority, but female indispensability.

More importantly, the point being made in these premises is that Yorùbá culture and society do not necessarily expect women to bury themselves in the act of caring. Even in contemporary Yorùbá society, some women, for various reasons, including negative self-image, lack of a supportive partner or social support system, and lack of assertiveness, find themselves being overly tolerant, indulgent, and resilient in their approach to caring. It is not the society that necessarily imposes this onerous burden of caring on women. Instead, some women take it upon themselves and, over time, become unambitious, submerging themselves in the role of caregiver. This point is corroborated by the types of songs women sing to indicate boundary-setting and the need to care for themselves, even as they care for others.

B'èwùrẹ́ lekú ókú
B'èwùrẹ́ lekú ókú
Émi òlè kó'mi ééyán, kí n kó'mi ẹran
B'èwùrẹ́ lekú ókú

If a goat wants to die, let it die

If a goat wants to die, let it die

I cannot pack human faeces and goats' faeces as well (literal translation)

I cannot care for humans and then care for animals (connotative meaning)

If a goat wants to die, please let it die.⁹

From the foregoing, it can be established that care in the Yorùbá worldview is not a singular act of affection or provision, but a layered commitment to the well-being, flourishing, and dignity of others. The concepts of *itójú*, *iké*, and *igé* serve not merely as isolated moral duties but as

interconnecting practices that define the essence of meaningful human relationships. These ideas are not abstract virtues but practical principles that find expression in everyday contexts such as marriage, finance, activism, friendship, child-parent relations, care of the sick, animal husbandry, and so forth.

The trio of *itòjú*, *iké*, and *igè* applies to humans and other things or ideas. For instance, an ailing person (*alàisàn*) can enjoy the trio of *itòjú* to *iké* and *igè*. This is because care for the sick in a typical Yorùbá community is not limited to the body alone; it is holistic, encompassing the body, soul, and spirit. Depending on the circumstances, it may involve a combination of sacrifices, rituals, concoctions, and appeasements to the gods. Caring for the sick is a communal activity. The level of care the native doctor or herbalist usually gives is *itòjú*, while *iké* and *igè* involve a deeper level of care, incorporating emotional attachment, passion, and intense love for the ailing person, which can only come from close relatives. When the native doctor has done her part, the relations of the sick person take over, or both parties do their parts concomitantly. This could be the mother, wife or wives, children, siblings, or a complex combination of all these relationships. Hence, an ailing person may enjoy the maximum amount of care that transcends mere *itòjú* to reach *iké* and *igè* from his/her relations, family, and friends. It is also possible for an ailing person to be a recipient of only *itòjú* even from his/her relations, depending on how loved the person is.

Itòjú, *iké*, and *igè* do not just apply to the sick. Given that *itòjú* is at the most basic level, *iké* and *igè* apply to many other categories of persons as discussed earlier, including children or children of a certain kind, a newly widowed widow or widower, an important visitor (*àlejò*), a newborn, a mother who has just given birth, etc. Anyone can administer the trio; they can be used for both sexes, across different ages, and in different conditions or situations. It all depends on how, when, and to whom/what we use them. As noted, women usually bear the brunt of care, but that does not mean men cannot show care or the trio. In this context, society expects men to care differently from women; men who care like women are tagged or targeted for sarcasm or bad jokes, while, of course, children are expected to care for their parents as well, especially in their old age, when ill, or as the occasion demands. Everyone

indeed needs the trio at different levels of care depending on the individual's circumstances.

It is important to note that while the three concepts are primarily used in relation to humans, their usage also permeates and applies to non-human elements as well, for instance, the environment (*agbèègbè*) or surroundings (*àyíkà*). In the care for the environment, *itójú* is the term that applies the most. So, we talk of *itójú* (care) of the environment, and not *iké* and/or *igè* of the environment, which sounds odd and out of place in the Yorùbá belief system. It is essential to state that environmental care in Yorùbá parlance is intricately connected to religion and spirituality, expressed through beliefs regarding *èèwò* (taboo), *igbó orò*, *igbó àìwò*, or *igbó àìkò* (groves/forbidden forests), proverbs, myths, etc. (Olojede 2012). Nonetheless, designating such forests in this manner constitutes a deeper form of care, that is, according to *iké* and *igè*, for certain types of trees or for the forest as a whole. The religious and spiritual connotations attached to such forests serve as a deterrent, discouraging people from indiscriminately entering them. This idea is instrumental to the emergence of government forest reserves (*igbó oḅa*) in modern times.

The environment is not an isolated part of a whole in the Yorùbá belief system; rather, it includes humans, animals, plants, and “non-living beings”. While animals ordinarily receive *itójú* referred to as *itójú ohun òsìn* (care for domestic animals), the duo of *iké* and *igè* (though ordinarily not applied to animals) can be discerned in the treatment of animals in certain circumstances and in relation to other entities as well.¹⁰ For instance, when an animal is injured, recuperating, pregnant, or nursing a child, its owners tend to pay closer attention to by feeding it more, increasing hygiene in its pen when movement is impaired, assisting it to stand, and caring for its offspring. Some animal owners even keep vigils to offer more personalised care in a way that could be described as *iké* and *igè* (Falade 2025).¹¹ In addition, the care animals receive in the zoo can be described as more intensive and personalised than that of their counterparts in the wild. In that sense, we care for them deeply, which is *iké*, pampering. The idea of *igè* is evidenced in the fact that we showcase them to the world for the world to see and admire. We can also do similar things to flowers.

Ìtọ́jú covers a wide range of things; it applies to most things, such as *ìtọ́jú ilú* (care for the town/city); *ìtọ́jú ọ̀rọ́ ajé* (care for the economy) in the sense of making the economy more viable; and *ìtọ́jú erè oko* (keeping farm proceeds safe from rot and theft). One can *tọ́jú owo* (keep or manage money), *tọ́jú ipó* (responsible use of position/office), and *tọ́jú onibara* (good customer service). Further, herbalists or traditional healers, whether women (*iyáláwo*, *eléwé ọmọ* or *alágbo*) or men (*babaláwo*), place tremendous value on their herbs in ways that transcend mere *ìtọ́jú* (care) to reach *íkẹ́* and *igẹ̀*.¹² This also applies to flowers (*òdòdò*) after they are removed from the bush. The processes of nurturing, through regular watering, pruning, weeding, plucking, and, in contemporary times, arranging in a vase and displaying, can all be referred to as *íkẹ́* and *igẹ̀* (Femi-Amao 2025).¹³

It is essential to recognise the delicate balance between women's independence and subjugation in the context of the question of whether *ìtọ́jú*, *íkẹ́*, and *igẹ̀* undermine or contribute to economic power. Women are economically independent, as they preside over their petty trades and own the proceeds solely, while a few also farm cash crops. Nonetheless, women are subordinated by men because several parts of the social system make men senior and grant them control over women (Zeitlin et al. 1995). Women's unpaid or underpaid care work is a significant issue in the 21st century. Despite this uneven social structure, women tend to extend the trio of *ìtọ́jú*, *íkẹ́*, and *igẹ̀* to themselves and their societies in various ways. To shore up their finances by engaging in *àjọ* or *èsúsú* (thrift), the women tend to *tọ́jú owo* (keep or manage money). This may take the form of a daily or weekly monetary contribution, in which one person holds the funds for the group and participants take turns receiving their share, usually determined either by ballots or by prioritising those with the most pressing needs. Such funds are used to purchase more goods for trade, support ceremonies such as burials and weddings, or to assist oneself, others, or family members. In this context, this practice can be described as *ìtọ́jú owó* (the safeguarding of money, whether from theft or for-profit purposes).

Conclusion

This paper explores care from a West African Yorùbá perspective through the trio of *ìtòjù*, *ìkẹ́*, and *ìgè*. It thus contributes to African feminist care ethics as the triad stresses humans' relational character and virtues of care, compassion, and sensitivity, recovering both erasure and omission of African women's contributions to the care discourse. *Ìtòjù* (care, careful attention, and maintenance), *ìkẹ́* (nurturing and pampering), and *ìgè* (respect and reverence) go beyond bodily care to encompass care of the environment, animals, finances, activism etc. African feminist ethics of care thus embodies a holistic ethics. The ethics of holism resist fragmenting people from their bodies, their communities, or the earth that sustains them. It yields a more culturally rooted and philosophically expansive ethics. In this framework, caring for another is inseparable from caring for oneself and for the broader ecological context that enables all relationships to exist.

Acknowledging that women have historically borne a disproportionate share of care, this paper argues that the Yorùbá moral landscape resists the sacrificial logic that often shadows caregiving. Proverbs, praise poetry, and the lived examples of historical women leaders insist that a carer's *ori* (destiny) must flourish even while she tends to others. Holistic feminist ethics thus reframes Yorùbá care not as self-erasure but as reciprocal empowerment. With no attempt at strict bifurcation, *ìtòjù* pertains to physical well-being, *ìkẹ́* represents a deeper form of *ìtòjù* that incorporates social well-being and restores emotional vitality, and *ìgè* inheres in *ìkẹ́*, a safeguarding of the dignity of the cared-for, recognising the importance of respect for the person, occasional extravagance in care relationships, and acknowledging the emotional and psychological benefits of such gestures.

Finally, by extending these norms to non-human creatures and the natural environment, the Yorùbá concept of care exemplifies an ethics of holism, in which care extends beyond the domestic sphere to encompass not only environmental, but political and economic obligations as well. Caring for rivers, soil, and ancestral lands is not ancillary but integral to sustaining the intertwined destinies of present and future generations in the Yorùbá cosmology. In capturing this multi-layered web of attentiveness, nurturance, and reverence, the trio of *ìtòjù*, *ìkẹ́*, and *ìgè* offers a robust, feminist ethics of

holism, one capable of providing a framework for the mitigation of contemporary crises of social inequality and ecological degradation, which future studies can explore.

Notes

1. We have chosen the three concepts of *itòjú*, *iké*, and *igè* because they have the most direct relation to care. We acknowledge that similar concepts could exist that are more or less secondary and/or derived from these chosen ones. This trio is our choice, as it best fits the goal of our exposition. The English transliterations provided are the closest possible, in our opinion.
2. Ethics of holism is the idea that African feminist ethics transcends bodily care situations to impact various other aspects of society. African feminist ethics of holism recognises women's contributions beyond bodily care.
3. Ilori, Emmanuel. Interview by Helen Títíloḷá Olojede. Interview transcript. Department of Linguistics, Foreign and Nigerian Languages, National Open University of Nigeria, Abuja, 15 May 2025.
4. Although *iké* is not typically indicated in parental care for children, *itòjú* is. *Ìké* in childcare usually comes up in extenuating circumstances such as an ailing child, an orphan, an only child, an only girl or boy, etc. It goes to show how much such a child(ren) is cherished by their parents. While this is so, it is not in all cases that *iké* leads to being *àkèbàjé* (spoilt brat).
5. The environment is part of the community among the Yorúbás. In the Yorùbá cosmology, the environment is not considered a passive backdrop to human life but an active, living component of the community. As a result, they see themselves as stewards, not owners, of the environment, which implies they must actively care for it.
6. These were African women who had significant socio-political impact on their society.
7. *Ọ̀sún* is a Yorùbá *Òriṣà* (goddess) associated with femininity, care, love, sexuality, water, and beauty. She is known to grant children to those trying to conceive.

8. Men indeed care. Men care differently from women. The positionality and situatedness of women and men shape how they care differently. The importance of a father figure and presence in both girl and boy children's upbringing cannot be overemphasised.
9. While this, on the face of it, might seem contradictory, negating the care for the animals and the environment, it is not. The song is instead rendered in hyperbole (*asòròrègèe*), a figure of speech used in Yorùbá oral literature to create strong emotional impressions; it adds beauty to language. Others in this family are proverbs, idioms, personification, simile, panegyrics, etc. Women were involved in husbandry, with the proceeds being part of their economic empowerment, so the song is not necessarily a lack of care for animals or a wish that their animals indeed die, but a way of declaring women's agency and their capacity to choose. The point being made in the song is that women are not passive observers in the affairs of things; they are assertive, they can choose between competing demands, and they are not expected to lose themselves in the art of caring. The African (Yorùbá) cosmological chart has the Supreme Being (Olódùmarè) at the apex, humans in the penultimate, and other beings, including animals, plants, and cosmic powers, coming last.
10. The Yorùbá concept of the environment is all-encompassing, including humans, animals, plants, and non-living beings. It is, however, arguable that, given the declining environmental condition, we should transcend mere care (*itòjù*) to a deeper level like *iké* and *igè*.
11. Falade, Monisola. Interview by Helen Títílolá Olojede. Interview transcript. Department of Linguistics, Foreign and Nigerian Languages, National Open University of Nigeria, Abuja, 15 May 2025.
12. Women herbalists (*iyáláwo*, *eléwé ọmọ*, or *alágbo*) or men (*babaláwo*) tend to care for their herbs in this manner, as some of their herbs are flowers (*òdòdó/itànná*), for instance, hibiscus flower (*isápá*) or hibiscus leaves (*amúkan*), rosemary flower/spice (*ewé eléwé*) etc. In Yorùbáland, many flowers are herbs and only the "initiates" know their uses. This makes the people cultivate, nurture, and prune these flowers. Further, the value Yorùbás place on flowers is seen in how they liken children to flowers – for instance, *ọmọ l'òdòdó èyẹ* (children are beautiful flowers). Beyond

medicinal cultivation, some deliberately nurture flowers to protect the household from snakes and certain ailments.

13. Femi-Amao, Olubunmi. Interview by Helen Títíloḷá Olojede. Interview transcript. Department of Linguistics, Foreign and Nigerian Languages, National Open University of Nigeria, Abuja, 15 May 2025.

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