Abstract
In this paper, I examine the extent to which the concrete and lived experiences of, and understanding of the world by, African women in indigenous African spaces are seriously taken into consideration and put in focus in the last few decades of largely academic, standpoint African feminist discourses. I argue that indigenous (traditional) African feminist perspective of the world has been mostly fractured by a subtle standpoint feminist epistemology that is Western, colonial and theoretically oppressive. African feminists are wont to analyse feminist issues in African spaces (both at home and in the Diaspora) from this Western and colonial standpoint as a superior vantage perspective of women’s experiences. I question this point by focussing specifically on an African indigenous feminist moral epistemology of care. I argue that the modern feminist discourse on this subject is fractured by the Western and colonial standpoint and largely ignores the traditional African women’s perspective of the subject. While the traditional African women’s theory of knowledge of care consists of a cherished moral duty to care for and nurture the human society, the modern African feminist standpoint views such moral duty as mostly oppressive and discriminating against women. In this regard, I shift focus from the Western-influenced African standpoint feminism to explore a problem that may not yet be receiving much attention in the quest to protect the dignity and wellbeing of African women, patriarchal opportunism. I conclude that key feminist issues in African spaces such as racism, colonialism, social and economic equality and sexuality ought to be approached from the perspective of the concrete and lived experiences of African women for authentic, unfractured knowledge to emerge.

Keywords
African feminism, epistemology of care, standpoint feminism, African women, patriarchal opportunism

Introduction:
The Ambiguity of African Feminism
Frankly speaking, for the past seven or so decades, African feminism has been beclouded with conceptual and teleological ambiguities and complexities perhaps because the very conceptualisation – the very merger of the Western categorical concept ‘feminism’ with the concept ‘African’ – immediately raises suspicion about the extent to which such a conceptualisation further perpetuates the colonisation of thought that it is partly intended in the first place to overcome and the extent to which such conceptualisation engulfs the lived experiences of African women. Thus, in a sense, there seems to be a Western hegemonic influence on feminism across spaces, African or non-African. Gwendolyn Mikell rightly recognises this factor and two other as responsible for the ambiguities surrounding the rise and development of Af-
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Concerning the issue of hegemony, she explains that there was always the uneasiness felt by women in African spaces that they were being co-opted by Western feminist academics into a movement defined by extreme individualism, by militant opposition to patriarchy, and ultimately, by a hostility to males, attitude that was contradictory to the core values of African women.

A second interrelated factor recognised by Mikell is that African women’s movements in these decades were mostly an extension of women’s movements in the West, often having the same telos. Although there have been arguments in some quarters that the goals are different, arguments that Mikell favours, these are arguments that may be difficult to sustain. For example, the quest for more active and visible presence of women in politics and equal employment opportunities for women as for men that were championed by Western women’s movements were also championed by African women’s movements with the same impetus and strategies. A look at the Charter of Feminist Principles for African Feminists developed by the African Feminist Forum (AFF) in a meeting in 2006 in Ghana and hosted by the African Women Development Fund clearly shows that African feminism is mostly an extension of feminism in the West. For instance, the Charter says:

“This understanding of patriarchy is no doubt influenced by the Western understanding of patriarchy. The African understanding of patriarchy, while recognising the problems associated with it such as the negative effects of male dominance on women, holds that patriarchy is not essentially oppressive. Hence, it becomes difficult for some important figures in the history of African feminism to wear the tag ‘feminist’ as the label seems to drift away from the core African values they hold dear. When Florence Onyebuchi Emecheta, who many would proudly refer to in academics as a thorough-going African feminist due to her novel works in this sphere of discourse, was asked if she was a(n) (African) feminist, her response was:

“I have never called myself a feminist. Now if you choose to call me a feminist, that is your business; but I don’t subscribe to the feminist idea that all men are brutal and repressive and we must reject them. Some of these men are my brothers and fathers and sons. Am I to reject them too?”

The third reason highlighted by Mikell in explaining the challenges that African feminism has faced is the problem of a perceived dichotomy between what mainstream African feminist academics put forward as African feminism and what rural ordinary African women would posit, making the former refer to the latter as parochial and prefeminist. This at once leads to class difference and perpetuates the circle of oppression that African feminists hope to overcome. The dichotomy is once again caused by the gap between Western-trained African women and African women who hold dear many of the values that women from the Universities would quickly question. Once again, the hegemonic influence creeps in. Hence as Desiree Lewis simply puts it, “‘African Feminism’ embraces the work of theorists located in the United States’.”
Notwithstanding these challenges, African feminism has risen and come to stay. What must persist after its coming to being is the shaping of its ideology(ies) to continually reflect the African women’s understanding of reality and their wellbeing. In the words of Amina Mama:

“Feminism signals a refusal of oppression, and a commitment to struggling for women’s liberation from all forms of oppression [and I believe this includes ideological oppression even by fellow women], – internal, external, psychological and emotional, political and philosophical.”

Bearing this in mind, African feminism is the struggle against the oppression of, and the struggle for the liberation of, African women from all forms of oppression, physical, mental or theoretical. The fight against physical and mental oppression has, I believe, been at the forefront of this struggle, while the theoretical remains in the background. If the task of African feminism must be achieved and the concrete and lived experiences of African women put in focus, the theoretical oppression must be brought to the foreground and tackled decisively. The discussion that ensues henceforth emerges from this angle of African feminist concerns.

It seems to me that indigenous (traditional) African feminist perspective of the world has been mostly fractured, suppressed and by implication ignored by a subtle standpoint feminist epistemology that is both Western, colonial and theoretically oppressive. Many academic African feminists are wont to analyse feminist issues in African spaces (both at home and in the Diaspora) from this Western and colonial standpoint as a superior vantage perspective of women’s experiences. I buttress this point by focussing specifically on an African indigenous feminist moral epistemology of care. I argue that the modern feminist discourse on this subject is fractured by the Western and colo-
nial standpoint and ignores the traditional African women’s perspective of the subject largely. While the traditional African women’s theory of knowledge of care consists of a cherished moral duty of care and nurture of the human society, the modern African feminist standpoint views such moral duty as oppressive and discriminating against women. To develop this line of thought, I begin with an exposition of what I mean with a moral epistemology of care. I then proceed to examine how care is an essential feminist agenda in traditional African societies and how this feminist agenda has been fractured in modernity. In the third section, I proceed to examine what I believe ought to be the major challenge to the African feminist care agenda, patriarchal opportunism and why it is essential for an African feminist to critique it and stand against it both theoretically and practically. Drawing from these analyses, I conclude that key feminist issues in African spaces such as racism, colonialism, social and economic equality and sexuality ought to be approached from the perspective of the concrete and lived experiences of African women for authentic, unfractured knowledge to emerge.

A Moral Epistemology of Care

An epistemology of care is a theory of knowledge about care and care relations. It makes certain knowledge claims about what caring is about and how it should be done. An epistemology of care at the very least thus implies knowing how to care even when one does not act by that knowledge. Suppose James knows that to care for his frail elderly mother is to dox andy and this means that he should provide for her material needs in a way that lovingly recognises and protects her autonomy and dignity. But James, although knowing this, fails to provide such care for his mother. Could James be said not to know or not to act? Certainly James can be said to know, but not to act on what he knows. James is a knower about care, but not a moral knower about care. Hence, an epistemology of care does not necessarily translate into action. But what I term here as a moral epistemology of care does.

A moral epistemology of care is thus a theory of knowledge about care and care relations that translates into action or forms the basis for the knower’s actions in terms of care relations. In other words, the knower does not simply know, but his knowledge translates into action. James would be a moral knower about care when he does not only know about what care entails for the elderly such as his frail elderly mother but also acts on what he knows. A care-demanding situation may lead to several moral epistemologies of care. Consider the following scenario. James and Ellen just had a baby boy. James subscribes to and acts on the theory of knowledge about care which consists of the claim that inflicting pain may sometimes be necessary for a greater good to be accomplished. Ellen however subscribes and acts on a contrary theory of knowledge which holds that on no circumstance of care relations should we inflict pain on another. The nurse at the hospital suggests to the couple to circumcise the boy. Now, the couple is faced with a moral dilemma because they hold tenaciously to different moral epistemologies of care. James may be willing to support circumcision for their son, but Ellen would not be willing. And this tells us what happens in the larger picture. We are often wont to think that we all act on the same epistemology of care.

For this reason, when the other fails to respond the same way we do to a care-demanding situation, we are quick to find faults with her process of evaluation of care. Existing literature shows multifaceted theories of knowledge about
care. To buttress this point, I will quickly look at three different perspectives that have emerged quite recently from Western feminist discourse about care: Nel Noddings’s theory,\textsuperscript{11} Vrinda Dalmiya’s theory,\textsuperscript{12} and Eva Feder Kittay’s theory.\textsuperscript{13}

Noddings’s epistemic theory of care is central to the feminist discourse of care that has ensued in the last three decades. Her theory has as its focal point interpersonal care or cares for the other. Of course, we recall a famous line from her classic:

“One caring receives the other for the interval of caring, completely and nonselectively.”\textsuperscript{14}

As Dalmiya explains, Noddings’s theory consists of

“… a dyadic relation between an ordered pair of individuals called respectively, the ‘one-caring’ and the ‘cared-for’ (…) caring involves three features: (1) a motivational displacement (of the one-caring on the cared-for), (2) a conative component or efforts of the one-caring to further the well-being of the cared-for, and (3) an acknowledgement of these efforts by the cared-for. However, the diversity of care locutions in ordinary language – for example, x cares about y, x cares for y, x takes care of y, and the unrelated cluster of uses as in x has cares, and x is careful – a gesture towards a more textured articulation of the logic of care.”\textsuperscript{15}

Dalmiya, therefore, proceeds to propose her theory of care which consists of five key features that must be present for care to take place. In her words:

“A relationship that creates space both for the one-caring and for the cared-for, along with their differences, is sustained by a five-faceted process of caring about, caring for, taking care, care reception and caring about caring. The usual objections in the literature against the concept of care – that caring erases difference, that it isolates the caregiver from society and makes the well-being of the cared-for an individual responsibility, that it degenerates into an arrogant paternalism or self-sacrifice – are due to equivocations identifying care with only one or some of these facets [rather than all the facets].”\textsuperscript{16}

Eva Feder Kittay, on the other hand, provides an interesting yet interrelated theory of caring to those above. As she explains, care can denote three interrelated things: labour, an attitude, or a virtue. As labour, it is the duty of maintaining others and ourselves when we are in a condition of need. It requires skills on the part of the caregiver and uptake on the part of the one cared for. It is most noticed in its absence; most appreciated when it could be least reciprocated. As an attitude, caring denotes a positive, affective bond and investment in another’s wellbeing. The labour can be without the appropriate attitude. Without the attitude of care, the open responsiveness to another that is so essential to understanding what another requires is not possible. That is, the labour unaccompanied by the attitude of care will not be good care. Care, as a virtue, is a disposition manifested in caring behaviour (the labour and at-


\textsuperscript{14} N. Noddings, \textit{Caring}, p. 176.

\textsuperscript{15} V. Dalmiya, “Why Should a Knower Care?”, p. 35.

\textsuperscript{16} Ibid., p. 41. Emphasis is mine.
titude) in which a shift takes place from the interest in our life situation to the situation of the other, the one in need of care. Relations of affection facilitate care, but the disposition can be directed at strangers as well as intimates. Therefore, various theories about what care involve exist. They lay claim to holding some sort of knowledge about what care is. No single epistemic theory of care can lay claim to a God’s eye view on the matter. The theory of knowledge about what care is seems to me to evolve from specific contexts, social constructs and spaces. Thus, when a Western feminist examines African women’s understanding of care from her epistemic lenses, she is bound to experience difficulties and misjudge matters. In what follows, I attempt a rather difficult task of presenting in as clear terms as possible the indigenous African feminist moral epistemology of care. I rely heavily on the everyday lived experiences of women in African communities such as my firsthand experiences of mother, sisters, wife, daughters and female relatives and friends.

A Traditional African Feminist Moral Epistemology of Care and the Modern Fracturing

African traditional (or should I say indigenous or pre-colonial) feminist epistemology, first of all, is the body of knowledge held, produced, sustained, presented and represented through history by African women in African spaces, and then it stands for all forms of the critique of, and resistance against, other forms of knowledge and justificatory practices (mainly androcentric) that threaten the wellbeing and dignity of African women. By implication, a traditional African epistemology of care consists of the body of knowledge about caring that African women hold, cherish, preserve and (re)present in African societies. It also consists of a critique of threats to such a body of knowledge about caring. Elizabeth Anderson’s description of feminist epistemology (and philosophy of science) is crucial here. Anderson explains that feminist epistemology “studies how gender does and ought to influence our conception of knowledge, the knowing subject and practices of inquiry and justification”. She adds that feminist epistemology also

“…identifies ways in which dominant conceptions and practices of knowledge attribution, acquisition and justification systematically disadvantage women and other subordinated groups, and strives to reform these conceptions and practices so that they serve the interest of these groups.”

Hence an African indigenous epistemology of care examines how being an African woman influences conceptions of care held by the knowing subject, the African woman. The traditional African epistemology of care is a moral epistemology of care because African women do not only have a body or knowledge about caring nor do they simply influence conceptions of care in their particular worlds due to their uniqueness as women, but they act on and live by the knowledge of care that they hold and preserve. African women who fail to act by the feminine understanding of care even while having understanding are seen as failing in a moral duty to care, a duty saw not only as moral but ontological because it is understood as part of the very being of women to care in such and such ways. Thus, an authentic African moral epistemology of care involves three interwoven facets of knowing, acting and transmitting what is known to the younger generation.

What constitutes the body of the knowledge of care for traditional African women? Here, I will explore two epistemic levels of care for the African woman. The first is interpersonal care and the second aesthetic self-care. Each
level is constituted by knowing, acting and transmitting of knowledge. At the interpersonal level, the African feminine conception of care revolves around the concept of motherhood understood strictly as maternal tenderness and affection toward the one cared-for. It involves an ontic drive to promote the wellbeing of the one cared-for. African women instinctively and intuitively know that they are mothers; they act and consistently work toward fulfilling their motherly roles and train younger females on how to do so. It is often assumed that motherhood for African women is directed only to biological children.20 But this is not peculiarly African. A careful observation of women in African communities will reveal that this is only a part of the essential responsibility of motherhood. An African mother is not only a mother to her children, but to her brothers, sisters, father, mother, friends, relatives, and even the environment. Her maternal tenderness and affection and the ontic drive to promote wellbeing is extended to the whole community, both human and non-human. Anyone that has lived for a while in an African community would observe daily the role of women for the sustenance of life and wellbeing of their children, friends, family members, relatives, plants and the environment at large. This is a hectic responsibility of interpersonal care, but the African woman knows with certainty that if she fails in her duty to do so or at least lead the way for others (both males and females) in doing so, the society would fall apart. Indeed, no African society survives without the maternal tenderness and affection of the women within such a society. From caring for the new-born, raising children to becoming responsible community members, preparing nourishing and healthy meals for family members, being a shoulder to lean on by fellow sisters, spouse, and other community members, to cultivating the earth and keeping the environment neat and tidy, the African woman dutifully cares for her community. Simply put, they may not be the loud vessels, but women organise and sustain the African society.21

The moral duty to care for the society in this way is not seen by the African woman as an imposed duty. She knows it is her duty and she takes it very seriously. It is a life-building and life-saving care that leads to self-fulfillment for the woman involved. Hence a woman who ignores this duty or deliberately shies away from this duty of care is easily spotted and scolded by fellow women in the community. The ease to notice such a woman results from the fact that her irresponsibility toward caring for others becomes vivid in her family members and the environment in which she lives. Her children may look unkempt, her husband and children may look malnourished, her compound may look untidy, her children may lack the epistemic competence to care as well as she may have failed in her duty to transmit her knowledge, and she may become difficult to lean on by other members of the community in times of distress. Hence the failure to act on the epistemic competence to


19 Ibid.


21 Ibid., p. 25.
care by a single African woman can cause great harm for some persons in the community. Women, therefore, occupy a crucial place in the wellbeing and survival of an African community.

Beyond the knowledge of care and the moral responsibility that ensues from such knowledge, African women as part of the strategy to care beyond the now and for future generations represent and transmit their understanding of care to their children in particular and younger ones in the community in general. It is important to note that this training is not particularly given to females alone, but also males. I grew up in an African home with African parents. My mother took it as a very important duty to raise her four boys and three girls to imbibe the knowledge of care. Everyone in the house had a labour/training routine. On the days I sweep the compound and keep it clean, I do not clean indoors, or cook; on the days I join in the kitchen chores such as washing dishes or cleaning kitchen utensils, I do not clean the compound or mop the floors; we all knew what we had to do on specific days of the week. Thus whether male or female, you learn how to cook, clean, care for younger ones, etc. But as my sisters grew particularly in their late teens and early adult years, they received close intimate training from my mother on how to raise a family, basically how to do what she was doing: how to be a mother, a tender and affectionate woman particularly when they get married. This same scenario could be observed in many other homes in the community where I lived. Many have fractured this role of training by claiming that only the females were trained this way at home and the males were taught to do nothing. In fact, females were always taught to remember that the boys should not come into the kitchen or do any house chores. But we need to be careful not to confuse indigenous African practices with long-standing colonial practices. As Rabah Omer rightly argues,22 many of what we now claim to be indigenous or traditional beliefs and practices are part of the colonial heritage. Commenting on how colonialism fractured African women’s morality, Omer explains, citing Hendrickson23 and using Zimbabwe as an example:

“Colonialism addressed African women’s morality also through gender roles. Domestici ty was promoted as a method of ‘civilising’ women. Traditionally African women worked [with men and children] in the fields cultivating crops and processing diaries. Missionaries trained and supervised the ‘Jeames’ teachers – female home demonstrators. They were funded by the colonial state during the 1930s through 1970s to train Zimbabwean women around the country on ‘modernising’ concepts of domesticity.”24

Thus, traditionally, these domestic roles were not as gendered as they are today. Admittedly, there were domestic roles that were almost strictly reserved for females in African traditions such as caring for a newborn and cooking, but certainly not all domestic roles as is often claimed in Western literature. Such fracturing is also obvious in the second level of care.

Traditionally, the African woman places high importance on aesthetic self-care. The care for the beauty of her entire body is paramount. This is the level where she does to herself what she continually does for others. The beautiful braiding of her hair, the seductive dressing of single females that often covers only their private parts, the aesthetic designs and drawings on their bodies are some of the ways they show how much they value their bodies and care for them. But the colonial masters saw this as barbaric, leading to the fracturing of aesthetic self-care. It became a major task of colonialism to cover the ‘nakedness’ of the ‘savage’ through agents of religion and politics. In the words of Omer:

“The colonial conquest created socio-political systems in which African people were forced to convert to Christianity and to wear Western styles of dress. Clothing the ‘natives’ was a central
focus of the colonial missionary project in Africa. In Bechuanaland, a frontier region between colonial Botswana and South Africa, the process of moralization required dressing Africans in European clothes ‘to cover their nakedness’ and control their bodies through new hygiene methods.”

It is therefore interesting to see that in recent times, in the last two to three decades, the same West through its feminist activists and scholars now advocates sexual, clothing and general lifestyle freedom for females. We hear of feminists going topless on the street to advocate their rights to bodily and sexual freedom, rights to care for themselves the way they deem fit rather than in ways that are domineering. But this was the same rights African women already enjoyed without issues in traditional societies and these rights were taken from them by the colonial West, by fracturing their epistemic base and seeking to dominate them with religion and politics. Does the West now have the moral right to champion what they once condemned and compelled others to abandon in an age ruled by Western authoritarian religious and political agents?

Hence, in several ways, these two levels of the African feminist moral epistemology of care have been fractured by Western supremacist, domineering scholarship about African women. Many young African women today who have been tutored in the Western line of thought view the first level of care as androcentric, domineering and cruel to the female folk and see the second level of care as barbaric just as the West once presented it – while ironically accepting the modern yet similar seductive fashion and body makeup of the West as fashionable and liberating. Consequently, modern African society suffers and the successful passage of the body of knowledge of caring by the older African women to the younger is hindered. The blows of ‘modern’ African women, it seems to me, are directed at the wrong issue, the values that sustain the society rather than vices that may threaten such values. I now turn to explore a major threat to the African feminist moral epistemology of care that I strongly feel should receive more attention, a critique of patriarchal opportunism.

A Critique of Patriarchal Opportunism

In human relations, people often take advantage of situations. Some persons lie to get more benefits from the state simply because the state offers benefits in the first place. Some have decided to have more children because doing so would reduce state taxing. People are often opportunist, leading to the existence of more parasitic relationships than reciprocal, mutual relationships. It is on this premise that I theorise about patriarchal opportunism in African societies. By patriarchal opportunism, I mean the act of taking advantage of, and exploiting, the inherent quality of, or ability to, care, the maternal tender-

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24 Ibid., p. 1.

25 Ibid.
ness and affection of African women by African men. Patriarchal opportunism, therefore, begins with the recognition of African women as the pillar of care and wellbeing of the African community and then proceeds for several reasons to the exploitation of this ontological fact about African women in a manner that is draining, demeaning and abusive to African women.

Two reasons come to mind why men do this. First, to assert a patriarchal headship and ego that seems to be threatened by the obvious strength of care of the African woman. We can illustrate this by paying attention to the nucleus of the society, the family. In the African family, the woman cares for all family members. For instance, the children know that if they need to eat or care for other domestic needs, it is their mother they need to reach out to. In most cases, even when it comes to financial needs, the children may be more comfortable to ask their mother to speak on their behalf to their father; a better result may be achieved this way. In all of these exchanges of familial relationships, the man, who is the head of the family by social arrangement, strives consistently to make it clear to all family members that he is the one in charge even if they may get more affection and tenderness from the mother of the house. It is almost as if he is threatened by the qualities of his wife that he has to protect his position as the head defensively. The truth remains that after all the assertion of headship by the man, the children grow up mostly to be more close to, and fond of, their mother. I read a funny, but interesting post recently online about why African men need to make plans to sustain themselves materially in their old age. The point made in the post was that when children grow up, they care more for their mother than their father and so, if a father hopes to depend on his children in his old age, he will most likely be disappointed. As funny as this may sound, I have personally experienced this in many homes in African societies. The lasting effect of the care received by the children from their mother – from the point of conception, childbirth, to growing up – always endears them to their mother. It shows that quality would always be more valued than quantity when it comes to caring. Even if an African man was fully financially responsible during the conception to the birth of a child, what stands out, what African women emphasise and African children remember is this: ‘my mum carried me in her womb for nine months’. Hence, the assertion of headship by men as a response to the alleged threat from women is self-defeating. It seems more beneficial to the man in these circumstances that his children know him as the one who supports the qualitative care of their mother not only financially but through cooperation.

A second reason would simply be laziness on the part of the man to make efforts to care or show tenderness and affection the way the woman does. In fact, in many African cultures, doing so is the woman’s business and the man who acts that way is teased as behaving as a woman. Hence, in conformity to social expectations, many African men take advantage of the maternal tenderness and affection in women to the extent that they harass these women from engaging in any other human activity than caring. Hence patriarchal opportunism results in a sustained attempt by men to prevent African women from participating in activities they deem remotely connected with caring such as political participation, employment and entrepreneurship. To illustrate, if a boss finds his secretary more effective in his duties than any other secretary he has ever worked with and for that reason refuses to promote or transfer him to other positions even when he has excellent qualifications, due to the fear of not losing him, such a boss becomes opportunistic. African men know they cannot excel more than African women in caring for human society in all its spheres. They are also quite lazy to learn from women on how to care,
laziness supported and encouraged by social stereotyping and expectations. Hence they become opportunistic toward women the same way the boss is opportunistic toward his secretary.

How can this unwarranted men’s opportunism be checked? Can the reciprocity of care work? It is not possible for men – or another recipient of the care of women – to reciprocate in equal terms the care and tender affection they receive from women. In fact, equal reciprocity of care between two persons is neither possible nor should be desired. How is it possible for an elderly man to fully reciprocate the care he receives from his young daughter or the care a dog receives from its owner, or the loving and tender care and affection a young boy with autism receives from his mother? These scenarios make it difficult to think about the possibility of equal reciprocity. Even in a more balanced situation in terms of persons involved in care relations, it is still not feasible. Hence, even in the relationship between two intimate lovers, it is not to be expected that one equally reciprocates the love of the other. Thus, even if African men wish to reciprocate in equal terms the care of African women, they may not succeed, and this may lead to more frustration and opportunistic tendencies. In such care relation situation, Barbara H. Andolsen, therefore, suggests working toward mutuality rather than reciprocity. In her words:

“… mutuality names a dimension that we long for in relationships (…) mutuality is a term that denotes a positive, usually a loving, reciprocity. Mutuality indicates a pattern of shared giving and receiving of good things, including intangibles such as respect. Feminist ethicists have examined friendship as an important paradigm of mutuality. Erotic relationships, properly constituted, are another important paradigm (…) mutuality in the context of care (…) do[es] not require strict equality (…) Mutuality can name a shared commitment to remain open or ‘present’ to one another with all the other’s strengths and weaknesses, even when the two ‘partners’ vulnerabilities are not (at least roughly) balanced. Mutuality must not only enhance and deepen what is most fully human in each party to a relationship, but also preserve and support what is human when it is threatened by physical or mental decline.”26

In this context, African men should, therefore, aim toward mutual care relations with African women. Even when the care received from African women cannot be equally reciprocated, there is room for mutuality through such expressions as appreciation for the care of women, support for their dreams, sharing the burden of care as much as possible and, very importantly, by not taking advantage of the care of women.

Conclusion

Care is a “relational value lived out in particular relationships set within specific cultural, social and economic contexts”.27 Any attempt to understand care relations outside the contexts in question would result in antinomies. Hence to question or criticize African women (and African women in the Diaspora) for assuming the primary role of caring for their families and doing virtually all the chores needed to care for family members such as caring for the baby, cooking, shopping, farming and the like, as well as for other members and entities in the community is questionable. These women do not see themselves as being compelled to carry out these duties of care. For them, such caregiv-
ing is inherent in them to the extent that it defines them and gives their lives meaning; they find joy and fulfilment in doing so. They are naturally disposed to, and emotionally attached to, such tenderness and affection toward others. To be sure, like in every other human relation, the African women's caring nature is sometimes abused and taken for granted as seen in patriarchal opportunism. But to advocate that African women do away with the disposition to care for others, particularly the family, as a feminist agenda and advocate that men do exactly what women do in terms of equal reciprocity is to impede the choice they made to care and to fracture the African feminine knowledge of care and care relations.

Schlüsselwörter
afrikanischer Feminismus, Epistemologie der Fürsorge, Feminismus, afrikanische Frau, patriarchaler Opportunismus

Elvis Imafidon

L’épistémologie morale de la protection est-elle fragmentée au sein du féminisme africain ?

Résumé
Dans ce travail, j’interroge dans quelle mesure l’expérience concrète vivante et la compréhension du monde chez les femmes africaines sont sérieusement prises en compte au sein des discours académiques dominants du féminisme africain – et qui s’orientent vers ces discours. J’argumente en faveur du fait que la perspective afro-féministe indigène (traditionnelle) du monde a été fragmentée par une subtile position épistémologique féministe déterminée par l’Occident, le colonialisme et l’oppression théorique. Les féministes africains ont été conditionnés à analyser les problèmes liés au féminisme dans les zones africaines (autochtones mais également celles de la diaspora) à partir d’une perspective occidentale, perspective coloniale se présentant comme perspective supérieure rendant compte de l’expérience féminine. Je remets en question ce fait en me concentrant spécifiquement sur l’épistémologie féministe indigène de la morale et de la protection. Je démontre que le discours féministe contemporain a été fragmenté par l’Occident mais également par des positions coloniales, et qu’ainsi le point de vue des femmes africaines a été principalement ignorée. Alors que la théorie de la connaissance traditionnelle sur la protection des femmes africaines favorise les obligations morales visant à promouvoir des soins et à contribuer à la subsistance de la communauté humaine, la position féministe africaine contemporaine considère une telle obligation morale oppressive et discriminante pour les femmes. En gardant cela en vue, je me distancie de la position africaine féministe qui est sous l’influence de l’Occident dans le but d’interroger le problème de l’opportunisme patriarchal africain, problème qui peut-être n’est pas suffisamment pris en considération dans la quête qui vise à protéger la dignité et le bien-être des femmes africaines. Je conclus en montrant que les problèmes-clés liés au féminisme dans les régions africaines, tels le racisme, le colonialisme, l’égalité sociale et économique et la sexualité, sont des questions qu’il faut aborder à partir d’une perspective qui met en avant l’expérience vivante des femmes africaines, de manière à ce qu’émerge un savoir authentique et non fragmenté.

Mots-clés
féminisme africain, épistémologie de la protection, féminisme, femme africaine, opportunisme patriarchal