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Book Reviews

*AIDS Doesn’t Show Its Face: Inequality, Morality and Social Change in Nigeria*, by Daniel Jordan Smith
Tass Holmes

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BOOK REVIEWS


Daniel Jordan Smith writes from a social perspective about AIDS in Nigeria. Smith claims that “…moralizing discourses about the epidemic [are] powerful because they express and stand for people’s experience of, and ambivalence about, certain consequences of ongoing social changes, and…their discontent about rising levels of social inequality” (p.5). He describes Nigeria’s AIDS epidemic as the third largest in the world in absolute numbers, after South Africa and India (based on conservative 2007 survey results), and firmly contextualises HIV/AIDS as a primarily social problem, emblematic of a collective moral crisis.

Africa’s most populous country Nigeria, also boasts its largest economy. As current leader for overall GDP, it is relatively low-ranked however (16th of 54) for equitable distribution of wealth (Chigozie, 2018), and 169th of 190 countries according to the World Bank (Pham, 2017). This positioning reflects gross income inequity and out-migration of funds, as profits to wealthy overseas-based western companies. The vast majority of Nigerians remain economically marginalised; GDP provides an inadequate representation of the difficult lives most face.

Waves of economic development in Nigeria followed British colonisation, largely affecting the country’s south, with early emphasis on palm oil production, and increased economic activity since the 1970s oil boom. Nevertheless, this led to greater impoverishment, due to tax breaks awarded to oil companies, and grossly unequal distribution of resulting wealth (HDS, 2018; Smith, 2014, p.46).

In moral domains, religious denominations fall into approximately equal halves, with a marginal majority of Islamic faiths, especially in Nigeria’s north, and a sizeable minority of Christians, mainly in the south. Only few people in remote hinterland regions, now practice indigenous religions. Despite this seeming homogeneity of major religions, Nigeria has over 279 ethnic groups, speaking 370 languages; published statistics cannot adequately describe the preponderance of diverse elements of indigenous/traditional religious beliefs in Nigerian communities, which some sources claim are incredibly varied (HDS, 2018).
Pentecostal ‘born again’ Christianity has been promoted by missionaries, and continues leaching into Nigeria, and other African nations, parading wealthy modernist, puritanical, and anti-Islam values - since the 1970s rise of US Evangelism. The larger (northern) Nigerian state remains resolutely Muslim.

Female genital mutilation previously permitted by traditionalist beliefs, and affecting many Nigerian girls and women, was banned in 2015 by outgoing Christian President Goodluck Jonathan, influenced by international women’s campaigns. Jonathan was superseded by an ageing, more militarily-focused ‘Muslim’ President Muhammadu Buhari, who likely appealed to voters, due to the violence of the Boko Haram insurgency and widespread perceptions that poverty and corruption evidenced a failure of secularist (and by implication Western, including Christian) approaches to governance.

Against these challenges, the expanding HIV/AIDS epidemic is conceptualised primarily as a moral issue by Nigerians, one that engenders strong reactions and discourses of morality, and powerful stigma.

While Nigerians desire socio-economic development, Smith observes their anxiety regarding the implications of globalising processes, and the realities of increasing poverty, in large part triggered by the workings of a capitalist economy, such as increased urbanisation (including among women), consumerism, individualisation, changed family and communal life, demands of American-style evangelical Christianity, the branding of indigenous (and rural) cultures as ‘demonic’, recurrent bouts of retributive violence among religious groups, including from Boko Haram, and the glaring inequitable presence of international oil interests. Despite a 1990s adoption of Islamic law by northern Muslim sub-states, there is also a recent moderate emphasis on collaborative inter-faith harmony.

Most such changes, in addition to widespread government corruption, occurred during a period approximating the spread of HIV/AIDS. Due to its everyday presence as a health concern, Smith utilises the epidemic as a “point of entry, to explore the complex and changing social worlds of [Nigerians]” (2014, p.7). Chapter One opens with a curiosity-inducing passage about casual (paid) sexual relations between young women university students and former okada (motorcycle-taxi) riders. This ‘rumour’ contributed, along with okada riders’ self-protective, union-like gang behaviours and crime links, to their 2009 prohibition, and replacement by three-wheeled rickshaw-style auto-taxis.

Subsequent chapter cameos ethnographically explore the character of Nigerian society, and its particular anxieties and moral dilemmas, including about money, kin responsibilities, family structures and social reproduction,
and the everyday challenges of violence and societal and political corruption. These latter especially prompt popular theoretical explanations, derived from traditional notions of witchcraft, to explain ‘fantastic wealth accumulation’ among elites, occasionally triggering riots and violence against elites, but also against children, seemingly used as pawns, and women, whose provocative ‘immoral’ dress may suggest promiscuity. HIV/AIDS transmitted mainly within heterosexual relationships, is believed to result from amoral, modern social behaviours. This presents a strong theme.

Nigerian women’s increased social agency, in terms of work and educational choices, is confounded somewhat by traditional unequal gender-beliefs, including an established, contrasting tolerance of male promiscuity and extra-marital infidelities, seen to fortify masculinity. Smith notes, in these circumstances of structural constraint, a ‘deadly’ combination of poverty and gender inequality may find “…women…put in positions where risky sexual relations are one of the only means of survival” (2014, p.55). Nonetheless, although some young rural-to-urban-migrant women do resort to potentially dangerous prostitution, and bar work, provoking resentments, and further subservience, these roles also may offer a partial respite from usual moral expectations, and a heightened independence.

Strong ties to family and kin remain, however marriage norms have changed across the past half-century. Regarding men’s sexuality, traditional polygamous male views are widely considered ‘natural’, with infidelities frequent during absences. Conversely, men are expected to uphold marital and parental relationships, requiring discretion with wives and families. Yet among male peers, ‘skiting’ may culminate in rewarding of masculine prowess, within boundaries of etiquette. Conversely for both sexes, religious-based sexual abstinence provides temporary protection from HIV/AIDS.

Due to stigma, HIV/AIDS’ contagiousness and prevalence contributes to the moral complexity of normative social expectations, overlain and contorted by modern pressures. This results in secrecy and unwillingness to openly acknowledge the extent and hazardousness of HIV/AIDS.

To achieve descriptive detail, Smith has outlined cultural behaviours of specific groups, and the impacts of their relative lack of wealth, and quests to obtain money and re-establish a sense of economic fairness and moral order, by any methods available. It is a thoroughly researched and fascinating text, relevant to social scientists and development theorists alike.
References


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