Poverty in Africa: The Parable of the Broken Television

**Introduction**

"We need to go to town, but now we are just stuck here. Yes it is a good television set, but it is broken. We have many cows though."

(Chibuku residents, Zimbabwe 2005)

In this paper I first look at some indicators of economic exclusion and economic dysfunction, including the current paroxysmal levels of international assistance relative to debt peonage. I review the broad picture of poverty in Africa and then turn specifically to the relationship between poverty and culture, and the work that the concept of culture is being required to do in the poverty picture. I will assess how far some representations of the role of culture in poverty are accurate of popular understandings of poverty in everyday life. how far they help us understand material and income poverty and deprivations and how far the relational and contextual nature of poverty can be explained using the concept of cultural information. I will briefly review some results of a simple qualitative sample, to assess how individual themselves identity consumption items which would assist them from poverty poverty to test whether the "Ferguson hypothesis" in Global Shadows, that African poverty is made crueler by its embedding in a popular socio-economic understanding of the culturalization of economic hierarchy - corresponds to our small Zimbabwean sample's felt desires.
urable of the broken television set refers to having an iconic object, even if it is function, being a state of affairs that offers some palliative to the lack of a more pleasurable circumstance, where you would both own a television set and it would be working. The parable refers more widely to the existence or appearance of social life in the "global village", evidenced in donor rhetoric and international finance resolutions, which can be contrasted to the social exclusion of the poor in rural areas, like the case of the television set. This includes giving the appearance of global response to HIV, while in practice largely failing to assist, in a context wide of donor failure to overcome economic exclusion in the health sector, where often justified or excused through cultural representations of Africans involve distancing techniques. The primary research here is not intended to be a critique, but merely informative, and presented to underscore the point that much ethnographic and qualitative research is required to understand fully the gendered nature of poverty and disease in Africa, which would accept, at last, the continent's variability and modernity (like the excellent Bygites 2002 or Mzumane et al 2005).

The four caveats to make here of what this essay cannot do. First, there is little room to discuss fully the cultural embedding of economy in Africa, or the central role of cultural practices in perpetuating or overcoming poverty. These are rich agendas ripe for much further work, with due regard to Glaeser's assertions that economic is embedded in the cultural and represented through a media of symbols, and discourses, while simultaneously, that the cultural is materialised in the micro (1997, following Granovetter 1985). However, while recognising these rich agendas, I want to make just one simple point here: that it is not simply formal rewards but rational and scientific intervention which are the key to poverty and disease, which as we see below remains the most pressing issue.

Second, the full spectrum of behavioural change to be studied, as societies adapt produce modernity, within "globalised" processes of the reproduction of global economy and household, commodified and consumer society. In terms of HIV, research is urgently required, since patterns of commodification of culture and self, and in gendered behaviours around sex, has undoubtedly contributed to the relationship between culture and HIV transmission, even where poverty as such (see for example the popular ethnographic, McGregor 2005).

Second limitation here is insufficient space to fully explore multiple influences on and identity, not just the widely abused dualism of "global" (which suggests form) and "local" (used most often about cultural products from African societies), but on culture and economy must be "multi-levelled" as geographers would insist, outside a simplified model of scalar relationships, such as global and local (following Hirsch, Taylor 1999), with additional due recognition of the metaphorical, discursive and political importance of concepts of scale (see Jonas 1994; Cox 1998; Swyngedouw 1997). Third, related caveat, is that such research must recognise that unmodified cultural production in Africa as elsewhere, largely remain abjected, since within this society it is only certain types of "creativity" which are recognised and promoted, tending to a focus on the "new", rather than the contradictory, persistent or marginalised (Mitchell 1995; Gibson, Kong 2005: 551-3). In other words, there is much about culture in Africa which remains "unknown", and "off [any] scale" to those who are not present, but which is nonetheless of intimate importance to wellbeing.

Fourth, this essay focuses on the role of "culture" as a concept in wider discourses on poverty in international development, rather than on the more specific term "cultural economy", which refers to the arts sector or economic activities which produce cultural products (see Gibson, Kong 2005). Castree summarises that economic is increasingly produce, circulate and consume cultural commodities (2004: 207), and African artefacts and music have become global commodities in this respect. While this last sector, or Adorno's "culture industry" (1991), is fundamental to producing identity and place and is critical to overturning and resisting outsider generalisations on "culture", (and also has a role in overcoming poverty), it is not the subject of this essay. Instead, the more humble objective here is to show how "culture" is used to "paper over the cracks" in economic models and numeric transcripts on poverty, while simultaneously (re)building a basis for excusing donor inefficiencies, largely without reference to actual contemporary cultural production and practice. The conclusion and style I have chosen is unapologetically polemical.

Some big statistics on poverty

In the human development index (HDI) 2007/2008, the lowest ranking 24 countries were in Africa, and of the lowest fifty, 38 were African (UNDP 2008). In view of private investment in 2005 was in single figures or negative (Angola) in all of the bottom 20 countries by HDI ranking (except Chad, where it was 12.9% of GDP), and for all African countries combined, there was over 26% of GDP in 2005 in only five - Senegal (11.9%), Eritrea (13.8%), Congo (14.2%), Gambia (11.3%) and western Africa (11.3%). Meanwhile, the aid dependence of the countries at the low end of the HDI ranking is reflected in the high figures for overseas development assistance (ODA) receipts as a proportion of GDP, underscoring their income poverty since gross ODA spending is, in itself, small. As Bond asserts, compared to military spending of 642 billion dollars by rich countries in 2003, aid of 69 billion dollars is a pittance (2006: 33). These figures are significant in providing the framing of the possible in terms of reducing poverty and providing health care and other public goods. Indeed, writers on HIV have placed addressing global inequality, exploitation, discrimination and imperialism (Benatar 2006: 71) and reversing the continent's economic decline (Poko 2004: 39) as central to reducing the disease (Marks 2007: 87), while citing past and current structural conditions as central to reinforcing poverty and infection. Cheru (2002) argued that structural adjustment had a negative impact on health services and health status, while Poko argued that the "potent mix" of indebtedness and structural adjustment policies made it virtually impossible for any African country to treat those with the virus effectively, or to undertake successful campaigns to reduce high-risk behaviours (2004: 39, cited in Marks 2007: 869).

In March 2006, the Commitment to Scaling up Towards Universal Access to HIV Prevention, Treatment, Care and Support in Africa by 2010, was agreed in Brazzaville, Republic of
However, of the estimated 6.5 million people in need of antiretroviral (ART) treatment in June 2005, only 1.65 million people were reported to have had access to treatment in low- and middle-income countries (UNAIDS 2008a). In a somewhat anomalous summary of UNAIDS comments, after listing the ‘wide range of support needs’ of people living with HIV/AIDS, the vast majority of people in the world do not yet have access to treatment. Reaching out to them is a challenge to the UNAIDS (2008a) and that the stress born by those who lack access to care in poor countries is partly caused by knowing that they do not have the means to live life saving treatment which is widely available in high-income countries (UNAIDS 2006c). They conclude that it is not possible to reach the Millennium Development Goal on AIDS to halt and reverse the spread of the epidemic by 2015 required for greater access to HIV prevention services and AIDS treatment, care and support than is currently available (UNAIDS 2008).

In the face of this support costs, in relation to other First World investment expenditures at least, a good question to start with would be why such support is still lacking. The first part of the answer to the figures above, is a natural curiosity of income-related low investment, high debt repayment and low remittance revenue. Poverty in these low HDI-ranking countries appears intractable. This is poverty which is a principal and proximate cause of HIV infection. 68% of all people living with HIV are in sub-Saharan Africa (UNAIDS 2008a). However, poverty as assessed here in low investment, low income and high indebtedness is only part of the immediate cause of infection and ill-health, since poverty itself does not guarantee an adequate government response. For example, the oil-rich Angolan state has managed to spend up to 11 billion dollars despite oil-related earnings of 8 billion dollars and a paltry 16% of its GDP on the HDI in 2007 (Global Witness 1999; cited in Isacson 2006: 198-9). The debt burden requires to be lifted to allow the development of government revenue, and then its conversion into publicly-subsidized needs to be led by a facilitative political framework. Peopled poverty and its causes is more than just the aggregate statistical picture.

Temporary development research and poverty

Koroma summarises that poverty research has established that poverty has many dimensions, that among these dimensions income incidence is central important, and that the "poor-poor" economic growth policies are necessary but insufficient for poor (2007: 1).

Notes that poverty trap has become a "policy shibboleth for the economics of poverty", while inequality trap (citing World Bank 2005) serves as an equivalent concept for other disciplinary perspectives, referring to structures of political, economic, social difference that are both determined by exclusion, and then exclusion, (poor countries) poor (Woolcock 2007: 4). What Tilly referred to as "new poverty" (2000: cited in Woolcock 2007: 4). One aspect of this structural characteristic is distance, which serves to facilitate an absence of empathy for the poor, or Woolcock puts it, "distance reduces relative affluence and sense of shared interests" (37: 4) between and rich and poor, such that the rich, citing Skocpol, live in a different emoal universe (1990). In short the poor are often confined to discrete cultural and social networks which otherwise form the basis of their survival (Clarke 2006), often found in sparsely rural places, where their social exclusion is secured from the relative wealth.

In more bespoke literature about poverty and HIV, the key concept of vulnerability dominates, from the seminal Barnett and Blakie, who wrote of the high risk environment of HIV in Buganda, which they saw as rooted in local history, social conditions and social relations (Barnett, Blakie 1992: 18). The vulnerability framework was also explicit in Spen's research on Ghana and Kalpenis on health and disease in southern Africa, in general (Oppong 1996; Kalpenis 2000: both cited in Mayer 1996).

Oppong summarised that the absence of vulnerability theory is that adverse life circumstances such as hunger and disease do not affect social groups uniformly (Oppong 1996: 438), but that the vulnerability framework is more severe than other groups. Mayer concludes that adverse life circumstances, social power, historical forces, enrichment, disenfranchisement of some groups and empowerment of others, and class relations influence group and locational vulnerability, Risk ceases to be a purely biological concept (Mayer 2005: 10).

These insights from vulnerability analysis, within multidimensionality is taken as a given. Social scientists are strategically useful when studying the relationship between poverty and HIV. But these work best in a relatively present frame of reference, and after listing the more long-term structural factors it is easy to then abstract them from an analysis which concentrates heavily on the behaviour of individuals in the present. Indeed, institutional literature in the field rarely reviews overarching political economy as a factor, while much research on poverty and HIV simultaneously depicts the poor as in control of their own lives, in a context viewed as static and exogenous.

The relationship between poverty and HIV

The relationship between poverty and HIV is complex, multidimensional and circular, and researchers have identified multiple causal factors for both (separately and/or together), and made complex models. Some factors “causing” poverty and also, sometimes by extension, higher incidence of HIV are long-term framing factors, such as colonialism, the debt crisis and structural adjustment, which are then implicated in medium term factors which increase communities’ vulnerability, such as collapsing health services and the immigration of skilled health workers, which in turn frame more immediate, local and short-term problems, such as crime and household budget, and unemployment, lack of social protection, which can then influence sexual behaviour and trigger factors for becoming infected with HIV, such as access to barrier contraceptives, sexual violence and individual attitudes to risk and sex. Some medium and short term factors are not related in this schema, but may appear autonomously as shocks or discrete chance events, such as geographic location. For example, Nattrass writes that the main being a Southern African country increases HIV prevalence massively and significantly, with HIV prevalence «eighteen times higher for Southern African countries» than in other countries with similar levels of poverty and inequality (Nattrass forthcoming; cited in Marks 2007: 553).
Where poverty as a variable fits into this schema is also singularly complex. Even given the role of geography cited above, within southern Africa the picture is again differentiated, with one single causal relation between the epidemic and poverty: Botswana and South Africa have the highest per capita income in Africa, but also the highest levels of infection (Whiteside 2004: 9; cited in Marks 2007: 870). As Marks asserts, these conundrums demand detailed consideration of the specificities of the virus, the history of the region, and its socio-cultural context — and all in the context of the globalising world order (Marks 2007: 883).

Complexity aside, however, there is an analytic virtue in viewing poverty and HIV through a historical ‘funnelling’ of causes, with poverty a primary proximate cause of increased vulnerability, up to and after the point of infection for an individual. Clearly, what exact role poverty plays remains in debate, and is relative to other factors, and may not be relevant in many individual cases. There is also an overriding factor which is generally underrepresented in the debate, which is both a proximate cause of infection, and which shapes differing experiences of living with HIV, and that is relief failure. Prevention interventions, which can assist people to remain HIV-free, and post-infection care remain scanty in Africa, such that post-infection quality of life is vastly unequal globally, with access to palliative care and support depending on geography and income. These inequalities signal relief failures, a lack of funded response related to the problem of distance reducing accessibility and accessibility for the poor which was mentioned above in our brief examination of what causes poverty.

This ‘distance’ works geographically to confound a global response to HIV, but is also underscored by a political apathy and a failure of political will. As Mayer summarises, ‘the real problem remains one of political will on most fronts, of social and political isolation of first-world countries from the realities and tragedies of HIV in sub-Saharan Africa, and of their continuing perception that the African epidemic is still far away’ (Mayer 2005: 12).

A point posed more strongly by Stephen Lewis, the United Nations Special Envoy for HIV/AIDS in Africa: ‘What is it about Africa that allows the world to write off so many people — to make people expendable — when all the money needed is found for war in Iraq? Is it too overwhelming? Have wealthy countries simply washed their hands of Africa? Is it too far away? Is it subterranean racism?’ (Mail and Guardian, 29 November — 5 December 2002, cited in Jones 2004: 385)

We return to this underlying problem below, arguing that its effect is to cause chronic relief failure.

The wide end of the funnel

As an illustration of the political economy context, we can use some British bilateral examples. At the end of 2006, Africa was home to just 2 per cent of the book value level of direct investment abroad of UK companies, after a decrease of 5.3 billion pounds in a single year (Office of National Statistics – ONS 2008: 2-3). In the sense of the ability of African government to fund public goods what is important is the relative volumes of aid, investment and debt. In the example of Britain, bilateral development assistance to sub-Saharan Africa was £1.107 million pounds in 2006/07; while the net foreign direct investment position in Africa of UK companies in 2006 was 15,455 million pounds (15 times more); and net earnings from foreign direct investment in Africa in 2006 was 3,179 (three times more) (Department for International Development – DFID 2008; ONS 2008: 2-3). In other words, the balance of accounts with the poorest countries was working in Britain’s favour, despite rhetorical commitment to the MDGs and to ameliorating the HIV/AIDS pandemic.

This is not unlike the global position. Africa’s not financial accounts turned negative during the 1990s, despite widely publicised commitments of donors to increase aid and make debt sustainable. Foreign direct investment stagnated for two decades, and then began to rise in the late 1990s, although the bulk of this is accounted for by just two major trends — South African capital’s changed domicile, and oil investments, especially in Angola and Nigeria (Bond, 2006: 159). Meanwhile, Africa paid back 235 billion dollars of foreign debt during the 1980s and 1990s, 4.2 times the original 1980 debt (Bond, 2006: 39, citing Toassian, 2004: 150). Overall, Arrighi, in his seminal essay on the ‘African Tragedy’, noted that from the mid-1970s onward African economies suffered a ‘two-trace collapse’ — a plunge followed by continuing decline in the 1980s and 1990s (Arrighi 2002: 16; cited in Ferguson 2006: 9), with ‘disastrous consequences not only for the welfare of its people but also for their status in the world at large’ (Arrighi 2002: 17).


Although not directly, or without variance between countries, this aggregate economic crisis can only translate to a sectoral one in the under-funding of public health systems. The Africa Public Health Development Trust (APHT) calculates that, (a...) Africa currently loses over 8 million people a year mainly to Tuberculosis, HIV, Malaria, maternal mortality, (b...) this tragic loss which is the equivalent of whole countries dying out and greater than losses from all modern conflicts combined is a result of weak or collapsed public health systems (cited at Justice Africa 2008). The APHT is currently active in trying to force African Health and Finance Ministers into retaining Public Health commitments in relation to four of the health related MDG goals and the African Union Abuja Pledge, an overall commitment to allocate 15 per cent of national budgets to health made in 2001. But these overall budgets are low due to the global figures we have discussed above.

Place and relational context frames income poverty

These aggregate figures frame most peoples’ lived experience of poverty, although the difference between contemporary poverty and traditional frugality and scarcity is to be found both in the context of increased global inequality which renders relational context more extreme, and in peoples’ knowledge and perception of that inequality, which has also been enhanced, not least because of sustained contact with development discourse and practice. Thus economic deprivation is not as Mbembe reminds us, a simple story for contemporary Africans but involves an economy of desired goods that are known, that may sometimes be seen, that one wants to enjoy, but to which one will never have material access (Mbembe 2002: 271; cited in Ferguson 2006: 192).
Global inequality has been increasing rapidly (Easterly 2001), and the economic gap between the rich and poor is extreme and seemingly immutable, discouraging the once fashionable talk of developmental convergence in income or quality of life, and encouraging the view that socio-economic status and income are just a matter of place, within a determinated hierarchy (Ferguson 2006). Many African countries are even worse off in absolute terms than they were 20 or 30 years ago, which adds to the cruelty of appreciation of ones' poverty, not only are you worse off than your parents, but other people have become richer in the meantime. In Ferguson's analysis, the current global economic hierarchy has been dehumanised, (in the context of a collapsing modernisation paradigm), and while culture has played a consequent move to covalent pluralities and 'alternative modernities', socio-economic inequality is left with nowhere to go, with no evolutionary promise of betterment: countries are no longer 'behind' they are 'beneath' or somewhere else (Ferguson 2006: 183-192). Put together we have poor people with knowledge of a better life, but no social discourse which suggests they might get to it, except by flight, egress and escape.

The importance of culture here is that it is by contemplating cultural differences, including through access to cultural goods, branded products, and their associated meanings and identities that people come to understand economic inequality. Ferguson notes that: first, that analysts of Africa ought to focus on 'political economy' instead of 'culture' (as if economic inequalities were somehow non-cultural or cultural differences were somehow immaterial or spiritual). It is, rather, that the question of cultural difference itself is (everywhere, no doubt, but perhaps especially in contemporary Africa) tightly bound up with questions of inequality, aspiration, and rank in an imagined 'world'. While a relativizing anthropology has out of a well-intentioned but misplaced sense of 'respect', tried to treat different cultural traditions as 'equal', real cultural differences always take on meaning within contexts of sharp social and economic inequality. Inequality is thus not only a matter of 'political economy'; cultural differences (e.g., in dress, language, or, indeed, styles of house construction) may in practice be just as 'stratified' (i.e., ranked from 'high' to 'low') as income or wealth (2006: 19).

Ferguson recounts examples of African aspiration to ailment, and yearnings for cultural convergence with an imagined global standard, which he asserts is often misunderstood as external colonization or capitulation to cultural imperialism, but which is instead can aspiration to overcome subconscious stereotypes, which in turn orients an unsettling shift from a question of cultural difference to the question of material inequality (2006: 20). Conversely, the persistence of cultural difference... (2006: 20-21). This is an important corrective to a residual and popular cultural reading of "African life" which implies that income poverty does not impact as much as "we" would suspect, because areas of rural Africa are uncommodified, or enjoy a "traditional way of life" where I sell a day "goes a long way".

Ferguson's argument impacts greatly on efforts to tackle African poverty, since his observations on the negative consequences of "the cultural turn" in anthropology and beyond, suggest both a misleading focus and neglect in poverty studies. His argument runs that while it was an achievement to recognize contemporary African culture as "modern" rather than "backward", in this dehumanising process, African views of everyday life and culture as constitutive of low socioeconomic ranking has been simultaneously occluded.

The political consequences of Ferguson's corrective is that the most challenging political demands go beyond the claims of political independence and instead involve demands for recognition, and for relationship, even under conditions of inequality and dependences (2006: 22).

Aspiration for inclusion and connection relate to an acute and accurate knowledge of what global inequality means, as Moamba reminds us, although the implications of this are differently read by each individual person.

A survey of aspiration

Life is failing to raise school fees and money for basic food commodities. Life has been complicated by big "chiefs" who think of their own families at the expense of the majority. (Respondent 2006)

In a wider survey of urban Zimbabweans carried out in two tranches in 2005 and 2006, of 300 households each year (see Bracking and Sachikonye 2008), we asked respondents a hypothetical question of what they would buy with five consecutively rising sums of money, in order to "make their lives better". We received 362 responses to the question, which was in five broaded 'levels' of income, followed by an "anything else" appendage. The variety of aspiration and means to connectedness was wide, with the young female, young male and older mother or grandparent displaying completely different sets of goods and "consumption communities" to which they wished to belong and aspire: cultural icons, items of passage, escape routes and basic food, health and education are types of aspiration which arise from different readings of socioeconomic inequality.

We have since reviewed the responses and coded them by type and pattern: patterns which are explained in the table below and coded accordingly. The first, "A", was expressed by those, mostly young people, who clearly wanted connectedness to global culture through the acquisition of iconic cultural items (reflecting Fergusons' thesis that aspirations to "likeness" are important to belonging and escape from marginal subordination within an immobile socioeconomic hierarchy). "B", reflecting a desire for flight, egress and escape was also predominantly expressed by the young, unsurprisingly in this crisis period in Zimbabwe: "C" was a pattern expressed predominantly but not exclusively, by female and male household heads with dependents, for basic consumption and household durables; "D", on items of passage; and "E" and "P" were expressed by those who would buy productive assets and items to start a business, which was not exclusively a preserve of the men, since many women wanted sewing and peanut butter machines, or day-old chicks for poultry rearing. The following table records codes and the frequency of responses assigned to each.
<table>
<thead>
<tr>
<th>Item Covered</th>
<th>No. of Response Sets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirational consumption, high tech and iconic goods which involve a high level of branding, 'Samsung' cell phones and so forth</td>
<td>27</td>
</tr>
<tr>
<td>Consumptionists, but of consumer as well as survival goods, such as food, materials, cement, cosmetics, TVs, hair wear and so forth</td>
<td>149</td>
</tr>
<tr>
<td>Entrepreneurial, including people who want a commodity for resale, or who want to be across border trading, trading enterprises such a pavement hand vegetable stalls and the selling of second hand clothes included here.</td>
<td>69</td>
</tr>
<tr>
<td>Right and exit, those who want to buy passports, visas and air tickets</td>
<td>11</td>
</tr>
<tr>
<td>Productive assets, to make a product or commodity. Most common are peanut butter making machines, sawing machines, grinders and welding machines. Also included are combi and taxi.</td>
<td>75</td>
</tr>
<tr>
<td>Rights of passage. Goods and fees for school attendance, weddings, graduations and funerals, including outstanding fees to burial societies and churches</td>
<td>17</td>
</tr>
<tr>
<td>Survivors, people who clearly want basic consumptions goods for household maintenance</td>
<td>13 (1)</td>
</tr>
</tbody>
</table>

| Total                                                                                     | 362                  |

There was a very low response rate for this part of our overall survey from the poorest households, however.

In other words, the types of iconic cultural goods which would be the most powerful fics of global cultural belonging featured in only 27, or 7.4% of responses, while the next responses were in the area of basic household goods (47.2%), with a like percentage who would use the money to produce something, or to trade or resell commodities (49.9%), split fairly evenly between those who would buy a productive asset (21.8% per cent) and those who want to be across board trading or entrepreneurial aspirations (19.1 per cent). There were others who escaped classification by being entirely philanthropic or pecuniary, such as the respondent who would start an orphanage programme, or the one who would set up a political party to change the country. Some examples of what they said are: 1) an "A" person, the respondent who replied large packet of a large pizza/pair of jeans/leather jacket/cellphone and line/CD players; 2) a "C" person, the respondent who replied soap/cups/blanks/badams; 3) an "A" person who replied water bill/pay rent and electricity/buy foreign currency/send it to others at interest; 4) an "F" person, lunch at steak/emergency passport/visa/air ticket to c; 5) a "P" person, used/donated chickens/chicken feed/make seed and fertiliser; repair tool; 6) a "T" person who replied transport to work/groceries for party/wedding ring/hire of wedding venue/wedding gown and hire of dresses for my bridal party, or more sadly, spankisthers and travel to hospital bill; classified as an "R" as it represents the desire for a dignified passage through illness, and finally, 7) an "S" person, who replied it is my home/clothes for my child/clothes for the family/clothes for the family. Obviously, this is a very fuzzy methodology, as many could have a multiple classification. For example, a freezer is both a consumption item, and an entrepreneurial one when it might be used to store "freezies" (frozen ice lollies) for resale and so forth. Also, owning shares can be viewed as elite consumption, and as entrepreneurial, such that the set of responses in the context of other survey responses from the bigger dataset has sometimes been used to classify responses. In this last case, where persons obviously have an accumulationist outlook, and are looking to trade their shares and deal in the profits, their responses are viewed as "C", entrepreneurial, while where share ownership appears solely as the last most expensive item on a list of consumer goods, sofas, carpets and so forth, the response set has been classified as "C". The results of responses which fall into each of these categories is found in the third column of the table above. The divide between "C" and "A" is potentially the most problematic, being both normative and contextual. Thus, I have classified people who want a cellphone, after meal meal meal, cooking oil, trousers and so on, as consumptionist whereas those who specify a brand, such as Nokia or Samsung, after listing other items such as nail polish, a meal at Steers, or a Playstation, I have classified as "A", or aspirational. However, this involves a value judgement which suggests that their consumption is somehow inappropriate or based on global and external fashions. Also the aspirational term is potentially misleading; they are not aspiring to a "global" lifestyle necessarily, since many of these respondents already have it; the binary between local and global is no more real in Africa as it is in elsewhere. Overall, what is striking about the responses collected is their ordinariness, their reflection of everyday concern and materiality, rather than any exotic cultural yearnings, bohemian or careless consumption. In short, the cultural here is expressed for the majority in desires for everyday basic commodities, and the means to make a living, not pegged to any (other) external lifestyle standard. Ferguson's thesis here, that it is to be found at all, is in a desire for "likeness" in terms of basic consumer durables, not iconic cultural goods, where the desire to be like other people is of a much lesser magnitude than the desire for food and clothes for their own sake.

Social science jigsaws, or just "add culture for the complete picture" There is a commonplace abuse of culture as a category in development, springing from an ontological assumption, where academic disciplines and methodologies are themselves viewed as part of a plural whole in which each can be added to enhance the overall view without any downside, occlusion or confusion. In other words, where the economist can do the job, bring in the "soft" anthropologist or sociologist. In this, cultural understanding is being applied in a crude additive way - add "culture" for the complete picture - often to try and ameliorate the previous failure of developmental interventions, bound up in the ascetic flaws of economics. The method often ends up
portraying an "African" who is non-relational and somehow culpable for their own death by disease and starvation, an ascribed "other soul", whose likeness to European and North American humanity is only partial and incomplete. However, as Bayart recently argued, cultures do not belong to a people in a bounded and clear way (2005), sufficient to add "culture" in this way. A common flaw here is the extrapolation of the rural "state of nature" African into a numerous and ubiquitous group who pose problems for modern social intervention and policy.

Consider for example, the well meaning exhortation of Woolcock in the following, where he outlines a typified case study of where culture matters, and then outlines its mode of intervention, in relation to HIV/AIDS in Cameroon (for many rural Africans, where there is only one doctor for every 40,000 people but one traditional healer for every 500 people (Rosenthal 2006), and where cosmological and community identities are still strongly grounded in an agrarian way of life, engaging in rituals and practices that would cause grave concern to "modern" public health officials is just a normal part of everyday life. Having infants fed by multiple mothers, for example, is a common practice and part of the naming ceremony whereby a newborn becomes recognised as a member of the group; witchdoctors may counsel anxious patients to ward off evil spirits by making multiple cuts with a shared razor blade. Tribal identity markings and circumcisions may be conducted in similar ways, and in countries such as Cameroon, polygamy is common (with some chiefs having as many as 30 wives). Responding effectively to the AIDS pandemic in Africa (and elsewhere) thus requires far more than just technical and scientific advances, important as these are. All we are not only biology, biology, biology, then we are only doing half of our missions, says Marcel Manly Lebe, director of the new International Reference and Research Centre for HIV/AIDS in Yaounde. "We need also to do the sociology and anthropology and then make biological interventions" (cited in Rosenthal 2006). After outlining the "problem" he continues that "poor Africans are being challenged (forced) to engage with qualitatively different "modern" sensibilities pertaining to livelihoods, child birth practices and public health; as such, the fault line (or policy "boulanger") is not so much the absence of material resources (cf. Sachs 2005: but rather different ways - onologically and epistemologically - of understanding how the world works. For these types of development problems, which I contend are ubiquitous and omnipresent, the appropriate solution is not technical but political: optimal and legitimate solutions, characteristically unknowable ex ante, can only be arrived at through equitable negotiation and deliberations."

The unfortunate effect is to suggest that these types of rural and cultural problems are pervasive to problems of HIV infection, whereas they might not be, since cultural problems related to modernity, democracy and consumerism are probably far more important in urban areas (see McGregor 2005; Biju 2004). Where postcolonial cultural economies have produced national identities of self problematically, due to a psychosocial rendering of gendered and racial inferiority, prideful identities have been weak, encouraging women to commodity self even where they do not have to (McGregor 2005), as well as when earnings from sex are needed. However, the passage above rewrites the traditional and modern cruelty and invokes blame along with it.

In another example from recent scholarship, we are told that poverty-stricken women are forced into unsafe sexual practice in order to acquire fish for family consumption. In the somewhat provocatively termed "fish-for-sex" phenomenon (Béné and Merten, 2008), were traditional economic practices which analyse global failures of care derivative of a debt peonage regime (economy service or relief failure. In short, "culture" in development often serves total systems, more often than not in a rationalised linearly post-modern context, whereas, and in contrast, global market capitalism and its gendered and complex commodification make cultural and aspirations just as significant but little invoked. In short, in the "just add culture and mix" genre, culture is added only selectively. It is the culture of the ethnographic local and the "Other", rather than of the productive consumerism of the North, which would prefer not to acknowledge or view HIV/AIDS as any sort of health crisis at all, least of all a global one. The adding of culture here is like that of an exotic spice or essence, to give a flavour of local insouciance and culpability in the face of rational epidemiological fact. In this sense, it reworks the age-old recalibration of the global socioeconomic hierarchy.

Social science excuses, or "there there be monsters"
The very worst portrayals of contemporary Africa localise both the causes and consequences of acute poverty and widespread HIV infection by enacting a technique of intellectual evasion, reminiscent of the old cartographers habit of gazing to the edge of known space and then writing "here there be monsters". These accounts use a denial of connection perniciously, written through culture, and illustrate the worst intellectual vices associated with the cultural turn, within an ago- and Euro-centric postmodernism (see Sardar 1999). In this, HIV/AIDS infection is associated with "cultural practices" and unsafe behaviour, despite it being, by default, of equitable health spending, largely a disease of the poorest.

In this association with the poor, the tired myth of developmentalist excuses for the widespread and unacceptability of public goods is invoked: the money is there, but the governments are corrupt; the resources are there, but delivery capacity is frail and health infrastructure is under-funded; despite the best efforts of the heroic, health workers and NGOs the "local" people are infallibly resistant to changing their behaviour and are wedged to backward social and cultural practices. It is not that there is not a grain of truth in these associations, sometimes and in some places. But rather that they prevent the framing of more decisive questions which would demand a better funded public health response, feeding from a recontextualized relationship of care, when an unnecessary death can become explained as more than an unforeseen lack of resources or a failed policy response, but as caused by the allowability of the person to die and a human rights abuse; a failure of connection and solidarity on the part of those inhabiting the upper echelons of the global system of inequality, including many national elites (see Ruggie 2001, on the ethics of global inequality).
cultural practice selectively. This methodological practice contributes to assigning localised blame, alongside an advocacy of inflexible moral and social economies and neoliberal policy, which together prevent effective solidarity being felt or extended to those at the epicentre of the global HIV/AIDS pandemic. That is because while Africa is pathologised as poor, and is to be pitied and/or blamed for that circumstance, African people can be distanced and denied, acutely socially excluded from the company of nations and the club of the affluent. Inclusive policy options, such as solidarity extended in the form of open immigration, higher taxes and higher development budgets, free drugs, and debt write off and reparations are rarely considered. Instead, and in a broader process, public and media institutions in the North actively racialise and demonise the poor, and, since in this paradigm they are one and the same—Africans in general, while revelling in the parsimonious acts of cruel and pitying charity that dominate development discussions (such as pop concerts or the budgets assigned by DFID to health and social development, relative to technical assistance to UK consultancies to further privatisation).

In any case, and in cognisance of the heroic, selfless and successful efforts of a plethora of development, NGO and charity workers, churches and the faithful, we should not be blinded to the apathy and degrading absence and disintegration of effective public health services and home delivery mechanisms, which, in the main, were better in the 1960s than they are as present, in sub-Saharan Africa at least. This service failure is primarily caused by long-term indebtedness and the export of national income and resources to the affluent North in a global system of looting (see Bond 2006). And underpinning this systemic service failure is a deeper failure of social and political will a denial of a global community to extend assistance to their fellow humans. Ultimately, people are being allowed to die untold slowly, pain and cruel deaths because other people are failing to act to stop it. Once this is accepted, and the “add culture and mix” solutions are exposed for the false radical posturing which they represent, we can progress to the ongoing business of how this soliciity can be made effective. In sum, culture and cultural explanation should not serve to justify economic inequality, or allow a racialised distancing to exist unchallenged.

Note:

1. Probably oil and minerals related investments, “keeping” into the escles for extractive industries in not-so democratic countries noted by Ferguson (2006:40-41).
Referensi bibilografia / References / Marques

Boyd P. (2002), Lost in Africa: The Economics of Illiteracy, University of Zambia, National Press, Ted Pros, Pietermaritzburg, London
Bradley S. S. Bashaware (2003), Environmental Poverty and In jenrification in Zimbabwe, Oxford, UK
Cooper K. B. (1998), Space, Society, Space and Society, Space and Society, in «Progress in Human Geography», vol. 23, n. 2
Gibson B. L. King (2002), Cultural Economy and Critical Politics, in «Progress in Human Geography», vol. 29, n. 5
Jones S. E. (2004), What Development Economists Do: Disease, AIDs and HIV/AIDS Treatment in...