1. During the past six years the public health crisis in the developing world has been getting remarkable attention. In 2000, 189 nations, coming together at the UN to pledge their support for eight “Millennium Development Goals” including the eradication of extreme poverty and hunger, the reduction of child mortality, and the control of AIDS. Since then, several new public health foundations with billions of dollars to spend have emerged, including the Bill and Melinda Gates Foundation and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as the less well endowed but no less ambitious William J. Clinton Foundation. Opinion polls show that voters in the US and Europe are far more willing to support foreign aid programs than they were just a decade ago, and some corporations, such as Gap Inc., Coca-Cola, and De Beers have discovered that associating their brands with philanthropic activities such as relief efforts, social services, and health care can enhance their reputations. Most heartening of all is that, at least some of these groups are finally beginning to grasp the fundamental reality that they aren’t going to get anywhere near the public health goals they have set for themselves unless they deal with the human rights issues, and particularly the rights of women, that underlie most health problems in developing countries.

The challenge of poor health in the developing world is often pathetically simple: lack of access to safe water, vaccines, mosquito nets, antibiotics, oral rehydration solutions, antiretrovirals, and other cheap commodities. Many international health agencies specialize in distributing these items to developing countries and in sponsoring research on new ones, including vaccines for AIDS and malaria that so far do not exist. But there is growing recognition that the key to improving the health of the world’s poor may lie not only in technology but also in politics — and in encouraging the poor to help develop the collective will and take the social action necessary to enable them to protect their own health.

One way to do that is to improve the status of women. Empowering women has long been seen as an important public health goal.1 Where women are more educated and independent, societal attitudes tend to be much healthier than would otherwise be expected, at least partly because it is usually women who fight for better services and living conditions for their families. Unfortunately, there is no commonly accepted method for giving more power to women. A variety of programs, each with strengths and shortcomings, have been attempted, including press and radio campaigns to raise awareness of women’s rights issues; programs to increase the number of girls enrolled in school or the number of women in paid employment; and programs to improve the distribution and development of contraceptives and “microbicides” as yet nonexistent vaginal gels that could, potentially, block HIV infection.

However, new research from South Africa suggests that it may be possible to dramatically change the status of women in a very short time, even in the poorest, most troubled communities, at relatively low cost. In 2001, a group of researchers (including one of us, Julia Kim) from South Africa’s University of the Witwatersrand and School of Public Health and the London School of Hygiene and Tropical Medicine set out to study the impact of a “microfinance” program that offered small-business loans to African women living in impoverished rural villages in Limpopo, one of South Africa’s poorest provinces. Since the 1970s, similar microfinance programs have helped poor women in many developing countries from Bangladesh to Brazil gain a degree of independence by setting up small enterprises such as buying and selling food, clothes, or cosmetics. Foreign policy experts increasingly favor these programs because they recognize that gender inequality — whether it is only not speaking your own mind in its own right, it also hinders economic and social development.

Women’s labor — including tasks such as cultivating crops and working for family businesses — produces most of the wealth in developing countries, but much of it is unpaid. Microfinance programs bring women into the cash economy, encourage the poor to develop entrepreneurial habits and skills, and sometimes help stimulate economic growth. In places like South Africa, these programs may also reawaken a spirit of ambition and purpose in communities long demoralized by lack of opportunities, apartheid-era forced relocations, discriminatory laws, and a culture of inequality that has numbed many poor people into dependency upon government welfare. While hardly a panacea for the myriad hardships faced by poor people in developing countries, microfinance programs have improved many women’s lives. Studies have suggested that microloan recipients tend to have fewer children than other women, and that the children they do have are healthier. Muhammad Yunus, the founder of Bangladesh’s Grameen Bank, the US Agency for International Development, the Bill and Melinda Gates Foundation, and the World Bank, are expanding their microfinance programs or starting new ones.

The South African researchers wanted to see whether adding a series of “workshops” on gender issues to a microfinance program could give women more power and reduce the incidence of domestic violence and the spread of HIV in their community. In many societies, including South Africa, domestic violence — physical or sexual abuse by a husband or boyfriend—seems deeply entrenched in the local culture. Victims seldom call the police, neighbors rarely intervene, and even the police and courts don’t take cases of abuse of women seriously.2 Research linking domestic violence to the spread of HIV in Africa has drawn increased attention to this problem. According to several recent studies, abusive men tend to have more sexual partners, and are thus more likely to be HIV positive; therefore, women often have difficulty insisting on condom use or refusing sexual activity to protect themselves. The World Health Organization, one in three women worldwide has experienced domestic violence. Although it occurs everywhere, it is far more common in developing countries like South Africa, perhaps because gender relations are particularly conducive to the upheavals of social and economic change.3 In 2001, in collaboration with the Small Enterprise Foundation (SEF), a local microfinance organization, the South African researchers started a program known as IMAGE, or Intervention with Microfinance for AIDS and Gender Equity. Groups of about forty SEF participants were already meeting every two weeks to repay loans and discuss their businesses. The IMAGE researchers expanded those meetings to include a series of “workshop” sessions addressing issues related to gender and HIV. The women were obliged to attend these workshops —called “Sisters for Life” — as a condition of receiving further loans. Each session was run by a woman from the local community who had been trained to lead open-ended discussions about sexual relationships, gender roles, and fathers and mothers, the different roles of men and women in daily life, and the effects of local culture on the treatment of women. The women would then act out before their peers the real-life domestic situations in which they found themselves and discuss them frankly.

At first the women, even the older ones, didn’t like the meetings. “We don’t feel comfortable talking about such issues,” said one. In one session, they sang traditional wedding songs instructing new wives about how to be to “tame” their husbands. In the words of one popular song cautioned,...
“The road ahead will be rocky, but no matter what happens, you must stay with it.” This prompted a discussion about their personal experiences of being beaten by their husbands or boyfriends and of looking away in silence when their own daughters suffered the same fate. For many the first time they had shared such painful, personal stories without fear of ridicule or judgment. Deeper questions soon arose. Were the old ways good ways? Could it be that “culture” was not set permanently, but could change?

Indeed, it could. After two years, the women who had participated in the IMAGE program were half as likely to have experienced domestic violence in the previous year when they were compared to a similar group of women who had not participated in the program. The rates of divorce and separation of the participants did not increase; instead, women’s status and perception of women changed. Women reported that their partners valued more highly their contributions to the household and treated them with more respect. They also reported a greater sense of self-confidence and improved communication with their partners about sex and HIV.

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One of us (HeLEN Epstein) was in Uganda during the early 1990s, when the HIV infection rate there was falling steeply. An overlooked factor in this success was the powerful women’s rights movement, very similar to the one that is now emerging in the villages where the IMAGE program was carried out.

Uganda’s women’s rights movement is one of the oldest in Africa, and it flourished in the politically liberal atmosphere of the decades of the 1960s and 1970s. For decades, the movement had been suppressed by the pariah state of Idi Amin and Milton Obote, but in 1985, a small number of Ugandan women attended the UN Conference on Women in Nairobi, Kenya, and they returned with new energy and ideas. When the young coup leader Yoweri Museveni came to power, he carried with him a commitment to community organizing and self-help, which encouraged the women even more. Before long, at rallies throughout the country, women were being urged to keep their daughters in school, start small businesses, and challenge laws and practices that discriminated against women, be it by restricting their property rights, failing to protect them from rape, or maintaining divorce laws that favored men.

HIV was always on the agenda. “There was not a single workshop or meeting where the subject of AIDS did not come up,” says Maxine Ankrah, who helped establish Action Uganda’s women’s rights movement.

12See Ali Mari Tripp, Women and Poli
citics in Uganda (University of Wisconsin Press, 2000); Miranda Matembe, Gender, Politics and Constitution-making in Uganda (Kampala: Fountain, 2002); and Miria Matembe, When Hens Begin to Crow: Power, Politics and Constitution-making in Uganda (University of Wisconsin Press, 2000). Tripp and Matembe are the leading voices of the Ugandan women’s rights movement.

women throughout the country who nursed the sick and helped neighbors cope was a further harsh reproach to promiscuous men. So was their gossip, a highly effective mechanism for spreading any public health message.

During the late 1980s and early 1990s, the fraction of Ugandan men with multiple partners sharply decreased, and as a result, the HIV infection rate fell by roughly 60 percent. At the same time, many government programs were strengthened. The enrollment of girls in school rose swiftly, as did the participation of women in the economy. Many of the agen-
cies that fund microfinance programs now recognize the power of ordinary discus-


See Anne-Britt Tropp, Women and Politics in Uganda.


Women’s widespread social mobilization against AIDS and gender violence touched every corner of society, from the president’s office to the remotest villages. But it started with frank, open discussions among friends, relatives, and neighbors, some of whom became the policymakers and activists who shaped the response to AIDS. AIDS experts increasingly recognize the power of ordinary discussions to spread new ideas, transform gender relations, and change sexual behavior. 20


See Anne-Britt Tropp, Women and Politics in Uganda.


A march organized by women from the IMAGE program to raise public awareness about HIV and to demand better services at their local clinic, Limpopo Province, March 3, 2006

to pleasant smiling change agents within a period of only seven days in Stepping Stones training programmes. This is not solely the responsibility of the facilitators but also the dynamics within the peer group.

It’s kind of transforming attitudes,” said another workshop leader. “One thing I learnt, I’ve never listened to people. It made me realise I’m a bit of a listener. It helped me enormously to improve relationships between me and my son. We listen to each other a lot now.”

So far, few international agencies have invested in programs to address the social and political obstacles to improving health in developing countries. Few support human rights groups, including women’s rights groups, or re-

search into the links between health and human rights. Many of the agen-
cies that fund microfinance programs have begun to put pressure on them to become “cost-effective” right away, cutting out additional services, such as health and nutrition education or HIV prevention activities, even though combined programs almost certainly result in more powerful and lasting im-

provements in the well-being of poor families than financial services alone. The additional services may even pay off in the long run. A preliminary eco-

nomics evaluation of the IMAGE study suggests that the workshops on women’s rights and HIV can be added with minimal additional cost to the program. There were even indications that loan centers that included the workshops had higher repayment rates and fewer dropouts than those that did not.21 Thus, while the new support for microfinance programs is welcome, donor agencies should bear in mind that changing the status of women—and reducing the spread of HIV—may also require something


2 Paolo Freire, “Education for Critical Consciousness (Continuum, 2002).