

IS THE HUMAN DEVELOPMENT APPROACH WELL ENOUGH FOR ADDRESSING THE HIV/AIDS?

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ABSTRACT

This paper is an attempt to handle complex issues of human development and social justice and discern the differences, strength and shortcomings in the point of view of its three key architects—Haq, Sen and Nussbaum—(Clark, 2005; Stanton, 2007). The application of the human development principles to the problem of HIV/AIDS is main purpose of the paper. It has been done based on the secondary sources of information. Bangladesh HIV/AIDS policy has been taken as a case study in the paper. It tries to develop an analytical tool in order to explain human development as a means by making synthesis between the human development approach and bio-social model of the HIV/AIDS. The most important potentiality of human development approach to advocate for providing the essentials like health and education that leads to reduce the vulnerability of the affected people by the HIV/AIDS found. Conversely, its crucial limitation found, human development is seen as an end in itself. In conclusion, the author reaches in a decision that human development as an end can also be extended to become the means to reach a higher goal, a descent society by showing that co-responsible sex, improving social condition and co-sharing of the care economy ensure sound and descent lives for all to facilitate people not to be affected by the HIV/AIDS. It is thus suggested that Bangladesh HIV/AIDS policy needs to integrate both bio-medical and social (human development) approaches of HIV/AIDS to reduce further increasing of the number of HIV/AIDS affected.

Keywords: Human development approach; Bio-social model of HIV/AIDS, Bangladesh HIV/AIDS policy.

INTRODUCTION

Human development is defined as both the process of widening people's choices and the level of increasing of the standard of living (Srinivasan, 1994:238). A debate on how both the process and level can be achieved is going on among academicians and activists like M Haq, Amartya Sen, Martha Nussbaum and so on. M Haq, an economist and activist, has identified four factors crucial in bringing human development. They are: equity in opportunity, sustainability of opportunity, productivity, and empowerment. A. Sen, noble laureate, also talks about the development of human well-being in his capabilities approach. He furthers that if people have both positive and negative freedoms, by using their full capabilities, they can function their activities to gain good life. Moreover, he mentions that we always talk about negative freedom i.e. free from any type of coercion not about positive freedom, the capacity of the people to be and to do. In addition to this, he also talks about women's capabilities. His main argument is that women can easily increase their bargaining power within and outside of the household through participation in the labour market. Though A. Sen consults about the process or method of increasing capabilities of the women, he does not limit his idea of capabilities to any specific area. Martha Nussbaum, American philosopher and feminist, gives ten-capability list which she thinks important to lead a descent life. One

of the most important shortcomings of capabilities approach is that it does not take social norms and perception into consideration, raised by Bina Agarwal. Agarwal argues that participation of women in the work force does not guarantee to increase women's bargaining power in and outside of the household unless social norms and perception change. Even there are certain rules on paper that do not have any applications since they are not socially approved.

As health is one of the core components of human development, HIV/AIDS issue is becoming an important discussant concept in the development field. The main idea of the bio-medical model of the HIV/AIDS is that people are likely to have AIDS related morbidity through the infection of the HIV. This bio-medical model does not take into consideration of social issues such as poverty, unequal access to health services, poor nutrition, environmental degradation, and so forth. Consequently, a new model now emerges in the name of bio-social model which tries to incorporate both biological and social aspects of the HIV/AIDS epidemic. Since the human development approach deals with social condition, this paper addresses how far it is possible to analyze the bio-social model of the HIV/AIDS in the lens of human development approach. In other words, the focus of this paper goes on the potentialities and weaknesses of human development approach in addressing the HIV/AIDS issue. In this light, the first part of the paper is dealing with the relationship between human development and capabilities approach. The strength and weaknesses of this relationship is discussed also in this section. The HIV/AIDS framework is dealt in the following part. Theoretical debate on HIV/AIDS and Bangladesh HIV/AIDS policy are brought into focus in this section. The possible shortcoming of the bio-medical model is addressed in the third section. Section four is trying to make synthesis between human development approach and bio-social model of the HIV/AIDS. Final section is dealing with conclusion.

HUMAN DEVELOPMENT AND CAPABILITIES APPROACH

There are two meanings of human development. One meaning focuses on development for human needs and value whereas the other looks development only for people. People-centred development means people should be treated as an active agent of social change not passive. The question seems to arise how people's active role in social change can be ensured. The only way to solve this problem is to ensure and increase people's capabilities. In this light, the United Nations Development Programme (UNDP) focuses very much on the extension of capabilities instead of human needs and value. The main premise of human capabilities approach is to find out ways how people's capabilities can be enlarged. M.haq, A.Sen, and M.Nussbaum are considered as the main architects of this approach.

MahbubUIHaq is an economist and activist. He is considered as the pioneer of approaching Human Development Index (HDI) in the UNDP. He is very much critical on different aspects of the neo-liberal reform strategy. By negating the neo-liberal reforms, he outlines four pillars that can guarantee human capabilities in his human development paradigm. These four pillars are: equity, sustainability, productivity, and empowerment. By equity, he meant only equal opportunities not equal results. He mentioned many examples that indicated different results though the same amount of opportunities was provided. Moreover, he tried to show that one person's capabilities should be measured based on whether he or she got the same amount of opportunities or not. However, how we could ensure the sustainability of people's opportunities. In this case, he mentioned that it was possible if social justice could be ensured. He thus gave too much emphasis on social justice in order to maintain the sustainability of human opportunities. By productivity, he deemed investment in people and

ensuring a sustainable macroeconomic environment so that people could easily get maximum benefits. He mentioned that the East Asian countries succeeded quickly because they invested huge money in human development sectors like education and health. In his paradigm, he indicated that people could easily avail market-oriented opportunities in different sectors particularly health and education if they were empowered (Truong, 1997:362-64). We can therefore find out one difference between his ideas and the neo-liberal thought. This difference is that M. Haq is very much concerned with human wellbeing whereas the neo-liberal always talks about market and profit-oriented development.

Amartya Sen is a renowned economist and noble laureate. He is dealing with the human capabilities approach for a quite long time. Sen brings two concepts i.e. capability and functioning to clarify his capabilities approach. By capability, he means possible opportunities that people can avail and by functioning he means actual opportunities which people usually gain (Alexander, 2004:453). In order to gain functioning by the people and group, he mentions that people have to have access to primary goods. Here primary goods means two types of capital, that is, human capital (health and education) and social capital (social networks, kinship bondage, institutional support). Moreover, he proposes to establish a certain set of rules and regulations that support people's access to primary goods (Truong, 1997:358-62). Furthermore, Sen also talks about two types of freedom i.e. positive and negative that are deemed to be important for ensuring the human capabilities. Positive freedom means the capacity of the people to be and to do while negative freedom entails free from any interference. He mentions that all macroeconomic policies stress on negative freedom. He argues that whether people achieve positive freedom or not depends on the willingness of the state than on market. He therefore shows that if both freedoms can be ensured, people's capabilities can easily be enhanced (Gasper and Staveren 2003:139-40).

A. Sen not only discusses about the capabilities of human beings but also gives weight on women's capabilities. He describes how women's capabilities enhance in his bargaining model of the household economy by criticizing Gary Becker's idea on household economy. The main argument of Becker, one of the leading Neo-classical economists, is that each person of the household does work according to their ability. But they do not get the proportion of the benefits according to their ability instead of their needs which we can see in the primitive communistic society. But the main questions arise who determines needs of the household members and how maximum welfare ensures within the household. Becker brings out a new concept of 'benevolent dictator' of the male-headed household in order to solve the distributional problem and makes an assumption that all resources of the household should be pooled first. Then, they are reallocated among the members without making anybody worse off. The identity of the household earning person is irrelevant here since all resources are distributed according to the rule of the decision, made by the 'benevolent dictator' after collection. According to Becker, each and every member of the household should respect and obey the command of the benevolent dictator though sometimes one person gets less against his or her contribution in the household. By following the command of the male-headed household, the peace and order within the household can restore (Kabeer, 2001: 98-100). Moreover, Becker also puts stress on the comparative advantages of both sexes in the household for welfare maximization. Three types of activities such as paid market oriented activities, unpaid domestic activities and leisure have been found among the household members. According to the natural division of labour, women have more advantages in household chores like child rearing, cooking and so on over men due to generic characteristics. According to Becker, if women look at domestic matters and men earn money from outside of the household, maximum welfare can be achieved (Kabeer, 2000: 18).

However, Professor Sen in (Kabeer, 1991:10) has raised the question about the validity of the views of collective welfare given by the benevolent dictator. He raises one of the important issues that why are other members' views on collective welfare not considered as important since they are also involved in the whole process of maximization of welfare of the household? He therefore brings the issue of bargaining power and shows that distribution of the resources depends on the bargaining power of the individuals within the household.

Sen (1990) says that each household member faces two types of problems simultaneously, one is cooperation and the other is conflict in his bargaining approach in the 1990s. But he tries to show how both cooperation and conflict problems coexist in the household and to find out the possible factors responsible for these problems. He mentions that social arrangements that is who does what, who gets what, and who takes which decisions are broadly responsible for the problems of conflict and cooperation (Sen,1990:129). He also mentions that someone gets more and someone gets less in the household for variation of the bargaining power of different members of the household. Sen proposes three factors such as the fall back position (what the alternative choices are available to exit during the crisis period), the 'perceived interest' response (how the members of the household find out their self-interests with their well-beings), and the 'perceived contribution' response (to what extent the members of the household contribute in the household) need to be understood for explaining the variation in the bargaining power of different household members (Kandiyoti, 1998: 139). Moreover, he suggests that women need to participate in the income generating activities outside of the household for increasing their bargaining power that leads to enhance their capabilities. Women get strong fallback position, develop self-perception and self-interest and perceive their contribution in their households when they come outside of the household for generating income. Sen uses Ester Boserup (1970), focusing on the fact that women play the greater role in African societies where they get food from outside, as an example (Sen, 1990: 140-44).

Above all, it appears that Professor Sen does not provide any specific list of capabilities for methodological reason. The underlying reason, he thinks, is that capability-list can distort the democratic and pluralistic views of human capabilities approach. As a result, he wants to evaluate the quality of lives that people lead in terms of the roles capabilities play. But Martha Nussbaum says that it is not enough. She hence gives a definite but open list of central capabilities that will fulfill the purpose of evaluating people's capabilities (Alexander, 2004:457-8).

Martha Nussbaum is an American philosopher and feminist who gives ten-set of capabilities list. They are: Life, Bodily health, Bodily integrity; Senses, imagination and thought, Emotions, Practical reason, Affiliation or Being able to live with and towards others (and) having the social bases of self-respect and non-humiliation, Others species or Being able to live with concern for, and in relation to animals, plants and the world of nature, Play, and Control over one's own environments (Gasper and Staveren2003:150).

Nussbaum started to develop her capabilities approach within the Aristotelian social democratic philosophy but later on, she changed her position influenced by Rawlsian political liberalism (Deneulin, 2002:509). As a result, she considers capabilities as rights and gives much importance on the legalistic aspect of human capabilities particularly women's capabilities. She shows that women do not have equal rights in various sorts of laws like property, contract, religious code and so on. She also mentions that each and every person should be treated as an end not as a mere object of others. She clarifies that women are treated as means of others due to lack of equal treatment in laws (Nussbaum, 2000:1 and 5).

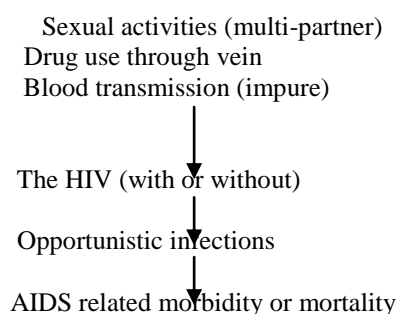
Capabilities approach highlights two main concepts i.e. production and growth not other aspects like culture that are also very much connected with building capabilities. Troung (1997) mentions that Haq and Sen do not discuss on reproduction as a socio-economic system, culture, the domain of sexuality, for example. As Troung says, “Production and growth occupy a central position, at the expense of the realm of reproduction, sexuality and care. As has been pointed out, no production system operates without a reproduction system. To continue to treat reproduction as the underbelly of production means continuing to reinforce gender inequality rather than promote change” (Troung, 1997:362).

Bina Agarwal also criticizes Sen’s approach by saying that he fails to look at the fact that women may not be able to increase their bargaining power for the existing social perceptions and norms though they participate in income generating activities outside of the household. That’s why, Agarwal urges to bring change in social perceptions and norms if we really want social change that ensures the improvement of capabilities of women in the society (Agarwal, 1997:38). Even Nussbaum also fails to consider these issues when she talks about legal justice. Because many laws seem to ensure equal rights in the society, do not have practical application due to lack of social approval.

BIO-MEDICAL MODEL OF HIV/AIDS

AIDS is a very much contextual. Some AIDS-related diseases find out in African countries but they are not to be seen in Asian countries and vice versa. Anecdotal evidence shows that Dr Robert C Gallo first introduced the AIDS as the result of the infection by the Human Deficiency Virus (HIV) on the assumption that AIDS was infectious in 1984. The HIV-AIDS hypothesis proposes three things such as 1) HIV is a sexually, parentally and perinatally transmitted virus; 2) HIV causes immune deficiency by killing T-cells; and 3) all AIDS diseases are the consequences of this immune deficiency (Pharmacology and Therapeutics, 1992:13). A debate on this hypothesis is going on in scientific field and Dr Peter Duesberg is the pioneer of this debate.

By challenging the old one, Dr Duesberg brings an alternative hypothesis of AIDS. He has identified thirty AIDS-related diseases like malaria, tuberculosis and so on. His main argument is that AIDS is not a new phenomenon; it is the new version of the old diseases. He shows us that there are many patients with the AIDS-related diseases without the HIV. Even he shows that prostitutes without drug addiction tend to be low possibility of becoming infected by the HIV. Moreover, he emphasizes that using the *Zidovudine* (now called AZT) medicine increases the risk of death among drug users instead of protecting them from the infection of the HIV. He thus said, “HIV does not cause AIDS, AIDS is not contagious, AIDS is not spread by sexual contact. AZT kills patients” (Duesberg, 1995:445). If these two hypotheses appear to be correct in the scientific literature, the reformulation the HIV/AIDS hypothesis could be possible in the following way.



We can therefore say that someone does have the AIDS related morbidity either without or with any infection by the HIV.

Bangladesh is one of the many South Asian countries where the HIV/AIDS pandemic has become a major discussant issue in the recent decade .Bangladesh is surrounded by India. Huge number of truck drivers move here and there always .Even a large number of Bangladeshi workers live in abroad now. As a result, the number of the HIV infected people rises. In 2004, 102 people were infected by this virus while 193 found in 2005.Total number of infected persons are 658 now in Bangladesh (The Daily Ittefaq, 2006). The Bangladesh Government has formulated its HIV/AIDS policy in order to reduce the velocity of this pandemic. The policy stresses on biomedical, psychological and behavioral strategies based on the assumption that HIV/AIDS is a sexually transmitted disease. Consequently, in order to reverse the course of the epidemic nationwide within a relatively short period, providing the peer education, managing the Sexually Transmitted Infections (STIs) and changing behavior and communication are prioritized (Hossain et al, 2004:16).

It hence says that the HIV/AIDS/STDs related policy clearly defines AIDS as a sexually transmitted disease and gives highlighting on the use of condom as a preventive strategy. Resultantly, the policy's main target group is commercial sex worker who is considered as the most susceptible to HIV/AIDS in Bangladesh. It also targets commercial blood donors and intravenous drug users as HIV can be transmitted into bodies through blood transmission and drug using.

BIO-SOCIAL MODEL OF HIV/AIDS

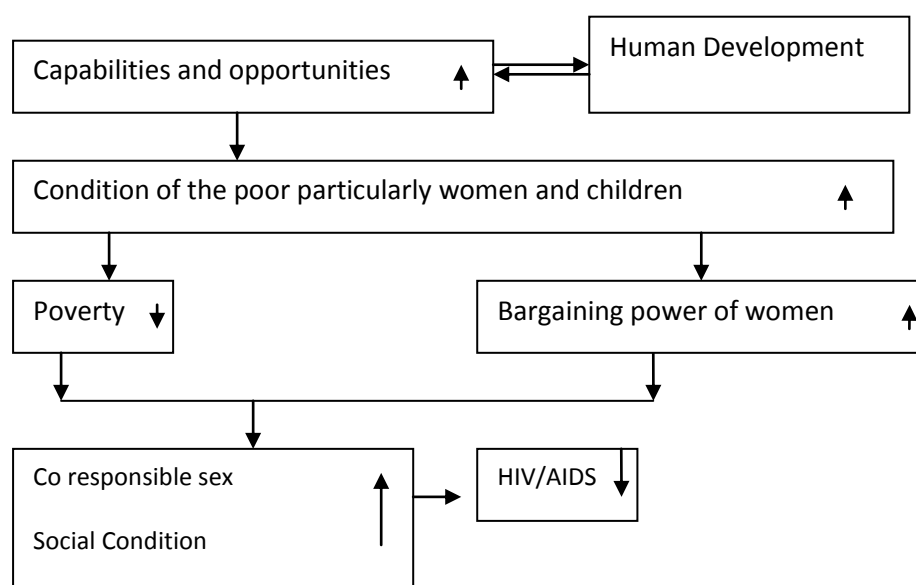
The conventional bio-medical model of HIV/AIDS, widely known in the world, looks like epidemiological model which shows one reason for one cause. As a result, it fails to consider social issues. Moreover, it fails to point to some noninfectious causes of epidemic such as poor diet or some toxic substance present in the environment or a toxin consumed in an unusually large quantity (Duesberg, 1995:7).In order to integrate both biological and social reasons of diseases, Virchow developed social perception approach long time ago. He said that medicine could solve the problem partially. As a result, he gave too much stress on the improvement of material conditions of human beings. He argued that medicine would prolong life span but social protection could easily bring enabling condition that advanced this success more fruitfully and efficiently. His famous dictum, "Medicine is a social science and politics is nothing more than medicine in larger scale" (Whiteside, 1993:9). Moreover, Professor Thomas McKeown and Paul Farmer put emphasis more on public health issue than on medicalisation of disease. McKeown says that the improvement of the health of the third world people does not come from the invention of medicines too much rather from improved nutrition, clean water, and sanitation (Wilson, 1992:46). The consideration of social issue in the HIV/AIDS case is thus necessary.

Many studies, dealing with the relationship between AIDS epidemic and social conditions particularly poverty, are available in social science literature. Rau (2002), for instance, shows the relationship between poverty and HIV/AIDS as bi-directional. He argues that poverty forces people migrate for seeking jobs where they are likely to be infected by the HIV whereas the HIV infection forces affected people to cut daily expenses that lead to poverty (Rau,2002:17-18). Moreover, Turshen(1997) has identified three social reasons like falling living standard, deteriorating health conditions, and shrinking access to health care for the epidemic in Africa (Turshen, 1997:173). Even Pharmacology and Therapeutics (1992) has

uncovered malnutrition, parasitic infections and poor sanitary conditions as reasons for the African AIDS related diseases (Pharmacology and Therapeutics, 1992:41). Broomberg (1993) thus said, “AIDS epidemic can be described as having two broad forms, related to different social conditions and modes of transition. Major HIV/AIDS patients are seen in impoverished areas in America. Thus, AIDS is not properly viewed in isolation; social and biological conditions should be taken into consideration” (Broomberg, 1993:45). Besides these studies, Prasanna Kumar and Sadannadan show how social condition reinforces low prevalence of the HIV/AIDS case in Kerala comparing with other states in India. They locate a set of reasons like old-age commercial sex workers, first sex experience at late age, and fewer clients for this low prevalence (Srinivasan and Sukumar, 2006:10).

SYNTHESIS BETWEEN HUMAN DEVELOPMENT APPROACH AND BIO-SOCIAL MODEL OF HIV/AIDS

Human development paradigm stresses on certain provisioning like health and education that could solve social problems for spreading the HIV/AIDS. However, the paradigm seems not to solve the bio-dimensional problem of the HIV/AIDS. Moreover, the most important problem with the human development approach is that most of its pioneers particularly M. Haq, A. Sen, and M. Nussbaum use human development as an end in itself (Ananda and Ravallion, 1993:135, Troung, 2006:35). However, it appears missing into their discussion that it could also be possible to use human development as a means by which the further epidemic of HIV/AIDS can be eliminated. The following analytical tool has developed to explain how it could be possible to use human development as a means.



The relation of human development with capabilities and opportunities extension is nonlinear. It could be possible to inflate people’s capabilities and opportunities by human development and vice versa. Social condition of the poor particularly women and children can be improved if the state and other social agencies can ensure their respective capabilities and opportunities. For example, according to the Regional Human Development Report (2003), women get greater control over their bodies, better sexual negotiation power and force to avoid opportunistic infections if they are empowered (UNDP, 2003:118). Another study (Hogan, Berhanu and Hailermarian, 1999 in Chapagain, 2006: 166) shows, “Women at a higher position in the family are more likely to have greater intra-household decision-

making power, by means of which they hold final say in RH decision". Improving social conditions of the marginalized people therefore helps to reduce the poverty rate and to increase the bargaining power of the women within and outside of the household. Consequently, social perceptions and norms that consider men's desires and pleasures as men's entitlements to impose their want on women in the heterosexual relationships can be modified. Moreover, women are also becoming empowered to take decision about when and with whom they desire to have sex, whether they use condom or not (Grieg et al,2000:14-15, Long and Messersmith,1998:159, Troung,2006:49). Afterward, both male and female seem to do responsible sex and be sharer of the care economy. Co-responsible sex, improving social condition and co-sharing of the care economy ensure sound and descent lives for all that ultimately facilitate people not to be affected by the HIV/AIDS. Here human development is seen not only as an end in itself but also as a means to enhance a good and decent life.

Most of the policies of the third world countries are influenced by the history and needs of industrialized capitalistic countries (Escobar,1992: 134-35).Bangladesh HIV/AIDS policy, based on bio-medical idea, is not the exceptional. Bio-medical model of the HIV/AIDS emphasizes individual behaviour. As a result, it proposes for changing individual behaviour through giving certain choices like condom use during sex, pure needle use and so on influenced by the neo-liberal policies of the multi-national corporations. However, it fails to consider surrounding environment of individuals (family, society and its legal and power dynamics, culture, community, the state, and so forth) that has tremendous influence on human behaviours. Consequently, creating an enabling and negotiating social condition, the human development approach recommends partially, is crucial to give people more options to choose the right behaviour (Wolffers, 2000:267-70).We can hence say that Bangladesh HIV/AIDS policy focuses on the medical aspect of this pandemic not on both public health and social conditions. As neither bio-medical nor social (human development) model is sufficiently enough to address the HIV/AIDS issue fully, we need to integrate both in the HIV/AIDS policy of Bangladesh if we really wish for mitigating this problem in the near future. In this light, the Regional Human development Report(2003) indicated that the challenge of the HIV in the south Asia could be mitigated if the human development framework would be considered as an important effort by not given only emphasis on public health perspective(UNDP,2003:137). Accordingly, the government policy focusing on not only bio-medical concept of the HIV/AIDS but also the expansion of human capabilities of the marginalized people by using human development as a means is thought of working better for ensuring the necessary treatment of the HIV/AIDS affected people and reducing the further increasing rate of the HIV/AIDS cases.

CONCLUSION

The expansion of human capabilities means human development. M. Haq, A. Sen, and M. Nussbaum show how people can achieve their capabilities in human capabilities approach. Haq argues if four pillars like equity, sustainability, productivity, and empowerment are okay, people can achieve their capabilities. Sen gives more importance to positive and negative freedoms both to gain capabilities. Nussbaum looks at capabilities differently and considers it as rights that should be guarded by the constitution. The main criticism against both Haq and Sen is that they give too much attention to production and growth. It seems that they fail to focus on cultural and other aspects of society like sexuality, reproductive health etc. Nussbaum faces also criticisms for given certain set of capabilities that distort the democratic principle of capabilities approach.

The most important potentiality of human development approach is that it advocates for public provisioning of social services like health and education that is important to reduce the vulnerability of the affected people by the HIV/AIDS. However, its crucial limitation is that most of its users like Haq, Sen, and Nussbaum look at human development as an end in itself. This paper argues that it could also be possible to use human development as a means to reduce the further increasing rate of the HIV/AIDS cases. Moreover, it argues that certain social changes like having co-responsible sex, sharing household tasks, respecting other's desires and pleasures will take place if poverty reduces and women's bargaining power increases by enhancing capabilities and opportunities. These changes will ultimately expand people's freedom that will also lead to reducing the HIV/AIDS rate. However, like other developing countries, Bangladesh HIV/AIDS policy is based on the bio-medical model which shows the AIDS occurred from the HIV. But this model fails to find out the connection between disease and social conditions. As a result, bio-social model of the HIV/AIDS has emerged. Since no approaches either bio-medical or social (human development) are sufficiently enough to readdress the issue of the HIV/AIDS, Bangladesh HIV/AIDS policy needs to integrate both for the better treatment of the affected people and reduction of the further increasing rate of the HIV/AIDS cases in Bangladesh.

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