

## Resources and Needs of Household: The Objective Well-being Changing in Northeast Thailand

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### ABSTRACT

Thailand has undergone rapid changes over the years resulting in desirable and undesirable outcomes. The objective of this paper is to study and analyze the resources and needs of household on changing in objective well-being over the past 10 years in the Northeast of Thailand. The data in this study is derived from quantitative research with two surveys conducted in 2005 (n=421) and 2016 (n=253). The samples were selected from using multi-stage sampling techniques and the data were analyzed using descriptive statistics. The findings show that there are many developments in resources and household needs to change in objective well-being over the decade. Land use is decreasing while there are more people with health problems from certain ailments. The obvious positive impact on well-being can be seen in the basic needs and security aspects. However, there are both positive and negative repercussion on social relations. This study found that the Global Happiness of household is increasing. Therefore, this study suggested that better health care should be considered in the development plan especially for non-communicable diseases (NCDs).

**Keywords:** Resources, Needs, Objective Well-Being, Rural Transformation, Thailand

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### Introduction

No poverty (1<sup>st</sup> goal) and good health and well-being (3<sup>rd</sup> goal) are the goals for Sustainable Development Goals (SDGs), (United Nations Office for South-South Cooperation, 2018). The two goals are considered top priority from all 17 SDGs that is the heart of the 2030 Agenda for Sustainable Development. The purpose is to end poverty and other deprivations to promote good health and well-being. Simultaneously, Thailand is implementing the 20-Year National Strategy to achieve its vision of becoming “a developed country with security, prosperity, and sustainability”, with good health and well-being of Thai people as the ultimate goal.

Thailand has been changing rapidly over the years. These changes have both desirable and undesirable outcomes. The significant improvement in better health care system is one of the desirable outcomes with increasing numbers of medical staff and longer life expectancy. On the other hand, income and social inequality are the negative effects of such changes. In 1975, Thailand was still an agricultural country, but in 2017, many has shifted away from agriculture to other off-farm activities. (Rambo, 2017; Rigg & Vandergeest, 2012)

The country's development plan had been actively focusing on economic growth. The reasoning behind this idea is the belief that development should come from the centre by promoting industrial development in the centre region or in the Eastern region. In doing so, they believe that it will cause the trickle-down effects spreading from the centre to countryside (or other parts of nation/country). Therefore, the countryside/rural areas will adapt, learn, and can develop further/or locally. Although this method helps solved many problems, but it can also be very problematic. It raised many questions and arguments about doing too much or not doing enough or are they going in the wrong direction. However, it does not matter on how you look at it, the heart of the problem is how it affects the well-being of the people.

Even though Thailand is described as one of the great development stories with significant economic growth, but poverty is still continuing with no tendency to reduce. There has always been great interest in understanding and ending poverty ever since the implementation of the nation's economic development plan. However, good health and well-being was just introduced into the 8<sup>th</sup> Development Plan. The argument made by Layard (2005), is that economic growth or increasing GDP cannot explain development. In another word, poverty still exists despite economic growth and increasing GDP.

Poverty is more prevalent in rural areas of Thailand. In 2000, about 40 percent of Thai population lived below the national poverty line with an income of less than 1,500 baht per month (NESDB, 2015). In 2021, the poverty rate in Thailand slightly reduced from 6.32 percent (in 2021) to 6.83 percent (in 2020) (NESDB, 2021). It is reported that the number of poor is higher in rural than in urban areas. However, this paper will not only consider poverty in relation to economic growth, but will examine and understand other conditions as well. We looked into how living condition affects their ability to achieve their goals. How have things changed over the past 10 years (2005-2016). The goal is to analyze how the availability of resources and household needs to change in objective well-being.

## **Research Objectives**

This paper aims to study and analyze the resources and needs of households on changing in objective well-being over the past 10 years using data collected from 2005 and 2016.

## **Research Methodology**

The method used in this study is the quantitative research which aims to examine the data collected from 2 years during the 10 years period. The first survey was conducted in 2005 on every household in the 3 villages, except for those unavailable and do not want to participate. The total number of households studied were 421 households (HH) with 1,987 people. The second survey was

conducted in 2016 on 60 percent of households in the villages. The total number of households studied were 253 HH with 1,075 people.

The tool used to collect the data is the Resource and Needs Questionnaire (RANQ) designed by Wellbeing in Developing Countries (WeD) program. The research started with 4 countries including Thailand Bangladesh, Ethiopia, and Peru. The program is supported by the Economic and Social Research Council (ESRC), United Kingdom in 2002. Later, the program received funding from Khon Kaen University, Thailand. Thus, the Research Group on Wellbeing and Sustainable Development (WeSD) was launched in 2010 with the main focus only for research in Thailand.

RANQ covered 5 parts for this research: Part 1 - General information, Part 2 - Global Happiness Scale, Part 3 - Human resource, Part 4 - Household resources, and Part 5 - Social resources. The RANQ is also used for collecting second set of data in 2016 with few improvement in multiple choice and some of closed-end question. The objective of the first survey was to compare different cultures, therefore there were questions out of context regarding people in rural areas. These questions were removed from the second survey. However, over 90 percent of the questions were the same as the first survey. The research was conducted with the same household but not necessary the same person who completed it last time. It has to be the person who can give information regarding their household. The questionnaire was completed as targeted with over 60 percent of households from the previous study.

The samples were selected by using multi-stage sampling techniques and the data were analyzed by using descriptive statistics.

Field Sites: The criteria for this study were set purposively since the first survey in 2005. The criteria are 1) the study group must set far away from the city center and more importantly 2) the differences in each area physical geographical characteristic.

1) Ban Lhao (pseudonym) is located in Khon Kaen province. The village is close to the main city with only 15 km away. The village is quite rural with flat landscape which is common in the northeast region.

2) Ban Dong (pseudonym) is in Mukdahan province. It is located the farthest from city and from the Khon Kaen. The village is on the Phu Phan National Park and surrounded with lavished forest. However, the people in the village do not have access to the abundance natural resources because it is a reserved forest.

3) Ban Tha (pseudonym) is in Roi Et province between the Khon Kaen and Ban Dong. The village is on a river plain surrounded with natural resources from the river and from lowland floodplain forest. More importantly, the people in village have access to these resources and have the rights to these lands. This condition significantly differentiates this village from the others.

The three villages are regarded as the representative of northeastern rural areas. They covered all aspects for the study including geography, economic, and society, which can help us better understand changes in objective well-being in rural areas.

## The Conceptual Framework

This paper conducted the study under the rural transformation concept (Kuznets, 1979) and objective well-being concept (OWB) (Sen, 1985). The rural transformation concept discussed the mode of production in small rural that are mainly farm household. The farm household may not be able to compete with modern firm mode of production, because a firm has higher capacity to produced more. A firm has more land, labor, and technology to help with production. While farm household has more limitations (Kuznets, 1979). Moreover, McElwee (2008) classified farmer into 4 groups: farmer, farmer as entrepreneur, contractor and rural entrepreneur. This concept showed that changes can result in multiple possible outcomes for people in the rural areas. Good health and well-being can be achieved through other aspects other than economic growth.

The Objective Well-being Concept (OWB) under the well-being approach by Amartya Sen (Sen, 1985), an important influencer of the concept, is what Thailand has incorporated into the Eight Development Plan. He used the term, “functioning” with the term, “needs” from Doyal & Gough (1984) to developed the capabilities approach. Together with the OWB, we designed the Resources and Needs Questionnaire (RANQ) to collect the data.

## Research Results

The findings show that:

**1. The resources and needs of household on changing in objective well-being over the past 10 years in the Northeast of Thailand.** The results are as follows:

### 1.1 Resources and household needs to change in objective well-being

Resources and household needs to change in objective well-being are break down into 4 categories: 1) Good Health 2) Basic Needs 3) Social Relation and 4) Security.

#### 1.1.1 Good Health

The first research was conducted at the early stage of the 30-bath health care scheme. It was the revolution of Thai health care system. It allows people in rural areas (mostly living in poverty) to access national health insurance. At first, many academics viewed this project as a burden to the government budget and could result in poor health care service which may lead to other problems for the people. If people have access to poor quality health care, then it could result in more people with health problems. However, when people have access to free health care, it could lead to lack of self-care because it is “free”. When we conducted the study, the 30-bath health care scheme have been launched for 15 years and it is still an on-going policy.

However, the argument about “expense” on building better health care for people living in poverty continues. There has been an attempt to change the law and regulations on budget allocations by splitting budget for medical staff, budget for public health care, and other expenses. These arguments were to justify the budget allocation that were only being allocated in area with dense population such as Bangkok. The arguments on the justification of decentralizing healthcare service usually cover areas with economic growth, especially in Bangkok.

The data collected over the 10 years period on household member’s well-being showed slight changes in the number of people with and without health problems. Thus, the number of

people with no health problems in 2005 were 80.3 percent, while the number of people with no health problems slightly increased to 81.3 percent (Table 1) in the second study. According to both studies, diabetes is the leading health problem for people in the community comparing to other ailments. In the 2016 study, more people were diagnosed hypertension when the numbers were insignificant in the previous study and was included with other ailments. It should be aware that the ailments found were from those with regular health check-up. There are some people who were not getting check-up with health problems and still continue their daily life with those ailments.

**Table 1** Chronic ill health and illness

Illness	2016/Village (person)				2006/Village (person)			
	Lao (412)	Dong (482)	Tha (181)	Total (1,075)	Lao (761)	Dong (849)	Tha (377)	Total (1,987)
<b>Chronic ill health in 1 year ago</b>								
Wellness	78.6	84.0	80.1	81.3	79.9	80.4	80.7	80.3
Illness	21.4	16.0	19.9	18.7	20.1	19.6	19.3	19.7
<b>Illness</b>								
Diabetes	5.4	3.1	4.4	4.2	3.2	1.3	1.1	1.9
Hypertension	3.4	4.4	6.1	4.3	n.a.	n.a.	n.a.	n.a.
Gastritis	0.5	0.6	0.0	0.5	3.2	2.3	0.3	1.9
Heart disease	0.5	0.2	1.7	0.6	n.a.	n.a.	n.a.	n.a.
Cirrhosis	0.0	0.2	0.0	0.1	0.4	0.1	0.3	0.3
Rheumatoid arthritis	1.5	0.4	1.7	1.0	0.7	0.6	0.6	0.6
Kidney failure	0.0	0.4	0.0	0.2	0.6	0.5	0.5	0.5
Paralysis	1.0	0.6	0.0	0.7	0.0	0.0	0.0	0.0
Tuberculosis	0.0	0.0	0.6	0.1	0.1	0.2	0.0	0.1
Coronary heart disease	0.2	0.2	0.6	0.3	n.a.	n.a.	n.a.	n.a.
Cancer	0.2	0.4	0.0	0.3	n.a.	n.a.	n.a.	n.a.
Other (specify)	8.3	5.0	5.0	6.2	4.1	7.0	5.1	5.4
<b>Disability</b>								
Disability	97.1	96.3	96.7	96.6	98.6	98.1	97.3	98.0
Ability	2.4	3.7	3.3	3.2	1.4	1.9	2.7	2.0

### 1.1.2 Basic Needs

This paper discussed 2 most important basic needs. They are 1) Land and 2) Occupation. The details are as follows:

#### 1) Land

Land is an essential source of livelihood in rural areas. It is a capital asset that can be use as mortgage for loan to make investment or for emergency. Land can be passed down from generation to generation as heritage. Parents also used land to claim the rights for children to take care of them. Parents believe that without such conditions, they may not be able to make the claim.

Households in rural area of Northeast Thailand consists mainly of marginal farmers. In other words, they possessed small piece of farm land. Over hundred years ago, northeast

region was not very populated but owned large piece of land. Production usually required household labor. Households were not able to expand their business due to the lack of labor. In the present, the number of populations per land has increased. Many households in the areas are agricultural laborer. A piece of land is divided into smaller plots to pass on to the next generation. Therefore, land is smaller and there are more farmers without land of their own because the small piece of land is not worth the investment.

The utilization of land from Ban Lao, we found out that lands were sold due to the economic bubble burst. However, even though lands were sold, farmers were purchasing land in the village farther away from the city because of lower price. Many households possessed lands outside of their village and commute there by automobile or motorcycle during harvesting season. In addition, land could be rent out to people in that village for agricultural purposes. The first study in 2005, the number of people in Ban Lhao using public land was 6.3 percent, but in the 2016 study, the use of public land decreased to 1.7 percent (Table 2). The permission certificate for public land use had been issued, therefore the people no longer have to pay rent. In the case of Ban Tha, the villagers were still waiting to be compensated for the construction of Rasi Salai dam in 2005. The villagers had possession and were using public land which was lowland floodplain forest and was flooded then. Today, the villagers have been compensated and have access to the land and resources required for daily basis.

Land utilization for Ban Dong differs from other villages as it is located in a national park. The villages did not use their lands as much as before. In the 2005 study, officials allowed villagers to make use of public land when they were demanding government to allocate piece of land to the former Communist Party of Thailand. However, in 2017, government became strict on public land use and the village was declared as national park area. In the 2016 study, over 40 percent of villagers use their own land whether is it located inside or outside the village. The reason they can do so is because they have claimed the rights to the piece of land before it was declared as national park.

**Table 2** Land Utilization

Land Utilization	2016/Village (household)				2006/Village (household)			
	Lao (95)	Dong (118)	Tha (40)	Total (253)	Lao (158)	Dong (196)	Tha (67)	Total (421)
Own property	76.3	43.0	97.4	68.5	58.6	66.7	52.4	59.2
The household pays rent	15.3	0.9	0.0	6.4	22.7	8.3	7.1	12.7
Relative (Rent-free)	10.2	0.9	0.0	4.7	12.4	7.1	7.9	9.1
Other (e.g. national park, public park, etc.)	1.7	55.3	2.6	20.4	6.3	17.9	32.6	18.9

## 2) Occupation

Agriculture is the main occupation in rural area. Statistic and analytics found that occupation for people in rural areas varied from before. In other words, many have turn to non-agriculture occupation. Thus, resulting in less people in working in agriculture and leads to higher productivity and wages. The changes over the 10 years period showed that the number of people working in agriculture have declined, while the number of people working in non-agriculture increased.

The study in 2005 found that there are 48.8 percent of people are working in agriculture, while in 2016, the number reduced to 37.1 percent (Table 3). The most significant changes can be seen in the Ban Lao study group where the number of people working in agriculture decreased, while the number of people working in non-agriculture increased.

**Table 3** Household Occupation

Main Occupation	2016/Village (person)				2006/Village (person)			
	Lao (412)	Dong (482)	Tha (181)	Total (1,075)	Lao (761)	Dong (849)	Tha (377)	Total (1,987)
Elderly person	3.9	5.6	4.4	4.7	1.6	2.0	1.6	1.7
Disability	1.9	0.2	1.7	1.1	1.3	1.2	0.8	1.1
Unemployed	4.4	4.4	3.3	4.2	1.1	0.2	0.0	0.4
Student	14.6	17.6	12.7	15.6	18.4	10.8	11.0	13.4
Working in agriculture	24.3	47.7	38.1	37.1	20.6	70.8	54.9	48.8
Working in non-agriculture	40.8	16.6	26.0	27.4	22.8	4.7	18.4	15.3
Business/trading	4.9	1.7	2.8	3.1	8.8	3.8	6.7	6.4
Government Officer/Local Gov.	1.5	1.7	3.3	1.9	1.7	0.5	0.8	1.0
Monk	0.2	0.2	0.6	0.3	0.5	0.3	0.4	0.4
Other (specify)	3.6	4.5	7.2	5.1	23.4	5.8	5.5	11.6

### 1.1.3 Social Relation

Good social relation in study is about participating in local community activity. The study found that Ban Lao has the least number of people participating in local community activity with only 11.5 percent (Table 4) from 95 households. In this case, we found out that people participate less in community activity when the village is becoming more urban. The urbanization of the village effects the way people interact in community. They tend to interact less once they have become more urban.

The study showed significant changes in the participation in community activity. The 2005 study found that 93 percent of household participate in economic activity, while only 1.5 percent participate in social and cultural activity. However, in 2006, 87 percent of household participate in social and cultural activity, while only 1.0 percent participate in economic activity. It can be seen that households were actively involved in economic activity, while still see the importance of social and cultural activity.

**Table 4** Activities and types of local participation

Participation	2016/Village (household)				2006/Village (household)			
	Lao (95)	Dong (118)	Tha (40)	Total (253)	Lao (158)	Dong (196)	Tha (67)	Total (421)
<b>Community participation</b>								
Non-participation	11.5	0.0	0.0	4.6	0.0	0.0	0.0	0.0
Participation	88.5	100.0	100.0	85.4	100.0	100.0	100.0	100.0



**Table 4** Activities and types of local participation (Continue)

Participation	2016/Village (household)				2006/Village (household)			
	Lao (95)	Dong (118)	Tha (40)	Total (253)	Lao (158)	Dong (196)	Tha (67)	Total (421)
<b>Participation activities</b>								
Economic activities	1.3	1.1	0.0	1.0	96.2	92.4	91.6	93.4
Political activities	12.8	13.3	0.0	11.3	1.0	6.0	8.4	5.1
Social and cultural activities	85.9	85.6	100.0	87.7	2.8	1.7	0.0	1.5

#### 1.1.4 Security

Security in this study focused on the importance of changes in national resources and how it affecting households including shocks on household. The 2005 study finds that the number of households experiencing violent incident increased. The number of households without violent incident was 54.2 percent. In 2016, the number of households without violent incident reduced to 19.9 percent (Table 5). Over the 10-year period of this study, households were greatly affected by natural disasters including flood and drought. In 2005, the number of households affected by flood was 15.4 percent, while in 2016, the number of households affected by drought were higher at 39.4 percent.

The number of households affected by other violent incidents were lower than 10 percent, including divorce, accident, and debt problem. Divorce rates were very low in both studies, while number of accidents in household and debt problems were decreasing as well.

**Table 5** Natural and disasters and shocks

Shocks	2016/Village (household)				2006/Village (household)			
	Lao (95)	Dong (118)	Tha (40)	Total (253)	Lao (158)	Dong (196)	Tha (67)	Total (421)
Drought	43.6	39.0	30.8	39.4	4.0	2.6	0.0	2.2
Cyclone	4.3	8.5	0.0	5.6	0.0	0.0	0.0	0.0
Flood	0.0	5.1	43.6	9.2	0.0	3.1	43.0	15.4
Hailstorm	0.0	2.5	0.0	1.2	0.0	0.3	0.0	0.1
Pests/diseases that affected crops before they were harvested	0.0	5.1	7.7	3.6	0.4	0.3	5.0	1.9
Serious illness of family member	14.9	1.7	2.6	6.8	5.7	6.2	5.0	5.6
Death of family member	8.5	6.8	5.1	7.2	6.5	6.0	6.0	6.2
Accident	3.2	0.8	0.0	1.6	9.7	3.6	8.0	7.1
Dispute in the family	0.0	0.0	0.0	0.0	0.8	0.8	0.0	0.5
Divorce	1.1	0.0	0.0	0.4	1.2	0.3	0.0	0.5
Resettlement	1.1	0.0	0.0	0.4	0.0	0.0	0.0	0.0
Imprisonment for non-political reasons	1.1	0.8	0.0	0.8	0.4	1.6	0.0	0.7
Robbery	1.1	0.0	0.0	0.4	0.4	0.0	0.0	0.1
Excessive debt	1.1	1.7	0.0	1.2	6.9	5.7	4.0	5.5
Other (specify)	5.3	0.8	0.0	2.4	0.0	0.0	0.0	0.0
Normal situation	14.9	27.1	10.3	19.9	63.9	69.6	28.9	54.1



## 1.2 Global Happiness of Household

The Global Happiness of household were evaluated from the representative of the household participating in this study. We found that there are significant differences in both studies. In 2005, the Global Happiness of household were 4.8 percent, while in 2006, the Global Happiness of household increased to 28.1 percent (Table 6). However, the study shows the number of unhappiness and somewhat happy household in the first study were 28.1 percent and 67.1 percent respectively. The second study finds the number of unhappiness and somewhat happy household were 21.3 percent and 50.6 percent respectively.

In this study, the objective well-being including good health, basic need, social relation and security have positive changes. Therefore, improving these aspects can have positive impact on the Global Happiness of household as well.

**Table 6** Global Happiness of Household

Level of Global Happiness	2016/Village (household)				2006/Village (household)			
	Lao (95)	Dong (118)	Tha (40)	Total (253)	Lao (158)	Dong (196)	Tha (67)	Total (421)
Very happy	23.2	28.8	37.4	28.1	6.3	4.1	3.0	4.8
Fairly happy	58.9	46.6	42.5	50.6	71.5	62.6	69.7	67.1
Not too happy	17.9	24.6	20.0	21.3	22.2	33.4	27.3	28.1

## Discussions

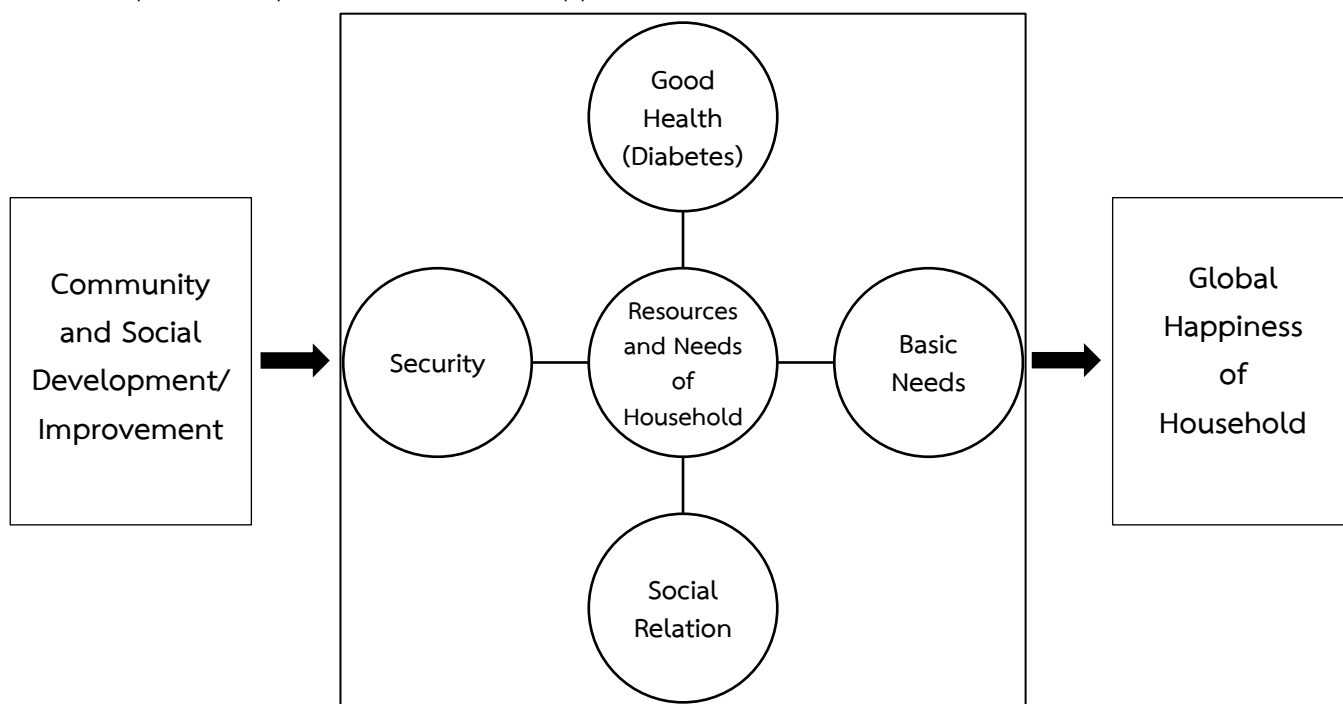
Health of household member do not have significant indication for being better or worse. There is no significant indication of household member health being better or worse. However, over the 10-year period of this study, Non-Communicable Diseases (NCDs) has increased significantly, especially diabetes. Now, healthcare system has the capabilities to deal with chronic diseases that were problematic in the past. Diabetes is a new emerging NCD in rural areas caused by the changes in economic, lifestyle, eating habits, and inefficient quality control of food available in the market. This result in increasing amount of people suffering from NCDs which is a challenge for Thai healthcare system.

The number of youth migrants to urban areas have been reducing comparing to 20 years ago. This study indicates the trend in contrast to changes in the main stream. Rural communities are moving towards, “A World Without Agriculture” (Timmer, 2009). The reason is because of the income gap in non-agricultural and agricultural occupations. This pushed people to move away from agricultural sector, but it is an opportunity to increase productivity through mechanization. Nonetheless, this study cannot assume that people born in the village will remain living there, became a farmer or working in agriculture. On the other hand, we cannot assume that non-agriculture occupations do not exists in rural areas. Changes in rural communities’ result in rural transformation. This phenomenon occurred after the 1997 economic crisis. People were migrating back from non-agricultural to agricultural sectors in rural areas. Academics named this phenomenon, the “Re-Agrarianisation” (Hirsch, 2011), which makes Thailand unable to escape the middle-income trap. This is the limitation for migrants returning home

because of the skilled acquired cannot be deployed to its full extent (Rigg, Promphakping and Le Mare, 2014). In the second study, the numbers of migrant find themselves working in non-agricultural sector is significantly higher than in the first study.

### Originality and Body of Knowledge

The knowledge assets of this paper were 1) over the 10-year period of this study, Non-Communicable Disease (NCD) has increased significantly, particularly diabetes. And 2) Global Happiness of household are significant differences in very happy level. Therefore, improving resources and needs, can have positive impact on the Global Happiness of household.



**Figure 1** Knowledge Assets

### Conclusion

In conclusion, changes in objective well-being over the 10-year period have multiple outcomes. The average land utilization decreases, but only for the areas focused in this study. The decreasing numbers of land use for livelihood is in consistence with the increasing number of non-agricultural occupations in rural areas. It indicates that villagers were relying less on using their land for livelihood. The study finds that there are new emerging NCDs in rural areas. The two categories with positive changes in objective-welling are basic need and security. The study shows that there are both positive and negative impact on social relation. However, the villages viewed and evaluated themselves as having better economic status with increasing Global Household Happiness. Thus, admittedly, the villagers have the capability to meet their needs and having better objective well-being over the past 10 years.

## Recommendations

### 1. Policymaking Recommendations

Objective well-being changing in Northeastern Thailand has positive outcome in most aspects with the exception of health problems. Even though there has been increasing improvement in healthcare system and accessibility. However, there is a need to improve on preventing Non-Communicable Diseases.

### 2. Recommendations for Future Research

A pilot study is highly recommended and should include local authorities so that they can actively respond to problems, especially for urbanizing areas. Objective well-being should be taken into consideration when creating policy to develop rural areas.

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