

Human Insecurity and Development Policy in Asia:
Land, Food, Work and HIV in Rural Communities in Thailand

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Abstract

Conventional ideas of human security grew out of post-war Basic Human Needs, and now include ways of identifying threats to human security, regions of insecurity, the relation between under-development and insecurity, and the designation of those who may be qualified to remedy human insecurity. This structure, however, is not capable of resolving the 'new' threats to human security experienced by local populations such as food insecurity, incapacitating gender disparities, and HIV. Threats to human insecurity that have been 'newly' identified also relate to previous policies to enhance economic growth and exports in developing countries, yet also led to greater movements of destitute or unskilled populations, loss of subsistence, and HIV. The local economic and social backgrounds to human insecurity arise from cycles of landlessness, illiteracy and joblessness that further threaten the human security of the region. With the new focus on human security a new understanding is possible of such local and daily insecurity and its impact at the national and international levels.

Key Words: Human insecurity, HIV, gender, local perspectives, poverty, Basic human needs

1 Introduction: Human Security and the Consequences of Globalisation

Human security, in its most fundamental meaning of access to physical safety and basic well-being, is better known by its absence rather than its presence. The postwar era originally saw notions of human security being related to human rights. The United Nations' *Universal Declaration of Human Rights* of 1948 included the phrase 'security of person' without specifically defining it. Attempts to specify the link between the rights and the security of humans produced such broad definitions as 'freedom from danger, poverty, or apprehension'¹⁾. With the changes in development and global planning that began in the 1970s, however, definitions of human security became more focussed and at the same time more concretely based on already emerging definitions of Basic Human Needs. The International Women's Year in 1975 promoted a focus on gender issues, the United Nations Development Plans during the 1970s and 1980s promoted a focus on basic needs as access to health, education and nutrition, and by the time of the UNDP's first Human Development Report in 1994, the categories of threats to human security had been established. All of these, however, emphasise the continued existence of general threats to human security. The Project on Global Environmental Change and Human Security's definition of human security designates threats to seven kinds of security: economic security, food security, health security, environmental security, personal security, community security, and political security²⁾.

There is a similarity in the definitions of human security and of Basic Human Needs. It grew out of the Basic Human Needs designations of post-war development planning. These included surveys of and programmes for access to the most basic forms of nutrition, health care, and education. With the increasing focus on domestic and cross-border conflicts driven by post-independence realignments in some developing countries, the basic human needs categories also came to include physical, social and environmental safety, and political (including domestic and cross-border) stability both in terms of ability to participate in political processes as well as freedom from internal or external attack. This wider focus brought basic human needs issues closer to issues of rights and national or local security, and provided the basis for the current human security concerns. At the same time, the concrete issues addressed by basic human needs planning are helping to focus

1) Canadian Global Change Program. 'What is Human Security?' *CHANGES: An Information Bulletin on Global Environmental Change*, Issue No. 5 (1997).

2) This project is coordinated by the Canadian Global Change Program, The Netherlands Human Dimensions of Global Change Programme and the International Human Dimensions of Global Change Programme.

ideas of human security onto individuals, communities, and the specific factors in human insecurity as articulated by those who experience them. Here, the impacts of global phenomena such as entry into international markets, the greater movement of people, and the greater demand on environmental resources can be observed in the local areas, and with the people they directly affect.

In terms of interventions, or development projects undertaken between developed and developing countries, basic human needs required a conceptual focus on economic development as well as on population criteria. Economic models rely on aggregate statistical measurements of entire countries or regions such as the GDP and the flow of capital and labour. They also rely on other conventional, usually numerical, methods of assessing a region's current economic situation on the national level. Population models traditionally looked at social infrastructures such as community and family structures, welfare policies, employment policies and education. Current population models within human security also look at how globalisation affects and is affected by the spread of IT, and how globalisation impacts on migration and the labour force.

I mention these two, economy and population, because statistically they are the entities that have dominated surveys and analyses of less-developed countries since the end of World War II. Neither entity, however, specifically refers to the people that live in a country and their daily practises, skills, or knowledge. Even the word 'population' refers to an aggregate statistical measurement and its potential applicability to planning, revenue and expense, not to the people involved. These are categories of convenience. What happens when categories of grounded experience with human insecurity in developing countries start to impinge on them?

It was the absence of the criteria to meet basic human needs that qualified some countries to be called less-developed and to become the economic and political wards of developed countries in the global development effort. Similarly, it is the absence of certain kinds of human security that qualifies these same less-developed countries to continue to receive the interventions of developed countries. This has meant a greater focus on the impacts of economic development and globalisation on human security. These are seen to impact on specific types of human insecurity within developing regions. But issues of globalisation and economic development also intertwine themselves with the entire processes of defining, targeting, and implementing policies for human insecurity.

Total human security has not been identified in any country to date, but discussions of the needs and lacks in human security have been focussed on the developing countries. The processes of identifying the *lack of* or *threats to* human security, of linking it to

specific regions of the world that had in the past been identified as needing economic or political interventions, of specifying the relation between the newer category of human insecurity and the older categories of economic, political or social under-development, and of designating the desired remedies for the lack of human security by means of the countries, experts, and methods which should provide it, are also part of the process of globalization in several ways. Human security has become a discursive process, a North-South governance debate process, an internal policy process within developing countries, and a policy process that is also transacted across their boundaries with their neighbours.

1) Identifying human security and its absence

There are two ways of defining human security on a situational basis. One is to identify basic needs and their fulfilment, with the lack of human security being the dependent variable that indicates the lack of fulfilment of a certain number of these needs. But the second way is to identify human security in the abstract to identify basic needs and their fulfilment, with the lack of human security being the dependent variable that indicates the lack of fulfilment of a certain number of these needs. But the second way is to identify human security in the abstract *by* its absence, or something that can only be absent or unfulfilled. As a conceptual model, human security is something that can be calibrated as to its incompleteness.

This leads to the method of comparing levels of human security, but the comparative method requires areas to be compared. Inevitably, regions expected to have lower human security values are almost isomorphic with areas that have previously been defined as less-developed, whereas areas that try to define and implement human security are areas that are already defined as more highly developed regions.

2) Regions of insecurity / regions of ' security ' ?

Is it appropriate to describe human security in terms of regions, as though there were geographical and spatial conditions to human security? Naturally not. ' Regions ' are used metaphorically to refer to the populations residing in them, who are apparently responsible for the level of human security that they have been designated as having. Why do certain regions, normally the developed regions, appear to offer greater human security than other regions, typically the less-developed regions? What are the parameters of human security that allow developed countries, despite crime, social problems, high cancer rates, and environmental degradation, to offer higher human security indices? What existing measurements and categories of politics, economics, or social development formed the

basis for measures of human security?

First, human security is defined in many ways, but there are restrictions on ways that it cannot be defined. For example, it is not possible under the present framework to define human security in such a way that the United States or Japan would fall into the less-secure group of nations. If we look at this closely, we may wonder why. After all, the United States has a high rate of crime and violence, an ongoing history of involvement in foreign wars and conflicts, and a literacy rate lower than that of Thailand. Japan, despite its obvious advantages in terms of relative income and of national health care, still labours under institutionalised gender discrimination, unsafe workplace environments, and widespread personal violence (bullying) among children and adolescents. Does this mean that the human security of advanced nations has an underlying definition of income and access to commodities alone? Not necessarily. Let us look at some other factors that underly current attempts to measure human security. Two examples from Thailand will suffice.

The first is an example involving personal security within a framework of large-scale cross-border movements. The Control Risks Group, a private firm in London, recently estimated that Thailand's 'risk' for Western travellers and residents should be upgraded from 'low' to 'medium'. The reason given was that the large number of Westerners as well as Israelis who visit and work in Thailand makes Thailand a target for terrorist attacks [*The Nation*, Bangkok, 13 November 2003]. In other words, Westerners can be seen as security risks *to themselves*, but only if they are *outside* their own countries. Western countries, which obviously house a far larger number of Westerners than the number living in Thailand, are not rated as medium or high risk areas on the grounds of their having Westerners, although this would be logical. Within such a framework of assumptions, personal security risk is a *self*-risk when and if the self travels to a country that has already been designated as less-developed, with or without the human security framework. Similarly, Thailand was seen as offering a 'medium' level of risk because its borders are 'porous'; these borders are borders with the countries of Myanmar, Laos and Cambodia. By implication, then, the porousness of borders with neighbouring countries, which is equally true of the United States, France or Sweden, is only a security risk when the neighbours are who they are, in a kind of circular argument whose underlying assumptions need not be stated. Finally, the risk within Thailand to Thais or other non-Westerners, though obviously high should a terrorist attack actually occur, was not taken under consideration.

The second example involves a controversy over the proposed use of land to build

factories in Klong Dan, Thailand. The issue debated between the Land Office, which has supported the use of the land by corporations to build factories, and the Environmental Office, which has questioned it, is the existence or otherwise of ' public waterways ' on the land. This is a uniquely interesting conflict for one reason: water resources are of course a major and universally acknowledged aspect of human security, but water resources may not be easily visible, measurable, or conducive to agreement on the volume of their use by the potential future population of the area. The potential for contested policy space for underground water resources that have not been fully measured, and the potential for contested policy space for future projections of population contrasted between the introduction of factories versus the sustaining of indigenous rural land and population, are vast. Underground water resources, aquifers, and the projected need for irrigation canals if agriculture is to be sustained, are less easily provable in empirical or bureaucratic terms. Indeed the Land Office, in supporting the manufacturer s application for title deed to the land, used only aerial photographs of the land to show clearly visible rivers or the lack thereof. In this case, similar to the global debate on the contribution or damage done by the construction of large-scale dams, what is at issue are three things:

- 1) The question of the necessity or otherwise of projections or pre-evaluations of the potential benefits and harm of large-scale changes to the living environment
- 2) The question of what is, literally, to be ' discovered ' or ' mined ' as a ' resource ' and designated for human use on a large scale
- 3) The question of, or contestation over, the public or private ' ownership ' of the discovered resource; that is, of which humans should be allowed access to it and which humans will have less ' need ' of access to it.

In this system, nearly all previously recognised material resources are or have been mined, mapped and codified, whether they are clearly visible to the ordinary user of them or not. Indeed one of the functions of the modern nation-state is to comprehend and specify all existing and potential material resources for its use. What the human security framework has added here, however, is a new, not yet filled, category of resources to be mined, specified and ' owned ' whether publicly or otherwise. These resources exist under the ground, within (not as) water itself, soil itself, air itself as certain particles (or absences) in these elements (such as greater percentage of oxygen or filtering out of pollution). They also include intangible resources such as those that advanced nations are presumed to possess, such as capital circulation and accumulation that can cover pension and health

care expenses or even the more intangible ' goods ' that Amartya Sen indicates, such as the feeling of not being humiliated to appear in public thanks to relative parity with one 's neighbours. It is only in recent years, indeed with the coming of human security and its experts such as Sen, that such elements were ' discovered ' and openly articulated as needs in human security. To return to the question of why, then, the U.S. or Japan are supposed to offer higher human security while Thailand, with its greater food security (than Japan) and higher literacy rate (than the U.S.) is not, we have only to consider these recently ' discovered ' tangible and intangible elements defined as constituting human security. These are precisely the elements that advanced countries have developed ways of manufacturing or creating indeed they are they only elements of security that advanced countries have in real abundance and that they have not yet transferred or marketed to less-developed countries.

3) Human security and the under-development argument

In purely economic terms, less-developed countries are those with a lower GDP. Since the 1994 Human Development Index, less-developed countries have been shown to have a far more complex relation with components that overlap between Basic Human Needs and Human Security. These components are ' sufficiency ' in terms of food and medicine (whether traditional or Western) as well as access to education conferring literacy and employment opportunities. Yet despite nearly 10 years of demonstrations that literacy rates, food security and GDP do not necessarily overlap, countries with medium to low GDP are typically the ones designated as having threats to human security. How has a lower GDP been made to reflect conditions that define human insecurity? More importantly, what does the GDP measurement not reflect?

Broadly, the countries of East and South Africa are examples of those with low human security in terms of internal conflict, and they are also those currently suffering from famine, HIV rates as high as 40%, and low literacy rates. India, however, which also has an HIV epidemic and a nearly 50% illiteracy rate, is not perceived as having comparably serious threats to human security. The micro-level differences between these two areas of the world are considerable, but the major difference that determines human security ranking is in this case GDP. India 's GDP and GNP are both far higher than those of the African countries. Let us look at what good GDP figures tell us about a country:

Foreign direct investment, which signifies stable relations with foreign, especially advanced, nations

Industrial productivity and industrial income

According to IBRD categories, spread of post-industrial goods and services such as telecommunications, and computer use for electronic data transfers and Internet

What we see from the three categories I have selected above is that the GDP, and consequently the assessment of human security, depend on aggregate measurements of production, income and consumption that remain within the realm of business and international relations, but not necessarily within the population at large. Just as the GDP is missing the situation of the local community or the individual which, as in India, may differ widely from the country-level picture, the human security assessment of a country is also missing important components on the local, community and individual levels. Unlike the GDP, however, human security, precisely because it focuses on human abilities and needs, is vulnerable to, and weakened by, such gaps in its framework. Paradoxically, it is these gaps that we ultimately rely on to radically alter its definition and its implementation.

Under the new Human Security framework, countries that were once seen as under-developed have become, without much change, countries that suffer from a lack of human security. Like their under-development, their human insecurity is not only localised within themselves, but is seen as part of a broader, generalising paradigm that afflicts countries precisely because they are the countries they are. In other words, like economic under-development, human security approaches look at a country's human security as simultaneously an *economic*, a *political*, a *social*, and a *cultural* phenomenon. The UNDP's Human Index was able to piggy-back onto earlier notions of economic development because it simply expanded the notion of under-development to include everything heretofore scientifically measurable about a country, not only its financial transactions. The country's politics, its social levels and organisation, and even that vague entity, its culture, came under scrutiny as possibly lacking those elements that could assist the country to develop economically or as possessing such elements but without knowing how to use them.

4) Who should remedy human insecurity?

Human insecurity is not defined as a fact, but as a condition that preserves and necessitates the relation between developed and developing countries precisely as developed and developing. As such, the attempt to progress towards human security is of necessity a globalised, trans-national and ongoing effort. As seen above, human insecurity

reflects the basic assumption that developing countries will rely on the developed countries' economic, political and military systems. After World War II, the confluence of lower levels of development, as shown by measurements of poverty, disease and education, with the military and political instability of less-developed regions was made clear during the Cold War and the standard division of the non-Socialist countries of the world into First and Third World countries. The post-war emphasis on the military and political security of First World countries could arise within an international framework in which Third World countries were seen as potentially destabilizing factors. Measured in financial terms, the major aim of Third World aid was still to keep the political and economic threats of Communism and insurgency, including insurgencies in newly-independent former colonies, at bay. Along with the military aid and control of less-developed countries came the economic and social forms of aid that aimed to reduce social conditions that are seen as giving rise to political instability: poverty, famine and deprivation of access to other social benefits such as education and health care. In this context, the need to stabilize or reduce disparities in access to food, income, education and health became, despite their conceptual origins as part of military and political stability, the designated factors in Basic Human Needs, and subsequently of the UN's Human Development Indices. What did not change, however, was the assumption that countries that were 'rich' in certain factors, whether military and political stability or in income, education and health care, were the ones that could and should help those that were poor in such factors. This enabled advanced nations to develop a relationship in which the government, business, and professional sectors of the human-security-rich nations could enter and participate in the governance decisions of human-security-poor nations, a relationship that is essentially and inevitably non-reciprocal.

Finally, human security policies assume, and necessitate, 'global,' that is, transnational, policies and implementation by first-world actors. In this framework it is no good protecting the security of Thailand, for example, if the 'security' of neighbouring Myanmar is supposed to be questionable. Yet this brings back an age-old dilemma. There is a tension within the approaches to, and implementation of, national security within an international security framework. How does one country protect its human security without intervening in, or being intervened in, by another? The long-standing debate among ASEAN nations, particularly Japan, on the Amity Code of Conduct highlighted this dilemma. The Amity Code demands non-interference in the internal affairs of other nations, a rule meant to curb aggressive interventions by rogue states. Myanmar, however, uses the Amity Code to block interventions in its governing policies by other members of ASEAN.

What this contrast means is that cross-border actions in the name of human security are now more clearly demanded than were the cross-border nature of economic and Basic Needs assistance. Theoretically it was possible to assist an individual developing country economically without involving its neighbours, although in practise this scarcely occurred. With the advent of the human security framework, however, it has been made clear that 'interventions' of economic, social, or military kinds will not be limited to a two-nation relationship. With human security, advanced nations are announcing that they must and do protect their own national human security by involving themselves with the definitions, policies and practices of human security in other, less-developed nations on a global scale.

Nonetheless, long before human security became a fashionable term, nations, regions, and communities in developing areas had various ideals of human security and various ways of trying to achieve it. Successful civilisations have always attempted to maintain public order, mete out justice, circulate necessary knowledge and information, and provide systems for care of the sick. Likewise their tributary states were normally given the task of replicating and administering such systems on a smaller scale, with communities and villages (or town districts) being the smallest unit of such security. And although modernisation and globalisation are two of the biggest changes to come their way, they frequently coped with outside change as well as internally-motivated change. Under the economic globalisation of market, production and employment demands, local communities in development modify their existing and traditional security structures in a variety of ways. Some aspects of globalisation threaten their previous order, including their personal security and food security. Other aspects of globalisation may offer greater security, whether of income or educational opportunities. In addressing these more local, more traditional, and more human types of security, however, we must first make a clearer conceptual and logical distinction between those things that are thought to be elements of potential human security and those things that are perceived by their possessors as actually *being* human security.

2 New Perceptions of Human Security

1) Human insecurity: nation-state versus local concerns

As the foregoing suggests, human security from the global point of view is based on definitions of developing countries by the developed. But can definitions of human security be grounded in the contested, and shifting, realities of daily life in a developing country?

Human security, in the least developed areas, would be defined, melodramatically or not, as a life or death matter. Staying alive, whether as an infant, child, youth, or adult, is necessarily seen as the first and sometimes only condition of human (in)security and the incontrovertible criterion of any others. The chronic – not acute – main conditions that threaten life, and thus determine the conditions under which daily life must be conducted, are food insecurity and epidemic disease. The root causes of these two, however, and of their spread, are not so easily specified. Under globalisation, however, they have been highlighted both as causes and effects of human insecurity. Looking at examples of both, we can see where definitions and categories of human insecurity can take new directions. One is any sort of surveys, descriptions, or remarks from those who experience human insecurity. Another is the kind of information and its contents that could show us how local initiatives, responses and practises operate in their own territories, as opposed to simply passively experiencing human insecurity. A third are the ideas and knowledge possessed by those who experience, and invent practical, locally-grounded measures, to deal with their human insecurity.

First let us look at one of the most fundamental and yet least considered aspects of human insecurity: fatal disease, and the politics and economics surrounding it. As David Graham and Nana Poku have pointed out, the most serious threats to human security are threats to the health ‘ of the individual or the population, ’ and indeed modern weaponry includes weapons that induce illness. Population (and its survival) is linked to territory and its possession, which define statehood. Graham and Poku continue, ‘ it is interesting that much of the language related to disease is the same as that used in conventional discourse on security ’ (226):

if the population of a state has been destroyed then there is no national security threat. Even if significant numbers of a national population have been maimed ... then issues of economic security and defense capabilities are raised. However, the large-scale death and injury associated with conventional warfare are nothing compared with the statistics of mortality and morbidity related to disease (203-4).

In this context, let us look at the close associations made between fatal disease and not only the Human Indices of poverty, low education, migrant labour, and gender disparity, but also with conventional human security concerns. In June 2001, the UN General Assembly Special Session on HIV / AIDS adopted the UN Declaration of Commitment on HIV / AIDS which states that ‘ ... the global HIV / AIDS epidemic, through

its devastating scale and impact, constitutes a global emergency ... In the next ten years, many more people will be dying of AIDS than of conflict or other emergencies (23). Here the comparison of HIV to a conflict situation in which ' combatants ' will all be killed is made clear. The point is similar to the one raised by Graham and Poku above, that disease is considered a human security concern when it threatens the ' population ' in its meaning of the ' state '. In this sense, the conventional security concerns of national and military security are brought to bear on the newest phenomenon which is seen to threaten them. It is no coincidence that surveys and tests of HIV prevalence in many countries concentrate on military populations.

As I mentioned above, human security is always seen as a matter of life and death. A deadly illness, therefore, can be easily entwined both with conventional and human-development notions of human security. A further conventional security concern, that of economic security and in particular the economic relations between North and South, clearly appears in the linking of HIV with human security. In April of the year 2000, the World Bank and International Monetary Fund made the following report:

More than 95 per cent of people with HIV live in developing countries, which are suffering lower growth and investment and deteriorating health and education services. In the worst-affected countries ... average life expectancy has been shortened by 17 years. James Wolfensohn, World Bank president, has described Aids as ' a major development challenge, if not the most important development challenge confronting us in Africa today '.

The bank 's latest research suggests that when the adult infection rate reaches 8 per cent it is already at that level in 21 African countries it reduces per capita growth rates by 0.4 per cent a year. The cost of Aids prevention and care, 2.5 per cent of gross domestic product in some countries today, could rise to 6 per cent by 2010.

Further, the linkage between HIV in poor areas and human insecurity is, as pointed out by Graham and Poku above, a nation-state survival concern in the most basic sense of preserving population and the human resources for economic activity and defence. Population statistics, therefore, are those that are generally used to marshal support for HIV prevention programmes as a matter of human security. Population specialists and demographers use the following examples: in Botswana, where the rate of infection approaches 40%, it is estimated that there will soon be no teachers or doctors left to train people in how to prevent or treat HIV. In Cambodia, which has one of the highest

infection rates in Asia, and China, which has the region 's most rapidly growing epidemic, unless prevention efforts are implemented and succeed quickly HIV could be transmitted throughout the entire nation within a matter of years (Eberstadt). Approximately 42 million people worldwide now have HIV, a figure that does not include the approximately 20,000,000 that have already died of the disease; over 15,000 people are infected per day. Thailand, which had Asia 's worst epidemic until the mid-1990s, managed to lower its new HIV infection rate by 75% by 1997. Yet it was from that same year, 1997, that Vietnam 's HIV infection rate began to skyrocket in its urban areas.

The evolution of threats to the human security of mainland Southeast Asia that HIV poses has required that national policies constantly be evolved and adapted to meet it. Thailand 's neighbours, Myanmar and Cambodia, both have high or rapidly growing rates of infection and populations that cross the border into Thailand on a daily basis. Clearly, the human insecurity components of incurable disease, cross-border movement, and the early stage of economic development that pushes populations unskilled and untrained in modern employment to take on the risks of selling their property, dropping out of school to work, risky work, risky workplaces, and risky alliances with other people along the way. These ' risks ' are, in fact, the threats to or lacks in human security that we were talking about earlier: joblessness, landlessness, lack of education, lack of access to adequate nutrition, lack of access to ' secure ' human relationships. Policies often do not address some or all of these issues, with the result that community-based daily coping strategies evolve their own methods, which in turn eventually push policy in the direction of addressing human security for human communities. Several of these less visible but quite crucial security issues are given below.

2) Grounded definitions I : Basic Human Needs in the global era

In poor rural areas of Southeast Asia, a well-known paradigm of human insecurity is the cycle of landlessness, consequent lack of assets for basic human needs, and poverty, HIV, drugs and other conflict. The rural population accounts for the greater part of the production, economy, society, and management of natural resources in mainland Southeast Asia. In all developing countries with HIV epidemics, the rural areas start with far fewer resources, including those considered the foundations of human security, to combat the disease than the urban areas. Urban areas, with their proximity to and impact on policy making and health resources, offer far more numerous ways to cope than the impoverished and service-poor rural regions. Yet it is these areas that have the largest population and thus the largest human security problem when it does exist.

Further, sooner or later the cross-over of the problem to the mainstream from the community or population that has been economically or politically isolated as “disadvantaged” will occur. In other words, human security is itself conceived as a disease: it spreads from one region to its neighbours through human interaction. Human insecurity has been defined as something that can only happen through people or be caused by people. Even a natural disaster only becomes a basis for human insecurity when it occurs in a populated area – and even more so when that population must move out of their homes because of the disaster. A major earthquake in Antarctica, for example, would not become a human security issue. By the same token, human security is supposed to be something that is decided and implemented by people. Despite political, economic, or discursive efforts to isolate human insecurity within “disadvantaged” groups or areas, the fear is that it will spread upward and outward. The reach of human insecurity extends to urban, middle-class, and cross-border venues. The carriers of human insecurity are the poor, the contagiously ill, those from a hostile group in conflict, all those who move from one district to another, bringing or causing human insecurity. The only problem is that, in the current formula, those who decide the human security policies and measures are not the ones who are experiencing human insecurity directly at the time.

Endemic poverty and the life practices that go with it are the subject of the UNDP research that I undertook in 2001 order to revise policies to prevent the greater general insecurity and specific pauperization that HIV brings with it. The various categories of human insecurity below sometimes overlap with the 7 categories originally proposed by the United Nations, but many of them are ‘new,’ that is, less-known to policy specialists but experienced on a daily basis by the populations living in human insecurity.

Labour migration

First, sexually transmitted HIV is related to labour migration patterns in impoverished rural communities, which themselves stem from the changing kinds of human insecurity that rural development brings with it. Sexually transmitted HIV needs to be considered and addressed by policies that reflect the gendered behaviour and economic status of the current HIV positive population, the majority of whom are in the poorest communities of the developing world. Further, most of this population is undereducated, which makes migration for unskilled and seasonal labour their only choice for job income. Migration, through its combination of removal from home and community, single-sex work groups, exposure to bosses and clients who have the economic power to encourage risky behaviours, and peer-group pressures, forms one of the highest work-related risk

environments for HIV. The poorer the worker, the greater his or her chance of working in this highly risky environment.

Information access

The highest death rates from HIV are within the 20- to 40-year-old age group. Without the 20- through 40-year-old labour force that is the mainstay of production, poorer countries face an enormous developmental challenge, not only due to the loss of their labour and income but also due to the necessity of providing for the children and elderly they leave behind. Certain informational strategies against HIV that led to a degree of success in Thailand have been imitated elsewhere. A national information strategy that combined both traditional human networks and hi-tech information networks was successful in reducing the rate of HIV infection in Thailand in the mid and late 1990s. What has not been undertaken yet, however, is a follow-up to that strategy that can provide the necessary information for the next step as well as provide economic and other kinds of support for the communities that have already lost their labour force.

Gender disparities

As far as the relation between HIV and gender is concerned, there are still a large number of factors that remain unexplored. Legal and social aspects of gender equality as well as biological aspects of sexuality impact HIV risk in numerous ways. But no neat conclusions are possible as yet. HIV prevalence rates are still high in western countries that are presumed to have greater gender equality than developing ones, for example. Yet one thing seems clear: the lesser human security of women in development is based in their social position which gives rise to less ability to negotiate threats to their human security threats that men also experience. Above all women, even when well informed of HIV risk, have less power to negotiate threats and risk situations. Yet in developing countries in non-Islamic Africa and Asia, they also bear more than 50% of the burden of providing food and income for the rural household, particularly when the adult male is ill or dying. The human security of a woman is crucial not only for her personal sake or that of the 51% percent of the statistical population that she represents. It is also crucial for the sake of the other members of the household and community whom she supports and keeps alive through her reproductive (household) provision of their human security needs. In other words, the current newer paradigm of human (in)security, which focuses minutely on individual forms of security such as personal poverty, personal lack of education, and personal lack of income, must urgently take into account the human security of the entire

household, as women support not only their own survival but that of the household and community.

Poverty

Poverty and economic recession have been experienced by all Asian countries in development. Yet national and international aggregate measurements of poverty, such as GNP and GDP, as well as the policies adopted towards these issues have frequently failed to take into account their subsequent impact on the household and on gender. Specialists on AIDS, gender and development have commented that wherever 'the focus is on the gross national product (GNP), on imports and exports, balance of payments, and efficiency and productivity ', the effects on men 's and women 's economic activities at the household level are ignored (Kirmani and Munyakho 164; Reid 27).

Food Security

There are two major examples of the relationship of food security to HIV. In Botswana, Zambia, and other regions of Southern Africa recently affected by food shortages, women and children sell sex for food. This type of food insecurity and its related coping strategies are an indication of extreme poverty. But they also point up the relationship between the prevalence of human security issues, in this case food insecurity, and the uncontrollable spread of HIV.

The second example is found in the agricultural sector of the mainland Southeast Asian economy, which is characterised as an export economy. Food production for export earnings is undertaken along with or in place of household food subsistence. This outward-oriented type of development can earn foreign currency. But it also brings about negative impacts on the agricultural household and community, which are among the prime loci for the transmission of HIV in Thailand and Vietnam. The Vietnamese government, as well as some of its international aid donors, has primarily targeted intravenous drug users (IDUs) and commercial sex workers for HIV interventions. Yet as with Thailand, the greatest and most rapid spread of HIV is within the provincial household: ' the majority of patients contract the disease via unsafe sexual activity, resulting in HIV transmission from husbands to wives and children (Family Health International).

I would like to discuss the so-called ' hidden ' costs of modern development policies and their impact on the sustainability, or lack thereof, of the majority rural population in Asia. HIV is a major example of these costs and is closely related to sustainability. The

main development policies that can be linked to HIV and the greater povertization it causes are

1. Export-oriented economic policies requiring unskilled factory work and plantation agriculture.
2. Construction of infrastructure, including transport and public facilities.

As has been discussed elsewhere, development policies have not been an unmixed blessing. The two categories above provided employment, cash income, and a higher standard of living to many in rural areas. The problems, however, arise along with the benefits. The kinds of employment offered by construction, tenant farming on large plantations, and trucking, for example, are available to less-educated, unskilled workers and can absorb a great deal of that workforce in the poorest segment of the economy. But these kinds of employment also carry the greatest risks and harm, not only for HIV but for other modern problems as well. These include exposure to toxic agricultural chemicals and physically unsafe work conditions.

3) Grounded definitions II : landlessness, illiteracy, unemployment

Whether human security is discussed at the international policy level, or experienced at the village level, it consists of two or more factors that are inextricably entwined. Perhaps because of the origins of the human security concept within the Basic Human Needs paradigm, human insecurity is never conceptualised, and almost never found, as a single entity. Absolute poverty, for example, is frequently considered along with other factors such as low education, illiteracy, disease and crime. Which of these are causes and which are results has been impossible to say. Unless we formulate a clear notion of what specific factors are interlinked and how they interact, however, human security will remain elusive in rural Asia.

Extreme poverty in Asia is usually found for a handful of interlinked reasons: landlessness, lack of access to education, and lack of access to regular employment. The poorest of the poor are those who lack the material resources of productive land and a basic education. Unskilled seasonal employment in trucking, tenant farming, and construction will be taken mainly by people in this category. Further, military service is a favourite choice: uneducated men entering military service will have at least 2 years of housing, food and income provided to them automatically, thus reducing the burden on themselves and on their families to provide for them. The landless poor of Asia, having no

land, have no means of production: nothing to eat or to sell. They will thus perpetuate the cycle of dropping out of school at an early age because school fees and associated expenses are prohibitive. Subsequently, lack of education will mean lack of access to better-paid or regular employment. Seasonal unskilled employment, usually requiring mobility away from home, will be the main choice for those who have no other source of income. In mainland Southeast Asia, poor rural families send both men and women to work in construction and tenant farming. Without income from both genders, the daily expenses of the household will not be met.

If basic human security is to depend on staying alive, then mortality, as exemplified by the HIV epidemic that grows out of the insecurities detailed above, is its opposite. Bhassorn, drawing on Ford and Kittisuksathit, remarks that '... several social, economic and cultural factors contribute to the epidemic in this region [the rural North of Thailand]. For instance, the increased demand for manual labor in construction and other types of industries has brought about a large volume of labor mobilization from rural to urban areas, including commuting, seasonal moves and even the permanent stay (5). If we look closely at figures for people in the highest risk categories for HIV, there are some surprises. In countries such as Thailand with a longer-established HIV epidemic, it is not the commercial sex workers who are in the top risk categories. The top risk categories are migrant labourers and agricultural labourers (Thailand Ministry of Public Health 2002). These categories conform to the employment categories I mentioned above, the ones that the poorest and most uneducated of the rural population resort to when economic development brings with it the need for cash income to purchase items that were at one time produced in the home or the community. Their ' new ' insecurity kick-starts a cycle of further insecurities, leading, in the worst cases, to fatality from HIV.

In the context of the pauper s search for jobs, Graham and Poku emphasise that ' Viral traffic is enhanced by human traffic (206) :

increasing urbanization and migrant labor in developing countries, linked with improved infrastructural provision, means increasing fluidity of population [internal population movements] ... this means that infectious disease can be more problematic in developing countries. Rapid HIV transmission in much of Africa and Southeast Asia probably best exemplifies this (210).

What is often overlooked, however, is that very little migration, in terms of spatial distance, is necessary in order to enhance both the varied threats to daily security and actual

exposure to HIV. With the landless or nearly landless poor, micro-migration, or migration for short distances away from home to undertake temporary jobs, occurs much more frequently than long-distance or long-term migration. And it is this repeated micro-migration that is found in rural villages with the highest incidence of poverty, illiteracy, and HIV in Thailand such as the villages in the provinces of Chiang Mai, Chiang Rai and Phayao. Rural Chiang Rai province had the earliest and severest epidemic in Thailand, while the villages of San Patong district in Chiang Mai showed a 9-fold increase in reported HIV between 1993 and 1995 (Bhassorn quoting Rasakulkarn, 7). Most destitute rural households in these Northern provinces did not send family members to work in Bangkok or abroad. The work pattern was far more likely to be that of hired, temporary labour at plantations or at constructions projects closer to home. Thus development projects, while attempting to alleviate certain kinds of insecurity such as poverty, opened the door for new insecurities.

4) Local Human Security 's ' Hidden ' Threats

Threats to human security at the local level are often ' hidden ' threats. Simply put, they are not the threats that human security conceptual frameworks and national policies take into account. They are nevertheless the threats or actual insecurities that rural communities cope with, win or lose, and that form the basis of the human security of the whole nation. From 1999 to 2001 I participated in or led surveys of households that had lost one or more working members to HIV in rural Thailand. I was looking at cost burdens of various kinds, including economic, time, and opportunity costs, all of which are, in local terms, the loss of human security. Most, but not all, of the survivors who were trying to support the family were women. From these surveys it was possible to grasp the economic situation of poor rural communities with a large number of human security issues as well as PLWHAs. It is also possible to realise the reason that certain human security threats, although well-known to the local participants, may be ' hidden, ' that is, not taken into account, in development paradigms and policies. Unmet costs on the household level, and their subsequent burden on the village community, are seldom examined, but when they are, they can be included into community and national development planning.

Regular household expenditures that are most affected by the loss of a PLWHA³⁾ are the expenditures for the children 's schooling, clothing and meals, as well as some of the upkeep for the older generation of grandparents, who may no longer be able to engage in

3) Person Living with HIV / AIDS. This category normally refers to HIV but can include non-infected family members who are economically supporting them and acting as their caregivers.

regular work. Among the surveyed households, most had expenditures that had very nearly matched their maximum earning potential before the death of the PLWHAs. With the death of the young spouses, a large number of families began or increased a debt burden that worsened as time passed, because their earning potential was no longer quite enough to support the household needs.

Cycle of Debt

Among responding households in our survey, the PLWHAs who had already died had died between the ages of 22 and 38. In small villages where up to 20 or 30 persons had already died in this age group, the impact on the local economy is great. There is, however, a cycle within the local economy that also makes risk a fact of everyday life for rural workers. This is the cycle of poverty, low education, and the consequent resort to seasonal, mobile employment. Supporting this cycle in the lives of young workers is the transitional stage of development in which most rural Southeast Asian regions find themselves.

Thailand and Vietnam are among the areas of mainland Southeast Asia to fully undertake the transition to a cash economy. The need to earn greater amounts of currency on the national level is being addressed through the export economy in Thailand and through the Doi Moi liberalisation policy in Vietnam. It has been translated in to the need to earn cash wages on the household level for the various new expenses that come with a modern capital economy, such as the universalization of primary public education and the need for transportation.

This transition to the need for cash did not, however, bring with it as many opportunities to earn cash in regular employment. Education tends to raise the job qualifications of those who attain it, but it also requires previously unneeded and constant outlays of cash for school fees, uniforms, school lunches and bus transportation. Before the returns on such educational investment can be realised, 10 or more years per child of educational expenses are necessary. These must be undertaken by the previous generation, who had less education and therefore now have less earning power.

Saskia Sassen, in her introduction to *Global Networks, Linked Cities*, describes 'the intensifying circulation of goods, information, firms and workers' not just globally but within nations and within what she calls 'strategic sites,' or grids around cities that take on the economic activity that urban downtowns used to generate. Viewed on the smaller scale of developing rural areas in Asia, what Sassen perceives as a phenomenon of mega-cities applies to a certain degree to the provincial capitals of Thailand, Laos and Vietnam. The

faster circulation (higher demand and turnover) of workers within the newly-building ' grid ' areas around small cities like Chiang Mai, Chiang Rai, Hué or Hanoi draws populations from nearby farm villages who then migrate, not to the major urban centers but to the relatively nearby grid area out-built from the city proper. The San Patong district and its satellite, Chom Thong, are about 30 minutes by vehicle from the city of Chiang Mai along a provincial highway that allowed the increasing economic activity of Chiang Mai to spill over into their market centers, bringing with it local migration for job opportunities as well as the emergence of an informal service sector to take advantage of the cash earned by the workers. [*Do the nouveau ' grids ' then, give rise to traditional ' market centres ' within them?*] I will outline the relation among such micro-migration, the development process, and its threats to human security are outlined below.

Extraordinary gains were made in post-war Thailand and in post-war Vietnam in achieving secondary education for a large proportion of the population, and bringing literacy in both countries to a rate between 90% and 95%. But ironically, the availability of regular, living-wage contract employment that could utilise such an educated work force is still low, especially in rural areas. Higher education does not always repay its costs, especially when employers seeking secondary-educated workers are still concentrated in the urban area. Finally, while educational expenses are highly important, other new household expenses that accompany cash economies, such as access to water lines, gas, electricity, and property taxes, require substantial outlay. Again, these outlays must come from household members who previously tried to subsist without a budget for these current services and whose generation did not receive the education or skills to allow them greater earning potential. According to Knodel et al., this generation either takes on additional low-paid work as well as debt, sells available property, or reduces their own daily consumption (Sophon) in order to make ends meet, all strategies that are logical but that drag the individual and the household into further, irremediable poverty.

Migration and pauperization

Modern economic activity brings with it a greater gap between rich and poor, and it also brings HIV risk with it for both men and women. Economic activity in developing areas typically consists partially of subsistence agriculture and partially of wage labour. The combination of these two means of livelihood in the poorer areas of Thailand and Vietnam means that mobility and low wages must be accepted in order to have any earnings at all. The modernisation of infrastructures that is needed for the transportation and communications of the modern market economy requires building construction and public

works. Workers for such projects are recruited in rural areas from among the less educated, unskilled and non-regularly-employed local population. These workers are preponderantly male although women do also work as daily labourers in construction.

Sophon Thangphet also emphasises the precarious nature of human security when economic development threatens traditional subsistence. Researching in the San Patong district of Chiang Mai mentioned above, Sophon 's research confirms that human (in)security is something of a vicious circle rather than a static condition or a progression. Subsistence in San Patong, made more difficult by the district 's unusually low rainfall, required increasing inputs of human labour, machinery and chemicals from the time the government promoted cash crops beginning in the 1960s. What tipped this precarious balance into human insecurity was the HIV epidemic that swept San Patong from the early 1990s. In an irony typical of mis-definitions of human ' security, ' the greater prosperity of neighbouring Chiang Mai, outlined above, caused San Patong 's hinterland rural and tribal populations to migrate locally, whether for the new jobs and markets that sprang up or for the services, including sex services, that targeted these very workers. This is a prominent example of how single-track efforts towards greater human security need to take the actual human consequences of economic opportunities into account.

Loss of subsistence to plantation agriculture

Another feature of the modernising economy is agribusiness. For countries that have long had the skills and natural resources for high agricultural production, agriculture for the export market is a natural choice. But this necessitates plantation agriculture requiring large tracts of land and a substantial temporary work force – again, the lowest-educated of the rural population, and those who do not own their own land, will be recruited for the plantation jobs. The need for cash also encourages a larger number of persons, usually women, to sell farm produce or handmade items at local markets on a daily or weekly basis. In order to produce enough agricultural or handmade items for sale, the worker must invest cash in materials, rental of land for agricultural production, and rental of market space. The cash must be earned at first through the other, mobile means of labour or through local high-interest loans from informal lenders. The worker thus comes in contact both with the provider of materials, in the case of home-work or piecework production, and with a large variety of transient populations selling and buying at the market stalls. For rural women, whose educational level is even lower than that of rural males, the search for ways to supplement such extremely low-wage labour and also the contact with a variety of informal-sector bosses and clients means high risk for HIV.

Finally, for young, poor and under-educated males, national military service offers housing, food, wages and training. Yet among all forms of employment that lead to high HIV risk, military service is always one of the highest.

The workers for all of these informal-sector or seasonal jobs are young and sexually active, while also being at the age to marry and have children. At the construction site, at the itinerant agriculture site and at the military base, it would be seen as normal for them to have multiple sexual contacts whether or not they also have marriage partners (Nipa et al.). The low educational level of the rural poor adult generation means that these three sectors will be the ones in which they can seek employment, and these are also the sectors that have the highest risk of HIV, which will further pauperise those involved.

Finally, when corporations, in line with government development policy, locate and build factories and industrial parks on cheap, available rural land, unskilled industrial labour is recruited from the same populations who are at risk from the mobile labour opportunities described above. Unskilled industrial labour involves the same less-educated, poor, and mobile workers. Further, if their village of origin is more than a few kilometres away, which is likely because industrial parks provide welcome employment opportunities for a large area, the workers will live in the factory dorm for long periods. This sort of mobility, again not for long distances or to major cities, still puts them at risk. Casual unprotected encounters with co-workers, CSWs and other partners near the factory areas, especially when cash wages are received, make HIV risk quite high in these locations. A well-known example in rural Thailand is the Northern Industrial Estate in Lamphun. Two of my surveyed individuals who worked there had died of AIDS related illnesses by mid-2000.

Unskilled industrial labour is another welcome opportunity for steady income, but also involves staying away from home in the factory dorm. In developing areas, the entrance of industry to rural areas is relatively recent. Its introduction and expansion is often seen by local governments and local and transnational corporations as key to economic development. The newness and scarcity of manufacturing plants mean that they can be affordably located on large tracts of rural land, and they are seen by near and distant rural populations as offering long-awaited opportunities for regular employment and perhaps training. The Northern Area Industrial Estate in Lamphun, outside Chiang Mai in northern Thailand, is one of the few large-scale locations for factory employment in the region. Because of the factors mentioned above, it recruits and attracts workers not only from nearby towns but also from relatively distant locations as well. These workers must live in dormitories away from home during the weekdays or for the entire term of employment. Factory dormitory life also offers many opportunities for risk behaviour. Not

only is there a concentration of young single men and women away from family who may form more or less unsafe and multiple relationships with each other. Nearby there are also a variety of establishments where sexual contacts can be made. In an effort to boost their own business, these have located themselves near the factories and along the highway that runs along the western side of the industrial park. The work and risk environment at such industrial parks is not limited to HIV risk. Exposure to toxic chemicals is a leading cause of illness and withdrawal from work as well. In my own survey as well as others I have cited, impoverished rural people seeking work at such industrial parks were asked if they knew the risk factors (yes) and if so, why they sought such dangerous work away from home. The nearly universal answers were the economic need of the household and unemployment (cf. Theobald 1997).

Greater relative and absolute poverty. Definitions of poverty, both relative and absolute, vary. But one of the main features of the transition to a developing economy is the obvious appearance of greater relative poverty in rural economies. Daily necessities are re-defined to include not only the earlier home-produced or subsistence items but also electricity, piped water, natural gas, transportation expenses, educational expenses, and purchased food and clothing. The need for cash earnings to pay for these features of a more modern life begins to replace the ability to subsist on self-produced goods. In the rural economy, however, the need for cash earnings is not matched by a primary economy that can provide regular employment in service and other sectors for the rural workforce. Cash earnings therefore still depend on unskilled temporary jobs requiring mobility.

Such low-end poverty is self-perpetuating, and HIV turns it into a descent into absolute poverty that mirrors the conditions of half a century ago. The surveyed households were frequently those households in which both the older and younger generations had completed only 4 years of primary education. This compares well with the 3-stage survey undertaken by the team from Mahidol s Institute for Population and Social Research, which also found that in over 80% of cases PLWHAs as well as their elderly parents had only primary education (Knodel, Wassana, Janpen, VanLandingham and Jiraporn 2002). There is little psychological incentive or financial means for higher education in such households, while there is, thanks to the propertyless and incomeless situation, a great deal of incentive to accept mobile hired labour rather than finish secondary school. Poverty not only tends to reproduce itself, but it also raises the level of HIV risk as time passes. The causes of HIV risk, or the necessity of putting oneself in a risk environment, continue from one generation of poverty to the next.

The economic activity associated with modernisation and development policies thus

itself presents a risk to human security at the community level. Unlike already modernised or developed economies that offer settled contract labour, economies in transition rely on less-educated, low-wage, mobile labour to build infrastructures and achieve higher agricultural production for export. This affects not only rural but urban areas as well. Rapid building and the expansion of the service sector in modernising urban areas draw an influx of temporary labour from rural areas. The rural worker temporarily living in Bangkok or Ho Chi Minh City, for example, is both at risk and is presenting a risk to others. She or he will be temporarily disconnected from home, family, and long-term sexual partners and thus at risk her/himself for casual and risky sexual contacts in the city. Upon returning to the rural village, she or he, if infected, then spreads the infection locally to areas where it was previously unknown and which may have few resources to handle it.

3 HIV and Interlinked Insecurities

Gender risks and costs. Much of the literature on gender has, due to the origin of gender studies within women 's studies, focused on women. In my survey of rural northern Thai households I also looked at factors contributing to higher female and male risk under the human security threat of HIV.

First, risks for women are, if not higher, certainly less negotiable than those for men. Women frequently cannot negotiate safe sex with partners. Thus they have the choice of either accepting the partner 's wishes or living without partner and children, which for the poorest of the poor means the human insecurity of destitution and probably starvation, a consequence that all cultures try to avoid. Second, at this stage of the epidemic in the region, women of all ages, including both women who are infected and non-infected, bear greater measurable burdens and have greater human insecurity in general. These are economic burdens (both of their own inadequate situations and of trying to provide for families where women are the main providers), care burdens, and opportunity costs. Some of these burdens and insecurities have existed among rural women for centuries past. Now they have been exacerbated by their husbands 'or sons 'infection with HIV. This does not always mean that men 's economic and other burdens are particularly light when living with HIV / AIDS, but that women 's are at present more visible and more measurable.

- **Women 's Security Risks 1: Regular partners, negotiation and risk.** Marital or long-term, monogamous relationships are not lacking in risk for women because spouses or long-term partners are unlikely to use condoms in a regular

relationship and also are likely to have had outside partners. Existing policies and often place the burden of negotiating safe sex on the woman. Normally, however, she is unable to discuss the topic, unable to negotiate, or risks rupturing the relationship or being the victim of partner violence if she brings it up (Rosser 23; Bonacci 102). It has been well documented in other contexts than when faced with two threats women, like men, will choose the least immediate, threat to their security (Long and Ankrah). In order to avoid the immediate threat of injury or death the alternative is to agree to unsafe sex.

- **Women 's Security Risks 2: Choice between two risks.** An example of having to choose between two risks is given above. A woman in a heterosexual relationship may have to choose between the long-term or eventual risk of HIV and the immediate risk of partner violence. Another example is the non-alternative of remaining completely celibate and thus facing future destitution versus entering into a marriage contract formed to suit the male partner, which will at least provide another earner in the household as well as potential future earners, the children of the marriage.
- **Women 's Security Risks 3: Female employment and risk.** Female employment or work in the informal sector is often one of the economic supports for a destitute household, but it also brings its own risks, including HIV, with it. First, piecework or homework places the woman in contact with middlemen who distribute the materials to be worked, and who may themselves be brokers for commercial sex or may insist on a sexual relationship during the job. Temporary hired labour for women, including in construction, in factories, on military bases or in itinerant agriculture, places the woman in an environment primarily consisting of young and middle aged males away from home. Here, peer pressure encourages the males to engage in risk behaviour as a sign of masculinity, behaviour that is often accompanied by group drinking where fear of risk is lowered and where the female co-worker may be targeted or may join in order to form a romantic partnership. Bhassorn points out that ‘ ... it is not uncommon to find that male workers have casual sex with female co-workers from the workplace (5). Finally, as a recent U.N. report on AIDS shows, in situations of food insecurity women and children are forced to sell sex in exchange for food (Nov. 2002).

The very low wages that women earn, especially those engaged in home work, are also a risk factor, but one that can and should be reviewed in national and local policy. Low wages for women – the so-called ‘cheap female labour’ which so many multinational corporations seek in developing countries – are also part of conventional development policies or trade and aid relationships between countries. As such they can and should be reviewed in policy-forming organisations dealing with human security.

- **Women’s Human Security Costs: Triple or quadruple burden.** The triple burden of women in developing countries has been well documented: production, household reproduction and community management. When a male PLWHA dies first, the entire burden of family support will fall to the wife and / or grandmother, whether she herself is a PLWHA or not. This may require her to engage in several occupations (see also Knodel, Wassana, Chanpen, VanLandingham, and Jiraporn). Several of my survey participants simultaneously did piece work, farmed, and took on other hired labour such as construction. The opportunity costs for keeping a family alive on one woman’s labour are enormous. They would be more accurately described as opportunity deficits, as the costs in no way buy opportunities for the women themselves. As such they reduce her human security by, among other things, reducing her health, food consumption, and other consumption that might maintain her physical and mental security. The triple burden of women who are PLWHAs or who are caregiving for PLWHAs is caregiving for the patient, caregiving for the children or elderly who will be left behind even if they are not her direct relations, and single-handed economic support of the household. These are added to the routine household tasks of reproduction and non-HIV-related caregiving. If the woman is a PLWHA herself, she also must manage her own health care in order to survive as long as she can, not necessarily because policies value her so much individually but because she may be the sole support and caregiver for the rest of the household.
- **Male Human Security risks and costs.** Male subcultures, and especially male subcultures at a workplace removed from home, share certain features that make the workplace a human security risk environment. The risk environment is one in which care of the self and health are low priority. Unsafe sex is not only

available, but often expected or encouraged. Mobile workers live in an all-male or male-dominated workplace. Drinking in commercial sex environments and other means for casual, multiple sexual encounters are made available. Bhassorn emphasises that ' the movement of people out of the traditional family structure in a situation with little to do outside work has certainly facilitated the rapid spread and circulation of the disease from the place of destination to the place of origin, and vice versa (5). Condom use under such conditions is less likely. Further, recommending condom use is not part of peer communication, yet peer communication is one of the strongest motivators in subcultures. To the contrary, security-threatening group behaviour such as daring or challenging others into risk-taking is common in male groups from a young age. In discussing policies that aim to ' empower ' people to manage their own human security, such behaviour presents a dilemma. The ' people ' in this case have learned to distinguish between their own smaller group and the norms of a larger society. In isolated situations the small peer group norms will prevail. Policies, then, will apparently have to intervene in the formation of such workplace or peer cultures. Such ' intervention ' requires careful handling to avoid colliding with the autonomy of the individual or with the management style of the employer, who frequently recruits or keeps workers by promising them the ' rewards ' of risky behaviour, thus further promoting or normalizing the security-threatening norms. It is a dilemma that developed nations also confront, and one that needs careful discussion based on concrete examples and testimony from those who directly experience it.

In micro-mobility, such insecure workplaces are removed from home but only to a short distance. Thus they do not come under the conventional view of labour migration as a threat to the human security of the worker. Conventional discussions of human security and migration emphasise the complete removal of the workers from their birth cultures and their emplacement in unfamiliar surroundings as factors in the choice of security-threatening behaviour. With the much more common micro-migration by the rural poor, however, their very geographical and social connection to the home village is an important factor in the spread of HIV in rural areas of Thailand as well as Vietnam. It has been shown that social and sexual connectivity within closed groups will spread HIV quickly within the group or region (IUSSP).

- **Economic and social backgrounds to male risks and costs in rural areas.** In rural Southeast Asia there is an expectation that both men and women will work throughout their adult lives. Although rural men may be unemployed for relatively long periods of time, there is still an expectation that a man can and will work from a young age. Coupled with the economic need for all adult family members to work, this leads less-educated men to accept any available work. The most readily available work is physically dangerous. It also requires mobility to temporary work in construction, agriculture, and lorrying, jobs that take place under health-threatening conditions such as long hours, exposure to toxins, lack of physical safety, and absence of insurance. Recruiters and employers for such work rely on male workers to fill the more dangerous of these temporary positions. For unemployed males just out of school, military service also provides a regular salary as well as relieving their households of the burden of housing, clothing and feeding them. Yet obviously military service places recruits at risk of physical injury or death in some cases as well as placing them in an insecure behavioural environment in and around the base.

4 Policies and Human Security at the Local Level

The lack of assets or property in the lowest-income households means, as shown above, that secondary education is not affordable for such rural populations, and that as a result job choices are limited. Secondary education may also be considered less useful in such households, where the most urgent needs are for physical labour starting from early adolescence. Lack of education, however, makes the possibility of regular settled employment more remote. In this situation mobile temporary work and its attendant threats to human security are the most reliable source of income. As with the female gender risks above, male risk confrontation also consists of a choice between two more or less risky alternatives. In the case of the rural poor, the alternatives are unemployment versus the insecure workplace. The choice of the insecure workplace is the choice of an opportunity cost or deficit. The worker chooses the less immediate or less visible risk of potential work-related health problems over the more immediate risk of unemployment and destitution.

The Thai government's approach to threats to health and physical security has typically been to blanket all available channels with the policy message and to emphasise the economic costs of health and physical insecurity. The anti-smoking campaign, the 2-

child family campaign, and the HIV prevention campaign all took this approach and were successfully achieved at the time. Further, whether it can be successfully imitated elsewhere or not, the ' Thai-style campaign (Eberstadt) for HIV prevention has one interesting feature: it derives its power from the inclusion of HIV policy as a National Economic Development policy, not only as a health or welfare policy. This means that the government considers HIV a security threat to the entire nation and its economy, making it far easier for associated policies and organisations to attack the problem aggressively. Anti-smoking messages, family planning messages, and HIV prevention information on the national level in Thailand are provided through a number of channels: the Ministry of Public Health, local public health centres, school sex education programmes, local welfare institutions, temples, village meetings, NGOs, and the mass media. With regard to HIV, thanks to these efforts among numerous organisations, by 1997, Thailand was one of only 2 countries in the world that succeeded in lowering the rate of new HIV infections. But one reason this happened was precisely because of pressure from, as well as visible damage within, the local population, that in turn could be seen to affect the national economy.

The threat of HIV, however, continues to push other human insecurities to rise throughout the region. New HIV infections decreased 6 years ago in Thailand only, but deaths from previous infections rose at the same time, as did new infections in neighbouring countries. Economic costs have accrued not only to health care and funeral expenses, but to the expenses for the unsupported survivors whose human security remains at stake. Added to these are the opportunity costs detailed above that will make future economic, educational or health improvement difficult. The Vietnam government currently targets mainly prostitutes and intravenous drug users as the highest HIV risk groups and as the ' transmitters ' of the infection, and also targets mainly the urban areas. This is to ignore the Thai, Cambodian and Indian examples, from which it was realised that the group of clients of prostitutes, which overlap to an extent with other groups such as locally migrating workers, as well as rural populations, had rapidly growing rates of transmission and infection. Sue Rosser, in *Women 's Health: Missing from U.S. Medicine*, points out similar reasons why in an advanced country like the U.S., HIV was often left undiagnosed and untreated. Originally, studies of HIV targeted only certain populations rather than targeting risk behaviours and environments. The assumptions underlying such discriminatory targeting led to health and welfare policies that were inadequate in addressing HIV in the general population. Similar neglect of the interlinked features of any human insecurity to other insecurities will prove costly for Vietnam.

Human insecurities and the cycle of poverty: from local to national

The average per capita income in rural Thailand, in households where money is earned, ranges from US\$1,500 per year down to about US\$300 depending on the location. The average per capita income in the whole of Vietnam starts at the low end of the Thai income scale, slightly over US\$300; for rural Vietnamese it goes as low as US\$50. The average cost of having a health problem within the household comprises both the expenditures associated with hospital visits, medicine, and transportation to the hospital as well as the lost income due to the inability to work during the illness. Further, in the case of AIDS patients it is not only the PLWHA who must stop work, but also one other member of the family who must care for the ill person. Thus two incomes are lost, one of them permanently, meaning that most of the household income will be lost. Yet there is a further problem. Few households have only one PLWHA; the spouse will usually become infected as well, so the expenditure and the loss of income are doubled. In the case of rural Thailand, the majority of rural households I surveyed had an annual income of between 40,000 – 50,000 Thai baht, or US\$800~US\$1,380⁴). They also had annual expenditures of up to 40,000 baht (US\$800) for children s education and for household expenses. On top of this was a substantial debt burden incurred to buy a house, for inexpensive transportation, and for other currently necessary expenditures. Research by the Thailand Development Research Institute (TDRI), also confirms that those with the least economic security continue to incur crippling debts: ‘ those with monthly incomes under 900 baht had debt of 9.8 times their income, while those with monthly incomes under 720 baht had debt of 19.8 times income (The Nation 25.1..2003). But the largest debt of all was often for the funeral of a PLWHA which normally totalled approximately one year ’s worth of income.

We can see that where, in the poorest households, annual expenditures are nearly equal to annual income, the threat or reality of human insecurity in the form of catastrophic illness will hurl the family into secondary human insecurities, those of destitution and the consequent malnutrition, loss of educational opportunities, and repeated exposure to HIV risk. In the particular case of HIV, the further expenditure for care of an HIV-positive family member, or the funeral if the PLWHA has died, approximately doubles the household expense. The already insecure landless family has no savings, property, or better-earning job skills. Such households fall further and further into debts they cannot repay and sacrifice more and more of their basic needs, including food consumption. When 10% or more of a village is experiencing such HIV impacts, both

4) 1 Thai Baht = 0.02322 US\$ (US\$ = 43.07300 Thai Baht) in March 2001 at the time of the survey.

the impacts and the burden on the entire community are large, in some cases reversing the community's economic development and taking it back a matter of decades. Some examples of this were given by Sophon from a survey conducted in San Patong (2001).

Policies: Linkages, levels, and human security

Local knowledge. The focus of the Human Security and Local Initiatives project of the 21st Century Center of Excellence programme of the Ministry of Education is on identifying and building on existing strategies employed by rural people whose human security is threatened. We research the Kinds of skills and local knowledge, and the kinds of local support networks, that enable them in some cases to survive landlessness, joblessness, HIV (among rural Northern Thais some have survived with HIV for 15 years), the loss of family and income, and navigate through to adulthood without remaining unemployed, illiterate, or contracting HIV themselves? What skills and knowledge will enable rural people to survive, both physically and economically, during adulthood, employment-seeking and child-rearing? My findings indicated that without initial outside support, national and local poverty reduction, job training, educational support, and HIV projects might not have initially been undertaken, but that it was largely local and on-site projects with local staff and local knowledge that succeeded in the end. Research and policy must include and emphasise local knowledge and its different style of articulation as well as scientific, technical and legal knowledge.

Gender and job policies. In policy considerations of gender, HIV and poverty, it is important to target both men and women, and not only in terms of their ' risk ' behaviours, but in terms of the new needs and old disadvantages that continue to exist during the transition to a modern economy. It is very important to target male populations in risk environments, especially when that risk is associated with a lack of alternatives as to the workplace and the workplace culture.

We should also try to change our thinking about how human security threats are transmitted to other people. WHO, UNAIDS and other major international organisations dealing with HIV examine what is called the ' mother-to-child ' rate of transmission, that is, transmission from a pregnant mother to an unborn child. Yet it would probably be more accurate to say that HIV is transmitted from father to child. The majority of these mothers are monogamous and, as she and her household want children, will have no choice except to practice unsafe sex with her partner. The mother, like the child, is the unwitting recipient of the human immunodeficiency virus that enters the household with the father. Projects on ' mother-to-child ' transmission of HIV ignore the mother's inability to control

her infection status, and also ignore the fact that subsequent pregnancies and transmission to the fetus will occur within the same risk relationship. Policies that target the entire household, including the male adults within it have greater success rates. Similarly, those who instigate any human security problem, whether of health, deprivation, or military attack, do so by transmitting that problem to others, creating the classic lack of human security within a community or a nation.

Human Security as a cluster of issues and a holistic issue. A highly significant feature of the Thai effort to contain the spread of HIV was the fact that the organisations mentioned here did not concentrate solely on HIV. They undertook HIV prevention and care within the entire human security context: poverty alleviation, educational support, local participatory development initiatives, public health, income-generation, and sustainable development. These kinds of holistic approaches identify and seek to remedy problems that occur in conjunction with poverty, low education, lack of income, and gender imbalances.

5 Conclusions: Sustaining Local Content in Research and Policy on Human Security

The major issues and the new policies to address them are as follows:

Research to impact on policy: Agenda

1. Lack of negotiating power for certain populations and for women in disadvantaged positions. Lack of ways to implement the information to enhance one's own security. Moreover, policies should not target women only, because this further burdens them with responsibilities for other people that the woman is not able to enforce. Male knowledge, and security options have been targeted in Thailand and in Hong Kong with some degree of success. Organisations that already work with men and organisations that work with both genders and with households need to receive greater attention and support. Gender planning among international agencies, and governments working together at the country-to-country level, is successfully addressing serious policy issues related to human security. It is also necessary to have a system that allows various levels within the country to work together as well.
2. 'Slippage': the tendency of even well-informed persons to forget or give up on security-enhancing practices or avoidance of risk. Knowledge of human behaviour in the local context is necessary in coming to grips with this tendency. Continuing security

efforts that work together with economic sustainability policies, rather than sheer GDP growth, are more successful. Examples of these may be found in food security, village primary health (volunteer) workers, community-based resource management, and community-wide AIDS education.

3. Insofar as AIDS is concerned, successful policies have so far only tried to target safe sex outside the household. The assumptions here are that unprotected, non-negotiable sex will and must occur within the household, and that husbands and fathers will normally maintain sexual relationship outside the household at the same time. Yet given the fact that one of the fastest-growing groups of HIV patients is married women, marital expectations and their socioeconomic contexts must be more profoundly understood in order to establish security from HIV. Mutual trust is expected everywhere within marriages, but is also often linked to the economic interdependence of marital partners in poor households. Desire for children is another social and economic given in such households. Both of these currently make safe sex impracticable within the family relationship, because they are related to sexual behaviour as well as socio-economic factors outside the household at the same time. This means that the underlying social, economic and other issues must be understood and met before inter-family security can be addressed.
4. The gaps between information about insecurity, real behaviour, and real needs, including job needs and limited job choices, must be thoroughly understood and used as a background to practical policies. This is where development policies have particularly been at fault by emphasising the kind of economic growth that increases the need for income while increasing risky work and living environments. Alternative development policies can allow community initiatives based on community perceptions of needs and issues.

Policy reviews and implementation

1. Insufficient funding or misdirected funding. Insufficient funding may be the result of poverty on the country level, or lack of awareness on the part of international aid donors. Misdirected funding is usually the result of lack of local knowledge (government or international knowledge of the locality) and results in money that disappears or is used in unproductive schemes. Successful cases of fund-raising and allocation for policy change has made best use of specific, localised, and well-

documented information that is regularly updated.

2. Insufficient coordination among various organisations working in the same region on the same problem: 'repeating the same mistakes' or 're-inventing the wheel'. To the contrary, successful policies were promoted in Thailand by looking at previous mistakes and determining their causes.
3. The World Health Organisation has pointed out that 'Unless prevention efforts are sustained at a high level, the HIV epidemic could quickly regain momentum and start to increase rapidly.' Early success in stemming the human insecurity resulting from HIV has led to a falling off in prevention efforts in some countries, with disastrous consequences. Repetition and adaptation to new circumstances are essential and must be built into all human security measures. These are facilitated by regular reviews of processes and results.

For a number of reasons, success in preventing human insecurity and in reducing the associated poverty and other social costs is, in many countries, temporary. We can see the above 7 issues, as well as others, currently enhancing the risk and the losses in Vietnam, Myanmar, and China.

Risk behaviours and their socio-economic contexts must be addressed, and to address them requires supplementing interdisciplinary knowledge and research methods with local work and participation experience. Unfortunately, Vietnam, now reaching the transition point from the first to the second stage of its own HIV epidemic, is repeating the mistake of addressing only so-called 'high-risk' population groups. In most Vietnamese studies these are limited to intravenous drug users and commercial sex workers rather than the general population of poorer areas who are now the receivers of HIV transmission. China, which has a rapidly growing HIV-positive population, repeated the same mistake and only recently acknowledged that HIV education had become urgently necessary. The year 2003 saw the Chinese government begin to train and dispatch 1,000,000 student volunteers to every region to work in the HIV prevention campaign.

It is necessary for all sectors, including public and private, within a country to work together to listen to, and comprehend, the messages from actors at the local levels. District, village, and NGO levels must, despite unique differences in approach, agree on a common goal and maintain communication on their successes and failures, even when it means rivalry. Further, the best qualified to understand what threatens their immediate future, and

how best to deal with it, are the local populations that actually face threats to their human security in their daily lives. Important to these are the men and women who endure, work, and evolve ways to survive and protect their families even with drastic levels of human security. When national and international development policies respond to such local perceptions and enhance such local coping strategies, no threat need overturn their futures.

Development Policies on the National Level: Issues and Responsibilities

In order to go from the confirmation of facts about real human insecurity to new policies, the assessment of risks and of the potential for local participation in prevention and behavioural change are necessary. Further, these assessments must move beyond the beginning stages in which they are currently mired, and be shared with local participants.

In the case of an HIV epidemic, the enormous drain on economic and labour resources that it causes are, or ought to be, well known. Yet it is rare to find development policy planning or policy evaluations that are based on knowledge of these costs, quantitative and qualitative, to the poorest communities. What precedes the rapid spread of HIV is the endemic poverty that leads to higher HIV risks in the workplace and in the community as local workers seek jobs available to their meagre educational levels. Development policies have a responsibility in this workplace risk, especially in the sort of economic development that requires the riskiest behaviour of all, labour migration.

Further, for the sake of international, national and community policy, development policies that enhance risk and those that reduce it must be differentiated. Based on these, harm reduction policies must be firmly supported and implemented. The relation between conventional economic development policies and HIV risk in poor developing regions is now becoming clearer. It is this relationship that, first and foremost, must be changed.

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