CHAPTER – VI
VALIDATION AND INVALIDATION OF FORMULATED HYPOTHESES

In any scientific discipline facts are dependent upon a theoretical framework for their meaning. They are also statements of relationships between concepts. A basic requirement in the application of scientific method is a clear definition of concepts. The next step, how to ask the questions which lead to new scientific proposition must be considered. While theory can give direction to the search for facts, a hypothesis states what we are looking for.

The formulation of deduction constitutes a hypothesis.

A hypothesis looks forward. It is a proposition which can be put to a test to determine its validity. It may prove to be correct or incorrect. In any event, however, it leads to an empirical test. Whatever the outcome, the hypothesis is a question put in such a way that an answer of some kind can be forthcoming.

As difficult as the process may be, it is necessary for a student to see the fundamental need of a hypothesis to guide sound research. Without it, research is unfocussed a random empirical wandering. The results cannot even be stated as facts with a clear meaning. The hypothesis is the necessary link between theory and the investigation which leads to the discovery of additions to knowledge.

Keeping in view the above mentioned discussion, the present investigator formulated some hypotheses which he found to be relevant for verification in his study on the rural Thai youth. In the following pages an
attempt has been made to either validate or invalidate these hypotheses in view of the analysis and interpretation discussed in Chapter V.

One of the hypotheses put forward was that youth making demands on their parents and family members are at great risk of getting drug addicted. The analysis of data relating to this hypothesis reveals that generally Thai youth look forward to their parents and other elderly members, who contribute their income to family-pool, for economic support in form of pocket allowance for spending on their educational and other daily needs. 96% of the addicts get a pocket money up to 100 Baht per month for this purpose which are mostly spent on outings with friends and going to movies (75% for males) and on eatables (94.12% of female addicts) only 10% of males use it for buying drugs. This, however, does not mean that a youth does not ignore the security, warmth, love, and affection from the elders and his siblings. In a family where cordiality prevails, the economic as well as the non-economic dimension of their demands are met with in the most congenial fashion. However, the threat of withdrawal of pocket allowance is treated as a negative sanction against anyone violating the established family norms and values. In cases of youth taking to drugs, this exercise is the first among the other measures of social control. There are instances of youth not minding the withdrawal or a cut in the pocket allowance, but are very sensitive to parental discord and unhappiness at home. It has been observed that addiction is higher among families where parents have separated (43.38%), whereas this is just 27.87% among the families of non-addicts where parents have separated.

Further it is revealed that among the families of addicts deprivation of love and affection is up to 69.02% which clearly indicates that it is not a matter of economic dependence on the parents that directly or indirectly force a Thai
youth to take drugs. Thus, the stated hypothesis that youth making demands on their parents and family members are at great risk getting drug addicted is invalidated in this study.

The second hypothesis states that the incidence of drug addition among youth is high among the higher socio-economic group of Thais. Drugs and substance-smelling which are cheap (cost-wise) would have more clientele in rural set-up. The analysis reveals that 57% of the youth came from families having annual income of 20,000 Baht and above of which addicts belong to 61% and non-addicts 53%. In the families of respondents having family income of under 20,000 Baht constitute 43% of the sample under which only 39% are having addicts and 47% non-addicts. One may infer, thus, that among the addicts the higher socio-economic group have more youth who take drugs. There is marginal difference in case of non-addicts. The sex-wise classification of data among the families having an average income 20,000 Daht and above show that the female respondents are 4.92% more than the male respondents. In case of families having an average income of 20,000 Baht and below, the male respondents are 12.70% more than the female respondents. This shows that male youth taking drugs have preponderance in lower socio-economic group while the female youth are more in higher socio-economic group. Hence, the hypothesis is partially validated.

The second part of the hypothesis i.e. drugs and substance smelling which are cheap (cost-wise) would have more clientele in rural set-up is validated too because 93% of the addicts prefer to take marijuana, amphetamine and substance smelling. Mostly the male addicts are more than the female addicts in cases of marijuana, heroin, morphine and opium. Female
addicts have an edge over their male counterparts by 9.10% and 16.66% who take amphetamine and substance smelling respectively.

The third hypothesis states that there is a direct relationship between drug addiction and the family of the drug addicts. Both cause and the remedy of drug abuse lies within the family itself; parents are the primary agent of de-addiction.

It has been observed that the addicts find parents and family members (42%) to be a major factor in pushing the youth to drugs. It is noteworthy to mention that 21% of them feel that they took to drugs as a rebellion against the parents. No doubt most parents of the drug addicts are engaged in a major way associated with agriculture (46%), they have less time to devote attention and care to the family members.

Moreover, there seems to be a high degree of communication gap between the drug addicts and their parents. Even the non-addicts feel (60%) that this is one of the significant factors for any youth for taking drugs. Understandably, thus there is no doubt that disturbed condition of a family leads a Thai youth to drugs and a family becomes the cause of drug addiction.

It has been observed that the type of relationship existing between father and the mother has a direct bearing in drug addiction. In non-addict families the relationship is cordial and peaceful (71%) whereas in case of drug addicts it is as low as 44%. The parents who often fight among themselves in the family account for as high as 30%. When compared with the families of non-addicts it is found to be as low as 3%. It is thus evident that most of the addicts have families where in-fighting is very high. Possibly, in order to escape from this situation and contingent stresses and strains, Thai youth find it easier to temporarily withdraw from such undesirable conditions and
experiment with drugs. Slowly they get used to drug taking because of peer influence.

While a family is blamed to be a cause of youth drug addiction, it is to be pointed out here that this very social institution is also a remedy for drug addiction malady. 52% of the parents (males 65.38% and females 34.62%) helped drug addicted family members to rehabilitation centres and hospitals for treatment. Hence, it would not be out of place to mention that there is a direct relationship between drug addiction and the family of the drug addict. Both cause and the remedy lies within the Thai family itself. It also confirms that de-addiction measures for drug addicts is the sole domain of the elderly members of a family, confirming that parents are the primary agent of de-addiction programme. Thus, the hypothesis is validated.

The fourth hypothesis states that the incidence of drug addiction is higher in broken families. Broken families and peer group are the two primary agents of drugs addiction. It has been observed that more than 30% of the families of the drug addicts are without their parents (12%), without father (10%) and without mother (9%). The corresponding figure of the families of non-addicts is quite similar (33%). From this it would be wrong to infer that the youth of broken families only indulge in drug abuse. But one significant fact that emerges from the family background of drug addicts is that more than 90% of males are the head of the family, where male authoritarianism prevails and an emphasis on discipline, strictness and conformance to norms and values of the family are of high order. Rebellion under such circumstances is a natural way to counter such situations. The reasons of not getting enough love, affection, care and comfort, parents being unreasonable and
unnecessarily strict could be assigned as reasons for their decision to take up drugs.

Turning our focus from the broken families to that of peer group influence, it is observed that 20% of the addicts feel that drug addiction is helpful in making friends and 37% of the addicts feel that one takes to drug addiction because of the pressure of the peer group. Males feel that way convincingly (67.57%). After the family (42%) friends seem to be a significant factor who influence drug addiction (38%). To a question, what would be your reaction if you find your best friend is taking drugs, the response shows a reflection of a peer group concern. They felt that the parents should be informed immediately (60%) while 26% of them advocated for taking him to de-addiction centres. A negligible (2.50%) thought it to be prudent to inform the police (which is definitely not in favour of a friend). A similar sentiment is being expressed regarding the efforts of withdrawal from drug abuse where 20% of the drug addicts (70% males, 6% females) found it that friends have influenced drug addicts for withdrawal. Thus, it would be safe to infer that peer group pressure is a strong agent of both drug addiction and its withdrawal.

The hypothesis that incidence of drug addiction is higher in broken families could not be substantiated in absolute terms yet the influence of the broken families towards youth drug addiction cannot be outrightly rejected. Also that peer group pressure is a strong agent of drug addiction is, by and large, validated.
The fifth hypothesis enunciates that drug addiction, by and large, is a male activity. The takers of opium, heroin and morphine are exclusively males. In 2001, the sexwise distribution of drug addicts who voluntarily applied for treatment in Thailand was to the tune of 39,396 males and 2,146 for female. This amply shows that males predominate in drug addiction. It is quiet possible that there may be many female drug addicts in Thailand but did not ask for any medical relief; thereby indicating that there could be under-reporting of instances of female drug addiction. However, this argument in no way could counter the statement that drug addiction is a male activity. In the absence of the publication of an official document showing the incidence of drug addiction districtwise in the provinces, the official document published by the Office of Narcotics Control Board is the only source to substantiate the hypothesis that drug addiction, by and large, is a male activity.

Regarding the various types of drugs taken we observe that heroin, morphine and opium had been the exclusive prerogative of the males. Out of a sample of 100 drug addict youth, not a single female took to those drugs. On the contrary marijuana, amphetamine and substance-smelling are favorite of both male and female addicts (93%). It can be said that these drugs are more popular and spreading fast in rural areas of Thailand because these are cheap and easily available. Thus, the fifth hypothesis stands validated.

The sixth hypothesis states that though religion plays a very important role in the ways of living in the Thai society, its significance in the cause or remedy at drug addiction is negligible or limited. As indicated already, the influences of Buddhism (96.50% of the total sample of Thai youth are
Buddhists) can be seen in all aspects of the Thai life and culture. Every turn of life practically cannot do without Buddhist ceremony or observance in some way or the other. In Sisaket province, about 99.5% of people practise the Hinayana sect of Buddhism. This province has 242 Buddhist monasteries. The village monastery serves as the centre of social life and religious activities. Besides sustaining a monastic community, there is a temple in every village. The temple (with a Buddha idol), has traditionally served many purposes—village hostel, a village agency for information, news and employment, a school, a hospital, dispensary and community centre—to give it a vital role in Thai society. Along with Buddhist faith, in most of the villages of Sisaket province the rural Thais worship spirits and supernatural entities. Thais strongly believe that good deeds would lead them to success and happy and prosperous life.

When we turn from the institution of Buddhist temple as a socializing agent, in the life-ways of the Thais to the socialization of the youth in particular, it is observed that only 2 persons attributed the traditional beliefs to be the reason for drug addiction. This shows that religion has nothing to contribute in the scene of drug addiction. However, the role of religious doctrine, monastery/temple and monks have contributed significantly either in curbing the menace of drug addiction or helped drug addicts for rehabilitation. 11% of drug addicts believe that the institution of monastery/temple should come forward to help drug addicts to shed their bad habits. Even the non-addicts (12%) feel that the religious institution has a positive role in drug de-addiction. The analysis of data reveals that monks have influenced withdrawal of drug taking addicts.
Thus, we can state that religion certainly is not a cause for youth taking to drugs but its role in remedial measures is valued, though in a limited way.

The last hypothesis relates to drug addiction and crime. It was stated that drug addiction leads to crime and other illegal activities. In response to query on the relationships between drugs and crime, it was found that 94% of the addicts were of the opinion that drugs have direct relationship with crime and other illegal activities. This fact is being corroborated even by 80% of non-addicts. In all the case studies (appendix III) clearly show that once an individual gets used to drugs and finds it difficult to procure the required amount of the substances, the economic compulsion forces him to resort to any unlawful activity which would fetch him money to buy drugs. Such acts range from stealing, bag snatching, theft, robbery, sexual abuse including immoral traffic. Thus, the hypothesis that drug addiction leads to crime and other illegal activities stands validated.

The research findings reveal that the rural Thai youth, both males and females, is passing through a critical stage where illiteracy, poverty and other social maladies are rampant. Childhood, youth and later-life socialization is in a flux owing to the influence of Western standards and values. The tradition is slowly being eroded on account of urbanization and modernization. Drug addiction, as an epidemic wave invaded the West, is slowly and gradually making societies in the Third world weak and crippled. It has been observed that in spite of the best intentions of the welfare oriented government, the results, as intended, are not forthcoming. A sustained and concerted effort on the part of the government and people is required to tide over this period of crisis. We must admit that the problem of drug addiction is not unique to any particular country but the magnitude of this problem is taking a monumental
proportion in Thailand. Hence, social, economic, psychological, political and environmental dimensions must be considered to be important to count the menace of drug abuse.