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PREPARATORY SCHOOL ADOLESCENCE IN WOLLEGA
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PERSONAL, SOCIAL AND ENVIRONMENTAL RISKS OF PROBLEMATIC GAMBLING DISORDER AMONG PREPARATORY SCHOOL ADOLESCENCE IN WOLLEGA ZONAL TOWN

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ABSTRACT

This study explored personal, social, and environmental risk factors of problematic gambling in six schools in Wollega zonal town, West Ethiopia, among students (N = 300) ranging from 14 to 22 years of age and methods was snowball sampling used. The researcher was used questionnaire to gather standardized tools to assess the extent of adolescence gambling disorder. Data analyzed by using statistical methods descriptive, Pearson Correlation regression and variance were used. Results from the cross-sectional survey showed that personal feelings (self-esteem, false perceptions about winning, drug abuse), social factors (peer influence, parental gambling), and environmental factors (accessibility of gambling venues, advertisements) were significant correlates of gambling disorder. Regression analysis show significant univariate correlates explained that 34.9 % of the variance in problematic gambling disorder with significant unique predictions for drug abuse, psychological impacts, and social impacts. The study also revealed that most frequently playing reasons for gambling were entertainment, killing time, and peer influence. Among the identified types of gambling activities, the most prevalent ones were playing cards followed by flipping coin and pool gambling while quick drawing was among the least reported gambling activities. There exist high rates of risk taking behavior during adolescence, including with behavior like gambling that have addictive potential and carry associated risks factors. By doing so it provides invaluable information for the systematic design and evaluation of evidence-based educational interventions to prevent gambling disorder during adolescents. For further researcher needs to focus on understanding of the students gambling disorder (involvement and addiction), providing intervention targets for the evidence-based design of educational interventions to prevent gambling disorder.

Keyword: Gambling, Adolescence, problematic gambling, disorder, Behavior

1. BACKGROUND OF THE STUDY

Gambling disorder is a psychiatric condition characterized by persistent and recurrent maladaptive patterns of gambling behavior, leading to impaired functioning. It is associated with reduced quality of life, and high rates of bankruptcy, divorce, and incarceration (Grant, 2001). Although most people who engage in one or more forms of gambling do so responsibly and without undue negative impact on life, some individuals find that they become preoccupied with gambling and it has multiple negative consequences. For these people, their gambling behavior has devastating consequences that impact the individual, his or her family, and society (Hodgins, Stea, and Grant., 2011).

i. Prevalence of Adolescent Problem Gambling:

Gambling-related problems experienced by adolescent gambling disorder Derevensky and Gupta (2000) performed an item analysis on the endorsement rates using the DSM-IV-J gambling screen. Their results revealed that 91% of adolescent and young adult pathological gamblers reported a preoccupation with gambling; 85% indicated chasing their losses; 70% lied to family members, peers and friends about their gambling behavior; 61% used their lunch money and/or allowance for gambling; 61% became tense and restless when trying to reduce their gambling; 57% reported spending increasing amounts of money gambling; 52% indicated gambling as a way of escaping problems; 27% reported missing school (more than 5 times) to gamble; 24% stole money from a family member to gamble without their knowledge; 24% sought help for serious financial concerns resulting from their gambling; 21% developed familial problems resulting from their gambling behavior; and 12% reported having stolen money from outside the family to gamble.

With the expansion of gambling venues, including the Internet, adolescents are widely engaging in gambling activities. Gambling disorder affects only a small minority of individuals, the negative consequences are usually widespread with serious psychological, social, and economic implications not only for the individual gambler, but also

bearing severe personal and economic costs for family members and the wider community and society (Derevensky et al. 2004; Ellenbogen et al. 2007; Lesieur 1998; Shaffer and Korn, 2002). In adolescents, gambling disorder has been shown to result in increased delinquency and crime, the disruption of relationships with family and peers, and the impairment of academic performance and work activities (Derevensky and Gupta, 1998).

However, Problem gambling in the Ethiopia is becoming a not serious public health issue for Adolescence. Gambling is not inherently pathological, immoral, or associated with any psychological problem even if some cultural, economic, racial and ethnic groups may be at higher risk of developing pathological gambling behavior or disorder (Blume, 2005). Gambling in Ethiopia is not technically illegal and formal big business. However, the National Lottery Administration (NLA) Ethiopia has the role of regulating and controlling the activities related to gambling NLA Ethiopia, 1961). Though the regulation and controlling is not very effective to prevent adolescents from engagement in gambling and indulge themselves. Yet, Abdi (2011),) indicates, about 6.43% of adolescents at high schools among 73% reported that they had participated or are currently participating in gambling activities. Generally, this study researcher was surveyed the social and environmental risk factors of problematic gambling in Ethiopia with a specific focus on adolescents as these are most vulnerable to getting involved in gambling due to the high unemployment rates.

2. RESEARCH QUESTIONS

- What are the risk factors lead adolescence to gambling disorder behavior?
- Is there a significant relationship between personal, social, environmental risk and gambling disorder?
- To what extent do personal, social, environmental risk and gambling disorder among high school adolescence?

3. STATEMENT OF THE PROBLEM

With respect to the context of Ethiopia, gambling is not technically illegal. Studies indicate that gambling is increasingly becoming one of the most popular leisure activities among adolescents worldwide, with rates of gambling disorder being higher in adolescents than in adults (Derevensky et al. 2004; Dickson and Derevensky 2006; Winters et al. 2002). While gambling is widely accepted as a form of entertainment, gambling disorder remains a social and public health issue. In the streets of the Ethiopia, there are plenty of gambling activities played for money with state-owned lotteries, play stations, pool houses, and table football being the most prevalent ones. To date, there is no scientific research conducted on gambling in Wollega, even in Ethiopian in my knowledge. Therefore, it is imperative to have cultural specific research findings on gambling in order to deal with the risk factors and other psychosocial and behavioral correlates of problematic gambling. In this research study was surveyed the social and environmental risk factors of problematic gambling disorder in Ethiopia with a specific focus on adolescents as these are most vulnerable to getting involved in gambling due to the high unemployment rates.

i. General Objectives

The general objective of this study was to determine the relationship between personal, social, and environmental risks of gambling disorder and to explore the casual factors to contributing to adolescent gambling behavior of high school students.

4. METHODS AND MATERIALS

i. Design the research

This study adopted a survey research design in order to explore risks factors of gambling disorder from Social and Environmental risks of preparatory school adolescence students in Wollega Zonal towns.

a. Population and Sampling

The population of this study was consisting of in-school adolescents who are in government preparatory schools in the four Wollega Zones in the year 2016/17. Two preparatory schools from Nekemte, two preparatory school from Gihmbi, and One preparatory school from Dambi Dollo and Shambu town were purposively selected from each zone; hence, 6 schools was included in the study. Fifty students were snowball sampling from each school and a total of 300 students were participating in the study.

b. Data Gathering Instruments

The researcher was basically use questionnaire to capture data on the Social and Environmental Risk of gambling. The researcher was using standardized tools to assess the extent of adolescent gambling disorder in sample. The tool was the Diagnostic and Statistical Manual of Mental Health Fourth-Version Adapted from Juveniles (DSM-IV-J) checklist which was developed by Fisher and was taken from Rainone and Gallati (2007). The DSM-IV-J is a 12-item checklist which assesses nine dimensions of problematic gambling: progression and preoccupation, tolerance, withdrawal and loss of control, escape, chasing, lies and deception, illegal acts, family and academic disruptions, and financial bailout.

c. Participants and Procedures

A cross-sectional survey study was conducted among regularly attending preparatory school adolescents in Wollega Zonal town. At the time, in three Wollega zone there were about 6 preparatory schools with a total of 8432 students, 2017). In each of the schools, the researcher contacted classroom teachers for their willingness to cooperate in data collection by devoting a one period (50 min) class meeting. Following the permission of the schools and with the help of the teachers, the researcher approached the students. The researcher explained the objectives of the study for the students and assured them about the confidentiality of their responses. Students did not provide their names and were not asked any other personal identification. Only students who had played any game in money or betted on unknown results were eligible to fill in the questionnaires. But students who did not play any game in money or bet on unknown results were also counted in order to assess the frequency of gambling in the target population. The students were instructed to finish the questionnaire in the class within the 50 min class meeting and return the questionnaire to their classroom teachers or researcher before they left the class. Out of the 300 target population, 244 (about 71 % with males 41 % and females 30 %) reported that they have gambled or have been gambling and willing to fill in the questionnaire. In the data processing and reporting, 56 questionnaires were excluded due to incomplete completion and non-return.

d. Data Analysis

After the necessary data was collected and coded, statistical data was computed using the Statistical Package for Social Sciences (SPSS), version 20. Statistical methods including descriptive statistics, Pearson correlation, Regression, and variances were used in the analysis.

5. RESULTS

i. Socio-Demographic Characteristics of Participants

This study result, out of the 300 responses, 56 responses were discarded due to incomplete filled-out questionnaires and the responses of 244 students of grade 11 (150 or 60.5 %) and grade 12 (94 or 34.2 %) were analyzed. The number of males in the current study was 162 (66.39 %) and females 82 (33.61 %). The ages of the adolescents ranged from 12 to 22 years with mode 17, mean 16.39, standard deviation 1.42, and median 16.30. Regarding the ethnic and religious background aspect of the students, most of the participants were from the Oromo and Amhara ethnic groups with Christianity and Islamic religions being the most reported religious backgrounds of the participants. See Table 1 for complete summary of the socio-demographic characteristics of the participants.

Table 1: Socio-demographic variables of the participants

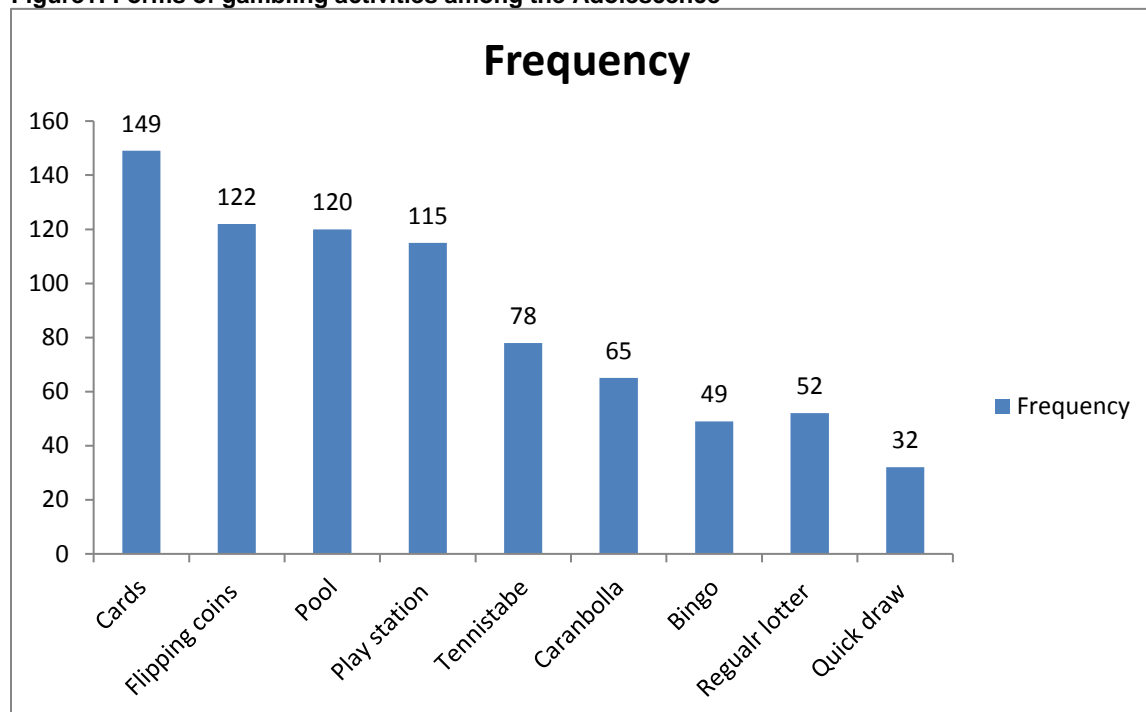
Variable	Frequency (%)
Gender	
Male	162 (66.39)
Female	82 (33.61)
Age	
12–15	70 (28.69)
16–18	156 (63.94)
19–21	18 (7.37)
Grade	
11	150 (61.47)
12	94 (38.53)

Variable	Frequency (%)
Religion	
Orthodox	115 (47.13)
Protestant	97 (39.75)
Islam	24 (9.83)
Catholic	6 (2.46)
Other	2 (0.82)
Family type	
Intact	225 (86.2)
Separated/divorced	15 (5.7)
Remarried	4 (1.5)
Institutionalized	1 (0.4)
Lives with relatives	16 (6.1)
Family monthly income	
700–1,000	40 (16.39)
1,001–1,500	44 (18.08)
1,500–2,000	32 (13.11)
2,000–2,500	53 (21.72)
2,500–3,000	50 (20.49)
3000–3,5000	20 (8.19)
>4,000	22 (9.01)
Highest educational level	
Illiterate	23 (9.42.0)
1–8 grades	29 (11.88)
High school completed or grades 10/12 completed	74 (30.32)
College diploma	90 (36.88)
Degree and post-graduate courses	28 (11.47)

ii. Forms of Gambling Activities among the Adolescents

Adolescents engaged in various forms of gambling activities. The questionnaire identified 10 forms of local gambling activities. In figure, 1 reveals that the most frequently reported form of gambling activity is playing cards followed by flipping coins and pool gambling while quick drawing is among the least reported forms.

Figure1: Forms of gambling activities among the Adolescence



iii. Risky Gambling Behavior

The researcher was used the DSM-IV-J tools to assess the extent to which adolescents were at risk for gambling disorder or were indeed problematic gamblers and non-compulsive or compulsive gamblers. Table 3 shows the distribution of respondents across the continuum of gambling behaviors (from social/non-problematic gambling to at risk for severe problematic gambling and problematic gambling) on the DSM-IV-J tools.

Table 3: The distribution of respondents across the continuum of gambling categories of on DSM-IV-J and GA-20 for males and females

Tools	Category	Total (%)	Frequency (%)	
			Male	Female
DSM-IV-J	Social gamblers	143 (58.64)	81 (33.19)	62 (25.4)
	At risk for severe problematic gambling	83 (34)	69 (28.27)	14 (5.73)
	Probable problematic gambler	18 (7.37)	12 (4.91)	6 (2.45)
	Total	244 (100)	154 (100)	109 (100)

* Significant at $p = 0.05$

According to the DSM-IV-J checklist, the majority of our samples (58.6 %) were non-problematic or social gamblers, while 34 % were at risk for severe problematic gambling and 7.3 % were probable problematic/pathological.

iv. Bivariate Correlation

The bivariate correlations between the study variables, including the univariate associations between the personal, social and environmental factors and the two measures of problematic gambling are presented (see Table 4).

Table 4: Bivariate correlations among the gambling variables

Measures	DSM-IV-J	Social factors	Environmental factors	Drug abuse	Psychological impacts	Social impacts	Economic impacts
DSM-IV-J	1						
Personal feelings	.190**	0.244**	1				
Environmental factors	0.297**	0.549**	1				
Drug abuse	0.389**	0.089	0.203**	1			
Psychological impacts	0.417**	0.439**	0.462**	0.218**	1		
Social impacts	0.502**	0.370**	0.469**	0.295**	0.554**	1	
Economic impacts	0.477**	0.383**	0.411**	0.341**	0.548**	0.699**	1

** Correlation is significant at the 0.01 level (2-tailed)

According to table 4 shows that correlated to see social factor .25 were approximately weak and positive association with DSM-IV-J gambling disorder. This is for the social risk factors, positive associations with measures of gambling disorder were found for personal feelings, drug abuse and perceived psychological, social and economic impacts. In addition, social risk factors and availability of gambling venues were positively correlated with both measures of gambling disorder.

Table 5: Regression analysis of gambling variables on the DSM-IV-J

Variable	B	Std. error	Beta	t.	Sig
(Constant)	0.445	0.207		2.148	0.033*
personal	0.002	0.014	0.10	0.17	0.865
Social factors	0.005	0.011	0.027	0.407	0.684
Environmental factors	-0.002	0.012	-0.010	-0.150	0.881
Drug abuse	0.093	0.021	0.237	4.332	0.000**
Psychological impacts	0.045	0.021	0.141	2.117	0.035*
Social impacts	0.058	0.017	0.261	3.439	0.001**
Economic impacts	0.050	0.030	0.127	1.670	0.096

$R^2 = 0.349$, $F(7, 253) = 19.398$, $p < 0.01$, ** = $p < 0.01$, * = $p = 0.05$

Based on above table, researcher was employed regression analysis to explore the unique contribution of the univariate correlates in explaining gambling disorder for both dependent measures separately. Gambling disorder were associated to DSM-IV-J was analysis that, significant and positive relationship. For the measure of gambling disorder using the DSM-IV-J, the set of significant univariate correlates explained 34.9 % of the variance in problematic gambling disorder with significant unique predictions for drug abuse, psychological impacts, and social impacts.

6. DISCUSSION

The study showed that social factors (peer and family risk factors), and environmental factors (media advertisement and availability of gambling venues) contribute to problematic gambling among high school students in Wollega town. International studies on gambling disorder reveal similar risk factors for problematic gambling, among which risk seeking tendencies, low self-esteem, depression and suicide ideation; social factors including peer influences and parental gambling; and environmental factors like advertisement on gambling have been found to be positively associated with problematic gambling continuum (e.g., Carlson and Moore 1998; Dane et al. 2004; Delfabbro et al. 2005; Lambos et al. 2007; Winters et al. 2002). The research findings indicated that the most frequently played gambling forms among the preparatory school adolescence are playing cards, flipping coins, pool gambling and play station, while quick drawing is among the least reported. Delfabbro et al. (2005) in their study of

adolescent gambling in Australian Capital Territory (ACT) of students of ages between 7 and 12 years revealed that private card games (39.8 %) and bingo/scratchies (40.5 %) were the most frequently reported gambling activities while betting on racing and sporting events were also popular (32 and 26 % respectively). In another study conducted among adolescents in Oregon (Carlson and Moore, 1998) purchasing raffle tickets (41 %) was the most frequently cited gambling activity, followed by betting on sports with friends or relatives (32 %); playing cards (31 %), and betting on games of skill, such as pool or bowling (25 %). A game typical to wollega town is pool, which ranked 3rd among the identified 9 gambling activities and about 1 out of 4 gamblers play pool. Pool is very closely similar with the Italian game of Bocette (<http://billiardtraveler.blogspot.com/2011/10/billiards-in-hottest-inhabited-village.html>). The variations in the prevalence of gambling activities may also be related to the differences in cultural backgrounds, age, legal and other social aspects of the adolescent gamblers.

7. CONCLUSION AND RECOMMENDATION

While adolescence is only a short period of one's life, it is a time of critical developmental change and growth. There exist high rates of risk taking behavior during adolescence, including with behavior like gambling that have addictive potential and carry associated risks factors (personal, drug abuse, perceived psychological, social risk factors and availabilities of gambling venue positively correlated with gambling disorder and are significant unique contribution as well predictions for drug abuse, psychological impacts, & social impacts). By doing so it provides invaluable information for the systematic design and evaluation of evidence-based educational interventions to prevent gambling disorder in school adolescents. For further researcher needs to focus on understanding of the students gambling disorder (involvement and addiction), providing intervention targets for the evidence-based design of educational interventions to prevent gambling disorder.

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