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Risk and protective factors in youth gambling: A study of Harare, Zimbabwe

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Gambling among youth is increasing and has caused concern in Zimbabwe; it affects not only the individuals but also those close to the gambler and the community at large. This study examined the risk and protective factors associated with gambling problems among young people in Harare, Zimbabwe. The research was guided by the ecological systems theory. It used a qualitative approach and adopted a phenomenological design. A sample was drawn from the youth population in Harare, aged 18–30 years. Because of the sensitive nature of the topic, a combination of purposive and snowball sampling was employed to select participants who met the specified criteria. The data were analysed using thematic analysis. The study identified various risk factors that contribute to the development of gambling problems among youths in Harare, categorised into intrapersonal and interpersonal factors. Among the intrapersonal risk factors, peer influence, family influence, community influence, cultural influences and accessibility were recognised. The interpersonal factors highlighted by the researcher include arousal, cognitive beliefs, drug use and delinquent behaviours. The findings suggest that different stakeholders in Zimbabwean communities should take precautionary measures to warn and educate young people about the harmful effects of gambling and to promote access to reliable income-generating activities.

Transdisciplinary Contribution: The adoption of Bronfenbrenner's Ecological Systems Theory offers a strong conceptual framework for analysing youth gambling in Harare by situating individual behaviour within interconnected systems – microsystem, mesosystem, exosystem, macrosystem and chronosystem – thus allowing a thorough examination of risk and protective factors across multiple levels of influence. This ecological perspective supports the integration of insights from educational psychology, sociology, public health and economics, enhancing the study's theoretical depth while guiding the development of contextually appropriate, multi-sectoral interventions and awareness campaigns in high-density areas. This approach ensures a significant contribution to transdisciplinary scholarship and policy reform.

Keywords: gambling; gambling addiction; protective factors; risk factors; youths; Zimbabwe.

Introduction

Globally, there has been an increase in concern over gambling, with a focus on its effects on youths.[1] Gambling is a popular leisure activity with a long history, which, today, whether legally permitted or not, is present in almost all societies of the world.[2] The field of gambling has grown enormously over the past two decades; however, there remains a paucity of research on the risk factors associated with problem gamblers. While there is a growing body of literature, there remains a lack of consensus regarding the risk factors and their relation in contributing to problem gambling among youths.[3] The term 'problem gambling' refers to a pattern of gambling-related behaviours that often leads to substantial harm to the gambler, those around them and the community.[4] Therefore, studying the risk factors, particularly among the youth, is important given that severe gambling problems often originate in childhood and adolescence.

It is also critical to recognise these risk factors to spot any early warning indications of a gambling problem.[5] Risk variables inform preventative strategies for youth gambling by reflecting extreme bio–psycho–social dimensions, where opposing poles may signify key protective factors.[2] A large number of individuals who are exposed to these risk factors may never experience gambling issues, indicating that protective variables may exist.[6]

The psychological characteristics associated with problem gambling have been the subject of much research. Cognitive illusions are common among gamblers, even non-pathological ones.

One of the most distinctive cognitive characteristics of gamblers is their tendency to overestimate their chances of winning, often because of various cognitive distortions in the processing of chance, skill and probability.[7]

Background and overview of the study

Research done among youths in Minnesota revealed that marijuana, alcohol, tobacco and illegal drug use were reliable predictors of gambling problems.[8] Similarly, youths in Washington State were found to correlate drug, alcohol and cigarette use with both gambling frequency and gambling disorders.[9] Research indicates that gambling and drug use frequently co-occur in young adults, implying each may serve as a warning sign for the other.[10]

Youths' betting habits are proven to be influenced by their peer groups, with most of them portraying sports betting as an expensive pastime.[1] Social care and connection are two protective factors against gambling problems.[11] One known risk factor for the development and maintenance of gambling-related issues is the lack of genuine support from close friends and family.[12,13]

Research has shown that older adult gamblers were often first exposed to gambling by extended family members during their youth.[14] Key protective characteristics identified in mostly cross-sectional studies include social support, resilience and social bonding (community connectivity), although these aspects are less researched.[15]

Among the protective variables against gambling issues are social support and social connection.[12] At-risk or problem gamblers often report low perceived social support, which itself is recognised as a risk factor for the onset and persistence of gambling problems.[13,15]

A longitudinal study also discovered that information about risk factors and protective factors before the onset of problem gambling was limited. The study examined two relational protective factors, social and parental supervision and one personal factor, high socioeconomic status.[16] Consequently, this study aims to address the perceived gap caused by the insufficient knowledge about protective and risk factors for problem gambling among young people.

With the advent of modern technologies, new online gambling options have emerged, including sports betting, which are accessible and available 24/7.[17] Few studies qualitatively explore young men's views on risks posed by new online products, despite their heightened vulnerability to related harms. This study drew on ideas from the sociology of risk to explore the various factors that might influence how young Australian men, aged 18–24, perceive the dangers involved with sports betting.[17,18]

The following research questions (RQs) were asked:

- *Research Question 1 (RQ1)*: What are the risk factors associated with a gambling problem among the youths in Harare?
- *Research Question 2 (RQ2)*: What are the protective factors associated with gambling problems among youths in Harare?
- *Research Question 3 (RQ3)*: What are the coping mechanisms associated with a gambling problem among youths in Harare?

Theoretical framework

Bronfenbrenner's Ecological Systems Theory provides a comprehensive developmental framework for understanding how human behaviour is shaped by the dynamic interaction between individuals and their multilayered environments.[19] The theory describes five interconnected environmental systems: the microsystem, mesosystem, exosystem, macrosystem and chronosystem.[19] The microsystem refers to immediate settings such as family, peers and schools, where direct interactions occur. At this level, a gambling problem can be influenced by interpersonal factors that directly impact an individual, like arousal, cognitive distortions, impulsivity and substance use, all of which are likely to be affected by the immediate environment, such as family.[20] The mesosystem includes the interconnections between different parts of the microsystem, such as family, school and peer relationships. For instance, a lack of parental involvement coupled with negative peer pressure might increase vulnerability to gambling. The exosystem comprises environments in which the individual does not actively participate, such as parental workplace dynamics, yet these can still exert influence.[11,14,15] An example is the poor regulation of online gambling, which can indirectly encourage gambling behaviour.[21] The macrosystem encompasses broader cultural values, social norms and public policies. Some cultural narratives may normalise gambling, especially when linked to masculinity, poverty, survival and status.[18] The chronosystem introduces the dimension of time, accounting for life transitions and socio-historical contexts. A person may begin gambling after a significant life change, such as during coronavirus disease 2019 (COVID-19) lockdowns, when unemployment rates rose, and people resorted to gambling to make a living.[17] Together, these systems interact in complex, reciprocal ways to influence behaviour and development across the lifespan, including the risk and protective factors associated with a gambling problem in Harare.

Bronfenbrenner's theory is strong because it offers a holistic, integrative view, enabling analysis of human behaviour across multiple levels.[19] It is useful across disciplines such as psychology, sociology, public health and education, making it ideal for transdisciplinary research. The theory underscores the role of context in shaping human actions, particularly where structural inequality, socio-economic factors and cultural norms converge to influence outcomes. However, it also has limitations.

Some criticise it for its broad conceptual scope, which, although comprehensive, can lack operational clarity and make empirical testing difficult. Additionally, the theory's original focus was more on description than explanation, so it often needs to be adapted or complemented with other approaches when applied to research aiming to identify causal mechanisms. Moreover, the theory assumes relatively stable systemic structures, which may not fully account for the fluidity and fragmentation often seen in postcolonial or economically unstable contexts such as Zimbabwe.

In the context of youth gambling in Harare, the ecological framework is particularly relevant for analysing both risk and protective factors. At the microsystem level, peer pressure, parental modelling of gambling or familial neglect can serve as risk factors, while positive parental engagement or school involvement may act as buffers. The mesosystem can reveal how disjointed or reinforcing relationships between home and school settings contribute to gambling vulnerability. Within the exosystem, factors such as urban unemployment, informal economies, or media promotion of gambling can indirectly shape youth decisions. The macrosystem marked by Zimbabwe's socio-economic instability, cultural narratives of luck and success, and weak regulatory enforcement creates a permissive environment for gambling to thrive. Lastly, the chronosystem allows the researcher to consider historical and generational shifts, such as the impact of political upheaval, economic collapse, or pandemic-related disruptions on gambling trends. Thus, Bronfenbrenner's theory enables a rich, layered understanding of youth gambling that moves beyond individual pathology to consider the wider structural and relational conditions shaping risk and resilience.

Research methods and design

The risk and protective factors associated with gambling problems among the youth in Harare were examined using a phenomenological design. The University of Zimbabwe, Department of Psychology, was approached and provided written permission to conduct the research in Hatcliffe. The researchers chose this location because it has two sports betting facilities. It is predominantly populated by youth participating in sports betting, and there are reports that the researchers have heard about youth experiencing gambling problems. The researchers were also very familiar with the area and had learned of several cases of young people facing gambling issues. Ten participants from Hatcliffe were selected using purposive and snowball sampling methods. Data collection continued until thematic saturation was observed.[22] To ensure that the participants provided in-depth and meaningful information relevant to the study's objectives, youths aged 18–30 years who live in Hatcliffe, Harare, and who are involved in gambling activities and experiencing gambling problems were interviewed using semi-structured interviews.

Interviews took place in a storeroom at the betting site in Hatcliffe, lasting between 35 min and 45 min. The interviews were recorded with the participants' consent. The audio recordings were transcribed to prepare for data analysis. The data were analysed following[22] guidelines for thematic analysis. Initially, seven codes were found to identify meaningful units. After further examination and searching for patterns, themes, differences and connections, three major themes emerged.

Ethical considerations

An application for full ethical approval was made to the University of Zimbabwe with the reference: Ethics Committee Meeting of November 2023. Written consent was gained; the voluntariness, confidentiality and anonymity of participating youths were safeguarded throughout the process, and they can withdraw from the study, and all acknowledged ethical standards were strictly upheld.[23] Information sheet and later signed consent forms were issued.[23] Participants were informed that should they experience emotional and psychological distress, they will be referred to a counsellor or psychologist while maintaining confidentiality.

Results

Demographics of research participants

The researchers conducted semi-structured interviews with 15 youth problem gamblers, screened using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria for gambling disorder.[24] Out of the 15 participants, only nine had a gambling problem, and one participant withdrew because of discomfort. The study included 10 participants: Eight male youth with gambling problems and two key informants, the mothers of two participants with gambling issues. The researchers chose the parents to understand how they assist their children and to identify the risk factors that contributed to their gambling problems. This influence is recognised in the microsystem factors. Mothers often serve as primary caregivers and are often closely involved in the daily lives of their children, making them well-suited to provide valuable insights into familial, cultural and contextual factors that might contribute to gambling behaviour. Methodologically, involving mothers enriched the data by offering a multi-perspective, allowing triangulation of information gathered from primary participants. Pseudonyms like Participant 1 were used to identify the participants to ensure confidentiality.

Demographic characteristics of participants

The study included eight youths with gambling problems, aged 18–27 years, all of whom were male. The duration of gambling ranged from 1 to 3 years, with severity levels reported as mild (n = 3), moderate (n = 1) and severe (n = 4).

Two key informants (parents) also participated, both females, whose children had experienced gambling problems for 2–3 years.

The study findings are presented under three major themes, which can be summarised as: (1) risk factors associated with gambling problems among youths in Harare, (2) protective factors associated with gambling problems and (3) coping strategies employed by youths with a gambling problem.

Risk factors associated with gambling problems among youths in Harare

Firstly, intrapersonal factors such as peer influence, family influence, community influence and accessibility were identified as some of the risk factors. Secondly, the interpersonal factors that were identified include reward-induced arousal, irrational thought processes and, lastly, drug use and delinquent behaviours.[15,18,25]

Intrapersonal factors

The intrapersonal factors revealed in the study include peer, family, community and accessibility. Therefore, they will be discussed below.

Peer influence

Several participants alluded to the fact that peer pressure and influence from friends played a significant role in their getting into sports betting.

As stated by Participant 1:

> *'Ndakatanga kubettor ndadzidziswa nemafriendsa angu. Vaigara vachindiudza how they benefited vaka bettor mari dzavo dzelunch after school, like vakaisa $1 vaiwinner $5 ndichinzwa izvi ndakabva ndada kujoin.'* ['I started betting after friends convinced me with their success stories.'] (Participant 1, 19 Years old, Male)

Another key informant stated that:

> '*Ane mafriends aanotamba nawo vekumaraini ndivo vakamudzidzisa paakatanga kutamba navo. Ukavanzwa vachi discuss nezvekuita kuti vawin unoti zvinhu zvine musoro.*' ['His friends taught him their (seemingly logical) betting strategies.'] (Participant 9, 50 years old, Female)

The issue of peer influence is one of the major risk factors that play a part in one getting involved in gambling and developing a gambling problem.

Family influence

The presence of family members who engaged in gambling normalised the activity and led to the participants' gambling issues and the issue of dysfunctional family dynamics. The researcher observed that growing up in a gambling-friendly atmosphere might influence one's views, beliefs and gambling practices. Furthermore, dysfunctional family dynamics because of child-headed families and lack of parental supervision may increase the chances of the individual developing a gambling problem.

As pointed out by Participant 5:

> *'when I grew up taiita ma family gathering akawanda because we are a big family. During these gatherings usually as men with my cousins and uncles when for example watching a soccer game, we used to make bets on which team is going to win. Usually, I used to win a lot during these times, so when there was built a betting site at the shops, I just wanted to try it since we grew up doing it with my family, so it was normal. On my first attempts I won $20 after betting $5 this excitement made me want to keep on betting.'* (Participant 5, 25 Years old, Male)

As stated by one key informant:

> *'Before ndazotanga kugara naye aigara ega vabereki vake vakugara kuSA, so vaigara vachimutumira mari hapana aimutsira. Tese takatoona kuti kugara ega addiction yacho inotowedzera so kuuya padhuze ndoita ndichitsiura nekumutarisa.'* ['Living unsupervised on money sent by his South African based parents, his addiction worsened until I moved in to monitor him.'] (Participant 10, 47 years old, Female)

The researcher noticed that from the results, family influence also plays a part in the development of a gambling problem among youth in Harare. When one grows up in a family where gambling is normal and has elders that he or she takes as a role model, and that individual is into gambling, they will follow in the same footsteps.

Community influence

Participants 2 and 3 and one key informant, Participant 10, stated that community influence is one of the major risk factors that lead to one engaging in gambling. Higher rates of gambling involvement can be attributed to factors such as being close to sports betting venues, the number of gambling options and how the community accepts gambling.

As alluded to by Participant 10:

> '*Nzvimbo yedu iyi ighetto zvekuti betting is prevalent and is accepted by everyone. Zvinobva zvakonzera kuti vana vedu vaite zvekubettor izvi because environment ino facilitator betting zvikukonzera vade zvebetting izvi not knowing zvinozokonzera vasave vatano. Ipapa ukamuudza kuti usaite zvegambling unoita addicted nayo ukaita rombe haamboterere.*' ['Hatcliffe is a high-density (ghetto environment) normalises and facilitates betting, leading youth to ruin despite warnings.'] (Participant 10, 47 years old, Female)

Therefore, it can be argued that, as stipulated by Bronfenbrenner's ecological system theory, community can play a very significant role in the development of gambling problem among the youth, as it is seen in Harare, Zimbabwe. For example, the increase in the advancement of gambling has contributed to the overall growth in gambling. The fact that gambling has been accepted in our community and that almost everyone in the community is engaged in gambling, from the elderly to the youths, makes it easier for one to get involved because they are in high density and do not want to be left out.[26]

Accessibility

The majority of the participants pointed out that easy access to local sports betting places is another risk factor that contributes to their gambling problem.

As stated by Participant 1:

> '*I think kuri kuiswa kwaitwa betting kuma shops zvakaita kuti zvitiitire easy kuenda kuno bettor since yava padhuze, because Kare taiifambira mutown, so these days mari yebhazi hapasisina ndongoenda kumashops $1 iroro ndakubettor*.' ['Betting shops are now conveniently close, making it easy and cheap to gamble.'] (Participant 1, 19 Years old, Male)

Also, Participant 6 stated that:

> '*Ndobvuma hangu kuti accessibity to betting site yakakonzeresa, tichitarisa maonline betting sites these days. Hapana kwaunoenda just kungoshandisa foni yak to access account yako uri muroom mako hapana macosts aunombopinda these days*.' ['Easy phone access to online betting sites from anywhere has fueled addiction.'] (Participant 6, 21 Years old, Male)

Therefore, having access to the betting sites built in Hatcliffe shops and online betting sites has made it easier for the youths to access gambling. That increased the time they spend gambling and often resulted in the risk of developing a gambling problem.

Interpersonal factors

The interpersonal factors revealed in the current study among the youths in Harare include reward-induced arousal, delinquent behaviours and drug use.

Reward-induced arousal

From the responses given by the participants, it was noted that most participants mentioned that even though they lose sometimes, they continue gambling because they desire the excitement and thrill they get when they win a gamble.

As alluded to by Participant 3:

> '*When I started betting, I was so excited and thrilled that I was able to make money from just a prediction. Zvakaita ndide kuramba ndichi bettor more, even though ndailose most of the times I had hope that today is my day. Ka feeling kandakaita pekutanga when I betted $5 and won $45 made me want to continue betting every day*.' ['My early win of $45 from $5 thrilled me and created a hope that "today is my day," which made me continue betting daily despite losing most of the time.'] (Participant 3, 18 Years old, Male)

Therefore, from the results, this shows that the arousal that the participants get when they win a bet acts as an enforcement, whereby they will keep on gambling to win to get that same feeling.

Delinquent behaviours

It was noted from the interviews that youths who are into gambling are mostly involved in activities like theft and assaults. Because of the inability to stop gambling, participants had to source money from stealing or borrowing from friends, which resulted in fights when they lost. On the other hand, some continued betting every day to retrieve the borrowed money, which later resulted in a gambling problem.

As stated by one of the key informants, Participant 9:

> '*Mwana wangu Anga akupota achiba zvinhu zvakaita semafuta, salt, sugar achinotengesa Kuti awane mari yekuno bettor because tatisinga chamupe mari*.' ['My child started to steal things like cooking oil, salt, and sugar to sell so that he could go and use the money for bets since we were no longer giving him any money.]' (Participant 9, 50 years old, Female)

Participant 5 stated that:

> '*Usually muma sport betting umovanhu vanogara vachirwa kana team yako yaruza and motadza kuwirirana nevamwe vako pakushare mariyama winner. Usually, togona kubatanidza mari youta kana $10 nevamwe vangu tobettor using one account. Sopatowinner tinenge takufanha kushare mari iya but mafia rogona kufinhura zvekuti vanenge vakuramba kushare zviri fair tozoguma takurovana*.' ['Pooling money with friends to bet on one account often leads to conflict and fights over unfair sharing of the winnings.'] (Participant 5, 25 Years old, Male)

Therefore, from the results, it can be argued that it seems that gambling is intertwined with a lot of delinquent behaviours, as stated by the participants in the study. They get involved in theft, where some steal money and also groceries and also property to sell and get money for gambling.

Substance use

It was discovered that drug use is one of the risk factors associated with a gambling problem among the youth in Harare. From the interviews, only four participants admitted that they were involved in drugs, so they saw sports betting as a way for them to gain more money to buy more drugs. The urge to want more drugs is the one that pushes the problem gambler to continue gambling, leading to the development of a gambling problem.

As stated by one key informant, Participant 10:

> '*Mwana wangu anga akupota a chiti mari iya yaawinner vanga vakugara vachitenga doro zvinodhaka sembanje nekambwa neshamwari dzake*.' ['The winnings he got, he would spend on buying alcohol, weed, and cigarettes with his friends.'] (Participant 10, 47 years old, Female)

Participant 4 also stated that:

> '*Inini ndorova mbanje because hadzisi addictive chete nedoro sometimes. But mbanje ndodzidira kuti dzinokumba kah feeling keku relax zvekuti stress yese yekuruza unokanganwa*.' ['As for me, I smoke marijuana because it's not only addictive like alcohol sometimes. But I learned that marijuana gives you that feeling of relaxing so much that you forget all the stress of losing.'] (Participant 4, 27 Years old, Male)

From the results, the researcher concluded that most of the youths in Harare with a gambling problem resulted in them being involved in drug use as a way to gain more money to get more drugs. The fact that they have a push factor that is pushing them to want to gamble means they will continue gambling until they cannot stop, contributing to a gambling problem.

Protective factors associated with a gambling problem

One of the study's objectives was to establish the protective factors associated with gambling problems among the youths in Harare. Through thematic analysis of the results, the following factors emerged: parental supervision; role models and social support; and care.

Parental supervision and positive role models

Several individuals cited the benefits of parents who provided supervision, established limits and actively discouraged gambling, which acted as a protective factor.

As stated by Participant 7:

> '*My mother ndovakandibatsira ndione Kuti betting Yanga yakundikanganisa, vavakusandipa mari plus kundirambidza kutaura neboys rangu randaidhakwa naro plus vandaibettor navo. Vakabva vanditsvagira basa mushop Kuti ndishaye nguva yekubettor zvakandibatsira ndikwanise kumira kudhakwa uye reduced my betting habits.*' ['My mother helped me by cutting off my money, isolating me from my bad influences, and getting me a job to occupy my time, which reduced my drinking and betting.'] (Participant 7, 21 Years old, Male)

Therefore, it is noted that positive parental influence, such as giving monitoring, establishing limits and actively opposing gambling, helped guard against a gambling problem.

Furthermore, participants highlighted that another protective factor was the issue of role models. It was highlighted by the participants that role models assist in offering direction and encouragement while portraying good habits to the youth. The youths can therefore develop healthy attitudes, values and coping strategies that will help them resist the temptation of gambling by seeing and engaging with positive role models.

As stated by Participant 6:

> '*Looking at my parents, none of them is involved in gambling, including my dad and my siblings, vese hapana anoita zvegambling they have good carriers. Zvakaita ndide kusviya zvegambling and follow in their footsteps because I was being a disgrace.*' ['Seeing my successful, gambling-free family made me want to quit and follow their path, as I felt I was a disgrace.'] (Participant 6, 21 Years old, Male)

It can be argued that youths who see positive role models as sources of guidance, support and positive behaviour modeling may be likely to make healthy decisions and abstain from gambling.

Social support and care

From the interviews, a majority of participants pointed out social support and care as a very important protective factor. The researcher noted that one of the most preventative measures against a gambling problem is the presence of social networks and support systems. Strong social support gives people a feeling of purpose and emotional support. These relationships include friends, family and local groups. People who feel valued, cared for and connected with their loved ones are less likely to develop and maintain gambling problems. This is so because they consider their loved ones to be there for them.

As stated by Participant 1:

> '*For myself, I can say the social support around me helped a lot with the gambling issues. My family has been very supportive, and I have my friends who do not bet they support me a lot. Every time I feel like going to gamble, I go to them for advice. They are always there for me and willing to help me overcome my gambling problem. Having all these people in my life makes me feel important and taken care of me and they bring a sense of belonging in my life. This motivated me to want to quit betting.*' (Participant 1, 19 Years old, Male)

Therefore, from the results, the researcher has concluded that social support and perception of social care can give people the support and motivation they need to avoid gambling temptations and seek treatment when necessary.

Coping strategies employed by youths with a gambling problem

In the study, among other objectives, the researcher explored the coping strategies employed by youths in Harare with a gambling problem. From the responses given by the participants, the researcher noted many different coping strategies, such as distraction-oriented coping and problem-focused coping.

Distraction-oriented coping

One of the solutions that almost all the participants have said to be very useful in coping with a gambling problem was distracting themselves from gambling through finding other activities to do. The participants tend to find some other hobbies like sports, engage in reading and go to work just to keep themselves from engaging in gambling.

As pointed out by one of the participants, Participant 5:

> '*Kuti ndikwanise kufight kukanganwa gambling, I started occupying myself with other activities like kutamba magames like fifa kumba with my friends. The excitement that I get playing games help me forget kuti ndikufanha kuenda kuno bettor.*' ['I fight the urge to gamble by occupying myself with exciting activities like playing FIFA with friends at home.'] (Participant 5, 25 Years old, Male)

Therefore, some of the participants used to distract themselves from stress and desires associated with gambling, like watching movies and playing video games. This is, however, a way to divert their attention from gambling, and this is a short-term relief by engaging in other satisfying activities.

Avoidance coping

The majority of the participants employed avoidance as their coping mechanism to be able to cope with their gambling problem. This is when one tries to avoid the truth about a certain problem they are facing. From the responses, the researcher noted that most participants adopted an avoidance technique, whereby they try to avoid thinking of the negative things that gambling is doing to their lives and avoid people who discourage their gambling behaviour. They would rather focus on the positive outcomes it is bringing. Some also mentioned that they started to isolate themselves from friends and the community to avoid being judged.

As alluded to by Participant 2:

> '*As for me even vanhu vaiti ukatanga zvebetting unoita addicted, I decided kuramba ndichiita because I only focused in the excitement of winning money. Even pese pandainzi watova addicted because every day after work ndisati ndasvika kumba ndaitanga ndasvika kumashops kunobettor. The fact that I took it as a hobby that I liked, I never saw the negative consequences it brought to my life. I even started avoiding my friends who were not into betting because every time pandai sangana navo vaitanga kunditi uchaita rombe nazvo.*' ['I ignored warnings and embraced betting as a fun hobby, focusing only on winning. I became so addicted I would bet before going home each day and avoided friends who criticised me.'] (Participant 2, 23 Years old, Male)

Therefore, even though many of the participants are employing avoidance coping techniques, it is a short-term solution. It can only be helpful in the short term, but it may not address the underlying difficulties and may even cause more problems for youths in Harare with a gambling problem.

Discussion

The first objective examined the risk factors associated with an increased likelihood of youths in Harare developing a gambling problem. The researchers identified several risk factors that significantly influence the gambling behaviours of youths, which were categorised into intrapersonal and interpersonal factors.[3,5,27] Regarding intrapersonal factors, peer influence emerged as a key risk factor for gambling problems. Participants' responses indicated that peer influence greatly contributes to youth involvement in gambling, leading to the development of gambling issues. As noted in the literature, extreme gamblers among youths often form new friendships with others who share their gambling behaviours, replacing their former non-gambling friends.[27,28]

Scholars have suggested that most youths experiencing gambling problems report having friends with similar issues; thus, knowing someone close to a problem gambler has an impact.[27,28] Family influence is also a significant risk factor for gambling problems among youths in Harare, as found in this study. Growing up in a family where gambling is normalised and where elders serve as role models who engage in gambling increases the likelihood of imitation. According to ecological theory, the second level, the relational level, emphasises that a person's immediate social circle, including family and close associates, influences their activities.[7] Youths from families that do not discourage gambling and are unaware of its negative effects are more susceptible to developing gambling problems.[18,28] Additionally, community influence plays a crucial role in the development of gambling problems among youths in Harare, as highlighted by ecological theory. In today's community, gambling is often viewed as a means to wealth, which encourages some youths to partake in gambling because it is widely accepted and normalised within the community.[29,30]

Another risk factor identified in the current study was access to sports betting sites.[29] The existence of betting sites located within Hatcliffe shops has made it easier for youths to access gambling. For example,[30] found that betting venues with more gaming machines and those situated in easily accessible locations, like near supermarkets, were associated with higher levels of gambling-related harm. Additionally, interpersonal factors were highlighted by the findings. Arousal is one of the risk factors linked to the development of a gambling problem among youths in Harare. According to studies on arousal, enjoying high-arousal, skill-based games is connected to the pleasurable aspect. Individuals derive entertainment and excitement from activities such as gambling. High sensation seekers need ample stimuli to reach the optimal level of arousal.[31] Consequently, most gamblers tend to keep betting until they cannot stop anymore, which can lead to developing a gambling problem.[31]

Furthermore, another risk factor associated with gambling problems among youths in Harare is substance use and delinquent behaviours. Unable to cease gambling, these youths often seek money by any means, including theft, with drug or alcohol demands further driving daily betting.[32,33] For example, many youths engaged in gambling also reported alcohol and drug use. From these results, the researchers concluded that most youths in Harare with gambling issues are also involved in drug use and delinquent behaviours as consequences of their gambling problems.

The second objective of the current study was to identify protective factors linked to gambling problems among youths in Harare. It was found that protective factors are crucial for reducing the risk of developing a gambling problem. These include social support, parental supervision and positive role models. Having supportive parents who set boundaries, actively discourage gambling and supervise their children was identified as a significant protective factor. This conclusion was supported by comparisons between participants who lived alone and developed severe gambling problems and those who had parental guidance. According to a study, youth gambling is negatively associated with parental disapproval.[34]

Therefore, one of the most important protective factors against gambling problems in youths is parental involvement and monitoring.[3] A protective factor identified in the research

was the presence of positive role models, such as parents. Youths reported that having people around who demonstrate positive behaviours and do not gamble helps them to stop and follow their example.[35]

The last objective of the study was to examine the coping strategies used by youths in Harare facing gambling problems. Several strategies were identified, including avoidance coping, problem-focused coping and distraction-oriented coping. Most participants found distraction-oriented coping effective, engaging in hobbies like reading, sports and gaming.[35,36,37] Previous studies have shown that problem gamblers tend to use emotion-focused and distraction-focused coping more than non-gamblers and social gamblers.[38] Another coping strategy observed was avoidance coping. This involved denying the negative effects of gambling and distancing oneself from those who oppose it.[37] These findings align with cross-sectional evidence that youths with gambling problems employ less effective coping strategies than their unaffected peers. Examples of these include avoidance and task-oriented strategies. In general, avoidance coping is viewed as a temporary solution that may not address underlying issues.[36]

Moreover, another coping strategy used by gamblers in Harare was problem-focused. This strategy has shown promise in effectively managing and resolving gambling problems because it involves actively addressing the root causes of the issue. Therefore, to promote healthy and effective coping processes, it is important to teach young people problem-focused coping techniques. Finding a strategy that solves their problems helps them recover quickly, and there is also a need to educate youths about these strategies so they can learn to use positive approaches.

Transdisciplinary contribution

The study emphasises the importance of interdisciplinary collaboration among educational psychology, sociology, public health and economics to raise awareness of youth gambling risks and protective factors in Harare, Zimbabwe. From an educational psychology perspective, the article promotes awareness campaigns across disciplines to highlight youth vulnerability to gambling-related risks. According to Erik Erikson's fifth stage, called Identity vs. Role Confusion, adolescents and young adults are still in a developmental phase characterised by impulsive decisions or behaviours and emotional volatility.[39,40] These cognitive and emotional factors, combined with limited financial literacy and the appeal of quick monetary rewards, increase young people's susceptibility to gambling. Targeted campaigns in schools, community centres and through digital platforms (covering microsystem, mesosystem and exosystem levels) could inform youth about the risks and long-term consequences of gambling problems. Additionally, these campaigns can include financial literacy education, showing youth alternative income sources like handwork or manual labour instead of resorting to gambling. Awareness efforts for youth can also address psychological vulnerabilities by fostering critical thinking, enhancing financial decision-making and promoting healthy coping strategies.[41]

A sociological perspective further points out that gambling in less advantaged backgrounds becomes a norm as they are deeply embedded in the social and economic fabric of these areas. High unemployment, limited education and scarce resources in certain regions contribute to gambling as both income and an escape from reality.[41] Furthermore, peer influence and societal narratives (mesosystem level) often glamourise gambling, framing it as a path to quick success.[42] Therefore, the campaigns and educational strategies should aim to raise awareness not only among the youth but also among the families and the community at large. Community leaders need to challenge these norms and rebuild collective narratives around sustainable livelihoods, community support and long-term planning.[43]

There are significant public health risks associated with gambling. Gambling addiction is a behavioural disorder that is commonly linked to substance abuse, depression, anxiety and, in the worst situations, suicidal ideation.[44] In areas with a high population density and little access to mental health services, gambling can intensify cycles of emotional and social distress. Larger health promotion programmes, such as community clinics and school health programmes, should include youth-focused public health interventions. In addition to promoting general mental health and wellness, these programmes can assist in the early diagnosis, prevention and referral of young people who may be at risk of gambling-related harm.[45]

The economic impact of youth gambling on personal and societal development is significant. Because of the high rates of economic marginalisation and adolescent unemployment, gaming appeals to many young people as an apparently easy way to get money.[46] Long-term consequences, however, may include missed opportunities for successful investment, increased debt and unstable finances. The problem is made worse by predatory practices by betting companies, especially those that target youth on social media and mobile platforms. Awareness campaigns should include financial literacy, the opportunity costs of gambling, and the promotion of savings and entrepreneurial alternatives.[47] Such programmes can break the cycle of poverty and promote a more independent and empowered young adult population by addressing these economic issues.[48,49]

Study's limitations

The study was conducted as a one-off research project, and there was not enough time to build rapport with the participants. Because of the number of participants interviewed, the study cannot generalise the findings. The small sample size of 10 participants limits the generalisability of the study.

Recommendations

Gambling has led some youth to steal to support their habits, highlighting the need for community-provided jobs and income-generating projects. The Zimbabwean government should regulate gambling advertisements, as profitable promotions motivate youth, and awareness campaigns are needed in high-density areas to educate them on gambling risks. Furthermore, regulations limiting minors' access to gambling are needed, as early exposure increases the risk of developing gambling problems. Implementing these recommendations can enhance protective factors, reduce gambling risk and promote healthy coping strategies among Harare's youth.

Conclusion

The researchers identified multiple risk factors for gambling among Harare youth, including social influences, drug use, delinquent behaviours, arousal and cognitive beliefs, highlighting the need to address these factors for effective prevention and intervention. Furthermore, it was concluded that there are several significant protective characteristics linked to gambling problems in youths in Harare. Parental supervision is a major protective factor, including enforcing limits and actively preventing gaming. It has also been discovered that participation in healthy pursuits like sports teams and religious groups, as well as the presence of positive role models, helps lower the likelihood of developing a gambling problem. In addition, social support and nurturing from friends, family and community organisations were vital in keeping youths from developing gambling problems. These safeguarding elements offer direction, encouragement, a sense of purpose and a sense of community, all of which help people make better decisions and resist the lure of gambling.

Potential areas for future research

There is a need for further investigation into gender differences in Zimbabwe on the gambling-related risk factors. It is important in light of the findings of the current study.

More research in the Zimbabwean context is required to determine the incidence of problem gambling and the long-term impacts of ongoing gaming on the general public, as gambling problem is classified as a hidden addiction.

Looking at protective factors, the link between social support and gambling problems has not received much attention. Therefore, as a result, further research is required to ascertain how those characteristics relate to one another.

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Competing interests

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CRediT authorship contribution

Sharmaine S. Nguruve: Data curation, Methodology, Resources, Visualisation, Writing – original draft, Writing – review & editing. Thobile P. Badimo: Methodology, Project administration, Resources, Visualisation, Writing – original draft, Writing – review & editing. Nelson Chifamba: Resources, Supervision, Validation, Writing – original draft, Writing – review & editing. Wandile F. Tsabedze: Methodology, Project administration, Supervision, Writing – review & editing. All authors reviewed the article, contributed to the discussion of results, approved the final version for submission and publication, and take responsibility for the integrity of its findings.

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Data availability

The authors confirm that the data supporting the findings of this study (pertaining to the particular focus of this article) are available in the article. The data pertaining to the entire study are available at the University of Zimbabwe, Department of Applied Psychology.

Disclaimer

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