

Influence of at-risk gambling on the mental well-being of the youth in Nakawa Division, Kampala District, Uganda. A cross-sectional study.

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ABSTRACT

Background:

The football pools are still around today and are, in fact, the source of inspiration for fixed odds on gambling. To assess the influence of at-risk gambling on the mental well-being of the youth in Nakawa Division, Kampala District, Uganda.

Methodology:

The study employed a cross-sectional survey research design. Quantitative data were analysed using a computerised data analysis program known as the Statistical Package for Social Sciences (SPSS) version 25.

Results:

There was a significant but negative effect of at-risk gambling on mental well-being ($\beta = .211$, $p = .007$). Specifically, the study results show that at-risk gambling significantly accounted for 4.4% of the variance in mental well-being ($R^2 = 0.044$, $F(1,369)$, $p = .000$). Furthermore, the regression coefficient for at-risk gambling was found to be -0.392 with a standard error of 0.095 . This implies that for every unit increase in at-risk gambling behaviour, mental well-being decreases by 0.392 units. The negative relationship between at-risk gambling and mental well-being was found to be statistically significant ($t(369) = -4.140$, $p = 0.000$). This affirms the predictive power of at-risk gambling behaviour on mental well-being. However, since the R^2 is below 0.25 , this indicates that the effect size is small. Thus, the R^2 of 0.044 obtained in the present regression model indicates that at-risk gambling behaviour plays a moderate but significant role in mental well-being. The majority of the respondents were self-employed (51.9%).

Conclusion:

At-risk gambling was found to have a significant negative effect on youth mental well-being, particularly influencing social and environmental well-being. Youth engaged in at-risk gambling reported strained relationships, financial instability, and exposure to gambling environments that heightened psychological stress.

Recommendations:

It is recommended that the Ministry of Finance, together with the Ministry of Gender, Labour and Social Development, develop and fund youth empowerment programs that provide vocational skills and employment opportunities.

Keywords: At-risk gambling, Strained relationships, Mental well-being, Youth in Nakawa Division.

Submitted: May 19, 2026 **Accepted:** June 20, 2026 **Published:** September 3, 2026

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Background

In this contemporary era, organised gambling borrows its plan from the United Kingdom, specifically from the layout of the football Pools gambling of the 1920's (Elton-Marshall, Leatherdale & Turner, 2016). This method of

betting attracted a large number of casual betters, and the relative simplicity of pooling in comparison to placing specific bets made it an easy way to gamble on sporting events. In turn, this made it more accessible to the public and provided a framework for the proliferation of more

sophisticated forms of gambling (Elton-Marshall et al., 2016). The football pools are still around today and are, in fact, the source of inspiration for fixed odds on gambling. The increased accessibility has come with potential for gambling-related mental well-being issues, such as depression, anxiety, and substance use disorders problems which are currently viewed through a public health perspective to include not only the psychological effects on individuals but also the economic and social costs (Gainsbury, 2015; Grant & Chamberlain, 2020).

In Uganda, the landscape of gambling underwent significant evolution starting with the introduction of betting in 1968 under the Lotto Act, making the initial steps towards a legalised gambling environment (Anyanwu, Demetrovics, Griffiths, Horváth, Czakó, Bajunirwe, Tamwesigire, 2023). The pivotal shift came in 2005 with the enactment of the National Lotteries Act, officially sanctioning gambling within the country. This legislative change catalysed a rapid growth in the industry, evidenced by a substantial surge from 7 to 48 betting companies between 2005 and 2013. Presently, the proliferation of gambling outlets has reached an estimated 2000 across Uganda, reflecting the industry's widespread presence (Anyanwu et al., 2023).

Research by Wardle et al. (2020) found that at-risk gamblers tend to experience higher levels of financial stress, which can significantly affect their mental well-being. Financial distress arising from gambling losses often leads to feelings of guilt, shame, and hopelessness, all of which are associated with increased risks of mental health disorders such as depression and suicidal thoughts. In the Ugandan setting, where economic opportunities for youth are already limited, financial losses due to gambling can have severe consequences, including dropping out of school, unemployment, and engagement in criminal activities to recover lost funds. Despite these findings, the studies were carried out in the Western world; the results may not capture the unique dynamics of a developing country like Uganda. To assess the influence of at-risk gambling on the mental well-being of the youth in Nakawa Division, Kampala District, Uganda.

METHODOLOGY

Research Design

The study employed a cross-sectional survey research design. This design enabled the study to quickly collect primary data over a short period of time and can contain multiple variables at the time of the data snapshot (Farnsworth, 2019). On the other hand, a case study design was adopted because it enables an in-depth exploration of gambling behaviour and mental well-being within the real-life context of Uganda's youth. This approach is particularly appropriate for examining complex social issues that are

shaped by cultural expectations and individual experiences. By focusing on a bounded system, the design allows the collection of rich, contextualised data, enhancing the validity and depth of insights (Yin, 2018). It also provides a holistic understanding of the lived experiences of the youth with gambling, thereby generating practical, sector-specific knowledge that can inform policy interventions.

Research approach

The study also employed a quantitative approach of data collection.

Area of Study

The study was conducted in Nakawa Division, Kampala District. Nakawa Division lies on the eastern side of Kampala City at the coordinates 0°20'00.0"N, 32°37'00.0"E (Latitude: 0.333333; Longitude: 32.616667). This area was chosen for its significant youth population and high prevalence of gambling.

Study population

In this study, the target population was all youth in Nakawa Division, Kampala. The accessible population was youth in four randomly selected parishes in Nakawa Division, giving a population of about 11,050 youth. Since Nakawa Division has a population of 318,447, of which 36.7 % are youth aged below 35 years (UBOS, 2014), the youth population is about 116870. About 52% of the youth in urban centres are active in gambling. It is estimated that the gambling population of the youth is about 2762 in every one of the 22 parishes in Nakawa Division. The four selected parishes would thus have a population of about 11,050 youth active in gambling, which would be the accessible population.

Sample and sampling procedures

Simple random sampling was used to select four out of the 22 parishes that make up Nakawa Division. This was used to ensure that every parish has an equal chance of being selected, hence avoiding bias.

Convenience sampling was used to select 95 participants from each of the four selected parishes to form a total of 380 respondents. Convenience sampling was used because the accessible population of the study is scattered and mobile.

Purposive sampling was used to select 12 participants for personal interviews. This enabled the study to get respondents who are knowledgeable about gambling activities, hence they were in a position to provide relevant and rich information about the same. The sample included four active gamblers, three managers of betting centres, three local council members, and one member of the National Gaming Board.

Data Collection Instruments

This study employed a questionnaire and an interview guide. Quantitative data were collected using the questionnaire method. This is because questionnaires can be collected from a large number of participants in a short time. Besides, questionnaires give the participants a sense of anonymity, thus giving honest and open responses since gambling behaviour and mental well-being are sensitive topics. Standardised questionnaires were used for this study.

Data Collection Procedure

The study obtained a letter of introduction and permission to conduct research from the University of Kisubi, which he presented to the gambling centre managers to seek permission to interview them or collect data at their businesses. Permission was sought from participants. The questionnaires were anonymously given out, and the respondents did not indicate their names on the questionnaires. The filled questionnaires were checked before they were received to ensure that they were fully completed.

Data Analysis

The study yielded both qualitative and quantitative data. After coding, quantitative data were analysed using a computerised data analysis program known as Statistical Package for Social Sciences (SPSS) version 25. The data was organised and analysed into descriptive statistics of frequencies, percentages, mean, and range.

Quality Control

To ensure the validity and reliability of the data collected, the following quality control methods were implemented.

Reliability

Reliability refers to the consistency and stability of a measure. A reliable instrument produces similar results under consistent conditions.

The reliability of the questionnaire was assessed through pretesting. Before full-scale data collection, the data collection instruments underwent pretesting with a small sample of 20 participants from Makindye Division. A reliability analysis was run to establish the reliability of Cronbach's alpha coefficient of the instrument. The tools were considered reliable measures of the study variables if they showed a Cronbach's alpha coefficient of .70 or higher.

Validity

Validity refers to the extent to which a research method, test, or instrument measures what it is supposed to measure. It

indicates the accuracy and appropriateness of the inferences made from the data.

The validity of the questionnaire was assessed by presenting it to the researchers' supervisor for expert judgement. The supervisor elevated the content and construct validity of the questionnaire, checking for appropriate wording, relevance of items, and alignment with the research context. Recommendations for modifications to improve the validity of the instrument were implemented based on the feedback received.

To establish the validity of the instrument, the average content validity index (CVI) was calculated. The CVI was calculated as the number of items declared valid divided by the total number of items. Items with a CVI of 0.7 or above, as recommended by Amin (2005), are considered valid and retained in the questionnaire. Items with lower CVI scores were reviewed and revised to ensure their relevance and validity.

Data collection validation

Regular checks and validation of the collected data were conducted throughout the data collection process. These validations ensured accuracy, consistency, and completeness of the gathered data. Any discrepancies or errors identified during data validation were addressed promptly to maintain data quality and integrity.

By implementing these quality control methods, the research study aimed at enhancing the validity and reliability of the data collected, ultimately strengthening the credibility of the study findings and conclusions.

Ethical Considerations

The study formally asked respondents for their consent to participate in the study. Before filling in the questionnaires, the study's objective was clearly explained to the respondents, who were assured of the confidentiality of information provided only for academic purposes. Confidentiality was ensured by keeping respondents' identities anonymous, and no names of respondents appear in the final report. Conclusions of the study were based on data collected, and findings are not to the disadvantage of anybody.

RESULTS

Descriptive Statistics

Table 1: Frequency table for gender and education level of participants

Variable	Category	Frequency	Percentage (%)
Gender	Male	328	88.2
	Female	44	11.8
Education level	None	88	23.7
	Primary	05	1.30
	O'Level	16	4.30
	A'level	141	37.9
	Diploma	40	10.8
	Degree	71	19.1
	Post graduate	11	2.90

Gender Distribution of Participants

The study results reveal that a significant majority of respondents were male (88.2%), with females constituting only 11.8%. This disparity is consistent with gambling behaviours observed in urban centres of Uganda, where gambling spaces are largely male-dominated (Tumwesigye et al., 2020). Besides, in Uganda, social stigma and cultural norms often discourage female participation in gambling, while men typically enjoy greater freedom of movement and access to these leisure spaces. Therefore, gender differences in exposure and societal tolerance towards gambling may explain the higher male representation in this study.

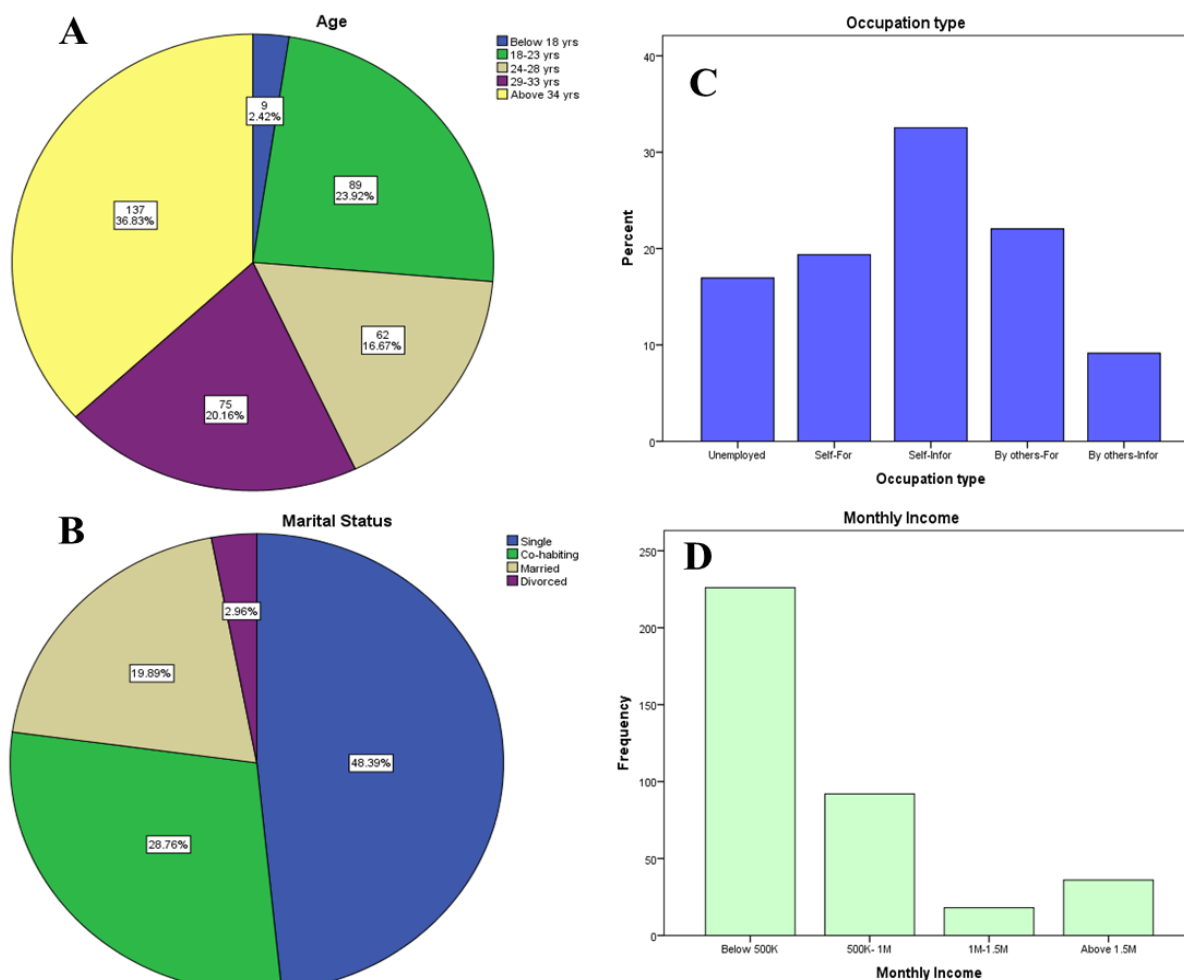
Educational Level of Participants

The study results also reveal that the majority of the participants had attained Advanced Level (A-level) education (37.9%) as their highest level of education, though a notable number had no formal education (23.7%). This trend may be attributed to the large population of youth in Kampala who have completed secondary school and are in transition to either tertiary education or are already in employment. The idle time and uncertainty associated with this phase of a youth's life may make them more susceptible to engaging in gambling. Meanwhile, the notable presence of respondents with no formal education may be attributed

to the urban migration patterns, where uneducated youth relocate to Kampala in search of economic opportunities but often end up in vulnerable informal livelihoods, which may push them toward gambling as an alternative income source.

Age range of participants

The study results (Fig. 1A) show that the majority of the participants were above 34 years (36.83%), followed by those between 18 and 23 years (23.92%), while very few were below 18 years (2.42%). This trend may be explained by the unique characteristics of these age groups. Individuals above 34 years typically have greater autonomy over their lives and decisions, including financial and recreational choices, which makes them more likely to engage in gambling without external restriction. Meanwhile, those aged 18 to 23 years are at a life stage marked by newfound independence and exploration, often following secondary education or leaving parental care. This developmental phase, coupled with peer pressure and urban exposure, may increase the likelihood of experimenting with gambling. The low representation of participants below 18 years may be attributed to legal restrictions on youth gambling, as the Lotteries and Gaming Act of Uganda (2016) prohibits gambling among minors.



Figures 1A: Showing the age of respondents, 1B: Pie chart for the marital status of respondents, 1C: Occupation type of respondents, 1D: Monthly Income of the respondents.

Marital Status of the Participants

The study findings (Fig. 1B) show that nearly half of the participants were single (48.39%), followed by those who were cohabiting (28.76%), with fewer married (19.89%) or divorced (2.96%) individuals. This trend may be attributed to the high cost of living, unemployment, and shifting societal values in urban areas that have contributed to the delay in formal marriages among youth. Uganda Bureau of Statistics (2019) reports that young urban residents often prioritise economic stability over family formation, leading to prolonged singlehood and increased cohabitation. This prolonged singlehood may increase the likelihood of

participation in gambling, as single individuals often face fewer familial responsibilities and more leisure time. The relatively high proportion of cohabiting participants is also indicative of informal unions that are common in urban areas where formal marriage is financially prohibitive.

Employment Status of the Participants

The study results (Fig. 1C) reveal that the majority of the respondents were self-employed (51.9%). Of these, the majority were employed in the informal sector. This trend may be attributed to the structure of Kampala's labour force, where informal employment accounts for over 75% of all

youth jobs (UBOS, 2021). The flexibility, irregular earnings, and unstable nature of informal employment can increase both the opportunity and motivation to engage in gambling. Meanwhile, there was also a significant representation of those employed by others in the formal sector (22.0%). This representation may be attributed to significant earnings; they have the resources to invest in gambling. On the other hand, the lower representation of informally employed by others (9.1%) and the unemployed (16.9%) respondents might be due to their limited access to disposable income required for gambling.

Income Levels of the Participants

The study findings (*Fig. 1D*) show that a significant majority of participants reported monthly earnings below Uganda shillings 500,000 (60.8%), with the frequency decreasing with an increase in earnings. This implies that the majority of the gamblers were low-income earners. This may be attributed to a view that low income can drive youth

to perceive gambling as a quick and accessible means of supplementing income, particularly in an environment where formal employment opportunities are limited and financial insecurity is prevalent. This is consistent with the findings of the Uganda National Gaming Board (2022), which found a high correlation between low-income earners and betting frequency. High-income earners may be less likely to engage in gambling.

The influence of at-risk gambling on the mental well-being of the youth in Nakawa Division, Kampala District, Uganda

H₀ There is no significant influence of at-risk gambling on the mental well-being of the youth in Nakawa Division, Kampala District, Uganda

H₁ There is a significant influence of at-risk gambling on the mental well-being of the youth in Nakawa Division, Kampala District, Uganda.

Influence of At-Risk Gambling on Mental Well-being

Table 2: Linear Regression Analysis Results for the Influence of At-Risk Gambling on Mental Well-being

	Unstandardized Coefficients		Standardized Coefficients			ANOVA ^d		Model Summary	
	B	Std. E	Beta	t	Sig.	F	P	R ²	AdjR ²
(Constant)	80.313	1.605		50.043	.000	17.136	.000 ^b	.044	.042
At Risk gambling	-.392	.095	-.211	-4.140	.000				

a. Dependent Variable: Mental Well-being

The results in Table 2 reveal that there was a significant but negative effect of at-risk gambling on mental well-being ($\beta = -.211$, $p = .007$). Specifically, the study results show that at-risk gambling significantly accounted for 4.4% of the variance in mental well-being ($R^2 = 0.044$, $F(1, 369)$, $p = .000$). Furthermore, the regression coefficient for at-risk gambling was found to be -0.392 with a standard error of 0.095. This implies that for every unit increase in at-risk gambling behaviour, mental well-being decreases by 0.392 units. The negative relationship between at-risk gambling and mental well-being was found to be statistically significant ($t(369) = -4.140$, $p = 0.000$). This affirms the predictive power of at-risk gambling behaviour on mental

well-being. However, since the R^2 is below 0.25, this indicates that the effect size is small. Thus, the R^2 of 0.044 obtained in the present regression model indicates that at-risk gambling behaviour plays a moderate but significant role in mental well-being.

Influence of At-Risk Gambling on Specific Dimensions of Mental Well-being

Linear regression analysis was also carried out to examine the influence of at-risk gambling on the individual dimensions of mental well-being, and the results are shown in Table 3.

Table 3: Linear Regression Analysis Results for the Influence of Social Gambling on the Dimensions of Mental Well-being

Dependent variable	Unstandardized Coefficients		Standardized Coefficients	ANOVA ^d			Model Summary	
	B	Std. E	Beta	t	F	P	R ²	AdjR ²
Overall Mental Well-being	-.392	.095	-.211	-4.140	17.136	.000 ^b	.044	.042
Occupational Well-being	-.068	.037	-.094	-1.817	3.301	.070 ^b	.009	.006
Emotional Well-being	.033	.039	.045	.857	.734	.392 ^b	.002	-.001
Social Well-being	-.159	.030	-.267	-5.329	28.402	.000 ^b	.071	.069
Environmental Well-being	-.197	.032	-.304	-6.145	37.755	.000 ^b	.093	.090

Tables 3, The study results reveal that of the four dimensions of mental well-being, only two were significantly and both negatively affected by at-risk gambling, that is, social well-being ($\beta = -.267$, $p = .000$) and environmental well-being ($\beta = -.304$, $p = .000$). This implies that at-risk gambling negatively affects one's understanding of his or her social, natural, and built environments and negatively affects one's understanding of his or her health and well-being. Meanwhile, the influence of at-risk gambling on occupational ($\beta = -.094$, $p = .070$) and emotional ($\beta = -.045$, $p = .392$) well-being was not significant. Therefore, at-risk gambling does not significantly affect an individual's satisfaction with their employment or emotional control.

Demographic Predictors of Mental Well-being among At-Risk Gamblers

Multiple regression analysis was carried out to analyse the predictive power of demographic variables on the mental well-being among at-risk gamblers. The results are shown in Table 4

Table 4: Multiple Regression Analysis for Demographic Predictors of Mental Health among At-Risk Gamblers

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	80.313	1.605		50.043	.000
	At-Risk Gambling	-.392	.095	-.211	-4.140	.000
2	(Constant)	64.465	4.402		14.646	.000
	At-Risk Gambling	-.345	.093	-.185	-3.693	.000
	Gender	-5.230	2.181	-.119	-2.397	.017
	Age	1.850	.635	.164	2.914	.004
	Monthly Income	.714	.833	.048	.857	.392
	Education Level	2.294	.401	.295	5.713	.000
	Occupation type	.706	.575	.059	1.227	.221
	Marital Status	1.296	.944	.079	1.373	.171

a. Dependent Variable: Mental Well-being

The study results reveal that gender ($\beta = -.119$, $p = .017$), age ($\beta = .164$, $p = .004$), and education level ($\beta = .295$, $p = .000$) are significant predictors of mental well-being among at-risk gamblers. However, of the three predictors, gender is the

best predictor of mental well-being among social gamblers since it has the highest regression coefficient ($B = -5.230$). Specifically, male at-risk gamblers are more likely to have better mental well-being than female social gamblers.

Besides, at-risk gamblers who are older and have attained a higher education level are more likely to have a better mental well-being than those with a lower education level and younger in age.

DISCUSSION

The results revealed that there was a significant but negative effect of at-risk gambling on mental well-being ($\beta=.211$, $p=.007$). This finding confirms broader research linking gambling behaviour with psychological distress. At-risk gambling is characterised by increased frequency, larger financial stakes, and early signs of loss of control. These conditions often lead to stress, anxiety, and impaired daily functioning (Oyelade et al., 2023). In the current study, a regression coefficient of $\beta = -0.211$ ($p = .000$) suggests that as gambling behaviour becomes riskier, mental well-being deteriorates. In line with the current study's findings, Mide, Arvidson, and Gordh (2023) also highlight the detrimental effect of at-risk gambling on mental well-being. Their study revealed that individuals exhibiting symptoms of moderate gambling disorder experienced significant challenges in regulating their emotions. Such emotional dysregulation often predisposes gamblers to heightened levels of depression and anxiety, ultimately diminishing their overall mental well-being. These findings reinforce the association between at-risk gambling behaviours and compromised mental health. They therefore underscore the need for targeted interventions that address emotional regulation as a key component in mitigating the mental health consequences of at-risk gambling.

Environmental well-being, which includes satisfaction with one's living conditions and community engagement, may also decline due to financial strain, increased exposure to high-risk settings (Sirola, Nyrhinen & Wilska, 2023). gender ($\beta = -.119$, $p=.017$), age ($\beta = .164$, $p=.004$), and education level ($\beta = .295$, $p=.000$) are significant predictors of mental well-being among at-risk gamblers. Specifically, male gamblers were more likely to report better mental well-being than females, indicating possible gender-based differences in social acceptance of gambling or access to coping mechanisms. Older individuals and those with higher education levels reported better mental well-being, suggesting that maturity and greater access to information may serve as protective factors against the psychological toll of gambling.

Conclusion

At-risk gambling was found to have a significant negative effect on youth mental well-being, particularly influencing social and environmental well-being. Youth engaged in at-risk gambling reported strained relationships, financial instability, and exposure to gambling environments that

heightened psychological stress. Emotional well-being was also compromised, as participants reported feelings of guilt and anxiety related to their gambling behaviour.

Limitations

Potential limitations of the study included constraints related to sample size, data collection, and generalisability of findings, as well as external factors that could affect the research outcomes. It is important to acknowledge these limitations to provide a realistic assessment of the study's scope and implications. Since convenience sampling was to be used, the sample may have been gender biased. This was overcome by ensuring that all available participants are given an equal chance without gender bias.

Recommendations

Based on the study results, it is recommended that the Ministry of Health, together with Kampala Capital City Authority, establish specialized mental health institutions and clinics focusing on gambling-related disorders. The absence of such facilities in Uganda leaves a significant gap in addressing the psychological and emotional needs of at-risk gamblers. Creating youth-friendly, accessible centres will provide counselling, therapy, and early intervention services to prevent escalation to pathological gambling.

It is recommended that the Ministry of Finance, together with the Ministry of Gender, Labour and Social Development, develop and fund youth empowerment programs that provide vocational skills and employment opportunities.

The study revealed that financial vulnerability and unemployment drive youth into gambling. Targeted economic empowerment initiatives can therefore reduce dependence on gambling as a source of income.

It is further recommended that early intervention programs should target at-risk gamblers, particularly in secondary schools, higher education institutions, and urban communities. Counselling services tailored to youth should focus on stress management and financial literacy to prevent escalation into pathological gambling. Community sensitisation about the early signs of gambling problems can empower parents and peers to provide timely support.

Acknowledgement

I would like to extend my heartfelt gratitude to my supervisor, Br. Chrysostom Ahimbisibwe, for his expert guidance, constructive feedback, and unwavering support throughout the research process. Your expertise and insights have been invaluable, and I am grateful for the opportunity to have worked under your supervision.

I also wish to thank the Faculty of Social Sciences and Psychology for providing the necessary resources and infrastructure to facilitate my research. Additionally, I appreciate the contributions of other academic staff and my peers who have offered their time, expertise, and support throughout this journey.

Special thanks to my family and friends for their love, encouragement, and understanding. Your support has been a constant source of motivation, and I am grateful for your presence in my life. Finally, I acknowledge the participants/respondents who contributed to this research, without whom this study would not have been possible.

List of abbreviations

UBOS: Uganda Bureau of Statistics

SPSS: Statistical Package for Social Sciences

Source of funding

The study was not funded.

Conflict of interest

The author did not declare any conflict of interest.

Data availability

Data is available upon request.

Author contribution

Albert Elwa Louis (MSc): Conceptualization, Methodology, Investigation, Project administration, Data curation, Formal analysis, Writing – original draft, Writing – review & editing, and Funding acquisition. Principal Investigator (PI).

Clesistom Ahimbisibwe (MA): Investigation, Data curation, Formal analysis, Writing – original draft, and Writing – review & editing.

Dr. Frank Pio Kiyangi (PhD): Methodology, Supervision, Formal analysis, Validation, and Writing – review & editing.

Dr. Oluka Robert (PhD): Methodology, Supervision, Validation, Investigation, and Writing – review & editing.

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Student's Journal of Health Research Africa

e-ISSN: 2709-9997, p-ISSN: 3006-1059

Vol.7 No. 3 (2026): September 2026 Issue

<https://doi.org/10.51168/tnhan747>

Original Article

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PUBLISHER DETAILS

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Student's Journal of Health Research (SJHR)

(ISSN 2709-9997) Online

(ISSN 3006-1059) Print

Category: Non-Governmental & Non-profit Organization

Email: studentsjournal2020@gmail.com

WhatsApp: +256 775 434 261

Location: Scholar's Summit Nakigalala, P. O. Box 701432,

Entebbe Uganda, East Africa

