

**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PSYCHOLOGY**

**PREVALENCE, CAUSAL FACTORS AND IMPACTS OF
PROBLEM GAMBLING AMONG ADOLESCENTS OF
SOME SELECTED ADDIS ABABA HIGH SCHOOLS**

By: Tariku Ayana



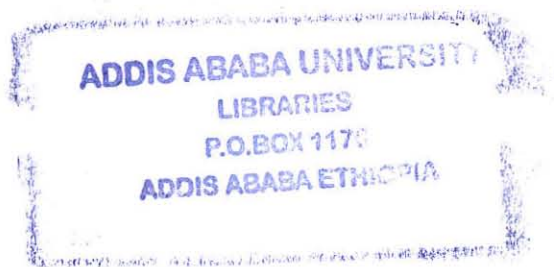
July, 2009

Addis Ababa University

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**Thesis Submitted to School of Graduate Studies in the Partial
Fulfillment of the Degree of Masters of Arts in Psychology under the
Stream of Developmental Psychology**

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Table of Contents

| | Pages |
|--|-------|
| Acknowledgments | I |
| List of Tables | II |
| Acronyms | III |
| Abstract | IV |
| I. Introduction | |
| 1.1. Background | 1 |
| 1.2. Statement of the Problem..... | 3 |
| 1.3. Objectives | 4 |
| 1.4. Operational Definitions | 4 |
| 1.5. Significance | 5 |
| 1.6. Delimitation | 6 |
| II. Literature Review | |
| 2.1. An Overview..... | 7 |
| 2.2. Conceptual and Theoretical Origins of Gambling Behavior and Problem Gambling | 8 |
| 2.2.1. Conceptual Definitions of Gambling Behavior and Problem Gambling | 8 |
| 2.2.2. Theoretical Meanings of Gambling Behavior and Problem Gambling..... | 9 |
| 2.3. Categories of Gambling..... | 10 |
| 2.3.1. South Oaks Gambling Screen Revised for Adolescents (SOGS-RA)..... | 10 |
| 2.3.2. The DSM- IV Classification..... | 12 |
| 2.4. Prevalence of Gambling Behaviors and Problem Gambling among Adolescents..... | 14 |
| 2.5. Causal Factors Contributing to Gambling Behavior and Problem Gambling..... | 16 |

| | |
|--|----|
| 2.5. 1. Psychological Causal Factor Contributing to Gambling Behavior and Problem Gambling | 17 |
| 2.5.2. Biological Causal Factors Contributing to Gambling Behavior and Problem Gambling | 18 |
| 2.5.3. Social Causal Factors to Gambling Behavior and Problem Gambling..... | 18 |
| 2.5.4. Availability of Gambling Venues | 20 |
| 2.5.5. Media Advertisement on Gambling Influence | 21 |
| 2.5.6. Risk Perception..... | 21 |
| 2.5.7. Substance Abuse..... | 22 |
| 2.6. Impacts of Problem Gambling on Adolescents' Well-Being | 22 |
| 2.6.1. Psychological Impacts Related to Problem Gambling | 23 |
| 2.6.2. Social Impacts of Impacts Gambling..... | 24 |
| 2.6.3. Economic Impacts of Problem Gambling..... | 24 |
| 2.7. Legal, Social and Religious Issues on Gambling | 27 |
| 2.8. Local Literature on Gambling | 26 |
| 2.9. Summary and Implication..... | 28 |

III. Methods

| | |
|--|----|
| 3.1. Local/Research Site | 29 |
| 3.2. Population | 29 |
| 3.3. Participants and Sampling Technique | 30 |
| 3.4. Instruments | 33 |
| 3.5. Procedures | 39 |
| 3.5.1. Procedures of Questionnaires Construction | 39 |
| 3.5.2. Procedures of Questionnaires Administration | 39 |
| 3.5.3. Procedures of Data Analysis..... | 40 |

IV. Data Analysis and Results

| | |
|--|----|
| 4.1. Activities/or Forms of Gambling..... | 41 |
| 4.2. Prevalence of Gambling Behavior and Adolescent Problem Gambling | 42 |

| | |
|---|----|
| 4.3. Correlation among Factors Contributing to Gambling Behavior and Problem Gambling | 45 |
| 4.4. Factors Contributing to Adolescent Problem Gambling and Gambling Behavior | 47 |
| 4.4.1. Psychological Casual Factors | 47 |
| 4.4.2 Biological Causal Factors | 47 |
| 4.4.3. Social Factors Contributing to Adolescent Problem Gambling and Gambling Behavior | 48 |
| 4.4.4. Accessibility of Gambling Venues and Adolescent Problem Gambling and Gambling Behavior | 49 |
| 4.4.5. The Contribution of Media Advertisement to Adolescents Gambling Behavior | 49 |
| 4.4.6. The Contribution of Drug/Substance Abuse and Adolescent Problem Gambling and Gambling Behavior | 50 |
| 4.4.7. Family Socio-Economic Background and Adolescents Gambling Behavior and Problem Gambling | 50 |
| 4.5. Impacts of Problem Gambling | 54 |

V. Discussion

| | |
|---|----|
| 5.1. Prevalence of Gambling Activities/Forms | 56 |
| 5.2. Prevalence of Adolescent Problem and Gambling Behavior..... | 57 |
| 5.3. Causal Factors Contributing to Gambling Behavior and Problem Gambling | 58 |
| 5.3.1. Psychological Causal Factors | 59 |
| 5.3.2. Biological Causal Factors | 59 |
| 5.3.3 Social Causal Factors..... | 60 |
| 5.3.4. Accessibility or Availability of Gambling Venues and Problem Gambling..... | 61 |
| 5.3.5. Media Advertisement on Gambling | 62 |
| 5.3.6. Drug/substance Abuse and Adolescent Problem Gambling and Gambling Behavior | 62 |

| | |
|--|----|
| 5.4.Impacts of Problem Gambling on the Adolescents Well-being..... | 63 |
| 5.4.1. Psychological Impacts Related to Problem Gambling..... | 63 |
| 5.4.2. Social Impacts Related to Problem Gambling | 63 |
| 5.4.3. Economic Impacts Related to Problem Gambling..... | 64 |

VI. Summary, Conclusions and Recommendations

| | |
|---------------------------|----|
| 6.1. Summary | 65 |
| 6.2. Conclusions | 66 |
| 6.3. Recommendations..... | 67 |

| | |
|------------------------|-----------|
| References..... | 69 |
|------------------------|-----------|

Appendices

Appendix- 1 Questionnaire in English

Appendix- 2 Questionnaire in Amharic

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List of Tables

| | | Pages |
|------------------|--|-------|
| Table 1 | Characteristics of the participants (N=280) | 32 |
| Table 2 | Forms of play activities played for money (gambling) (N=280) | 41 |
| Table 3 | Prevalence of Gambling Behavior and problem (Based on DSMIV Criteria) (N=280) | 43 |
| Table 4 | The correlation among the causal factors of gambling behavior and problem gambling (N=280) | 46 |
| Table 5 | Family socioeconomic status and adolescents gambling behavior (N=280) | 51 |
| Table 6 | All factors contributing to the adolescents gambling behavior and problem gambling | 52 |
| Table 6.A | Factors contribution to adolescents' scores on DSM-IV (N=280) | 52 |
| Table 6.B | All factors contribution to adolescent problem gambling and gambling behavior on GA scores (N=280) | 53 |
| Table 7 | Impacts of Problematic Gambling (N=280) | 54 |
| Table 8 | Correlation among the psychological impacts, social impacts and economic impacts, and the adolescents gambling scores on DSM-IV and GA (N=280) | 55 |

Acronyms

| | |
|-----------|--|
| GEQ: | Gambling Expectancy Questionnaires |
| DSM-IV: | Diagnostic and Statistical Manual for mental health fourth version |
| APA: | American Psychiatric Association |
| GA: | Gamblers Anonymous |
| SOGS- RA: | South Oaks Gambling Screening Revised for Adolescents |
| OCD: | Obsessions and Compulsive Disorder |
| NLA: | National Lottery Administration |

Abstract

Gambling is an increasingly a popular leisure activity enjoyed by adolescents and adults. Most of those who do so experience few problems associated with gambling (Bilt, Hall and Shaffer, 1997). However, some studies indicate that adolescents may have more trouble in controlling their gambling behavior than adults (Derevensky and Gupta, 1997). In general, the main objectives of the study were to explore the prevalence, causal factors and impacts of problem gambling and gambling behaviors. To do so, the researcher conducted a study on students of grades 9 and 10. From 422 students of grades 9th and 10th, 307 (181 males and 126 females) were selected through purposive sampling technique.

To investigate the causal factors and impacts of problem gambling, the researcher adapted questionnaire from Gallatin and Rainon (2007), and Derevensky et. al, (2007). For diagnosing adolescent problem gambling the researcher adopted criteria used by Diagnostic and Statistical Manual for mental health fourth version (DSM-IV) and Gamblers Anonymous (GA).

Generally the study result shows that the prevalence of gambling behavior is estimated to be 72.75%. Regarding the categories of gambling, probable problem gambling accounts (6.43%), at risk for severe problem gambling accounts (38.92%), and non-problem gambling accounts (54.64%). Regarding the causal factors, all the causal factors identified (psychological, social, biological, accessibility of gambling venues, advertisement on gambling and drug abuse) are significantly correlated to the adolescent gambling behaviors and problem gambling on the DSM-IV and GA at $p < 0.01$. Finally the study also shows that the psychological, social and economic impacts are significantly correlated to adolescent problem gambling according to DSM-IV and GA criteria at $p < 0.01$.

I. Introduction

1.1. Background

Adolescence is a critical developmental life cycle with major changes occurring in biological, cognitive, psychological and social processes, in which exploratory behaviors and experimentation with a wide range of behaviors take place, (Bell and Bell, 1993. P.10).

With the onset of maturational changes, risk-taking behavior emerges as a component of normal adolescent development. This risk taking behavior can be classified into four major categories as Dryfoos (1990) cited in Steinberg (1993) indicates. These are very high risk behaviors, which include serious offenses, high-risk behaviors, which are less offense but like drug abuse, gambling, engaging in unsafe sex and truancy (cutting classes). The other categories are moderate risk behaviors like minor delinquent offenses, and low risk behaviors.

Gambling is an increasingly a popular leisure activity enjoyed by adolescents and adults. Most of those who do so experience few problems associated with gambling (Bilt, Hall and Shaffer, 1997). However, some studies indicate that adolescents may have more trouble in controlling their gambling behavior than adults (Derevensky and Gupta, 1997).

According to Derevensky, Gillespie and Gupta (2007), gambling may be defined as any activity that you play in which you are putting money, or something monetary value at risk since winning and/or losing is based on chance. Likewise, American Psychiatric Association, (APA, 1994. P.617) cited in Derevensky, Gillespie and Gupta (2007) defined social gambling as "A gambling which lasts for a limited amount of time with predetermined acceptable losses." On the other hand the Association also defined pathological gambling as "A persistent and recurrent maladaptive gambling behavior that interrupts personal, family or vocational pursuits."

The prevalence of gambling behavior in western cultures is paramount. As studies carried out by Bilt, Hall and Shaffer, (1997), in 22 study sites, in Canada and U.S.A, between 86%-

93% of adolescents have gambled at least once in their life, and 3%-8% of adolescents are problem gamblers/pathological gamblers/. The study shows that gambling is almost popular play enjoyed by adolescents; eventhough there is less probability to become problem gambler. This finding as such, another study on the national prevalence of gambling was carried out in Australia by Productivity Commission (1999), indicates among 80% of Australians engaged in gambling, approximately 2% of the gamblers experience serious gambling problems (Delfabbro, Grabosky, and Lahm, 2005).

Generally, gambling problems are principally addressed in terms of the criteria for the pathological gambling in the Diagnostic and Statistical Manual (DSM-IV) of American Psychiatric Association (APA, 1994. P.617 cited in Bilt, Hall and Shaffer, 1997; and Derevensky, Gillespie and Gupta, 2007). The DSM-IV identifies 10 criteria for diagnosing problem gambling: preoccupation, tolerance (gambling more for money), withdrawal, loss of control, escape (gambling to escape from problems or gambling when bad feeling), chasing, lying to family or therapist about the problem of gambling, illegal acts and relational interruption. Among these criteria those who are suffered from 4 or more criteria are said to be probable problem gamblers. And others, those who fit 2-3 criteria are called at risk for sever problem gambling, and 0-1 are called social or non-problem gamblers. Thus, gambling behavior can be arrayed on a continuum of problem gambling and assigned to one of the three categories of gambling.

Given the many opportunities to engage in gambling that are available to adolescents, it is important to outline the risk factors for problem gambling. Regarding the factors (causes) of gambling problem, Gupta and Derevensky cited in Delfabbro, Lahm and Grabosky (2005. P.17) underscore a number of risk factors such as risk seeking, poor general coping skills, parental gambling, substance abuse, low parental supervision advertisement on gambling and deviant friends.

1.2. Statement of the Problem

The issue of gambling is ambiguous. In some cultures it is popular recreational activity while in others legally forbidden though the type of gambling activity matters. For example, Abbot and Clinard (1973. P.50) indicate that the enforcement of laws against gambling may vary by country. Some countries like Latin America, where certain types of cock fighting are fairly common, it is illegal. Likewise migrant African cities are maneuvered into some illegal game of chance and promptly lose their meager fund.

However, gambling is not inherently pathological, immoral, or associated with any psychological problems even if some cultural, economic, racial and ethnic groups may be at higher risk of developing gambling problems (Blume, 2005). That is why the need for developing and validating gambling expectancy instrument is needed in accordance with the present context.

Gambling expectancy questionnaires (GEQ)/gambling expectancy items/ as Derevensky and Gupta (2006) indicate adolescents hold a variety of positive and negative outcome expectancies related to gambling. The negative outcomes of gambling may be overinvolvement, preoccupation, financial losses and relational interruptions; while positive out comes may be pleasure, entertainment, excitement, peer approval and relaxation.

Generally, developing and validating gambling expectancy questionnaires (GEQ) as per culture, by reviewing gambling literatures and other adolescents risk behavior literatures, seems plausible to suggest the adolescents gambling expectancy may encompass a diverse psychological, biological and social outcomes. As noted by Griffins and Delfabbro cited in Derevensky and Gupta (2006), from biopsychosocial perspectives, the expected positive outcomes of gambling likely include biological and arousal related benefits (e.g. excitement, boredom, interest), cognitive and mood related benefits (desire to win, enjoyment, coping, escape), and social benefits (money, power, conformity, autonomy).

Given the negative psychological, social and economic impacts/consequences of gambling, it is also important to assess its specific determinants. Wynne, Smith and Jacob (1996),

identify that the specific determinants of gambling behavior are accessibility of the gambling venues, availability and acceptance as factors that contribute to high prevalence of youth gambling. In line with this discussion, in our context the multiplicity of pool gambling venues that are legally accepted in various Kebele mazinagnas, parental attitudes toward lottery card gambling/gaming and buying lottery cards for their children during their birth days or holidays may be some of the contributing factors to the prevalence of gambling.

1.3. Objectives

Generally the research is aimed at examining the prevalence, factors and impacts of gambling behavior/problem gambling on adolescents. So it tried:

1. To identify various activities/ forms of gambling adolescents mostly engage in.
2. To estimate the prevalence of gambling behavior and categories of gambling among the adolescents.
3. To assess causal factors contributing to gambling among adolescents.
4. To explore the possible impacts related to problem gambling among adolescents.

1.4. Operational Definitions

Hereunder, there are some definitions of terms operationally defined for the purpose of the study.

- **Gambling:** is any activity that you play in which you are putting money or something of monetary value, at risk since winning and/or losing is based on chance.
- **Social Gambling:** is a gambling which lasts for a limited amount of time with predetermined acceptable losses.
- **Problem/Pathological Gambling:** is a persistent and recurrent maladaptive gambling behavior that interferes with personal, family and vocational or educational pursuits.

- **Professional gamblers:** professional gamblers are those gamblers whom their chief interest in life is gambling. Those gamblers lives' income is based on gambling, and they are all time or most time winners of the game.
- **Amateur gamblers:** amateur gamblers are gamblers who do not see gambling as their chief income source for their lives. They mostly gamble only for the purpose of recreational activity.

1.5. Significance

Gambling is one of the high-risk behaviors almost in major societies. As a result, it may also interrupt the daily lives of adolescents. It is why that various teams of researchers recently focus on the study of gambling.

Despite the importance of the research on gambling, both negative (psychological, social and economic impacts, Munting, 1996; Coleman, 1986; Derevensky, et. al, 2007, and Barnes, 2005) and positive outcomes (like pleasure, entertainment, excitement, peer approval and relaxation, Derevensky and Gupta, 2006) may vary across country/culture. So, the study is invaluablely helpful for professionals working with adolescents and families of adolescents to educate the reality of gambling issues and to alleviate negative consequences of gambling behavior. For instance, most of the time when gambling behavior becomes problematic, it may be associated with truancy, family conflict, poor academic performance, economic consequences and peer conflict.

To sum up, in order to intervene the problem of gambling, the practical importance of assessing the prevalence, factors and impacts of gambling is paramount. Unless we know the prevalence, causes and consequences of a given problem, it is impossible to give appropriate intervention.

1.6. Delimitation

In order to investigate the objectives of the study, it is worthwhile to delimit the scope of the research. Basically the study is carried out on high school adolescents of ages 12-21 years.

Generally, regarding the scope of participants of the study, the research was delimited to:

1. Self-report questionnaire assessment of adolescents gambling behavior
2. Participants of the study will be adolescents of some selected Addis Ababa high schools.

II. Literature Review

2.1. An Overview

Gambling is peculiarly difficult to define; it is tempting to include almost any area of risk or chance as gambling. As Rothschild (1978) cited in Munting (1996. P.3), any consensual understanding of gambling will include some monetary gain/loss in return for risk of chance.

Similarly, as Coleman (1986. P.442), states gambling usually defined as wagering on games or events in which chance largely, determines. As the Coleman states money is typically the item of exchange. This means when one loss the game, he/she in return pays money. In other words, gambling is the wagering of money or something of monetary value on an event with an uncertain outcome with the primary intent of winning additional money and/or material goods.

However, for satisfactory definitions of gambling, "Gambling consists of any agreement between parties with respect to the outcomes. The competitions may or may not need skills to various degrees or be wholly dependent on chances; they may be large or small in-scale (Munting, 1996).

It is straightforward to define the gambling medias which most observers accept. As Munting, 1996; Rich, 2007; and Shehu (2004) outline, forms/or medias of gambling include Casinos, card games, flipping coin, football betting, horse-racing, pool gambling, internet gambling and etc. Most of the forms of gambling do not require professions or skills. The outcomes of the games are mostly chance based.

Generally, gambling is any playing activity that encompasses from no skill and purely chance based outcomes to betting activities played for money in risk for loss in such a way that winning and/or losing is chance based.

2.2. Conceptual and Theoretical Origins of Gambling Behavior and Problem Gambling

2.2.1. Conceptual Definitions of Gambling Behavior and Problem Gambling

As stated earlier, gambling is any play activity played for money or other monetary values rather than for sport purposes. Gambling involves playing or placement of bets, dominoes, dice, cards and etc in money at risk of losing chance (Shehu, 2004). As Shehu indicates, the paces and styles identified gambling as being manifested in many forms including betting, horse-racing, contests for football, or the outcome of political election, casinos and gambling machines.

Gambling in its essence is not inherently problematic (pathological), immoral or associated with any psychological problem. Overwhelming majorities of people who choose to gamble do so in moderation without any evident problem (Blume, 2005). However, it may also include such playing activities like casinos, or some excessive criminal problems (social problems) and psychological problems like excessive preoccupation with gambling behavior, chasing losses, lying to friends and/or families about the extent of gambling problems as well as giving up important commitments like school activities to continue gambling (Gallatin and Rainon, 2007).

The problem gambling, as some clinical psychologists like Leung, cited in Shehu (2004, P.255) indicates, it emanates from the severity of gambling behavior, frequency, intensity, and debts as a result of engagement in gambling. It could also be referred to as compulsive/pathological or problem gambling. Therefore, problem gambling is mostly the result of the frequency of engagement, the intensity and the impacts related to gambling behavior like social, psychological and economic.

Furthermore, Blume (2005) and Johnson (1978) indicate that certain cultural, economic, racial and ethnic groups may be at higher risk of developing problem gambling. However, even if there is racial, economic, ethnic and/or cultural difference on problem gambling, none of the literatures on gambling fully explain the reason why it is so.

2.2.2. Theoretical Meanings of Gambling Behavior and Problem Gambling

As Shehu (2004), gambling could be explained in the context of neoclassical theory of a 'rational choice or routine activity.' It has long history in the USA, Britain and Hong Kong.

During the ancient Chinese and Egyptian, gambling was common though excessive gambling was concerned. For instance as Blume (2005) and Munting (1996) highlight, the role of gambling played at ancient feasts and weddings was great. Similarly, Dickerson cited in Kwak, Zinkha, and Roushazamir (2004) states that gambling as long been source of entertainment as early as 3000 BC when Egyptian astragals, the early bone precursors of dice, were to predict the future. For most people, gambling was onetime fun, a socially acceptable recreational entertainment and to the extent of predicting some unpredictable situations. However, for other cultures, gambling becomes all-consuming and many result in personal and even family problem especially in most of USA and Britain (Munting, 1996).

The earliest games of chances were played with dice. Stutt as cited in Munting (1996) notes that dice were singled out as a menace and dice games had long been prohibited, though without success. Despite condemnation by church, dice games were played by clergy, even bishops (McLean, 1983 cited in Munting (1996. Pp.6-7). Some activities close to gambling has been known as long as written records and one of the earliest of media for wager was horse-racing; for as long as men have harnessed the beautiful majesty of the horse they have competed. Especially, in Hong Kong, USA and Britain, 'horse-racing' in the 19th century was a key social mixing place for expatriates from all countries (Shehu, 2004; and Munting, 1996).

Following the World War II, general trends enhanced for popular consumption in Britain and betting opportunities were extended to take advantages of it. Late 20th century society becomes materialistic in which dreams of achieving sudden opulence are encouraged (Munting, 1996).

Now, state sponsored around lotteries, gambling tips, advice, and skillful gamblers debate are delivered through mass media. National Football Lottery (NFL) betting also common in most country. Occasionally, a big win of several million dollar copies that headlines of national and even international news (Merchant, 1974; and Munting, 1996).

To sum up, gambling in general having a long history with human life, and it is difficult to state its beginning/origin by specifying time (Munting, 1996). Nevertheless, during the earlier time, gambling is associated with entertainment, money making, escaping from boredom, and sadness. Especially, in our context, playing lottery cards with money in moderation is serving for reducing beverage or grievance when one of a given family member died. The neighbors of the family come to their house and play lottery cards turn by turn. The original intention of this play is to escape grief or sorrow though it is played with little or some money.

2.3. Categories of Gambling

Generally, it is very difficult to categorize gambling into some discrete groups. This is, gambling in its essence is controversial in social, legal and economic aspects (Shehu, 2004). However, various researchers categorize gambling into various groups. Some categorize into three levels depending on the problems that the adolescent gamblers face (Bilt, Hall and Shaffer, 1997). Others also divide gambling into two depending on the intention of gambling that is depending on the profit-oriented gamblers and or recreation-oriented gamblers (Merchant, 1974). Even others may also use some criteria to categorize gambling (APA, 1994. P. 617). Generally, the following section gives the details of various categories of gambling.

2.3.1. South Oaks Gambling Screen Revised for Adolescents (SOGS-RA)

South Oaks Gambling Screen Revised for Adolescents (SOGA-RA) was developed by the team of researchers of the University of Minnesota (Winters, Stinchifeld, and Furkerson, (1993), cited in Gallatin and Rainon (2007). According to the team of the researchers therefore, youth gambling occurs on the continuum of involvement from no gambling at all

to occasional gambling, to over involvement. The researchers of SOGA-RA used to classify adolescents based on their SOGS-RA scores using level system as proposed by Bilt, Hall and Shaffer (1997).

Generally the level system used in their report classifies gamblers in terms of the degree of problems associated with gambling. Based on the level system, they classified gambling adolescents into four levels. The details of each level are discussed below.

Level one: level one gambling is “Social gambling” or gambling which is not associated with any problem. This type of gambling behavior is a social activity/socially acceptable activity played in moderation.

Level Two: This level gambling is called intransition gambling. Intransition gambling behavior refers to a gambling behavior which does not meet the diagnostic criteria of pathological/problem gambling but which does, nonetheless, appear to be somewhat problematic. Because the adult rates of problem gambling are lower than the adolescent rates, there is a reason to believe that many adolescents who are problem gamblers may not go on to become adult problem gamblers. Thus, a youth described as intransition gambler may be moving away from problem gambling (Shaffer, Hall, and Bilt, 1997).

Level Three: - level three gambling refers to problem gambling. Adolescents described as level three gamblers report heavy gambling behavior in the face of adverse consequences. This population is the target population for which treatment for pathological gambling may be necessary.

Level four: The final level of SOGS-RA gambling category is level four. The level four gambling refers to the problem gambler who satisfies level three requirements, in addition displays interest in entering treatment.

2.3.2. The DSM- IV Classification

For most of individuals, gambling is a social activity played by the agreement between the parties. However, the intensity or frequency of involvement and feeling attached to gambling behavior may make it bear other dimensions.

DSM- IV is an acronym. It stands for Diagnostic and Statistical Manual for mental health of fourth version. American Psychiatric Association (APA) first develops it for diagnosing various mental healths. The DSM is frequently revised.

According to the DSM-IV classification, indicated in Gallatin and Rainon (2007), adolescents can be arrayed on a continuum of gambling and assigned to one of the number of DSM-IV criteria endorsed. The categories are:

1. Probable pathological gambling: 4 or more criteria of the DSM-IV
2. At risk for severe gambling problems: 2-3 criteria of the DSM-IV
3. Non- problem gamblers (social gamblers): criterion of the DSM-IV

It is also important to indicate the clear distinctions among the three categories of gambling indicated on the array of gambling criteria endorsed by the DSM-IV. Therefore, the detail discussions of each category are given below.

1. Probable pathological gambling

The DSM-IV identifies 10 or 11 criteria for diagnosing gambling: preoccupation, tolerance (gambling more and more for money), withdrawal, loss of control, escape (gambling to escape from problems or when bad feeling), chasing, lying to family or friends or therapist about the problem of gambling, illegal acts, and relational disruptions (APA. 1994. P. 617 cited Gallatin and Rainon, 2007). Generally, among the above criteria, those who are suffered from 4 or more are said to be probable pathological gamblers (Gallatin and Rainon, 2007).

2. At risk for severe gambling problem (2-3 criteria)

However, having found important similarities between probable pathological and at risk gamblers, various investigations show that these two groups, while differing in level of severity, can together to be designed as problem gamblers (Bergevin, et. al cited in Gallatin and Rainon, 2007). Therefore, at risk for severe gambling problem is more similar with pathological gambling despite of its level of severity. This shows that the populations of at risk for severe gambling problems have great probability to become pathological gamblers.

3. Non-Problem or Social gamblers (0-1 criterion)

Non- problem or social gambling is a gambling which lasts for a limited amount of time with predetermined acceptable losses. Social gambling is a gambling behavior engaged by an overwhelming majority of adolescents without any evident problem (Blume, 2005). Its origin can be traced back to 3000 BC when Egyptian astragals the early bone precursor of dice, were used to predict the future (Dickerson, cited in Kwak, et. al, 2004. P.420).

Other researchers still categorize gambling into two categories based on the intention of gambling behavior. As Merchant (1974), there are two types of gamblers based on the intention of gambling. These are:

1. Professional gamblers and
2. Amateur gamblers

1. Professional gamblers: Professional gamblers are those whose chief life interest is gambling. They are those who win most or all of their gambling activities. As Merchant (1974) indicates, professional gamblers know how to win the game all the time or most of the time. As the writing cited, one professional gambler had the power to save \$500 a day every day for two years.

At social or sociological level, professional gambler is one whose chief interest in life is gambling though at psychological level there are two different types of professional gamblers (Berne, 1964). There are those who spend their time gambling, i.e, playing with fate and mostly win. As Berne (1964), the other category of professional gamblers are those

who run gambling houses and actually do earn a living usually a very good one, by providing opportunities for gamblers to play; they themselves are not playing, and to try to avoid a playing, although occasionally under certain conditions, they will indulge themselves enjoy it.

Generally, professional gamblers are those who have office, bookmakers with gambling/betting, gambling venues such as restaurants, hotel and other sophisticated venues. In both types of professional gamblers, chief life intention is gambling (Munting, 1996; Berne, 1964; and Merchant, 1974).

2. Amateur Gamblers: The amateur gamblers are those who lose the game most of the time and as a result risk their money in most of the time. These types of gamblers lose the games that need skill and also no-skill requiring games (Merchant, 1974). Unlike professional gamblers whose lives' chief interest is gambling, amateur gamblers are parttime gamblers. They gamble mostly for recreation.

2.4. Prevalence of Gambling Behaviors and Problem Gambling among Adolescents

Gambling, having long history with human life is becoming a part of culture in Australia, Europe and America. As Delfabbro, et. al, (2005) indicate, gambling has been a part of Australian culture since the first European settlement. Similarly, as Bilt, Hall and Shaffer (1997), gambling is an increasingly become popular leisure activity enjoyed in the USA and Canada by majority of adults and youth.

Some overseas researches on gambling indicate that the prevalence of gambling behaviors into two groups, as problem gambling and non-problem gambling. As Bilt, Hall and Shaffer (1997) underscore most adolescents gamble and most of those who do so experience few problems associated with gambling. As their study of 22 sites of adolescent gambling which were conducted in the USA and Canada indicate, between 86%-93% of youth have gambled at least once in their life, and between 3%-8% of adolescents are problem gamblers.

2.5. 1. Psychological Causal Factor Contributing to Gambling Behavior and Problem Gambling

In the study by Kwak, et. al, (2004), it is stated that in cognitive psychology, research findings examining causes of compulsive behaviors like compulsive gambling, compulsive buying, and compulsive drug abusers share intolerable feeling states such as anxiety, loss of control, helplessness, depression, guilt, problems in self-esteem and self-deception.

Similarly as Delfabbro, et. al, (2005) state, that broader difficulties in psychological adjustment, depression, poorer coping skills and apprehension are significant factors contributing to problem gambling. Derevensky, et. al, (2007) also indicate that gambling may serve as emotional escape from painful experiences arising from unhappy homes, difficulties in schools, or previous abuse. Gambling in many cases therefore is thought to fulfill this function because gambling venues provide a milieu that isolates people from the outside world and which provides excitement.

On the other hand as Coleman (1986) states that although a few psychologists and psychiatrists have dealt with the topic of pathological gambling, very little systematic research has been done and the causal factors are not yet well understood. According to Coleman (1986), gambling seems to be a learned pattern that is highly resistant to extinction, winning substantial sum of money the first time or 'the beginner luck', the reinforcement the individual win during the introductory phase, desire to win and loved excitement are among psychological causal factors for problem gambling.

Finally, it is also important to indicate how the belief system of the individual about the problems related to gambling may contribute to problem gambling. Clayton (1992) cited in Derevensky, et. al, (2007. P. 52) points out that, adolescents frequently disregard the potential negative consequences of high-risk behaviors. According to Clayton, little research has directly explored adolescents' beliefs about the consequences of gambling behavior, and, in turn how these positive and negative outcome expectations influence their gambling participation.

2.5.2. Biological Causal Factors Contributing to Gambling Behavior and Problem Gambling

Like other psychosocial problems of adolescents, gambling may also have biological contributing factors. As Jessor (1998) cited in Derevensky, et. al, (2007. P. 51) indicate, adolescents Risk Behavior Model conjectures that engagement in high-risk behaviors is determined by interplay, between various domains, biological, social environment, perceived environment, personality, and behavior. The biological domains contributing to gambling as Jessor indicates are biological and arousal related elements like boredom.

However, even if there are biological or biogenic factors disposing individuals to certain types of problem behaviors, it is very difficult to give simple biological explanation (Johnson, 1978. P.119). Johnson (1978) explains that even if biological factors set limits on certain behaviors, but the socio-cultural forces, to which human beings are peculiarly subject, complicate effects of these factors. Therefore, the plasticity of social behaviors calls for caution in reaching conclusions on the basis of biology alone. Similarly Moore, Herbert and Wilsonville (1998), and Delfabbro, et. al, (2005) give more emphasis for psychological, social and family factors contributing to problem gambling.

2.5.3. Social Causal Factors to Gambling Behavior and Problem Gambling

The social environment of adolescents may include family (parents), peer, school, neighbor and society at large. These elements of social environment have paramount in influencing, shaping, molding and/or fostering new behaviors in adolescents.

Therefore, so as the social environment elements impact other desirable or undesirable behaviors, it is worthwhile to discuss how it can also contribute to gambling behavior and problem gambling. Among the above social environment elements, the researcher is interested in discussing how the parental and peer influence factors may contribute to gambling in general.

1. Parental Factors

Some literatures have identified that parental involvement in gambling and/or parental perceptions about engaging in gambling have direct relationship with adolescent gambling behavior and problem gambling. As Gallatin and Rainon (2007) underscore, students in grades 7-12 who perceive strong parental disapproval of gambling are somewhat less likely than students who perceive parental approval to have gambled in the past year (58% to 79% respectively). Further students who perceive parental disapproval are about half as likely to have gambled in the past 30 days (21% to 41%) and less than half likely as students who perceive parental approval to have experienced problem gambling (5% to 12% respectively).

Likewise Kwak, et. al, (2004) found out that . . . a sociological factor triggering gambling behavior is family structure. Children of conditions in family structure: divorce, remarriage, cohabitation, single parent families, neglectful and parental gamblers, tend to be gamblers and problem gamblers than intact, loving, cooperative and non-gambler family children.

Similarly, Delfabbro, et. al, (2005) also indicate that adolescent problem gamblers were more likely to have parents who gamble excessively. Further, as Derevensky, et. al, (2007) show that many youth will be exposed to gambling through parents' participation, such as buying lottery tickets, playing cards, visiting casinos and making wagers. Furthermore, low parental supervision /loose parent-child communication or inadequate communication between families and adolescents on adolescents' social and psychological issues predicted subsequent problem gambling among adolescents (Munting, 1996).

Generally, for adolescents to engage in gambling, parent-adolescent communications, parental engagement in gambling and parental approval and/or disapproval are among the strongest factors contributing to adolescent gambling and problem gambling negatively or positively. However, as Moore, et. al, (1998) indicate, even if adolescents whose parents are gamblers are more likely to be level 2 (at risk for severe problem gambling) or level 3 (probable problem gambling) gamblers than the children of non-gambling parents, strictly speaking, this cannot indicate the causal relationship between parental gambling and

adolescents problem gambling. But it may be instructive to further analyze the complex relationship between parental gambling and adolescents problem gambling.

2. Peer Influence Factors

Adolescence is the period during which peer influence is very high. According to Steinberg (1993), peer group influence one another in various ways. Among these mechanisms:

- Observational Learning (modeling, imitation): adolescents observe and imitate some of the qualities or behaviors of their peers.
- Reinforcement: peer positive and negative feedback, including agreement, criticism, teasing and coercion, can modify behavior.
- Negative sanctions: e.g. Rejection and/or exclusion
- Participation in-group activities: provides opportunities for practice of skills and feedback.
- Social comparison: comparing one's thoughts, feelings and actions to those of one's peers.
- Transmission of skills, values, and behaviors from older to younger group members.

Therefore, peer group has great impact to influence adolescents' gambling behavior. For instance, Derevensky, et. al, (2007), indicate adolescents participate in gambling to get friends' and classmates' acceptance, to be with the friends they love, to get peer approval, self-enhancement and enjoy interpersonal relationship. Similarly, Munting (1996. Pp. 117-127) outlines that pool gambling, betting on sport events like football and sports pool, and quick draw are among gambling events adolescents learn from one another at common gaming houses.

2.5.4. Availability of Gambling Venues

The availability of gambling venues around adolescents' pastimes can highly be contributing factor to adolescents gambling behavior. As indicated earlier by Jacob, Smith and Wynne (1996), among the specific determinants of gambling behavior, accessibility of the gambling venues, availability and acceptance are factors contributing to high prevalence of youth gambling.

2.5.5. Media Advertisement on Gambling Influence

Exposure to media advertisement related to gambling has great influence on adolescents gambling behavior. As Delfabbro, et. al, (2005), almost half of the 'pathological gamblers' in interviewed reported the gambling advertising on radio, billboards and television as a 'trigger' for their gambling.

Similarly, Munting (1996) and Moore, et. al, (1998) state that media like television, internet and others foster more of positive impacts of gambling as winning huge money, recreational activity, and interpersonal relationship. Therefore, such advertisement of gambling has great influence in stimulating adolescents to practice gambling and even become problem gamblers.

Generally exposure to media advertisement for betting tips, the growing market for sporting press, bingo lottery, and the reliance of the popular press on racing results and information, lend weight to the perception of expanding gambling (Munting, 1996).

On the other hand, government disseminates information available about lottery winner through media. Other organizations also use media to advertise new innovations like banks or trade organizations through gambling by huge role in providing information about gambling. According to the U.S. Commission on Law Enforcement and Administration of Justice Report (1968), increasing use of media for lottery and sports betting has facilitated systems of the gambling behavior. This system deliberately or undeliberately fosters the gambling behavior throughout the country.

2.5.6. Risk Perception

Various studies done on smoking, alcohol and other problem behaviors show that adolescents risk perception is inversely related with the engagement with risk taking (Viscusi, 1993).

Steinberg (1993. P.285) states that, adolescents who perceive higher risk are lower risk takers and those who are lower risk perceiver are higher risk takers. Like wise, regarding

adolescent gambling behavior and problem gambling, Derevensky, et. al, (2007) outline that adolescents frequently disregard the potential negative consequences of gambling and attuned to the positive consequences like pleasure, excitement, peer approval and relaxation.

2.5.7. Substance Abuse

Substance abuse includes the abuse of unprescribed drugs, the abuse of alcohol, cigarette, marijuana, chat and etc. As Kwak, et. al, (2004) indicate, the results based on the epidemiological study of the National Institute of Mental Health; nearly 20% (about 48 million people) of the general US population was identified as having problems of psychoactive substance abuse at some point during their lifetime. As the study indicates adolescents (teenagers) are a major demographic group who abuses drug. These adolescents may be more likely to engage in compulsive behaviors like compulsive buying and compulsive gambling, as the study shows.

Similarly Moore, et. al, (1998) indicate that the relationship between substance abuse and gambling suggests that not only is substance abuse is correlated with the likelihood of gambling, but also the frequency of substance abuse may be positively related to problem gambling. According to the study, the frequency of drinking, drug abuse, and smoking is significantly related to gambling. Delfabbro, et. al, (2005) similarly show that in the US 62% of young people who drunk heavily gambled on the weekly basis compared with only 43% of moderate drinkers. Generally, it is fair to conclude that gambling behavior and problem gambling are positively related to substance abuse. This means adolescents who abuse drugs, alcohols, chats and other substance may be at higher possibility of engaging gambling and problem gambling.

2.6. Impacts of Problem Gambling on Adolescents' Well-Being

The issue of gambling is in general very controversy whether it is used for recreational purpose or related to other problems. For instance Munting (1996) states that, in Britain and USA, public and political attitudes have been turn between moral unease with gambling in its various forms, and, deep and popular interest in the gambling activity.

However, problem gambling (pathological gambling) unquestionably has negative impacts on the gamblers well being. The problems related to pathological or problem gambling are widely discussed below.

2.6.1. Psychological Impacts Related to Problem Gambling

Even if adolescents engage in gambling by expecting more of positive outcomes, gambling may endorse numerous psychological negative impacts on their wellbeing. As Derevensky, et. al, (2007) outline, emotional impacts and preoccupations are among the psychological impacts related to problem gambling.

Although the behavior pattern known as pathological gambling/compulsive gambling does not involve a chemically addictive substance, it can be considered as an addictive disorder because of the personality attributes that tend to characterize the individuals and also involves behavior maintained by short-term gains despite long-term disruption of the individual's life (Coleman, 1986. P.442). From this discussion, it is plausible to conclude that problem gambling can result psychological/behavioral problems on the lives adolescents as addictive personality behavior.

According to Munting (1996. Pp.200-201), compulsive (addictive) is one of the psychological impacts related to gambling. This addictive behavior of gamblers is conditioned by the excitement of action rather than the prospective of winning. As the literature indicates one of the psychological problems of pathological gambler is that the individual gambler is chronically and progressively unable to resist impulses to gamble.

Furthermore Steketee (1993. Pp.7-15) states that compulsive (problem) gambling is one of the other forms of Obsessions and Compulsive Disorders (OCD) which may take a variety of forms, both behavioral and mental features of manifestations. The manifestations mostly associated with depression, apprehension, preoccupation and loss of control over gambling behavior. This and the above discussion of psychological problems related to problem gambling are mostly similar with the criteria used in DSM-IV to categorize the pathological gambling discussed earlier.

2.6.2. Social Impacts of Impacts Gambling

There are many forms of social impacts related to problem gambling. Among these impacts related to problem gambling the most reported ones are discussed below.

Crime: Crime has been the most obvious social impacts related to problem gambling. As Hobson and Rowtree cited in Munting (1996. P. 203) state, gambling is the 'King's road to crime.' Hobson and Rowtree stated that gambling has been one of the most prolific sources of petty crime in which the crime takes two forms: that directly related to gambling (including illegal gambling, cheating or crimes committed to a bet gambling, etc) and theft to raise the money to gamble or recoup losses.

Similarly the US Commission on Law Enforcement and Administration of Justice Report (1968) and New York State Investigation Commission (1961) identified that gambling provides a systematized method of corrupting the law enforcement process. Zastrow (1986) also indicates gambling is the greatest source of revenue for organized crimes. Therefore, the above reports show that, as gambling is one among great sources of crime in society.

Social Relationship: Even if gambling may have the benefits of recreation and economy vitalization for the owners of the gambling venues, it remains to be determined, in the long run, the society experiences increased gambling related precarious social fabric declines (Barnes, 2005. P. 45). Similarly Munting (1996) indicates problem gambling may result relational interruption, family and peer conflict, truancy and hinders the adolescent gamblers relationship with religious institution.

2.6.3. Economic Impacts of Problem Gambling

Problem gamblers are habitual losers who are practically always out of luck, usually in debt, and sometimes in jail (Coleman, 1986). Problem gamblers are habitual losers and gamble more and more by wishing to win but which may not real in most of the cases. Similarly, Hill (2004. P. 140) states that gambling instinctive drives millions of people to fail to economic crisis. In most of the cases adolescent problem gamblers may waste more than they want to, even engage in stealing money from family or outside family.

Generally, the above survey confirms that problem gamblers are suffered from social, psychological and economic problems. This means on the other hand the gambling behaviors of problem gamblers significantly affect their social, psychological and economic wellbeing.

2.7. Legal, Social and Religious Issues on Gambling

Legal issues on gambling have various implications throughout historical timing and societies. Before the years 1914, most leaders of nations, churches and other social institutions in USA and Britain tried to restrict gambling (Munting, 1996). However, despite the various attempts at the limiting of gambling, neither religious institutions nor officials were successful.

Both the Catholic and Jewish traditionally set aside days for gambling although religious authorities generally disprove of gambling to some extent (Rich, 2007). The literature also indicates that some Islamic nations prohibit gambling; most other countries regulate it. These regulations may be through jurisdictions, local as well as national, either ban or heavily control (by licensing) gambling. However, such regulations lead to gambling tourism and illegal gambling (Rich, 2007).

Although governments in various forms had attempted to limit gambling, they had few scruples about exploiting it. Lotteries, organized or sanctioned by government, grew in number and significance from the 16th century. In many European countries and USA, lotteries had become well-established source of state revenue in the fifteenth century (Munting, 1996).

Disputes over gambling debts had been clogging the courts and a number of judges expressed their displeasure at some cases (Barnes, 2005, P. 48). As Barnes (2005) indicates, nonetheless the legal changes did reflect a hardening moral attitude towards gambling. As the moral crusade against gambling gained strength, it became less obvious paternalist and more evangelical. Nevertheless, gambling becomes more popular activity in various societies. Even if various attempts were made through times, none of these were successful

to halt the progression of gambling. Rather, it becomes more modernized, wide spreading and more interactive almost all over the world.

2.8. Local Literature on Gambling

Gambling in Ethiopia is not technically illegal. However, the National Lottery administration has the role of regulating and controlling the activity related to gambling (National Lottery Administration (NLA) Ethiopia, 1961). Beside this, the local literature on gambling is deficient or scanty. This may be due to the strong negative social, religious and legal impacts on gambling behavior as a result lacked professionals' attention and/or left silently. In most of our society gambling is seen as illegal, immoral and dangerous activity.

However, there are numerous gaming and playing activities played for recreational purpose rather than for money. Among these games, the game of Mancala or "gabata" is the most common cultural or traditional gaming in various Ethiopian cultures (Natsouls, 1991).

The game of Mancala is a blending of basic elements common to many versions (Natsouls, 1991). As the literature indicates, always two persons play game of Mancala. It is played on boards containing rows of holes of "houses" at the most common being two rows of six holes each with large two holes at either end. The smaller holes as they are known in the Ethiopian highlands are "houses" and the larger ones are called "banks." The board is placed between the two players and each player owns the houses on his/her side. Counters/balls may be seeds, beans, pebbles or beads, placed in the houses and moved around the board counter clockwise, and the ultimate goal of the game is for one player to render his/her opponent incapable of continuing play by capturing his/her counters. The capture of opponent's house is when a player drops the last ball in hand into one of his/her empty houses opposite an enemy house containing any number of balls. However, since the intention of the play is to win for recreational purpose, after the end of the game the gaming restarts with the winner person and the loser will be out of the play.

During the recent years, the National Lottery Administration (NLA) Ethiopia played public lottery gaming for the purpose of generating money for public services. Proclamation No. 183/1961 established the National Lottery Administration (NLA) Ethiopia as the first autonomous and legal state lottery. The administration began its operation by issuing conventional lottery named Regular Lottery on September 8, 1961 G.C (on Ethiopian New Year (“Enqutatash”) which was drawn after staying four months on the market. The Administration was again reorganized and strengthened by proclamation No. 210/1981. According to this proclamation, National Lottery Administration (NLA) has dual objectives. The first objective is operating and administrating money lottery. The other objective is regulating and controlling all activities related to lottery games and gambling.

The second objective includes the power of issuing permits to other persons who carryout Tombola and sport betting, suspend and cancel the permits for sufficient reasons, and collect charges for the permits issued. It has also a power to give permit or restrict the importation of game related items and machines such as:

- Playing cards
- Articles of billiards
- Articles of casino and bingo
- Video games
- Other games (disk or coin operated)

Nowadays, regardless of the negative social, religious and legal restrictions on various forms of gambling activity, adolescents in our country at hidden or public places are playing pool gambling, cards, betting on sports event (especially on the “Big Four” English premier league), ‘Karrambula’ and other forms of gambling. However, no or few (if any) study was done on the gambling area.

2.9. Summary and Implication

To sum up, the literature review part of this research report provided variety and detail descriptions of gambling behavior, causes, prevalence, and psychological, social and economic impacts of problem gambling. On top of this, the literature review part also tried to assess gambling issues in relation to social, religious and legal aspects in various societies and cultures. Finally, the review also tried to assess the local literatures and studies on gambling even if they are scanty.

Generally, based on this literature review it is plausible to conclude that there are multi-dimensional debates on gambling as:

1. **Whether gambling should be legalized or not:** This is due to that some social, economic and psychological impacts that related to problem gambling on one hand and the recreational purpose of gambling for which most adolescents and young adults get from it on the other hand.
2. **The morality question:** For instance, as indicated earlier, some researchers say that gambling is not inherently immoral, pathological or related to any other problem (Blume, 2005) while others related gambling with religious aspect to cling to the idea that gambling is immoral (Rich, 2007). The argument is that whether or not moral persuasion that gambling is “immoral” and could lead to more social problems especially with regard to underage gambling.
3. **Criminal issue:** in various literatures, gambling is regarded as criminal act and/or related to crime. Eventhough various researchers disagree with the idea that gambling in general is crime or generates criminal acts, these factions of researchers focus on the problematic/pathological gambling which may have the potential to generate psychological, social and economic problems.

The argument in this paper is neither in disagreement nor furtherance of any of the above views. Rather, this paper intends to see the overall gambling activities; and problem gambling in general; and prevalence, causal factors, and, psychological, social and economic impacts of problem gambling in specific.

III. Methods

3.1. Local/Research Site

The study was done in some selected Addis Ababa high schools. Addis Ababa is the capital city of Ethiopia where various ethnic groups of the country live. It is also where various religions, major ones, orthodox Christianity, Islamic and protestant Christianity followers harmoniously live together. In addition, the diversity of the population is also sensed in socioeconomic status. Means the families of the population of the study are from various socioeconomic status levels.

More general speaking, eventhough the above diversities in religious perspectives, ethnic backgrounds and socioeconomic status are well seen in the population, similarities in culture, norms and legalities are more sounded than the differences. Above all, the schools rules and regulations are the same/or more similar for all population of the study. Therefore, the population in general shares more similarities than differences in most rounded living styles that may influence the issue to be studied, gambling.

3.2. Population

The population of the study, as indicated earlier, is Addis Ababa high school students; both female and male adolescents of grades 9-10. The age range of the adolescents is from age 12-21 with mean age of 16.35, and median 16 and mode 17. Generally, in Addis Ababa there are about 112 high schools with number of students of 114,094 according to the report of 2006/07 academic year (Addis Ababa in the Past and its Prospects in the New Millennium, 2006/07). Among these potential population of high schools and high school students, 422 students were the actual population used for the study from four high schools. Out of this actual population size, males were 227 and females were 195. According to the grade level classification, grade 10 were 128 with 70 males and 58 females; and grade 9 were 294 with 162 males and 132 females. Generally, from these populations the participants were selected through the following sampling techniques.

3.3. Participants and Sampling Technique

The participants of the study were sampled using two sampling techniques: availability sampling technique and purposive sampling technique at various levels. At first level, the researcher used availability sampling technique. Using availability sampling technique, the researcher contacted four high schools namely: Kokebe Tsebeha secondary school, Bulbula secondary school, Beseka secondary school and Fitawrari Abayneh secondary school. In each of the schools that permitted its students to participate in the study the researcher contacted some teachers to cooperate the researcher in items administration and collection by devoting their classes prior to asking permission from the school.

Based on the permission of the schools and the help of the teachers of the schools, the students were approached. Then the researcher employed purposive sampling technique through the following procedures.

Fitawrari Abayneh secondary school: from Fitawrari Abayneh secondary school, the researcher got permission to conduct research. Then after, the researcher contacted one teacher (the prior contacted teacher to cooperate for the study) to give two classes of his periods for the researcher to administer questionnaires. Then grade 9S students were contacted during the first day. The number of grade 9S students is 40 with 22 males and 18 females. The researcher, after introducing the objectives of the study, asked the students whether they have played any skill or non-skill games of chance played for money. Then 30 of the students respond that they play games in money (play gambling). Then those students were given the questionnaires. Generally, out of 40 populations, 30 were sampled. From the 30 students 14 were females and 16 were males. On the other day, 9Q students were contacted. The number of students of 9Q was 43 (24 males and 19 females) with the same procedure employed above, 31 students with 17 males and 14 females were sampled.

Using the same procedures, Kokebe Tsebeha secondary school students (10B, with 40 students, 27 male and 13 female students, Beseka secondary school 88 (10E and 10G) students with 41 females and 47 males, and 128 grade 9 students with 60 females and 68 males; and Bulbula secondary school students, 83, (grade 9Q and 9V) with 38 females and

45 males were the population of the study out of which the participants were sampled. From these populations using purposive sampling technique (game playing for money/gambling criteria), from Kokeba Tsebeha secondary school, grade 10B, 29 with 21 males and 8 females, Bulbula secondary school students, 52 participants with 20 females and 32 males, and finally from Beseka secondary school, grade 10, 30 females and 40 males and grade 9, 40 females and 55 males were sampled.

In general, from the total actual population of 422 grades 9 and 10 students, 307 participants (181 males and 126 females) were sampled using purposive sampling based the criteria of whether the students ever played various skill and/or non-skill games in money. Out of these participants responses, 27 were discarded due to 12 of them have not returned questionnaires and 15 of them have not fully responded. Generally, 280 participants' responses were reached for data analysis.

In general, the following is the summary of the characteristics of the participants in terms of age, sex, grade level, religion, ethnicity, family type, family monthly income and family educational background.

Table 1. Characteristics of the participants (N=280)

| Variables | Category | Total in number | Percentage |
|-------------------------------|--------------------|-----------------|----------------|
| Sex | Male | 160 | 57.1% |
| | Female | 120 | 42.9% |
| | Total | 280 | 100% |
| Age | 12 | 1 | 0.4% |
| | 13 | 1 | 0.4% |
| | 14 | 16 | 5.7% |
| | 15 | 68 | 24.3% |
| | 16 | 70 | 25% |
| | 17 | 73 | 26.1% |
| | 18 | 28 | 10% |
| | 19 | 17 | 6.1% |
| | 20 | 4 | 1.4% |
| | 21 | 2 | 0.7% |
| | Total | 280 | 100% |
| Grade Level | 9 th | 176 | 62.9% |
| | 10 th | 104 | 37.1% |
| | Total | 280 | 100% |
| Ethnicity | Amhara | 113 | 40.4% |
| | Oromo | 97 | 34.6% |
| | Tigre | 32 | 11.4% |
| | Gurage | 28 | 10% |
| | Others | 10 | 3.6% |
| | Total | 280 | 100% |
| Religion | Orthodox | 245 | 87.5% |
| | Protestant | 18 | 6.4% |
| | Islam | 14 | 5.0% |
| | Catholic | 1 | 0.4% |
| | Others | 2 | 0.7% |
| | Total | 280 | 100% |
| Family type | Intact family | 240 | 85.7% |
| | Relatives/siblings | 19 | 6.8% |
| | Separated family | 17 | 6.1% |
| | Remarried | 3 | 1.1% |
| | Institution | 1 | 0.4% |
| | Total | 280 | 100% |
| Family monthly income (ETB) | 150-350 | 42 | 15% |
| | 351-550 | 50 | 18.2% |
| | 551-750 | 36 | 12.9% |
| | 751-1000 | 56 | 20.0% |
| | 1001-1500 | 53 | 18.9% |
| | 1501-2000 | 20 | 7.1% |
| | ≥2001 | 22 | 7.9% |
| | Total | 279* | 99.64%* |
| Family Educational Background | Not started | 53 | 18.9% |
| | Completed 1-8 | 85 | 30.7% |
| | Completed 9-10/12 | 91 | 32.5% |
| | U10/12Upto diploma | 29 | 10.4% |
| | University & above | 21 | 7.5% |
| | Total | 279* | 99.64%* |

Ages' standard deviation =1.43, mean=16.35, median=16, and mode =17

** One participant is from institution. [That means he could not indicate family educational background and family monthly income.]*

As it is indicated above, the majority of the participants were males (57.1%), grade 9th students (62.9%), Orthodox Christianity followers (87.5%); and Amhara and Oromo ethnic group backgrounds (40.4% and 34.6% respectively). Others include, Tigre (11.4%), Gurage (10%), and Others, 3.6%. Regarding religious background of the participants, Protestant Christianity followers are (6.4%), Islamic followers are (5%), Catholic are (0.4%) and others (0.7%)

The above table also indicates the family information of the participants. As the table shows, most of the participants are from intact family type (85.7%); and others are, living with siblings /relatives (6.8%), from separated family (6.1%), remarried (1.1%), and from institution (0.4%). Regarding family monthly incomes of the participants: 150-350 (15%), 351-550 (18.9%), 551-750 (12.9%), 751-1000 (20.0%), 1001-1500 (18.9%), 1501-2000 (7.1%); and ≥ 2001 (7.9%). Furthermore, family educational background of the participants are: 18.9% have not started schooling, 30.7% have completed primary school (1-8), 32.5% have completed high school (9-10(12), 10.4% have completed up to diploma and 7.5% have completed first degree and above.

3.4. Instruments

The researcher used questionnaires to capture data on the prevalence, causal factors and impacts of problem gambling. The rationale for using questionnaires over the other instruments is based on the nature of the study. Gambling in Ethiopia eventhough it is not illegal, it connotates negative attitude from the society. Society and culture of the context discourages gambling. Religious views also have negative attitude towards gambling. Therefore, it is very difficult to use other methods like interviews, Focused Group Discussions (FGD) or others regardless of these methods consume time.

Furthermore, various researches done on the area of gambling have used questionnaires to capture data. Among those researches on the areas of gambiing, Gallatin and Rainon (2007); and Derevensky, Gillespie and Gupta, (2007) are some. Therefore based on the relevance of questionnaires to capture data, the researcher used the questionnaires for this purpose of study.

The researcher generally, adapted the instruments used by the above researchers. Items used by Gallatin and Rainon (2007) were 281 with 4 to 7 point likert scales. The main objectives of the researchers' study were to identify prevalence, causes and problems related to pathological gambling among the adolescents of the New York State. In addition to this Derevensky, Gillespie and Gupta (2007) identified 23- items to explore the causal factors of adolescent problem gambling. Based on the similarity of the objectives and developmental stages of the target group of the study, the researcher adapted items from both teams of the research through two-phase pilot test.

Moreover, the researcher also adopted standardized tests from APA (1994. P. 617) DSM-IV version, and Gamblers Anonymous (GA), for diagnosing pathological gambling. Gamblers Anonymous (GA) is an international organization which offers 20-items for pathological gamblers and need to stop their compulsive gambling behavior. It was established in 1957 by compulsive/problem gamblers (Gamblers Anonymous, 1957). On the other hand, DSM-IV identifies 12 items to diagnose pathological gambling. These items were also adopted through the two-phase pilot test.

The procedures to adapt the items were as follows. The items used by Gallatin and Rainon (2007), and Derevensky, et. al, (2007) were seen together in relation to the objectives and developmental stages of the participants of the current study. After a thorough review of these items, the researcher adapted 128 items, each and every item by cross checking with the objectives of the current study.

Regarding the standardized tests developed by American Psychiatric Association (APA, 1994), DSM-IV version to diagnose pathological gambling and Gamblers Anonymous (GA), the researcher adopted as they are. But the language of administration was in local language and some difficult words were simplified.

Generally, 160 items were adapted and adopted and 15 items of personal and family information and 1 item to assess the various gambling activities, with the total of 176 items were used for the first pilot tests. The details of the items were:

- Part-I. Personal information (5-items with all close-ended)
- Part-II. Family information (10 –items with one open-end question)
- Part-III. Gambling forms/activities (1 item)
- Part-IV. Causal factors contributing to adolescents game playing and problematic game playing (89-items with 5-point likert scale)
 - A. Psychological factors (11-items)
 - B. Biological factors (10-items)
 - C. Social factors: I. Parental influence (12-items)
 - II. Peer influence (11-items)
 - D. Accessibility of Gambling venues (9- items)
 - E. Media advertisement related factors (11-items)
 - F. Risk perception factors (15 –items)
 - G. Drug/substance abuse factors (10- items)
- Part-V. Problems related to Game playing in money (35 – items with 5-point likert scale).
 - A. Psychological impacts (10-items)
 - B. Social impacts (15- items)
 - C. Economic impacts (10- items)
- Part VI- Diagnosing (Assessment) of problematic game playing behavior problematic gambling (32- items with dichotomized points)
 - ❖ DSM-IV (12-itmes)
 - ❖ GA (20-items)

During the first pilot test, the language of administration of the tools was in English. The first pilot test was done before preparing research proposal for three important reasons. The first reason is to see the cooperativeness of the participants and other concerned body like school directors. The second reason is to see the relevance of the study to the local

participants. Finally, the third reason is to plan for successful study by alleviating any flaws encountered during this phase and plan for time and material budget costs for the next pilot test and actual data gathering.

Based on the experience of the first pilot tests, there were some drawbacks. These were: it was very difficult to administer tools in English due to vocabulary problems. Even if the research problem is relevant to the adolescents, it was very difficult for the researcher to administer tools without the schools teachers' cooperation. It was also very difficult to get time to fill this much items with in 15 minutes break time. During the first pilot test the researcher conducted study on 30 participants. The total time it took to fill the questionnaires was on average 50 minutes (40-52 minutes). This was checked through the sheet has "time started" on the top of the first page and "time finished" at the bottom of the last page. Despite the above difficulties in item administration, the reliability of the total scale was cronbach $\alpha=0.823$.

The second pilot test was prepared and administered in Amharic. Before the items were administered, two native Amharic speakers of social psychology students checked the backward and forward translations of the items. Two developmental psychology students also checked the content validity. Where there was a question of clarity, the researcher reshaped the items without changing the intent meaning (connotation) of the items.

Finally, the 176 items were administered for 10A, 43 students of Beseka secondary school, from which 32 participants with 13 females and 19 males were sampled through purposive sampling. From these participants' responses 28 were analyzed for the pilot test. Again the second pilot test had "time started" on the top of the first and "time finished" at the bottom of the last page. The quest for knowing time taken is to alleviate the problem of time taken to fill questionnaires. For this phase pilot test, the time taken to fill the items was from 35-45 minutes.

Then after the second pilot test was done, the results of the first and the second pilot test were seen together. Based on this comparative, 15 items about risk-perception as a factor

contributing to problem gambling and gambling behavior were discarded for three reasons. The first reason is even if the risk perception construct items have higher reliability ($\alpha=0.952$) for the first pilot test and $\alpha=0.958$ for the second pilot test, it was very difficult for adolescents to understand what do the items measure both in English and Amharic. [Some of the students were blindly filled, others filled as risk taking/ engagement when they were asked what they meant by ticking the points scale.]

Second reason is that logically risk-perception and risk-engagement like drug/substance abuse and other risk-behaviors have inverse relationship. However, in the case of this research, the risk-perception items fail to show this relationship. In order to check whether the problem lies on the language, the researcher administered in native language during the second pilot test but no change (few only) on the result. On the other hand drug/substance abuse shows relationship with problem gambling behavior.

The third reason why the researcher discarded the risk-perception construct is that by making correlation between adolescents' risk-perception results and the problem gambling results. No matter how they score on risk-perception items, their scores on pathological gambling were unrelated. Beside also the adolescents filled the risk-perception and drug/substance abuse in the same way. Therefore, based on these reasons, the researcher excluded risk-perception items from the actual data gathering tools. In strengthening this idea, when the total scale reliability was calculated before discarding risk perception items $\alpha=0.971$, and when risk-perception was excluded $\alpha=0.972$.

Generally, the subscale reliabilities of the items for the second pilot test were psychological factor, $\alpha=0.858$, biological factors, $\alpha=0.776$, parental factor $\alpha=0.726$, peer influence, $\alpha=0.862$, accessibility of gambling venues, $\alpha=0.855$, media advertisement $\alpha=0.82$ and substance abuse, $\alpha=0.603$. Regarding problems related to problem gambling, psychological impacts $\alpha=0.911$, social impacts $\alpha=0.929$, and economic impacts $\alpha=0.891$. Also the DSM-IV criteria for diagnosing problem gambling has $\alpha=0.799$ and Gamblers Anonymous has $\alpha=0.896$.

After checking the inter-item reliability level and deleting the lowest reliability items, psychological factors $\alpha=0.864$, biological factors $\alpha=0.810$, parental factors $\alpha=0.748$, peer influence $\alpha=0.869$, accessibility of gambling venue $\alpha=0.859$, media advertisement factor $\alpha=0.837$, substance abuse $\alpha=0.890$, and regarding the impacts of problem gambling, psychological impacts, the same ($\alpha=0.911$) no item deleted, social impacts the same when one item is deleted ($\alpha=0.929$) and economic impacts $\alpha=0.900$. The standardized tests were used as they were. And the total reliability scale became $\alpha=0.974$.

Finally, 127 items were used for the final data capturing. All the items excluded from the 176 items were based on their reliability levels. In general, for the actual data capturing, the 127 items were:

- Part-I. Personal information (5 items, with one open-ended)
- Part-II. Family information (3- items)
- Part-III. Forms of game playing in money (1 open-ended item)
- Part-IV. Causal factors of game playing in money (57 items of 5-point likert scale):
 - A. Psychological factors (8- items)
 - B. Biological factors (8-items)
 - C. Social factors:
 - I. Parental factors (8- items)
 - II. Peer influence (9- items)
 - D. Accessibility of gambling venue (8-items)
 - E. Media advertisement related to gambling factors (9-items)
 - F. Substance abuse (7-items)
 - Part-V. Problems related to game playing in money (33-items with 5-point likert scale)
 - A. Psychological impacts (10-items)
 - B. Social impacts (14-items)
 - C. Economic impacts (9-items)

- Part-VI. Diagnosing of problematic game playing in money (pathological gambling) (32-items with dichotomized responses)
 - ❖ DSM-IV version (12-items)
 - ❖ Gamblers Anonymous (GA) (20-items)

3.5. Procedures

3.5.1. Procedures of Questionnaires Construction

As discussed earlier, the items to measure the prevalence, causal factors and impacts of adolescent problem gambling were adapted and adopted through two pilot tests. Through the two pilot tests, various difficulties like the problems of language and approaching system were alleviated; regarding the items construction (adapting and adopting the items), the developmental stages and relevance of the items, and problem to be studied (gambling) were thoroughly checked before the actual data administration. Among other things, the question of relevance of the research questions was proved, the approach to get participants, and language of data administration were answered during the first pilot test. Then after, the second pilot test was mostly to check the reliabilities of the scales.

3.5.2. Procedures of Questionnaires Administration

The language for the questionnaires administration was in Amharic. The procedures of questionnaires administration were discussed earlier. However, for the details:

First, the researcher contacted some Addis Ababa high schools' teachers to help the researcher in cooperating for the data administration. After getting cooperative responses from some teachers, the researcher contacted their high schools to make the research legal. Those schools permitted the researcher to make arrangement with the teachers to devote one period (50 minutes) for one section.

Second, based on the arrangement made, the researcher contacted the students with the teachers of the schools and the researcher clarified the objectives of the study for the students before administering the items. Then after, the researcher asked the students

IV. Data Analysis and Results

This chapter of the research report presents the study results. In doing so it gives the detail summary of data presentation and analysis of the results.

4.1. Activities/or Forms of Gambling

Forms of gambling adolescents play were cards, pool gambling, playstation and other play activities that are played for money. Generally the following table presents the summary of various forms of play activities adolescents play for money.

Table 2. Forms of play activities played for money (gambling) (N=280)

| S.No | Forms of Gambling | Sex | | | |
|--------------|------------------------|--------------|--------------------------------|---------------|----------------------|
| | | Males (160) | | Females (120) | |
| | | Frequency | Percentage | Frequency | Percentage |
| 1 | Playstation | 99 | 11.77% | 11 | 3.09% |
| 2 | Cards | 93 | 11.06% | 77 | 21.63% |
| 3 | Flipping coin | 86 | 10.22% | 44 | 12.34% |
| 4 | Pool gambling | 85 | 10.11% | 35 | 9.83% |
| 5 | Damma | 74 | 8.79% | 31 | 8.71% |
| 6 | Scratching fast | 63 | 7.49% | 33 | 9.27% |
| 7 | Betting on sport | 61 | 7.25% | 33 | 9.27% |
| 8 | Tennis | 57 | 6.78% | 11 | 3.09% |
| 9 | Jottani | 47 | 5.59% | 9 | 2.53% |
| 10 | Karambula | 41 | 4.88% | 19 | 5.34% |
| 11 | Bingo | 37 | 4.39% | 16 | 4.49% |
| 12 | Buying regular lottery | 33 | 3.92% | 22 | 6.18 |
| 13 | Quick draw | 28 | 3.33% | 10 | 2.81% |
| 14 | Chess | 15 | 1.78% | 4 | 1.12% |
| 15 | Internet gambling | 14 | 1.66% | 1 | 0.28% |
| 16 | Others | 8 | 0.95% | - | - |
| Total | | 841** | 100% (99.97%) | 356** | 100% (99.98%) |

**Multiple responses

Table 3. Prevalence of Gambling Behavior and Problem Gambling (Scores on DSM-IV Criteria) (N = 280)

| Categories of Gambling | | Behaviors | | Grade level | | Ages | | | | | | Ethnicity | | | | | Religion | | | | | | |
|--|---------------|-----------------|-----------------|----------------|----------------|----------------|----------------|----------------|---------------|---------------|--------------|----------------|----------------|----------------|---------------|----------------|--------------|-----------------|--------------|---------------|--------------|--------------|--------|
| | | | | 9th | 10th | 12-14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | Amhara | Oromo | Tigre | Gurage | Others | Orthodox | Protestant | Islam | Catholic | Others |
| 1. Non problem/ social Gamblers (0-1) | Males | 76 (27.14%) | 54 (19.29%) | 22 (7.86%) | 3 (1.07%) | 21 (9.64%) | 18 (6.43%) | 15 (5.36%) | 11 (3.93%) | 4 (1.43%) | 3 (1.07%) | 1 (0.00%) | 32 (11.43%) | 24 (8.57%) | 11 (3.93%) | 6 (2.14%) | 3 (1.07%) | 66 (23.57%) | 2 (0.71%) | 5 (1.79%) | 1 (0.00%) | 2 (0.71%) | |
| | Females | 77 (25.5%) | 38 (13.57%) | 39 (13.93%) | 7 (2.5%) | 19 (6.79%) | 21 (7.5%) | 22 (7.86%) | 5 (1.79%) | 2 (0.71%) | 1 (0.00%) | | 33 (11.79%) | 34 (12.14%) | 3 (1.07%) | 4 (1.43%) | 1 (0.71%) | 66 (23.57%) | 7 (2.5%) | 2 (0.71%) | | | |
| | Total | 153 (54.64%) | 92 (32.86%) | 61 (21.79%) | 10 (3.59%) | 40 (14.43%) | 39 (13.93%) | 37 (13.22%) | 16 (5.72%) | 6 (2.14%) | 4 (1.43%) | 1 (0.00%) | 65 (23.22%) | 58 (20.71%) | 14 (5%) | 10 (3.57%) | 4 (1.43%) | 132 (47.14%) | 9 (3.21%) | 7 (2.5%) | 1 (0.00%) | 2 (0.71%) | |
| 2. At risk for severe problem Gamblers (2-3) | Males | 72 (25.71%) | 50 (17.86%) | 22 (7.86%) | 5 (1.79%) | 18 (6.43%) | 13 (4.64%) | 22 (7.86%) | 8 (2.86%) | 5 (1.79%) | | 1 (0.00%) | 22 (7.86%) | 21 (7.5%) | 10 (3.59%) | 39 (13.93%) | 6 (2.14%) | 60 (21.43%) | 7 (2.5%) | 5 (1.79%) | | | |
| | Females | 37 (13.21%) | 22 (7.86%) | 15 (5.36%) | 2 (0.71%) | 7 (2.5%) | 14 (5%) | 9 (3.25%) | 2 (0.71%) | 3 (1.07%) | | | 17 (6.07%) | 10 (3.57%) | 15 (5.36%) | 5 (1.79%) | | 33 (11.79%) | 2 (0.71%) | 22 (7.86%) | | | |
| | Total | 109 (38.92%) | 72 (25.72%) | 37 (13.21%) | 7 (2.5%) | 25 (8.93%) | 27 (9.6%) | 31 (11.07%) | 10 (3.57%) | 8 (2.86%) | | 1 (0.00%) | 39 (13.93%) | 31 (11.07%) | 25 (8.93%) | 14 (5.0%) | 6 (2.14%) | 93 (33.22%) | 9 (3.25%) | 27 (9.64%) | 7 (2.5%) | | |
| 3. Probable problem Gamblers (4 and above) | Males | 12 (4.29%) | 6 (2.14%) | 6 (2.14%) | - | 2 (0.71%) | 1 (0.00%) | 3 (1.07%) | 2 (0.71%) | 2 (0.71%) | 2 (0.71%) | | 6 (2.14%) | 6 (2.14%) | | | | 12 (4.29%) | | | | | |
| | Females | 6 (2.14%) | 6 (2.14%) | | - | 2 (0.73%) | 3 (1.07%) | 1 (0.00%) | | | | | 3 (1.07%) | 2 (0.71%) | | 1 (0.00%) | | 6 (2.14%) | | | | | |
| | Total | 18 (6.43%) | 12 (4.29%) | 6 (2.14%) | - | 4 (1.42%) | 4 (1.42%) | 4 (1.42%) | 2 (0.71%) | 2 (0.71%) | 2 (0.71%) | | 9 (3.21%) | 8 (2.86%) | | 1 (0.00%) | | 18 (6.43%) | | | | | |
| Total | 280 (100%) | 176 (62.86%) | 104 (37.14%) | 27 (9.64%) | 69 (24.64%) | 70 (25%) | 72 (25.71%) | 28 (10%) | 28 (10%) | 16 (5.71%) | 2 (0.71%) | 113 (40.4%) | 97 (34.6%) | 32 (11.4%) | 28 (10%) | 10 (3.6%) | | | | | | | |

From the above table, it is possible to understand the prevalence of various categories of gambling. As it is indicated on the above table, the prevalence of probable problem gambling is 6.43% (4.29% among male and 2.14% among female) adolescents. In addition also at risk for severe problem gamblers among the schools were 38.92% (25.71% males and 13.21% females). Non-problem gambling (social gambling) encompasses large percentage. It is estimated to 54.64% (27.14% males and 27.5% females). Generally, it is obvious to conclude that there is observable sex difference on the prevalence of probable problem gambling, and at risk for severe problem gambling, while there is no much sex difference in the prevalence of social gambling.

With regard to the age difference, most of the gambling behaviors distribution lies between the ages 15-19 and also most of the participants' age range is between 15-18 (about 85.35%). Nonetheless there is not so much observable age difference distribution among various categories of gambling behavior. For ethnicity and religion also the table shows that there is no much difference with respect to the categories of gambling behaviors. With reference to ethnicity (Amhara and Oromo) and interms of religion (Orthodox) were dominant the groups background, the distribution of gambling behavior is so.

4.4.3. Social Factors Contributing to Adolescent Problem Gambling and Gambling Behavior

1. Parental factors

The study showed that there is a significant relationship ($r = 0.224$) between the adolescents' scores on DSM IV and their parental factors at $\alpha < 0.01$ and the parental factors predicted 5% of the scores on the DSM IV. On the other hand, the study also revealed that how much the GA scores could be predicted from the parental factors. The result showed that the parental factors significantly correlated ($r = 0.217$) to the adolescents gambling behaviors scores on the GA criteria at $p < 0.01$. The parental factors predicted 4.71% of the scores on GA.

2. Peer influence

Peers are ones of the most important social agents that shape, modify and cultivate new behaviors among adolescents. In relation to gambling behavior and problem gambling, the researcher investigated the contribution of peer influence.

According to the study result, peer influence significantly predicted adolescents' scores of gambling behaviors on DSM-IV at $\alpha = 0.01$. The predictive strength of peer influence was calculated for DSM-IV as 8% ($r = 0.282$). The relationship was also significant at $\alpha = 0.01$. Similarly, the study also investigated the relationship between the adolescents gambling behavior and their peer influence according to the GA criteria. The study revealed that there is a significant relationship ($r = 0.379$) between adolescents gambling behavior and the peer influence at $\alpha = 0.01$. The peer influence predicted 14.3% of the scores of the adolescents gambling behaviors on GA.

4.4.4. Accessibility of Gambling Venues and Adolescent Problem Gambling and Gambling Behavior

The study showed that there is a significant relationship between the adolescents gambling behavior scores on DSM-IV and GA, and the accessibility of gambling venues around their leisure times. The statistics revealed that accessibility of gambling venues predicted about 7.8% of the scores in the adolescents gambling behavior on DSM-IV and 11.6% on GA. The predictive strength was significant for both DSM-IV and GA at $p < 0.01$. The relationship between the accessibility of gambling venues and adolescents' scores of gambling behavior on DSM-IV ($r = 0.28$) and on GA ($r = 0.341$) which is significant at $p < 0.01$.

4.4.5. The Contribution of Media Advertisement to Adolescents Gambling Behavior

The study revealed that there is a significant relationship between media advertisement on gambling and adolescents gambling behavior. The study showed that the relationship between gambling advertisement and adolescents gambling scores on DSM-IV became $r = 0.205$ and significant at $p < 0.01$. In other words, 4.2% of the scores of the adolescents' gambling behaviors on DSM-IV criteria for problem gambling are significantly predicted from the gambling advertisement.

Further, the Gamblers Anonymous (GA) scores of the adolescents also showed correlation with advertisement on gambling. The correlation, $r = 0.265$ was significant at $p < 0.01$. About 7% of the scores of the adolescents on gambling behavior as identified by GA were predicted from their surrounding media advertisement on gambling.

Table 5. Family socioeconomic status and adolescents gambling behavior (N=280)

| Variable | Beta | P-value |
|------------------------------------|-------------|----------------|
| Family monthly income salary (ETB) | -0.002 | .531 |
| Family educational background | -0.009 | .897 |

Dependent variable: DSM -IV scores.

| Variable | Beta-value | P-value |
|--------------------------------|-------------------|----------------|
| Family monthly income in (ETB) | -0.001 | .996 |
| Family educational background | -0.010 | .879 |

Dependent variable: GA scores

To sum up, all the factors identified as contributing factors to adolescent problem gambling and gambling behavior, when analyzed individually, were significantly correlated with and predicted the gambling scores of the adolescents on DSM-IV and GA. However, from all of the contributing factors, stepwise regression analysis showed that, drug abuse (at $p < 0.01$), parental factors and peer influence (at $p = 0.05$), on DSM-IV criteria and peer influence and drug abuse (at $p < 0.01$) on GA score were best predictors of the adolescent gambling behaviors. Generally, the following tables give the summary of the results.

Table 6. All factors contributing to the adolescents gambling behavior and problem Gambling

Table 6.A. Factors contribution to adolescents' scores on DSM-IV (N=280)

ANOVA^b

| Model | Sum of squares | df | Mean squares | F | Sign. |
|------------|----------------|-----|--------------|--------|-------------------|
| Regression | 351.831 | 7 | 50.262 | 16.600 | .000 ^a |
| Residual | 823.541 | 272 | 3.028 | | |
| Total | 1175.371 | 279 | | | |

F (7, 272) = 16.600, $p < 0.01$.

- a. Predictors: (constant) drug/substance abuse, parental factors, advertisement, psychological factors, peer influence, biological factors, accessibility (availability) of gambling venues.
- b. Dependent variable: DSM-IV

Coefficients

| Model | Unstandardized coefficients | | Standardized coefficient | t | Sign. |
|----------------------------------|-----------------------------|------------|--------------------------|-------|--------|
| | B | Std. Error | Beta | | |
| (Constant) | .228 | .263 | | .865 | .388 |
| Psychological factors | .001 | .017 | .004 | .060 | .952 |
| Biological factors | .024 | .027 | .061 | .885 | .377 |
| Parental factors | .058 | .025 | .135 | 2.312 | .022* |
| Peer influence | .037 | .017 | .145 | 2.132 | .034* |
| Accessibility of gambling venues | .012 | .021 | .040 | .573 | .567 |
| Advertisement | 0.005 | .018 | .016 | .2712 | .787 |
| Drug/ substance abuse | .189 | .023 | .436 | .8349 | .000** |

* Significant at $p = 0.05$, ** Significant at $p < .01$

- a. Dependent variable: DSM- IV scores

The above tables show that all factors significantly correlated with the adolescents' scores on DSM-IV criteria at $p < 0.01$. However, from all factors contributing to adolescent problem gambling and gambling behaviors, the best predictors were drug/substance abuse (significant at $p < 0.01$), peer influence and parental factors (at $p = 0.05$). Moreover, the researcher investigated these contributing factors to the adolescent problem gambling and gambling behavior using the GA criteria. Therefore the following two tables present the summary of the results.

Table 6.B. All factors contribution to adolescent problem gambling and gambling behavior on GA scores (N=280)

ANOVA^b

| Model | Sum of squares | df | Mean of squares | F | Sign. |
|--------------|----------------|-----|-----------------|--------|-------------------|
| 1 Regression | 1171.242 | 7 | 167.320 | 19.297 | .000 ^a |
| Residual | 2358.468 | 272 | 8.671 | | |
| Total | 3529.711 | 279 | | | |

F (7, 272) = 19.297, $p < .01$

- a. Predictors:(constant), drug/substance abuse, parental factors, peer influence, biological factors, psychological factors, accessibility of gambling venues, media advertisement
- b. Dependent variable: GA scores

Coefficients^a

| Model | Unstandardized coefficient | | Standardized coefficient. | t | Sign. |
|----------------------------------|----------------------------|------------|---------------------------|-------|--------|
| | B | Std. Error | Beta | | |
| (Constant) | .467 | .445 | | 1.048 | .295 |
| Psychological factors | .019 | .030 | .042 | .649 | .517 |
| Biological factors | .017 | .045 | .025 | .374 | .709 |
| Parental factors | .057 | .042 | .077 | 1.351 | .178 |
| Peer influence | .106 | .029 | .245 | 3.675 | .000** |
| Accessibility of gambling venues | .024 | .036 | .46 | 0675 | .500 |
| Advertisement | .033 | .031 | .062 | 1.076 | .283 |
| Drug/substance abuse | .298 | .038 | .396 | 7.764 | .000** |

** Significant at $p < .01$

- a. Dependent variables= GA scores

Generally, the above tables indicate that all factors could significantly contribute to adolescents gambling behavior as GA criteria identifies. However, from all the factors related to adolescent problem gambling and gambling behaviors as the GA identifies, the best predictors were peer influence and drug/substance abuse which were significant at $p < 0.01$.

In general, from the seven factors the researcher identified as contributing factors to adolescent problem gambling and gambling behaviors, peer influence, drug/ substance abuse and parental factors were identified as the best contributing factors to the adolescent problem gambling and gambling behaviors.

4.5. Impacts of Problem Gambling

The impacts of problem gambling were investigated in the study. The result revealed that from among the three identified impacts of problem gambling; the most commonly reported was psychological impacts with the mean of 9.70 followed by the social impacts (mean=5.79) and economic impacts. Generally the following table presents the descriptive statistical summary of the results.

Table 7. Impacts of Problematic Gambling (N=280)

| Variables | N | Mean | Std. deviation |
|-----------------------|-----|------|----------------|
| Psychological impacts | 280 | 9.70 | 8.30 |
| Social impacts | 280 | 5.79 | 7.91 |
| Economic impacts | 280 | 5.17 | 6.68 |

On the other hand when the correlations among the psychological, social and economic impacts of gambling with the scores of adolescents on problem gambling criteria (DSM-IV and GA scores) were analyzed, the correlation became significant for all variables of the problem gambling at $\alpha = 0.01$ (2-tailed). Generally the following table presents the summary of the results.

Table 8. Correlation among the psychological impacts, social impacts and economic impacts, and the adolescents gambling scores on DSM-IV and GA (N=280).

| | Psychological impacts | Social impacts | Economic impacts | DSM-IV | GA |
|----------------------------|-----------------------|----------------|------------------|--------|----|
| Psychological impacts r | 1 | | | | |
| Social impacts r | .56** | 1 | | | |
| Economic impacts r | .64** | .75** | 1 | | |
| DSM-IV r | .46** | .51** | .53** | 1 | |
| GA r | .56** | .57** | .60** | .76** | 1 |

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

As it is indicated on the above table, there is a significant relationship among the impacts of problem gambling and adolescents scores of problem gambling and gambling behaviors on the criteria for diagnosing problem gambling (DSM-IV and GA). In other words, adolescents who have more psychological, social and/or economic impacts related to gambling behavior are expected to score more on the DSM-IV and GA. Furthermore, the above table shows that economic problem is the most correlated impact with the diagnostic criteria of DSM-IV and GA followed by social and psychological impacts. However, the previous descriptive analysis of the impacts of problem gambling was the reverse (means the highest reported mean score was psychological impacts, then social impacts and economic impacts). This is not contradicting one another. Rather, it may be to mean that even if psychological impacts were the most reported problems related to gambling, its tendency to lead to problematic gambling is lowest in relation to the economic and social impacts according to the research finding.

V. Discussion

This part of the research report presents the discussion of the research findings with the available literatures. It gives the details of discussions, explanation and description of the results, for both the concordant findings with the literature and also gives the possible reasons for why the results were different from other research findings in the literatures.

5.1. Prevalence of Gambling Activities/Forms

The research finding revealed that there were various forms of gambling adolescents play. Among the various forms/activities of gambling, the most prevalent among males were playstation (11.77%), playing cards (11.0%) and flipping coin (10.22%) while among females, playing cards (21.63%), flipping coin (12.34%) and pool gambling (9.83%).

Various studies on the gambling activities/forms among adolescents show variance. This may be due to gambling activities adolescents engage in can be influenced by the culture, society and also a matter of modernity the adolescents belong to. For instance in Australian adolescents Bingo/scratchies (38.8%), private card games (36.6%) and racing (30.5%) were the most prevalent gambling activities adolescents engaged in, (Delfabbro, et. al, 2005). In Oregon, raffle tickets (41%), betting on sport with friends or relatives (32%) followed by playing cards (31%) and pool or bowling (25%), Moore, et al, (1998).

In general, the gambling activities adolescents engage in are different according to their culture. For instance in Ethiopia, raffle tickets gambling activity may not give sense even known while in America, the most favorite gambling activity. On the other hand playstation is the most favorite gambling activity in Ethiopian adolescents especially in urban areas while may not be as much significant in other cultures.

5.2. Prevalence of Adolescent Problem and Gambling Behavior

The research result revealed that the prevalence of gambling behaviors among the adolescents of Addis Ababa high schools was 72.75%, (42.89% males and 29.86% females). The prevalence of gambling behavior also varies across culture. For instance, in Australian adolescents, 80%, according to the Australian Productive Commission Report (1999), and 70.4%, according to Delfabbro, et. al, (2005).

In other cultures for instance in Oregon, 75% of the respondents surveyed reported gambling for money at least once in their lives (Moore, et. al, 1998). Similarly, Bilt, et. al, (1997) also indicated that in Canada and USA 86% - 93% of adolescents have gambled at least once in their life. Generally the research findings on the prevalence of gambling behavior also show difference. This may be due to as indicated earlier, the social, legal and religious issued related to gambling varies across culture.

On the other hand the research study also tried to indicate the prevalence of adolescent problem gambling categories among adolescents of the high schools. The study revealed that probable problem gamblers were estimated to 6.43%, (4.29% males and 2.14% females). At risk for severe problem gambling were estimated to 38.92%, (25.71 males and 13.21% females) and the non-problem/social gamblers (54.64% with 27.14% males and 27.5% females). Inline with this finding, Bilt, et .al, (1997) found out that the prevalence of problematic gamblers in Canada and US were estimated to 3% - 8% in which the current finding (6.43%) falls in the range. Moore et. al, (1998) also underscore that the prevalence of problem gambling to be (4.1%) and at risk for severe problem gambling (11.2%) in Oregon. Beside also Australian Productive Commission Report (1999) found out that problem gamblers were estimated to 2%; Deffabbro et.al (2005), indicate the prevalence of problem gamblers among adolescents of Australian Capital Territory secondary school as 4.1%. Generally even if the prevalence varies across country and/or findings, all the research reports had used the DSM-IV as criteria to diagnose problem gambling.

Other literatures like Blume (2005) also indicated that in North America approximately 2%-6% populations have had gambling related problems. In addition, Kwak, et. al, (2004) has estimated 5-10 million (3%) of population in USA are identified as problem gamblers. Gallatin and Rainon (2007), also indicated that three quarter of students of grades 7-12 engaged in at least one gambling activity, and approximately 10% were at risk for developing problem gambling.

Furthermore, the study result showed that there is much difference among male and female adolescents in engaging in gambling activities and problem gambling. The current study revealed that female problem gamblers are about half of the males. Inline with the recent research finding, Gallatin and Rainon (2007) indicated that males are more susceptible to problem gambling than females, and males were about four times more likely to have experienced problem gambling and at risk for problem gambling (16%) compared to females (4%). However, the local research finding showed that males were about two fold (4.29%) compared to females (2.14%). This may be due to the small sample size of the current research compared to that of the abroad ones.

Regarding the age, ethnic background, and religion, the recent study did not show sound difference. This may be due to that the similarity of age level (most of the participants were 16 and 17 with mean age of 16.35 and mode 17); similarity in culture, even if from different ethnic background, and almost similar religion background (more than 87% Orthodox Christianity followers). Beside also the rules, regulations and customs of the schools the adolescents belong to is almost the same/similar.

5.3. Causal Factors Contributing to Gambling Behavior and Problem Gambling

This discussion part of the research report is going to present the discussion of causal factors contributing to gambling behavior and problem gambling. It gives detail discussion of each factor and to what extent it contributed to adolescent problem gambling behavior as the DSM-IV and Gamblers Anonymous (GA) indicated.

6.5% of the score of the adolescents on DSM-IV was predicted from their biological causal factors. In relation to this result, Jessor (1998) cited in Derevensky, et .al, (2007. P.51) indicate that adolescents Risk-Behavior Model conjunctures that engagement in high-risk behavior is determined by interplay between various domains, biological, social, environment...

However, it is very difficult to attribute the biological factors by themselves can predict a given behavior. For instance, Johnson (1978. P.119), indicates even if there are biological or biogenetic factors disposing individuals to certain types of problem behavior, it is very difficult to give simple biological explanation. However, the recent study showed biological factor can contribute to problem gambling and gambling behavior more than psychological factors do. This may be due to that some constructs to measure biological factors like playing gambling to ride apprehension, headache, loss of sleep and loss of appetite may also have psychological causal roots. On the other hand constructs like parental gambling history (sibling, relatives and other figure parents) may be attributed to social factors that were generally used as biological factors construct. Generally, due to lack of clear cut sole biological factor construct, it seemed more sounded than psychological and parental causal factors do contribute to gambling.

5.3.3 Social Causal Factors

The social environments of adolescents the research tried to assess were parental factors and peer influence.

1. Parental Factors

Regarding the parental factors, the researcher tried to investigate whether the parental approval or disapproval of gambling and quality parent-adolescent communication can contribute to the adolescent problem gambling and gambling behavior. And as it was indicated in the data analysis section the parental factors significantly contribute to adolescent problem gambling and gambling behavior. That means adolescents whom their parents discourage gambling and good parental communication have low scores on the DSM-IV and GA criteria and those whom their parents encourage or say nothing when they

play gambling, and lack good parental communication show higher scores on DSM-IV and GA when compared with their counterparts. Generally the correlation($r=0.224$) was significant at $\alpha = 0.01$.

Inline with the above result, Gallatin and Rainon (2007) underscore that students in grades 7-12 who perceive strong parental disapproval of gambling are somewhat less likely to engage in gambling than students who perceive parental approval. Likewise, Kwak, et. al, (2004), show that children from neglectful parents and parental gamblers tend to be gamblers and problem gamblers than loving, cooperative and non-gambler family children.

2. Peer Influence

Peer influence factor showed that one of the best contributing factor and correlate among all causal factors of gambling and problem gambling. The correlation with the adolescents scores on DSM-IV ($r=0.282$) was significant at the $p < 0.01$ level. This means about 7.95% of the scores of the adolescents on DSM-IV was significantly predicted from adolescents peer influence on gambling.

With the above finding, Derevensky, et. al, (2007), underscore that adolescents engage in gambling to get friends' and classmates' acceptance, to be with friends they love, to get peer approval, self-enhancement and enjoy interpersonal relationship. Similarly, Munting (1996. Pp.117-127) outlines that pool gambling, betting on sport events like football, quick draw are among gambling events adolescents learn from one another at common gaming house.

5.3.4. Accessibility or Availability of Gambling Venues and Problem Gambling

The accessibility of the gambling venues at the adolescents' leisure times is one of the major causal factors for adolescent to engage in gambling. The current study also showed that the accessibility of the gambling venues to the adolescents pass time is significantly correlated ($r=0.28$) to adolescents gambling behavior score on DSM-IV. In other words, the study showed that 7.95% of the score of the adolescents on the problem gambling criteria was predicted from their scores on the accessibility of the gambling venues. Inline with this

finding, the literatures also indicate that the availability of the gambling venues around adolescents pass times can highly be contributing factor to adolescents problem gambling. As indicated in the review of the literature, Wynne, Smith and Jacob (1998) underscore that accessibility of the gambling venues can contribute to high prevalence of youth gambling.

5.3.5. Media Advertisement on Gambling

Like other causal factors to adolescent problem gambling and gambling behavior media advertisement on gambling also showed significant contribution to adolescents problem gambling. The correlation was $r=0.205$ and significant at $p<0.01$. This means media advertisement predicted about 4.2% of the scores of adolescents on DSM-IV.

Inline with this research finding, various literatures show that adolescents exposure to media advertisement on gambling like advertisement on betting tips, the grow market for sporting press, bingo lottery, advertisements by radio, TV, internet, billboards, news letters and others on positive impacts of gambling like winning huge money, recreational activity and interpersonal relationship have great influence in stimulating adolescents to practice gambling (Delfabbro, et. al, 2005; Munting, 1996; and US Commission on Law Enforcement and Administration of Justice Report 1968).

5.3.6. Drug/substance Abuse and Adolescent Problem Gambling and Gambling Behavior

Drug/substance abuse was found to be the highest predictor of the adolescent problem gambling according to the current research finding .The study revealed the drug abuse significantly correlated ($r=0.456$) to the adolescents scores on the DSM-IV at $p<0.01$. In other word speaking, the study showed that 20.79% of the scores on the DSM-IV could be predicted from adolescents' drug abuse behavior. In congruent to this finding, Moore, et. al, (1998) indicate that the relationship between substance or drug abuse and gambling suggests that not only is drug abuse correlated with the likelihood of gambling, but also the frequency of the drug abuse may be positively related to problem gambling.

5.4. Impacts of Problem Gambling on the Adolescents Well-being

The researcher identified three impacts of problem gambling; psychological, social and economic impacts on adolescents by reviewing the researches on the area. And also, the recent finding revealed that these. The research showed that the impacts were significantly correlated with problem gambling scores on that DSM –IV (psychological impacts ($r=0.456$); social impacts ($r=0.512$); and economic impacts ($r= 0.526$). All the correlation were significant at $p<0.01$. This shows that economic impacts are the most correlated impacts to adolescent problem gambling followed by social and psychological impacts.

5.4.1. Psychological Impacts Related to Problem Gambling

Most of the psychological impacts adolescents face were preoccupation, reliving the past gambling adventure and addictive behaviors. The research finding also confirmed that adolescents face psychological impacts as a result of engaging in gambling. The literatures indicate that even if adolescents engage in gambling by expecting more positive outcomes, gambling may encompass negative outcomes like preoccupation, emotional impacts, addictive behavior and/or behavioral problem on the lives of adolescents (Derevensky, et. al, 2007; and Coleman, 1986. P.442). Similarly, Munting (1996. Pp. 200-201) and) Steketee (1993.Pp 7-15) state that compulsive (addictive) is one of the psychological impacts related to gambling.

5.4.2. Social Impacts Related to Problem Gambling

The research finding also showed that the social impacts like crimes, cook fight, conflict with parents, schools and friends have significant relationship with the adolescent problem gambling according to the DSM-IV and GA scores. Social impacts predicted 26.21% of the scores of adolescents scores on the DSM-IV and 32.49% of the scores on GA, and significant at $p< 0.01$.

The literature also showed that crimes and social relationship problems like relational disruption, family and peer conflict, and truancy are the most social impacts related to problem gambling (Munting, 1996. P.203; the US Commission on Law Enforcement and Administration of Justice Report, 1968; Zastrow, 1986; and Barnes, 2005. P.45).

5.4.3. Economic Impacts Related to Problem Gambling

As indicated above, economic impacts are the most correlate of the problem gambling scores on DSM-IV ($r=0.526$) and GA ($r=0.603$). This means, 27.66% of the scores on the DSM -IV and 36.36% of the scores on the GA were predicted from the adolescents' scores on the economic impacts. In relation to this finding, the earlier literatures indicate that problem gamblers suffer from economic impacts. For instance, Coleman (1986) indicates that problem gamblers are habitual losers who are practically always out of luck, usually in debt and even some times in jail. The literature continues to dictate that problem gamblers gamble more and more by wishing the win but which may not real in most of the cases. Hill (2004. P.140) also indicates the gambling instinctive derives millions of people to failure.

To sum up all the three impacts of the problem gambling were significantly correlated with the adolescents' problem gambling scores on the DSMI-V and GA. Even if there is no literature indicating the most contributor impacts of gambling to adolescent problem gambling the current study showed that economic impacts are the most contributor followed by social and psychological impacts.

VI. Summary, Conclusions and Recommendations

This chapter of the research report presents the general summary of the study, the possible conclusion that can be derived from the study and the possible recommendation based on the study result.

6.1. Summary

The main objectives of this research study were to explore the causal factors and prevalence of adolescent problem gambling and gambling behavior. Hand-to-hand to this the study is aimed to find out some impacts related to problem gambling. It has been found out that there are psychological, biological, social, advertisement on gambling, accessibility of gambling venues and drug/substance abuse are contributing factors to problem gambling and gambling behaviors among adolescents. Regarding the prevalence of the problem gambling and gambling behaviors various literatures indicate various findings. On the impacts related to problem gambling, literatures indicate psychological, social and economic impacts.

In order to come across the accomplishment of the objectives of the study, the researcher conducted research on adolescents of some selected Addis Ababa high schools. For the study the researcher selected four high schools in Addis Ababa. These were Kokebe Tsebha secondary school, Bulbula secondary school, Beseka secondary school and Fitawrari Abayneh secondary school. The research questionnaires were distributed to 307 (181 males and 126 females) of grades 9 and 10 students of the schools from the total of 422 actual populations from which the 307 were selected through purposive sampling.

To diagnosis problem gambling, the researcher used the DSM-IV four positive “yes” cut off. Based on the criteria the researcher labeled probable problem gamblers who scored 4 or more positive yes on the DSM-IV; at risk for problem gambling (2-3 positive yes), and non-problem gamblers (social gamblers) (0-1 score). For the caution of simple labeling problem, the researcher tried to see the scores of the DSM-IV criteria with the gamblers Anonymous (GA) criteria and the correlation was high ($r=0.758$ and significant at $p<0.01$).

To identify the causal factors contributing to adolescent problem gambling and gambling behaviors, and impacts of problem gambling, the author employed both DSM-IV and GA criteria. And all factors showed significant at $P < 0.01$ and so the impacts of problem gambling is. Beside the criteria based exploration, the researcher employed some sophisticated statistical data analysis using SPSS data analysis package. The regression, stepwise regression and Pearson correlation were employed. The descriptive statistics like mean, mode, median, standard deviation and percentage were also employed. Generally based on the analysis of results of the study, the following conclusions can fairly be derived.

6.2. Conclusions

Based on the results of the study, it is fair to give the following conclusions.

1. The prevalence of the gambling behaviors among the adolescents of the schools was 72.75% with 42.89% males and 29.86% females.
2. The prevalence of the probable problem gambling was 6.43% (4.29% males and 2.14% females). At risk for problem gambling, 38.92%, (25.71% males and 13.21% females), and non-problem gamblers/social gamblers were 54.64% (27.14% males and 27.5% females).
3. Regarding the prevalence of the gambling activities, the first three most prevalent activities among males were playstation (11.77%), cards (11.06%), and flipping coin (10.22%), and among females the order was, cards (21.63%), flipping coin (12.34%) and pool gambling (9.83%).
4. Regarding the contributing causal factors, all factors identified as causal factors contributing to adolescent problem gambling and gambling behavior were significant at $p < 0.01$. More specifically speaking: psychological factors, biological factors, parental factors (parental approval/ disapproval of gambling and parent-adolescent quality communication-typical of democratic parents), peer influence, accessibility of the gambling venues, advertisement on gambling, and drug/substance abuse behavior.

experience problems related to gambling. However, they are also expected to regulate their gambling behavior and not indulge themselves in gambling. Because, problematic gambling, mostly resulted from the frequency of thought and engagement in gambling.

4. As one of the contributing factors to adolescents problem gambling and gambling behavior, the accessibility of gambling venues at adolescents pass time was significant contributing factor. Therefore responsible body like National Lottery Administration Ethiopia needs to assess and take measures on various gambling houses. In addition to this also parents and teachers need to be informed about the gambling houses around the adolescents pass times especially schools and on the way to students/adolescents home and inform to responsible body.
5. One of the most difficult situation to assess the how and to what extent gambling influences the lives of the gamblers is lack of local study on the area of gambling. Therefore educated and interested professionals need to carryout researches on the area of gambling. Because reliable study findings are core for any sort of intervention or prevention of certain problems.
6. The current study may serve as the starting point for the next future study. It is like taking water from the sea by spoon. For instance the sample size of the study from which the participants were selected (from 422 actual populations, 307 participants) was very few in relation to the potential 114,094 students of high schools in Addis Ababa. Therefore it is very difficult for generalization of the study. Beside also the project may need longer time than used for the current study. Therefore based on the current research findings the future research needs to use vast sample size and longer time to give reliable conclusions and generalizations.

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Appendices

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Questionnaire

Objectives: The main objectives of these research questionnaires are to assess the prevalence, causes and impacts of playing various forms of skill or non-skill games in money in risk for chance of losing the games and/or gaining money for the chance of winning the games; since losing or gaining is mostly or fully chance based.

Attention: the information you give in this research questions is kept confidentially. Therefore, please try to give genuine information since it is the core of the success of the study.

Part. I. Personal Information

1. Sex: A. Male B. Female
2. Age: _____
3. Grade level: A. 9 B. 10 C. 11 D. 12
4. Ethnicity: A. Amhara B. Oromo C. Guraghe D. Tigre E. Others _____
5. Religion: A. Orthodox B. Islam C. Protestant D. Catholic E. Others _____

Part. II. Familial Information

1. Family type: A. Intact family B. Divorced/separated family C. Remarried family
 D. Institution E. Relatives/siblings
2. Family monthly income in ETB:
 A. 150-350 B. 351-550 C. 551-750 D. 751-1000
 E. 1001-1500 F. 1501-2000 G. \geq 2001
3. Family Educational background
 A. Not started schooling B. Completed primary school (up to grades 8)
 C. Completed high school (Grade 9 -12)
 D. Completed (some) college courses or institution (12+1 up to diploma)
 E. Completed university and some graduate courses (first degree and above)

Part. III. Forms of Game Plays in Money

This part of the research tool is to assess various forms of game plays in money played by adolescents. Therefore please try to give your genuine information about the games you play in money. It is also possible to select more than one if applicable.

- | | |
|--|-----------------------------|
| A. Pool. | J. Play station |
| B. Karambula | K. Flipping coins for money |
| C. Card | L. Skill games like. |
| D. Bingo | - Chess |
| E. Wagering or betting on sports' event outcomes | - Dama |
| F. Scratching fast lottery | - Tennis or any |
| G. Buying Regular National Lottery | M. Jotteni |
| H. Internet gambling | N. Others_____ |
| I. Quick draw | |

Part. IV. Causal Factors Contributing to Adolescent Game Playing and Problematic Game Playing

A. The following items are used to assess the psychological causal factors related to adolescents' game playing in money during past year or their lifetime

Therefore, please tell us how often each item has occurred: never=0, rarely=1, sometimes =2, usually=3, always=4.

| S. No | Items | Responses | | | | |
|-------|---|-----------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | How often have you played games to enhance your self-confidence or self-esteem? | | | | | |
| 2 | How often have you played games to reduce tension? | | | | | |
| 3 | How often have you played to forget your past memory of losses or disappointments? | | | | | |
| 4 | How often have you played games to forget your parents' peers' or teachers' disappointment or conflict? | | | | | |
| 5 | How often have you played to get rested? | | | | | |
| 6 | How often have you played to get ridden of boredom? | | | | | |
| 7 | How often have you played games to forget your earlier bad experience? | | | | | |
| 8 | How often have you played games in money to ride depression or apprehension? | | | | | |

B. The following items are to assess the biological correlates of playing games in money among adolescents who play various games in money or equivalent monetary value

Please indicate your responses as per never=0, rarely=1, sometimes =2, usually=3, always=4.

| S. No | Items | Responses | | | | |
|-------|--|-----------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | How often have you played games in money to ride headache | | | | | |
| 2 | How often have you played games in money to get arousal? | | | | | |
| 3 | How often have your parents played games in money? | | | | | |
| 4 | How often have your relatives played games in money? | | | | | |
| 5 | How often have your parents played games in money and quarreled with other family members or with whom they have played? | | | | | |
| 6 | How often have your parents played games in money to get ridden of pains or get arousal mood? | | | | | |
| 7 | How often have you played games in money when you lose appetite? | | | | | |
| 8 | How often have you played games in money to fight tiredness? | | | | | |

C. The following items are to assess social factors contributing to playing various games in money or monetary value

I. Parental Factors

Please indicate your responses as never=0, rarely=1, sometimes =2, usually=3, always=4.

| S. No | Items | Responses | | | | |
|-------|--|-----------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | How often have your parents' family member, or any takes you the place where various games are played in money? | | | | | |
| 2 | How often have your parents or family member watch you when you were playing games in money or bet on sports event or any playing activity played by money and encouraged you to continue? | | | | | |
| 3 | How often have you played games in money with your parents? | | | | | |
| 4 | How often have your parent learnt that you were playing games in money or bet or wager on various sport or race outcomes and left silently? | | | | | |
| 5 | How often are your family's members supportive for one another? | | | | | |
| 6 | How often your family members avoid one another at home? | | | | | |
| 7 | How often your families encourage you to express your opinion? | | | | | |
| 8 | How is it to share family responsibilities among your family members? | | | | | |

II. Peer- Influence

The following items are used to assess the peer influence contribution to adolescents' engagement in playing various games in money or wagering or betting on various sport election outcomes. Please indicate your responses as: never=0, rarely=1, sometimes =2, usually=3, always=4.

| S. No | Items | Responses | | | | |
|-------|--|-----------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | How often do you play games in money or bet or wager on sports events due to that your peer do so? | | | | | |
| 2 | How often have you played games in money during the past year (s) to spend time with your peers? | | | | | |
| 3 | How often have you wagered or betted on sport events outcome to win peers acceptance? | | | | | |
| 4 | How often do you engage in playing games for: | | | | | |
| | A. To get around people who play gems in money or who wager on some events outcomes? | | | | | |
| | B. To feel accepted by your peers? | | | | | |
| | C. To enhance your social interaction with your friends? | | | | | |
| | D. To get appreciation from your friends? | | | | | |
| 5 | How often have you been forced by your friends to engage in playing games in money? | | | | | |
| 6 | How often have you passed your times with gamester friends? | | | | | |

D. The following items will be to assess the accessibility of game playing houses or venues contribution for adolescents to engage in playing games in money or wagering on sport outcomes

Please indicate your responses as: never=0, rarely=1, sometimes =2, usually=3, always=4.

| S. No | Items | Responses | | | | |
|-------|---|-----------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | How often have you passed your time at pool house, Jotter, Karambula or any other place where games are played in money during the past year (s)? | | | | | |
| 2 | How often have you gone to game play houses with the following people: a) Peer? | | | | | |
| | b) Mother? | | | | | |
| | c) Brother(s)? | | | | | |
| | d) Relatives(s) | | | | | |
| | e) Sister (s)? | | | | | |
| 3 | How often have you passed holidays or weekends game houses? | | | | | |
| 4 | How often have you visited game houses during the past years? | | | | | |

Part V. Problems Related to game Playing Money

A. Psychological impacts related to game playing in money

The following items are to assess the psychological problems related to game playing in money or monetary value. Therefore please indicate your responses as: never=0, rarely=1, sometimes =2, usually=3, always=4.

| S. No | Items | Responses | | | | |
|-------|---|-----------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | How often do you feel pleasant after you played games in money? | | | | | |
| 2 | How often do you feel nervous and restless after you played games in money or bet or wager on sports or elections outcomes? | | | | | |
| 3 | How often do you feel like failure after you played games in money or bet on sports outcome in money? | | | | | |
| 4 | How often do you feel restless or irritable when attempting to stop playing games in money? | | | | | |
| 5 | How often do you feel that you have disturbing thoughts as a result of playing games in money? | | | | | |
| 6 | How often do you feel depressed after you played games in money or bet on various sport outcomes? | | | | | |
| 7 | How often do you feel that some unimportant thoughts run out of your mind as a result of you playing games? | | | | | |
| 8 | How often do you get in state of tension or turmoil after you played games in money? | | | | | |

B. Social problems related to adolescents game playing in money

For the following questions please indicate your responses as: never=0, rarely=1, sometimes =2, usually=3, always=4.

| S. No | Items | Responses | | | | |
|-------|--|-----------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | How often have you missed school to continue to play games in money? | | | | | |
| 2 | How often have you get quarreled or fought with your friends on the game playing? | | | | | |
| 3 | How often have you got in conflict with the following people as a result of your playing games in money: | | | | | |
| | a) Family members? | | | | | |
| | b) Teachers? | | | | | |
| | c) Friends? | | | | | |
| 4 | d) Others, like game house owners? | | | | | |
| | How often have you engaged in illegal acts after you played games like:- | | | | | |
| | a) antisocial acts | | | | | |
| | b) Cheating money or monetary value? | | | | | |
| 5 | c) Assaulting others | | | | | |
| | d) Initiated others for conflicting with others | | | | | |
| | To what extent do your relationship is becoming loose with the following people or institutions due to your playing games: a) Friends? | | | | | |
| | b) Teachers? | | | | | |
| | c) Schools | | | | | |
| | d) Religious institution (church or mosque)? | | | | | |

C. Economic problems related to playing games in money

For the following items please indicate your responses as: never=0, rarely=1, sometimes =2, usually=3, always=4

| S. No | Items | Responses | | | | |
|-------|---|-----------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | Have you needed to play games in money with more and more money to get the amount of the pleasure you want? | | | | | |
| 2 | Have you ever spent <u>much</u> more than you planned to on game playing? | | | | | |
| 3 | How often do you play games in money to get rich? | | | | | |
| 4 | After loosing money on games, have you returned another day to try and win back money you lost? | | | | | |
| 5 | How often have suffered from: | | | | | |
| | a) Losing all money you have? | | | | | |
| | b) Spend more money than you want to? | | | | | |
| 6 | Have you ever taken money from the following without permission to spent on game playing or betting: | | | | | |
| | a) School lunch or fare money taxi, bus? | | | | | |
| | b) Money from outside the family? | | | | | |
| 7 | How often have you engaged in cheating money from your friends for your playing games? | | | | | |

Part. VI. The following items are adopted from DSM IV, 1994 version criteria to assess the problem game playing behavior among adolescents

Therefore indicate your agreement or disagreement as Yes = 1 or No = 0

| S. No | Items | Responses | |
|----------|---|-----------|---|
| | | 0 | 1 |
| 1 | Have you found yourself thinking about playing games in money or planning to play games in money <u>often</u> ? | | |
| 2 | Have you needed to play games with more and more money to get the amount of excitement that you wanted? | | |
| 3 | Have you felt bad or fed up when you tried to cut down or stop playing games in money <u>sometimes</u> or <u>often</u> ? | | |
| 4 | Have you spent more money than you planned to on game <u>often</u> ? | | |
| 5 | Have you played games in money to escape from problems or when you were feeling bad... <u>sometimes</u> or <u>often</u> ? | | |
| 6 | After losing money on game, did you return another day to try and win back the money you lost? | | |
| 7 | Have you lied to your family because of your playing games... <u>once</u> or <u>twice</u> , <u>sometimes</u> or <u>often</u> ? | | |
| 8 | Have your stolen money from: | | |
| | a) Your family to spend on game playing <u>once</u> or <u>twice</u> or <u>sometimes</u> or <u>often</u> ? | | |
| | b) Outside the family to spend on game playing <u>once</u> or <u>twice</u> , <u>sometimes</u> or <u>often</u> ? | | |
| 9 | Have you spent school lunch or taxi (bus) fare money on game playing <u>once</u> or <u>twice</u> , or <u>sometimes</u> or <u>often</u> ? | | |
| 10 | Have you argued with your family, friends or others because of your game playing <u>once</u> or <u>twice</u> , <u>sometimes</u> or <u>often</u> ? | | |
| 11 | Have you missed school because of your game playing <u>once</u> or <u>twice</u> , <u>sometimes</u> or <u>often</u> ? | | |

These questions are provided to help the individual decide if he or she is a problematic game player and wants to stop game playing

Please indicate your responses as: Yes = 1 or No = 0

| S. No | Items | Responses | |
|-------|---|-----------|---|
| | | 0 | 1 |
| 1 | Did you ever lose time from work or school to playing games in money? | | |
| 2 | Has playing games in money ever made your home life unhappy? | | |
| 3 | Did playing games in money affect your reputation? | | |
| 4 | Have you ever felt remorse after playing games? | | |
| 5 | Did you ever play games to get money with which to pay debts or otherwise solve financial difficulties? | | |
| 6 | Did playing games cause a decrease in your ambition or efficiency? | | |
| 7 | After losing did you feel you must return as soon as possible and win back your losses? | | |
| 8 | After a win did you have a strong urge to return and win more? | | |
| 9 | Did you often play games until your last money was gone? | | |
| 10 | Did you ever borrow to finance your game playing? | | |
| 11 | Have you ever sold anything to finance game playing? | | |
| 12 | Were you reluctant to use "money you win from playing money" for normal expenditures? | | |
| 13 | Did game playing make you careless of the welfare of yourself or your family? | | |
| 14 | Did you ever play games longer than you had planned? | | |
| 15 | Have you ever play games to escape worry, trouble, boredom or loneliness? | | |
| 16 | Have you ever committed, or considered committing, an illegal act to finance game playing? | | |
| 17 | Did playing games for money cause you to have difficulty in sleeping? | | |
| 18 | Do arguments, disappointments or frustrations create within you an urge to game playing? | | |
| 19 | Did you ever have an urge to celebrate any good fortune by a few hours of game playing? | | |
| 20 | Have you ever considered self destruction or suicide as a result of your game playing in money? | | |

Thank you for your cooperation!

**አዲስ አበባ ዩኒቨርሲቲ
የድህረ ምረቃ ጥናት
ሳይኮሎጂ ትምህርት ክፍል**

መጠይቅ

ዓላማ: የዚህ ጥናታዊ መጠይቅ ዓላማ የተለያዩ ችሎታን የሚጠይቁና ምንም ዓይነት ችሎታ ሳይጠይቁ ዕድልን መሰረት ያደረጉ ጨዋታዎችን በገንዘብ መጫወትና ጨዋታውን በማሸነፍ ገንዘብ መብላትና ከዚህ በሌላ መልኩ ደግሞ ጨዋታውን በመሸነፍ ገንዘብ ማግኘት (መብላት) ያላቸውን ስርጭት፣ ምክንያትና የሚያስከትሉትን ተዕዕላ ለመዳሰስ ታስቦ ነው።

ተኩረት፣ የምትሰጡት መልስ ሚስጥራዊነቱ የተጠበቀ ነው። ስለዚህ እባክዎ የምትሰጡት መልስ ለጥናቱ መሳካት አንኳር/መሰረት/ ስለሆነ በቅንነት ይመልሱ።

ክፍል አንድ፡ የግለሰብ መረጃ

- 1. ያታ _____ ሀ. ወንድ ለ. ሴት
- 2. ዕድሜ _____
- 3. የት/ት ደረጃ ሀ. 9 ለ. 10 ሐ. 11 መ. 12
- 4. ብሔር ሀ. አማራ ለ. ኦሮሞ ሐ. ጉራጌ መ. ትግሬ
- 5. ሐይማኖት ሀ. ኦርቶዶክስ ለ. ኢስላም ሐ. ንግሥታዊነት ሠ. ሌላ -----
መ. ካቶሊክ ሠ. ሌሎች -----

ክፍል ሁለት፡ የቤተሰብ መረጃ

- 1. የቤተሰብ ሁኔታ ሀ. አብረው ይኖራሉ ለ. ተፋትተዋል (ተለያይተዋል)
ሐ. እንደገና የተጋቡ መ. በድርጅት ውስጥ ሠ. ዘመድ /ወንድሞች/ እህቶች
- 2. የቤተሰብ ወርሃዊ ገቢ በብር
ሀ. 150-350 ለ. 351-550 ሐ. 551-750
መ. 751-1000 ሠ. 1001-1500 ረ. 1501-2000 ሰ. >2001
- 3. የቤተሰብ የትምህርት ደረጃ
ሀ. ትምህርት አልጀመሩም ለ. የአንደኛ ደረጃ ትምህርት አጠናቅቀዋል (1-8)
ሐ. የሁለተኛ ደረጃ ትምህርት አጠናቅቀዋል (9-10/12)
መ. የኮሌጅ ትምህርት አጠናቅቀዋል (10/12+1) እስከ ዲግሪ (10/12+1)
ሠ. የዩኒቨርሲቲና አንዳንድ የድህረ ምረቃ ኮርሶችን አጠናቅቀዋል/የመጀመሪያ ዲግሪና ከዚያ በላይ

ክፍል አራት፡ ወጣቶች ጨዋታን እንዲጫወቱ አስተዋዕኔ የሚያደርጉ መንስኤዎች

ሀ. የሚከተሉት ጥያቄዎች ወጣቶች በገንዘብ ለተጫወቷቸው ጨዋታዎች መንስኤ የሆነ ሰነ-ልቦናዊ ምክንያቶችን ለመዳሰስ ነው። እባክዎን ለእያንዳንዱ ጥያቄ ለሰንት ጊዜ እንደተከሰተ ይመልሱ።

በፍፁም = 0 ለጥቂት ግዜያት = 1 አልፎ አልፎ = 2
 ዘወትር = 3 ሁልጊዜ = 4

| ተ.ቁ | መጠይቅ | መልሶች | | | | |
|-----|---|------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | በራስ የመተማመን አቅምህን ለማጥፋት ምን ያህል ጊዜ ጨዋታዎችን ተጫወተሃል/ሻል? | | | | | |
| 2 | ጭንቀትን ለመቀነስ ብለህ/ሽ ምን ያህል ጊዜ ተጫወተሻል? | | | | | |
| 3 | ያጣኸውን/ሽውን ነገር ወይም ያናደደህን/ሽን ነገር ለመርሳት ምን ያህል ጊዜ ተጫወተሃል/ሻል? | | | | | |
| 4 | የቤተሰብ፣ የመምህራን፣ የጓደኞችህን/ሽን ጠብ ወይም ያሰላጩህን/ሽን ነገር ለመርሳት ምን ያህል ጊዜ ተጫወትህ/ሽ ታውቃለህ/ሽ? | | | | | |
| 5 | ዕረፍት ለማግኘት ምን ያህል ጊዜ ተጫወትክ/ሽ? | | | | | |
| 6 | ባለፈው/ፋት ዓመት/ታት ክድብርት ለማምለጥ ብለህ/ሽ ሰንት ጊዜ ተጫወትክ/ሽ? | | | | | |
| 7 | ያለፈውን መጥፎ ገጠመኝ ለመርሳት ብለህ/ሽ ምን ያህል ጊዜ ተጫወት/ሽ ታውቃለህ/ሽ? | | | | | |
| 8 | ድብርትህን ወይም ጭቅላትህን ለማባረር ምን ያህል ጊዜ በገንዘብ ተጫወተህ/ሽ ታውቃለህ/ቂያለሽ ጨዋታ | | | | | |

ለ. የሚከተሉት ጥያቄዎች ወጣቶች በገንዘብ ለተጫወቷቸው ጨዋታዎች መንስኤ የሆነ ተፈጥሮአዊ/ባዮሎጂካል ምክንያቶችን ለመዳሰስ ነው። እባክዎን ለእያንዳንዱ ጥያቄ ለሰንት ጊዜ እንደተከሰተ ይመልሱ። በፍፁም = 0 ለጥቂት ግዜያት = 1 አልፎ አልፎ = 2 ዘወትር = 3

ሁልጊዜ = 4

| ተ.ቁ | መጠይቅ | መልሶች | | | | |
|-----|---|------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | ከራስ ምታት ለማምለጥ ብለህ/ሽ? ምን ያህል ጊዜ ጨዋታዎችን በገንዘብ ተጫወተህ/ሽ ታውቃለህ/ሽ? | | | | | |
| 2 | እራስህን ለማነቃቃት ብለህ/ሽ ምን ያህል ጊዜ ጨዋታ በገንዘብ ተጫወተህ/ሽ ታውቃለህ/ሽ? | | | | | |
| 3 | ቤተሰቦችህ/ሽ ለምን ያህል ጊዜ ጨዋታ በገንዘብ ተጫወተው ያውቃሉ? | | | | | |
| 4 | ቤተሰቦችህ ጨዋታን በገንዘብ ሲጫወቱ አብረው ከተጫወቱት ሌላ የቤተሰብ አካላት ጋር ለምን ያህል ጊዜ ተጣልተው ያውቃሉ? | | | | | |
| 5 | ለምን ያህል ጊዜ ጨዋታን በገንዘብ ተጫወተህ ወይም የተለያዩ የስፖርት ጨዋታዎችን በመወራረድ (ገንዘብ በማለያዝ) ከቤተሰብ ጋር ተጫወተህ/ሽ ታውቃለህ/ቂያለሽ? | | | | | |
| 6 | ቤተሰቦችህ/ሽ ሙዳቸውን ለማነቃቃት ወይም የማያሳስባቸውን ነገር/ቁሳ/ል/ ለማስወገድ ብለው ለምን ያህል ጊዜ በገንዘብ ተጫወተው ያውቃሉ? | | | | | |
| 7 | ምግብ ስለዘጋህ/ሽ በገንዘብ የተጫወተክው/ሽው ለምን ያህል ጊዜ ነው? | | | | | |
| 8 | ድካምን ለማስወገድ ብለህ/ሽ ለምን ያክል ጊዜ ጨዋታን በገንዘብ ተጫወተህ/ሽ ተውቃለህ/ሽ? | | | | | |

ሐ. የሚከተሉት ጥያቄዎች የተለያዩ ጨዋታዎችን በገንዘብ ለመጫወት ወይንም ጨዋታን ገንዘብ ነክ በሆኑ ነገሮች ለመጫወት ማህበራዊ ምክንያቶች የሚያበረክቱን አስተዋፅኦ ለመዳሰስ ነው።

I. የቤተሰብ አስተዋፅኦ

እባክዎን መልስዎን እንዲህ በማለት መልሱ። በፍፁም = 0 ለጥቂት ግዜያት = 1
አልፎ አልፎ = 2 ዘወትር = 3 ሁልጊዜ = 4

| ተ.ቁ | መጠይቅ | መልሶች | | | | |
|-----|---|------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | ከቤተሰብ አባል ውስጥ ወይንም ሌላ ሰው በገንዘብ ወደሚጫወቱበት የተለያዩ ቦታዎች ለምን ያህል ጊዜ ወስደህ/ሽ ያውቃሉ? | | | | | |
| 2 | በገንዘብ ስትጫወት ወይንም ለተለያዩ የስፖርት ጨዋታዎች ስትወራረድ አይተውህ/ሽ ያበረታቱህ/ሽ ለምን ያህል ጊዜ ነው? | | | | | |
| 3 | ከቤተሰቦችህ/ሽ ጋር ጨዋታን በገንዘብ ለምን ያህል ጊዜ የተጫወትኩ/ሽው? | | | | | |
| 4 | ቤተሰቦችህ/ሽ ጨዋታ በገንዘብ ተጫወት/ች ወይንም ለተለያዩ ስፖርታዊ ውድድር ውጤቶች በገንዘብ ስትወራረድ/ጁ ተገንዝበው ዝም ያሉህ/ያሉሽ ለምን ያህል ጊዜ? | | | | | |
| 5 | የቤተሰብህ/ሽ አባላት ምን ያክል እርስ በርስ ይረዳዳሉ? | | | | | |
| 6 | ከቤተሰብህ/ሽ አባላት ውስጥ አንዱ ሌላውን የሚያገልበት ለምን ያክል ግዜ ነው? | | | | | |
| 7 | ቤተሰቦችህ/ሽ ሐሳብህን/ሽን እንድትገልጥ/ጭ ያበረታቱህ/ሽ ለምን ያህል ጊዜ ነው? | | | | | |
| 8 | በቤተሰብህ/ሽ አባላት መካከል ሐላፊነትን አብሮ የመካፈል ሁኔታ እንዴት ነው? | | | | | |

II. የጓደኛ-ተፅእኖ

የሚከተሉት ጥያቄዎች ወጣቶች ጨዋታን በገንዘብ መጫወትና በተለያዩ የስፖርት ድርጊቶች እንዲወራረድ ወይንም ገንዘብ አስይዞ መወራረድ ላይ እንዲሳተፍ የጓደኛ ጫና ምን ያክል እንደሆነ ለመዳሰስ ነው። እባክዎን መልስዎን በዚህ መልስ ይስጡን። በፍፁም = 0 ለጥቂት ግዜያት = 1
አልፎ አልፎ = 2 ዘወትር = 3 ሁልጊዜ = 4

| ተ.ቁ | መጠይቅ | መልሶች | | | | |
|-----|--|------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | ጓደኛህ/ሽ ሲያደርግ በማየት/ሽ ምን ያህል ጊዜ ጨዋታን በገንዘብ መጫወትና የተለያዩ የስፖርት ድርጊት ላይ ተወራርደህ/ሽ ታውቃለህ/ሽ? | | | | | |
| 2 | ከጓደኞችህ/ሽ ጋር ግዜ ለማሳለፍ ብለህ/ሽ ስንት ግዜ በገንዘብ ተጫውተህ/ሽ ታውቃለህ? | | | | | |
| 3 | በጓደኞችህ/ሽ ተቀባይነት ለማግኘት ብለህ/ሽ ስንት ግዜ ተወራርደህ/ሽ ወይንም የስፖርት ውጤቶች ላይ ገንዘብ በማስያዝ ተወራርደህ/ሽ ታውቃለህ/ቲያለሽ? | | | | | |
| 4 | ለሚከተሉት ምክንያቶች ስትል/ይ ጨዋታ ላይ ስንት ግዜ ተሳተፍክ/ሽ? ሀ. በገንዘብ ከሚጫወቱ ወይንም በአንዳንድ ውጤቶች ላይ የማወራረዱ ሰዎች ጋር አብሮ ለመሆን | | | | | |
| | ለ. በጓደኞች ተቀባይነት ለማግኘት | | | | | |
| | ሐ. ጓደኞችህ/ሽ ጋር ያለውን ማህበራዊ ግንኙነት ለማዳበር | | | | | |
| | ሐ. ከጓደኞችህ/ሽ አድናቆት ለማግኘት? | | | | | |
| 5 | በጓደኞችህ/ሽ ተገናኛተህ/ሽ ጨዋታ በገንዘብ ለምን ያህል ጊዜ ተጫውተህ/ሽ ታውቃለህ/ቲያለሽ? | | | | | |
| 6 | ከሚጫወቱ ጓደኞችህ/ሽ ጋር ግዜህ/ሽን አበረሀ/ሽ ያሳለፍኩ/ሽው ለምን ያክል ግዜ ነው? | | | | | |

መ. የሚከተሉት ጥያቄዎች የመጫወቻ ቤቶችን ወይም ማዕከላት በቀላሉ ማግኘት (በአካባቢው መገኘት) ወጣቶች ጨዋታን በገንዘብ እንዲጫወቱ ወይም በተለያዩ የስፖርት ውጤቶች እንዲወራረዱ ከማድረግ አንጻር የሚያበረክቱትን/አስተዋፅኦ ለመዳሰስ ነው። እባክዎን መልስዎን በፍፁም = 0 ለጥቂት ግዜያት = 1

አልፎ አልፎ = 2 ዘወትር = 3 ሁልጊዜ = 4

| ተ.ቁ | መጠይቅ | መልሶች | | | | |
|-----|--|------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | ፑል፣ ካራምቡላ፣ ወይም ሌሎች በገንዘብ የሚጫወቱበት ቦታ ምን ያህል ጊዜ አሳልፈሃል/ሻል? | | | | | |
| 2 | ከሚከተሉት ሰዎች ጋር ወደ ጫወታ ቤቶች ምን ያህል ጊዜ ሒደሃል/ሻል? | | | | | |
| | ሀ. ጓደኛ? | | | | | |
| | ለ. አባት(የእንጀራ አባት)? | | | | | |
| | ሐ. ወንድም/ሞች)? | | | | | |
| | መ. ዘመድ? | | | | | |
| | ረ. እህት/ቶች/? | | | | | |
| 3 | የዕረፍት ግዜን ወይም በዓላትን በጨዋታ ቤቶች ያሳለፍኩ/ሽው ምን ያክል ነው? | | | | | |
| 4 | የጨዋታ ቤቶችን ለስንት ግዜ ጎብኝተሃል/ሻል? | | | | | |

ሠ የሚከተሉት ጥያቄዎች የመገናኛ ብዙሃን ወይም ማስታወቂያዎች በወጣቶች የተለያዩ የውርርድና የገንዘብ ጨዋታዎች ተሳትፎ ላይ የሚያበረክቱትን አስተዋፅኦ ለመዳሰስ ነው።

በፍፁም = 0 ለጥቂት ግዜያት = 1 አልፎ አልፎ = 2 ዘወትር = 3 ሁልጊዜ = 4

| ተ.ቁ | መጠይቅ | መልሶች | | | | |
|-----|---|------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | ጨዋታን በገንዘብ መጫወት ሊያስከትል የሚችለውን ጥቅም ወይም ከሳራ የሚያሳዩ ማስታወቂያዎችን በመገናኛ ብዙሃን ምን ያክል ግዜ ተመልክተው/ሽ ታውቃለህ/ቁያለሽ? | | | | | |
| 2 | አንተ/አንቺ ጫወታ በመጫወት ድርጊትህ/ሽ ላይ የመገናኛ ብዙሃን ምን ያህል ነው? | | | | | |
| 3 | የሚከተሉት የመገናኛ ብዙሃን ላንተ/ቺ በገንዘብ የመጫወት ድርጊቶችን ምን ያህል አስተዋፅኦ አበርክተዋል? | | | | | |
| | ሀ. የሬድዮ ማስታወቂያዎች | | | | | |
| | ለ. የቴሌቪዥን ማስታወቂያ | | | | | |
| | ሐ. ቢል ቦርድ | | | | | |
| | መ. ጋዜጣ | | | | | |
| | ሠ. ድሕረ ገፅ (ኢንተርኔት) | | | | | |
| 4 | የመንግስት የመገናኛ ብዙሃን ማስታወቂያ ብሔራዊ ሎተሪን በመግዛት ላይ ያለው ያንተን/ቺን የተለያዩ በገንዘብ የሚጫወቱ ጨዋታዎች መጫወት ላይ የሚያሳድረው አወንታዊ ተፅእኖ ምን ያክል ነው? | | | | | |
| 5 | የውጭ አገር መገናኛ ብዙሃን ያንተን/ቺን የተለያዩ በገንዘብ የሚጫወት ጨዋታዎችን መጫወት ላይ ያለው አዎንታዊ ተፅእኖ ምን ያክል ነው? | | | | | |

ፈ. የሚከተሉት ጥያቄዎች የተፅዕኖ የእፅ ተጠቃሚነት ወጣቶች ጨዋታ በገንዘብ እንዲጫወቱ (ቁማር እንዲጫወቱ) የሚያበረክቱትን አስተዋፅኦ ለመዳሰስ ነው።

እባክዎን መልስዎን ሲሰጡ ለምን ያህል ጊዜ እነዚህን ድርጊቶች እንደፈፀሙ ይመልሱ።

በፍፁም = 0 ለጥቂት ጊዜያት = 1 አልፎ አልፎ = 2 ዘወትር = 3

ሁልጊዜ = 4

| ተ.ቁ | መጠይቅ | መልሶች | | | | |
|-----|---------------------------|------|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 1 | ሐሽሽ ማጨስ | | | | | |
| 2 | አልኮል መጠጣት | | | | | |
| 3 | ሲጋራ ማጨስ | | | | | |
| 4 | የታዘዙ መድኃኒቶችን በትክክል አለመጠቀም | | | | | |
| 5 | መስከር | | | | | |
| 6 | ያልታዘዙ መድኃኒቶችን መጠቀም | | | | | |
| 7 | ጫት መቃም | | | | | |

ክፍል ስድስት፡ የሚከተሉት ጥያቄዎች ከ DSM-IV, 1994 ተሻሽሎ የተወለደ ሲሆን ወጣቶች በጨዋታ ባህሪያቸው ወይም ድርጊታቸው ያላቸውን ችግሮች ለመዳሰስ ነው። ስለዚህ መስማማታችሁንና አለመስማማታችሁን

የለም = 0

አዎ = 1

| ተ. ቁ | መጠይቅ | መልሶች | |
|------|---|------|---|
| | | 0 | 1 |
| 1 | ጨዋታ በገንዘብ ለመጫወት ብዙ ጊዜ አስበህ/ሽ ወይም አቅደህ/ሽ ትውቂያለሽ? | | |
| 2 | የፈለግከውን/ሽውን የደስታ መጠን ለማግኘት ገንዘብ እየጨመርክ/ሽ መጫወት ትፈልጋለህ/ጊያለሽ? | | |
| 3 | በገንዘብ ጨዋታን መጫወት ለማቆም አስበህ/ሽ አልፎ አልፎ ወይም በዙፍን ጊዜ መጥፎ ስሜት ተሰምቶህ/ሽ ያውቃል? | | |
| 4 | ጨዋታዎችን በገንዘብ በመጫወት ብዙውን ጊዜ ካቀድከው/ሽው በላይ ገንዘብ አጥፍተህ/ሽ ታውቃለህ/ታውቂያለሽ? | | |
| 5 | ከችግሮች ወይም ከመጥፎ ስሜት ለማምለጥ አልፎ አልፎ ወይም ብዙውን ጊዜ በገንዘብ ጨዋታን ተጫውተህ/ሽ ታውቃለህ/ቂያለሽ? | | |
| 6 | በጨዋታ ላይ የተበላህውን/ሽውን ገንዘብ ለመመለስ ብለህ/ሽ ሌላ ጊዜ ተመልሰህ ተጫውተህ/ሽ ታውቃለህ/ቂያለሽ? | | |
| 7 | በጨዋታ በመጫወትህ መንስኤ ቤተሰቦችህ/ሽን አንዴ አሊያም ሁለቱ ወይም አልፎ አልፎ አሊያም ብዙ ጊዜ ዋሽተሃቸው/ሻቸው ታውቃለህ/ቂያለሽ? | | |
| 8 | ከሚከተሉት ሰዎች ገንዘብን ሰርቀህ/ሽ (አጭብርብረህ/ሽ) ለጫወታ አውለህ/ሽ ታውቃለህ/ቂያለሽ? ሀ. ከቤተሰቦች በገንዘብ ለመጫወት አንዴ ወይም ሁለቱ ወይም አልፎ አልፎ ወይም ብዙ ጊዜ ለ. ከቤተሰብ ውጭ ለመጫወት በሰህ/ሽ አንዴ ወይም ሁለቱ፣ አልፎ አልፎ አሊያም ብዙ ጊዜ | | |
| 9 | የትምህርት ቤት ምሳሌን፣ የታክሲ ወይም የአውቶብስ የትራንስፖርት ሂሳብ አንዴ ወይም ሁለቱ፣ አልፎ አልፎ ወይም ብዙ ጊዜ ለመጫወቻ አጥፍተሃል/ሻል? | | |
| 10 | ጨዋታ በመጫወትህ ምክንያት ከቤተሰብ፣ ከንደኛ ወይም ከሌሎች ጋር አንዴ፣ ሁለቱ፣ አልፎ አልፎ አሊያም ብዙ ጊዜ ተጨቃጭቀህ ታውቃለህ/ተከራክረህ/ ታውቃለህ/ሽ? | | |
| 11 | እየተጫወትክ/ሽ አንዴ ወይም ሁለቱ፣ አልፎ አልፎ ወይም ብዙ ጊዜ ትምህርት አልፎ አልፎ በሰህ/ሽ ያውቃል? | | |

እነዚህ ጥያቄዎች አስቸጋሪ የመጫወት ባህሪ ወይንም ካልተጫወተ/ች ለሚቸግር ሰውና ለመተው ለወሰነ/ች የሚረዳ ነው። እባክዎን ምልሰዎን ያመልክቱ

የለም = 0 አዎ = 1


| ተ. ቁ | መጠይቅ | መልሶች | |
|------|---|------|---|
| | | 0 | 1 |
| 1 | ጨዋታ በገንዘብ ስትጫወት/ቺ የትምህርት ወይንም የስራ ሰዓት/ህ/ሽ አባክነህ/ሽ ታውቃለህ/ለሽ? | | |
| 2 | የጨዋታን በገንዘብ በመጫወት/ምክንያት የቤት/ህ/ሽ ሕይወት ደስታ እርቆት ያውቃል? | | |
| 3 | በገንዘብ ጨዋታን መጫወት ስምህን/ሽን አጥፍተህ ያውቃል? | | |
| 4 | ከተጫወትክ በኋላ የፀፀት ስሜት ተሰምቶህ/ሽ ያውቃል? | | |
| 5 | የገንዘብ ችግርህን/ሽን ለመቅረፍ አሊያም ብድርህን/ሽን ለመክፈል ብለህ/ሽ ጨዋታ በገንዘብ ተጫውተህ/ሽ ታውቃለህ/ቂያለሽ? | | |
| 6 | በመጫወት ምክንያት ምኞትህና ችሎታህ ቀንሶ ያውቃል? | | |
| 7 | ገንዘብ ከተበላህ/ሽ በኋላ የግድ በተቻለ መጠን ወዲያውኑ ማሸነፍና የተወሰደብህን ማስመለስ እንዳለብህ/ሽ ተሰምቶህ/ሽ ያውቃል? | | |
| 8 | ካቸነፍክ በኋላ ደግመህ ተጨማሪ ለማሸነፍ ክፍተኛ ስሜት አድርብህ ያውቃል? | | |
| 9 | ብርህን/ሽን እስክትጨርስ/ሽ በብድር ተጫውተህ/ሽ ታውቃለህ/ቂያለሽ? | | |
| 10 | ገንዘብ ለማግኘት በለህ/ሽ በብድር ተጫውተህ/ሽ ታውቃለህ/ቂያለሽ? | | |
| 11 | ለመጫወቻ የሚሆን ብር ለማግኘት ብለህ የሆነ ነገር ሽጠህ/ሽ ታውቃለህ/ሽ | | |
| 12 | በጨዋታ ያገኘህ/ሽውን/ሽውን ገንዘብ ሁል ጊዜ ከምታጠፋው/ፈው ገንዘብ ይልቅ ግድያለሽ ትሆናለህ/ሽ | | |
| 13 | ጨዋታ መጫወት በራስህና በቤተሰብህ ደህንነት ላይ ግድያለሽ እንድትሆን አድርጎህ/ሽ ያውቃል? | | |
| 14 | ለመጫወት ካቀድክው/ሽው ጊዜ በላይ ተጫውተህ/ሽ ታውቃለህ/ቂያለሽ? | | |
| 15 | ንዴት፣ ከአለመረጋት፣ ከድብርት ወይንም ከብቸነት ለማምለጥ ብለህ/ሽ ተጫውተህ/ሽ ታውቃለህ/ቂያለሽ? | | |
| 16 | ለመጫወቻ የሚሆን ገንዘብ ለማግኘት ብለህ/ሽ ህጋዊ ያልሆኑ ድርጊቶችን ለመፈፀም አስበህ/ሽ ወይንም ፈፀህ/ሽ ታውቃለህ/ቂያለሽ? | | |
| 17 | በገንዘብ በመጫወት/ህ/ሽ ምክንያት እንቅፍ አጥተህ/ሽ ታውቂያለሽ/ህ | | |
| 18 | ክርክሮች (ጭቅጭቅ) ፣ ንዴትና ፍርሃት የተለያዩ የገንዘብ ጨዋታዎች እንድትጫወት/ች ስሜት ጭረውብህ (ፈጥረውብህ/ሽ ያውቃል?) | | |
| 19 | በትንሽ የጫወታ ጊዜ ውስጥ ጥሩ አድልህን/ሽን ለማክበር ስሜት ፈጥሮብህ/ሽ ያውቃል? | | |
| 20 | በገንዘብ ጨዋታ በመጫወት/ህ/ሽ ምክንያት እራስህን/ሽን የማጥፋት ስሜት አድርብህ/ሽ ያውቃል? | | |

ሰለትብብራችሁ አመሰግናለሁ!

Declaration

I, the undersigned declare that this thesis is my original work, and has not been presented for a degree in my University and that all sources of materials used for the study have been duly acknowledged.

Name: Tariku Ayana

Signature:  _____

Date of submission: July, 2009

Submission Approval Sheet

This thesis has been submitted for examination with my approval as University advisor,

Name: Tamrie Andualem (Assistant Professor)

Signature:  _____

Date: _____