

National University of Lesotho



**Exploring the health consequences of problem gambling among adult gamblers
in Maseru.**

By

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CERTIFICATION

This is to certify that this dissertation has been read and supervised as having met the requirements of the Faculty of Social Sciences and National University of Lesotho for the award of Degree of Master of Science in Sociology.

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DECLARATION

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I declare that “Exploring the health consequences of problem gambling among adult gamblers in Maseru” is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.



Signature

October, 2024

Date

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ABSTRACT

Problem gambling is globally recognised as a public health issue requiring funding for prevention. It includes gambling behaviours that compromise, disrupt, or damage an individual's life and relationships. This study adopted Pearlin's (1981) stress process model to understand the health consequences of problem gambling among adult gamblers in Maseru, focusing on sources of stress, coping mechanisms, and health implications of problem gambling.

The research study was qualitative in nature and employed a case study design. Data were collected using semi-structured interviews among twelve participants who had been gambling for over two years. The participants were purposively selected and data were thematically analysed.

The findings of the study revealed, as the primary stressor experienced by adult gamblers, the financial strain, which was a result of debt accumulation, misdirection of funds, lying about gambling behaviour and stealing money. Gamblers reported social support and maladaptive coping mechanisms as the main coping strategies employed to reduce stress caused by problem gambling. The health implications identified as a result of problem gambling included depression, mood swings, and headaches.

The study concluded that problem gambling in Maseru is associated with heightened risks to psychological, emotional, and physical health. It therefore emphasises the urgent need for policy interventions, recommending that the government of Lesotho strengthen regulations on gambling activities. This study adds to the ongoing debate and existing literature regarding the health consequences of problem gambling.

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CHAPTER ONE

INTRODUCTION

1.1 GAMBLING BACKGROUND

Gambling is a broad concept that includes various activities, undertaken in a wide variety of settings, appealing to different sorts of people and perceived in various ways by participants and observers (Abbott & Volberg, 1999). It is defined by Gabriel (1996) as an ancient form of recreation, where there is archaeological and historical evidence of gambling in many ancient civilisations. The legal definition of gambling includes any activity in which a person pays something of value (consideration) to participate in an event that presents the possibility of winning something of value (prize), whose outcome is determined at least in part by chance (Rose, 1986). The nature of gambling behaviour can be defined by its extent, frequency, monetary stakes involved, and the duration of leisure time dedicated to gambling activities (Mok & Hraba, 1991).

On the other hand, Problem Gambling is defined as a gambling behaviour that causes disruptions in any major area of life, be it psychological, physical, social, or vocational (Mok & Hraba, 1991). Carnevale, Esrick, Kagan, & Whyte (2014) assert that the term “problem gambling” is a progressive addiction characterised by increasing preoccupation with gambling, a need to bet more money more frequently, impatience or irritability when attempting to stop, “chasing” losses, and loss of control demonstrated by continuation of the gambling behaviour despite mounting serious negative consequences.

Problem gamblers are more likely to have other health problems (Butler, Quigg, Bates, Sayle & Ewart, 2020). In particular, they are more likely to be dependent on alcohol, abuse other drugs, and suffer from depression and anxiety disorder (Petry, 2008). Croson & Sundali (2005) have also emphasised that problem gambling does not discriminate. It affects individuals from various demographic categories, including different ages, ethnicities, backgrounds, and communities. While gambling is illegal for individuals under the age of 18, the risk of developing problem gambling begins in early youth and can

develop at any point in one's life, especially after times of significant lifestyle changes or dramatic life events.

Existing studies indicate that more than half of adult American women engage in gambling, and a large proportion of the nation's individuals with gambling issues, about one-third, are women (Commission, 1976 & Lesieur, 1988). It is for this reason that the behavioural addiction to gambling has been described as "a silent epidemic" (Suissa, 2007). Gambling problems exist on a continuum and there is mounting evidence that such problems may not necessarily be chronic and progressive (Abbott et al., 2004). Gambling problems vary in duration and severity, and a substantial proportion of these problems occur in persons who do not meet the criteria for the recognised psychiatric disorder of Pathological Gambling but who engage in risky gambling.

In Lesotho, the introduction of modern hotels and casinos in Maseru in the mid-1970s not only boosted tourism but also attracted gambling (Mohasi, 1999). This type of entertainment was not available in the nearby Republic of South Africa at that time, hence casinos attracted more tourists in Lesotho, and Basotho started acknowledging gambling. Lesotho is currently operating with two casinos that have been legally registered. Avani Casino is located in the capital of Maseru, and offers table games such as roulette, blackjack, and slot machines. There is also Goldrush casino in Lesotho's capital city, Maseru, which opened in 2017. In addition to land-based casinos, Lesotho also allows sports betting, horse racing, and lottery games (Evgeniy, 2023). On the other hand, Online gambling is not yet legal in Lesotho, however, the government is still considering its legalisation and regulation. Similar to other countries, Lesotho's gambling laws prohibit minors under the age of 18 from participating in gambling (Evgeniy, 2023).

1.2 STATEMENT OF THE PROBLEM

Problem gambling is a growing concern worldwide. Problem gambling has also been associated with various negative outcomes, including financial difficulties, interpersonal conflicts, and significant societal financial losses (Costes et al., 2021). The majority of adults in Lesotho are increasingly engaging in gambling activities as the industry is

gaining popularity. Evgeniy (2023) established that out of the 2.2 million population in Lesotho, a modest 280,000 (12.7%) individuals regularly engage in real-money gambling on regulated products, including online casinos, bookies, and state-run lotteries. The implication is that people tend to spend more money on gambling, which promotes their financial instability. This, in turn, contributes to heightened levels of stress and anxiety. The current study, therefore, seeks to explore the health consequences of problem gambling among adult gamblers in Maseru from a stress and coping perspective.

1.3 OBJECTIVES OF THE STUDY

1.3.1 General Objective

- To explore the health consequences of problem gambling among adult gamblers in Maseru.

1.3.2 Specific Objectives

- To identify stressors experienced by adult gamblers as a result of problem gambling.
- To establish coping mechanisms employed by gamblers to reduce stress arising from problem gambling.
- To find out the health implications of problem gambling on gamblers.

1.4 RESEARCH QUESTIONS

- I. What stressors are experienced by adult gamblers as a result of problem gambling?
- II. What coping mechanisms are employed by gamblers to reduce stress arising from problem gambling?
- III. What are the health implications of problem gambling on gamblers?

1.5 STUDY JUSTIFICATION

Lesotho is no exception to other countries where gambling has become popular, particularly in the urban area of Maseru. The motivation for pursuing this study stems from my realisation that the gambling industry is expanding rapidly in Lesotho, ultimately putting the gambling population at greater risk of accumulating debt, experiencing

dysfunctional relationships, and facing health challenges. These issues, which arise from continued participation in gambling, remain largely unexplored in the context of Lesotho by other researchers.

It is through the findings of this study, where healthcare providers can be able to develop intervention strategies as well as support systems targeted for gambling population, having understood the health implications gambling addiction has to this vulnerable group. The findings of this study can also inform healthcare authorities in Lesotho together with policymakers to allocate resources effectively towards preventive measures, treatment programs, and public health campaigns aimed at mitigating the adverse health implications of problem gambling, eventually fostering a healthier and more resilient population.

1.6 SCOPE OF THE STUDY

Lesotho has a relatively small geographical size compared to other African nations (Taele, Gopinathan & Mokhutšoane, 2007). It is a small mountainous country of 30,350 km², which is landlocked by the Republic of South Africa. Its population, which is estimated at 2.06 million people (Mothala, 2020), is made up of 75% people who are living in the rural areas, (Taele et al., 2007) and are having insufficient income to meet basic needs such as food, shelter, clothing and healthcare due to lower economic status and limited access to resources and opportunities. Maseru has experienced a doubling in population growth every decade since 1966 (Maseru Development Plan, 1991). Most dwellers in Maseru depend on formal and informal employment for their livelihood, with unemployment and underemployment remaining the main challenges among the population. The urban life of Maseru is rich with economic activities and social activities. Maseru hosts numerous businesses ranging from small street vendors to large shopping malls. Social life activities revolve mainly around community gatherings, churches, and sports, with sports being the most popular activity.

1.7 DEFINITION OF CONCEPTS

This section provides a brief definition of the main concepts used and explains how they are used within the context of this study. The concepts are: gambling, problem gambling, and problem gamblers.

1.7.1 Gambling

Gambling in this study is used to refer to a form of entertainment, which involves risking anything of value, especially money, on an event or activity with an uncertain outcome, where the result is determined largely by chance.

1.7.2 Problem gambling

Gambling becomes a problem when it interferes with one's ability to do their job, their studies, their reputation, their mental or physical health, or their relationships with friends and family. Problem gambling in this context is used to refer to gambling addiction, which is a condition where an individual has difficulty in controlling their gambling behaviour despite the negative consequences it may have in their life. It is used interchangeably with gambling disorder.

1.7.3 Problem gamblers

Problem gamblers in this study are those individuals struggling with a compulsive need to gamble, leading to severe negative consequences in various aspects of their lives.

1.8 LIMITATIONS OF THE STUDY

This study investigated the health consequences of problem gambling among adult gamblers in Maseru, an area that has been previously unexplored in Lesotho. Due to the limitations of study design, study setting, and study population as discussed in chapter three, the study could not address all aspects of problem gambling within the broader context of Lesotho.

1.9 CHAPTER OUTLINE

This research is structured into five chapters. The upcoming section focuses on relevant literature on the health consequences of problem gambling. Chapter three encompasses a detailed presentation of the chosen methodologies and instruments for the research, along with a justification for their selection and strategies to minimise potential limitations. The fourth chapter has delved into the study's findings and Finally, the fifth chapter is dedicated to the discussion and interpretation of the findings, conclusion, and recommendations based on the study's results.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter aims to provide a contextual framework within which to situate the study of exploring the health consequences of problem gambling among adult gamblers in Maseru. In recent years, there has been substantial growth within the gambling industry in Lesotho (Evgeniy, 2023). While this industry has been benefiting gamblers and business owners to some extent, the country has also been experiencing positive growth through taxation. However, the growth of the gambling industry has raised concerns about the potential negative health implications on society as a whole. One important area of concern is the association between adult gamblers and their increased rate of gambling. Problem gambling is associated with numerous health implications including substance use, mental health problems and behavioural addictions (Ford & Hakansson, 2020).

This study addresses the following research questions:

- I. What stressors are experienced by gamblers as a result of problem gambling?
- II. What coping mechanisms are employed by gamblers to reduce stress arising from problem gambling?
- III. What are the health implications of problem gambling on gamblers?

This chapter has therefore discussed the theoretical framework and literature in line with the above research questions.

2.1 SOCIAL CONSTRUCTION OF PROBLEM GAMBLING

The concept of problem gambling has long existed worldwide. More often than not, sociologists tend to analyse the degree to which moral judgments are buried deep within other more official rules of behaviour (Sumner, 2019). Becker (1963) defines these official rules as the product of someone's initiative in which rules are created to address perceived "evil" in society and the very same rules are enforced to police the acts of deviance. This section, however, focuses more on the non-conformists "problem gamblers", and how their gambling behaviour tempers their emotional, psychological, and physical health. Problem gamblers, in accordance with Becker (1963), are referred to as

non-conformists because they fail to behave in the manner that is morally approved by society and therefore break the set rules. The United States National Research Council (1999) also acknowledges that problem gambling is recognised as such because it offends cultural mores.

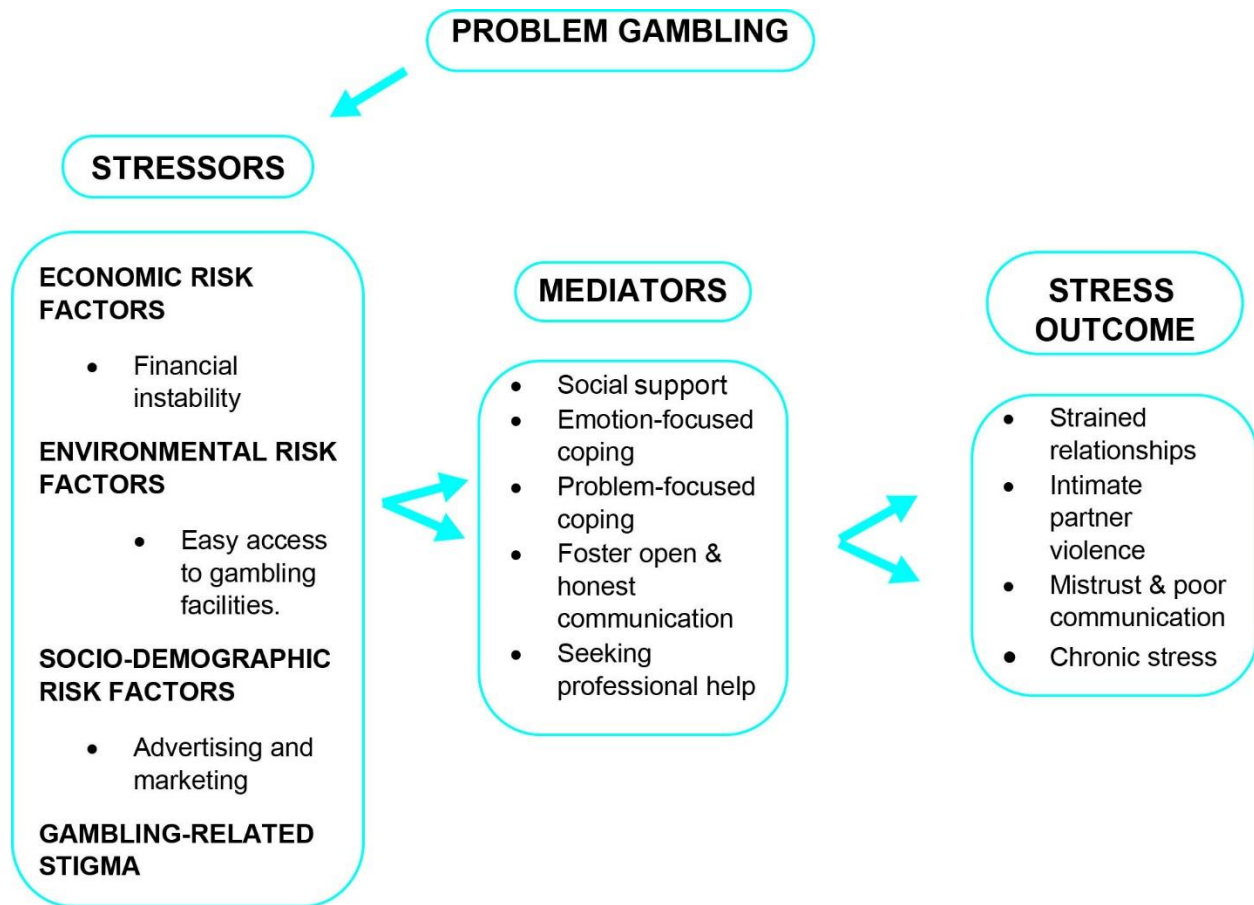
2.2 THEORETICAL FRAMEWORK

The study has adopted the stress process model to trace the stress brought by problem gambling among adult problem gamblers. The stress process model was designed by Pearlin, Lieberman, Menaghan & Mullan (1981). This model is best applicable to this study as it outlines insights into the dynamic interplay of stressors, coping mechanisms employed by gamblers to deal with stress arising from their involvement with gambling as well as the health implications of problem gambling.

2.2.1 Stress Process Model

Stress is conceptualised as an interactive and variable relationship between an individual and the demands and constraints of their environment (Lazarus, 1995 & Selye, 1976). Palmer (1999) concludes that stress occurs when pressure exceeds the perceived ability to cope. Stress among gamblers manifests in various ways. Pearlin (1999) and Wheaton (2010) emphasise that the stress process model first locates stressors in their broader social context, namely the structural positions, statuses, and roles that shape exposure and response. The model posits that the process of social stress can be seen as combining three major conceptual domains, namely the sources of stress, mediators of stress, and finally the manifestation of stress, (Pearlin et al., 1981), and are mediated by context and coping. Figure 1 below depicts the Stress Process Model.

Figure 1: Stress Process Model



Source: Pearlin et al., (1981)

2.2.1.1 Sources of Stress

The sources of stress can be traced to the boundaries of societies, their structures, and cultures and can be seen as arising out of the occurrence of discrete events such as gambling and the presence of relatively continuous problems such as debt accumulation (Pearlin et al., 1981). The model identifies economic risk factors (financial instability), environmental risk factors (easy access to gambling facilities), socio-demographic risk factors (advertising and marketing), and gambling-related stigma as stressors associated with problem gambling. Stressors are conditions of threat, challenge, demands, or structural constraints by their existence. They prompt individuals to engage in cognitive appraisal, thereby shaping and altering their perception of the situation.

2.2.1.1.1 Financial strain

According to Pearlman et al. (1981) stress process model, stress can emanate from various sources, of which financial strain is one of them. Financial strain as shown by Gao, Hu & He (2022), is associated with feelings of anxiety and depression. Most individuals engage in gambling because of their financial pressures. Xu & Harvey (2014) posit that financial motives for gambling eventually lead to illusions of control over gambling outcomes and the misconception that the probability of winning is high, thereby, leading to gambling addiction.

Individuals facing financial pressures find gambling as bringing temporary relief or distraction that seems appealing, and yet this masks their underlying financial issues without reliable solutions. Financial instability and insecurity due to excessive gambling losses can lead to mounting debts and bankruptcy. As losses mount, problem gamblers may resort to borrowing money from friends, family, or financial institutions, (Berman & Siegel, 2012). The cycle of debt quickly escalates, with gamblers struggling to meet repayment obligations. In support, Reith & Dobbie (2011, p 511) cited a 52-year-old female problem gambler revealing the extent of her gambling debt, she said “...*I had a pile of letters like that in unpaid bills and everything.*”

Weinstock, Whelan, & Meyers, (2004) highlighted that as gambling behaviours become more problematic, individuals may resort to increasingly desperate measures, such as stealing money, to sustain their gambling habits. This behaviour is seen as a significant indicator of the severity of a gambling problem which reflects the compulsive nature of the addiction and the lengths to which individuals will go to continue gambling despite negative consequences. McComb, Lee & Sprenkle (2009) also emphasise that individuals under financial strain often misallocate funds intended for household necessities while trying to recoup losses incurred. Furthermore, job loss or reduced income from excessive time spent on gambling makes it difficult for gamblers to meet basic needs. Hence, Hahmann, Hamilton-Wright, Ziegler, & Matheson (2021) posit that it is difficult for gamblers to keep housing as one of the basic needs as they tend to overspend on gambling.

The constant pressure of managing financial losses and debts incurred due to gambling addiction can be a significant stressor. The stress induced by financial strain can contribute to the development of psychological issues such as anxiety and depression, which, in turn, may exacerbate problem gambling tendencies. In support, Asebedo & Wilmarth (2017) emphasise that financial strain is related to mental health problems, and there is a negative relationship between financial strain and mental and physical health (Kahn & Pearlin, 2006). Thus, it is common knowledge that the presence of financial strain is harmful to people's health. A Pew Research Center (2021) report adds that worries about financial security are related to higher levels of psychological distress.

2.2.1.1.2 Gambling-related stigma

Goffman (1963) posits that stigma is characterised by undesirable attributes that are deemed 'deeply discrediting', leading to the disqualification of individuals from complete social acceptance. This prompts those who experience stigma to make efforts to conceal the associated mark whenever feasible. Morrison & Glinow (1990) clarify that stigmatised individuals face invisible barriers (glass ceilings) that limit their career advancement opportunities. They regularly receive less help because of their devalued and denigrated identity within societies (Shih, 2004), all of which play a major role in exacerbating their stress levels. Hence Hing & Russell (2017) reported that stigma delays or prevents therapy for those with substance abuse disorders and compulsive gambling.

Individuals affected by gambling harm often experience anxiety due to potential negative perceptions associated with their condition (Hing et al., 2016). Consequently, some resort to unhealthy coping mechanisms, such as concealing their struggles or distancing themselves cognitively (Dąbrowska & Wieczorek, 2020). Stigma plays a significant role in discouraging individuals from openly acknowledging their issues for fear of being labelled as 'problem gamblers' (Hing et al., 2012). This fear of social rejection leads gamblers to hide their gambling problems, protecting their self-identity (Goffman, 1963).

Despite encountering relatively few instances of overt discriminatory behaviour, individuals struggling with problem gambling experience notable levels of stress and

anxiety due to perceived stigma and judgment from society (Hing et al., 2015). The shame associated with having a gambling problem, the self-stigma of admitting it, the fear of public stigma once disclosed, and the stigma of attending treatment can all delay and deter treatment-seeking (Hing et al., 2014). Stigma is the most cited reason for avoiding professional treatment for mental health problems, including problem gambling (Gainsbury, Hing & Suhonen, 2014). Although gambling-related stigma is discussed as a stressor in problem gambling, it can also be viewed as a stress outcome as problem gamblers are perceived as irresponsible and greedy while they perceive themselves as stupid or weak (Wohr & Wuketich, 2021).

2.2.1.2 Mediators of Stress

Mediators help gamblers to navigate and manage stressors. The stress process model emphasises the mediating role of coping mechanisms. At this stage, Pearlin et al. (1981) emphasise that people confront stress-provoking conditions with a variety of behaviours, perceptions, and cognitions that are often capable of altering the difficult conditions or mediating the impacts. In this context, adult problem gamblers may employ various coping strategies ranging from denial to seeking social support. The effectiveness of these coping strategies can influence the extent to which stressors impact on gamblers. Furthermore, the model considers the role of resources in mitigating stress. McLeod (2012) posits that the effects of stressors on outcomes depend on the extent to which stressors proliferate as well as on the social and personal resources which people have including self-concept. Gamblers with adequate social or emotional resources may better navigate challenges associated with problem gambling. Lazarus & Folkman (1984) and Pearlin (1989) observed that the effects of stressors on outcomes depend on their meanings to the individual. Thoits (1995) proposes that the resources and actions that modify the effects of stressors do so in part by altering meanings.

2.2.1.2.1 Coping mechanisms in problem gambling

Coping mechanisms are patterns and behaviours employed by people to deal with stressful situations. Coping is basically how people respond and act to protect themselves from life's challenges. Folkman & Moskowitz (2007) define coping as the thoughts and actions individuals employ to manage their emotions and address underlying problems. Pearlin & Schooler (1978) further explained that coping can be used to reduce or alter the circumstances that lead to problems, perceptually alter the meaning of experiences in a way that neutralises their problematic nature, and, lastly, control the emotional fallout from problems within reasonable bounds.

People deal with stressful situations in different ways including social coping, emotion-focused coping as well as problem-focused coping. Sharpe & Tarrier (1993) highlight that coping strategies are fundamental mechanisms that separate “controlled” from “excessive” gamblers. This section elaborates on how problem gamblers use these coping mechanisms to deal with stress arising from their gambling addiction.

2.2.1.2.1.1 Social Support

Pearlin et.al (1981) posit that social support plays a major role in modifying the impact of a stressful situation which, in this context, is problem gambling. Social support is not limited to social networks, but it could also be friends, family, or closest associates. Pearlin and colleagues clarify that support comes when people’s engagement with one another extends to the level of involvement and concern, not when they merely touch the surface of each other’s lives. Social support entails a supportive and non-judgmental environment for individuals to openly discuss their struggles with gambling addiction.

Thoits (1995) posits that social support are functions performed for a person by significant others. It is considered a social resource employed by individuals in dealing with problematic conditions of life, most specifically those that overwhelm an individual’s coping ability. Holdsworth, Nuske & Hing (2015) emphasise that social support plays a crucial role in addressing and managing the impacts of gambling addiction. It involves providing resources and understanding to both an individual with gambling addiction and

those affected by it, in an endeavour to manage or reduce the stress that arises from problem gambling. There has been some evidence that active communication among family members, friends, colleagues, and problem gamblers facilitates a better understanding of gambling addiction and ways to support each other to deal with stress and anxiety that arise as a result of gambling addiction (Chan, Dowling, Jackson & Shek, 2016).

Literature shows that problem gamblers may seek social support to escape stress arising from gambling (Lazarus, 1983). Social support can help people identify problems more easily, provide moral guidance, and strengthen their ability to choose alternatives to destructive behaviour. In support, Esen & Gundogdu (2010) point out that research has demonstrated the protective effects of social support on individuals with internet addiction, problem drinkers (Pauley & Hesse 2009), and smokers (Hershberger et al., 2016) during the period of stress and negative life events. These coping mechanisms might also be effective for those who struggle with gambling since research suggests that teenagers who gamble view their peer and family support as inadequate (Hardoon et al., 2004), which lowers their social support relative to their peers who abstain from gambling (Weinstock & Petry, 2008).

Additionally, research shows that individuals with gambling disorders frequently wait until they are in a crisis before seeking assistance (Bellringer, Pulford, Abbott, DeSouza & Clarke, 2008). This could have major negative health implications on the gambler or their family, such as suicidal thoughts or a breakdown in their relationship (Carroll, Marsh & Rodgers, 2011). One reason gamblers hesitate to seek professional help is that they generally do not not acknowledge the existence of their gambling problem. Bellringer et al. (2008), in their research titled: "*Problem gambling-barriers to help-seeking behaviours*" revealed that 42% of problem gamblers calling a helpline believed not acknowledging their problem with gambling was a barrier to seeking help. Seeking professional help fosters honest and open discussion that helps gamblers reduce or tolerate the demands and challenges they encounter as a result of their involvement with gambling. Counselling services and social groups play a major role in ensuring that problem gamblers gain

emotional support and share their experiences with others who are going through gambling addiction and are experiencing similar stressors (Dabrowska & Wieczorek, 2020). However, Gainsbury et al. (2014) highlighted that the financial distress caused by gambling often discourages individuals from spending additional money on professional help, as they might prioritise covering debts or other financial obligations. This creates a significant barrier to accessing the necessary treatment, even when the need for help is recognised and acknowledged.

2.2.1.2.1.2 Emotion-focused coping

Emotion-focused coping is one strategy used by individuals to deal with stressful situations. It is used to manage all forms of emotional distress including feelings of depression, anxiety, frustration and anger (Baqutayan, 2015). In other words, it is used on situations that cannot be readily resolved by a person's actions (Lazarus & Folkman, 1984). Employing emotion-focused techniques aids people in concentrating on themselves rather than the issue at hand. Studies have shown that this approach is linked to increased levels of depression (Ryan, 2013). Zamble & Gekoski (1994) point out that people who rely on emotion-focused coping typically attempt to change how they feel about a situation without changing the underlying problem or their perception of it.

Koenig (2012) clarified that religious involvement can enhance resilience by offering emotional support and a framework for making sense of personal struggles. Furthermore, Lightsey et al. (2002) posit that individuals with gambling problems tend to use emotion focused coping strategies in the same manner as student gamblers do as emphasised by Nower et al. (2004). This approach has been recognised as effective in managing stressors as highlighted by Jauregui, Onaindia & Estevez (2017). Gupta, Derevensky & Marget (2004) also emphasised that teenagers who excessively gamble tend to rely on emotion-driven coping strategies. This type of coping entails actions, avoidance or escape-related thoughts, and the suppression of emotions (Folkman, Chesney, Pollack & Coates, 1993). Male gamblers have been linked to emotion-focused coping strategies more than female gamblers (Jauregui et al., 2017). However, Nower et al. (2004) found that female gamblers are typically underrepresented,

which is probably due to the fact that there are normally fewer female gamblers (Welte et al., 2004).

2.2.1.2.1.3 Problem-focused coping

Problem-focused coping is defined by Benson, Norman, & Griffiths (2011) as strategies that address the root of the issue by applying fresh perspectives and novel abilities to handle situations more skillfully. According to Benson, Norman, & Griffiths (2012), problem-focused coping is the application of novel and unconventional techniques to deal with a problem's underlying causes in order to handle it more deftly. Bergevin et al. (2006) believe that it is a more effective, practical approach to dealing with problems, and has been negatively associated with gambling severity (Rizzo, La Rosa, Commodari, Alparone, Crescenzo, Yıldırım, & Chirico, 2023). According to Benson et al. (2011), this suggests that people who employ more problem-focused coping strategies have a lower likelihood of gambling and problem gambling. Furthermore, research suggests that people who acquire efficient problem-solving skills are more likely to finish therapy and refrain from relapsing into gambling (Takamatsu, Martens, & Arterberry, 2016). Wills (2013) posits that the application of problem-focused coping strategies has been connected to a number of favourable developmental outcomes, including self-efficacy, positive self-esteem, and perceived competence across a variety of domains.

Lazarus & Folkman (1984) affirm that in problem-focused coping, people attempt to manage or alter the problem that is causing them to experience stress. Simply put, this approach aims to reduce the demands of the situation or expand the resources for dealing with the situation itself (Baqtayan, 2015), hence people use this approach when they believe that the demand is changeable. With problem-focused coping, gamblers seek practical solutions such as setting strict limits on gambling activities to deal with their gambling addiction. They also develop financial plans to manage their gambling debts and financial responsibilities. Another direct and active way of coping with problem gambling using problem-focused coping entails that gamblers engage in activities that distract them from gambling such as exercise to direct their focus away from gambling. In support, Yi (2018) indicates that individuals with impaired control over gambling are

more likely to use problem-focused coping strategies in response to gambling losses compared to those with intact control.

2.2.1.3 Manifestation of Stress

This section provides emphasis on the stress outcomes in problem gambling, which are discussed under the main themes, the social implications as well as the health implications of problem gambling.

2.2.1.3.1 Social implications of problem gambling

Gambling addiction is not only confined to the individual. It can also create significant challenges in their social life, impacting their relations with their family, friends, and the broader community. Problem gambling has been linked to poor health behaviours such as strained relationships and intimate partner abuse all which this section aims to address.

2.2.1.3.1.1 Strained relationships

Addiction to gambling strains interpersonal ties and causes arguments with friends, family, and coworkers. Evdokimova & Stepanova (2023) emphasise the detrimental implications gambling has on personal relationships and posit that gamblers have regular conflicts with their friends and family members over their gambling behaviour and the associated financial strain.

Problem gambling strains relationships in the sense that gamblers are prone to lying, misleading, or concealing their gambling habits, all of which can produce mistrust and communication problems (Hing, 2022). Financial stress caused by gambling contributes to strained communication between partners, as they may avoid discussing their financial situation or become defensive and argumentative when the topic arises. The strain on interpersonal connections can lead to estrangement and contribute to a sense of isolation and emotional distress (Taylor, Taylor, Nguyen, & Chatters, 2018). According to recent research by Cacioppo et al. (2019), social isolation is linked to increased stress levels, depression, and anxiety. The feeling of being isolated from friends and family members

or even at workplace, can exacerbate these mental health issues, leading to a vicious cycle of strained relationships and further isolation. The emotional toll of interpersonal conflicts such as arguments and misunderstandings is a major drive for individuals to escape into gambling activities, (Finnsdottir, 2020). The emotional fallout from problem gambling also creates tension between family members as problem gamblers become increasingly moody and irritable, (Chan et al., 2016). This tension strains interpersonal relationships as all people involved struggle with navigating emotional turmoil which is a result of gambling addiction.

2.2.1.3.1.2 Intimate Partner Violence

Intimate partner violence includes psychological aggression (including coercive methods), physical or sexual violence, and stalking by an intimate partner, either past or present (Breiding et al., 2015). MacLean, Maltzahn, Thomas, Atkinson, & Whiteside (2019) highlight that the stress that comes with gambling intensifies into interpersonal stressors that raise the likelihood of violent behaviours involving intimate partners. Cuadrado & Lieberman (2011) found strong evidence of spousal abuse and child maltreatment caused by compulsive gaming. In support, Dowling et al. (2014) note that there is growing evidence linking problem gambling and domestic violence perpetration and victimisation.

2.2.1.3.2 Health implications of problem gambling

The gambling industry has established itself as a prominent socio-economic force with a significant impact on job creation and revenue generation. Simultaneously, problem gambling has had profound socio-economic and health implications. While gambling is generally not a problem for most people, it can be addictive and problematic for certain individuals (Kalischuk et al., 2006), and has been found to negatively influence the health of the individual specifically, emotional, psychological, and physical health.

2.2.1.3.2.1 Emotional health implications of problem gambling

Emotional health in problem gambling is a state of well-being that encompasses how individuals feel about themselves, their friends and family, and their relationship with the environment within which they live. Stress can lead to social withdrawal as most problem gamblers self-isolate from their friends and family (Keshavarz,2020), and postpone seeking medical attention until their bodies have suffered irreversible damage. Being socially withdrawn exacerbates gamblers' feelings of loneliness and despair, hopelessness, shame, stigma, grief, and self-hatred, (Salonen et al., 2018).

Most problem gamblers experience mood swings, from euphoria during winning streaks to despair during losses. Some people gamble problematically to temporarily escape negative emotions (Wood & Griffiths, 2007). Matthews, Farnsworth, & Griffiths (2009) note that problem gamblers often feel a wide range of negative emotions, including anger, disgust, scorn, guilt, fear, and depression. Keshavarz (2020) adds that individuals with high arousal and negative emotions indicate an agitating or stressful experience.

2.2.1.3.2.2 Psychological health Implications of problem gambling

Evidence shows that people often gamble to manage their psychological problems, but problem gambling can exacerbate these issues and harm vulnerable individuals, such as gamblers (Australian Bureau of Statistics, 2008). Karlsson & Hakansson (2018) suggest that problem gamblers are more likely to experience high rates of depression and suicidal thoughts due to overwhelming financial losses and medical conditions. They also note that problem gamblers have a higher risk of past and current suicidal thoughts, suicide attempts, and suicide mortality compared to the general population. Lloyd et al. (2016) found that 7.3% of participants in their online gambling study had contemplated self-harm due to gambling-related depression. The National Institute of Mental Health (2024) emphasises that depression is more than just feeling low; it is a serious illness that can affect anyone, regardless of age, gender, culture, education, or income. Those with depression struggle to function daily and may avoid activities they once enjoyed.

2.2.1.3.2.3 Physical health implications of problem gambling

Problem gambling significantly impacts the physical health of both gamblers and their family and friends. The stress and anxiety from problem gambling are linked to sleep disturbances (Sutton, 2014), weight fluctuations (Potenza & Chambers, 2001), and cardiovascular issues (Moattari et al., 2017). Ranabir & Reetu (2011) note that these high levels of stress and anxiety cause noticeable biochemical changes in individuals. Problem gamblers are less likely to exercise regularly and seek healthcare (Black, Shaw, McCormic & Allen, 2013), resulting in higher body mass index and a greater likelihood of obesity (Desai, Desai & Potenza, 2007).

Problem gambling often leads to chronic stress which in turn can have long-lasting physical health implications for gamblers. Chronic stress arises from the ongoing pressure and anxiety associated with gambling-related issues. Fong (2005) posits that escalating debts created by gamblers create conditions of chronic stress that lead to conditions of physical consequences such as hypertension, migraine, and cardiovascular disease (Graczyk, 2013). Chronic stress resulting from problem gambling can weaken the immune system, making individuals more susceptible to illnesses. Physical immobility during extended periods of gambling contributes to a sedentary lifestyle. Prolonged periods of sitting normally lead to high blood pressure, irritable bowel disease, dehydration, skipping meals or eating a less nutrient-rich diet, and musculoskeletal problems, (Subramaniam et al., 2015). Individuals with gambling problems often report high levels of stress and frequently engage in unhealthy lifestyle behaviours, such as watching over 20 hours of television per week, excessive alcohol consumption, and smoking (Black et al., 2013).

2.3 PROBLEM GAMBLING IN SUB-SAHARAN AFRICA (SSA)

According to Sichali et al. (2022), gambling is legally regulated in 41 of 49 (83.6%) SSA countries, prohibited in 7 (14.3%), and unlegislated in 1 (2.0%). In 2017, sports games accounted for 52.2% of the turnover for all African lottery operators (Sichali, Bunn, Marionneau, Yendork, Glozah, Udedi, & Reith, 2023). Consequently, gambling addiction is becoming a significant public health concern in SSA, especially among youth aged 10-

24 (Calado, Alexander & Griffith, 2017). Gambling in SSA includes legally sanctioned forms such as casinos, pool games, bingo, sports betting, scratch cards, and lotteries. Studies show a substantial cultural variation in local gambling options, accessibility, and participation (Abdi, Ruiters, & Adal, 2015). For instance, in South African townships, people are more likely to engage in dice and card games, considered "fairer" than lottery and casino activities, which are viewed as "rigged" and unfair (Scott & Barr, 2013).

In sub-Saharan Africa, gambling is often viewed as a potential income source for many young people, which might contribute to the development of gambling disorder (GD) (Ssewanyana & Bitanirwe, 2018). Research in Africa has highlighted a growing number of youths experiencing gambling-related issues, such as financial strain, persistent poverty, domestic violence, family disruptions, criminal behavior, and mental health challenges (Ssewanyana & Bitanirwe, 2018). In Uganda, there is evidence linking problematic gambling with mental health issues like depression, anxiety, and suicidal tendencies (Kiwujja & Mugisha, 2019).

2.3.1 Problem Gambling in Lesotho

Gambling in Lesotho has recently become a popular activity as the industry continues to grow. Ramya (2017) highlighted that before the establishment of G-Bets Goldrush in 2017, Maseru had one gambling facility, namely Avani Lesotho Hotel and Casino, that had 14 tables and 71 gaming slots and video poker machines, with sports betting being legal and one of the most common forms of gambling. Goldrush casino had 200 slot machines when it was opened, giving more players a platform to pursue gambling. The industry is growing as recently more gambling establishments are operating within Maseru, the capital city of Lesotho. The most recently commonly known land-based gambling establishments are Gbets Lesotho, which is part of the Goldrush Group that is fully licensed in South Africa, SIMA communication, Zaga Bet, E-Bet and Sepel's Sports Bet which unfortunately closed in 2021.

Ramafikeng (2010) found that gambling was one of the health risk behaviours among high school learners in Maseru, with a prevalence of 33.1% among the respondents. Of these, 23.6% were male, and 9.5% were female. Ramafikeng further emphasised that gambling was likely to co-occur with other risk behaviours such as substance use or aggression. Gambling licenses (2023) emphasise that Lesotho does not have a well-developed infrastructure for addressing problem gambling. However, the government does offer some resources for individuals struggling with addiction, including the National Psychiatric Referral Hospital and the Lesotho Council on Substance Abuse. Currently, Lesotho has not reported on problem gambling to show the actual gambling situation within the country, except for various isolated cases that indicate the prevalence of problem gambling in Lesotho. Bohloko (2021) shared a distressing situation of one individual whose brother was grappling with gambling addiction, yet he remained in denial. He had been channelling all his earnings into gambling, which strained family relationships to the point where his wife chose to leave him. In another incident reported by Newsroom (2023), a police officer admitted to constantly using his entire salary for gambling, accumulating substantial debts, and experiencing depression. His gambling addiction led him to stop showing up for work and he contemplated suicide on several occasions. He approached the Newsroom page seeking assistance in relation to his gambling addiction.

2.4 CHAPTER SUMMARY

Literature has shown that gambling exists as a form of raising financial rewards. This chapter has shown the process through which stress manifests in problem gambling. It has also reviewed literature on problem gambling from the sub-Saharan Africa perspective, which Lesotho is part of. It has highlighted the financial strain as well as gambling-related stigma as the most common stressors in problem gambling, showing their impact on gamblers' health. Coping mechanisms have also been explored, offering insights into effective strategies for intervention and support towards gambling addiction. Intimate partner abuse and strained relationships have also been discussed as some social implications of problem gambling. Moreover, the health implications of problem

gambling have been discussed, uncovering its links to various physical and psychological ailments.

CHAPTER THREE

RESEARCH METHODS AND METHODOLOGY

3.0 INTRODUCTION

The primary goal of this study was to identify stressors experienced by gamblers as a result of problem gambling, to establish coping mechanisms employed by gamblers to manage stress arising from problem gambling, and finally to find out the health implications of problem gambling among adult gamblers. This chapter has discussed the methods and approaches employed in the study. The chapter therefore discussed the research design employed in this research. Furthermore, the chapter discussed the study population, sampling techniques, data collection as well as data collection tools. Lastly, the chapter discussed methods of analysing data as well as the ethical considerations.

3.1 RESEARCH APPROACH

This study has employed qualitative research approach. This is because people's perspectives and experiences are best obtained through a qualitative research approach that relies on spoken and written text and does not emphasise data in numerical form (Colomer et al., 2015). Malagon-Maldonado (2014) maintains that as one of the characteristics of qualitative research, researchers study individuals in their natural environment to gain a deeper understanding of individuals' perspectives and experiences. This is accomplished by having close interaction with participants in a "field" or real-life setting, where a researcher's job is to obtain an integrated picture of the study that takes participant perspectives into account (Johnson, Adkins & Chauvin, 2020). Therefore, this approach has assisted in gaining knowledge of the health implications of problem gambling among adult gamblers in Maseru.

Qualitative research focuses on understanding the experiences, perspectives, and meanings of individuals regarding a particular phenomenon, hence Sutton & Austin (2015) emphasise that it seeks to convey why people have thoughts and feelings that might affect their behaviour. In this study, participants shared their perspectives as well as their experiences regarding problem gambling. Jackson, Drummond, & Camara (2007) emphasise that the focus of qualitative research is to understand human beings' richly

textured experiences and reflections about their experiences. Another important aspect of qualitative research is its idiographic approach (Vogrin, 2008), which emphasises an individual's perspective on the investigative situation, process, and relations.

3.1.1 Research Design

One guiding concept that a study adheres to is the research design. It provides guidance and advice to the researcher on the procedures to take to address the research questions. A research design is "a strategic framework for action" (Blanche & Durrheim, 2006:34), that serves as a means of establishing a connection between research questions and the way the study is carried out. Yin (2002:23) defines a research design as "a logical plan for getting from here to there, where here may be defined as the initial set of questions and there is some set of conclusion (answers) about these questions". Mason (2005) expounds upon the significance of a research design, citing it as fundamental given its early initiation in the research process. The research design dictates various aspects including the systematic order in which the study will unfold, the components involved, and the methodology outlining the collection and analysis of data (Merriam & Tisdell, 2015). Hence Harrison, Birks, Franklin & Mills (2017) sees case study research as a flexible but challenging methodology that is most commonly used in social science research.

This research has adopted a qualitative case study. This approach as discussed by Babbie (2020) involves examining a specific social phenomenon, such as a village, family, or juvenile gang. Sturman (2013) defines a case study as a broad term used to investigate individuals, groups, or phenomena. Mesec (1998) further explains that a case study involves offering a complete representation and analysis of a specific instance. This includes describing the case's characteristics, providing details about the related events, and explaining the research process used to uncover these features.

The two primary benefits of a case study design, according to Opoku, Ahmed, & Akotia (2016), are its high construct validity and in-depth insights, as well as the chance to build strong relationships with research participants. Murphy (2014) however highlights the

disadvantage of case studies, emphasising that the findings and recommendations that case studies provide can neither be confirmed nor denied in terms of usefulness and truth because of the nature of the case study. Lindegger (2002) also points out the possible lack of generalisability of the results, problems with the validity of the information, difficulties in testing the causal relationships, and the non-standardisation of measurement. This study therefore explained the case of Maseru, particularly within the city where there are various gambling establishments with different gambling activities.

3.2 STUDY SETTING

The study was carried out in the urban area of Maseru, the capital city. This was mainly because Maseru has more gambling facilities as compared to other districts within the country. Maseru is situated in the lowlands of Lesotho and serves as a diverse and dynamic backdrop for understanding various health implications of problem gambling among adults. Gamblers within Maseru city were different, ranging from those who gambled for fun, and those who gambled excessively, so much that they were unable to control their gambling behaviour.

3.3 STUDY POPULATION

A study's primary focus is its population, which is typically larger than its sample. Durrheim & Painter (2006) define it as a bigger pool from which the researcher draws sampling elements and generalises the findings. They show that, "theoretically speaking, the population encompasses all the elements that make up our unit of analysis" (Ibid:133). Rubin & Babbie (2017) define study population as an aggregation of elements from which a sample is selected. Various reasons prevent the researcher from making contact with the whole population of the study. Among them are time constraints and costs and their accessibility. My study population consisted of individuals aged above 29 who had been gambling for over two years, and had been living and gambling within Maseru city.

3.3.1 Sampling Techniques

Sampling is the process through which a sample is extracted from a population,(Alvi, 2016). This study employed non-probability sampling, which is a method of sampling in which samples are selected according to the subjective judgment of the researcher rather than through random sampling. This technique is best suited for this study because as emphasised by Lune & Berg (2017), it allows researchers to identify and select a highly sensitive or difficult-to-reach study population. With the non-probability sampling technique, research subjects have a different or unknown probability of being included in the sample, therefore the sample may not be representative of the population (Korstjens & Moser, 2018).

The participants were purposively selected, as Rudestam & Newton (2014) emphasise that qualitative researchers deliberately seek knowledgeable participants who can contribute significantly to enrich the understanding of the phenomenon. Campbell et al. (2020) further emphasise that the reason for using purposive sampling is its ability to better match the sample to the research aims and objectives, thereby enhancing the firmness of the study and the trustworthiness of the data and results. Purposive sampling is also known as judgmental sampling. Consequently, sometimes purposive samples are selected after field investigations on some groups to ensure that certain types of individuals or persons displaying certain attributes are included in the study (Hagan, 2016).

3.4 METHOD OF DATA COLLECTION

Data collection is the process of gathering information or data from various sources to address a research problem. In this study, interviews were deemed the most appropriate method for data collection. Kvale & Brinkmann (2009) define an interview as a structured conversation where the interviewer asks questions and the interviewee provides answers. Therefore, the study employed face-to-face semi-structured interviews. In this case, I conducted indepth interviews with each participants. The basis for choosing semi-structured interviews as the method of data collection for this study is because in semi-structured interviews, interviews unfold conversationally, offering participants the chance to explore issues they feel are important (Adams, 2015). I asked participants the same

questions and their longer narrative responses helped this study with response comparability (Johnson & Christensen, 2014).

3.4.1 Data Collection Instrument

Data collection instrument is a tool used to obtain information in research. For this study, I employed an interview guide, which is a widely used instrument among researchers. An interview guide consists of a list of questions the interviewer aims to address during the interview and highlights issues the researcher deems significant (Johnson & Christensen, 2014).

I provided a set of questions in the basic form of an interview schedule which depending on different participants, I kept modifying the order of the questions while probing throughout the interviews to make all participants feel comfortable to respond in whatever order they chose as long as in the end they had answered all the questions. This method fosters a sense of trust and rapport between the researcher and the participant (Brown & Danaher, 2019).

My data collection instrument comprised several key sections. First, I introduced the purpose of the interview to participants to ensure that they felt comfortable and understood the aim of the study. In this section, I explained the interview process, how their information would be used, and I obtained their informed consent. The next section involved gathering background information from the participants. This was followed by a section where I asked primary questions aligned with my research objectives. These questions were designed to gather in-depth information of participants' gambling experiences, which I explored further by probing their answers for additional insights. In the last section, I concluded the interviews by expressing my gratitude to the participants for their time and contributions. I also provided them with my contact information in case they had any further questions or needed additional clarification.

3.4.2 Gaining Access

In recruiting participants, I gained access to the gamblers through the Chief of Reserve in Maseru City. After explaining the research study and the selection criteria to the Reserve Chief, I was permitted to approach the people who fitted my selection criteria and invited them to an interview. I emphasised to them that participation was voluntary and those who were interested in taking part did. Interviews were conducted at the convenience of the participants.

3.4.3 Data Collection Process

Data collection in qualitative research involves gathering non-numerical data to understand concepts, opinions, or experiences of participants. Braun & Clarke (2021) highlight that qualitative data collection is often iterative, meaning that the process evolves as researchers gather more information. In the data collection process, I recorded the participants' responses and remarks and took notes every time we interacted. Their permission to do so was obtained prior to the exercise. This method provided an accurate and verifiable record of the conversation, preserving the nuances of the tone, emotion and context that may have been lost in written transcripts. The method also served as a valuable reference for fact-checking and maintaining the truthfulness of the information gathered during the interview process.

A total of fourteen participants were interviewed but ultimately, the information that was used was from only twelve. Information from two interviews was excluded because one interview was incomplete, following the participant's loss of interest in continuing with the interview on the pretext that it was a waste of time while another lacked the detailed content. In the latter case, the participant used closed-ended, one-syllable responses - "yes and no" - without elaborating despite my efforts to seek clarification through further probing. Although the original plan was to interview five men and five women, the interview ended with seven men and five women. This was mainly because there was a larger number of men than women who were involved in gambling. When the data collection process reached saturation point after twelve participants had been interviewed, I stopped the process. This, according to Jackson, Harrison, Swinburn, &

Lawrence (2015), is achieved not with the entire dataset but with the information provided by each participant.

3.5 METHOD OF DATA ANALYSIS

Data analysis involves organising data into fundamental components to uncover its unique elements and structure (Dey, 1993). Bhatia (2017) describes it as the examination of raw data to draw conclusion about that information. The primary goal of data analysis is to transform disorganised data into a clear, understandable, and conclusive format that aids in decision-making. With data analysis, a researcher has to go beyond simple description. This is mainly because, in data analysis, there is a need for interpretations as well as explanations, (Henning et al, 2004).

3.5.1 Thematic Analysis

This study adopted thematic analysis, which Dawson (2002) describes as highly inductive. Thematic analysis is a method for examining qualitative data by identifying recurring ideas or themes within a data set (Jason & Glenwick, 2016). Braun & Clarke (2006) recommend it as the first qualitative method to learn because "it provides core skills that will be useful for conducting many other kinds of analysis" (p.78). This simply implies that the researcher does not impose the themes within the data, rather such themes emerge from the data itself. Dawson further posits that in this type of analysis, data collection and analysis take place simultaneously.

The thematic analysis attempts to organise data into sets of similar messages, (Akinyode & Khan, 2018). Thematic analysis aims to recognise themes and patterns within the data, emphasising that researchers should focus solely on what participants have expressed verbally or in written form without seeking additional meanings (Maguire & Delahunt, 2017). Thematic analysis is highly effective for analysing large data sets and provides significant flexibility in developing theoretical and research frameworks. Additionally, it facilitates the development and interpretation of data-driven themes. In the context of the study exploring the health consequences of problem gambling among adult gamblers in Maseru, thematic analysis was deemed a valuable approach to uncover and understand

the various implications and experiences of problem gamblers. The steps I undertook under thematic analysis while analysing data include:

- **Familiarisation of data**

In this case, I familiarised myself with data through transcribing data, reading the data several times over and making notes on concepts. This stage entails that a researcher needs to become fully immersed in the data in order to fully understand the breadth and depth of the content. According to Maguire & Delahunt (2017), researchers must have a thorough understanding of the complete data set. Hence why I made notes and jot down early impressions.

- **Creating Codes**

The second phase in thematic analysis is generating initial codes, which involves systematically coding for interesting features across the entire data set. Coding reduces large amounts of data into smaller and more manageable segments of meaning. Caulfield (2019) clarifies that at this stage, the researcher has to go through the transcript of every interview and highlight everything that jumps out as relevant or potentially interesting, which this study managed to successfully do.

- **Finding themes and patterns**

Sorting the codes into possible themes is what this stage entails. This simply means going over the codes and starting to group them into possible themes for the entire data set. Maguire & Delahunt (2017) simplify this emphasis by showing that at this stage, a researcher examines the codes and fits some of them together into one theme, hence why Braun & Clarke (2013) refer to this phase as combining codes into themes. Caulfield (2019) emphasises that a researcher might decide to discard some of the codes they find not too relevant enough, especially if such codes rarely appear in the data. Some codes may evolve into themes on their own.

- **Reviewing themes.**

During this phase, the researcher checks whether the data supports the identified themes, refining both the themes and subthemes as necessary. This involves an intensive review of the themes, deciding whether to combine, refine, separate, or discard the initial themes. At one level, Braun & Clarke (2013) recommend rereading the coded extracts and determining whether they follow a logical pattern. In this case, research examines the themes' applicability to the dataset.

- **Refining and naming themes.**

This step involves 'defining and refining' the themes and potential subthemes within the data. 'Defining and refining' means identifying the 'essence' of each theme, as well as the overall themes, and determining what aspect each theme captures (Braun & Clarke, 2021). In defining these themes, the researcher aims to nail down the meaning of each theme and, notably, how it allows them to make sense of the data. Lastly, the researcher creates the report by putting the findings down in writing. Themes are analysed in relation to the research questions.

3.6 AUTHENTICITY AND TRUSTWORTHINESS

In the field of research, trustworthiness is a vital aspect that ensures the reliability of study results and the ethical conduct of researchers. This encompasses issues such as fairness, where researchers must ensure that everyone in the community has the opportunity to participate in the research process. It refers to the level of trust placed in the information, analysis, and methods used to ensure the quality of a study (Polit & Beck, 2014). To gain the readers' confidence, the researcher must establish clear protocols and procedures (Amankwaa, 2016). Trustworthiness encompasses credibility, transferability, dependability, and confirmability, which are discussed in greater detail in this section as the criteria proposed by Lincoln & Guba (1985).

3.6.1 Credibility

Credibility is the most vital factor that involves the researcher's assurance that the results are believable and credible from the participants' perspective (Lincoln & Guba, 1985). The

researcher ensures that participants are comfortable, see their value in participating, and have trust in them so that they freely participate and give reliable information. Korstjens & Moser (2018) posit that credibility establishes whether the study's conclusions reflect genuine and trustworthy information derived from participants' original data and whether it is interpreted in a way that aligns with participants' opinions.

To communicate the research findings in a way that genuinely captures the meanings as reported by the participants, the study ensured credibility through note-taking during all of the interviews and through peer briefing. The semi-structured interviews helped to enhance the credibility of the study. As another way of enhancing the credibility of the study, all responses of the respondents were captured as they were presented during the interview.

3.6.2 Transferability

The degree to which research findings can be transferred to different contexts and studies is known as the transferability of the research findings. It is important in qualitative research because it enables researchers to apply and make sense of their results outside the confines of the particular study setting. To ensure the transferability of the research findings, every time I went to the field to gather data, I brought a notebook with me to record every detail. This helped me to ensure that the research findings were transferable and that the findings were presented with clarity during data analysis. In support, Halpren, (1983) and Charmaz & Thornberg (2021) generally posit that keeping raw data and fieldnotes is of utmost importance since it helps researchers to relate data and makes it easier to present study findings thereby promoting a clear audit trail. Sandelowski (2004) posits that a study and its findings are auditable when another researcher can clearly follow the decision trail. Transferability was guaranteed by providing a detailed description of the context, location, and individuals studied as well as by being open and honest about the analysis.

3.6.3 Dependability

Dependability in research is one of the most important criteria in trustworthiness that establishes consistency, repeatability, and interpretations of the study findings (Guba, 1981). It entails that data be stable over time and conditions hence Riyami (2015) strongly emphasises that for the study to be dependable, it should be constant even after many years. In support with Guba's definition of dependability, Korstjens & Moser (2018) posit that dependability denotes the reliability and consistency of the study findings as well as the degree to which research procedures are recorded, enabling readers to follow, critique, and audit the research process.

Another feature of dependability is the researchers' anticipation of review by peers. Allowing peers to inspect what is being recorded makes a researcher vigilant of everything that is being recorded. In this current study, dependability was achieved through a detailed explanation of how gambling actions and opinions of adult gamblers in Maseru were rooted in and developed out of contextual interactions. Furthermore, dependability was achieved by noting all activities that happened while the researcher was deciding whom to interview, when, and what to observe during the interview (Connelly, 2016).

3.6.4 Confirmability

Confirmability in research entails the neutrality of the researcher in interpreting findings, (Lincoln & Guba, 1985). This implies that the findings should be free from bias including social desirability bias, following the fact that researchers themselves design and execute tools. Generally, confirmability refers to the extent to which researchers are able to confirm that the findings are indeed from the participants. The results should show the personal views of the research participants. In this manner, the study is said to be genuine. Hence Korstjens & Moser (2018) emphasise the importance of verifying whether the reported findings can be confirmed by another person to ensure confirmability.

3.7 REFLEXIVITY

Reflexivity is very crucial in qualitative research because this field is heavily dependent upon the information that participants provide. All the discussions and interviews are led by researchers during data collection and therefore may be under the influence of underlying beliefs. Reflexivity is defined by Corlett & Mavin (2018) as the ability to reflect on oneself and one's biases. There is increasing recognition that reflexivity is a vital aspect of qualitative studies (Barrett et al., 2020), hence it has become more widely acknowledged. It is for this reason that Charmza (2006) underlines that researchers have a responsibility to be reflective about what they bring to the scene, what they perceive, and how they see it. A more straightforward explanation would be that qualitative research methods are entwined with the subjective viewpoint of the researchers. To address reflexivity, I took notes during all the interviews. Furthermore, I took a friend to the field, who was practically a researcher and was able to see details that I could have missed provided I went on my own. I believe a friend's input have aided in the reflexive process.

3.8 ETHICAL CONSIDERATIONS

In research ethics, interactions between researchers and the subjects they examine are the main focus (Mack et al., 2005). To ensure that the research process and findings are reliable and valid, the researcher must prioritise moral integrity. This study adhered to ethical guidelines, ensuring informed consent, no harm to participants, confidentiality and anonymity, and data protection. Dawson (2002) supports these ethical codes, stating that a short code of ethics should be provided to all research participants.

3.8.1 Informed consent

Informed consent is a fundamental aspect of conducting ethical research. It ensures that researchers cannot mislead participants regarding the aims of the study. Informed consent is vital for ensuring that participants fully comprehend the implications of participating in a study, enabling them to make a conscious decision about whether to take part without feeling pressured, manipulated, or coerced (Brennen, 2017). In this study, participants were informed of the study's purpose, risks, and benefits before taking

part. Badampudi et al. (2022) argue that full informed consent is essential to ensure that participants understand the consequences of their involvement. Berg & Lune (2017) further state that informed consent refers to individuals' voluntary agreement to participate, free from fraud, deception, coercion, or any undue influence.

Given the delicate nature of problem gambling, I had to ensure that participants fully understood the purpose and implications of the research. This enabled participants to make informed decisions concerning their involvement. Typically, informed consent statements encompass a written statement of potential risks and benefits which in some instances are explained. It is crucial that researchers ensure that participants provide explicit, active, signed consent to take part in the research, including understanding their rights to access their information and the right to withdraw at any point. I also briefly explained the nature of the research in the informed consent document. Participants were well informed that their participation in the study was solely based on the freely given informed consent of the research participants. The informed consent process is seen as a contract between a researcher and the participants.

3.8.2 No harm to participants

It is a fundamental principle in research to prioritise the well-being, safety, and dignity of individuals who take part in studies, experiments, or other activities. As both a researcher and a sociologist, it is essential to form personal and ethical relationships with participants when conducting research. Furthermore, it is the researcher's responsibility to ensure that participants are not harmed physically, socially, or psychologically by the study, as highlighted by Lune & Berg (2017). Consequently, Bell & Nutt (2002) argue that researchers should strive to protect the rights, interests, sensitivities, and privacy of their participants, while acknowledging the challenge of balancing potentially conflicting interests.

Babbie (2020) posits that human research must not cause harm to participants, regardless of their voluntary involvement. Mack et al. (2005) stress the importance of researchers safeguarding the autonomy of participants by shielding them from potential

exploitation due to their vulnerabilities. Alongside the principle of no harm, Mack et al. (2005) highlight the necessity of upholding justice, which involves ensuring an equitable distribution of the risks and benefits associated with the research. This ethic generally entails that a researcher assess and mitigate potential emotional distress or harm that might be experienced by participants during and after the study, develop protocols for unforeseen adverse reactions, and provide resources for either counselling or support should the need arise. The purpose of this study was to ensure that fairness, kindness, and respect for research participants were maintained. "Respect for persons requires a commitment to ensuring the autonomy of research participants, and, where autonomy may be diminished, to protect people from exploitation of their vulnerability," (Mack et al., 2005:9).

3.8.3 Confidentiality and anonymity

Participant confidentiality means that although the researcher has access to the participant's identity, the identity has been de-identified and is kept private. Wiles et al. (2006) assert that confidentiality is essential to the social norm that states that individuals have the right to privacy regarding their personal affairs. It suggests withholding information that might have a detrimental impact on the subjects. Berg & Lune (2017) maintain that confidentiality in research involves making a concerted effort to eliminate any information that could reveal the identity of study participants. In support, Babbie (2020) emphasises that anonymity and confidentiality are ensured when a respondent's comments cannot be connected to the researcher or the reader, and when a researcher may identify a respondent's responses but agrees not to share them with the public.

Confidentiality in this study was ensured in several ways. Firstly, my data records were completely separated from identifiable individuals such that no record was to be linked to any individual. The information or data collected from the field was only accessed by me and my supervisor. Furthermore, I did not under any circumstances, discuss participants' information with other participants in an identifying manner. Hence why I felt it was crucial to strip the data of identifiers right away after collection to ensure participants' confidentiality. Most importantly, participants were ensured that whatever was discussed

during the interview would not under any circumstances be discussed with anyone without their permission. All these are supported by Linowes & Hoyman (1982). I found it important that participants' responses were anonymised and aggregated to reduce the risk of stigmatisation and safeguard their privacy, considering the rate at which gambling has become a stigmatised behaviour, hence why I used pseudonyms when presenting my research findings.

3.8.4 Data protection

In this study, the collected information was safeguarded to prevent misuse or unauthorised disclosure, thereby upholding ethical research standards. Berg and Lune (2017) emphasise that researchers must take intentional steps to protect data and ensure it does not inadvertently reach unauthorised individuals or become public. Participants' data was kept secure and not disclosed to unauthorised persons. I handled, preserved, and appropriately disposed of the data gathered on each participant's gambling behaviour to prevent unauthorised access and reduce the risk of compromising confidential information about their gambling activities.

3.9 CHAPTER SUMMARY

This study is qualitative in nature. This chapter has discussed the research approach and design, where the case study was deemed the most appropriate in this study because it helped in gaining a deeper understanding of the health implications problem gambling has on gamblers. Since the researcher was interested in studying problem gambling in Maseru, gamblers in Maseru became its target population by default. Participants were chosen through purposive sampling and they were engaged in interviews using a semi-structured interview schedule. Therefore employing face-to-face interviews was regarded appropriate for this study as it enabled the collection of data through interactive conversations. The data analysis involved transcribing audio recordings of the interviews and disaggregating the data into its vital components to reveal its inherent elements and structure. In terms of ethical considerations, I ensured that participation was voluntary and based on informed consent.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF THE STUDY FINDINGS

4.0 INTRODUCTION

This chapter presents the findings of the research study on the health consequences of problem gambling among adult gamblers in Maseru. The specific objectives of the study are:

- i. To identify stressors experienced by adult gamblers as a result of problem gambling.
- ii. To establish coping mechanisms employed by gamblers to reduce stress arising from problem gambling.
- iii. To explore the health implications of problem gambling on gamblers.

Firstly, the chapter focuses on interpreting the characteristics of the participants. Secondly, it provides the findings of the study, all based on the objectives of the study.

4.1 DEMOGRAPHIC CHARACTERISTICS

Table 1 provides an overview of the demographic characteristics of the study participants. The sample comprised twelve participants, with a gender distribution of seven males and five females. Participants' age ranged from 29-63. They were classified into four age groups, and the first age group of 20-29 was represented by two male participants. Participants within the age group of 30-39 were four and consisted of two females and two males, while there were four participants; three males and one female, within the age group of 40-49. Lastly, there were two female participants aged over 50. The two youngest participants, both 29 years old, were males. The oldest participant aged 63 was a female.

Participants' employment types varied, with the majority - nine - being self-employed; followed by two public servants, one teacher and one participant in an undisclosed position in the public sector. Lastly, one participant employed in retail working as a shop assistant. Among the participants who were self-employed, three were street vendors.

One street vendor sold socks, seeds, and clothes, the other one sold fruits and did welding on a part-time basis, and the last street vendor sold sweets, airtime, and cigarettes. Other participants included a driver, a handyman, a beer vendor, a barber, a cook, and a carpenter, each represented by one participant.

Table 1: Demographic characteristics of the participants

| Variable | Frequency | Percentage |
|---------------------------|------------------|-------------------|
| Sex | | |
| Male | 7 | 58.3 |
| Female | 5 | 41.7 |
| Total | 12 | 100 |
| Age in Years | | |
| 20-29 | 2 | 16.7 |
| 30-39 | 4 | 33.3 |
| 40-49 | 4 | 33.3 |
| 50+ | 2 | 16.7 |
| Total | 12 | 100 |
| Type of Employment | | |
| Self-employed | 9 | 75.0 |
| Public servant | 2 | 16.7 |
| Retail employment | 1 | 8.3 |
| Total | 12 | 100 |
| Position at work | | |
| Street vendor | 3 | 25.0 |
| Driver | 1 | 8.3 |
| Handyman | 1 | 8.3 |
| Beer vendor | 1 | 8.3 |
| Not disclosed | 1 | 8.3 |
| Shop assistant | 1 | 8.3 |
| Barber | 1 | 8.3 |
| Cook | 1 | 8.3 |
| Carpenter | 1 | 8.3 |
| Teacher | 1 | 8.3 |
| TOTAL | 12 | 100 |

4.2 SELF-PERCEPTION OF THE GAMBLING BEHAVIOUR

Participants described their gambling behaviour as compulsive and difficult to control. They openly acknowledged that their gambling behaviour was a problem and admitted they were addicted.

Thabo, a forty-five-year-old man self-employed as a driver said, “Gambling is like alcohol and tobacco. It’s hard to let go. You will quit when you are sick or dead! (*laughing*)”.

In the same manner, Lineo, a fifty-five-year-old woman self-employed as a beer vendor also explained:

In all honesty, I am not able to stop. It feels like if I miss a day without gambling, my numbers will be winning while I am on a break. It looks like this thing has become addictive.

Puleng also felt the same way as Thabo and Lineo. She was forty-two years old and worked as a public servant even though she did not disclose her position. She said:

It is not easy to stop gambling, not at all. Once you gamble, you will understand what I am talking about. People don’t get it when I tell them I can’t stop. They think I am irresponsible. Yoo! (*breathing heavily*) You know, honestly, I am addicted to gambling. I mean, I don’t know how to back off...To be frank with you, gambling is confusing, a lot.

She added,

“I don’t know how to come out of this thing. I am so deep into it.”

There was an element of hesitance to stop gambling evident from participants’ narratives, where Thabo for instance, felt stopping gambling was as difficult as stopping smoking and drinking beer. In the same manner, other participants felt it was hard to stop as they mentioned they felt they were addicted.

4.3 STRESSORS ASSOCIATED WITH GAMBLING

There were various pressures and challenges that contributed to and exacerbated the participants’ gambling problem. The main stressor participants explained, was the

financial strain, which they articulated was a result of debt accumulation, misdirecting funds, lying as well as stealing money.

4.3.1 Debt accumulation

Ten participants stated that they have accumulated much more debt after being committed to gambling. This was explained by Realeboha, one of the two youngest male participants aged 29, who worked as a carpenter. Realeboha mentioned that ever since being introduced to gambling, he has accumulated debts as a result of borrowing money from multiple people.

He explained:

Our expectation as gamblers is that all the money we have should be used for gambling, any amount. This pushes me to a situation where I have to approach the closest person to lend me whatever amount of money, (*laughing*) even if it could be M20.00 (about USD 1.10). I assure them that I will pay them later the same day.

Realeboha further expressed his concern:

This is where a cycle of debts begins. The biggest challenge I have encountered is the one of owing many people, which to begin with, I was not supposed to do and it is hard to pay all my debts.

Thabo also reported being entangled in debts due to his overspending in gambling. He explained laughingly:

...at times I borrow money from someone for gambling. People loan me their money without knowing that I am going to gamble it all. When I lose the money that I have borrowed, I borrow again from another person, trying to generate enough money to cover my first debt and to be able to gamble again.

Participants created debts in pursuit of recouping losses. Realeboha felt it was not necessary to get himself into debts which were hard to repay. Participants also borrowed money under false pretense just to fund their gambling behaviour. For instance, Thabo lied about the reasons he needed to borrow money.

4.3.2 Misdirecting funds

Other participants also stated that they were financially strained, which was caused by misdirecting funds meant for other expenses to gambling.

Palesa narrated:

The major challenge I encounter is that it is not always that the money you have is spent on the things that you have planned to do. Money that is supposed to be used for family matters is misdirected to gambling and it is irritating because there is always something basic that is needed at home.

She paused and continued:

For instance, sometimes if I am supposed to buy mealie-meal, it becomes a problem because I would have spent all the money on gambling and there is nothing to cook for everyone at home to have a decent meal.

Similarly, Tefo, a 37-year-old handyman who amongst other things fixed umbrellas and delivered people's groceries with his wheelbarrow also pointed out:

My kids, my wife and my parents have no food or clothes because of my gambling behaviour. I gamble all the money that reaches my hand even the one I should use properly for family matters.

Participants misdirected funds for essential expenses to gambling. They were very clear that misdirecting funds left other family needs unattended. Palesa for instance, deprived her family a decent meal as she used all the money in gambling as opposed to buying mealie-meal.

4.3.3 Lying

Lying was described by participants as a common challenge resulting from their gambling behaviour. This was expressed by Lineo, who narrated:

At times I leave my phone in a shack the whole week and tell my family that I have been robbed by thugs who took everything, including the money that was supposed to buy family consumables.

Puleng added with teary eyes and a trembling voice:

Sometimes I have to lie when I can't pay people who lent me money in time. Also, I have had to lie to my boss several times about not showing up for work.

Similarly, Bofihla articulated:

Gambling makes a person anxious, always regretting and haunted by their decisions. It changes a person completely because you become a constant liar whom people can never trust.

Bofihla continued to narrate:

It makes you spend less time with other people and ruins your relationships because as a gambler, you end up lying about how you spend money, or even worse, not sleeping at home or arriving late most of the time to avoid conversations and long arguments.

Lineo fabricated a story about being robbed to explain the reasons she was unable to buy family consumables. Other participants lied because they were unable to pay their debts. It was also revealed from Bofihla's statement that lying contributed to trust issues between participants and other people who were being lied to.

4.3.4 Stealing money

Participants conveyed being faced with the challenge of stealing money due to their gambling behaviour, which intensified their financial strain. This was articulated by Moipone, a 32-year-old woman who worked as a teacher.

She explained:

I used to gamble with my own money because it felt right that way. But one day I used (stole) the money from my work and gambled it all.

Lineo equally shared, sighing multiple times:

In many instances, I steal money from my husband to feed my gambling habit. This disrupts all the peace at home.

Tefo said:

One thing about gambling is that luck is very random. Sometimes you find that you win a lot when you don't have money, while other times you win mostly when you have money and you are betting for fun. Which is why I resort to stealing the money from my family when I don't have my own money to gamble with.

The study revealed that most participants stole money to fund their gambling behaviour. It also revealed that their compulsive need to gamble even when they lacked funds is the one that leads them to stealing. Participants such as Moipone were conscious about what was morally right and yet she was tempted to steal because of her gambling behaviour.

4.4 COPING MECHANISMS IN PROBLEM GAMBLING

The findings of the study revealed that participants employed several mechanisms to cope with gambling-related stress. The participants highlighted that they relied on social support and self-destructing behaviours. Seeking professional help was one coping mechanism participants failed to adopt for the reasons they articulated.

4.4.1 Social support

The participants revealed that to cope with the stress brought by gambling, they received social support from their friends and family members as well as their church members.

4.4.1.1 Support from friends and family members

The participants stated that sometimes the stress of gambling is overwhelming, and at such times, they reach out to their friends and/or family members for support. This was articulated by Lineo who said:

Honestly, I desperately need assistance so that I can completely stop gambling. I have serious problems, many of them. Didn't you hear from the beginning of our conversation? I have been expressing my need for assistance (*she wiped off sweat around her face with her bare hand*). I constantly ask people close to me, especially my friends, that they should help me by advising me so that I can stop gambling.

Seeking social support from friends was however futile for Lineo as she added:

Despite voicing it, no one has been able to convince me to stop gambling. Talking to my friends is not of great help because we speak the same language of gambling. It is more or less like “*ho qosa thokolosi ho mong’a eona*” (which means seeking support from someone who would never support you) and I hope you understand how useless it is.

Bofihla, a 29-year-old man on the other hand explained:

Some of my friends who know about my gambling behaviour are eager to help me when I am not coping, and it is easy to rely on them because they understand me more than my family members who disapprove of my gambling behaviour.

Participants relied mostly on the support from friends and family members. Some participants like Bofihla found it easier to rely on the support from friends due to their non-judgmental nature. However, other participants like Lineo disclosed that support from friends did not help them.

4.4.1.2 Support from church

Other participants stated that to cope with the stress of gambling, they receive support from their church. This was articulated by one participant, Moipone, who stated that she was able to get the support she needed to deal with her gambling-related stress from church.

She said:

If I was staying alone, I can assure you that I would be a hobo (*a person who stays in the streets*), begging for food one way or another. But because of my husband, I am able to take it one day at a time...When I got myself in this huge mess of debt..., my husband invited women from church to pray for me.

Moipone explained that the support from church did not help her because she did not stop gambling.

She continued:

It didn’t work, not at all. Honestly, it was not helpful because I am still gambling. I am even considering another alternative that could help me. I am thinking of

reaching out to professional counsellors; maybe they can help me, although I feel ashamed of more people knowing about my gambling problem.

4.4.2 Self-destructive behaviour

One participant, Thabo, a driver, dealt with gambling-related stress by engaging in self-destructive behaviour. He brushed his head with his hand and laughed as he narrated:

To avoid all this tension, I have decided to have multiple sexual partners to release my stress because the women don't ask me as many questions as my wife does. I also drink beer to avoid my wife so that when I arrive home, she is sleeping. She can be annoying. I am a man. I don't need people to tell me how to do things. This thing of talking to strangers about our problems is for women, they are weaklings. I have never felt I needed help, I am doing just fine.

Thabo found it helpful to reduce his gambling-related stress by having multiple sexual partners and drinking beer. Talking to strangers about personal problems was, in his view, something associated with women, whom he perceived as weaklings.

4.4.3 Seeking professional help

Out of all the coping mechanisms adopted by participants to reduce their gambling-related stress, no participant sought assistance from counselling services. In the case of Puleng, she said:

I haven't sought professional help either because I couldn't afford to pay for counselling sessions. There is nothing I do to manage stress. Wherever I am alone, I am thinking of my gambling problems.

Realeboha also articulated:

Currently, I have not sought professional help because those people charge for their services which most gamblers can't afford.

He went further to explain as follows:

Most of the time when we win in gambling, we use all the money at once. Without money, there is no way we can afford professional help.

Contrary to participants who knew about counselling services provided by professionals, but could not resort to them mainly because of lack of funds, some participants were completely not aware of the existence of professional help even though they completely acknowledged that gambling has become problematic for them. Not knowing about this service hindered their search for such services. For example, Lineo explained:

I have never sought professional help either, not at all. You know, I don't know where to find them. I doubt my friends know as well... Maybe my problems would be long gone had I known about them.

Lineo did not know about the availability of counselling services. She believed she would have been helped had she sought professional help. She asked me to help her locate the help she needed.

4.5 HEALTH IMPLICATIONS OF PROBLEM GAMBLING

The findings of the study established that gambling also has health implications on participants. Participants stated that they sometimes suffer from stress and depression, mood swings and headache.

4.5.1 Stress and depression

Most participants reported having experienced stress and depression and provided the following illustrations.

Thabo explained:

I am used to stress. But sometimes it comes with unbearable tension. It's rough! Sitting in a gambling establishment is not a child's play.

Complementary to Thabo, Lineo narrated:

I am sick; I am experiencing a lot of stress. My stress levels keep on increasing and decreasing now and then and this is because the habit of gambling is hitting me hard. Sometimes the stress also comes from not having enough money to engage in gambling and is elevated by the fear of missing out.

Puleng also narrated with teary eyes:

Gambling has destroyed me emotionally. Sometimes my stress levels are elevated when I look back and realise there is so much I could have accomplished but

instead, I wasted so much time and money which I will never recover. It depresses me every time I think of it. I wonder how I will ever find myself out of this mess.

Thabo felt accustomed to being stressed by his gambling behaviour. Lineo's stress increased due to not having money to gamble when she needed to and also because of the fear of missing out on gambling opportunities. Puleng felt depressed when she realised she could not recover the money she had lost.

4.5.2 Mood Swings

The participants explained that sometimes they suffer from mood swings due to gambling. As a result, the mood swings affect their health as sometimes they cannot control their sadness and happiness due to the aftermath of gambling. Both male and female participants experienced mood swings although in a different way. For example, Tefo said:

Sometimes I become quiet or cry secretly. There was a time I felt so alone and hopeless (*coughing*)! It was when I gambled all the money I stole from home only to lose it all. I felt so helpless, I didn't know what to do.

Similar to Tefo, Lineo shared her experience:

Gambling will make you moody as if you are a pregnant woman, trust me. One moment everything is fine, the next minute my emotions are high because I have lost.

She continued:

There are times when I hate myself for the person I have become. Then I wonder: "what is actually forcing me to enslave myself this much? Am I really allowing gambling to control my life this much? Why can't I just quit gambling?" I pray to God to help me stop gambling because I realise my life is on hold.

Thato, a forty-one-year-old man self-employed as a barber said:

I sulk for a few days when I have lost in gambling and after the anger has gone down, I start gambling again.

Mood swings were reported by the participants as common among problem gamblers. They affect both males and females and are clearly a result of gambling-related stress. Some participants expressed their moods through quietness or crying secretly. One participant compared mood swings resulting from problem gambling to those of a pregnant woman.

4.5.3 Headache

Only one female participant, Moipone, reported experiencing headaches multiple times, which occurred when she had lost a bet while gambling. She expressed her health concerns as follows:

Moipone: As we are speaking now, I am sick dear, because of gambling.

Interviewer: What are you suffering from?

Moipone: I have recurring headaches because of the stress of losing money from gambling and the debts I don't know how to repay.

4.6 SOCIAL IMPLICATIONS OF GAMBLING BEHAVIOUR

The participants of the study revealed that they also face the challenge of strained relationships as a result of their gambling behaviour. They explained that they strained their relationships with their family members, friends as well as their colleagues.

4.6.1 Strained relationships with family members

Participants described the erosion of trust and breakdown in communication as common issues between themselves and those close to them such as spouses, family, friends and colleagues. Lineo expressed concerns about her relationship with her husband, whom she nearly lost due to her gambling behaviour.

She narrated:

Gambling has affected my relationships a lot. There was a time I gambled M5000.00 (about USD 286.62). It belonged to our stokvel which I am a member of. It completely destroyed peace at home so much that I had to tell the truth about how I spent it. It is not only me, many families are falling apart because of constant fights arising from gambling. I am an example of those people who were almost

divorced, my husband left me for two months. I thought he would never come back (*laughing*). Gambling has a demonic grip; I am telling you.

Puleng, who had been in a low spirit since the beginning of our conversation reported:

Gambling has disrupted my relationships so much. I have told you that my father hates it. We are always arguing because of it. I remember one time he kicked me out of my home because I had gambled all my salary (in teary eyes). I had nothing to put on the table. The disagreement was so serious that we were not on speaking terms with my father for weeks.

Gambling strained participants' relationships with their family members, as they indicated that conflicts arose due to their gambling behaviour. Puleng at some point lost contact with her father because of conflicts brought by her gambling behaviour.

4.6.2 Strained relationships with friends

On the other hand, other participants stated that gambling has cost them good relationships with friends. The participants stated that they had ruined their friendships as they borrowed money from their friends, and lied when they failed to pay their friends back. For example, Realeboha said:

Sometimes I borrow money from my friends, hoping to pay them back. But after I lose, I fail to pay them back and this causes an exchange of unpleasant words to the extent that we get angry at each other and stop talking. It causes a lot of conflicts.

Puleng added:

I had to live temporarily with my friend for two months, if I remember correctly, after I lost everything to gambling. My friend complained about me overstaying and eventually kicked me out because I wasn't contributing anything while I was there.

Participants had communication breakdowns with their friends due to their failure to settle their recurring gambling-related debts, which ultimately strained their friendships. Some participants' debts exacerbated tension that led to disputes with their friends.

4.6.3 Strained relationships with colleagues

Unlike other participants who mostly strained their relationships with their friends and families, Limakatso, a sixty-three years old woman employed within a retail as a shop assistant, explained:

Since I live alone, the only relationship that is strained is with my colleagues. I have had minor conflicts with my colleagues. They always complain that I misuse money. But I don't care, even though they have this tendency of isolating themselves from me.

The study revealed that only one participant strained her relationships with colleagues due to her gambling behaviour, which raised their concerns about her misuse of money.

4.7 CHAPTER SUMMARY

This chapter presented the findings on the health consequences of problem gambling among adult gamblers in Maseru. It began by providing a detailed interpretation of the participants' demographics, followed by a discussion of how they perceived their gambling behaviour. Finally, the chapter presented and analysed the study's findings, focusing on the stressors associated with gambling, coping mechanisms, and the health and social implications of problem gambling.

CHAPTER FIVE

DISCUSSION AND RECOMMENDATION

5.0 INTRODUCTION

This research study aimed to explore the health consequences of problem gambling among adult gamblers in Maseru. The discussions of this study are guided by the following research objectives:

- I. To identify stressors experienced by adult gamblers as a result of problem gambling.
- II. To establish coping mechanisms employed by gamblers to reduce stress arising from problem gambling.
- III. To find out the health implications of problem gambling on gamblers.

The chapter draws conclusions from the findings and provides recommendations for future research.

5.1 UNDERSTANDING GAMBLING USING THE STRESS PROCESS MODEL

Pearlin et.al. (1981) observes that the process of social stress involves three major interconnected parts, namely: sources of stress (where the stress comes from), mediators of stress (how it is dealt with) and, manifestation of stress (how stress shows up in people's lives).

5.1.1 SOURCES OF STRESS IN GAMBLING

Financial strain was found to be the main source of stress among participants, which resulted from debt accumulation, misdirecting funds, lying, and stealing money.

5.1.1.1 Debt accumulation

One challenge faced by many participants was creating debts while funding their gambling activities. Some participants borrowed money under false impressions just to fund their gambling activities. These findings align with Berman & Siegel (2012) and Dowling et al. (2016), who suggest that as losses increase, problem gamblers may borrow money from friends, family, or financial institutions. Financial instability caused by excessive gambling losses can result in escalating debts and even bankruptcy. The study

further supports evidence that some individuals spend their entire salaries on gambling, leading to debt accumulation as they are forced to borrow money from various sources (Newsroom, 2023).

5.1.1.2 Misdirecting funds

Misdirecting funds was found to be common among adult gamblers in Maseru, where money intended for essential household expenses was diverted to gambling, leading to severe financial strain. Financial strain prompts individuals to misallocate funds meant for household necessities, as reported by McComb et al. (2009). Similarly, some participants raised concerns about being unable to provide basic needs such as food and clothing for their families, as they channelled all their money into gambling. This aligns with Hahmann et al. (2021), who argued that gamblers struggle to maintain basic needs due to overspending on gambling.

5.1.1.1.3 Lying

Lying was a mechanism employed by most gamblers to cover up their gambling-related overspending. This behaviour stemmed from their need to hide their gambling activities and losses from people closest to them, most specifically their friends, colleagues and family members, which was consistent with the findings of Gupta & Derevensky, (1998) that problem gamblers often deceive their friends and family to conceal their gambling habits. Gamblers lied about their financial status, the amount of money they lost and even the time they spent gambling. This deception which was reported by seven gamblers, led to a cycle of ongoing participation in gambling and increased their financial strain. One participant fabricated a story to hide her gambling behaviour, another participant lied to her boss at work to conceal her gambling behaviour. Generally, lying negatively affected trust between gamblers and those closest to them. These findings are consistent with Hing (2022) who highlighted that gamblers often deceive and hide their gambling activities, leading to mistrust and poor communication.

5.3.1.1.4 Stealing money

One of the severe challenges associated with gambling behaviour was the tendency for individuals to steal money to fund their gambling activities. Individuals who gamble stole money from family, friends and their workplace. Weinstock et al. (2004) emphasised that as gambling behaviours become more problematic, individuals may resort to increasingly desperate measures, such as stealing money to sustain their gambling habits. This aligns with the findings of the current study, where most participants reported stealing as another measure they resorted to in funding gambling. To show that stealing was a desperate measure, one participant indicated that under normal circumstances, she funded gambling with her own money, except on one incident where she stole from her work. This implies that as the compulsion to gamble intensifies, individuals exhaust their legitimate financial resources and turn to theft as a desperate measure to continue gambling. Other participants stated that they resorted to stealing money from their families in order to gamble.

5.1.2 MEDIATORS OF STRESS IN GAMBLING

The results established that gamblers in Maseru adopted various coping mechanisms to manage the stress associated with gambling. The participants stated that they were able to cope with the stress through social support and self-destructive behaviours. Some participants acknowledged being aware of the availability of counselling services but chose not to use them.

5.1.2.1 Social support

Social support was important to all individuals experiencing stressful life situations, as it helped reduce stress and promoted their well-being. Similarly, Pearlin et al. (1981) pointed out the importance of social support in modifying the impact of stressful situation, which in this context, was problem gambling. The quality of relationships between gamblers and their friends, colleagues, or family members was crucial because it determined the type of support they received when facing stressful situations. It also encouraged their help-seeking behaviour to overcome or manage stress.

5.1.2.1.1 Support from friends and family members

Having the support of friends and family was essential for helping gamblers manage the stress associated with gambling. A strong support system provided emotional stability and practical assistance, both of which were crucial in overcoming problem gambling. Most participants - ten to be exact - relied on support from friends and family members. This possibly indicates their closeness, availability and willingness to offer them support. Perlin et al. (1981) suggested that social support helps individuals manage stress by acting as a buffer between stressors and the emotional or psychological impact of those stressors. This implies that gamblers with a close support system are more likely to be resilient in their recovery process. This is primarily due to Chan's (2016) emphasis on how open communication between family members, friends and problem gamblers fosters a better understanding of problem gambling and helps them support one another in managing the stress and anxiety that come with it.

Although participants received emotional and financial support from friends and family members, they all noted that it was ineffective. Most participants reported no improvement despite the support provided, which challenges the effectiveness of support groups among individuals struggling with problem gambling. One potential reason for the inadequacy of the support offered by friends and family could be that while the support might reinforce the gambler's sense of security, it often falls short without professional treatment to address the underlying behavioural aspects of problem gambling as emphasised by Haroon et al. (2004) and Weinstock & Petry (2008).

5.1.2.1.2 Support from church

One female participant reported having sought support from the church to deal with gambling-related stress. Religious involvement can enhance resilience by offering emotional support and a framework for making sense of personal struggles (Koenig, 2012). The participant's experience of having church members pray for her reflects communal support. However, the findings also revealed that religious support may not always be sufficient for overcoming the complexities of problem gambling as the

participant reported that in her case, support from the church was futile as it did not address her underlying issues or change her gambling behaviour.

5.1.2.2 Maladaptive coping

One male participant reported having extra-marital affairs and drinking beer to deal with gambling-related stress, with the ultimate intention to avoid conflicts with his wife. Secondly, the participant believed talking to people about problems was associated with women, as in his view they were weaklings. Individuals avoid stressful situations through escape-related thoughts to suppress their emotions, which is normally known as maladaptive coping. This method of coping relieves the stress or emotional discomfort temporarily but in the long run, it becomes even more harmful and counter-productive as it fails to address the underlying problem and could possibly exacerbate stress over time. These findings are substantiated by Gupta et al. (2004) in emphasis that adults who gamble excessively tend to rely on emotion-driven coping strategies which become maladaptive when the strategies used to manage emotions do not resolve the stressor but instead, lead to more harmful consequences. The current study shows that only male participant adopted maladaptive coping to deal with gambling-related stress, which is consistent with Jauregui et al. (2017) that male gamblers have mostly been linked to emotion-focused coping strategies more than female gamblers.

5.1.2.3 Seeking professional help

The study results revealed that out of all the coping mechanisms adopted by adult gamblers in Maseru to deal with gambling-related stress, no gambler has sought professional help. Some participants were aware of professional services such as counselling. However, they were unable to access these services due to a lack of funds. One male participant noted that this financial shortfall was a result of gamblers mis-managing their money, spending all of it on gambling without saving. In support, Gainsbury et al. (2014) posit that gamblers who are under financial strain frequently avoid seeking professional assistance in favour of paying off debt and other financial commitments. This makes it very difficult for them to get the therapy they need, even when they realise that they need it. Some participants were completely unaware of the

existence of professional help even though they completely acknowledged their gambling problem, despite the fact that counselling services are free in Lesotho public healthcare facilities. This highlights inadequate dissemination of information about the availability of free counselling services in Lesotho.

5.1.3 MANIFESTATION OF GAMBLING-RELATED STRESS

Two manifestations of gambling-related stress, namely the health and the social implications, were revealed by the current study.

5.1.3.1 Health Implications of gambling

Problem gambling often extends beyond financial losses and poses significant health risks that usually impact an individual's physical, psychological, and emotional well-being. Kalischuk et al. (2006) indicate that gambling is generally not a problem for many individuals, but it is addictive and problematic for some people. Most gamblers indicated that they experienced negative health implications due to their ongoing participation in gambling, which are discussed under the sub-themes below.

5.1.3.1.1 Stress and depression

The study found that excessive involvement in gambling marked the onset of illness among gamblers. Participants explained that since they began gambling, their stress levels had increased, leading to severe depression. One participant noted that her depression escalated to the point where she contemplated burning down her house. These findings are consistent with Matthews et al. (2009) and Karlsson & Hakansson (2018), who identified depression as a significant health consequence experienced by problem gamblers.

5.1.3.1.2 Mood swings

Both male and female gamblers reported having experienced mood swings in different ways. Gamblers who experienced mood swings faced significant emotional turmoil. One participant reported feeling alone and hopeless and having mood swings which were expressed through his quietness and crying in secret, which signifies being socially

withdrawn. Social withdrawal enhances both emotions of loneliness and despair, hopelessness, shame, grief and self-hatred that problem gamblers feel (Salonen et al., 2018). In addition, the findings resonate with Keshavarz (2020) that stress can lead to social withdrawal as most problem gamblers self-isolate from their friends and family. One participant indicated expressing his moods through sulking and then returning to gambling, which reflects the cyclical nature of gambling behaviour.

5.1.3.1.3 Headache

The analysis revealed that individuals who engage in gambling activities suffer from physical ailments. One female participant stated that she was suffering from recurring headaches as a result of stress arising from her ongoing participation in gambling, which promoted her mismanagement of finances. This is consistent with Fong (2005), who observed that escalating debts created by gamblers lead to chronic stress, resulting in physical consequences such as hypertension, migraines, and cardiovascular disease.

5.1.3.2 Social implications of problem gambling

Problem gambling was found to strain personal relationships as participants reported prioritising gambling over spending time with their loved ones or fulfilling their responsibilities. Severe disruptions of gamblers' personal relationships are evidenced in the sub-themes below.

5.1.3.2.1 Strained relationships with family members

Gambling led to strained relationships between gamblers and their family members. This was caused by financial instability resulting from gambling losses, which led to arguments and resentment as family members struggled to cover basic needs or deal with mounting debts. Evdokimova & Stepanova (2023) posit that gamblers have regular conflicts with their friends and family members over their gambling behaviour and the associated financial strain. Similarly, participants reported strained relationships with their families, indicating that they faced familial conflicts at home. One female participant's relationship with her father was severely strained to the extent that her father kicked her out of the family house because she neglected her responsibilities and spent all her money on

gambling. These findings were consistent with Chan (2016) who emphasised that the emotional fall-out from problem gambling also creates tension between family members. The other participant reported that her husband almost divorced her over conflicts related to her gambling behaviour as he left her for two months. In the same manner, Taylor et al. (2018) indicated that the strain placed on relationships can lead to social detachment, isolation and emotional distress.

5.1.3.2.2 Strained relationships with friends

Participants reported that their friends lent them money, which later led to resentment or disappointment when it was not repaid. After being thrown out of her home by her father, one participant temporarily stayed with a friend who, despite their friendship, eventually felt she had overstayed her welcome and asked her to leave. Another participant noted that his friends severed contact with him after he failed to repay the money he had borrowed. These findings align with Evdokimova and Stepanova (2023), who emphasised that gamblers frequently experience conflicts with friends and family members due to their gambling behaviour and the financial strain it causes.

5.1.3.2.3 Strained relationships with colleagues

One participant experienced strained relationships with her colleagues due to her gambling behaviour. She reported that her interactions with her colleagues became tense, to the point that they distanced themselves from her. Social isolation can have negative implications for individual health, increasing stress levels, depression, and anxiety, as shown by Cacioppo et al. (2019). The findings suggest that gambling behaviour, and how it is perceived by others, affects an individual's reputation in a professional setting, particularly within the workplace.

5.2 CONCLUSION

The study highlighted significant health-related issues faced by adult gamblers as a result of problem gambling. It identified financial strain as the primary stressor, which arose from debt accumulation, misdirection of funds, stealing money, and lying about gambling behaviour. Furthermore, the study revealed that gamblers employed various coping mechanisms to alleviate the stress associated with their problem gambling, including seeking support from friends, family members, and the church, as well as engaging in self-destructive behaviours. Problem gambling in Maseru was found to be linked to increased risks of stress (psychological health), mood swings (emotional health), and headaches (physical health). It also contributed to strained relationships with friends, family members and colleagues. The study further highlighted the existence of gender stereotypes in Maseru, where one man avoided seeking professional help and instead engaged in self-destructive behaviour to uphold his sense of masculinity. In contrast, most women were found to seek social support from friends and family, as well as support from the church. Lastly, the inadequate dissemination of information about available professional services limited other problem gamblers' ability to seek professional services, particularly in Lesotho, where such services are provided free of charge.

5.3 IMPLICATIONS OF THE STUDY

- **Implications for the study**

The study underscores the severe health consequences of problem gambling, such as stress and depression, mood swings, and headaches, which calls for the urgent need for targeted mental health interventions. The ineffectiveness of social support systems in alleviating gambling-related stress suggests a gap in community-based coping mechanisms and the necessity for more robust, professional support services to address these issues.

- **Implications for policy**

The research findings suggest an urgent need for policy interventions in which the government of Lesotho should strengthen regulations on gambling activities. This could include limiting the availability of gambling venues. The government, through relevant ministries, should introduce financial literacy and debt counselling programmes that help individuals to manage their finances better to avoid financial strain. I also recommend strengthening the social support system through community-based intervention programmes that offer support to gamblers within their local environment. This could include partnerships with local churches, social organisations, and family support groups. This would enable the support system of gamblers to be properly guided as to how they can effectively support problem gamblers.

- **Areas for further research**

A potential area of research would involve a more quantitative approach to statistically represent the health implications of problem gambling in Lesotho. Another valuable area of study could focus on how problem gambling affects family members, as the consequences extend beyond the individual. Additionally, exploring various intervention strategies could help identify the most effective methods for preventing and treating problem gambling.

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APENDICES

APPENDIX A: Introduction letter from NUL



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Phuptjane 25, 2024

Morena oa Reserve
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Kopo ea ho lumelloa ho etsa boithuto

Kea lumelisa,

Ke kopela 'Mapitso Motjolo-pane, moithuti sekolong se seholo sa sechaba, The National University of Lesotho, ho etsa boithuto motse moholo Maseru, khoeling ea Phuptjane le Phupu 2024. Moithuti enoa o lakatsa ho utloisisa ka botebo ka maphelo a batho ba bechang [gambling]. Mme ke hona, o lakatsa ho buisana le bo-ntate le bo-mme ba ka lakatsang ho moqokela ka bophelo a bona ba ho becha licacinong joalo-joalo le maikutlo a bona ka ho hapa kapa ho lahlehela ke chelete. Morero ke ho qoka le batho ba kabang leshome le metso e mehlano [15] teropong ea Maseru ba bonyane lilemo tse leshome le metso e robele [18 year old] le ho feta.

Ke kopa ke hona o amohele ha Mme 'Mapitso a buisana le batho ka hare ho teropo ka litaba tsa mosebetsi ona oa bona. Re le tiisetsa hore litaba tsa batho bana ba sebelletsang ka hara teropo ea Maseru li tla sebelisoa feela mabapi le boithuto ba 'Mapitso sekolong. Mabitso a bona kapa libaka tseo ba sebelletsang ho tsona, 'moho le metse eo ba tsoang ho eona, e tla ba lekunutu la hae le barupeli feela.

Ke tebello ea sekolo hore barutuo-a ba etse boithuto bona hore ba tle ba atlehe lithutong tsa bona, 'me ke mo kopela hore le mo amohele, le mo lumelle ho etsa boithuto bona. Ka boikokobetso,

Relebohile Morojele

R. Morojele.

Mokoetlisi ka NUL, Roma - +266.340.601 ext. 3749

APPENDIX B: Informed Consent Form

Informed Consent Form

My name is 'Mapitso Motjoloane and I am pursuing my Master's degree in Health and Medical Sociology at the National University of Lesotho. I am conducting a research study on the health consequences of problem gambling among adults in Maseru to identify stressors experienced by adult gamblers and establish coping mechanisms they employ to manage stress arising from gambling addiction. As part of this research, I am seeking your consent to participate in an interview regarding your experiences with problem gambling. Your involvement in this study is entirely voluntary, and you have the right to decline to answer any questions or terminate the interview at any point if you feel uncomfortable.

The interview is expected to last approximately 45 minutes. Should you choose to participate, our conversation will be audio-recorded solely to accurately capture the information provided. I will then transcribe (write out) the interviews. Our discussion will be confidential and your name will not be recorded anywhere in the transcription manuscript so there will be no way of linking what you say in this interview to who you are. Only myself and my supervisor will have access to this data, which will be securely stored. Upon completion of the research, all audio files and transcripts will be permanently deleted.

I, the undersigned, confirm the following (please tick box as appropriate):

| | |
|---|--------------------------|
| <ul style="list-style-type: none">I have read and understood the information about the project and voluntarily agree to participate | <input type="checkbox"/> |
| <ul style="list-style-type: none">I consent to audio recording | <input type="checkbox"/> |

I, along with the Researcher, agree to sign and date this informed consent form.

Names of participant

.....

Date:

Names of researcher

.....

Date:

APPENDIX C: Interview Guide

Interview schedule for adult gamblers in Maseru

Per the consent form you reviewed, I am 'Mapitso Motjoloane. I am keen to explore your gambling experiences.

PERSONAL INFORMATION

1. Gender.
2. How old are you?
3. Are you employed?
 - What do you do for a living?
4. Are you a resident of Maseru?
 - How long have you been living in Maseru?

History of gambling

5. Have you ever gambled in your life?
 - How did you initiate your involvement in the gambling?
 - For how long have you been gambling?
6. Which gambling activity is your favourite?
7. How many times in a week do you gamble?
 - How many hours in a week do you spend on gambling?
8. Are the hours or days you spend on gambling increasing or decreasing?
9. Is it easy for you to stop gambling at any point should you desire to do so?
10. What is your opinion about you being able or unable to control your gambling behaviour?

Gambling awareness within the family

11. Does your family know about your involvement in gambling?
12. Do they approve or also participate in gambling?
13. How do they feel about you spending money on gambling?

Stressors experienced by adult gamblers as a result of problem gambling.

1. Where do you get the money to support your gambling activity?
 - How easy is it for you to always obtain the money for gambling?
 - What actions do you take when you feel the need to gamble but lack the funds to do so?
 - Elaborate on specific challenges you have encountered as a result of continuous spending of money on gambling.

Coping mechanisms employed by gamblers to manage stress arising from problem gambling.

2. Have you ever felt you were unable to cope as a result of constantly gambling?
 - Have you ever felt you needed help to deal with your gambling behaviour?
3. Which informal support systems have you relied on to help you cope with your gambling behaviour?
 - In what ways could you say they were helpful?
 - Have you sought any professional help to assist you in managing your gambling-related stress?
 - If so, in what way can you say that it helped?
4. Please share any specific activities or hobbies that you find helpful in reducing stress and diverting your attention away from gambling.
5. Please describe any positive changes or improvements you have experienced as a result of implementing coping mechanisms.

Health Implications of Problem Gambling.

6. Have there been particular instances in which you felt overwhelmed or anxious as a result of gambling?
 - Can you please elaborate on them?
7. Elaborate on any kind of ailment you have had as a result of gambling.
8. How have your moods been as a result of your gambling behaviour?

9. Have you ever felt lonely, hopeless, or self-hatred because of your gambling addiction?
 - What instances brought about the feeling?
 - Can you please elaborate more?
10. Have you ever felt withdrawn from activities you enjoyed before as a result of gambling?
 - How often have you found yourself withdrawing from these activities?
 - Can you explain how it felt like?
11. Has gambling caused strain in your relationships?
 - If so, in what ways?

Wrapping up

12. Which segment of the interview did you find most enjoyable?
13. Is there anything pertaining to the interview or anything else that you wish to share with me?

Thank you.

APPENDIX D: Demographic characteristics

| PARTICIPANTS' CHARACTERISTICS | | | | | |
|-------------------------------|-----|-----|-----------------|--------------------|------------------|
| Participants | Sex | Age | Maseru resident | Type of employment | Position at work |
| Thabo | M | 45 | Yes | Self-employed | Driver |
| Tefo | M | 37 | Yes | Self-employed | Handy man |
| Lineo | F | 55 | Yes | Self-employed | Beer vendor |
| Bofihla | M | 29 | Yes | Self-employed | Street vendor |
| Puleng | F | 42 | Yes | Public servant | Not disclosed |
| Lesia | M | 46 | Yes | Self-employed | Street vendor |
| Limakatso | F | 63 | Yes | Retail employment | Shop assistant |
| Thato | M | 41 | Yes | Self-employed | Barber |
| Palesa | F | 30 | Yes | Self-employed | Cook |
| Realeboha | M | 29 | Yes | Self-employed | Carpenter |
| Fihlang | M | 36 | Yes | Self-employed | Street vendor |
| Moipone | F | 32 | Yes | Public servant | Teacher |