



# **SOCIAL DYNAMICS OF GAMBLING IN RESOURCE-CONSTRAINED CONTEXTS. EXPERIENCES FROM SELECTED AFRICAN COUNTRIES**

**Manase Kudzai Chiweshe**  
**University of Zimbabwe**

# INTRODUCTION TO GAMBLING IN AFRICA

- Gambling encompasses sports betting (both legal and illegal), lotteries, casinos, and informal games such as dice and card games.
- The industry's overall gambling market is projected to be worth \$17.63 billion in 2025
- Lack of detailed country studies or data on prevalence. Useful surveys guide the picture of prevalence.
- Prevalence in GeoPoll surveys in 2025: Kenya, 79%; Uganda, 87%; Nigeria, 71%; South Africa, 90%. Mobile gambling dominates, with 91% of users placing bets via their phones.
- Drivers: Poverty, youth unemployment, mobile money access, weak regulations.
- Internet based platforms: eg. M-Pesa (Kenya) and mobile platforms facilitate access to betting.
- BetKing and Bet9ja in Nigeria – the use of celebrity endorsements
- In 2024, 91% of bettors used mobile phones (Geopoll).
- Online gambling often escapes regulation, enabling youth access.

# THE SOCIO-ECONOMIC CONTEXT OF GAMBLING

- High gambling among youth: Kenya, 76%, Uganda, 57% (GeoPoll, 2022).
- Seen as an escape from poverty and joblessness.
- Kenya's gambling revenue accounts for 5% of its GDP (GeoPoll, 2024).
- Dual economies: informal betting like Nigeria's 'Baba Ijebu' vs formal state lotteries.
- Cultural beliefs and superstitions influence gambling habits.
- Religious and traditional systems both condemn and justify gambling.
- In South Africa, 27.7% of National Lottery players were unemployed.
- Low financial education among gamblers.
- Quick wealth myths drive excessive betting behaviour.
- Gambling is linked to debt and personal financial collapse (Daily Trust, 2023).

# PSYCHOLOGICAL & MENTAL HEALTH IMPACTS

- Addiction, stress, and depression are common among frequent gamblers (WHO, 2023).
- Gambling often co-occurs with anxiety and substance use.
- Lack of mental health infrastructure across Africa; stigma remains strong.
- Gambling is linked to family breakdown, domestic violence (UNODC, 2023).
- Child neglect and financial instability are common outcomes.
- Youth gambling is tied to school dropouts in Uganda and Nigeria.
- Addiction drives crimes like fraud and theft (Daily Trust, 2023).
- Mobile gambling enables anonymous money laundering.
- Case studies in Nigeria show gamblers misusing client funds and being arrested.
- Limited mental health education and awareness and shame, and stigma are also barriers. Name-calling, ridicule, and chastisement are the types of things that people with mental illnesses are met with in the community.

# STATE OF MENTAL HEALTH INFRASTRUCTURE AND GAMBLING

- Mental health services in Africa have suffered from many challenges.
- Africa has 1.4 mental health workers per 100,000 people, a low figure beside the global average of 9 workers per 100,000 people.
- The global annual rate of visits to outpatient mental health facilities is 1051 per 100,000 people, but when Africa is zoomed in, it is only about 14 per 100,000.
- In Sierra Leone, it is estimated that 98% of people lack access to mental health care.
- Less than 10% of Nigerians have access to professional mental health services, with only 300 psychiatrists.
- In South Africa, the country with the most advanced mental health response still has, 16.5% of the adult population suffers from mental illness, but only 25% receive treatment. Also, rural-urban and racial differences persist.
- In Kenya, data from the National Mental Health Strategy (2020–2025), covering the period from 2013 to 2017, indicate a significant increase in the number of psychiatrists from 60 to 68.
- Uganda faces a critical shortage of mental health professionals, with a rate of only 0.08 psychiatrists per 100,000 people, most concentrated in urban areas, creating disparities in care access between urban and rural regions.

# MENTAL HEALTH CHALLENGES ACROSS AFRICA

**Shortage of Professionals:** The region has a very low ratio of mental health workers per capita compared to the global average, with some countries reporting less than one psychiatrist per 100,000 people.

**Inadequate Funding:** Mental health services often receive a small percentage of national health budgets, hindering the development and expansion of facilities and services.

**Limited Access:** Specialised psychiatric care is often concentrated in urban areas, leaving many rural populations with limited or no access to mental health services.

**Weak Health Systems:** Fragmented systems, lack of coordination, and inadequate infrastructure further impede the provision of quality mental health care.

**Stigma and Discrimination:** Cultural beliefs and societal attitudes often stigmatise mental illness, leading to underreporting of cases and reluctance to seek help.

**Outdated Policies:** Many countries have mental health policies, but they are often outdated or poorly implemented, failing to address the current needs.

**Resource Limitations:** Limited access to essential medications, technologies, and infrastructure further restricts the availability and quality of mental health services.

# REGULATORY CHALLENGES IN AFRICA

## 1. Weak or Outdated Legal Frameworks

- Many African countries rely on colonial-era laws or fragmented regulations
- 83.6% of SSA countries have gambling laws, but enforcement is weak (UNODC, 2023).
- Lack of harmonised policies for land-based vs. online gambling

## 2. Regulatory Capacity Gaps

- Inadequate enforcement mechanisms
- Limited technical capacity to monitor digital platforms
- Corruption and a lack of coordination among regulators hinder the effectiveness of the impact.

## 3. Cross-Border Jurisdiction Issues

- Online gambling transcends national boundaries
- Difficulty in taxing and licensing foreign operators

## 4. Rise of Unregulated Markets

- Proliferation of illegal betting platforms, especially online
- Increased risks of money laundering and fraud

## 5. Socioeconomic and Ethical Concerns

- Problem gambling among youth and low-income communities
- Limited public awareness and weak consumer protections

# POLICY RECOMMENDATIONS FOR HARM REDUCTION

## **Strengthen Regulation & Enforcement**

- Harmonise gambling laws across ministries and regions.
- Enforce strict age verification and Know Your Customer (KYC) requirements for all mobile platforms.
- Address cross-border online gambling loopholes.

## **2. Financial Literacy & Public Education**

- Launch targeted campaigns in schools, markets, and on mobile platforms.
- Integrate gambling awareness into national financial education programs.
- Use local languages and social media to reach vulnerable groups.

## **3. Expand Mental Health & Addiction Support**

- Establish low-cost, confidential rehab and counselling centres.
- Train frontline workers and community leaders on gambling addiction

#### **4. Community-Based Harm Reduction**

- Support peer-led support groups and watch programs.
- Equip faith and cultural leaders to counter harmful beliefs.
- Link at-risk communities (youth, LGBTQ+, PWDs) to local care.

#### **5. Corporate Accountability**

- Mandate 2% of operator profits for harm reduction.
- Ban ads targeting youth, poor, or unrealistic success.
- Require in-app betting warnings and cooldown

#### **6. Research & Social Protection**

- Fund national gambling impact studies and share data.
- Track harm indicators: debt, dropout, violence, suicide.
- Include gambling risk in social protection and poverty programs.