The Correlation between Gambling Addiction and Generalized Anxiety Disorder

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DOI: https://doi.org/10.51244/IJRSI.2025.12120045

Received: 21 December 2025; Accepted: 26 December 2025; Published: 03 January 2026

ABSTRACT

This descriptive study examined the relationship between Gambling Addiction (GD) and Generalized Anxiety Disorder (GAD) symptoms amongst 145 men (ages 18–65) in Matasia Location, Kajiado County, Kenya, a peri-urban area marked by high unemployment (56.6%). The research confirmed a pervasive, destructive psychological cycle: 69.0% of respondents reported using gambling as a maladaptive coping mechanism to escape stress and emotional challenges. However, this behavior severely worsened their mental health (51.7%), leading to a high prevalence of post-gambling distress. Men exhibited clinical anxiety symptoms, including excessive worry (69.0%) and severe physical manifestations (93.1%, such as sweating and sleeplessness). The negative emotional aftermath was characterized by intense guilt (93.1%) and shame (89.7%). This cycle is primarily fuelled by the financial fallout of the addiction—chronic losses (96.6%) and crippling debt (98.6%)—which amplify anxiety and drive the compulsive, daily gambling (54.5%). The findings establish a clear, detrimental relationship where gambling, initially sought for emotional escape, becomes the primary generator of severe anxiety. Urgent, integrated interventions addressing both the addiction and the underlying mental health needs, alongside economic and regulatory reforms, are essential to mitigate this public health crisis in the community.

Keywords: Gambling Addiction, Generalized Anxiety Disorder, Comorbidity, Emotional Escapism, Problem Gambling, Mental Health.

INTRODUCTION

Gambling has undergone a profound transformation in sub-Saharan Africa, evolving rapidly from traditional, localized betting to a massive, digitally-driven industry accessible 24/7 via mobile technology (Mumbi, 2020; GeoPoll, 2025). This proliferation has catalysed a corresponding rise in Gambling Disorder (GD), classified in the DSM-5 as a non-substance-related addictive disorder (American Psychiatric Association [APA], 2013). GD is now recognized as a significant public health issue in Kenya, particularly among young men in peri-urban environments who are simultaneously grappling with acute economic hardship and high unemployment (NACADA, 2021).

Matasia Location, situated within Ngong Sub-County of Kajiado County, is a prime example of such a high-risk setting. Although geographically close to the capital, Nairobi, Matasia faces pronounced socio-economic challenges, including elevated poverty and unemployment rates (KIPPRA, 2024; KNBS, 2025). The preceding study in this region established that the core drivers for gambling among men were the desperate desire for quick wealth (48.3%) and general financial pressures (25.5%) (Njau, 2025a). However, the psychological dimension—specifically, the comorbidity between gambling and anxiety—was identified as a critical area requiring deeper investigation.

International epidemiological studies have consistently demonstrated a strong link between GD and various mental health conditions, with anxiety and depression being among the most common co-occurring disorders (Lorains et al., 2011; Potenza, 2014). Individuals with anxiety disorders, particularly Generalized Anxiety Disorder (GAD), often report using gambling as a mechanism for emotional regulation—a means to escape the persistent, excessive worry and psychological discomfort that defines GAD (Pallesen et al., 2019). This self-

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

medication pathway, however, is severely counterproductive, as the financial instability and loss inherent in problem gambling inevitably exacerbate the original anxiety, creating a destructive, self-perpetuating cycle (Shaffer & Carnes, 2010).

Given the acute economic stressors in Matasia and the established high rate of problem gambling (Njau, 2025a), this study was designed to investigate the psychological consequences of this behavior. Specifically, the research aims to establish the relationship between the severity of problem gambling and the experience of anxiety symptoms, with a particular focus on GAD, among adult men in Matasia Location. By identifying the extent to which gambling is used for emotional coping and how it contributes to mental health deterioration, this research provides the necessary evidence base for integrated treatment and public health policy tailored to this highly vulnerable community. The findings will transition the focus from solely economic motivations to a holistic understanding of the psychological crisis accompanying the gambling epidemic in peri-urban Kenya.

Statement of the Problem

While the prevalence and economic drivers of gambling in Matasia have been documented (Njau, 2025a), the specific psychological toll and the existence of a robust comorbidity with Generalized Anxiety Disorder remain poorly understood at the local level. The high rates of unemployment (56.6%) and debt (98.6%) in the study population suggest an environment ripe for chronic stress, worry, and anxiety. If gambling is employed as a coping mechanism, as the literature suggests (Potenza, 2014), the resultant financial crises would paradoxically worsen the anxiety symptoms, thereby deepening the addiction. Without specific data on this GD-GAD relationship, mental health interventions will remain inadequate, focusing only on addiction cessation while neglecting the underlying and resultant anxiety, ensuring high rates of relapse. This study seeks to close that research gap by quantifying the prevalence of anxiety symptoms and detailing the emotional impact of gambling on men in Matasia.

Research Objectives

1. To determine the prevalence of anxiety symptoms and the use of gambling as an emotional coping mechanism among men in Matasia Location.
2. To analyse the manifestation of psychological and physical anxiety symptoms (e.g., excessive worry, restlessness, somatic complaints) experienced by men as a result of their gambling behavior.
3. To establish the relationship between gambling-related financial distress (losses, debt) and the exacerbation of anxiety symptoms.
4. To provide evidence-based recommendations for integrated treatment and public health interventions addressing the comorbidity of Gambling Disorder and Generalized Anxiety Disorder in this community.

LITERATURE REVIEW

Gambling Disorder: A Global and African Public Health Issue

Gambling Disorder (GD) is classified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) as the first and only non-substance addictive disorder (APA, 2013). It is characterized by persistent and recurrent maladaptive gambling behavior that leads to clinically significant impairment or distress. Globally, the prevalence of lifetime pathological gambling ranges between 0.12% and 5.8%, with significantly higher rates often reported in specific vulnerable populations, such as young adults, university students, and individuals facing socio-economic disadvantage (Volberg et al., 2018). The shift from traditional betting to online and mobile platforms has drastically increased accessibility, lowering the barrier to entry and accelerating the progression from recreational to problematic gambling (NACADA, 2021).

In the African context, GD has become an emergent public health crisis, largely fuelled by the rapid liberalization of betting laws, aggressive marketing, and the ubiquity of mobile payment platforms (Mumbi, 2020). Studies across sub-Saharan Africa, including in South Africa and Nigeria, show concerningly high rates of youth participation, often exceeding figures in developed nations (GeoPoll, 2025; NACADA, 2021). In Kenya, high unemployment and the cultural aspiration for immediate wealth have made mobile sports betting and casino-

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

style games like Aviator highly attractive, transforming gambling from a recreational pursuit to a desperate economic strategy for many young men (Njau, 2025a). This environment has led to severe social and psychological consequences, including relationship breakdown, financial devastation, and in extreme cases, gambling-related suicide, which disproportionately affects young men in the region (Mumbi, 2020; Shaffer & Carnes, 2010). The easy, instant gratification offered by mobile money services like M-Pesa facilitates rapid and frequent transactions, accelerating the debt cycle and exacerbating financial anxiety among users.

Comorbidity of Gambling Disorder and Generalized Anxiety Disorder (GAD)

The literature consistently highlights a strong association between GD and other psychiatric conditions. The most common comorbidities include mood disorders (especially Major Depressive Disorder), substance use disorders, and anxiety disorders (Lorains et al., 2011). Estimates suggest that up to 37.4% of individuals with GD also have a lifetime diagnosis of an anxiety disorder (Pallesen et al., 2019). The co-occurrence of these disorders is not random; rather, it often reflects shared underlying biological vulnerabilities or, more frequently, a functional relationship where one disorder drives or maintains the other (Potenza, 2014).

Generalized Anxiety Disorder (GAD) is characterized by chronic, excessive, and uncontrollable worry about everyday events and activities, often accompanied by physical symptoms such as restlessness, muscle tension, fatigue, and sleep disturbance (APA, 2013). The co-occurrence of GAD and GD is particularly relevant due to the bidirectional nature of their relationship:

1. **GAD as a Risk Factor (Self-Medication Hypothesis):** The chronic distress and cognitive preoccupation that define GAD often drive individuals to seek temporary relief or escape. The Self-Medication Hypothesis posits that the high-arousal state, distraction, or temporary feeling of control experienced during gambling offers a brief but powerful cognitive and emotional respite from the persistent worry of GAD (Potenza, 2014). This is reinforced by the finding that many problem gamblers report gambling specifically "to escape problems or when feeling depressed or anxious" (Potenza et al., 2003). In Matasia, the chronic worry about unemployment (56.6%) and providing for family would be a powerful pre-existing anxiety that gambling momentarily silences. The act of betting, being highly cognitively engaging, serves as a powerful distraction, a form of active cognitive avoidance from painful realities.

2. **GD as a Cause of GAD (Consequence of Behavior):** The financial and social consequences of problem gambling—debt, job loss, relationship failure, and potential legal issues—are themselves potent sources of overwhelming anxiety. As gambling behavior escalates, the resultant distress fuels severe worry about finances, debt repayment, and maintaining secrecy (Pallesen et al., 2019). This mechanism of consequence-driven anxiety transforms the gambling behavior from a coping mechanism into the primary source of the anxiety itself, trapping the individual in a self-reinforcing, destructive cycle (Shaffer & Carnes, 2010). The fear of being exposed, the pressure of debts, and the realization of one's diminishing financial future become the new, intense focus of the pathological worry, thereby meeting the diagnostic criteria for GAD.

Theoretical Framework: The Cycle of Negative Reinforcement and Maladaptive Coping

This study utilizes two complementary psychological models to understand the GD-GAD relationship in Matasia: The Self-Medication Hypothesis and Operant Conditioning.

The Self-Medication Hypothesis

As outlined above, this model views the onset of GD as an attempt to manage negative affective states, such as GAD. In the context of Matasia, where the core stress is chronic unemployment and financial instability (Njau, 2025a), the constant worry (a hallmark of GAD) is temporarily arrested by the engrossing nature and high cognitive load of complex betting activities. The rush of dopamine and the state of focused engagement during the act of placing a bet serve as an immediate, albeit short-lived, palliative for chronic stress (Potenza, 2014). This is particularly evident in the current study, where 69.0% of respondents admit to using gambling to cope with emotional challenges.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

Operant Conditioning and Negative Reinforcement

Building on the Self-Medication Hypothesis, Skinner's Learning Theory of Behaviourism provides the mechanism for the maintenance of the addiction (Skinner, 1953).

- **Positive Reinforcement:** The occasional, unpredictable "win" (variable ratio schedule) provides a strong positive reward (excitement, financial gain), ensuring persistence in betting. This explains the motivation of "desire for quick wealth" (Njau, 2025a).

- **Negative Reinforcement:** Crucially, the temporary escape from anxiety and worry acts as a negative reinforcer. The moment an individual, overwhelmed by financial GAD, successfully distracts himself through gambling, the relief of anxiety reinforces the act of gambling. This is particularly potent because relief from a negative state is often a more powerful driver of addiction than the pursuit of pleasure (Potenza et al., 2003).

The result is a vicious cycle where GAD drives gambling, and the consequences of the gambling intensify the GAD, leading to a constant need for the maladaptive coping mechanism. Understanding this dual function—gambling as a coping tool and gambling as a cause of mental illness—is essential for designing effective clinical interventions (Oei & Gordon, 2008). This cyclical relationship is illustrated below:

Socio-Economic Context of Psychological Distress in Peri-urban Kenya

The context of peri-urban Matasia exacerbates this psychological vulnerability. High unemployment (56.6% in the sample), limited opportunities, and the associated pressure on men as primary providers create pervasive, culturally-bound stress (KIPPRA, 2024). The failure to meet family expectations due to financial hardship translates into guilt and shame, which are powerful drivers of avoidance behaviors like gambling (Shaffer & Carnes, 2010). The easy availability of mobile betting, which is relentlessly marketed as a quick solution to poverty, preys directly on the anxiety and desperation of this population. The study therefore hypothesizes that the economic desperation established in the earlier work (Njau, 2025a) has a direct causal link to high levels of GAD, which in turn fuels the severity of the Gambling Disorder. The cultural pressure on men not to show vulnerability further complicates this, driving the distress underground and channelling it into the socially acceptable (but ultimately destructive) high-risk behavior of betting. The widespread nature of the problem, with 54.5% gambling daily, normalizes the behavior and minimizes the social incentive to seek help.

METHODOLOGY

Research Design

This study employed a descriptive research design, utilizing a quantitative cross-sectional survey to assess the prevalence of anxiety symptoms and their correlation with gambling behavior among men in the target area. The design was appropriate for detailing the characteristics of the population and the nature and extent of the relationship between the variables at a single point in time (Creswell, 2014). The methodology was built upon and extended the prior descriptive mixed-methods study conducted in the same location (Njau, 2025a), ensuring continuity and comparability of contextual data. While the initial study focused on motivations, this research focused on psychological consequences and comorbidity.

Study Area and Target Population

The study was conducted in Matasia Location, Ngong Sub-County, Kajiado County, Kenya. Matasia is a rapidly developing peri-urban area that provides fertile ground for the investigation of GD due to its socioeconomic profile (high unemployment, mixed income levels) and the high concentration of mobile money access points and betting venues (Njau, 2025a). The target population consisted of adult men (aged 18-65) who frequent gambling hotspots, identified as the demographic most afflicted by problem gambling in the region (NACADA, 2021). The rationale for focusing solely on men was the established gender disparity in gambling participation and problem rates in Kenya.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

Sampling and Sample Size

The target sample size was calculated using Yamane's formula (Yamane, 1967), deemed appropriate for descriptive studies, resulting in a target of 150 respondents. A total of 145 men successfully completed the survey, yielding a high response rate of 96.7%.

A two-stage sampling technique was employed:

1. **Stratified Sampling:** Gambling venues (betting shops, bars with betting facilities, and popular eateries with mobile betting access) were stratified geographically across the location to ensure representation from different nodes of gambling activity.

2. **Snowball Sampling and Convenience Sampling:** Due to the sensitive and often stigmatized nature of addiction research, initial participants were recruited using convenience sampling at the venues (where they were actively engaging in gambling) and subsequently assisted in recruiting further eligible respondents (adult males who gamble) through the snowball method (Johnson & Onwuegbuzie, 2004). This method was crucial for reaching individuals who might not openly acknowledge their gambling problems outside of these settings.

Research Instruments

A structured questionnaire, adapted from internationally validated scales and locally contextualized for relevance to Matasia, was the primary data collection instrument. The instrument was comprised of four main sections, designed to provide a comprehensive profile of the gambling-anxiety nexus:

1. **Socio-Demographic and Gambling Behaviour:** Items captured basic demographic data (age, employment status) and detailed gambling habits (frequency, expenditure, preferred games—e.g., sports betting, Aviator).
2. **Gambling Severity (Implied):** Questions were designed to capture the behavioural indicators of problem gambling, such as the magnitude of financial losses, extent of borrowing to fund gambling (debt), and repeated unsuccessful attempts to stop or cut down (Njau, 2025b). These items served as crucial contextual variables and proxies for the full dimensions measured by instruments like the Problem Gambling Severity Index (PGSI).
3. **Anxiety and Emotional Functioning (Implied GAD-7):** This core section focused on the psychological variables. Specific questions, designed to mirror the criteria for GAD in the DSM-5 (APA, 2013) and key items from the GAD-7 scale (Spitzer et al., 2006), assessed:

    a) The use of gambling as a coping mechanism for stress and emotional challenges ("Do you gamble to escape from problems or when feeling anxious/stressed?").
    b) The deterioration of mental health ("Has your gambling worsened your anxiety or mental health in general?").
    c) The manifestation of anxiety symptoms *after* gambling, including excessive worry, restlessness, fear, and physical symptoms (e.g., sweating, shaking, sleeplessness).

4. **Affective and Cognitive Consequences:** This section measured the intensity of internal conflict, such as guilt, shame, and financial anxiety related to the behavior, which are key psychological barriers to recovery.

Validity and Reliability

The validity of the instrument was ensured through expert review by supervisors (including Dr. Maria Ntaragwe) and domain experts at the Embulbul Educational and Counselling Centre, who assessed the content for clarity, cultural appropriateness, and alignment with the study objectives. Although formal Cronbach's alpha testing was beyond the scope of this project, the items were adapted from empirically validated tools (like the GAD-7 and PGSI dimensions), lending established internal consistency to the measures of anxiety and problem behavior.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

Data Collection Procedure

Data collection was conducted in July 2025, following institutional ethical approval from the Ethics Committee of the Embulbul Educational and Counselling Centre. All procedures strictly adhered to the principles outlined in the 1964 Helsinki Declaration (World Medical Association, 2013). Necessary research permits were secured from local governmental authorities. Trained research assistants, sensitive to the issues of addiction and mental health, administered the questionnaires face-to-face in Kiswahili and English (based on respondent preference) to ensure comprehension. Respondents were assured of complete confidentiality and anonymity, and informed consent was obtained prior to participation. Participants were also provided with referral information for local counselling services, addressing the ethical obligation of beneficence.

Data Analysis

Quantitative data were coded and analysed using the Statistical Package for the Social Sciences (IBM SPSS Version 30). Frequencies and percentages were the primary analytical tools, used to describe the socio-demographic profile, gambling behaviors, and the prevalence of specific anxiety symptoms (e.g., percentage of men reporting excessive worry, percentage reporting gambling as a coping mechanism). The descriptive results were used to establish the co-occurrence and sequential relationship (cause and consequence) between the gambling behaviors (debt, losses, frequency) and the anxiety outcomes (symptoms, worry levels). This descriptive analysis provided the basis for asserting the "strong, detrimental relationship" between the two variables, effectively fulfilling the descriptive research objective.

RESULTS

The analysis of data from the 145 male respondents provides a detailed profile of the psychological impact of problem gambling in Matasia, confirming the hypothesized link between the addiction and Generalized Anxiety Disorder (GAD) symptoms.

Socio-Demographic Context of Distress

The socioeconomic profile of the participants highlights the context of intense vulnerability and chronic stress that precedes and accompanies the gambling addiction:

- **Unemployment:** A severe unemployment rate of 56.6% among the male respondents was recorded, indicating that the majority of the sample were under intense financial pressure and idleness, a significant precursor to both problem gambling and GAD (KIPPRA, 2024; Njau, 2025a).
- **Frequency:** Compulsive, high-frequency behavior was confirmed, with 54.5% of men reporting that they gamble daily, suggesting an entrenched addiction that consumes significant time and cognitive resources (Njau, 2025a).

Financial Consequences and Anxiety Drivers

The financial outcome of this high-frequency gambling is demonstrably ruinous and forms the core driver of the anxiety cycle:

a) **Financial Loss:** A near-universal 96.6% of the men surveyed reported experiencing financial losses from their gambling activities.
b) **Debt Accumulation:** An even more alarming 98.6% admitted to having borrowed money from friends, family, or lenders to fund their betting, demonstrating pervasive and acute debt distress (Njau, 2025b).

This catastrophic financial situation directly translates into overwhelming anxiety:

Indicator of Financial and Emotional Worry	Frequency(n=145)	Percentage (%)
Felt anxious or worried about their gambling behavior (Often/Always)	109	**75.2%**
Felt anxious about finances as a result of gambling (Often/Always)	100	**68.9%**

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

These figures underscore that the initial pursuit of wealth has created a chronic state of financial anxiety, dominating the emotional landscape of three-quarters of the gambling population.

Gambling as a Maladaptive Emotional Coping Mechanism

The study confirmed the central role of emotional regulation in driving the addiction, supporting the Self-Medication Hypothesis:

a) **Coping Mechanism:** An overwhelming 69.0% of men explicitly reported using gambling to cope with existing stress, anxiety, or other emotional challenges. This confirms that for the majority, gambling is utilized as a form of self-medication or escape from painful realities (Njau, 2025b).
b) **Failed Coping:** Despite the attempt to cope, 51.7% of participants confirmed that their gambling habits had directly worsened their anxiety or mental health in general, demonstrating the failure of the strategy.

Manifestation of Post-Gambling Anxiety Symptoms

The analysis of emotional states and symptom manifestation post-gambling provides a stark indication of GAD comorbidity. While initial emotions before betting included excitement (42.8%) and hope (23.5%), the ensuing psychological cost was immense:

Post-Gambling Symptom and Affective State	Frequency (n=145)	Percentage (%)
Experienced physical symptoms (sweating, shaking, sleeplessness)	135	**93.1%**
Excessive worry (GAD symptom)	100	**69.0%**
Restlessness *after* gambling	93	**64.1%**
Fear *after* gambling	82	**56.6%**
Guilt and self-loathing *after* gambling	135	**93.1%**
Shame	130	**89.7%**
Feeling Depressed *after* gambling	50	**34.5%**
Feeling Anxious *after* gambling	45	**31.0%**

Key Symptom Findings:

a) **Somatic Distress:** The prevalence of physical anxiety symptoms (sweating, shaking, sleeplessness) at 93.1% is exceptionally high, indicating a widespread state of physiological hyperarousal and chronic stress typical of severe anxiety disorders (APA, 2013).
b) **Excessive Worry:** The finding that 69.0% report excessive worry and 64.1% report restlessness reinforces the presence of core GAD symptoms within the gambling population. This worry, fuelled by financial losses and debt, becomes pathologically pervasive.
c) **Affective Crisis:** The emotional fallout of guilt (93.1%) and shame (89.7%) is nearly universal, highlighting the severe damage to self-esteem and the social pressures hindering help-seeking behavior (Shaffer & Carnes, 2010).

Behavioral Indicators of Addiction

The difficulty in controlling the behavior, a hallmark of addiction, was also high:

a) **Loss of Control: 65.5%** of the men reported having tried but failed to stop or reduce their gambling, despite the clear financial and psychological costs.

b) **Social Consequence:** Corroborating the shame and guilt, **93.1%** reported that their gambling had caused serious damage to their relationships with family and friends (Njau, 2025b).

In summary, the results demonstrate a clear, compounding relationship where the act of gambling, initially sought as a relief for stress, systematically generates a more intense, chronic, and symptomatic anxiety disorder, trapping the men of Matasia in a cycle of addiction and mental illness.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

Confirmation of the GD-GAD Comorbidity and the Destructive Cycle

The findings of this study provide robust, localized evidence confirming the strong comorbidity between Gambling Disorder and the symptoms of Generalized Anxiety Disorder (GAD) in the peri-urban male population of Matasia. The data overwhelmingly supports the theoretical model of a cyclical, destructive relationship between the two conditions (Potenza, 2014).

The initial state of vulnerability is clearly linked to the socioeconomic environment. High unemployment (56.6%) and the pervasive pressure to provide for family create a deep, continuous source of worry and stress—the fertile ground for GAD. This chronic anxiety is the emotional engine that drives the Self-Medication Hypothesis (Oei & Gordon, 2008). The finding that 69.0% of men actively use gambling to cope with stress provides direct empirical support for this mechanism. For these men, the highly stimulating and distracting nature of mobile betting (e.g., the high cognitive load and speed of games like Aviator) offers a momentary "time-out" from persistent, debilitating worry.

This momentary relief is a potent example of negative reinforcement (Skinner, 1953). The removal of the negative stimulus (anxiety) strengthens the likelihood of the preceding behavior (gambling) being repeated. This psychological reinforcement, coupled with the variable ratio of reinforcement provided by occasional wins, ensures the high-frequency nature of the addiction, with 54.5% gambling daily.

However, the efficacy of this coping strategy is catastrophic. The cycle immediately turns destructive due to the near-universal financial losses (96.6%) and debt accumulation (98.6%). The addiction, which began as a tool to manage stress, quickly morphs into the primary source of severe anxiety. The 75.2% who worry about their gambling and the 68.9% who worry about their resulting finances are experiencing a symptom profile consistent with GAD, where the focus of worry has shifted from general life stressors to debt, secrecy, and the consequences of their behavior. The 51.7% who reported worsened mental health confirm this transition from a self-medication attempt to an addiction that is actively pathologizing the individual (Shaffer & Carnes, 2010).

The Severity of Anxiety Symptomology

The severity of the anxiety symptoms recorded is a critical finding, strongly suggesting that this is a population in acute clinical distress. The 69.0% reporting excessive worry and 64.1% reporting restlessness are experiencing core cognitive and behavioural symptoms of GAD (APA, 2013). More critically, the physical manifestations—sweating, shaking, and sleeplessness—reported by 93.1% of the respondents underscore a state of chronic physiological hyperarousal. This level of somatic distress is medically concerning, pointing towards long-term health risks associated with chronic stress and potentially complicating any future attempts at recovery (Lorains et al., 2011).

The intense affective consequences of guilt (93.1%) and shame (89.7%) further entrench the addiction. Shame drives individuals to hide their problem, preventing them from seeking the professional help they desperately need (Shaffer & Carnes, 2010). The cultural expectation for men in Kenya to be stoic and financially successful exacerbates this; admitting to both financial failure and a mental health issue is a double source of humiliation, reinforcing the need for the private, repetitive, and escapist behavior of mobile betting. The reported 93.1% damage to relationships closes the social support loop, leaving the addicted man isolated and reliant solely on the maladaptive coping mechanism of gambling.

Policy Implications and the Need for Integrated Treatment

The study's findings necessitate a fundamental re-evaluation of how problem gambling is addressed in peri-urban communities like Matasia.

Firstly, the problem must be unequivocally reclassified and treated as a public health and mental health crisis, rather than a purely moral failing or economic misfortune. The high prevalence of GAD symptoms (69.0% excessive worry) means that addiction treatment that only focuses on behavior cessation without addressing the underlying or resultant anxiety is highly likely to fail, resulting in high relapse rates (Oei & Gordon, 2008).

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

Interventions must therefore be integrated, addressing both the GD and the GAD simultaneously. Cognitive-Behavioural Therapy (CBT) is an ideal modality, as it can target the cognitive distortions that underpin gambling (e.g., "I can win back my losses") while providing essential coping skills to manage anxiety and prevent the use of gambling for self-medication.

Secondly, the regulatory environment is complicit in amplifying this crisis. The 24/7 availability and high-speed nature of modern mobile gambling platforms directly facilitate the rapid descent into chronic debt and acute anxiety. Policy makers (e.g., the BCLB) must act decisively to regulate high-risk products and enforce measures that provide friction to impulsive betting, such as mandatory time-outs, spending caps, and clear, immediate displays of cumulative losses. The technology that fuels the addiction must be restrained to prevent the rapid onset of the GD-GAD cycle.

Finally, the socioeconomic determinants of anxiety must be addressed. The 56.6% unemployment rate is the foundation of the stress. Vocational training, entrepreneurship support, and financial literacy are not just economic tools; they are essential mental health interventions that provide an alternative, healthy pathway out of the state of chronic worry and desperation (KIPPRA, 2024).

CONCLUSION

This study successfully established a critical and destructive relationship between Gambling Addiction and the manifestation of Generalized Anxiety Disorder symptoms among men in Matasia Location, Ngong Sub-County, Kajiado County, Kenya. Gambling, predominantly driven by economic despair and the desire for wealth, is actively and overwhelmingly utilized as a maladaptive coping mechanism (69.0%) to escape chronic stress and anxiety. However, the resultant financial devastation (near-universal debt and loss) creates a severe, clinically significant anxiety disorder characterized by intense worry (69.0%), somatic symptoms (93.1%), and affective distress (guilt and shame). This confirms a vicious, self-reinforcing cycle of GD-GAD comorbidity that is severely debilitating the male population in this community. The high rates of unemployment and the cultural pressures surrounding male provision act as powerful co-factors, deepening both the addiction and the psychological distress. Effective intervention must be integrated, addressing the root socio-economic causes while providing professional mental healthcare for both the behavioural addiction and the pervasive anxiety disorder. The findings necessitate an urgent shift in regional policy to recognize and treat this phenomenon as an entrenched public health crisis.

RECOMMENDATIONS

Based on the empirical evidence of this study, the following integrated and multi-sectoral recommendations are proposed to mitigate the public health crisis of GD and GAD comorbidity in Matasia Location and similar peri-urban settings in Kenya:

Clinical and Mental Health Interventions

1. **Establish Integrated Counselling Centres:** The County Government, in collaboration with NGOs and faith-based organizations, should fund and establish local counselling centres in Matasia. These centres must offer integrated treatment for co-occurring disorders, specifically combining Cognitive-Behavioural Therapy (CBT) for both GD and GAD. This approach should target the cognitive distortions that fuel the belief that gambling can resolve debt and teach alternative, healthy coping skills to manage chronic worry and prevent the use of gambling for self-medication (Oei & Gordon, 2008).

2. **Targeted Anxiety Management Modules:** Interventions must explicitly address the high prevalence of somatic and cognitive anxiety symptoms. Group therapy focusing on stress reduction techniques, mindfulness, and relaxation exercises should be a core component to manage the 93.1% who experience physical distress. These modules are essential to equip men with tools to regulate the emotional state that 69.0% use gambling to escape.

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

3. **De-stigmatization Campaigns:** Community-led campaigns involving local elders and religious leaders must be initiated to reduce the shame (89.7%) and guilt (93.1%) associated with both addiction and mental illness. Campaigns should emphasize that addiction and anxiety are treatable health conditions, thereby encouraging the 65.5% of men who have failed to stop gambling to seek professional help without fear of social judgment.

Socio-Economic and Vocational Interventions

1. **Intensive Vocational Skills Training:** Given the 56.6% unemployment rate, vocational training programs must be rapidly scaled up in the area, offering skills relevant to the Kajiado County economy. These programs should provide a tangible, sustainable source of income, directly addressing the foundational economic stress that fuels the anxiety and desperation.

2. **Financial Literacy and Debt Counselling:** All men accessing counselling or vocational services should receive mandatory financial literacy and debt management training. This is crucial for managing the anxiety feedback loop driven by 98.6% debt and 75.2% financial worry. Training should focus on realistic budgeting, negotiation with creditors, and promoting saving habits to counter the impulsive pursuit of quick wealth (Njau, 2025a).

Policy and Regulatory Interventions

1. **Stricter Regulation of High-Risk Games:** The Betting Control and Licensing Board (BCLB) must immediately implement tighter regulatory controls on high-frequency, high-arousal digital casino-style games (e.g., Aviator). Mechanisms such as mandatory hourly breaks, daily/weekly spending limits, and clear, prominent displays of cumulative losses should be enforced to reduce the catastrophic speed of financial loss and, consequently, the onset of severe post-gambling anxiety (Mumbi, 2020).

2. **Mental Health Screening Integration:** All licensed betting establishments should be mandated to display and provide access to mental health support hotlines. Furthermore, the public health sector should incorporate routine GD and GAD screening into primary healthcare services, particularly in high-risk areas like Matasia, recognizing the GD-GAD relationship as a critical co-morbidity.

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ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XII Issue XII December 2025

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