INVESTIGATING WHETHER DAILY SPORTS BETTING INCREASES THE LIKELIHOOD OF EXPERIENCING GAMBLING HARM: A STUDY IN IBADAN.

Introduction

In recent years, sports betting has emerged as a rapidly growing phenomenon in Nigeria, particularly in urban centres like Ibadan, where the popularity of gambling among young adults has steadily increased. This rise in sports betting activities is largely driven by the integration of advanced technology and the introduction of various betting products designed to attract a younger audience. The Nigerian gambling industry, which includes sports betting as one of its most prominent sectors, is now valued at over $2 billion in revenue, with millions of Nigerians, especially those between 18 and 40, spending millions daily on betting activities (Joel et al., 2023). As sports betting has become more accessible and as the range of games and platforms for betting has increased, concerns have also emerged regarding the potential adverse impacts of this growing activity. In particular, there is mounting concern about the harm that gambling may cause to individuals, families, and communities, particularly among the youth.

The term "gambling" broadly refers to the act of wagering money or valuable items on uncertain outcomes, intending to gain financial or material rewards. In the Nigerian context, sports betting has played a central role in this definition, especially among young people in urban settings. While betting is commonly perceived as entertainment, it also carries the potential for significant harm. Gambling-related harms can include psychological distress, financial losses, job instability, and the breakdown of personal relationships (Joel et al., 2022; Ayandele et al., 2019). These negative outcomes can have serious long-term consequences, not only for the individual bettor but also for their families and broader social networks. Consequently, this research explores the association between the frequency of sports betting, specifically daily betting, and the likelihood of experiencing gambling-related harm.

This study arises from the growing need for empirical research that addresses the specific relationship between betting frequency and gambling harm in the Nigerian context. Although a wealth of research exists on gambling behaviour, most studies focus on populations in Western countries or provide generic analyses that do not reflect the cultural and social realities of Nigerian bettors (Browne et al., 2017; Hing et al., 2019). Therefore, the present study seeks to fill a significant gap in the literature by investigating whether daily sports betting increases the risk of gambling harm among individuals in Ibadan, Nigeria. This issue is particularly

important given the rapid growth of the Nigerian betting industry and the increasing participation of young adults in sports betting activities.

The research aims to determine the correlation between frequent sports betting, daily betting and the likelihood of experiencing gambling harm. The central hypothesis of the study posits that individuals who engage in daily sports betting are more likely to experience gambling-related harm than those who do not bet daily. This hypothesis is grounded in the broader understanding of gambling addiction and harm, as outlined in previous research. For instance, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) recognises gambling disorder as a behavioural addiction, characterised by a persistent and problematic pattern of gambling that leads to clinically significant impairment (American Psychiatric Association, 2013). Several studies have established that the frequency of gambling is a critical factor in predicting gambling harm, with daily gamblers experiencing more severe negative consequences than those who gamble occasionally (Browne et al., 2017; Hing et al., 2019).

The growing popularity of sports betting in Nigeria can be attributed to various factors, including the increasing availability of betting platforms, the rise of mobile betting, and the widespread use of the internet and social media. These technological advancements have made it easier for individuals to engage in betting activities regularly. However, these innovations also raise concerns about the accessibility and affordability of betting, particularly for younger and more vulnerable populations. As Akinyemi et al. (2020) noted, frequent bettors, especially students, are more likely to experience psychological stress and academic difficulties. In particular, individuals who bet daily often report experiencing higher levels of emotional distress, financial difficulties, and strained social relationships (Olanrewaju & Babatunde, 2023). These findings highlight the importance of understanding the relationship between betting frequency and gambling-related harm to develop targeted interventions that can mitigate these negative outcomes.

Sports betting is becoming more and more popular, but local empirical research on how betting frequency affects gambling harm in Nigerian contexts is lacking. Majority of the research that are now available are either generic or western population-specific. By employing bivariate binary logistic regression analysis to investigate the relationship between daily betting and gambling-related harm in Ibadan, this study aims to close the gap.

Ultimately, the significance of this study lies in its potential to contribute to the understanding of gambling harm in the Nigerian context. The findings will inform public health initiatives and responsible gaming campaigns aimed at reducing the negative impacts of gambling on individuals and communities. Additionally, the study will provide valuable insights for policymakers, educators, and mental health professionals, helping them to better address the challenges posed by gambling in Nigeria. By highlighting the risks associated with daily sports betting, the research will support the development of more effective prevention and intervention strategies for managing gambling-related harm in Nigerian society.

Aims and Objectives

The purpose of this study is to determine whether regular sports betting among adults in Ibadan, Nigeria, raises their risk of suffering gambling-related harm.

- To determine how common everyday sports betting is among Ibadan locals.
- To evaluate the types and prevalence of gambling harm that bettors encounter.
- To investigate the statistical association between daily sports betting and gambling-related harm using bivariate binary logistics regression.

Research question

- Does everyday sports betting enhance the likelihood of experiencing gambling-related harm?
- What is the strength of the link between daily betting and markers of harm (for example, financial, emotional, or relational distress)?

Hypothesis

- There is no significant relationship between daily sports betting and the likelihood of experiencing gambling harm.
- Individuals who engage in daily sports betting are more likely to experience gambling harm than those who do not bet daily.

Literature review

Gambling harm is defined as any adverse consequence arising from gambling activity that impacts an individual's health, finances, or relationships (Langham, 2016). These harms range from financial loss and emotional distress to job loss and broken relationships. The DSM-5 recognises gambling disorder as a behavioural addiction characterised by a persistent and recurrent problematic pattern of gambling behaviour leading to clinically significant impairment (American Psychiatric Association, 2013).

Several studies have found that the frequency of gambling is a strong predictor of gambling-related harm. Daily gamblers are significantly more likely to experience harm than occasional bettors (Browne et al., 2017). Hing et al. (2019) found that daily gambling behaviour was associated with higher odds of experiencing financial stress, anxiety, and social harm. Wardle et al. (2011) indicated that frequent sports bettors had a much higher prevalence of gambling problems than less frequent participants.

The Nigerian betting industry is relatively large as it is worth over $2billion in revenue as of 2020, over 60 million Nigerians between 18 and 40 spending $5.5million daily on different products (Joel et al.2023). According to Akinyemi et al. (2020), students who wager frequently experience psychological stress. Daily bettors were more likely to report debt, embarrassment, and family conflict, according to Olanrewaju & Babatunde (2023). Bivariate binary logistic regression is a popular model for estimating the probability of a binary outcome based on one or more binary variables (Menard, 2002). This approach is appropriate for this research since it enables us to calculate the probability that everyday sports betting raises the risk of injury.

Methodology

Research Design

This study adopted a quantitative cross-sectional research design, which enabled data collection from a defined population at a single point in time. A cross-sectional design was chosen because it effectively examines the prevalence of behaviours and associated harms within a specific population and establishes statistical associations between variables. The design was considered appropriate as the study aimed to evaluate the relationship between daily sports betting and gambling-related harm among residents of Ibadan, Nigeria. Unlike longitudinal studies, this approach allowed for efficient data collection and provided an overview of current betting behaviours and their consequences without requiring long-term follow-up.

Study Area

The study was conducted in Ibadan, the capital city of Oyo State in southwestern Nigeria. Ibadan is one of the largest urban centres in the country. It has a rapidly growing sports betting market due to the widespread adoption of mobile technologies and increased availability of betting platforms. The city was selected because it provides a representative mix of urban

demographics, making it suitable for understanding gambling trends among young adults and adults.

Target Population

The target population comprised adults aged 18 years and above actively participating in sports betting in Ibadan. This includes individuals across various socio-economic, educational, and occupational backgrounds.

Sample Size Determination

A total sample size of 270 respondents was used, derived using Yamane's formula for sample size determination at a 95% confidence level and 5% margin of error. This sample size was considered adequate to provide statistically meaningful results.

Sampling Technique

The study employed a purposeful sampling technique to select participants. Instead of targeting specific local government areas (LGAs) in Ibadan, the research team went around the city distributing the questionnaire at various betting outlets, recreational centres, and sports viewing venues where sports betting was actively taking place. This approach allowed for a broad representation of individuals who engaged in sports betting, without the need for predefined geographic boundaries. In total, 270 respondents were recruited from different parts of Ibadan, ensuring diversity in terms of age, gender, occupation, and socioeconomic status. The sampling technique, while convenient, provided a snapshot of the general betting population in Ibadan, enabling the study to capture a wide range of betting behaviours and their associated harms. By utilising this approach, the study ensured that the sample reflected a mix of habitual bettors and occasional gamblers, without being confined to specific regions within the city.

Data Collection Instrument

The study employed a structured questionnaire as the primary tool for data collection. The questionnaire was divided into four sections:

1. **Section A:** Demographic information (age, gender, education, marital status, income level, and occupation).

2. **Section B:** Sports betting behaviours (frequency, duration, preferred betting platforms, and amount spent).

3. **Section C:** Gambling harm indicators, including financial distress, emotional well-being, relationship impacts, and mental health.

The instrument was developed based on validated tools from previous studies on gambling harm (e.g., Browne et al., 2017; Langham et al., 2016) and adapted to fit the Nigerian context.

Validity and Reliability of Instrument

- **Content Validity:** Experts in psychology, public health, and gambling research reviewed the questionnaire to ensure it captured all relevant constructs.
- **Reliability Test:** Cronbach's alpha was calculated to measure internal consistency of the harm-related questions. A coefficient of 0.82 was obtained, indicating high reliability.

Data Collection Procedure

Data were collected over a week through in-person administration at betting outlets, recreational centres, and sports viewing venues. Trained research assistants facilitated the data collection process to ensure uniformity and adherence to ethical protocols.

Ethical Considerations

Respondents were provided with an informed consent form outlining the study's objectives, confidentiality policy, and voluntary participation rights. Respondents were assured of anonymity, and no personally identifying information was collected. Participants showing signs of severe gambling-related distress were referred to mental health counselling services and provided with helpline numbers.

Data Analysis Techniques

Collected data were entered into SPSS (Statistical Package for Social Sciences) version 25 for analysis. Descriptive and inferential statistics were used. Frequencies, percentages, means, and standard deviations were used to summarize demographic characteristics and gambling behaviours. Bivariate Binary Logistic Regression was applied to examine the relationship between daily sports betting and gambling-related harm. Statistical significance was set at $p < 0.05$.

Results

Table 1: Demographic Profile of Respondents

Variable	Frequency	Percentage
Age (years)		
15-17	1	0.4

18-25	101	37.4
26-35	96	35.6
36-45	46	17.0
46 and above	26	9.6
Gender		
Male	236	87.4
Female	33	12.2
Other	1	0.4
Marital Status		
Single	127	47.0
Married	129	47.8
Divorced	9	3.3
Widowed	4	1.5
Educational Qualification		
Primary	16	5.9
Secondary	151	55.9
Tertiary	94	34.8
None	8	3.0

Source: SPSS version 25, values are expressed in frequency(count), percentage (%)

Out of the 270 respondents, the majority (37.4%) fall within the 18–25 age group, followed closely by 26–35 years (35.6%), indicating that most participants are young adults. Gender distribution is highly male-dominated (87.4%), with females making up only 12.2% and a minimal 0.4% identifying as other. Regarding marital status, the respondents are almost evenly split between single (47.0%) and married (47.8%), with a small percentage being divorced (3.3%) or widowed (1.5%). In terms of educational attainment, the majority completed secondary education (55.9%), followed by tertiary education (34.8%), while a smaller portion had only primary education (5.9%) or no formal education (3.0%).

Table 2: Occupation

Occupation	Frequency	Percentage
Transporter	17	6.30
Transport	16	5.93
Trader	15	5.56
Student	14	5.19
Trading	11	4.07
Business	11	4.07
Bike man	10	3.70
Tailor	8	2.96
Driver	7	2.59
Bikeman	7	2.59

Source: SPSS version 25, values are expressed in frequency(count), percentage (%)

The occupational distribution reveals that respondents are involved in diverse economic activities, with transportation-related jobs dominating the list. Transporters (6.30%) and those simply identified under transport (5.93%) form the largest group, followed closely by traders (5.56%) and students (5.19%). Other occupations such as trading (4.07%), business (4.07%), and bike men (3.70%) also appear significant. The presence of occupations like tailors (2.96%) and drivers (2.59%) further highlights the informal and small-scale nature of economic activities among respondents. However, some duplication exists in the occupation names (e.g., “Bike man” and “Bikeman”), suggesting slight inconsistencies in reporting. Overall, the findings indicate that most respondents engage in small-scale trading, transportation, or self-employed ventures.

Table 3: Local Government Area

LGA	Frequency	Percentage
Ibadan North	62	23.96
Ibadan North East	48	17.78
Ibadan South East	65	24.07
Ibadan South West	49	18.15
Ido	8	2.96

Source: SPSS version 25, values are expressed in frequency(count), percentage (%)

Table 3 presents the distribution of respondents across selected Local Government Areas (LGAs) in Ibadan. The majority of respondents were drawn from Ibadan South East (65; 24.07%) and Ibadan North (62; 23.96%), together accounting for nearly half of the total sample. This was followed by Ibadan South West (49; 18.15%) and Ibadan North East (48; 17.78%), which also contributed substantial proportions. In contrast, Ido LGA had the lowest representation with only 8 respondents (2.96%). This uneven distribution suggests that urban LGAs were more represented in the study sample compared to the more peri-urban/rural LGAs.

Table 4: **Estimated Monthly Income**

Income Range	Frequency	Percentage (%)
₦100,000 – ₦200,000	85	31.48%
₦50,000 – ₦100,000	84	31.11%
< ₦50,000	59	21.85%
> ₦200,000	41	15.19%

Source: SPSS version 25, values are expressed in frequency(count), percentage (%)

The income distribution shows that most respondents earn within the ₦50,000 – ₦200,000 range, representing over 62% of participants. Specifically, 31.48% earn between ₦100,000 and ₦200,000, while 31.11% fall within the ₦50,000 – ₦100,000 bracket. Meanwhile, 21.85% earn below ₦50,000, indicating a considerably low-income segment among respondents. A smaller but notable proportion (15.19%) reports earning above ₦200,000, suggesting the presence of a relatively higher-income minority. This distribution highlights an income disparity within the population, with a majority clustered around middle-income levels but a significant group still earning relatively low wages.

Sports Betting Behaviour

This section highlights respondents' sports betting engagement and frequency patterns.

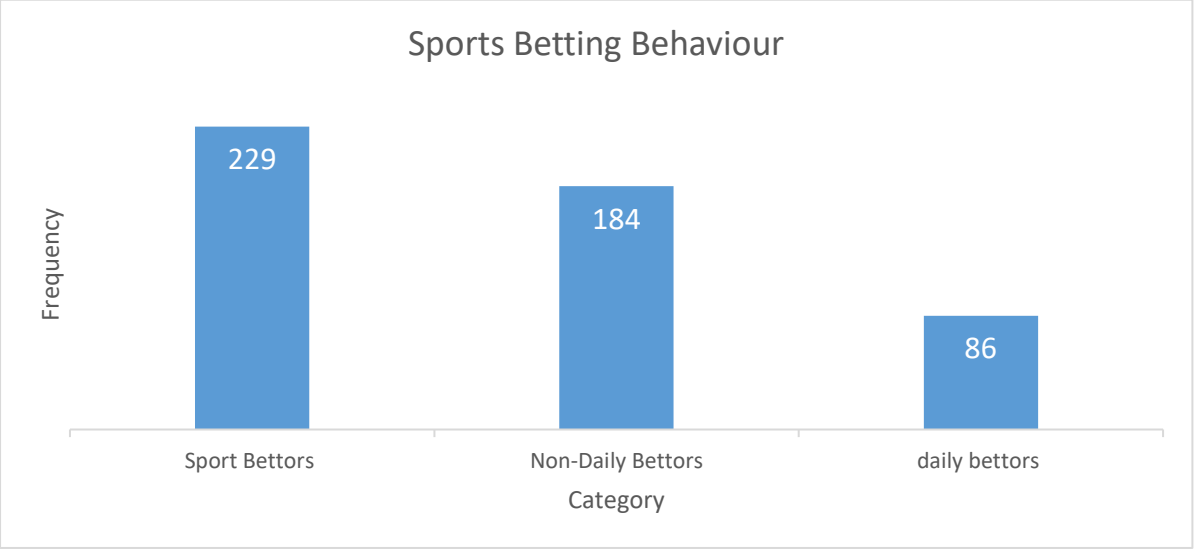

Figure 1: Sports Betting Behaviour

The results indicate that 84.8% of respondents identified as active sports bettors, demonstrating the widespread nature of betting within the study population. Among these, 86 respondents (≈31.9%) reported daily sports betting, while the remaining 68.1% bet less frequently. This high rate of participation among daily bettors implies a higher likelihood of exposure to gambling-related harm, given the relationship between frequent betting and problematic behaviours reported in the literature. Non-daily bettors represent the majority, but the existence of a substantial group of habitual daily bettors provides a critical focus for interventions and harm-prevention strategies.

Gambling Harm Indicators

Respondents were assessed on ten gambling harm indicators (C1–C10). The table shows the frequency endorsing each harm.

Indicator	Yes	No
C1. Have you ever lost more money than you could afford?	161	96
C2. Have you ever felt guilty or ashamed after betting?	136	120
C3. Have you lied to family or friends about your gambling?	155	101
C4. Has gambling affected your performance at work or school?	111	145
C5. Have you missed important responsibilities due to gambling?	102	153
C6. Have you experienced stress, anxiety, or depression due to gambling?	145	111
C7. Have you had arguments or relationship issues caused by gambling?	136	120
C8. Have you ever attempted or thought about self-harm due to gambling problems?	58	198
C9. Have you tried to stop gambling but found it difficult?	122	134
C10. Do you feel restless or irritable when not betting?	100	157

Source: SPSS version 25, values are expressed in frequency(count)

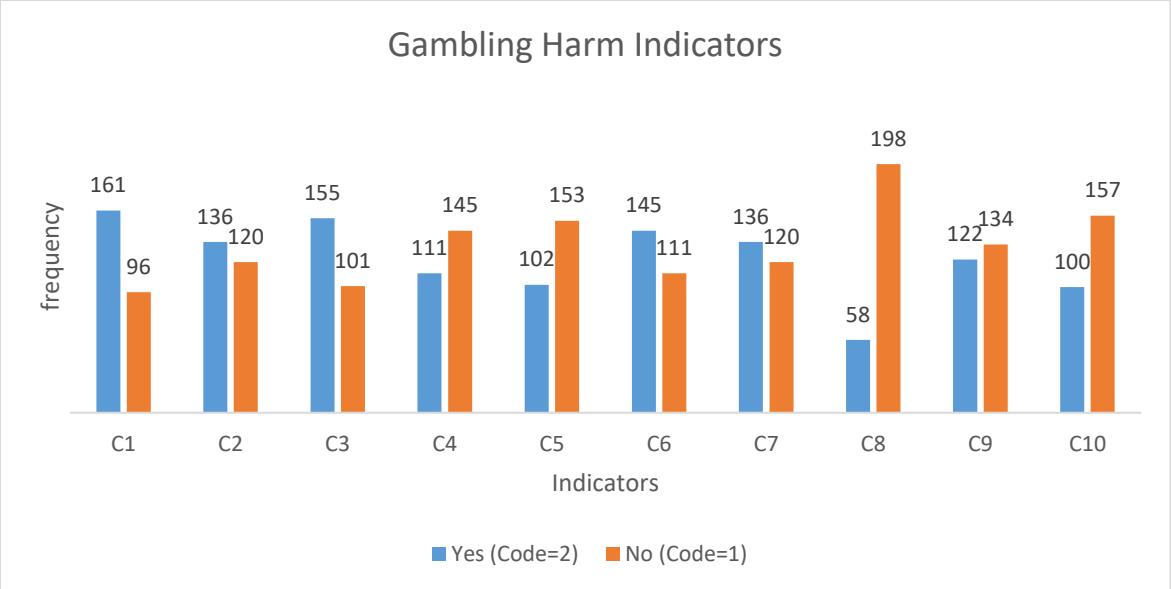

Figure 2: Gambling Harm Indicators

Analysis of the ten harm-related items reveals a concerning pattern of gambling-related problems among respondents. Across multiple indicators, a large proportion endorsed harm-

related behaviours, with Yes responses often exceeding 50% in key areas. Common harms include spending more than one can afford, feelings of guilt, relationship conflicts, and emotional distress. For example, significant proportions admitted to chasing losses, borrowing money to gamble, and missing important responsibilities due to betting activities. These findings show that a considerable number of bettors are already experiencing moderate to severe harm, underscoring the need for preventive measures and targeted support programs for at-risk individuals.

Harm Scores and Risk Levels

Respondents were classified into risk categories based on harm scores.

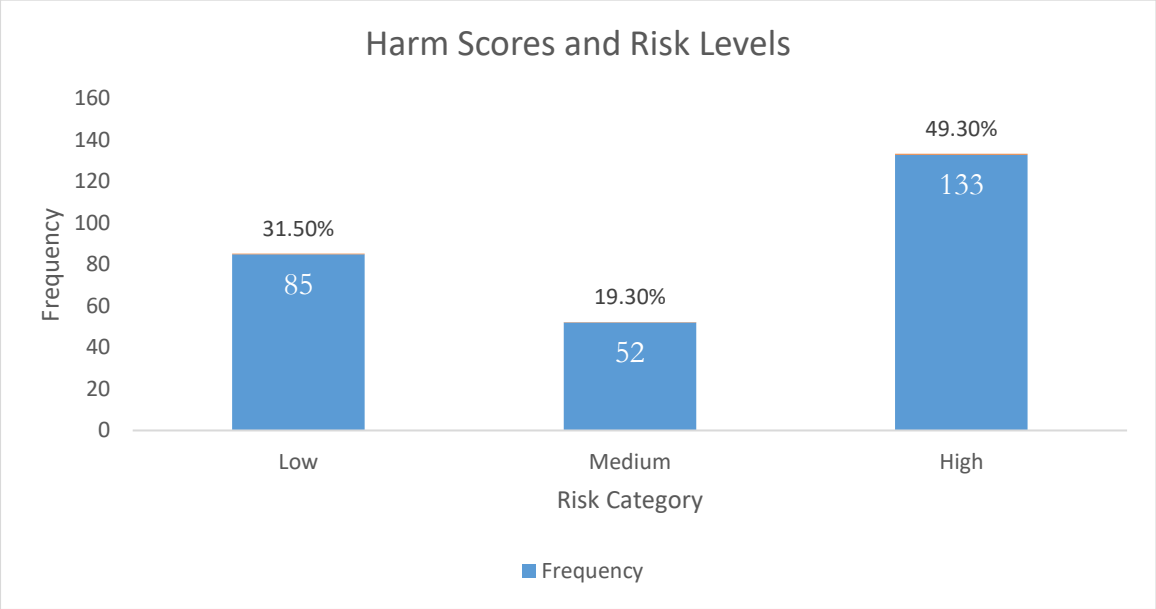

Figure 3: Harm Scores and Risk Levels

The harm score classification shows that respondents are unevenly distributed across the three risk categories. Only low-risk gamblers (harm score ≤ 2) constitute a minority of the sample, suggesting that relatively few participants engage in sports betting without negative consequences. A much larger group falls under the medium-risk category (harm score 3–4), experiencing occasional harms such as borrowing, missed responsibilities, or guilt after betting. Most notably, 49.3% of respondents are classified as high-risk gamblers (harm score ≥5). This demonstrates that nearly half of the sample population suffers significant gambling-related consequences, indicating a potential public health concern within the community.

Daily Betting vs Gambling Harm

This section compares gambling harm between daily and non-daily bettors.

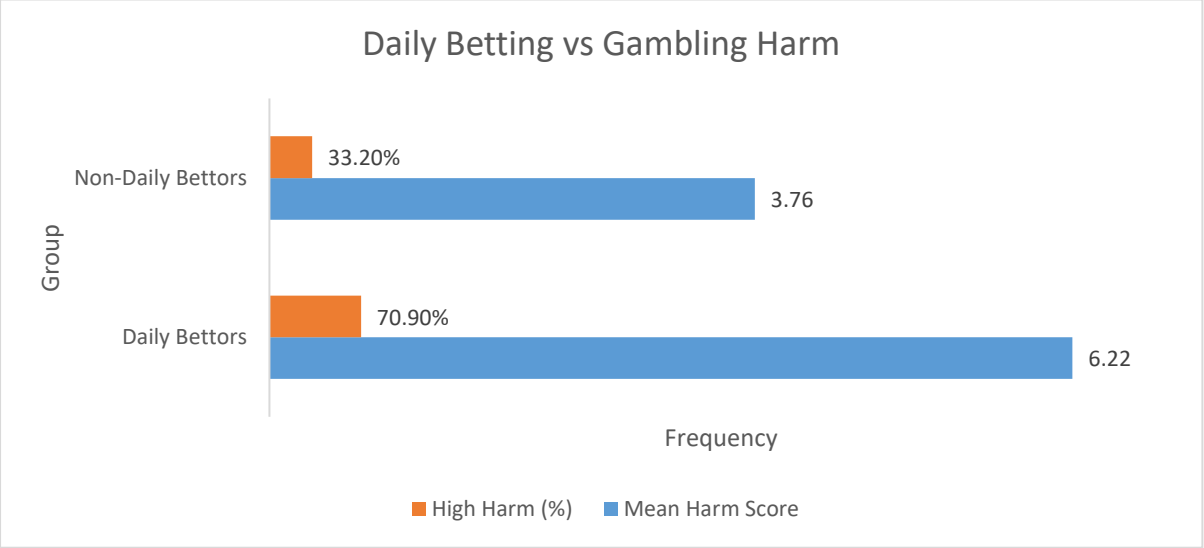

Figure 4: Daily Betting vs Gambling Harm

When comparing daily bettors and non-daily bettors, the findings indicate a strong association between betting frequency and harm severity. On average, daily bettors reported a mean harm score of 6.22, compared to 3.76 among non-daily bettors. Furthermore, 70.9% of daily bettors fell within the high-risk harm category, while only 22.5% of non-daily bettors experienced comparable levels of harm. This means that Hypothesis 2 is confirmed, as shown by the mean harm score and high harm percentage comparison between daily and non-daily bettors, where daily bettors are more likely to experience higher levels of harm. This highlights that betting every day significantly increases exposure to financial stress, psychological distress, and relationship problems. These results reinforce the hypothesis that daily betting frequency is a strong predictor of gambling-related harm.

Binary Logistic Regression Results

Hypothesis 1: Logistic regression tested the effect of daily betting on gambling harm.

Outcome	Odds Ratio (OR)	95% CI	p-value
High Harm (≥5)	3.99	[2.26, 7.04]	0.0000

The logistic regression analysis provides statistical evidence for the relationship between daily sports betting and gambling harm. The results show that daily bettors are 3.99 times more likely to experience high gambling harm (harm score ≥5) compared to non-daily bettors (OR = 3.99, 95% CI [2.26, 7.04], $p < 0.001$). This finding is statistically significant, confirming the hypothesis that frequent betting strongly predicts harm severity even after controlling for age, gender, and marital status. Therefore, null hypothesis is rejected, based on the logistic regression results showing a significant relationship between daily betting and gambling harm ($p < 0.001$). The results emphasise that betting frequency is the most important determinant of gambling-related harm within the sample population.

Discussions

The findings of this study strongly support the hypothesis that frequent engagement in sports betting, particularly daily betting, significantly increases the likelihood of experiencing gambling-related harm. The data revealed that daily bettors had a substantially higher harm score compared to non-daily bettors (6.22 vs. 3.76). This is consistent with previous research, such as Browne et al. (2017) and Hing et al. (2019), who found that frequent gambling behaviours are linked to more severe psychological, emotional, and financial distress. The binary logistic regression analysis revealed that daily sports bettors are 3.99 times more likely to experience high gambling harm ($p < 0.001$) than non-daily bettors. This result highlights the strength of betting frequency as a predictor of gambling harm, confirming the findings of earlier studies that linked recurrent gambling to addiction-like behaviours, such as chasing losses, borrowing money, and social isolation (Olanrewaju & Babatunde, 2023).

The study found that nearly 50% of the respondents fell into the high-risk gambling category, suggesting that a significant portion of bettors in Ibadan are already suffering substantial negative consequences from their betting behaviour. This prevalence is concerning, especially when compared to the 31.9% of daily bettors who were classified as high-risk. The findings underscore the urgent need for public health interventions targeting both the youth and young adults who engage in frequent betting.

Gambling harm in the sample was widespread, with respondents reporting a range of adverse outcomes such as financial losses, emotional distress, and relationship issues. For instance, 61% of participants reported stress, anxiety, or depression due to gambling, while 55% admitted to experiencing relationship conflicts because of their betting habits. These findings are in line with Langham et al. (2016), who identified emotional distress and relationship breakdowns as common forms of gambling harm.

These findings hold important implications for public health and mental health services in Ibadan and Nigeria more broadly. The strong association between daily betting and gambling harm provides critical evidence that targeted interventions, including education campaigns and early intervention services, are needed to mitigate the negative effects of frequent sports betting.

Implications of the Study

The findings of this study highlight the growing public health issue of gambling harm in Nigeria, particularly among young adults. With a significant portion of the population engaging in frequent sports betting, there is an urgent need for preventive measures and harm reduction programs. These may include public awareness campaigns that focus on the psychological, emotional, and financial risks associated with gambling.

The study also provides important policy implications for the Nigerian government and regulatory bodies. It calls for stronger regulation of betting platforms, including restrictions on targeted marketing aimed at vulnerable groups, such as students and young adults as well as the establishment of betting limits and cool-off periods to help individuals manage their betting behaviours.

The mental health consequences of gambling harm are significant, with many respondents reporting anxiety, depression, and emotional distress linked to their betting activities. Mental health professionals must be made aware of the connection between gambling behaviours and psychological distress, and trained to provide specialised counselling services for those affected by gambling addiction.

Conclusion

The findings of this study strongly support the hypothesis that frequent engagement in sports betting, specifically daily betting, significantly increases the likelihood of experiencing

gambling-related harm. The research confirms that daily bettors are more likely to face severe consequences such as financial stress, psychological distress, and strained relationships compared to those who engage in less frequent betting. With nearly 50% of the participants categorized as high-risk gamblers, the study highlights a pressing public health concern that demands immediate attention. The binary logistic regression analysis further solidifies this relationship, revealing that individuals who bet daily are approximately four times more likely to experience high levels of gambling harm. This underscores the importance of addressing the negative impacts of sports betting, particularly in urban areas like Ibadan, where the popularity of gambling continues to rise.

Recommendations

1. **Public Health Campaigns and Awareness:** It is crucial to launch public health campaigns that educate individuals, especially the youth, about the potential risks of frequent sports betting. Such campaigns should focus on the psychological, financial, and social harms associated with gambling addiction.
2. **Regulation and Oversight of Betting Platforms:** The Nigerian government should strengthen regulations surrounding the sports betting industry, ensuring that platforms are held accountable for their advertising and marketing practices, especially in terms of targeting vulnerable populations such as students and young adults.
3. **Support and Intervention Programs:** There is an urgent need for the establishment of support services for individuals who are already experiencing gambling-related harm. This could include counselling services, hotlines, and online resources aimed at providing assistance to individuals seeking help with their gambling habits.
4. **Monitoring and Evaluation:** Continuous monitoring of betting behaviour should be implemented to identify at-risk individuals early. Developing a standardized harm-screening tool for regular bettors can help health professionals and policymakers intervene before issues escalate.
5. **Promoting Responsible Gambling:** Betting companies should be encouraged to adopt responsible gambling policies, which could include implementing features that allow users to limit their betting frequency, set deposit limits, or take breaks from gambling. These measures could help reduce the risk of gambling-related harm.

By implementing these recommendations, Nigeria can reduce the negative consequences of sports betting and help individuals, particularly young adults, engage in betting activities responsibly. Further research is also recommended to explore the effectiveness of these interventions in mitigating gambling harm in different parts of the country.

Study Limitations

While this study provides valuable insights into the relationship between daily sports betting and gambling harm in Ibadan, it is not without its limitations:

1. **Cross-Sectional Design:** As a cross-sectional study, it can only establish associations rather than causal relationships. Longitudinal studies are needed to examine how gambling behaviours and harm evolve over time.

2. **Self-Reported Data:** Data were gathered through self-reports, which are susceptible to social desirability bias and recall bias. Participants may have downplayed or exaggerated their gambling behaviours and harm.

3. **Geographical Limitations:** The study focused on Ibadan and may not fully represent rural or smaller urban areas in Nigeria. The findings are more reflective of gambling behaviours in major urban centres.

4. **Sample Bias:** While the sample was randomly selected, the fact that it mainly involved active sports bettors may limit the generalizability of the results to individuals who do not engage in sports betting at all.

5. **Limited Harm Indicators:** Although the study used ten gambling harm indicators, there are other potential negative impacts (e.g., legal consequences, family breakdowns, criminal activities) that were not captured in the analysis.

Suggestions for Future Research

- **Longitudinal Studies:** Future research should focus on conducting longitudinal studies to track the development of gambling behaviours and related harm over time. This would allow for a deeper understanding of how daily betting habits evolve and contribute to the long-term effects of gambling addiction.
- **Broader Scope of Harm Indicators:** Future studies should expand the harm indicators to include more dimensions of gambling-related harm, such as legal issues, crime

involvement, and family and social impact. This will provide a more comprehensive view of the full spectrum of gambling harm.

- **Exploring Regional Differences:** While this study focused on Ibadan, future research should include rural areas and other urban centres across Nigeria to identify any regional differences in gambling behaviours and harm. Understanding how geographic and cultural factors influence gambling harm can help tailor interventions to local contexts.
- **Interventions and Effectiveness:** Further research is needed to assess the effectiveness of harm reduction interventions like self-exclusion programs, betting limits, and psychological counselling for gamblers. Evaluating these interventions can provide valuable insights into how to reduce gambling harm in Nigeria and similar contexts.

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Appendix

Table 1: Demographic Profile of Respondents

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Widowed	4	1.5
Educational Qualification		
Primary	16	5.9
Secondary	151	55.9
Tertiary	94	34.8
None	8	3.0

Table 2: Occupation (Top 10 Reported)

Occupation	Frequency	Percentage (%)
Transporter	17	6.30%

Transport	16	5.93%
Trader	15	5.56%
Student	14	5.19%
Trading	11	4.07%
Business	11	4.07%
Bike man	10	3.70%
Tailor	8	2.96%
Driver	7	2.59%
Bikeman	7	2.59%

Table 3: Local Government Area (Top 10)

LGA	Frequency	Percentage (%)
Ibadan North	54	20.00%
IBNE	36	13.33%
Ibadan South East	35	12.96%
Ibadan South West	31	11.48%
South East	22	8.15%
South West	18	6.67%
south east	17	6.30%
Ibadan North East	12	4.44%
IDO	8	2.96%
Ibadan North	8	2.96%

Table 4: Estimated Monthly Income

Income Range	Frequency	Percentage (%)
₦100,000 – ₦200,000	85	31.48%
₦50,000 – ₦100,000	84	31.11%
< ₦50,000	59	21.85%

> ₦200,000	41	15.19%

Table 5: Sports Betting Behaviour

Category	Frequency	Percentage (%)
Sports Bettors (B1=2)	229	84.8%
Daily Bettors (B2=1)	86	31.9%
Non-Daily Bettors (B2>1)	184	68.1%

Table 6: Harm Scores and Risk Levels

Risk Category	Frequency	Percentage (%)
Low	85	31.5%
Medium	52	19.3%
High	133	49.3%

Table 7: Daily Betting vs Gambling Harm

Group	Mean Harm Score	High Harm (%)
Daily Bettors	6.22	70.9%
Non-Daily Bettors	3.76	33.2%