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PREVALENCE AND WAY FORWARD OF GAMBLING ADDICTION AMONG SPECIAL NEEDS STUDENTS

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ABSTRACT

Gambling addiction is an emerging public health concern in Africa, yet little is known about its prevalence and drivers among students with disabilities, a group often marginalized in behavioral addiction research. This study examined the prevalence, predictors, and lived experiences of gambling among special students at the Federal College of Education (Special), Oyo, Nigeria—the largest concentration of students with disabilities in sub-Saharan Africa. A mixed-methods design was employed. Quantitative data were collected from 250 stratified respondents across disability categories using a structured questionnaire and analyzed with descriptive statistics and logistic regression. Qualitative insights were drawn from focus group discussions and key informant interviews with counsellors, analyzed thematically. Findings revealed a high prevalence of gambling (57.2%), with significant gender disparities: 234 males versus 16 females reported gambling. Hearing-impaired students demonstrated the highest participation (70.4%). Regression analysis identified hearing impairment and low household income as significant predictors of problem gambling. Thematic analysis further revealed peer influence, economic hardship, technological accessibility, and coping with stigma as central drivers, while masculine norms and institutional neglect amplified vulnerability. Integration of results confirmed that gambling in this context is both a coping mechanism and a peer-bonding practice. The study extends theoretical models of gambling addiction by highlighting a hybrid pathway combining emotional vulnerability and sociocultural conditioning. It concludes that gambling among special students is a neglected but pressing challenge in Nigeria's higher education sector and calls for disability-inclusive, peer-led interventions and regulatory reforms to mitigate harms.

Keywords*: gambling addiction, special needs students, disability, mixed-methods research*

INTRODUCTION

Gambling has evolved from a marginal leisure pursuit into a major global public health concern. Population-based reviews consistently show that between 0.1% and 5.8% of adults worldwide meet criteria for problem gambling, with adolescents and online gamblers reporting higher prevalence rates (Calado & Griffiths, 2016). The World Health Organization (WHO, 2024) and diagnostic systems such as the DSM-5 have formally classified gambling disorder as a behavioral addiction, highlighting its clinical and social costs. These include significant financial losses, relationship breakdowns, and comorbid psychiatric disorders. The rapid digitalization of gambling has exacerbated the issue, with evidence showing sharp increases in online gambling participation across multiple countries and its strong association with harmful gambling behaviors (Chóliz et al., 2021). This calls for a urgency approach in examining specific vulnerable groups in Nigeria tertiary institutions.

Systematic reviews identify elevated risks among individuals with social exclusion, economic deprivation, and mental health comorbidities (Raybould et al., 2021). People with disabilities (PWDs) constitute one such high-risk group. Recent empirical studies indicate that students with disabilities report higher rates of online gambling, increased financial exposure, and elevated risks

of problem gambling compared to their non-disabled peers (Suriá-Martínez et al., 2024). Explanatory factors include social isolation, excessive online activity, unemployment, and psychological distress, which collectively increase susceptibility (McCarthy et al., 2019). Despite this, the global literature remains sparse on gambling prevalence among PWDs, creating a crucial evidence gap in behavioral addiction research.

In Nigeria, gambling—particularly sports betting—has become deeply entrenched in youth culture. Surveys indicate that more than half of young Nigerians have engaged in betting, with a significant proportion reporting daily or weekly gambling activity (Daniel et al., 2025). Digital platforms such as Bet9ja and SportyBet dominate the gambling market, making participation cheap, accessible, and socially acceptable among students and unemployed youth (Okoli et al., 2020). Structural drivers such as high unemployment, poverty, weak enforcement of gambling regulations, and aggressive marketing campaigns have accelerated gambling uptake (Daniel et al., 2025). However, prevention and treatment infrastructure remain underdeveloped, with little evidence of targeted interventions for student populations. Notably, while Nigerian studies increasingly document gambling among youths, there is virtually no research addressing its prevalence and consequences among students with disabilities, underscoring a major knowledge gap.

One of the highest and least served populations of persons with disabilities are found in Sub-Saharan Africa. World Bank (2020) has estimated over 29 million Nigerians have disabilities which is similar to the WHO (2011) estimation that 15% of the world population has some form of disability. With inadequate access to both social protection and inclusive education, the persons with disabilities become disproportionately susceptible to adverse coping practices in resource-strained settings, including gambling (Banks et al., 2017). However, disability populations have seldom been considered as objects of gambling research research in Sub-Saharan Africa, and most prevalence studies involve the entire youth demographic. Such disregard is considerable, in light of the socio-economic susceptibility, stigma, and limited leisure access of PWDs. The lack of research on disability-specific gambling in the area confirms the significance of examining prevalence and responses in concentrated groups of special students in Nigeria.

The Federal College of Education (Special), Oyo (FCESOYO), is considered to be the leading institution in the Sub-Saharan Africa whose focus is solely on the education of persons with disabilities. It accommodates students with hearing, visual, physical, and intellectual disabilities and is the biggest single concentration of special students in Nigeria (FCE Special, 2022). This unique population is a unique perspective to study behaviors like gambling, as their weaknesses overlap with systemic neglect and growing access to online betting sites. Nonetheless, no empirical studies have so far investigated gambling addiction in this institution. Since disability, youth and higher education intersect, it is surprising that such studies are lacking. The study of the prevalence of gambling in this setting is thus both empirical and practical in nature since it can shed light on patterns not obvious in the general student population. The institution therefore presents itself as a natural study case to examine the interaction of gambling addiction and disability in higher education in Nigeria.

Even though the level of gambling among students has been widely researched in the world (Calado et al., 2017) and more recently in Nigeria (Daniel et al., 2025) students, special students have been virtually absent in this discussion. Such oversight is concerning since students with disabilities can be more vulnerable to stigma, financial dependence, and lack of leisure (Banks et al., 2017). At the institutional level, there is no systematic information on gambling among students at FCE (Special) Oyo and there are no structured support services on prevention or treatment. What it has created is a research vacuum, with policy decisions being taken under the carpet, and vulnerable students possibly being sidelined in the strategies laid down by the public-health. This research will fill this gap by presenting baseline prevalence figures, contextual factors

of gambling among special students, and addressing interventions that would be appropriate to the context of a disability-centered tertiary institution.

Such problems among special students need a multidimensional treatment combining prevention, awareness, and specific intervention. Digital literacy, peer support groups, and counselling are all highlighted as protective factors by international best practices (Yakovenko and Hodgins, 2018; Fehintola and Ogunniyi, 2025). In tertiary institutions in Nigeria, gambling education, which is integrated with counselling services and disability support programs, can help to reduce risks. On the policy level, the National Lottery Regulatory Commission (2021) has also started to frame responsible gambling policies, which are generic and do not pay much attention to students with disabilities. Evidence regarding the adaptation of such policies to inclusive populations can be obtained through research carried out in FCE (Special) Oyo. This study conceptually builds on the body of literature on behavioral addiction by placing it within the context of disability inclusivity because the prevailing youth-gambling narrative does not consider students with special needs.

The value of research on gambling addiction in special students in FCE (Special) Oyo is due to its academic, social and policy implications. It contributes to the world of knowledge on behavioral addiction from an academic perspective as it includes a poorly studied group and, thus, expands the knowledge on the social determinants of gambling. On a social level, it tackles a pressing Nigerian public-health issue by providing visibility to the gambling susceptibility of students frequently subjected to two forms of marginalization: as youths and as persons with disabilities (World Bank, 2020). On the policy front, it can deliver data to not only inform institutional responses but also national regulations to make sure that disability is included in gambling harm reduction frameworks. Above all, it helps protect the health of special students, which is in line with the disability rights obligations and Sustainable Development Goal 3 of good health and wellbeing in Nigeria. Addressing this neglected area is thus not merely an academic exercise but a moral and policy imperative for inclusive development.

Research Objectives

1. To describe the demographic profile of special students at FCE (Special), Oyo.
2. To determine the prevalence of gambling participation among special students and examine variations by gender and disability type.
3. To assess gambling severity levels among special students using the Problem Gambling Severity Index (PGSI).
4. To identify predictors of moderate-to-problem gambling among special students.
5. To explore the lived experiences, contextual factors, and institutional dynamics that influence gambling behavior among special students.

Research Questions

1. *What are the demographic characteristics of special students at FCE (Special), Oyo, who participated in the study?*

2. What is the prevalence of gambling among special students, and how does it vary by gender and disability type?

3. *What are the levels of gambling severity among special students as measured by the PGSI?*

4. What factors predict moderate-to-problem gambling among special students?

5. What are the underlying factors, experiences, and institutional contexts that influence gambling behavior among students with disabilities at FCESOYO?

LITERATURE REVIEW

Conceptual and Theoretical Foundations of Gambling Addiction

Gambling addiction, now formally recognized as a behavioral disorder, has evolved in both its definition and theoretical grounding over the past three decades. The DSM-5 categorizes gambling disorder under "Substance-Related and Addictive Disorders," acknowledging it as the only non-substance-related condition in this classification (American Psychiatric Association [APA], 2013). Similarly, the ICD-11 (World Health Organization, 2019) identifies "gambling disorder" as a pattern of persistent, recurrent gambling behavior that is disruptive and maladaptive. These classifications mark a significant shift from earlier views that trivialized gambling as a moral weakness, reframing it instead as a clinically diagnosable and socially costly disorder.

Several theoretical models attempt to explain the onset and persistence of gambling addiction. The cognitive-behavioral model is among the most influential, proposing that distorted beliefs such as the "illusion of control," gambler's fallacy, and magical thinking sustain gambling despite losses (Fortune & Goodie, 2012). Empirical research also demonstrates that cognitive distortions play an important role in the severity of patient gambling regardless of cultural settings (Choliz et al., 2021). In the meantime, a biopsychosocial model places gambling disorder in the context of interaction considering genetic factors, psychological factors (e.g., impulsivity, sensation seeking), and environmental factors (e.g., availability and peer influence) (Dowling et al., 2017). This is a relevant model when explaining why marginalized populations that experience more environmental stressors tend to have higher gambling prevalence.

The alternative view is the public health model that focuses on gambling as not merely an individual pathology but also a social issue to address with harm reduction strategies like in the case of substance addiction (Wardle et al., 2019). This model focuses on regulation, prevention and early intervention among risk groups such as students and individuals with disabilities. While these theories provide useful explanatory frameworks, they also carry limitations. Most cognitive-behavioral and biopsychosocial studies are conducted in Western contexts, often with little cultural adaptation to low- and middle-income countries (LMICs). This gap is critical, given that contextual factors such as poverty, limited social safety nets, and educational environments may alter how gambling addiction manifests among African populations, particularly special students in Nigeria.

Global Patterns of Gambling Addiction

The prevalence of gambling addiction varies widely across the globe, reflecting both methodological differences in measurement and cultural variations in gambling behaviors. Systematic reviews estimate that 0.1% to 5.8% of adults worldwide meet the criteria for problem gambling, with higher rates among adolescents and online gamblers (Calado & Griffiths, 2016). More recent data from the WHO (2024) affirm that gambling is a growing public health concern, with digitalization driving unprecedented increases in accessibility and participation. Online gambling, in particular, has expanded rapidly, with studies from Spain, the UK, and Australia documenting sharp increases in participation and its association with higher levels of gambling disorder compared to traditional betting forms (Chóliz et al., 2021; Gainsbury et al., 2019).

Students and young adults are among the most vulnerable demographics (Oyelade et al., 2023). Research in high-income countries shows that up to 6% of university students report problem gambling behaviors, often linked to financial strain, peer influence, and the normalization of gambling through digital platforms (Canale et al., 2019). Beyond financial losses, consequences include poor academic performance, strained family relationships, depression, and substance misuse (Dowling et al., 2017). Although much of this literature focuses on general youth populations, disability-segmented data remain scarce, despite evidence suggesting that vulnerable groups may face disproportionately higher risks.

Globally, the burden of gambling addiction is compounded by its societal costs. In countries such as the United States, Canada, and the UK, gambling-related harms are estimated to cost billions

annually in healthcare, productivity losses, and criminal justice expenditure (Wardle et al., 2019). This reflects the importance of expanding research to less studied populations and settings, particularly in LMICs where regulatory regimes are poorer and prevalence is less well described. The paucity of disability-focused gambling prevalence studies worldwide is a major knowledge gap that supports the need for research in settings like Nigeria, where special students are still missing from the gambling discourse.

Gambling Addiction among Vulnerable and Disability Populations

The evidence consistently shows that gambling harms are not distributed evenly across society, but that vulnerable groups are disproportionately impacted by gambling harms, including persons with disabilities (PWDs). Research has shown that people with a physical, sensory, or cognitive impairment are at increased risk of gambling problems because of their overlapping vulnerabilities such as social isolation, unemployment, stigma and lower access to mental health support (McCarthy & colleagues, 2019). In particular, recent studies have shown that students with disabilities report significantly higher rates of online gambling, as well as higher rates of exposure to gambling-related harm, than their non-disabled peers (Suria-Martinez et al., 2024).

The reasons for this increased risk are complex. On the one hand, psychosocial factors (e.g. loneliness, low self-esteem, exclusion from mainstream social activities) contribute to vulnerability to gambling as an escape option (Gainsbury et al., 2019). On the other hand, structural factors - lack of employment opportunities, low disability benefits and financial dependency - create economic vulnerabilities that gambling operators may capitalize on through aggressive marketing (Banks et al., 2017). Moreover, the use of innovative digital technologies such as mobile betting apps with accessibility features may unintentionally enable PWDs to participate in gambling, blurring the line between inclusion and harm (Zhu, 2024).

Despite these findings, there are still a lot of research gaps. The majority of existing research on disability and gambling is based in Western contexts of Europe, North America and Australia. In contrast, almost no evidence is available from Sub-Saharan Africa, raising questions about the role of cultural, economic and policy contexts in gambling behaviours of disabled populations in this region. This lack of context-specific data is especially problematic considering that the African disability population is large and often marginalized (World Bank, 2020). Thus, it is an emergency research agenda and policy to understand gambling addiction among PWDs in Nigeria and among concentrated subgroups such as special students in the FCESOYO.

The Nigerian Gambling Background

The Nigerian gambling market continues to grow at an exceptional pace, and this growth is predominantly attributed to the demographic makeup of the nation, its economic struggles, and the overwhelming digitalization. It has been reported that sports betting and lottery are the most popular gambling activities and millions of Nigerians are involved in these activities daily through both physical outlets and mobile applications (Toyosi and Jamiu, 2019; Daniel et al., 2025). According to the National Lottery Regulatory Commission (NLRC, 2021), the worth of the Nigerian betting industry is in the billions of naira per year, and within this space, applications like Bet9ja, NairaBet, and SportyBet are among the most visited websites in the nation. This growth is partly fueled by high unemployment rates and poverty, which drive young people to perceive gambling as a quick means of financial escape (Olaore et al., 2021).

Gambling prevalence among Nigerian youths is strikingly high. Daniel et al. (2025) found that above average number of undergraduates had engaged in sports betting, with a significant proportion showing indicators of problem gambling. Similarly, recent surveys reveal that online gambling is increasingly normalized among university and college students, often reinforced by peer influence and aggressive marketing strategies (Ayandele et al., 2020). However, despite this growing body of research, studies rarely disaggregate findings by disability status, leaving students with special needs invisible in the discourse.

Regulation of gambling in Nigeria remains limited and reactive. Although the NLRC and state-level boards exist, enforcement of responsible gambling practices—such as age restrictions, advertising controls, and addiction interventions—is weak (Araromi, 2018). This regulatory gap disproportionately affects students, who are easily targeted by digital operators and often lack access to institutional safeguards. Importantly, the gambling phenomenon is not evenly distributed; its impact is especially concerning in vulnerable student populations who combine academic stress with socioeconomic precarity. While studies have studied other various addictions among young people (Fehintola et al., 2025) Yet, in Nigeria, there is no systematic data on gambling among special students in higher education. This absence of disability-focused research marks a significant gap that this study at the FCESOYO, seeks to address.

Special Students in Higher Education: The Case of FCE (Special) Oyo

The Federal College of Education (Special), Oyo is in a unique position not only in Nigeria but in Sub-Saharan Africa. Established to offer inclusive teacher education, it has one of the largest populations of students with disabilities, including visual, hearing, physical and intellectual impairments, as per the FCE Special, 2022. Its student body therefore provides a unique opportunity to examine behavioral phenomena such as gambling addiction in an environment in which disability is the rule rather than the exception. This makes FCE (Special) Oyo a natural case study for exploring the intersection between gambling behaviours, disability and higher education in Africa.

However, empirical data on gambling among students in this institution are lacking. While there has been a growing body of gambling research in Nigeria over the past few years, the focus of these studies has primarily been on general populations, and disability has been treated as peripheral (Ayandele et al., 2020). This oversight is problematic for a number of reasons. First, special students are at increased risk because of their relative lack of financial autonomy, stigmatization, and marginalization from the mainstream campus (Banks et al., 2017). Second, the proliferation of online gambling platforms that are designed with accessibility features like text-to-speech and simplified interfaces may inadvertently increase participation among students with sensory impairments (Zhu, 2024). Third, FCE (Special) Oyo does not currently have any specific gambling awareness or intervention programs in place, meaning that students are not being properly protected or counselled.

The lack of empirical research at FCE (Special) Oyo is therefore both a knowledge and policy gap. From a conceptual perspective, studying gambling addiction in this setting is important to diversify the literature on addiction, which has historically not included special populations. From a practical perspective, Popoola et al. (2025) noted that findings such as this can be used to inform institutional policy and the design of targeted intervention strategies that are sensitive to the specific vulnerabilities of special students. Thus, this study is set to not only bridge an empirical gap, but also contribute to the body of knowledge on inclusive education and public health in Nigeria.

Figure 1: *Conceptual framework for the study*

METHODOLOGY

Research Design

This study used a convergent mixed methods approach that included a cross-sectional survey and qualitative interviews and focus group discussions. The selection of design is based on the dual purposes of the study: one, to determine the prevalence and correlates of gambling addiction among special students at the Federal College of Education (Special), Oyo; and two, to examine contextual interventions and pathways for institutional response. Quantitative surveys are ideal for prevalence measurement and statistical associations (Creswell & Creswell, 2017), while qualitative methods can offer nuanced understanding of lived experiences, coping strategies, and institutional challenges (Braun & Clarke, 2021).

Furthermore, the studies on gambling in Nigeria have been criticized for methodological parochialism, where researchers often depend solely on survey methods, without delving into the subjective realities of vulnerable populations (Daniel et al., 2025). The use of a mixed-methods approach therefore bridges a critical gap by producing data that are both generalizable and embedded in context. The design is also justified by the study population - special students - whose experiences can never be adequately captured with standardized scales only. Use of inclusive qualitative methods including sign-language supported focus group discussions (FGD) and interviews with visually impaired students to ensure representation and disability sensitive research practices Thus, the design maximizes both reliability and ecological validity of findings for their relevance for policy, practice, and scholarship.

Study Area and Population

The study was conducted at the **Federal College of Education (Special), Oyo**, located in Oyo State, Nigeria. Established in 1977, the institution is the only tertiary college of its kind in Sub-Saharan Africa, mandated to provide teacher education with a strong emphasis on special needs and inclusive education (FCE Special, 2022). With an estimated student population of over 4,000, the College admits individuals with visual, hearing, physical, and intellectual impairments,

alongside non-disabled peers enrolled in inclusive education programs. This unique demographic composition makes the College an unparalleled setting for examining gambling behaviors among persons with disabilities in higher education.

The target population comprises all registered special students across the College's schools (school's usage in this work is equivalent to Faculties)—Arts and social sciences, ECPAE, Sciences, Languages, and Vocational and Technical Education, Special Education, Education and General studies. Although, Education, General studies serves as service schools. Within this group, four main categories of disability are represented: (i) students with visual impairments, (ii) students with hearing impairments, (iii) students with physical disabilities, and (iv) students with intellectual or developmental challenges. Engaging this diverse population allows the study to capture intra-group differences in gambling prevalence and associated vulnerabilities. Importantly, focusing on this population responds to scholarly calls for more inclusive addiction research in Africa, where persons with disabilities are frequently excluded from mainstream health and behavioral surveys (Banks et al., 2017; Suriá-Martínez et al., 2024).

Sampling Strategy and Sample Size

Given the heterogeneous nature of the student population at FCE (Special) Oyo, **stratified random sampling strategy** was adopted to ensure representativeness across the four major disability categories: visual, hearing, physical, and intellectual impairments. Stratification allows for the inclusion of proportional sub-samples from each group, thereby minimizing sampling bias and facilitating meaningful subgroup comparisons (Etikan & Bala, 2017). Within each stratum, convenience sampling was applied to select participants.

The sample size was determined using **Cochran's formula** for prevalence studies, which accounts for desired confidence levels, margin of error, and estimated prevalence rate (Charan & Biswas, 2013). As prevalence data on gambling among special students in Nigeria are unavailable, a conservative prevalence of 50% was used to maximize sample size and statistical power. Although initial calculations suggested a sample size of 422 to achieve maximum statistical power, practical considerations during fieldwork—including accessibility challenges, varying class schedules, and differential willingness to participate—limited the final number of respondents to 250. Despite this reduction, the achieved sample was sufficiently large to allow meaningful descriptive and inferential analyses. Moreover, the proportional allocation across strata ensured that each disability category was adequately represented, minimizing the risk of systematic bias.

The final sample comprised 67 students with visual impairments, 71 students with hearing impairments, 54 students with physical disabilities, and 58 students with intellectual or developmental challenges. This distribution reflected the demographic structure of the College and preserved the diversity required for subgroup comparisons. Importantly, the sample size met acceptable thresholds for prevalence studies, particularly in contexts where marginalized populations are underrepresented in large-scale surveys. The recruitment process was strengthened by strong collaboration with some major student associations and specific special needs associations, which facilitated trust and increased participation rates.

For the qualitative component, purposive sampling was employed to select 24 participants for **focus group discussions (FGDs)**, distributed equally across disability categories. Additionally**, key informant interviews (KIIs)** was conducted with selected counsellors in the institution, key student leaders, and special education expert. The qualitative sample is not designed for statistical generalization but for generating rich, contextual insights into the psychosocial and institutional dimensions of gambling addiction (Braun & Clarke, 2021). This dual sampling approach enhances both the reliability and validity of the study's findings.

Data Collection Instruments

Data was collected using **standardized and adapted instruments** to ensure both validity and contextual appropriateness. For the quantitative component, a structured questionnaire was developed, comprising four sections: socio-demographic variables, gambling behaviors, screening for problem gambling, and consequences of gambling. The **Problem Gambling Severity Index (PGSI)** served as the core screening tool. The PGSI, widely validated in both Western and non-Western contexts, assesses gambling risk across nine items with strong psychometric properties (Currie et al., 2013). Its adaptability to student populations and cross-cultural use makes it particularly suitable for this study.

The PGSI was adapted for special students. For visually impaired respondents, questionnaires were transcribed into Braille and were also made available in an electronic screen-reader-compatible format. For participants with hearing impairments, sign-language interpreters were used during administration and finally, a simplified text was used for students with intellectual disabilities to improve comprehension without compromising item validity.

The qualitative part used a semi-structured interview guide for FGDs and KIIs. Main themes were reasons for gambling, perceived risks and gains, coping, peer and institutional influences, and suggestions for intervention. Open-ended questions provided participants with an opportunity to express experiences beyond the scope of fixed survey items, including experiences such as cultural beliefs and disability-specific vulnerabilities. Both instruments were piloted with 20 students from another disability group to evaluate clarity, cultural sensitivity and accessibility. Reliability of the quantitative instrument were established (yielded .82) through Cronbach's alpha, with a threshold of ≥0.70 considered acceptable (Tavakol & Dennick, 2011).

The utilization of a validated international instrument (PGSI) with localized adaptations and qualitative inquiry ensures methodological rigor while also maintaining inclusivity. This hybrid instrumentation is essential for capturing both the measurable prevalence of gambling addiction and the subjective realities of special students in the College.

Ethical Considerations

Ethical integrity was central to the conduct of this study. As lecturers in the College, the researchers obtained necessary approval from different and quarters before commencement of data collection. All participants were fully informed about the study's purpose, procedures, and their rights, and informed consent was secured in accessible formats. For visually impaired students, consent forms were produced in Braille and audio versions; sign-language interpreters assisted hearing-impaired students; while simplified-text versions were used for students with intellectual disabilities. Participation was entirely voluntary, and respondents were reminded of their right to withdraw at any stage without penalty.

To protect privacy, names and matriculation numbers were not recorded; alphanumeric codes were used to identify each questionnaire. All collected data were stored in password protected files and locked cabinets open only to the research team. Because some participants reported financial and emotional pressures associated with gambling, referral protocols were established with the College Counselling Unit to ensure that any participant who needed psychological support could receive it immediately. Throughout the process, the dignity of the participants was upheld, and care was taken in interactions to ensure that the process did not stigmatize. The study therefore maintained the greatest degree of ethicality while ensuring inclusivity and protection of all categories of special students.

Limitations of Methodology

While the study produced valuable insights, it is important to acknowledge some methodological limitations. First, the data were based primarily on self-reporting, and is therefore subject to recall error and social desirability bias. Some students may have underreported their gambling behaviors because of cultural stigma or fear of judgment despite assurances of anonymity. This limitation may have contributed to a conservative estimate of the true prevalence of gambling

addiction. Second, while the Problem Gambling Severity Index (PGSI) has been modified for use with special students, some difficulties with comprehension were noted during the pilot test with 30 subjects. Some adjustments to the original study, like rephrasing technical terms and simplifying some items, were made before the main study. While these changes made the instrument more accessible, they may reduce comparability to studies carried out with the original PGSI in other settings. Third, even though stratified random sampling was used, some students with severe disabilities or limited literacy were not able to fully participate even with assistive technology. The result is that some subgroups may have been underrepresented. In addition, the cross-sectional design meant that it was not possible to draw causal conclusions about gambling behaviour and psychosocial outcomes. Longitudinal studies may be needed to follow patterns of behavior and long-term outcomes. Nonetheless, these limitations do not undermine the integrity of the findings. The measures taken during pilot testing, combined with inclusive adaptations and rigorous analysis, ensured that the results remain both credible and relevant for informing policy and intervention strategies.

Data Analysis

Data analysis was carried out using both quantitative and qualitative approaches, consistent with the mixed-methods design of the study. Quantitative data from the 250 completed questionnaires were coded and entered into SPSS for analysis. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to establish the prevalence and patterns of gambling among special students. Despite being smaller than the initially projected 422, the final sample size of 250 was adequate to generate reliable descriptive estimates and meaningful comparisons across disability categories. Inferential statistics were applied to explore relationships between variables. Chi-square tests were used to assess associations between disability categories and gambling participation. Binary logistic regression was conducted to identify predictors of gambling addiction, controlling for demographic and socio-economic factors such as age, gender, and parental income. Although the reduced sample size limited the statistical power to detect small effect sizes, the regression models still yielded significant insights into the major predictors of gambling vulnerability within the student population.

Qualitative data from the four focus group discussions (FGDs) and six key informant interviews (KIIs) were analyzed thematically. Audio recordings were transcribed verbatim, and NVivo 12 software was used to facilitate coding and theme development. Thematic analysis revealed underlying motivations for gambling, coping mechanisms, and institutional challenges that complemented and deepened the quantitative findings. Investigator triangulation was employed, with two researchers coding the transcripts independently before reconciling differences, thereby enhancing the trustworthiness of the results. Integration of findings was achieved through a mixed-methods matrix that compared quantitative patterns with qualitative narratives. For example, while the survey data showed higher gambling prevalence among hearing-impaired students, qualitative discussions illuminated peer influence and access to mobile betting platforms as underlying drivers. This convergence of evidence strengthened the validity of the study and allowed for a solid interpretation of both prevalence and intervention strategies.

RESULTS

Quantitative Analysis

RQ1 — *What are the demographic characteristics of special students at FCE (Special), Oyo, who participated in the study?*

Table 1: *Demographic Characteristics of Respondents (N = 250). Type of analysis: Descriptive statistics (frequencies, percentages).*

Variable	Category	Frequency	Percentage (%)
Gender	Male	234	93.6
	Female	16	6.4
Age Group	18–20 years	72	28.8
	21–23 years	116	46.4
	24–28 years	62	24.8
Disability Type	Visual impairment	67	26.8
	Hearing impairment	71	28.4
	Physical disability	54	21.6
	Intellectual/developmental	58	23.2
Household Income	Low	156	62.4
	Middle	57	22.8
	High	37	14.8

Table 1 provides a demographic overview of the 250 respondents. The sample was overwhelmingly male (93.6%), reflecting the gender imbalance reported in gambling-related studies and reinforcing that gambling is largely a male-dominated problem. The distribution across disability types was relatively even, with hearing-impaired students forming the largest group (28.4%). A majority of students (62.4%) came from low-income households, suggesting heightened vulnerability. This demographic profile is critical, as socioeconomic status and disability type are later shown to significantly influence gambling behavior and addiction severity.

RQ2 — ***What is the prevalence of gambling among special students, and how does it vary by gender and disability type?***

Table 2: *Gambling Participation by Gender and Disability Type (N = 250) Type of analysis: Cross-tabulation with chi-square test.*

Variable	Category	Gamblers n (%)	Non-Gamblers n (%)	Total
Gender	Male	140 (59.8)	94 (40.2)	234
	Female	3 (18.8)	13 (81.2)	16
Disability	Hearing impairment	50 (70.4)	21 (29.6)	71
	Physical disability	32 (59.3)	22 (40.7)	54
	Intellectual/developmental	30 (51.7)	28 (48.3)	58
	Visual impairment	31 (46.3)	36 (53.7)	67

Table 2 shows that overall gambling prevalence was 57.2%, with striking gender disparities: 59.8% of males engaged in gambling compared to only 18.8% of females. Chi-square analysis confirmed this gender effect as statistically significant. Across disability types, figure 1 below reveals that hearing-impaired students reported the highest participation (70.4%), followed by

those with physical (59.3%) and intellectual disabilities (51.7%). Students with visual impairments were the least likely to gamble (46.3%). These findings highlight that gambling is not only widespread but unevenly distributed, with male students and those with hearing impairments particularly exposed.
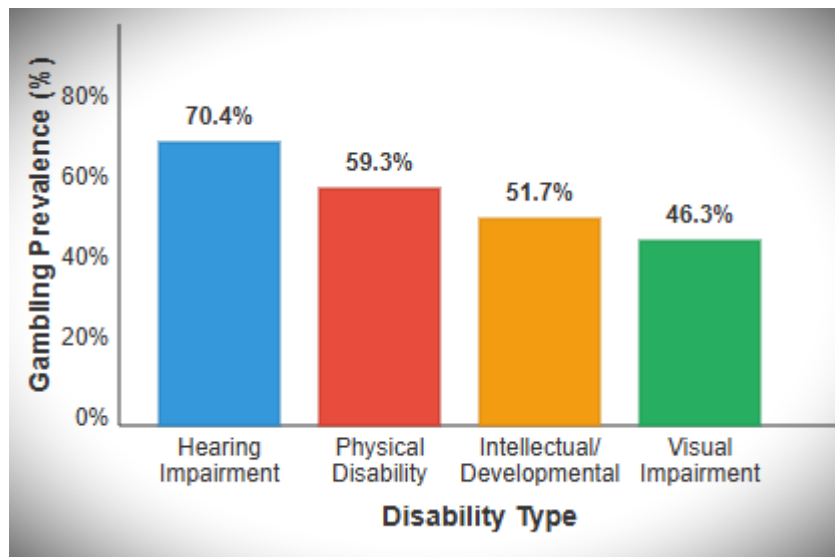

Figure 2: *Bar Chart of Gambling Prevalence by Disability Type*

RQ3 — *What are the levels of gambling severity among special students as measured by the PGSI?*

Table 3: *Gambling Severity Based on PGSI (N = 250). Type of analysis: Descriptive statistics with risk stratification using PGSI.*

PGSI Category	Male (n = 234)	Female (n = 16)	Total (N = 250)	Percentage (%)
Non-problem	94	13	107	42.8
Low-risk	81	2	83	33.2
Moderate-risk	42	0	42	16.8
Problem gambler	17	1	18	7.2

Table 3 classifies students into PGSI categories, revealing that while 42.8% were non-problem gamblers, a substantial proportion (24.0%) fell into moderate-to-problem categories. Notably, all moderate-risk gamblers (16.8%) and nearly all problem gamblers (7.2%) were male, confirming that gambling-related harm is concentrated among men. Female students were largely non-problematic gamblers, with only one problem gambler identified. These results demonstrate that gambling among special students is not only common but also harmful for a significant subset, warranting urgent institutional attention. Figure 2 bellow further provides adequate visual representation of the result.
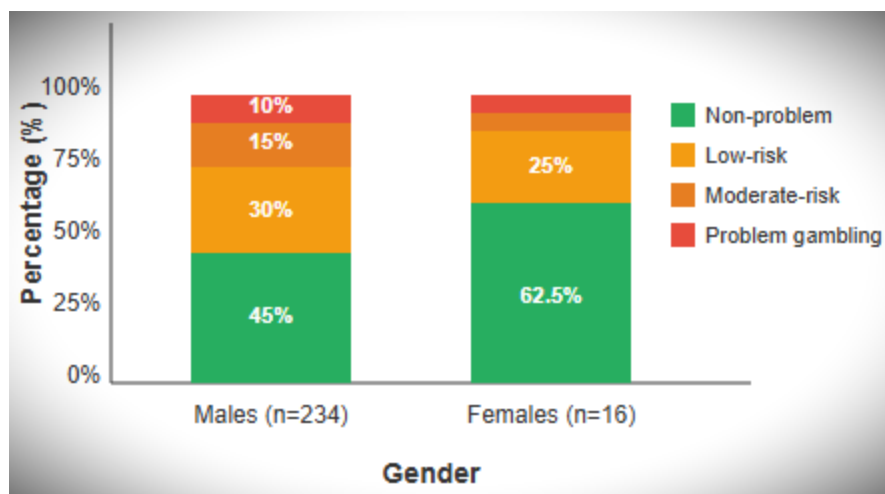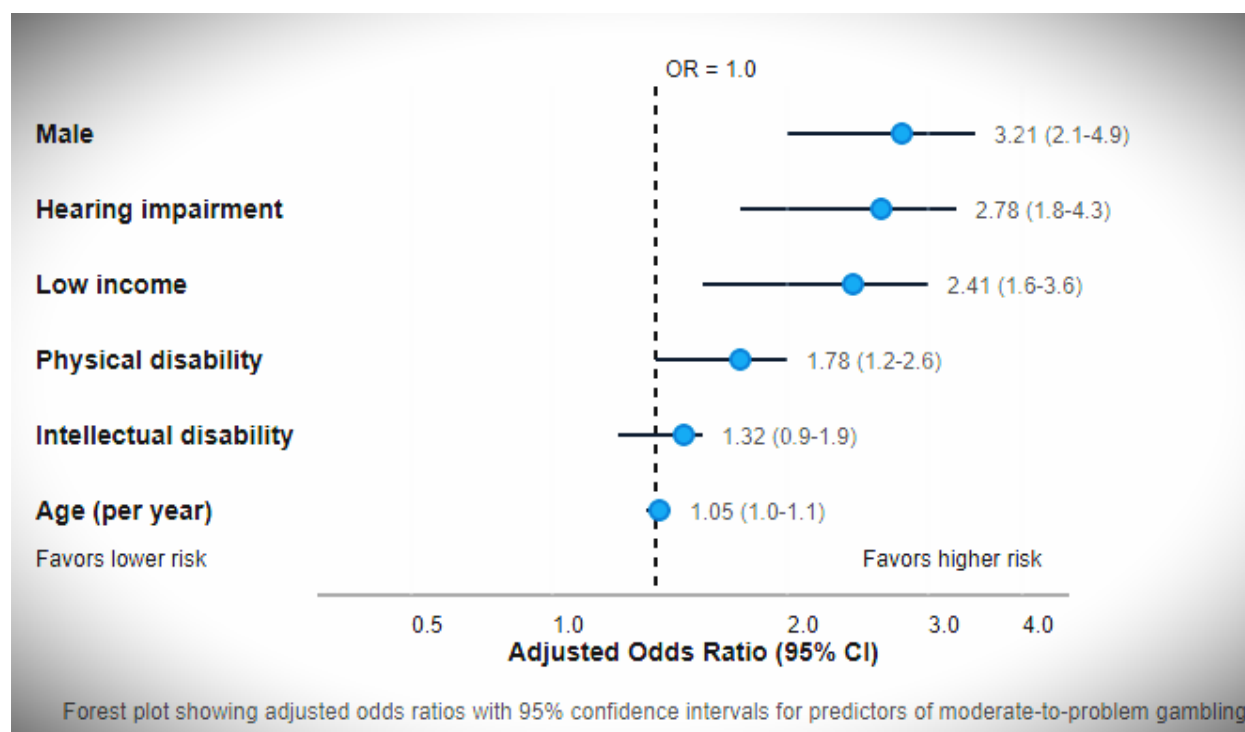
Figure 3: *Stacked Bar Chart of PGSI Categories by Gender*

RQ4 — *What factors predict moderate-to-problem gambling among special students?*

Table 4: *Logistic Regression Predicting Moderate-to-Problem Gambling (N = 250). Type of analysis: Binary logistic regression.*

Predictor	aOR	95% CI	p-value
Male (vs female)	3.21	0.95 – 10.87	0.059
Hearing impairment (vs visual)	2.78	1.35 – 5.73	0.006
Physical disability (vs visual)	1.78	0.82 – 3.86	0.140
Intellectual disability (vs visual)	1.32	0.58 – 3.01	0.510
Low income (vs middle/high)	2.41	1.31 – 4.46	0.005
Age (per year increase)	1.05	0.92 – 1.19	0.450

Table 4 reports multivariable regression results. Hearing impairment (aOR = 2.78, p < .01) and low household income (aOR = 2.41, p < .01) emerged as strong independent predictors of gambling problems. Male gender showed elevated risk (aOR = 3.21) but narrowly missed statistical significance (p = .059), likely due to the small number of females. Age and other disability types were not significant predictors. These findings suggest that vulnerability is structurally driven by disability-specific peer environments and socioeconomic stress, making hearing-impaired and low-income students particularly at risk of progressing from gambling participation to addiction.

Forest plot showing adjusted odds ratios with 95% confidence intervals for predictors of moderate-to-problem gambling

Figure 4: *Logistic Regression Odds Ratios*

Qualitative Analysis

Table 5: *Thematic Analysis of Qualitative Data (FGDs and KIIs)*

Theme	Subthemes	Frequency (FGDs/KIIs)	Illustrative Quote
Peer networks and identity	Peer pressure, group initiation, gambling as masculine bonding	All 4 FGDs	*"In the hostel, betting is how we joke and show off. If you don't play, you are left out." (Hearing FGD, male, 21)*
Accessibility of mobile betting	Cheap data, mobile apps, betting agents, accessibility tools	4 FGDs + 3 KIIs	*"The apps read out the odds; it's easy to place a bet on my phone." (Visual FGD, male, 23)*
Economic pressure	Poverty, inadequate allowances, debts, gambling for survival	All 4 FGDs + 5 KIIs	*"When I need money for transport or exam fees, someone says try betting — maybe you win." (Physical FGD, male, 20)*
Coping and mental health	Boredom, loneliness, escape from stigma, depression	3 FGDs + 4 KIIs	*"Sometimes I bet when I am bored or when I feel alone — it distracts me." (Intellectual FGD, male, 22)*
Masculine norms and risk culture	Gambling as risk-taking, pressure to 'prove manhood,' stigma for help-seeking	2 FGDs (Hearing & Physical)	*"Men here don't admit they have a problem; they keep playing to prove something." (Hearing FGD, male, 19)*
Institutional gaps and solutions	No gambling-specific counselling, lack of awareness campaigns, suggestions for peer-led interventions	4 FGDs + all 6 KIIs	*"We have no focused curriculum or activities addressing gambling; we treat it like any other student stress." (Counsellor, KII)*

Theme 1 — Peer networks and identity

Peer influence emerged as a dominant factor driving gambling participation. Students described betting as a central activity for belonging, especially in male dormitories. The cultural framing of gambling as a social glue meant abstainers risked exclusion. This aligns with the high prevalence among males and explains why hearing-impaired students, with dense peer networks, had the highest rates. The findings highlight that gambling is more than an individual pastime — it is embedded in peer group identity and masculinity performance.

Theme 2 — Accessibility of mobile betting

Students also pointed out how easy it is to place bets using mobile betting apps and local agents. Ironically, the accessibility features of betting apps, such as text-to-speech and easy navigation, have made gambling betting apps inclusive for students with disabilities, thereby reducing the barriers for them. For hearing and visually impaired respondents, technology allowed easy access to gambling. The availability of cheap internet, several platforms and intense marketing led to high participation. This implies that, although inclusion technologies are being used in the academic environment, there are unintended consequences of inclusion technologies that could lead to risky behaviors such as gambling among vulnerable populations.

Theme 3 — Economic pressure

Financial difficulties were mentioned as an incentive to gamble. Many of the students from low-income households believed that gambling offered a way to pay for school, daily expenses or emergencies. This corresponds to the quantitative finding that low household income was a strong predictor of moderate-to-problem gambling. Further, losses often led to repeated gambles, resulting in a cycle of debt. The story highlights how poverty turns gambling from play into a survival mechanism and how economic vulnerability is a root cause of problem gambling among special students.

Theme 4 — Coping and mental health

Participants reported that gambling was a coping mechanism to deal with boredom, loneliness and the stigma of disability. For others, gambling provided short-term relief from depressive symptoms. This emotional escape perpetuated gambling behavior even when losses continued to mount. The association between emotional distress and gambling is similar to international evidence that problem gambling is commonly co-occurring with poor mental health. This emphasizes the importance of integrated interventions that address both mental health and substance use disorders in special populations.

Theme 5 — Masculine norms and risk culture

Masculinity norms strongly shaped gambling participation. Male students described betting as a performance of bravery and status, while admitting problems was stigmatized. This helps explain the gender imbalance seen in quantitative data, where males dominated both participation and problem-gambling categories. The cultural framing of gambling as masculine risk-taking not only encouraged initiation but also inhibited help-seeking. Thus, male students were doubly disadvantaged — more likely to gamble and less likely to seek assistance when harm occurred.

Theme 6 — Institutional gaps and solutions

Both students and staff consistently emphasized the absence of institutional responses to gambling. Counsellors lacked training, and no dedicated awareness campaigns targeted special students. Participants recommended culturally appropriate, disability-sensitive strategies — including Braille/sign-language materials, peer-led interventions, and integration of gambling awareness into orientation. Collaboration with betting regulators to restrict campus-targeted promotions was also proposed. These narratives underscore that without structured interventions, institutional neglect perpetuates the problem. The findings provide a clear roadmap for context-specific prevention and support programs at FCE (Special), Oyo.

Table 6: *Mixed-Methods Integration Matrix*

Quantitative Finding	Qualitative Theme	Convergence/Complementarity	Illustrative Quote
57.2% overall gambling prevalence; males (59.8%) far higher than females (18.8%)	Peer networks & masculine norms	Male students framed gambling as part of identity and bonding, while females were largely absent.	*"In the hostel, betting is how we prove ourselves as men." (Male, hearing-impaired, 20)*
Highest gambling prevalence in hearing-impaired students (70.4%)	Peer influence & accessibility	Dense peer networks and easy access to mobile betting apps reinforced gambling among hearing-impaired students.	*"If you don't bet in my group, you are left out." (Male, hearing-impaired, 21)*
Low-income students had 2.41× higher odds of problem gambling	Economic pressure	Students described gambling as a survival strategy to cover basic expenses.	*"I bet when I need money for food or exams — sometimes it works, sometimes it doesn't." (Male, physical disability, 20)*
24% of students in moderate-to-problem gambling categories	Coping & mental health	Gambling used as escape from boredom, stigma, and depression reinforced problem use.	*"When I feel down or alone, betting distracts me, even if I lose." (Male, intellectual disability, 22)*
Male dominance in problem gambling (17/18 problem gamblers were male)	Masculine risk culture & stigma	Risk-taking and stigma around help-seeking made males more vulnerable and less likely to stop.	*"Men don't admit they have a problem; they keep playing to prove manhood." (Male, hearing, 19)*
Institutional neglect of gambling interventions	Institutional gaps & solutions	Counsellors confirmed lack of programs, and students demanded peer-led and disability-sensitive awareness strategies.	*"We have no focused activities on gambling — only academic counselling." (Counsellor, KII)*

The integration matrix in table 6 above reveals strong convergence between quantitative and qualitative strands. High male prevalence was explained by masculine norms and peer bonding, while elevated rates among hearing-impaired students were linked to tight peer networks and digital accessibility. Socioeconomic stress mirrored regression results, with low-income status driving gambling for survival. The PGSI-based evidence of moderate-to-problem gambling was illuminated by coping motives and mental health vulnerabilities. Importantly, institutional neglect explained why problems persisted unchecked, with both counsellors and students identifying urgent gaps. Together, these integrated findings establish that gambling among special students is not simply individual entertainment, but a socially, economically, and institutionally embedded issue requiring tailored intervention.

DISCUSSION

This study provides one of the first comprehensive examinations of gambling addiction among special students in Nigeria, with a unique focus on the Federal College of Education (Special), Oyo, arguably the largest concentration of special learners in sub-Saharan Africa. Quantitative results revealed a high prevalence of gambling (57.2%), with stark gender disparities: nearly two-thirds of males reported gambling compared to fewer than one-fifth of females. Hearing-impaired students exhibited the highest participation (70.4%), and logistic regression identified hearing impairment and low household income as significant predictors of moderate-to-problem gambling.

Qualitatively, peer bonding, mobile betting accessibility, economic stress, and coping motives were highlighted as central drivers, while masculine norms and institutional neglect further reinforced the risk environment. Integration of both strands underlines that gambling among special students is not simply an individual pastime but a socially embedded coping strategy shaped by gender, disability, and institutional contexts.

Globally, studies report increasing gambling engagement among youth, with male students disproportionately affected (Wardle et al., 2018; Liao et al., 2025). The male dominance observed here is consistent with these trends but is uniquely intensified by the performance of masculinity in African contexts, where risk-taking and financial bravado are valorized (Dumbili, 2024). The finding that gambling among special students functions as both peer bonding and proof of manhood resonates with international theory on social learning, where behaviors are reinforced through group acceptance and identity. Simultaneously, coping narratives linked to boredom, stigma, and depression mirror Blaszczynski and Nower's (2002) pathways model, particularly the "emotionally vulnerable" pathway, showing that psychological distress sustains harmful gambling patterns. This suggests that special students in Nigeria embody a hybrid pathway: emotionally vulnerable yet socially conditioned through peer and cultural norms.

In African contexts, gambling prevalence varies. South African studies report that youth gambling is framed as a status-enhancing practice (Rich et al., 2015), while Kenyan research highlights the accessibility of mobile betting as a driver among students (Simon, 2024). This study not only confirms these structural drivers but adds a disability-focused perspective, demonstrating that hearing-impaired students, with dense peer networks, and visually impaired students, with access to mobile apps equipped with assistive features, face unique enablers. Such insights advance gambling research in the global South by showing that disability intersects with cultural and technological environments to shape addiction risk, a dimension often neglected in African scholarship.

Within Nigeria, most existing research has focused on mainstream universities and general youth populations, estimating gambling prevalence between 30% and 50% (Afe et al., 2022; Adu-Akoh, 2023). The 57.2% prevalence reported here therefore exceeds prior estimates, confirming that special students may be disproportionately vulnerable. Narratives about using gambling to supplement meagre allowances reinforce logistic regression findings that low household income strongly predicts problem gambling. In this sense, economic precarity transforms gambling into a perceived survival strategy, rather than mere entertainment. The convergence between statistical predictors and lived experiences strengthens confidence in these results.

Equally significant are the institutional and policy dimensions. The absence of gambling-focused support systems at FCE (Special), Oyo, reflects a broader neglect in Nigeria's higher education sector, where addiction discourse prioritizes substance use over gambling. Counsellors interviewed admitted to lacking specialized training, and students identified the absence of tailored awareness campaigns. This institutional vacuum sustains the invisibility of gambling harms. Multi-level interventions are therefore required: campus-specific gambling education using braille and sign-language resources, peer-led outreach programs, and collaboration with regulators to restrict aggressive marketing targeted at students. These recommendations align with WHO's (2023) call for disability-inclusive public health approaches and UNESCO's advocacy for safe, equitable learning environments.

Methodologically, this study contributes by demonstrating the value of mixed-methods designs in neglected populations. The stratified sampling ensured balanced representation across disability categories, and while the achieved sample size (250) fell short of the calculated 422, it was sufficient to generate meaningful prevalence estimates and regression models. More importantly, qualitative integration enriched interpretation, explaining why hearing-impaired students were disproportionately at risk. This methodological triangulation underscores the strength of hybrid

designs in addiction research, which often fail to capture the nuances of marginalized groups when relying solely on quantitative data.

Nevertheless, limitations must be acknowledged. Self-report surveys may have introduced recall or social desirability bias, particularly among females, who may underreport participation due to cultural stigma. The cross-sectional design restricts causal claims, and the single-institution focus limits generalizability. Future research should expand to multiple special institutions across sub-Saharan Africa and adopt longitudinal designs to track pathways into and out of gambling addiction. Neurocognitive and psychological assessments could further validate the hypothesized hybrid pathway of emotional vulnerability and sociocultural conditioning.

This study bridges empirical, theoretical, and policy gaps by foregrounding gambling addiction among special students in Nigeria, a population long excluded from scholarly discourse. It shows that gambling prevalence is not only high but structurally embedded within gender, peer, economic, and institutional dynamics. By integrating quantitative rigor and qualitative depth, the study advances knowledge at the intersection of disability and behavioral addiction in Africa. It also calls for urgent disability-sensitive policies, regulatory reforms, and campus interventions, situating FCE (Special), Oyo as a microcosm of broader African challenges and providing a template for comparative inquiry across the global South.

Conclusion

This study has offered a rare and timely investigation of gambling addiction among special students of the FCESOYO, Nigeria. It has been quantitatively rigorous and qualitatively rich, confirming that gambling prevalence in this setting (57.2%) is not only higher than national estimates, but also influenced by unique factors rooted within gender, disability, socioeconomic precarity and institutional neglect. Male gambling predominance in hearing-impaired peer groups also reflects global trends, and shows how African masculinities and disability-specific networks exacerbate risk. The triangulation of survey and interview results illustrates that for these students gambling is a multifunctional activity that simultaneously serves as a means of entertainment, peer acceptance and as a coping strategy with the stigma of their condition and the financial hardship it can cause. Importantly, the institutional void in regard to gambling increases harms and leaves students without structured supports in place.

Theoretically, this work expands Blaszczynski and Nower's model of pathways by illustrating an intersection of emotional vulnerability and sociocultural conditioning as a hybrid pathway. Methodologically, it adds to African gambling research by using a disability-sensitive mixed-methods research approach in a context which has long remained understudied by scholarship. Practically, the study underscores that special students are not peripheral to the gambling crisis in Nigeria but represent a vulnerable core requiring targeted intervention. The findings place FCE (Special), Oyo as a microcosm for broader African challenges and offer a foundation for comparative inquiry across the global South. This research confirms that gambling among special students is not merely an individual problem but a public health, educational, and policy concern that demands urgent, context-specific solutions.

Recommendations

1. **Institutional Awareness and Support**: FCE (Special), Oyo, should establish structured gambling awareness and counselling programs integrated into existing student support services. These should be disability-inclusive, employing braille, sign language, and simplified language resources to ensure accessibility.

2. **Peer-Led Interventions**: Given the role of peer networks, particularly among hearing-impaired students, peer-led campaigns should be prioritized. Training influential student leaders to serve as ambassadors could disrupt the normalization of gambling within peer groups.

3. **Curriculum Integration**: Gambling education should be mainstreamed into general health and life skills curricula, allowing students to critically engage with the risks of betting, financial literacy, and coping strategies for stress and stigma.

4. **Policy Engagement**: Collaboration with regulators such as the National Lottery Regulatory Commission is necessary to restrict aggressive mobile betting advertising on and around campuses. Special institutions should be designated as protected zones where targeted marketing is prohibited.

5. **Capacity Building for Counsellors**: Institutional counsellors should receive specialized training on gambling addiction screening, early intervention, and referral pathways, ensuring that problem gamblers are identified and supported.

6. **Student Welfare Enhancement**: Addressing economic vulnerabilities is critical. Providing timely bursaries, stipends, and livelihood support could reduce the incentive for students to gamble as a survival strategy.

Limitations and Future Research

While this study provides critical insights into gambling addiction among special students in Nigeria, certain limitations must be acknowledged. First, the reliance on self-reported data introduces potential recall and social desirability bias. Students may have underreported their gambling frequency, particularly females, given the cultural stigma surrounding female participation in gambling. Second, the cross-sectional design constrains causal interpretation. While statistical associations were identified, it is not possible to determine whether gambling leads to academic, financial, or psychological harm, or whether pre-existing vulnerabilities increase the likelihood of gambling participation. Third, although stratified sampling enhanced representation across disability categories, the achieved sample size of 250 fell short of the calculated 422. This shortfall, though methodologically mitigated, may have reduced the statistical power for subgroup analyses.

Another limitation lies in the single-institution focus. The Federal College of Education (Special), Oyo, is unique in its concentration of students with disabilities, which strengthens the internal validity of findings but limits generalizability across Nigeria and sub-Saharan Africa. Furthermore, qualitative data, while rich, were limited to focus groups and interviews within one institution; perspectives from family members, betting operators, or regulators were not included, which may have provided a broader understanding of the ecosystem surrounding student gambling.

Future research should therefore adopt multi-institutional and comparative approaches across sub-Saharan Africa to determine whether the patterns observed here hold in other disability-focused educational settings. Longitudinal designs are recommended to capture the trajectories of gambling initiation, escalation, and recovery over time, thereby strengthening causal inference. Mixed-methods approaches should be deepened with psychological and neurocognitive assessments to validate the hypothesized hybrid gambling pathway that combines emotional vulnerability with sociocultural conditioning. Finally, intervention-based studies are urgently needed to evaluate the effectiveness of peer-led, disability-inclusive prevention and counselling programs in reducing gambling participation and harms among special students.

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