

Gambling Prevalence, Determinants and Association with Anti-Retroviral Therapy Adherence Among Adolescents Living with HIV in Abuja

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ABSTRACT

Background: Gambling, classified as a behavioural addiction in DSM-5, poses a public health challenge among adolescents, particularly those living with HIV (ALHIV), where it intersects with mental health disorders, substance use, and barriers to antiretroviral therapy (ART) adherence. In sub-Saharan Africa, where adolescent HIV prevalence remains high (approximately 1.01 million aged 15-19 years globally per UNICEF 2023), limited data exist on gambling's prevalence, determinants, and impact on ART outcomes in urban ALHIV cohorts. This study addresses this gap by examining gambling patterns and their association with ART adherence in Abuja, Nigeria.

Methods: A cross-sectional study was conducted from August to September 2025 among 140 ALHIV (aged 10-19 years) accessing care at purposively selected secondary and tertiary facilities in the Federal Capital Territory. Multistage sampling (purposive area council selection, random facility balloting, consecutive enrolment) yielded a sample adjusted for 10% non-response. Data were collected via interviewer-administered semi-structured questionnaires incorporating the Problem Gambling Severity Index (PGSI), Patient Health Questionnaire-9 (PHQ-9)/Generalized Anxiety Disorder-7 (GAD-7), AUDIT-C, and self-reported adherence ($\geq 95\%$ doses in past 30 days). Bivariate (χ^2 /Fisher's exact) and multivariate logistic regression analyses were performed using SPSS v27, with $p < 0.05$ denoting significance.

Results: Gambling prevalence was 32.1%, with 48.8% at moderate-to-high PGSI risk; sports betting (15.7%) and online gambling (12.9%) predominated. Bivariate analyses linked gambling to alcohol use ($\chi^2=10.607$, $p=0.003$) and smoking ($\chi^2=5.232$, $p=0.037$); multivariate regression confirmed alcohol as a determinant (adjusted OR=0.275, 95% CI: 0.071-1.056, $p=0.034$ for non-use vs. hazardous). Sociodemographic showed no associations. ART adherence was suboptimal (40.7% good), but no significant link emerged with gambling status ($\chi^2=0.731$, $p=0.463$) or PGSI category ($\chi^2=3.690$, $p=0.282$).

Conclusion: Elevated gambling prevalence among urban ALHIV underscores modifiable risks like substance use, yet without direct ART adherence disruption. Integrated screening (PGSI/AUDIT-C) in HIV clinics is recommended to achieve UNAIDS 95-95-95 targets and SDG 3, with longitudinal studies needed for causality.

