GAMING COMMISSION OF GHANA

The Impact of Gaming on Mental Health: Empirical Evidence from University of Professional Studies, Accra (UPSA) & Accra Technical University (ATU).

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Table of Contents

Executive Summary

This study examines gaming behaviour and its mental, social, and financial implications among students of the University of Professional Studies, Accra (UPSA) and Accra Technical University (ATU). Using data collected from 400 students through structured questionnaires, the research assesses the prevalence, frequency, funding sources, and psychological effects of gaming, with particular attention to young and vulnerable populations.

The study reveals that gaming participation in Ghana is predominantly concentrated among young males, with 80% of respondents being male and 79% falling within the 18–25 age group. While most respondents engage in gaming at low to moderate levels, over 27% gamble daily or weekly, indicating a risk of problematic gaming behaviour. Sports betting emerged as the dominant form of gaming, and concerningly, underage participation (2.8%) was recorded, highlighting gaps in enforcement of age restrictions.

The study establishes statistically significant associations between frequent gaming and negative mental health outcomes, notably anxiety, depression, and feelings of guilt or shame. Although no strong statistical relationship was found between gaming frequency and suicidal thoughts, the presence of emotional distress among certain groups remains a public health concern. Gaming was also found to affect sleep, concentration, interpersonal relationships, and financial stability for a substantial number of respondents.

Despite a high level of awareness of personal gaming-related challenges, awareness and utilization of professional support services remain low, with most individuals relying on informal support from family and friends. Overall, the findings highlight the need for strengthened public education, targeted interventions for young people, improved enforcement of underage gaming restrictions, and enhanced collaboration between regulators, educational institutions, and mental health service providers to promote responsible gaming and mitigate associated risks.

Introduction

Gaming, defined as wagering something of value on an uncertain outcome with the intent of winning additional value, has grown into a widespread activity with both economic and social implications. While gaming can serve as a form of entertainment, it also carries the risk of addiction and adverse consequences for individuals, families, and communities.

As technological advancements, such as online casinos and mobile betting platforms increase, there is an urgent need to investigate the associated behavioral, psychological, economic, and public health concerns. In many countries, including Ghana, gaming has become increasingly prevalent among youth and vulnerable populations, raising concerns about its impact on productivity, mental health, and crime rates.

Gaming can offer social and economic benefits in controlled settings, it also carries significant risks and consequences, especially when it becomes excessive.

Background of the study

Gaming activates the brain's reward system, much like drugs or alcohol. For some individuals, this stimulation can lead to addiction. This condition is marked by an inability to control gaming behaviour despite its negative consequences. Problem gaming can lead to anxiety, depression, stress, and even suicidal thoughts. This study explored the impact of gaming on mental health. A purposive sampling of 400 students of University of Professional Studies, Accra (UPSA) and Accra Technical University (ATU) were selected for the study.

Purpose of the study

The primary purpose of this research is to explore the prevalence, effects, and mental health issues surrounding gaming. It seeks to understand the socio-demographic factors influencing gaming behavior, the extent of problem gaming, and the effectiveness of current interventions.

Scope of the study

This study focuses on:

- Identifying types and trends of gaming activities (e.g., sports betting, casinos, Route Operation (Slot machine), online betting);
- Examining the gaming sector demographics of the two universities;
- Assessing the impact of gaming on individual well-being;
- Proposing actions and policy responses on responsible gaming.

Objectives

1. To examine the prevalence of gaming behaviour among the two university students;
2. To explore the psychological impacts of gaming, including addiction, stress, depression suicidality, anxiety, guilt, and social withdrawal;
3. To determine the level of awareness about the risks and regulations associated with gaming.

Significance of the study

Findings from this research will contribute to the body of knowledge necessary for informed policy decisions, awareness creation, and the design of targeted interventions. It will also assist stakeholders such as government agencies, NGOs, health practitioners, and educators in addressing gaming-related challenges.

Methodology of the study

The research adopts an interviewing approach and focus groups. Quantitative data will help measure gaming prevalence and patterns, while qualitative insights will explore lived experiences of gamblers. Structured questionnaire will be used to collect the data for the study. 400 respondents will be sample for the study. The target institutions are University of Professional Studies, Accra (UPSA) and Accra Technical University (ATU).

Analysis

Table 1: Gender of Respondents

Gender	N	%
Male	320	80.0
Female	80	20.0
Total	400	100.0

Table 1 shows the gender distribution of the respondents. It can be seen that 320(80.0%) of them were males and 80(20.0%) of them were females. This implies that more males are involved in gaming compared to their female counterparts.

Table 2: Ages of Respondents

Ages	N	%
18–25	316	79.0
26–35	58	14.5
36–45	15	3.8
Under 18	11	2.8
Total	400	100.0

Table 2 shows the age distribution of the respondents. The age distribution reveals a predominantly young sample, with 79% (316 respondents) falling within the 18-25 age bracket. The 26-35 age group represents 14.5% (58 respondents), while those aged 36-45 comprise only 3.8% (15 respondents). Concerning is the presence of 11 respondents (2.8%) who are under 18, indicating underage gaming participation. This age distribution suggests that gaming activities are particularly prevalent among young adults and emerging adults, with participation declining significantly with age.

Table 3: Marital Status of Respondents

Marital Status	N	%
Divorced	2	0.5
Married	13	3.3
Single	384	96.0
Widowed	1	0.3
Total	400	100.0

Table 3 shows the marital status of the respondents. The marital status data shows an overwhelming majority of respondents are single (96%, 384 respondents), which aligns with the young age profile of the sample. Only 3.3% (13 respondents) are married, while divorced individuals represent 0.5% (2 respondents) and widowed individuals 0.3% (1 respondent). This distribution is consistent with the predominantly young adult demographic and suggests that gaming participation may be higher among unmarried individuals.

Table 4: How often Respondents Gamble

Frequency	N	%
Daily	46	11.5
Monthly	18	4.5
Occasionally	106	26.5
Rarely	167	41.8
Weekly	63	15.8
Total	400	100.0

The frequency of gaming shows concerning patterns, with 11.5% (46 respondents) Gaming daily and 15.8% (63 respondents) Gaming weekly, indicating that over a quarter of respondents engage in frequent gaming behavior. The largest group gambles rarely (41.8%, 167 respondents), followed by occasional gamblers (26.5%, 106 respondents). Monthly Gaming is the least common at 4.5% (18 respondents). The high percentage of daily and weekly gamblers suggests potential problematic gaming behaviors within the sample.

Figure 1: Weekly Expenditure Patterns of the Respondents

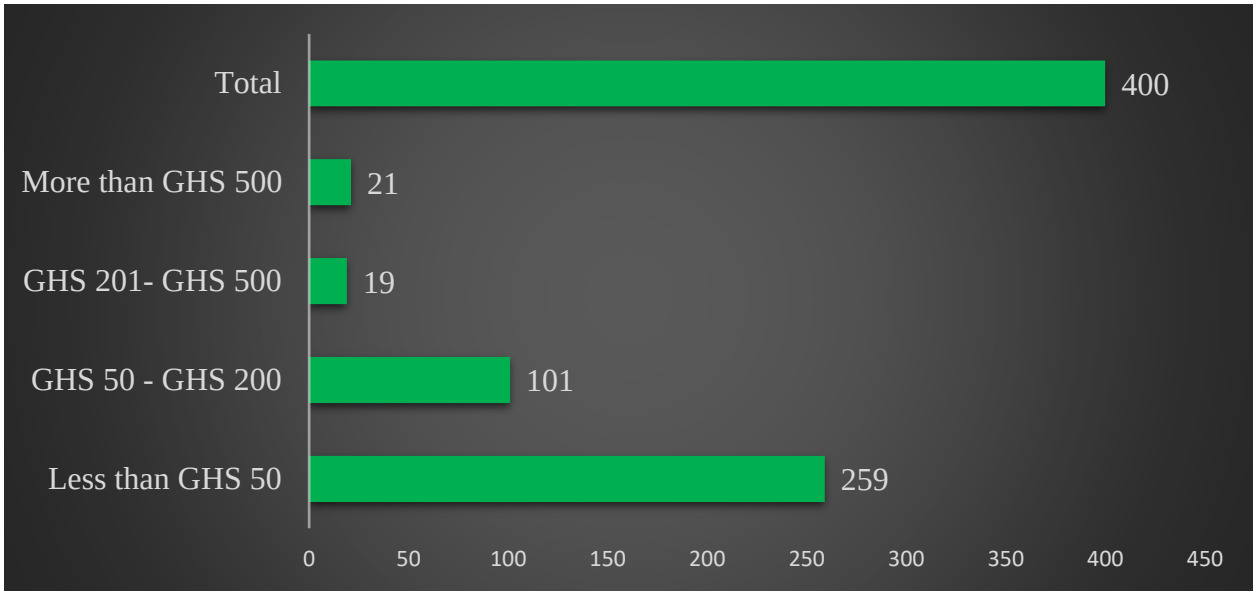

Figure 1 provides insight into the weekly expenditure patterns of students who engage in gaming activities. The data reveals a significant variation in the amount of money students allocate to gaming on a weekly basis. Out of the total number of respondents surveyed, 259 students, representing 64.8%, spend under GHS 50 weekly on gaming. This suggests that a majority of respondents engage in low-level or casual gaming activities.

101 students, accounting for 25%, reported spending between GHS 50 and GHS 200 per week. This group reflects a more moderate level of gaming involvement, possibly indicating a more frequent or committed gaming behavior. 40 students, constituting 10.2%, spend above GHS 200 weekly on gaming. This minority group may be at higher risk for problem gaming, given their relatively high financial commitment. The data clearly indicates that while most respondents limit their weekly expenditure, a notable proportion are spending considerable amounts on gaming, which raises concerns about the potential financial and psychological impacts on this group.

Table 5: Types of Gaming Respondents Engage in Most Frequently

Types	N	%
Casino games	23	5.8
Casino games, Online betting	2	.5
Online betting	54	13.5
Online betting, Route Operation (Slot machine)	1	.3
Route Operation (Slot machine)	29	7.2
Sports betting	230	57.5
Sports betting, Casino games	5	1.3
Sports betting, Casino games, Online betting	5	1.3
Sports betting, Casino games, Online betting, Route Operation (Slot machine)	2	.5
Sports betting, Online betting	43	10.8
Sports betting, Online betting, Route Operation (Slot machine)	2	.5
Sports betting, Route Operation (Slot machine)	4	1.0
Total	400	100.0

Sports betting dominates as the most popular gaming activity, with 57.5% (230 respondents) engaging in this activity exclusively. Online betting follows at 13.5% (54 respondents), while sports betting combined with online betting accounts for 10.8% (43 respondents). Route operations (slot machines) represent 7.2% (29 respondents), and casino games 5.8% (23 respondents). Various combinations of Gaming types account for smaller percentages. The data indicates that sports betting is the primary gateway and preferred form of gaming among respondents.

Table 6: Source of Funding for Gaming

Source of Funding	N	%
Gifts	71	17.8
Gifts, Salary (if employed)	5	1.3
Salary (if employed)	59	14.8
School fees	36	9.0
School fees, Gifts	2	.5
School fees, Stipends from guardians (parents, siblings, etc.)	6	1.5
School fees, Stipends from guardians (parents, siblings, etc.), Gifts	2	0.5
School fees, Stipends from guardians (parents, siblings, etc.), Gifts, Salary (if employed)	3	0.8
School fees, Stipends from guardians (parents, siblings, etc.), Salary (if employed)	1	0.3
Stipends from guardians (parents, siblings, etc.)	174	43.5
Stipends from guardians (parents, siblings, etc.), Gifts	32	8.0
Stipends from guardians (parents, siblings, etc.), Gifts, Salary (if employed)	2	0.5
Stipends from guardians (parents, siblings, etc.), Salary (if employed)	7	1.8
Total	400	100.0

The funding sources reveal troubling patterns regarding the origin of gaming money. The largest group (43.5%, 174 respondents) uses stipends from guardians (parents, siblings, etc.), while 17.8% (71 respondents) use gifts. School fees are used by 9.0% (36 respondents), and various combinations of school fees with other sources account for additional percentages. Salary from employment represents 14.8% (59 respondents). The high reliance on family support and the use of educational funds for gaming purposes raises serious concerns about the misappropriation of money intended for other purposes.

Table 7: Effect of Gaming on Sleep, Appetite or Concentration

Responses	N	%
Yes	200	50.0
No	200	50.0
Total	400	100.0

The data shows a concerning split, with exactly 50% (200 respondents) reporting that gaming has affected their sleep, appetite, or concentration, while the other 50% (200 respondents) report no such effects. This equal division suggests that gaming-related problems are widespread within the sample, affecting half of all participants' basic physiological and cognitive functions.

Table 8: Lying to Family or Friends About Respondents' Gaming Habits

Responses	N	%
Yes	169	42.3
No	231	57.8
Total	400	100.0

A significant portion of respondents (42.3%, 169 individuals) admit to lying to family or friends about their Gaming habits, while 57.8% (231 respondents) report not lying. The high percentage of deception indicates that a substantial number of gamblers are engaging in secretive behavior, which is often a sign of problematic gaming and can strain personal relationships.

Table 9: Responses on the Feeling of a Strong Urge or Compulsion to Gamble Even When Respondents Want to Stop

Responses	N	%
Yes	159	39.8
No	241	60.3
Total	400	100.0

Nearly 40% (39.8%, 159 respondents) report experiencing strong urges or compulsions to gamble even when they want to stop, while 60.3% (241 respondents) do not experience such urges. This finding is particularly concerning as it suggests that a substantial minority of respondents may be experiencing symptoms consistent with gaming addiction or problem gaming.

Table 10: Responses on Negative Impact of Gaming on the Respondents' Relationship with Others

Responses	N	%
Yes	130	32.5
No	270	67.5
Total	400	100.0

One-third of respondents (32.5%, 130 individuals) report that gaming has negatively impacted their relationships with others, while 67.5% (270 respondents) report no negative impact. This indicates that gaming-related relationship problems affect a significant minority of participants, suggesting broader social consequences beyond individual harm.

Table 11: Responses On Respondents Ever Seeking Help for Gaming-Related Problems

Responses	N	%
Yes	307	76.8
No	93	23.3
Total	400	100.0

Surprisingly, 76.8% (307 respondents) report having sought help for gaming-related problems, while only 23.3% (93 respondents) have not sought help. This high percentage of help-seeking behavior suggests widespread recognition of gaming-related problems among the sample, though it may also indicate that the survey captured individuals who were already aware of or concerned about their gaming behaviors.

Table 12: Responses on Where Respondents Sought Help

Responses	N	%
Family or friends	96	71.64
Gaming Commission of Ghana	8	5.97
Helpline or support group	16	11.94
Mental health professional	4	2.99
Religious/spiritual leader	10	7.46
Total	134	100.0

Among those seeking help, the most common source was family or friends (71.64%, 96 respondents), followed by helplines or support groups (11.96%, 16 respondents). Religious or spiritual leaders were consulted by 7.46% (10 respondents), while the Gaming Commission of Ghana was approached by 8% (8 respondents). Mental health professionals were consulted by only 2.99% (4 respondents). The heavy reliance on informal support networks suggests limited awareness or accessibility of professional gaming support services.

Table 13: Responses on Awareness of any Mental Health or Gaming Support Services

Responses	N	%
Yes	121	30.3
No	279	69.8
Total	400	100.0

The majority of respondents (69.8%, 279 individuals) report being unaware of mental health or gaming support services, while only 30.3% (121 respondents) are aware of such services. This lack of awareness represents a significant gap in knowledge about available resources, which may contribute to the low utilization of professional help services.

Table 14: Responses On Believe There Is Enough Public Awareness About the Mental Health Risks of Gaming

Responses	N	%
Yes	110	27.5
No	154	38.5
Not Sure	136	34.0
Total	400	100.0

Respondents are divided on whether there is sufficient public awareness about gaming's mental health risks. The largest group (38.5%, 154 respondents) believes there is insufficient awareness, while 34% (136 respondents) are unsure, and 27.5% (110 respondents) believe there is enough awareness. This distribution suggests a general perception that more education and awareness campaigns are needed regarding the mental health implications of gaming.

Implications

The data reveals a concerning picture of gaming behaviors among a predominantly young, male, and single population. Key findings include widespread problematic gaming behaviors, significant reliance on family funds and educational resources for gaming, and substantial impacts on physical and mental well-being. The high rate of help-seeking behavior paradoxically coexists with limited awareness of professional support services, suggesting a need for improved access to and promotion of specialized gaming support resources. The findings underscore the need for targeted interventions, particularly among young adults, and enhanced public awareness campaigns about the risks and available support services for Gaming-related problems.

Cross tabulation

Cross tabulation was conducted to explore the relationship between two categorical variables, particularly demographic characteristics and types of gaming behaviour. This method provides a simple yet powerful way to observe how specific subgroups (e.g., age brackets or gender) are distributed across different types or frequencies of gaming.

In this study, cross tabulations were used to examine patterns such as the relationship between age group and type of gaming (e.g., sports betting, casino games, online betting).

Table 15: Age and Online Betting

Age Groups	Not selected	Selected	Total
under 18	5	6	11
18-25	236	80	316
26-35	41	17	58
36-45	9	6	15
Total	291	109	400

Table 15 was employed to show the age group of respondents with respect to online betting. Out of 400 respondents, 109(27.25%) selected online betting, while 292 (72.75%) did not. 80 out of 316 respondents (25.94%) are the most active in online betting. Interest in online betting decreases with increasing age group. Surprisingly,

respondents under 18 years show a very high proportion (6 out of 11=54.54%) of online betting. This raises ethical and legal concerns since minors are typically not allowed to gamble. Online betting is very rare in respondents aged 36 and above, possibly due to lower technology exposure, interest, or disposable income.

Table 16: Age and Route Operation (Slot machine)

Age Groups	Not selected	Selected	Total
under 18	9	2	11
18-25	288	28	316
26-35	52	6	58
36-45	13	2	15
Total	362	38	400

Out of 400 respondents, 38(9.5%) selected route operation (slot machine), while 362(90.5) did not. 28 out of 316 respondents (8.86%) aged 18-25 are the most active age group in route operation (slot machine). Participation in route operation (slot machine) decreases with increasing age. Amazingly, respondents under 18 years show a very high proportion (2 out of 11=22.22%) of route operation (slot machine) participation. This raises ethical and legal concerns since minors are typically not allowed to gamble. route operation (slot machine).

Table 17: Age Groups and Casino Games

Age Groups	Not selected	Selected	Total
under 18	9	2	11
18-25	283	33	316
26-35	56	2	58
36-45	15	0	15
Total	363	37	400

The age group 18–25 had the highest participation in casino games (33 selected vs. 283 not selected). Other age groups had very limited involvement.

Table 18: Age Groups and Sports Betting

Age Groups	Not selected	Selected	Total
under 18	4	7	11
18-25	89	227	316
26-35	13	45	58
36-45	3	12	15
Total	109	291	400

Participation was highest among the 18–25 age group (227 out of 316). All other age groups showed considerably lower involvement, suggesting that sports betting is predominantly a youth-driven activity as shown in table 18 above.

Table 19: Gaming Frequency and Anxiety

Gaming Frequency	Not selected	Selected	Total
Daily	25	21	46
Weekly	32	31	63
Monthly	9	9	18
Occasionally	73	33	106
Rarely	132	35	167
Total	271	129	400

Higher levels of anxiety are reported among daily and weekly gamblers (21 and 31 individuals, respectively). As gaming frequency decreases, the percentage of individuals reporting anxiety also decreases. This trend suggests a positive association between frequent gaming and anxiety.

Table 20: Gaming Frequency and Depression

Gaming Frequency	Not selected	Selected	Total
Daily	25	21	46
Weekly	28	35	63
Monthly	12	6	18
Occasionally	77	29	106
Rarely	131	36	167
Total	273	127	400

Depression is proportionally highest among weekly gamblers (35 individuals), followed by daily and occasional gamblers. The association shows that as gaming becomes more frequent, there is a corresponding increase in depression.

Table 21: Gaming Frequency and Social Withdrawal

Gaming Frequency	Not selected	Selected	Total
Daily	40	6	46
Weekly	56	7	63
Monthly	13	5	18
Occasionally	98	8	106
Rarely	152	15	167
Total	359	41	400

Social withdrawal appears less frequently among daily and weekly gamblers, but increases slightly in rare and occasional gamblers. This is not a strong trend, suggesting no clear relationship between gaming frequency and social withdrawal from this cross tabulation alone.

Table 22: Gaming Frequency and Guilt or Shame

Gaming Frequency	Not selected	Selected	Total
Daily	38	8	46
Weekly	48	15	63
Monthly	8	10	18
Occasionally	89	17	106
Rarely	141	26	167
Total	324	76	400

A higher proportion of monthly gamblers (10 out of 18) report guilt or shame (over 55%). Guilt is still present among frequent gamblers but less proportionally. This suggests an emotional conflict that may emerge especially with inconsistent or impulsive gaming patterns.

Table 23: Gaming Frequency and Suicidal Thoughts

Gaming Frequency	Not selected	Selected	Total
Daily	46	0	46
Weekly	63	0	63
Monthly	16	2	18
Occasionally	103	3	106
Rarely	162	5	167
Total	390	10	400

Suicidal thoughts are not reported at all among daily or weekly gamblers, but show up slightly in monthly, occasional, and rare gamblers. While the numbers are low (10 in total), they raise concern, especially among less frequent but emotionally distressed gamblers. However, the statistical association is weak, indicating no strong evidence of correlation from this table alone.

Test for Association

The Chi-Square test was used to examine the association between gaming behaviours and various mental health and sources of gaming funds.

In this study, the Chi-Square test was applied to assess whether gaming frequency is associated with:

- Emotional outcomes such as anxiety, depression, guilt, and suicidal thoughts.
- Financial behaviour, including use of salary, stipend, gifts, or school fees to gamble.

Hypothesis testing

Hypothesis testing is a statistical method used to determine if there's enough evidence in a sampled data to draw conclusions about a population. It involves formulating two competing hypotheses, the null and alternative hypotheses, and then using data to assess which one is more likely to be true.

Test for association of gaming frequency and anxiety

Hypotheses 1

Null hypothesis: There is no association between gaming frequency and anxiety

Alternative hypothesis: There is an association between gaming frequency and anxiety

Table 24: Gaming Frequency and Anxiety

Pearson Chi-Square	Value	df	Sig (2-tailed)
Likelihood Ratio	24.474	399	0.001
Linear by Linear Association	24.348	399	0.001
N of Valid Cases	21.395	399	0.001

Since P< =.05 as shown in table 24, the null hypothesis is rejected and conclude that there is an association between gaming frequency and anxiety. Higher gaming frequency (daily/weekly) corresponded with increased levels of self-reported anxiety

Test for association of gaming frequency and depression

Hypotheses 2

Null hypothesis: There is no association between gaming frequency and depression.

Alternative hypothesis: There is an association between gaming frequency and depression.

Table 25: Gaming frequency verses Depression

Pearson Chi-Square	Value	df	Sig (2-tailed)
Likelihood Ratio	29.550	399	0.001
Linear by Linear Association	28.589	399	0.001
N of Valid Cases	24.879	399	0.001

Since P< =.05 as displayed in table 25, we reject the null hypothesis and conclude that there is an association between Gaming frequency and depression. Depression levels were higher among frequent gamblers (weekly and daily participants).

Test for association of gaming frequency and the guilt and shame

Hypotheses 3

Null hypothesis: There is no association between gaming frequency and the guilt and shame.

Alternative hypothesis: There is an association between gaming frequency and the guilt and shame.

Table 26: Gaming frequency verses Guilt and Shame

Pearson Chi-Square	Value	df	Sig (2-tailed)
Likelihood Ratio	18.535	399	0.001
Linear by Linear Association	14.801	399	0.005
N of Valid Cases	2.067	399	0.151

Since P< =.05 as presented in table 26, we reject the null hypothesis and conclude that there is a statistically significant association between the gaming frequency and the guilt and shame. Monthly and occasional gamblers reported slightly more feelings of guilt and shame.

Test for association of gaming frequency and suicidal thoughts

Hypotheses 4

Null hypothesis: There is no association between gaming frequency and suicidal thoughts

Alternative hypothesis: There is an association between gaming frequency and suicidal thoughts

Table 27: Gaming frequency verses suicidal thoughts

Pearson Chi-Square	Value	df	Sig (2-tailed)
Likelihood Ratio	8.485	399	0.075
Linear by Linear Association	8.730	399	0.068
N of Valid Cases	1.272	399	0.189

Since P>.05, as displayed in table 27, we fail to reject the null hypothesis and conclude that there is no statistically significant association between the gaming frequency and the suicidal thoughts. Although a few occasional and rare gamblers reported suicidal thoughts, this was not frequent enough to confirm a strong relationship.

Test for association of gaming frequency and salary

Hypotheses 5

Null hypothesis: There is no association between gaming frequency and salary

Alternative hypothesis: There is an association between gaming frequency and salary.

Table 28: Gaming frequency verses salary

Pearson Chi-Square	Value	df	Sig (2-tailed)
Likelihood Ratio	15.867	399	0.003
Linear by Linear Association	16.711	399	0.002
N of Valid Cases	11.247	399	0.001

Since P< =.05 as shown in table 28, we reject the null hypothesis and conclude that there is a statistically significant association between the gaming frequency and the salary. Suggests salaried individuals may be more likely to use their income for gaming.

Test for association of gaming frequency and stipends

Hypotheses 6

Null hypothesis: There is no association between gaming frequency and stipends

Alternative hypothesis: There is an association between gaming frequency and stipends

Table 29: Gaming frequency verses stipends

Pearson Chi-Square	Value	df	Sig (2-tailed)
Likelihood Ratio	6.381	399	0.172
Linear by Linear Association	6.611	399	0.158
N of Valid Cases	0.426	399	0.514

Since P>.05 as presented in table 29, we fail to reject the null hypothesis and conclude that there is no association between the gaming frequency and the stipends. Indicates gaming is not strongly associated with stipends, possibly suggesting low-income groups avoid gaming or underreport it.

Test for association of gaming frequency and gifts

Hypotheses 7

Null hypothesis: There is no association between gaming frequency and gifts

Alternative hypothesis: There is an association between gaming frequency and gifts.

Table 30: Gaming frequency verses Gifts

Pearson Chi-Square	Value	df	Sig (2-tailed)
Likelihood Ratio	1.211	399	0.876
Linear by Linear Association	1.229	399	0.873
N of Valid Cases	0.941	399	0.332

Since P>.05 as seen in table 30, we fail to reject the null hypothesis and conclude that there is no statistically significant association between the gaming frequency and gifts. This indicates gaming is not strongly associated with gifts.

Test for association of gaming frequency and school fees

Hypotheses 8

Null hypothesis: There is no association between gaming frequency and school fees.

Alternative hypothesis: There is an association between gaming frequency and school fees.

Table 31: Gaming frequency verses school fees

Pearson Chi-Square	Value	df	Sig (2-tailed)
Likelihood Ratio	9.057	399	0.060
Linear by Linear Association	7.547	399	0.110
N of Valid Cases	5.708	399	0.017

Since P>.05 as shown in table 31 we fail to reject the null hypothesis and conclude that there is no statistically significant association between the Gaming frequency and the school fees. There may be some concern over the misuse of school fees for Gaming, but the data is not statistically conclusive.

Summary of Findings:

Demographic Profile of Respondents revealed that Males dominate the sample, accounting for 80% (320) of respondents, suggesting higher gaming participation among males. A large majority (79%) of respondents fall within the 18–25 age group, indicating gaming is most prevalent among young adults. Notably, 2.8% (11 respondents) are under 18, signalling underage gaming. Most respondents (96%) are single, consistent with the young demographic and suggesting higher gaming rates among unmarried individuals.

On the part Gaming Frequency 11.5% (46 respondents) gambles daily and 15.8% (63 respondents) gambles weekly. Combined, over 27% gamble frequently, a potential indicator of problematic gaming behavior. With the Weekly Gaming Expenditure, 64.8% spend under GHS 50, 25% spend between GHS 50–200, 10.2% spend over GHS 200, implying a risk of financial harm for some students.

The study also discovered that Sports betting is most popular (57.5%) followed by Online betting (13.5%), Slot machines (Route operation) (7.2%), Casino games: 5.8%. Sports

betting is the primary form of Gaming among the youth. Moreover, 43.5% of respondents use stipends from guardians, 9% admit to using school fees for gaming, 17.8% use gifts, and 14.8% rely on salary. Use of educational funds for Gaming raises ethical and financial concerns.

Half of the respondents (50%) report gaming affects their sleep, appetite, or concentration, 42.3% admit to lying to loved ones about gaming, 39.8% experience urges to gamble even when they want to stop (a sign of addiction), 32.5% report damaged relationships due to gaming. Also, 76.8% of respondents have sought help, mainly from Family/friends (71.6%), Helplines/support groups (11.96%), Religious leaders, Gaming Commission, and mental health professionals (under 10% each). This shows high gaming problem awareness but low use of professional services.

69.8% of respondents are unaware of mental health or gaming support services, 38.5% believe there is insufficient public awareness of gaming's mental health effects. Moreover, 18–25 age group shows highest engagement in all Gaming types, including online betting, sports betting, and slot machines. Minors (under 18 years) show concerning participation in both online betting (54.5%) and slot machines (22.2%).

Significant associations found between gaming frequency and: Anxiety ($p \leq .05$), Depression ($p \leq .05$), Guilt/Shame ($p \leq .05$). There was no significant association with suicidal thoughts ($p > .05$). There exists significant association between gaming frequency and salary ($p \leq .05$). Also, there was no significant association with: Stipends, Gifts and School fees.

Conclusions

Gaming among university students, especially those aged 18–25, is prevalent and linked to significant emotional and financial consequences. While most do not suffer extreme mental health issues like suicidality; anxiety, guilt, and social withdrawal are common. Comprehensive public education and support systems are needed to mitigate these effects.

The findings indicate that while gaming is relatively infrequent for most students, a significant proportion engage in it regularly, with notable impacts on mental health, social relationships, and academic well-being.

The study also highlights the need for increased awareness, regulation, and support structures to mitigate the growing influence of Gaming among students.

Limitation of the Study

The study was conducted using a purposive sample of 400 students from only two tertiary institutions – University of Professional Studies, Accra (UPSA) and Accra Technical University (ATU). As a result, the findings may not be fully generalizable to all tertiary students in Ghana. Despite this limitation, the study provides valuable insights into gaming behaviours and associated risks among university students and serves as a useful evidence base for policy formulation and further research.

Actions and Policy Responses

Based on the findings of this study, the Gaming Commission will undertake the following actions to address the identified risks and strengthen responsible gaming practices, particularly among young persons and vulnerable groups:

- The Commission will intensify nationwide public education campaigns on the mental health, social and financial risks associated with gaming. The Commission will emphasise that gaming should be viewed strictly as a form of entertainment and leisure, and not as a means of income generation or financial investment. Public campaigns will discourage the perception of gaming as a solution to financial challenges and will highlight the importance of setting limits on time and

money spent on gaming. Campaigns will promote responsible participation, informed decision-making, and the understanding that losses are a normal outcome of gaming activities

- In response to the high prevalence of gaming among persons aged 18–25 and the identified cases of underage participation, the Commission will collaborate with tertiary institutions and key stakeholders to implement targeted sensitization programmes, campus outreach activities, and compliance monitoring to curb underage gaming.

- The Commission will enhance regulatory oversight through routine inspections and compliance monitoring to ensure adherence to licensing conditions, advertising guidelines, and responsible gaming obligations. Licensed gaming operators found to be in breach of responsible gaming and underage-restriction requirements will be sanctioned in accordance with Gaming Act 2006 (Act 721)

- To address the low awareness of professional support services, the Commission will work with Mental Health Authority and non-governmental organizations to promote available gaming support services. This will include publicising helplines, counselling services, and referral pathways for individuals experiencing problem gaming.

- The Commission will institutionalize periodic research and data collection on gaming behaviours, mental health impacts, and emerging trends within the gaming industry. Findings from such studies will inform policy reviews, regulatory reforms, and evidence-based decision-making to ensure proactive and responsive regulation.