

Behavioral addictions in Africa: Emerging trends, challenges, and policy implications

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VIEWPOINT



ABSTRACT

Behavioral addictions, including problematic internet use, gaming, and gambling, are emerging as significant public health concerns in Africa, driven by rapid digitalization and socioeconomic shifts. This commentary provides a critical overview of the current state of behavioral addictions in Africa, examining prevalence, cultural influences, and systemic barriers to research and intervention. Despite growing evidence of harm, particularly among youth, the continent faces significant challenges, including limited epidemiological data, cultural biases in assessment tools, and an underdeveloped mental health infrastructure. Drawing on regional studies and global frameworks, the need for culturally sensitive research, evidence-based interventions, and robust policy frameworks is highlighted. The paradoxical coexistence of rising addiction risks and minimal regulatory oversight underscores the urgency of addressing behavioral addictions in African contexts.

KEYWORDS

behavioral addictions, Africa, digital addiction, gambling, public health, policy

INTRODUCTION

The global rise of behavioral addictions, compulsive engagement in activities such as gambling, internet use, gaming, and social media, has prompted significant research and public health policy action in Western nations. However, these issues remain understudied in Africa despite rapid technological and socioeconomic changes amplifying their impact. Behavioral addiction research has made significant strides globally, with recent studies highlighting advances in understanding conditions such as internet addiction and problematic internet use. Brand, Wegmann, Rumpf, Müller, and Stark (2025) provide a comprehensive overview of current progress, from fundamental research to clinical applications, emphasizing the need for integrated approaches to address these emerging disorders. Similarly, Fineberg et al. (2018) underscore the growing recognition of behavioral addictions within neuropsychopharmacology, noting the complex interplay of psychological and neurobiological factors in internet-related addictions.

Despite these global advancements, research in African contexts remains limited, necessitating further exploration given the continent's rapid technological adoption. Sub-Saharan Africa had 310 million unique mobile subscribers in 2024, representing a penetration rate of approximately 28% (GSMA, 2023). This figure is expected to grow to 377 million by 2030 to reach a penetration rate of around 34%. Nigeria, with over 100 million mobile internet users, and South Africa, with a penetration rate exceeding 50% amongst a population

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of over 60 million, spearhead mobile internet adoption in the region. Concurrently, the proliferation of online betting platforms and gaming apps has fueled addiction-related harms, particularly among youth (Daniel et al., 2024). Africa's unique challenges, including severe shortages in mental health resources with many countries having fewer than 0.1 psychiatrists per 100,000 people, and high youth unemployment rates exceeding 30% in nations like Nigeria and South Africa, exacerbate the vulnerability to behavioral addictions (International Labour Organization, 2024; World Health Organization, 2024). These factors, combined with rapid urbanization and limited access to formal support systems, create an environment where addictive behaviors serve as maladaptive coping mechanisms, underscoring the need for immediate research and policy interventions. Unlike substance use disorders, which dominate African mental health agendas, behavioral addictions are often overlooked which may reflect both resource constraints and cultural perceptions of addiction as a moral failing rather than a true disorder (Ndasauka & Kayange, 2019).

This commentary examines the status of behavioral addictions in Africa; it focuses on prevalence, contextual drivers, and challenges in research and intervention. Drawing on regional evidence and global addiction frameworks, this paper will explore the tension between increasing access to potentially addictive technologies and the lack of regulatory and therapeutic responses. The paper proposes a research and policy agenda to address these emerging public health challenges, aligning with global efforts to mitigate addiction-related harms.

BEHAVIORAL ADDICTIONS IN AFRICA: CURRENT LANDSCAPE

Research on behavioral addictions in Africa principally relate to excessive technology-driven behaviors such as those involving the internet, gaming, gambling, or shopping or purchasing, particularly using online apps. Most research in this context is informed by the DSM and ICD systems of classification for behavioral addictions.

Internet Addiction: In Nigeria, studies estimate that 24% of university students exhibit signs of internet addiction, frequently associated with excessive social media use, which can lead to academic disruption (Adeyemi, 2024). This trend is particularly pronounced in countries with growing internet access, such as Nigeria and South Africa.

Gaming Addiction: Among African adolescents, gaming addiction is an emerging issue, with a recent study indicating that approximately 15% exhibit symptoms consistent with ICD-11 gaming disorder criteria, such as compulsive use and neglect of academic activities (Hoque, Rahman, Pata, & Uzzaman, 2025). A scoping review of 38 African studies, covering countries including South Africa, Nigeria, Kenya, Ghana, and Tanzania, found that 25% of urban schoolchildren are at risk of problematic gaming, with urban youth most affected due to greater internet access (Hoque et al., 2025).

Gambling Addiction: Gambling, particularly online sports betting, has surged in countries like Kenya and Nigeria, where youth aged 18 to 24 show significant engagement, with 54% participating in online betting and 22% displaying signs of gambling disorder (Bitanirwe et al., 2022; Daniel et al., 2024). These trends are driven by increasing smartphone and internet penetration, aggressive marketing by betting companies, and lax regulatory frameworks. For example, the betting industry is projected to generate over \$4 billion annually in Nigeria and \$1.2 billion in Kenya, yet there appear to be few regulatory or social policy responses (Lawal, 2022). This is similar to Kenya, where the industry also thrives with comparable youth involvement.

Other Behavioral Addictions: Other behavioral addictions, such as compulsive shopping or exercise, are noted anecdotally but lack systematic study, reflecting a broader research gap in African contexts. For example, compulsive shopping among African youth, thought to be driven by global consumerism, has been seldom studied regarding its prevalence or consequences on young people's financial or psychological well-being (Atilola, 2015). Unlike in Western contexts, where gaming and gambling disorders are recognized in diagnostic manuals (e.g., DSM-5, ICD-11), African health systems rarely focus on these issues due to priorities on infectious diseases and substance abuse (Wada et al., 2021). This is compounded by cultural factors, such as collectivist values, spiritual beliefs, and stigma in many African communities, which influence mental health by reinforcing social norms that prioritize family reputation, attribute behavioral issues to spiritual causes, and view psychological struggles as moral failings. These norms reinforce communal oversight by extended families as the primary means of mitigating risks rather than formal help-seeking (Almu & Amzat, 2024).

CONCEPTUALIZATION AND MEASUREMENT

The conceptualization of behavioral addictions in Africa draws on global frameworks but faces unique challenges. Internationally, models like Blaszczynski and Nower's (2002) gambling pathways model emphasize multiple etiological pathways, including psychological, social, and environmental factors. In Africa, psychological factors, such as escapism through gaming or betting, are evident, but socioeconomic stressors, including unemployment and urban migration, also play a significant role (Bitanirwe et al., 2022). In sub-Saharan African communities such as Nigeria, Kenya and Ghana that face economic hardships like widespread poverty and high youth unemployment, gambling is marketed as a quick route to financial success which could encourage unrealistic expectations or harmful levels of financial commitment to the activities. Sports betting platforms in Kenya target urban youth, with 31.3% of young Kenyans engaging in daily gambling, driven by limited job opportunities (Bitanirwe et al., 2022). Similarly, in Nigeria, mobile betting attracts urban youth grappling with

unemployment rates around 33%, who view betting as an accessible means to escape poverty (Ayandele, Popoola, & Obosi, 2020). The widespread adoption of digital payment methods, including cryptocurrency and peer-to-peer platforms, has further exacerbated the situation in Nigeria. Consistent with Griffiths' (2005) biopsychosocial model, Africa illustrates how a combination of social, economic, and psychological factors can combine to fuel gambling as a maladaptive coping strategy.

ISSUES WITH ESTABLISHING PREVALENCE

Most standardized measurement tools for assessing digital addictions are unsuitable for African contexts due to their origins in Western settings, potentially overlooking local experiences. Instruments like the Internet Addiction Test (IAT) and Problem Gambling Severity Index (PGSI) often fail to account for cultural and economic factors unique to sub-Saharan Africa. For instance, the IAT, designed to measure excessive internet use, assumes access to stable internet infrastructure and leisure-driven usage, which overlooks Nigeria's context, where youth may use mobile betting platforms as a perceived economic survival strategy amid 33% unemployment (Ayandele et al., 2020). Similarly, the PGSI's focus on financial loss may not capture the broader social harms in collectivist societies where addiction affects family dynamics. Prevalence studies in Africa are constrained by small, urban-centric samples, limiting their generalizability (Endomba et al., 2022). Unique challenges, such as large multi-adult households, impoverished areas, and remote locations, complicate representative sampling despite the high mobile coverage of 28% in 2024 (GSMA, 2023). Multi-adult households hinder private data collection, increasing social desirability bias, while poverty drives gambling as an economic necessity, skewing the applicability of existing tools. Remote areas pose logistical barriers, including high travel costs and inconsistent internet access, further complicating data accuracy.

Cultural norms significantly influence the accuracy of prevalence measures, particularly through their impact on self-reporting. In many African communities, stigma surrounding mental health issues leads individuals to underreport addictive behaviors, often attributing them to spiritual causes rather than psychological disorders (Almu & Amzat, 2024). Collectivist values prioritize family reputation, discouraging open admission of personal struggles, while spiritual beliefs may frame addiction as a moral failing or supernatural affliction, reducing willingness to disclose. This cultural lens results in an underestimation of prevalence, as individuals may avoid formal assessments to protect social standing or seek communal rather than clinical solutions.

To address these challenges, African researchers can adapt or develop tools that align with local cultural contexts. This could involve modifying existing instruments like the Internet Addiction Test (IAT) and Problem Gambling

Severity Index (PGSI) to incorporate local idioms of distress, as successfully demonstrated with the Alcohol Use Disorders Identification Test (AUDIT) in African settings (Morojelo et al., 2017). Creating culturally sensitive surveys might include scenarios reflecting mobile betting or communal gambling practices, using local languages, and engaging community leaders to reduce stigma. Additionally, mobile-based surveys tailored for variable literacy and connectivity can enhance participation, while longitudinal designs and stratified sampling across rural, peri-urban, and urban areas can capture socioeconomic diversity more effectively.

POLICY AND REGULATION

The regulation of behavioral addictions in Africa remains fragmented and underdeveloped, particularly for online gambling and gaming platforms that pose significant addiction risks to youth. Unlike countries like the United States, Canada, and Australia, where gambling is heavily taxed and regulated despite market liberalization (Delfabbro & King, 2012), African nations like Ethiopia and Liberia lack comprehensive policies to govern digital betting platforms, leaving the sector entirely unregulated whilst operators function without licenses (Manimama, 2024). In Nigeria, regulations are overseen by the National Lottery Regulatory Commission, which requires operators to meet financial thresholds like a N30 million minimum share capital and a N75 million five-year permit fee, but lacks robust measures for age verification, advertising controls, or consumer education (Aguocha & George, 2021). Betting companies exploit this gap, using aggressive social media campaigns and TV ads to target young people with promises of quick wealth, contributing to rising gambling disorder rates (Rammutla, Matheba, & Nyandoro, 2024). Similarly, Kenya's betting sector, while generating over \$1.2 billion annually, features lax oversight, allowing aggressive marketing that targets vulnerable youth amid high unemployment (Bitanihirwe et al., 2022; Lawal, 2022). These gaps exacerbate addiction risks, underscoring the need for more proactive policies.

Drawing from global examples provides actionable pathways for improvement. Australia's YourPlay pre-commitment scheme, implemented in Victoria, enables gamblers to set voluntary but binding limits on time and spending for electronic gaming machines, demonstrating effectiveness in reducing impulsive behavior despite challenges in achieving nationwide mandatory adoption (Delfabbro & King, 2012). In contrast to Africa's revenue-focused models, this system could be adapted through mobile-integrated tools in Nigeria and Kenya, where digital payments are widespread, to enforce spending caps and promote self-regulation. The UK's stringent gambling advertising restrictions, enforced by the Gambling Commission and Advertising Standards Authority, prohibit ads appealing to minors, suggesting gambling resolves financial issues, or broadcast before the 9pm watershed, leading to reduced youth exposure despite ongoing online enforcement

hurdles (Wardle, Reith, Langham, & Rogers, 2019). African nations could mirror this by introducing time-based ad bans and content guidelines, addressing the aggressive online promotions that drive 54% youth betting engagement in Kenya and Nigeria.

Despite challenges, early-stage initiatives in Africa offer grounds for optimism and serve as guides for policymakers. South Africa's National Responsible Gambling Programme (NRGP), a public-private partnership funded by a 0.1% industry levy but independently managed, has treated over 18,500 individuals since 2004 through free counseling, self-exclusion options, and nationwide education campaigns, significantly raising awareness and supporting recovery (Collins et al., 2011; National Responsible Gambling Programme, 2023). This model's success highlights the potential of collaborative funding for scalable interventions. In Nigeria, pilot research and education initiatives, such as studies examining youth betting patterns and their academic impacts, have informed preliminary school-based programs to foster responsible behaviors and reduce stigma (Ayandele et al., 2020; Omoyeni, 2025). These efforts, though nascent, demonstrate feasible steps toward evidence-based prevention.

To advance, African policymakers should adopt hybrid approaches: mandating pre-commitment features in betting apps, enforcing ad restrictions tailored to digital platforms, and establishing national funds for treatment and research, inspired by global successes but customized to socioeconomic realities. Such measures could mitigate harms while sustaining industry growth, aligning with calls for integrated public health strategies (Wardle et al., 2019).

RESEARCH AND INTERVENTIONS

Research on behavioral addictions in Africa is limited and methodologically inconsistent, with most studies being cross-sectional, urban-focused, and underfunded, restricting their scope. Dedicated research centers are scarce, and funding often prioritizes substance use or infectious diseases over gambling disorders (Aguocha & George, 2021). Unlike countries with comprehensive gambling research bodies, such as Australia's Productivity Commission, most African nations lack institutions to synthesize evidence, assess social and economic impacts, or inform policy-making. This gap is particularly pronounced given Africa's diverse gambling landscape: South Africa, with its established gambling industry regulated since 1996, benefits from structured research through initiatives like the National Responsible Gambling Programme (NRGP), while emerging markets like Nigeria and Kenya face rapidly growing digital betting sectors with minimal research oversight (Omoyeni, 2025). This disparity underscores the need for region-specific approaches, as South Africa's more developed infrastructure contrasts with the unregulated, youth-driven betting surge in Nigeria. The rapid growth of digital betting, fueled by aggressive marketing targeting youth, heightens addiction risks, yet the absence of structured research oversight leaves financial harm and social consequences unaddressed.

To bridge these gaps, African governments could establish national gambling research councils, fund longitudinal studies through betting taxes, and partner with universities to develop youth-focused, culturally relevant research frameworks, strengthening evidence-based policy making. The involvement of African delegates from South Africa and Nigeria in the International Association of Gaming Regulators (IAGR) provides a platform to share global best practices and by leveraging IAGR's global network and local research initiatives, African nations can address the unique challenges of emerging gambling markets and build robust, evidence-based policies to mitigate addiction-related harms.

Intervention services for behavioral addictions in Africa are critically underdeveloped, with evidence-based approaches constrained by systemic barriers. Cognitive Behavioral Therapy, effective for gambling disorders (Casey et al., 2017; Pfund et al., 2023), is rarely available due to a severe shortage of trained clinicians. In Nigeria, the lack of addiction psychiatry training limits service delivery (Ebuonyi, Chikezie, & Onyeka, 2021), particularly in rural areas, where mental health resources are scarce. Community-based interventions, leveraging collectivist values, show potential but require rigorous evaluation, while religious organizations and peer support groups, similar to Gamblers Anonymous, operate on a small scale without formal assessment (Ali, Mohsin, Banks, Lynn, & Lim, 2021). While collectivism is often associated with Asian societies, African communities, particularly in sub-Saharan regions, also exhibit strong communal ties through extended family networks and social oversight, which can support addiction interventions despite the growing influence of individualized capitalism driven by globalized markets (Almu & Amzat, 2024).

To strengthen interventions, policymakers could integrate addiction training into medical and nursing curricula, establish government-funded gambling treatment clinics in primary health centers, and scale up community programs through public-private partnerships (Daniel et al., 2024). South Africa's National Responsible Gambling Programme, offering counseling and education, provides a model for culturally tailored interventions that could be adapted across Africa, supported by policies to fund large-scale clinical trials and ensure sustainable service delivery. For example, the prevention division, achieving 75% awareness of gambling risks in Gauteng through print, television, and radio (Collins et al., 2011), could be adapted in Kenya and Nigeria via community radio and social media campaigns to counter aggressive betting marketing.

To further address these research gaps, local universities and research institutions in Africa should be encouraged to prioritize behavioral addiction research. A good number of institutions in Africa have the potential to lead efforts in studying digital addiction and gambling behaviors among youth, building on their established expertise in public health and social sciences. A compelling model for this is the Centre of Excellence in Responsible Gaming (CERG) at the University of Gibraltar, which focuses on etiological factors of addictive disorders, supports PhD scholarships, and develops evidence-based interventions for safer gambling through

collaborations with industry and global networks. Similarly, establishing a regional *African Centre for Behavioral Addiction Research*, hosted by a consortium of universities across Africa, could centralize data collection and develop culturally validated tools that reflect African values. Such centers could collaborate with global bodies like the International Association of Gaming Regulators (IAGR) to integrate best practices while prioritizing local contexts. For example, new tools could incorporate community-level risk factors, such as peer influences in mobile betting or family expectations, to better capture addiction dynamics in African settings.

To encourage universities to prioritize behavioral addiction research, governments could provide grants funded by betting taxes, following the model of South Africa's National Responsible Gambling Programme (NRGP), which allocates industry levies to research and treatment. Partnerships with private sectors, such as mobile network operators or betting companies, could support longitudinal studies and researcher training. Integrating behavioral addiction research into academic curricula, as exemplified by the University of Cape Town's collaboration with the NRGP, could build capacity among emerging scholars. Regional collaborations, facilitated by networks like the African Research Universities Alliance (ARUA), could standardize methodologies and promote data sharing across countries, ensuring solutions are tailored to the "African way" by emphasizing community-driven approaches and cultural sensitivity.

SUMMARY

Behavioral addictions in Africa present a growing public health challenge, amplified by digitalization and socioeconomic vulnerabilities. The paradox of increasing addiction risks alongside minimal regulatory and therapeutic responses differs from liberalized markets like Australia, Canada, and the United Kingdom, where robust regulations coexist with rising gambling harms (Collier, 2013; Delfabbro & King, 2012; Wardle et al., 2019). Addressing this issue requires a multifaceted approach: large-scale epidemiological studies to establish prevalence, culturally validated assessment tools, and therapeutic interventions tailored to African contexts. Policy reforms, including youth-targeted advertising bans, betting tax-funded treatment clinics, research, and public awareness campaigns, are critical to reducing harm, as seen in South Africa's responsible gambling initiatives. By fostering collaborative research hubs and leveraging global expertise, African nations can develop evidence-based strategies to mitigate behavioral addictions, contributing to local and global public health agendas.

Disclaimer: This commentary primarily draws on evidence from Nigeria and Kenya due to the availability of literature on behavioral addictions in these contexts, but it does not fully capture the rich diversity of cultures, values, and experiences across the African continent. Africa encompasses 54 countries with varied socioeconomic, cultural, and regulatory landscapes, and the limited scope of existing research may not reflect this complexity. Future studies are

needed to explore behavioral addictions in other African nations to ensure a more comprehensive understanding of the continent's diverse contexts.

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