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DECISION-MAKING STYLES AND SUBJECTIVE WELL-BEING AS PREDICTORS OF PROBLEM GAMBLING BEHAVIOUR AMONG TERTIARY INSTITUTIONS STUDENTS IN IBADAN, NIGERIA

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ABSTRACT

Problem gambling is increasingly seen as a public health concern among university students, especially in regions with greater access to betting platforms. This study examined how decision-making styles and subjective well-being impact problem gambling among tertiary students in Ibadan, Nigeria. A cross-sectional survey of 1,282 students, chosen through convenience sampling, was conducted. Standardized assessments measured decision-making styles, subjective well-being, and gambling severity. Data analysis included Pearson correlation and multiple regression. Findings indicated that avoidant ($\beta = .16, p < .001$), rational ($\beta = .12, p = .001$), and intuitive ($\beta = .08, p = .004$) decision-making styles significantly predicted problem gambling, whereas dependent and spontaneous styles did not. Subjective well-being was also a significant reverse predictor ($\beta = -.11, p < .001$). The overall model was statistically significant, $F(2, 1279) = 17.51, p < .001$, but accounted for only a small amount of variance ($R^2 = .03$). These results suggest that maladaptive decision-making increases the risk of gambling, whereas higher subjective well-being may serve as a protective factor. The small effect size suggests that other factors may be more influential. The study discusses implications for psychological interventions and mental health support for students.

Keywords: *problem gambling, decision-making styles, subjective well-being, undergraduates, Nigeria*

INTRODUCTION

Gambling involves risking something of value on uncertain outcomes with the expectation of gain (Glimne, 2025). Advances in technology have transformed gambling from traditional, location-bound activities to highly accessible online platforms and organized sports betting. This shift has increased gambling participation among young adults, especially tertiary students, who tend to explore and take risks during this stage of development. Problem gambling has become an increasing public health concern among university students due to the rapid growth of online betting platforms and easy access. Although it often starts as a recreational activity, it can develop into maladaptive behavior marked by poor control, financial problems, and psychological distress (APA, 2013; Griffiths, 2017).

Psychological theories suggest that individual differences in decision-making and emotional functioning play a critical role in gambling behaviour. Decision-making styles refer to habitual cognitive patterns individuals use when evaluating alternatives and making choices (Scott & Bruce, 1995). Maladaptive styles—particularly avoidant and intuitive—have been associated with increased engagement in risky behaviors such as gambling (Mishra et al., 2011; Hamilton et al., 2014; Miu et al., 2008; Canale et al., 2015).

Subjective well-being, which encompasses life satisfaction and emotional experiences, also plays an important role in gambling behavior. Students with low subjective well-being may turn to gambling as a maladaptive way to cope with stress, emotional distress, or dissatisfaction with life. These patterns increase the risk of problematic gambling (Diener, 2000; Blanco et al., 2022; Canale et al., 2016). In the Nigerian context, emerging evidence suggests that problem gambling among youths may be linked to psychological distress and socio-environmental factors (Chukwuorji & Iorfa, 2020).

Despite a rise in gambling participation among Nigerian youths, there has been little empirical focus on the combined influence of decision-making styles and subjective well-being in predicting problem gambling. Most existing research has concentrated on prevalence and socio-demographic factors, with less attention to the psychological processes involved. Understanding the interaction between decision-making patterns and well-being is crucial for creating targeted interventions. Consequently, this study explored how decision-making styles and subjective well-being predict problem gambling among tertiary students in Ibadan, Nigeria.

CONCEPTUAL MODEL

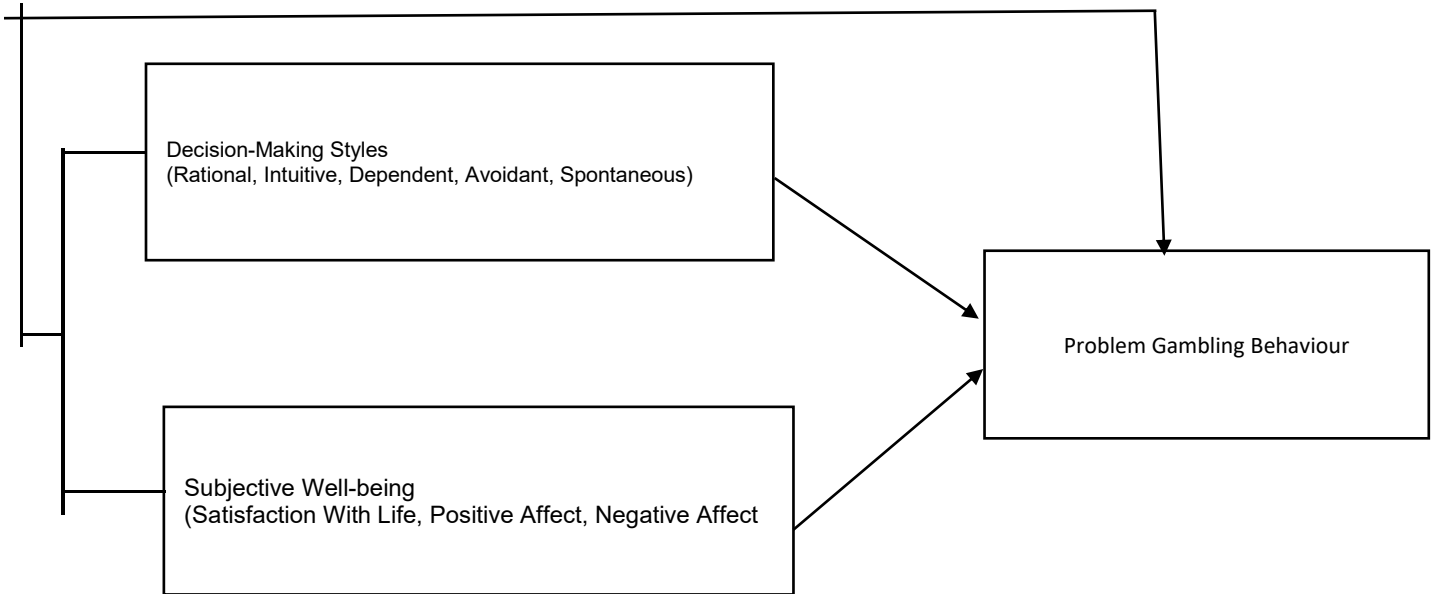


Figure 1
Conceptual Model of Decision-Making Styles and Subjective Well-Being as Predictors of Problem Gambling

This study's conceptual model suggests that decision-making styles—rational, intuitive, dependent, avoidant, and spontaneous—directly affect problem gambling behaviour. It also links these styles to subjective well-being, which includes life satisfaction and emotional states, with both factors expected to jointly influence gambling behaviour. Furthermore, subjective well-being is considered a protective psychological factor that may decrease the risk of maladaptive gambling outcomes.

THEORETICAL FRAMEWORK

This study is based on the Theory of Planned Behaviour (TPB; Ajzen, 1985) and the Dynamic Equilibrium Model (Headey & Wearing, 1989). TPB suggests that behaviour is shaped by attitudes, subjective norms, and perceived behavioural control. Maladaptive decision-making can hinder behavioural regulation, increasing the risk of engaging in risky activities like gambling. Conversely, the Dynamic Equilibrium Model views subjective well-being as a mostly stable state that can be disturbed by stressors. People with lower well-being might adopt maladaptive coping mechanisms, such as gambling, to regain emotional stability. These two models together offer a thorough understanding of how decision-making styles and subjective well-being influence gambling behaviour.

STATEMENT OF THE PROBLEM

Empirical studies reliably associate student problem gambling with negative outcomes like psychological distress, poor academics, financial issues, and strained relationships (Derevensky & Gupta, 2004; Nowak & Aloe, 2014). Worldwide, youth gambling has become more accepted,

especially in Europe and Australia, where high participation rates are observed (Calado & Griffiths, 2016; Gambling Commission, 2017; McCarthy et al., 2018).

Gambling participation across Africa and sub-Saharan regions has risen markedly, driven by factors such as unemployment, urbanization, technological advancements, and pervasive marketing efforts. Studies reveal that many young individuals gamble frequently, exposing themselves to significant psychosocial risks (Ahaibwe et al., 2016; GeoPoll, 2017; Allami et al., 2021). In Nigeria, gambling is widespread among youths and students, with reports showing high engagement rates fueled by unemployment, economic challenges, and the lure of quick money (NOIPolls, 2019; Aguocha et al., 2019; Akwagyiram & Akinyelure, 2018). Akwagyiram & Akinyelure (2018) estimated that approximately 60 million Nigerians aged 18 to 40 wager about 1.8 billion Naira (\$5 million) daily, averaging 3,000 Naira (\$8.33) per person. Nonetheless, Nigerian research primarily focuses on prevalence, demographic factors, and social impacts, offering a limited understanding of the psychological mechanisms underpinning problem gambling.

Decision-making styles represent one such underexplored psychological factor that influences how individuals assess risks, rewards, and long-term consequences. In addition, subjective well-being has been linked to gambling behavior, as students with low well-being may gamble as a maladaptive coping strategy (Diener, 1984; Blanco et al., 2015; Calado & Griffiths, 2016). Furthermore, cognitive distortions such as illusion of control and gambling expectancies are known to sustain gambling behaviour and may interact with decision-making styles and subjective well-being (Ladouceur et al., 2001; Fortune & Goodie, 2012).

HYPOTHESES

This study tested three hypotheses:

1. Decision-making styles would significantly predict problem gambling behaviour.
2. Subjective well-being would significantly predict problem gambling behaviour.
3. Decision-making styles and subjective well-being would significantly and jointly predict problem gambling behaviour.

METHODOLOGY

A convenience sampling method, which is a type of non-probability sampling, was employed to select 1,282 students from certain tertiary institutions in Ibadan.

Setting:

The study was conducted at nine selected tertiary institutions in both urban and peri-urban areas of Ibadan. These included universities, polytechnics, and monotechnics (special colleges). The study population consisted of undergraduate students, referred to as Tertiary Students, enrolled in these institutions in Ibadan, Nigeria.

Participants:

The study comprised 1,282 undergraduate students recruited from nine tertiary institutions in Ibadan, Nigeria, including universities, polytechnics, and monotechnics. Participants were selected using a convenience sampling approach, which is appropriate in contexts where a comprehensive sampling frame is not readily accessible and where naturally occurring groups (e.g., students within academic settings) are the primary population of interest.

Participant recruitment was conducted through systematic on-site engagement across multiple institutional locations, including lecture theatres, faculty premises, and student communal areas. Data collection occurred at different times of the academic day to enhance coverage and reduce temporal selection bias. Eligible participants were registered undergraduate students aged between 18 and 25 years, and participation was voluntary. This procedure ensured inclusion of individuals who are actively engaged in the academic environment and relevant to the behavioural constructs under investigation.

To improve representativeness and reduce institutional bias, the study employed a multi-site sampling strategy, drawing participants from different categories of tertiary institutions. Of the total sample, 529 (41.37%) were from universities, while 753 (58.7%) were from polytechnics and monotechnics. The sample included students from diverse academic disciplines and levels of study, thereby enhancing variability and ecological validity. The gender distribution was 68.5% male and 31.5% female.

Although convenience sampling is a non-probability technique, several steps were taken to strengthen its scientific rigour and mitigate inherent limitations. First, the large sample size ($N = 1,282$) exceeds minimum recommendations for regression-based analyses, thereby increasing statistical power and reducing standard error. Second, heterogeneity across institutions, disciplines, and levels of study enhances the generalizability of findings within similar undergraduate populations. Third, the multi-site recruitment strategy reduces location-specific bias and improves external validity compared to single-site studies.

Furthermore, the sample size is considered adequate for detecting small-to-moderate effect sizes in multivariate analyses, consistent with established statistical guidelines (e.g., Cohen, 1992), thereby supporting the robustness of the findings. While the absence of random selection limits full generalization to all undergraduates, the study prioritizes analytic generalization, whereby findings are interpreted in relation to theory and comparable populations rather than strict population inference.

Overall, the sampling approach is methodologically defensible, contextually appropriate, and consistent with established practices in psychological and behavioural research, particularly in naturalistic educational settings.

Measures:

Decision-making styles were assessed using the General Decision-Making Styles Scale (GDMS; Scott & Bruce, 1995). The scale measures five distinct dimensions of decision-making: rational, intuitive, dependent, avoidant, and spontaneous. The rational style reflects a systematic, analytical approach to decision-making; the intuitive style reflects reliance on feelings and instincts; the dependent style reflects seeking advice and guidance from others; the avoidant style reflects procrastination or evasion of decision-making; and the spontaneous style reflects impulsive, rapid decision-making.

The instrument includes multiple items rated on a Likert-type scale (usually from 1 = strongly disagree to 5 = strongly agree), with higher scores indicating greater endorsement of each decision-making style. Subscale scores are calculated by adding or averaging items related to each dimension, and an overall score can be created to reflect general decision-making tendencies where appropriate. Higher scores on maladaptive styles (e.g., avoidant, spontaneous) typically suggest increased vulnerability to poor decision outcomes and risk-taking behaviours. In this study, the scale demonstrated excellent internal consistency (Cronbach's $\alpha = .91$), indicating strong reliability.

Subjective well-being was assessed using two complementary instruments capturing both cognitive and affective components: (1) Satisfaction with Life Scale (SWLS; Diener et al., 1985). The SWLS is a 5-item scale designed to measure the cognitive component of well-being, specifically individuals' global evaluation of their life satisfaction. Items are rated on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). Total scores range from 5 to 35, with higher scores indicating greater life satisfaction. Standard interpretation suggests that scores: 5–9 indicate extremely dissatisfied, 10–14 indicate dissatisfied, 15–19 indicate slightly dissatisfied, 20–24 indicate neutral, 25–29 indicate satisfied and 30–35 indicate extremely satisfied. In the present study, the SWLS demonstrated relatively low internal consistency (Cronbach's $\alpha = .52$), and results derived from this measure were interpreted with caution.

(2) Positive and Negative Affect Schedule (PANAS; Watson et al., 1988)

The PANAS consists of 20 items measuring two affective dimensions: positive affect (PA) and negative affect (NA), with 10 items each. Respondents rate how much they have experienced

each emotion within a specific time frame using a Likert scale from 1 = very slightly or not at all to 5 = extremely. Scores for each subscale range from 10 to 50. Higher scores on the positive affect subscale indicate greater enthusiasm, alertness, and active engagement, while higher scores on the negative affect subscale indicate greater distress, anxiety, and unpleasant emotional states. In this study, the PANAS showed acceptable internal consistency (Cronbach's $\alpha = .71$).

Problem gambling behaviour was assessed using the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001). The PGSI is a commonly used standardized tool designed to evaluate the severity of gambling issues within the general population. The scale includes 9 items that measure behaviours and consequences related to problematic gambling over a specified time frame. Responses are rated on a 4-point Likert scale: 0 = never, 1 = sometimes, 2 = most of the time, and 3 = almost always.

Total scores range from 0 to 27, with higher scores indicating more severe gambling issues. Scores are divided into categories: 0 = non-problem gambling, 1–2 = low-risk gambling, 3–7 = moderate-risk gambling, and 8 or higher = problem gambling. These categories represent increasing levels of gambling-related harm and risk. The PGSI showed excellent internal consistency in this study (Cronbach's $\alpha = .96$), demonstrating high reliability.

Procedure:

Ethical approval for the study was obtained from the Social Science and Humanities Research Ethics Committee (SSHREC) at the University of Ibadan before data collection. Permission was also granted by the management and relevant academic units of the selected tertiary institutions in Ibadan, Nigeria. The study adhered to ethical guidelines for research involving human participants, including voluntary participation, informed consent, confidentiality, and the right to withdraw at any time without penalty. Participants were recruited using a convenience sampling method in lecture halls, faculty premises, and common student gathering areas within the institutions. Inclusion criteria required participants to be registered undergraduate students aged between 18 and 25 years. Potential participants were approached in person and provided a brief overview of the study's objectives and procedures. Data were collected through a self-administered structured questionnaire. Before participation, respondents received an informed consent form outlining the purpose of the study, expected duration, confidentiality measures, and the absence of foreseeable risks. Participants were assured that their responses would remain anonymous, and no identifying information—such as names or matriculation numbers—would be collected. The questionnaire consisted of three sections: (a) demographic information, (b) standardized measures of decision-making styles and subjective well-being, and (c) the Problem Gambling Severity Index (PGSI). The instruments were presented in English, the official language of instruction in Nigerian tertiary institutions. Participants completed the questionnaire individually in a quiet, supervised setting, which generally took about 15–20 minutes. To minimize common method bias and social desirability effects, several procedural strategies were employed, including reassuring participants of anonymity, emphasizing that there were no right or wrong answers, and instructing them to answer honestly based on their personal experiences. Additionally, participants were seated apart when possible and advised not to discuss their responses during completion. The researcher and trained research assistants were available to clarify questions and ensure consistent administration. Completed questionnaires were collected immediately after completion to reduce data loss and contamination. Responses were screened for completeness and consistency; questionnaires with significant missing data or patterned responses were excluded from analysis. Data were then coded and entered into IBM SPSS version 27 for analysis. Preliminary data screening involved checking for missing values, outliers, normality, linearity, and multicollinearity. Missing data were minimal and handled through listwise deletion. Variance Inflation Factor (VIF) and tolerance values were examined to confirm the absence of multicollinearity among predictors. Additionally, Harman's single-factor test was used to assess common method variance, and

results indicated that no single factor explained the majority of covariance among the measures, suggesting that common method bias was not a major concern.

RESULTS

Descriptive Statistics

The descriptive statistics for the study variables, shown in Table 1, reveal that participants experienced moderate levels of problem gambling (M = 9.42, SD = 5.19). The relatively high SD indicates variability in gambling behaviors within the sample. Decision-making styles (DMS) also showed moderate variability (M = 72.02, SD = 6.70) across the rational, intuitive, dependent, avoidant, and spontaneous dimensions. Subjective well-being (SW) scores were generally high (M = 82.27, SD = 9.73). The broad range and moderate SD point to diversity in gambling behaviors, affirming the appropriateness of regression analysis.

Table 1: *Descriptive Statistics of Study Variables (N = 1,282)*

Variable	M	SD	Min	Max
Problem Gambling Behaviour (PGB)	9.42	5.19	0	27
Decision-Making Style (DMS)	72.02	6.7	52	90
Rational DMS (RDMS)	13.36	4.52	5	25
Intuitive DMS (IDMS)	14.54	2.22	7	22
Dependent DMS (DDMS)	14.62	2.55	7	23
Avoidant DMS (ADMS)	15.17	4.36	5	25
Spontaneous DMS	14.31	2.49	7	22
Subjective Well-Being (SW)	82.27	9.73	58	126

Note. M = mean; SD = standard deviation; Min = minimum; Max = maximum.

Correlation Analysis

The Pearson correlation analysis (Table 2) showed weak yet statistically significant positive links between PGB and avoidant ($r = .07, p < .05$), rational ($r = .07, p < .05$), and intuitive decision-making styles ($r = .08, p < .01$). In contrast, dependent and spontaneous decision-making styles did not have significant relationships with PGB.

Table 2: *Pearson Correlations among Decision-Making Styles and Problem Gambling Behaviour*

Variable	1	2	3	4	5	6
1. Avoidant	—					
2. Dependent	-.28**	—				
3. Intuitive	-.18**	.06*	—			
4. Rational	-.52**	.27**	.24**	—		
5. Spontaneous	-.23**	.12**	.15**	.41**	—	
6. Problem Gambling	.07*	.05	.08**	.07*	.01	—

Note. $p < .05, p < .01$.

Subjective Well-Being and Problem Gambling

Correlation analysis, shown in Table 3, revealed that negative affectivity was significantly negatively related to PGB. In contrast, satisfaction with life and positive affectivity had weak or non-significant links.

Table 3: *Pearson Correlations among Subjective Well-Being and Problem Gambling*

Variable	1	2	3	4
1. Life Satisfaction	—			
2. Positive Affect	.07*	—		
3. Negative Affect	-.34**	-.25**	—	
4. Problem Gambling	.06*	.05	-.24**	—

Note. $p < .05, p < .01$.

Regression Analysis

Table 4 shows that avoidant ($\beta = .16$), rational ($\beta = .12$), and intuitive ($\beta = .08$) decision-making styles significantly predict problem gambling behavior. In contrast, dependent and spontaneous styles are not significant predictors. Among them, avoidant decision-making is the most influential predictor.

Table 4: Multiple Regression Results for Decision-Making Styles as Predictors of Problem Gambling Behaviour

Predictor	B	SE B	β	t	P
Constant	9.72	1.80	—	5.39	<.001
Avoidant	0.19	0.04	.16	4.75	<.001
Dependent	0.12	0.06	.06	1.92	.055
Intuitive	0.20	0.07	.08	2.89	.004
Rational	0.15	0.04	.12	3.47	.001
Spontaneous	-0.05	0.07	-.02	-0.77	.443

Table 5 presents a multiple regression analysis of subjective well-being predicting problem gambling. The result showed that negative affectivity significantly predicted PGB ($\beta = -.25$, $p < .001$), whereas satisfaction with life and positive affectivity did not contribute significantly. Hypothesis 2 was therefore partially supported.

Table 5: Multiple Regression Results for Dimensions of Subjective Well-Being Predicting Problem Gambling Behaviour

Predictor	B	SE B	β	t	P
Satisfaction with Life	-0.03	0.02	-.04	-1.37	.170
Positive Affect	-0.01	0.02	-.01	-0.26	.798
Negative Affect	-0.18	0.02	-.25	-8.58	<.001

A multiple regression analysis was also performed to assess how decision-making style (DMS) and subjective well-being (SW) predict problem gambling behaviour (PGB). Preliminary diagnostics showed no multicollinearity issues, as tolerance values were high (.99) and variance inflation factors (VIF) were near 1.00, indicating the predictors are independent. Although the predictors were statistically significant, they explained only a small part of the variance, suggesting limited practical importance.

The overall regression model was statistically significant, $F(2, 1279) = 17.51$, $p < .001$, indicating that the predictors collectively explained a notable portion of the variance in problem gambling behaviour. As shown in Table 6, the model accounted for about 2.7% of the variance in PGB ($R^2 = .03$, Adjusted $R^2 = .03$). The Durbin-Watson statistic of 1.45 suggested no serious autocorrelation in the residuals.

Table 6: Model Fit Indices for Multiple Regression Predicting Problem Gambling Behaviour

Model	R	R ²	Adjusted R ²	SE Estimate	F(2, 1279)	p	Durbin-Watson
1	.16	.03	.03	0.57	17.51	<.001	1.45

Further analysis of individual predictors (see Table 7) showed that decision-making style (DMS) significantly positively influenced problem gambling behavior ($\beta = .11$, $t = 4.03$, $p < .001$). This indicates that higher maladaptive decision-making tendencies are linked to more gambling issues. Conversely, subjective well-being (SW) was a significant negative predictor ($\beta = -.11$, $t = -3.80$, $p < .001$), implying that individuals with higher well-being are less prone to problematic gambling behaviors.

Table 7: Multiple Regression Coefficients Predicting Problem Gambling Behaviour (PGB)

Predictor	B	SE B	β	t	p	Tolerance	VIF
Constant	0.87	0.23	—	3.73	<.001	—	—
DMS	0.01	0.002	.11	4.03	<.001	.99	1.02
SW	-0.01	0.002	-.11	-3.80	<.001	.99	1.02

Note. B = unstandardized coefficient; β = standardized coefficient; SE = standard error; VIF = Variance inflation factor; CI = confidence interval.

The ANOVA results further confirmed that decision-making styles and subjective well-being together predict problem gambling behavior (see Table 9).

Table 8: ANOVA Summary for Regression Model

Source	SS	df	MS	F	P
Regression	11.37	2	5.68	17.51	< .001
Residual	415.22	1279	0.33	—	—
Total	426.58	1281	—	—	—

Overall, the results show that while combining decision-making style and subjective well-being significantly predicts problem gambling behavior, the effect size remains small. The low R^2 indicates that other unmeasured factors—such as impulsivity or peer influence—likely better account for gambling behavior. To evaluate the model's practical significance, Cohen's f^2 effect size was calculated using the formula: $f^2 = R^2 / (1 - R^2)$. An f^2 of .03 signifies a small effect size based on Cohen's (1988) standards, meaning the predictors, despite being statistically significant, have a limited practical impact. However, each predictor independently explains some of the variation in gambling behavior: decision-making style increases risk, whereas subjective well-being acts as a protective factor. Hypothesis three is therefore fully supported.

DISCUSSION

The current study explored how decision-making styles and subjective well-being predict problem gambling among participants in Ibadan, Nigeria. The findings offer valuable theoretical and empirical insights into the psychological factors behind gambling tendencies, especially within a non-Western setting. Overall, the results show that both decision-making styles and subjective well-being significantly influence gambling behaviour, although their effects are relatively modest.

First, the descriptive statistics showed moderate levels of problem gambling in the sample, with significant variability. This indicates that gambling is not uniformly problematic for all participants, but a notable portion displays elevated risk. This variation supports recent research suggesting gambling behaviours exist on a continuum rather than as an either/or condition (Calado & Griffiths, 2016; Hing et al., 2022). The relatively high average for subjective well-being also indicates that many participants maintain healthy functioning despite gambling, reinforcing the idea that gambling does not always lead to psychological issues but can become problematic under certain cognitive and emotional circumstances.

The correlation analysis revealed weak yet significant positive links between problem gambling and avoidant, rational, and intuitive decision-making styles. Although the effect sizes were small, these results align with dual-process decision-making theories, which suggest that both analytical (rational) and experiential (intuitive) systems can lead to maladaptive behaviours under uncertainty (Evans & Stanovich, 2013; Phillips et al., 2021). The positive relationship between avoidant decision-making and gambling is especially notable, as avoidant individuals often delay or avoid decisions, sometimes using gambling as a way to escape or cope. This matches recent research indicating that avoidance-based coping strategies are strongly connected to addictive behaviours, including gambling (Bonnaire & Barrault, 2019; Mallorquí-Bagué et al., 2021).

Interestingly, rational decision-making also significantly correlates with and predicts problem gambling. Although it might seem counterintuitive, since rationality is usually linked to positive outcomes, recent studies show that people who see themselves as rational can still fall prey to gambling cognitive distortions, such as the illusion of control or overestimating their chances of winning (Ladouceur et al., 2020; Armstrong et al., 2022). Therefore, having a rational style

doesn't automatically protect individuals from gambling biases, especially in settings filled with uncertainty and reinforcement schedules.

The regression analysis clarified these relationships further, highlighting avoidant decision-making as the strongest predictor of problem gambling behaviour. This supports previous research suggesting that avoidance plays a key role in behavioural addictions, often stemming from emotional dysregulation and stress (Blaszczynski & Nower, 2002; Kim et al., 2023). People with high avoidant tendencies might resort to gambling as a maladaptive way to escape real-life difficulties, which heightens their risk of developing problematic gambling behaviours.

In contrast, dependent and spontaneous decision-making styles did not significantly predict problem gambling. This indicates that reliance on others (dependent style) or impulsive, spur-of-the-moment decisions (spontaneous style) may not independently contribute to gambling problems within this sample. However, these styles might interact with other variables such as peer influence or impulsivity, which were not included in the current model. Recent studies have highlighted impulsivity as a stronger predictor of gambling than general decision-making tendencies (Ioannidis et al., 2019; Grant & Chamberlain, 2020), which may help explain the non-significant findings for spontaneous decision-making in this study.

Regarding subjective well-being, the findings revealed that negative affectivity was a significant inverse predictor of problem gambling, whereas life satisfaction and positive affect were not significant predictors. This partially supports the hypothesis and aligns with affect regulation models of addiction, which emphasize the role of negative emotional states in driving maladaptive behaviours (Baker et al., 2004; Estévez et al., 2020). Individuals experiencing higher levels of negative affect may engage in gambling as a means of mood modification or emotional escape, thereby increasing the likelihood of problematic involvement.

The negligible effects of life satisfaction and positive affect imply that lacking well-being (or experiencing distress) might be more influential in predicting gambling behaviour than having positive psychological states. This aligns with recent research showing that negative affect is a more reliable and stronger predictor of gambling issues compared to positive affect (Canale et al., 2019; Lloyd et al., 2021). Additionally, it emphasizes the need to differentiate between various elements of subjective well-being when exploring their psychological significance.

The combined regression model showed that decision-making style and subjective well-being together predicted problem gambling behaviour, although the amount of variance explained was small ($R^2 = .03$). While statistically significant, this low effect size suggests that these variables only explain a limited part of the variance in gambling behaviour. This finding aligns with the multifactorial nature of gambling, which is affected by many psychological, social, and environmental factors (Abbott, 2020; Dowling et al., 2017). Factors such as impulsivity, sensation-seeking, peer influence, socioeconomic status, and access to gambling opportunities may have a greater influence and should be examined in future studies.

Although the effect size is small, the independent roles of decision-making style and subjective well-being are conceptually significant. A positive decision-making style implies that maladaptive thinking patterns heighten vulnerability to gambling issues, while higher subjective well-being appears to serve as a protective factor for psychological health. This combined influence highlights the need for an integrated approach that accounts for both cognitive and emotional components in understanding and tackling problem gambling.

From a practical perspective, these findings have significant implications for intervention and prevention efforts. Programs aimed at reducing problem gambling should include components that address maladaptive decision-making patterns, especially avoidance tendencies. Cognitive-behavioural interventions that improve decision-making skills and decrease cognitive distortions are effective in this regard (Yakovenko & Hodgins, 2018; Cowlishaw et al., 2019). Furthermore,

interventions that enhance emotional regulation and decrease negative affect may help lower the risk of gambling as a coping mechanism.

Additionally, the findings emphasize the importance of using culturally relevant methods in gambling research within Nigeria and comparable settings. Much of the current literature focuses on Western populations, but there's an increasing awareness of how contextual factors influence gambling behaviours (Wardle et al., 2019). This study helps fill that gap by offering empirical data from an African context, which improves the applicability of current theories.

In conclusion, the study shows that both decision-making styles and subjective well-being are significant, though modest, predictors of problem gambling behaviour. Avoidant, rational, and intuitive decision-making styles increase the risk of gambling problems, while higher subjective well-being acts as a protective factor. However, the small effect size indicates that other variables need to be considered to fully understand gambling behaviour. Future research should adopt a more comprehensive approach that includes cognitive, emotional, and contextual factors to better explain problem gambling.

LIMITATIONS

This study has several limitations. First, its cross-sectional design limits causal inference, as it cannot establish the temporal order of observed relationships. Second, relying on self-report measures may introduce response bias, including social desirability effects. Third, the relatively low reliability of the Satisfaction with Life Scale ($\alpha = .52$) could have weakened the observed relationships. Fourth, the modest variance explained ($R^2 = .03$) indicates that important factors such as impulsivity, peer influence, and socioeconomic status were not included in this study. Finally, using a non-probability sampling method may limit the generalizability of these findings to the broader population.

IMPLICATIONS

The findings have significant practical implications for mental health interventions and university policies. Psychological interventions aimed at reducing problem gambling among students should include components that address maladaptive decision-making patterns, especially avoidant and intuitive styles. Additionally, promoting subjective well-being through counselling, stress management programs, and student support services may serve as a protective measure against gambling-related harm. University administrators and policymakers should also consider implementing awareness campaigns and behavioural regulation strategies within campus settings.

CONCLUSION

This research shows that decision-making styles and subjective well-being are modest but significant predictors of problem gambling among tertiary students in Ibadan. Tendencies toward avoidant, intuitive, and rational decision-making tend to increase the risk of gambling issues, while higher subjective well-being seems to offer some protection. Nonetheless, the small effect size indicates that these variables have a limited influence compared to other possible factors. Future studies should explore a wider range of psychological and environmental factors to gain a fuller understanding of gambling behaviour.

RECOMMENDATIONS

Future research should utilize longitudinal designs to determine causal links between decision-making styles, subjective well-being, and gambling behaviour. Additionally, including variables such as impulsivity, cognitive distortions, and peer influence may offer a more complete explanatory model. Expanding the study to various regions in Nigeria and other African countries would also improve the generalizability of the results.

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