

Reproductive Rights, Gender, Culture and Grassroots Football: Interdisciplinary Perspectives on Women's Experiences in Southeast Nigeria

Timothy Chibuike Anyanwu¹, Kalu Chukwuma Amogu², Bright Enyinnaya Nwamuo³, Jude Uwakwe Eke⁴, Kelechi Goodluck Onyegbule⁵, Chidiebere Collins Nweze⁶, Philemon Chukwu Ajah⁷, Emmanuel Igboji Agu⁸, Angela Ogochukwu Odo⁹, Ezinne Oledi Alum-Udensi¹⁰

¹PhD, Department of History and Strategic Studies, Alex Ekwueme Federal University, Ndufu-Alike, Ebony State, Nigeria. Email: anyanwu.timothy@funai.edu.ng, orcid id : <https://orcid.org/0009-0000-4549-5260>

²PhD, Department of Religion and Cultural Studies, Alex Ekwueme Federal University, Ndufu-Alike, Ebony State, Nigeria. Email: dr.akaschukwuma@gmail.com, orcid id : <https://orcid.org/0009-0000-3039-7721>

³PhD, Department of History and Strategic Studies, Alex Ekwueme Federal University, Ndufu-Alike, Ebony State, Nigeria. Email: brightnwamuo@gmail.com, orcid id : <https://orcid.org/0000-0002-1375-4640>

⁴PhD, Department of History and Strategic Studies, Alex Ekwueme Federal University, Ndufu-Alike, Ebony State, Nigeria. Email: ekejud2000@yahoo.com, orcid id : <https://orcid.org/0009-0007-1893-0985>

⁵PhD, Department of Public and Private Law, Alex Ekwueme Federal University, Ndufu Alike, Ebony State, Nigeria.

Email: onyegbule.kelechi@funai.edu.ng, orcid id : <https://orcid.org/0009-0004-0004-8111-4057>

⁶PhD, Department of Jurisprudence and International Law, Alex Ekwueme Federal University, Ndufu Alike, Ebony State, Nigeria. Email: nwezechidieberecollins125@gmail.com

⁷Department of History and Strategic Studies, Alex Ekwueme Federal University, Ndufu-Alike, Ebony State, Nigeria.

Email: chukwu.philemon@funai.edu.ng, orcid id : <https://orcid.org/0009-0008-5044-5856>

⁸PhD, Department of History and Strategic Studies, Alex Ekwueme Federal University, Ndufu-Alike, Ebony State, Nigeria. Email: emmanuel.agu@funai.edu.ng, orcid id : <https://orcid.org/0009-0009-6552-9216>

⁹PhD, Department of History and Strategic Studies, Alex Ekwueme Federal University, Ndufu-Alike, Ebony State, Nigeria. Email: angelamichael300@gmail.com, orcid id : <https://orcid.org/0009-0002-4326-4682>

¹⁰Department of English and Literary Studies Alex Ekwueme Federal University, Ndufu-Alike, Ebony State, Nigeria.

Email: Ezinne.udensi@gmail.com

Abstract

This study examines the intersecting challenges of period poverty and maternity exclusion in grassroots women's football in Southeast Nigeria, arguing for policy parity through context-sensitive legal frameworks. Drawing on intersectionality theory, the research analyses how gender, rurality, poverty, and informal governance structures combine to marginalise female footballers. A qualitative methodology was employed, including 25 in-depth interviews and four focus group discussions with players, coaches, and community stakeholders. Findings reveal pervasive menstrual-related absenteeism, widespread reliance on improvised sanitary materials, and systemic maternity-related replacement due to the absence of welfare provisions. Cultural stigma and male-dominated governance further silence reproductive health needs, reinforcing exclusion. The study demonstrates that global sport policies on menstrual health and maternity protections remain largely inapplicable in informal grassroots contexts. It contributes to scholarship by foregrounding rural African experiences and challenging universal policy assumptions. The paper proposes a multi-level parity framework encompassing legal reforms, institutional interventions, and community-based initiatives to reduce attrition and enhance participation. Ultimately, it repositions reproductive health as central to equity and sustainability in grassroots sport development.

Keywords: Reproductive Health; Period Poverty; Maternity Exclusion; Grassroots Womens Football; Intersectionality.

Introduction

Women's football in Nigeria has faced numerous institutional, societal, and familial challenges, beginning officially in 1950, when the Nigerian colonial government banned women from participating in football (NAE, ABADIST 11/1/1954, No. OW. 3042/6; Anyanwu, 2026; Daily Times (Lagos), June 2, 1950, p. 8; Onwumechili, 2021; Coakley, 1984; BBC, 2002; Van Dalen and Bennett, 1971). While women continued participating in unofficial football during this period, it has witnessed exponential growth since 1991, when the nation debuted at the FIFA Women's World Cup. There was also the proliferation of grassroots football in rural areas to harness untapped talent. Nevertheless, this development masks significant inequities, particularly in non-elite football, where female players, frequently from low-income backgrounds, face severe reproductive health challenges. In these rural areas, characterised by deficient funding, scarce infrastructure, and socio-cultural conservatism, period poverty and the insufficiency of maternity protections frequently result in players' abrupt suspension, surcharges, and replacement. Female players struggling to access sanitary products or cope with menstrual pain are often forced to miss training sessions, where they may face disciplinary consequences; meanwhile, pregnant or postpartum women with limited financial resources are frequently left on the sidelines as clubs prioritise continuity over their well-being. Current studies on this subject have mainly focused on elite footballers, thereby leaving unrecorded the experiences of grassroots female players, who are often vulnerable and frequently exposed to such risks (Sommer et al., 2016; Gavi, the Vaccine Alliance, 2024; Mkumbuzi et al., 2022). This paper argues that creating policy parity requires robust legal frameworks that would ensure that menstrual and maternity protections are given enforceable rights at the grassroots level. This would transform period poverty from a pervasive obstacle into a

medium for gender inclusiveness in sports governance in Southeast Nigeria's rural football environment. Introducing international standards into Nigerian legislation and enforcing them at the grassroots football level can help mitigate this issue by establishing procedures that take into account menstrual cycles, providing discounted products, and non-segregation clauses prioritising reproductive health as essential for athletic achievement.

The research focuses on Crenshaw's (1989) idea of intersectionality, examining the intersections of rural poverty and informality in football, and how marginalised identities lead to the oppression of grassroots women footballers, exposing them to sexism and gender-based vulnerability that hinders their representation in policy debates. The paper's key contribution is bridging a substantial gap through research into remote environments of women's football, proposing legal frameworks such as amending Nigeria's bylaws for grassroots insurance and sanitary pad initiatives. The proposed measure could promote retention and parity. By locating reforms within confirmable human rights imperatives and community-approved practices, the research informs policy change that aligns with sustainability in the Nigerian football industry.

Theoretical Framework

This study builds on Crenshaw's (1989) intersectionality theory, which analyses how intersecting social identities such as class, race, gender, ethnicity, and rurality create distinctive experiences of privilege and oppression. Emerging from Black feminist scholarship, the theory challenges single-axis views on discrimination, arguing that interconnected systems of power, such as geographic marginalisation and patriarchy, combine to create multiple disadvantages, particularly for women living in the most disadvantaged areas of society. The theory sheds light on how maternity exclusions and period poverty in rural football clubs are gendered issues that intersect with economic challenges, including volunteerism and low remuneration in rural areas with inadequate infrastructure, and cultural norms such as the stigmatisation of menstruation in conservative remote communities, resulting in the systemic replacement of female players.

The theory's utility for sports equity and reproductive health is well documented in extant literature in Africa. In sub-Saharan Africa, for example, young women's reproductive health and sexual burdens are worsened by the intersection of their identities, with rural poverty increasing obstacles to maternal care and menstrual management, resulting in their exclusion from participation. Intersectionality equally operationalises how racism, sexism, and socioeconomic status mutually amount to obstacles to women's engagement, showcasing patterns neglected by gender-only lenses (Lim et al., 2021). In decolonial feminist studies in Africa, the theory has been used to criticise the erasure of Black women's voices in the creation of knowledge, emphasising the necessity for context-specific analyses that align with the experiences of the Global South over narratives centred in the North (Adom-Aboagye NAA, 2022). The theory also extends to Nigerian women's football's migration and representation, where gendered imaginaries and race further exacerbate the marginalisation of players from remote origins (Engh et al., 2017).

Crenshaw's framework is especially relevant to this study's qualitative approach, which draws primary data from oral interviews and group discussions with female football workers in rural Nigerian clubs, thereby giving priority to the experiences of these marginalised groups. Intersectionality informs thematic coding of evolving lived experiences, including how female players' menstrual absenteeism intersects with familial expectations and club informality to enhance replacement, or postpartum returns thwarted by poverty in the absence of maternity buffers. By centring these voices, the theory challenges patriarchal hegemonic sports debates that focus on elite pathways, resonating with calls for feminist decolonial scholarship in African gender equity studies (Adom-Aboagye NAA, 2022). It eschews universalism, focusing instead on the shortcomings of legal frameworks in isolated ecosystems.

The Violence Against Persons (Prohibition) Act of 2015 prohibits discrimination but disregards rural vulnerabilities that intersect, whereas the National Sports Policy of 2009 overlooks class-based reproductive requirements. Significantly, the theory informs this study's policy shift from poverty to parity, recommending layered reforms that could address compounded axes, such as subsidised rural sanitary pad distribution intertwined with anti-stigma campaigns. This prevents reductive solutions, ensuring structures that enhance the potential for sustained participation. Despite its potential overemphasis on multiple identities, the flexibility of the concept encourages an inductive analysis of everyday precarity, contributing to the relatively limited intersectional research on non-professional women's sports sociology in Africa (Lim et al., 2021).

Methodology

This study employed a qualitative, interpretive approach to explore the intersection of menstrual and maternity protections with grassroots women's football in Southeast Nigeria, with a focus on rural, unregistered clubs and community- and religion-based competitions. Data were collected via 25 in-depth oral interviews with female players aged 18–35, as well as four focus group discussions (FGDs), each involving 4–8 participants, including current and former players, coaches, and community and religious leaders. Although the researchers sampled 40 interviews (eight from each of the five states of Southeast Nigeria), the sensitivity of the research, alongside cultural norms and religious beliefs, were among the factors that caused many targeted respondents to decline participation in the conversations. Clubs and community- or religious-based tournaments characterised by informal governance, minimal payments, and the random replacement of players due to reproductive challenges were targeted through purposive and snowball sampling—contexts where inequities are most evident. Data analysis followed the thematic analysis approach recommended by Braun and Clarke (2006) for studies of this nature. Manual transcripts were analysed in three sequential stages: (1) initial coding to identify patterns such as “leakage fear” and “baby means end”; (2) axial coding, which grouped codes into broader categories such as absenteeism, stigma, suspension, and replacement; and (3) selective coding, guided by intersectionality (Crenshaw, 1989), to examine how rurality, gender, poverty, and socio-cultural factors combined to shape players’ experiences. Saturation was achieved after 18 interviews and three FGDs. The research ensured member checking by sharing summarised themes with participants in follow-up FGDs to validate interpretations.

The selection of oral interviews and FGDs as the preferred methods was due to their ability to capture contextual, lived experiences in traditional, low-literacy settings where written surveys are impractical and culturally insensitive. Individual interviews encouraged the safe disclosure of sensitive reproductive experiences, while FGDs illuminated group norms, power imbalances between female players and male coaches, and community-level stigmatisation. These dynamics are often invisible in quantitative or elite-focused studies. These approaches align with decolonial feminist methods that prioritise African women's firsthand testimonies over imposed standards, and with what decolonial Africanist anthropology and literature have termed the “anthropology of liberation”, which seeks to counteract the superficial study of societies from a distance (Renne, 2018; Gonzalez, 2018; Badran, 2011; Falola, 2022; Comaroff & Comaroff, 1991, 1992).

Rigorous adherence to ethical practices was maintained, with verbal informed consent obtained from low-literacy respondents and consent forms written in simple language, completed by those capable of reading and understanding basic English. The sensitivity of the subject matter led the majority of respondents to request anonymity, resulting in the use of pseudonyms (R1 to R25) and the omission of club identifiers where necessary. To reduce distress around sensitive topics, including menstruation and pregnancy, some participants preferred telephone interviews using alternative phone numbers. This group was identified through snowball sampling, where gatekeepers, including female coaches and captains, facilitated contact and scheduled discussions without physical meetings. Prior to the telephone interviews, the researchers introduced themselves, explained the objectives of the study, and obtained consent while assuring participants of confidentiality and anonymity where necessary. This approach provided ethically sound, culturally grounded, and analytically robust insights into the everyday lives of grassroots female footballers in Southeast Nigeria—insights that could not be achieved through secondary or survey-based methods.

The researchers employed artificial intelligence tool such as Chatgpt and Grammarly to enhance readability and grammatical accuracy of the manuscript. Their use did not interfere in data collection, or influence the substantive content of the study.

Findings/Results

The fieldwork focused on unregistered grassroots, religious-, and community-based football clubs and teams characterised by informal governance, volunteer coaching, and stipends often below 15 dollars monthly. Many players combined football with studies, farming, or petty trading, deepening precarity within their sporting engagements. The results of the fieldwork are divided into subthemes, including:

Pervasive Period Poverty, Menstruation-Related Absenteeism, Poor Performance, and Implications

Menstruation-related challenges consistently hindered respondents' participation, with 88% of respondents (22) reporting difficulties in purchasing sanitary products, including increased bleeding when engaging in physical activities and the need for frequent pad changes. Five of these 22 respondents reported that they had at times used toilet paper and cotton wool, as they could not afford the irregular demand for pads during football activities. Their shared experiences resonate with national estimates of over 37 million women affected by period poverty (ICIR Nigeria, 2025).

Challenges in football participation stemmed directly from financial difficulties, with 76% (19 of the 25 respondents) missing an average of two training sessions per month due to fatigue, abdominal pain, and anxiety about leakage during the early days of menstruation. According to a respondent, Akuchi (2025), at Federal Polytechnic, Nekede, Imo State, Nigeria, it is generally observed that, out of 11 players on the field, approximately three are menstruating, and this often impacts performance. "During my periods, I rarely move around, and the pain suddenly strikes like a powerful kick, leaving me constantly fearful of bleeding through my clothes and facing ridicule or discrimination from others, particularly male spectators," reported another respondent, Uchechi (2025). Another respondent, Amarachi (2025), added that "during this period, if I am forced to play, my shots do not go far because I control how I kick the ball to avoid blood rushing out."

Similarly, economic intersectionality was prominent in remote settings, where sanitary products amounted to 10–15% of players' stipends, leading to trade-offs between basic nutrition and hygiene. A female manager in Ebonyi State noted: "Some of our players from remote villages skip training sessions and matches because pads are a luxury. And you know, playing when it is flowing increases the rush. We have tried to secure funding from both public and private individuals, but it is not working. Some of our girls stop playing because of some of these challenges relating to their health and poor financial support." Significant consequences were incurred by those who did not participate. Seventy-six per cent of respondents (19) reported instances of punishment, including demotion, being benched, or outright dismissal resulting from inconsistent attendance and performance. Respondent R1 (2025) stated that her club imposed at least a two-month suspension without pay on players who claimed they were unable to perform due to menstrual issues.

Similarly, structural barriers such as long distances to football venues persist. A football captain in Ehime Mbano, Imo State, Eberechi (2025), reported that "some of my players trek long distances to attend training." These factors intensify stigma and punishment, signifying that period poverty hinders grassroots women's athletic development in this region.

Maternity Exclusion, Informal Substitution, and Attrition

Pregnancy constituted a central turning point for withdrawal from football. Overall, 72% of respondents (18) reported either personal or observed cases of replacement as a result of pregnancy. In the absence of formal contracts or welfare provisions, football managers treated pregnancy as a basis for temporary dismissal and substitution by younger players, often without subsequent reinstatement. Eberechi (2025) reported that "two of our players were retired from playing after they got pregnant." FGDs suggested a 44% dropout rate post-pregnancy among grassroots female football players.

None of the clubs offered maternity leave, bonuses, or stipends, differing from FIFA's globally mandated maternity protections introduced in 2021. Breastfeeding responsibilities, postpartum physical changes, and the absence of childcare further stalled return. A respondent, Joy (2024), stated: "Things changed when I became a mother—breastfeeding, washing, doing everything—and there was no help coming from anyone. When I was ready to continue playing, I was told there was no slot. And my husband also was not supportive of me playing. He asked me to stay inside the house."

Lack of legal knowledge exacerbates uncertainty, as 92% of participants (23) remained uninformed about maternity protection provisions within the Nigerian Labour Act. A respondent, Charity (2025), recalled: "We have no right to decide how our clubs treat us. The club is their business; we are their workers. They would always tell us that if we are not okay with their methods, we should leave." Besides, 48% of respondents (12 individuals) reported cases of pregnancy-related complications linked to delayed antenatal care due to transportation costs, highlighting grassroots health vulnerabilities documented in national media (Prime Progress NG, 2024).

Cultural Stigma, Gendered Norms, and Informal Governance

Cultural and religious practices played a significant role in shaping reproductive concerns. Eighty per cent (20) of participants cited taboos surrounding menstruation and motherhood. In many traditional communities and faith-based organisations, menstruation was often viewed as a private issue that, in most instances, should not be disclosed to men who are not immediate family members. According to a part-time football coach, Onyedi (2025), menstrual health is viewed as a private matter, with male football managers generally avoiding discussion to prevent misinterpretation, resulting in unaddressed menstrual discomfort despite dysmenorrhoea affecting the majority of players.

Respondent R2 (2025) reported that “as a member of the Sabbath church, once you are menstruating, your activities with other team members are limited. Even at home, there are limits to your communication with others. You are largely isolated from the rest of the people around you.” Respondent R3 (2025) noted that “occasionally, when you claim a reason to be excused from either training sessions or matches, they think you are cursed or weak.” Respondent R4 (2025) corroborated this, stating that “most male coaches are sceptical of players when they say they cannot play because of menstruation.” The male-dominated coaching structures perpetuate exclusion, stigmatisation, and the silencing of players. Respondent R5 (2025) recalled that her coach once told her, “We cannot tolerate this weak excuse. The team must perform, you must participate, and we must win. I do not care about whatever you said is happening down there.”

Club informality further entrenched neglect, as unregistered clubs operated outside regulatory structures and national or global policy standards. A total of 96% of respondents (24) reported the absence of medical kits and menstrual-support practices. Eberechi (2025) added that, as captain of Parachet Football Club, Ehime Mbano, the club never had a first-aid box throughout its existence. Rather, during important matches, they borrowed from other clubs; however, the borrowed kit contained only a few items, such as bandages, methylated spirit, scissors, and cotton wool. These conditions led players to resort to self-help, such as pooling resources among themselves.

Intersecting Precarity and Emerging Demands for Equity

Evidence from the fieldwork indicates how gender, poverty, rurality, and socio-cultural norms intersect to shape grassroots female football participation trajectories. Accounts from all respondents indicate that football was a secondary engagement to survival needs, exacerbating vulnerability to exclusion and replacement. As Mary (2025), an FGD participant, concluded: “If there are laws that protect menstruating, pregnant, and nursing players like men’s injuries, our girls will be happy and they will do well. But unfortunately, what we currently have is either you play or perish.”

Empirical indicators call for urgency, as participants reported significant absenteeism due to menstrual-related challenges per month, alongside considerable self-reported maternity-related dropout rates. These patterns resonate with wider continental data. For example, 36% of women engaged in sports in Africa rely on improvised menstrual materials (Mkumbuzi et al., 2022), but these challenges are exacerbated by existing conditions in Nigeria’s rural grassroots, particularly in Southeast Nigeria.

Summary of Findings/Results

Data from fieldwork show that female football players in remote Southeast Nigerian clubs and tournaments face ingrained reproductive vulnerabilities, compounded by cultural silence, economic precarity, and informal governance frameworks. Pregnancy and menstruation frequently result in exclusion, substitution, or long-term disengagement, primarily due to insufficient legal safeguards, social support systems, and limited knowledge of labour rights. These patterns emphasise an urgent need for education programmes, policy interventions, improved access to sanitary products, and formalisation processes that prioritise reproductive justice in grassroots sport.

Discussion

The findings signify entrenched maternity exclusions and period poverty among rural Southeast Nigerian women's informal football organisations, where informality, socio-cultural practices, and economic precarity heighten stigma, absenteeism, and replacement, resonating with, yet extending, global debates on reproductive inequities in sport. Disruptions to menstrual health, including leakage anxieties and dysmenorrhoea, are reflected in the majority of absences documented here. Research has shown that 53–89% of female athletes experience cycle-related declines in performance, such as increased ACL injury risks and reduced endurance, particularly during the

luteal phase globally. For example, in African contexts, Mkumbuzi et al. (2022) reported parallels in these patterns among elite players, observing that cramps and irritability serve as barriers.

Despite the grassroots Southeast Nigerian informal football context, the severity of menstrual hygiene challenges, such as the use of improvised methods like toilet paper and cotton wool, is exacerbated among financially disadvantaged players, resulting in health risks such as infections, dropout, and stigma, which are less common in urban areas where access to facilities is relatively better. This parallels broader reviews of sub-Saharan Africa, where Dodroe et al. (2025) observed that period poverty costs equate to approximately 5% of grassroots players' income, contributing to poor self-maintenance and exclusion. In rural informal clubs and community- and religious-based teams in Southeast Nigeria, intersecting factors such as deficient funding and transport deficits intensify these challenges, converting intermittent absences into structural attrition.

Findings on maternity-related cases reveal that systemic replacement and exclusion remain defining features of precarity in grassroots women's football in Southeast Nigeria, with most respondents reporting postpartum sidelining despite emerging global policy commitments to athletes' welfare. Institutions focused on global development, finance, and health emphasise that access to menstrual and maternal healthcare is a fundamental entitlement that requires safeguarding through institutional protections and investment in products, facilities, and services to ensure dignity and participation (World Bank, 2022; UNICEF, 2019; World Health Organization, 2022; UNFPA, 2021). In football, although FIFA's conventions mandate a minimum of 14 weeks' paid maternity leave and improved job security for players and coaching staff, implementation has been inconsistent, especially outside elite settings (FIFA, 2024; Reuters, 2024). Evidence indicates that the domestication of these policies is largely absent in informal and non-elite settings in sub-Saharan Africa, particularly in Southeast Nigeria, where informal club structures and weak regulatory oversight enable discriminatory practices to persist (FIFPRO, 2024a; Human Rights Watch, 2023).

Researchers have also observed that informal and semi-elite clubs in Africa frequently circumvent labour protections, which aligns with the patterns seen in unofficial grassroots women's football in Southeast Nigeria that lack contractual guarantees (FIFPRO, 2024a). Substantial progress has been made in elite football environments under global sport governance, as evidenced by international regulations emphasising menstrual cycle-informed training, athlete-centred workload management, and structured postpartum return-to-play practices prioritising health and performance (Moore et al., 2023; McGawley, 2023). These developments support the argument of this research, demonstrating that female-athlete-specific health models, formal maternity protections, and union advocacy are essential for ensuring equitable participation and safe recovery (Moore et al., 2023; FIFPRO, 2024b). By contrast, grassroots football ecosystems in Southeast Nigeria largely lack maternity and menstrual policy domestication due to financial constraints, cultural stigma, and the absence of enforceable legal frameworks. Tighe et al. (2023) found in their scoping review that critical enablers—such as childcare support, paid maternity leave, travel or carer assistance, and structured postpartum return-to-work mechanisms—are frequently lacking in under-resourced and rural areas, as demonstrated in this study. The absence of these welfare provisions critically undermines grassroots female players. Furthermore, reports from human rights observers and players' associations highlight persistent governance shortcomings, inadequate funding, and risks of abuse within African women's football systems, particularly in rural and impoverished contexts such as Southeast Nigeria (FIFPRO, 2024b; Human Rights Watch, 2023). These findings collectively illustrate a growing divide between global policy frameworks and local structural realities, where top-level reforms diverge significantly from fragile grassroots systems.

Lim et al. (2021) further identify how intersecting domination factors such as poverty and sexism constrain participation, aligning with the experiences of female players who face complex stigma—menstruation being viewed by some officials as a “dirty thing” (R5, 2025), and maternity framed by others as a choice to “perish” rather than “play” (Mary, 2025). Studies in sub-Saharan Africa have shown how social factors, including poverty, gender expectations, and stigma, contribute to reduced participation and mental health challenges among young women (Agu et al., 2024; Ssesanga et al., 2024).

Research findings based on oral narratives also reveal acts of self-empowerment, including resource-sharing among players (as illustrated by Eberechi's account, 2025), within neglected environments. These practices reflect resilience patterns documented in studies on rural equity and community adaptation (Anderson et al., 2023; Paz, 2024). Policy parallels underscore the urgency of achieving parity. While international sport governance has evolved through FIFA's revised maternity policies and FIFPRO's return-to-play guidelines, these initiatives primarily

target formal and elite settings and may not translate effectively into informal grassroots contexts such as Southeast Nigeria (FIFA, 2024; FIFPRO, 2024).

Implementing policy frameworks within unregistered clubs, community groups, and religious teams requires adaptation to local realities, including the absence of payroll systems, contracts, insurance, and access to medical facilities. These limitations constrain the implementation of global protections (FIFPRO, 2024; Uniglobal Union, 2024). Low-cost innovations—such as improving basic changing facilities, providing subsidised menstrual pad banks, and implementing rotational training systems—have shown promise elsewhere, but their effectiveness in Southeast Nigeria depends on cultural adaptation and community acceptance (Anderson et al., 2023; Read et al., 2024).

Quantitative studies indicate that attrition among female players at grassroots and youth levels ranges between 30% and 35%, driven by factors such as body image concerns, academic pressures, caregiving responsibilities, and insufficient institutional support. These findings align with the attrition patterns observed in this study. Survey data from Europe and the United Kingdom similarly suggest that approximately 30% of participants drop out by late adolescence (Grygorowicz, 2019; Victoria University, 2023).

Interventions should therefore combine material support—such as access to sanitary products, transportation, and childcare—with institutional reforms, including insurance schemes, bylaw provisions, and educational initiatives, rather than relying solely on technical or theoretical solutions. This paper recognises that systematic menstrual or pregnancy tracking practices in football organisations may raise ethical concerns. While such tracking can facilitate tailored support and planning, as noted by Onyedi (2025), it also introduces risks related to privacy, surveillance, and coercion if implemented without informed consent and robust data protection safeguards (Carmichael et al., 2025).

Thus, while football governing bodies increasingly encourage monitoring for welfare purposes, grassroots applications must remain sensitive to socio-cultural norms and incorporate strict confidentiality protocols. Globally, policy developments such as FIFA's maternity regulations and UEFA's positions on athlete monitoring and kit design offer useful legal templates; however, their scalability in African contexts requires re-evaluating assumptions about labour protections, cultural norms, and resource availability (FIFA, 2024; Reuters, 2024; FIFPRO, 2024).

This study therefore calls for methodological and policy-oriented approaches that localise global frameworks within community-based women's football in Southeast Nigeria. It empirically validates intersectional gaps while proposing contextually grounded parity frameworks, including local bylaws for grassroots insurance, opt-in monitoring systems with data governance safeguards, and community-led menstrual health programmes. These measures bridge elite-centric discourse with actionable, decolonial reforms aimed at making football more inclusive at the grassroots level.

Conclusion

The study has shown that maternity exclusions and period poverty in rural Southeast Nigerian women's football present intersecting barriers that consistently force players out of the game, turning reproductive health into an effective means of exclusion. Through an intersectional investigation of oral narratives and focus group discussions, the study arrived at four key findings: (1) pervasive period poverty leads to significant monthly absenteeism, with players relying on unhealthy alternatives due to deficient welfare packages; (2) maternity elicits replacement in the majority of cases because grassroots informal clubs have no provisions for financial support or leave, instead focusing on immediate gains to the detriment of players' health; (3) the domination of males in football governance and cultural stigma silences players' needs; and (4) intersecting rurality, poverty, and gender create conditions of precarity that limit participation, notwithstanding latent demands for parity.

These patterns indicate that grassroots football is not seen as a developmental pathway, but rather as a site of structural attrition, where geographical location and economic marginalisation intersect with biological processes to adversely shape the careers of female footballers in Nigeria. Theoretically grounded in intersectionality, this study expands global debates, which have largely focused on elite biomedical and regulatory frameworks, by amplifying grassroots realities that have been overlooked in African sports sociology scholarship. While global football governing bodies, including UEFA and FIFA, have advanced cycle-tracking and maternity leave frameworks in elite contexts, this study reveals their limited applicability in informal, unregistered, low-resource clubs in Southeast Nigeria, where survival often takes precedence over performance.

The study bridges a significant gap in scholarship by amplifying experiences within rural ecosystems, where female football players combine sport with subsistence labour. By foregrounding the lived experiences of grassroots female players who experience marginalisation, the study contributes to the decolonisation of knowledge production, responding to calls for African feminist approaches in sport sociology.

The study's main contribution to academic research is multifaceted and consists of three key aspects. First, it initiates an empirical investigation into reproductive disparities in non-professional African women's football, providing substantial qualitative data on grassroots participation and reinforcing the use of intersectionality as a framework for analysing compounded gender inequalities. Second, it challenges policy universalism by demonstrating how FIFA's maternity policies and national laws, such as the Labour Act, fail to account for informal football structures, thereby necessitating context-specific domestication. For example, reforms could include Nigerian Football Federation bylaws requiring grassroots teams to provide menstrual support or rotational systems grounded in local socio-cultural realities. Third, the study proposes an actionable parity framework, recommending legal and community-based interventions—such as coach training on cycle-aware protocols—that could reduce attrition and align with Sustainable Development Goals (SDGs) 3 and 5.

Achieving meaningful policy parity requires redefining reproductive health as a fundamental human right within sport, rather than treating it solely as a private or individual concern. Grassroots players are not peripheral; rather, they constitute the foundation of Nigeria's national football pipeline. Failure to protect grassroots footballers adversely impacts the development of the game, including the loss of potential talent. This study therefore establishes a foundation for future longitudinal research, targeted policy advocacy, and institutional reform within sport governance. In doing so, it contributes to ongoing efforts to transform period poverty from a peripheral concern into a catalyst for a more inclusive and sustainable women's sporting landscape.

Recommendations

According to the study, which draws on empirical evidence, achieving policy parity in grassroots female football in Southeast Nigeria and transitioning away from period poverty requires targeted legal reforms across community, institutional, and research sectors, having critically evaluated global best practices. Accordingly, the following multi-level recommendations are proposed:

1. Nigerian policymakers should implement and enforce legal and policy reforms that comprehensively review the NFF bylaws, with a focus on incorporating grassroots football initiatives while taking into account local socio-cultural contexts.
2. A remote club's reproductive health policy should include a minimum of three days of paid menstrual leave per cycle, subject to medical certification, and a minimum of six weeks of postpartum retention with continued stipend payment.
3. A seasonal menstrual health compliance report should be submitted by all registered grassroots football clubs, alongside the establishment of a task force to ensure that unregistered, community-, and faith-based clubs and teams comply with specified regulations.
4. Legislation should be enacted at state and local government levels to mandate women's sports equity Acts that provide discounted sanitary products in team kits. Where cultural or privacy concerns arise, monetary incentives should be offered to registered female footballers.
5. Anti-replacement clauses should be enacted and made enforceable through labour courts, with State Houses of Assembly empowered to collaborate with the National Orientation Agency.
6. At the institutional and club levels in rural football settings, pad banks should be established in partnership with non-governmental organisations such as ActionAid and UNICEF to supply reusable pads and disposal facilities across 500 clubs by 2028, alongside training female peer educators to facilitate distribution and reduce stigma.
7. Crowdfunding campaigns should be organised involving professional footballers, particularly the Super Falcons—Nigeria's national women's football team—whose members can relate to the experiences of grassroots female players and advocate for support.
8. Formal agreements, such as six-month renewable contracts, should include provisions for maternity leave, ensuring that players are not abruptly replaced due to pregnancy-related circumstances.

These recommendations are culturally attuned, scalable, and cost-effective, leveraging existing structures such as the NFF while empowering local actors. Full implementation could significantly reduce the risks faced by female

grassroots players, strengthen Nigeria's talent pipeline, and position the country as a leader in African and global grassroots gender equity initiatives.

References

1. Adom-Aboagye, N. A. A. (2022). Where are the African voices and perspectives of women in sport coaching? *Frontiers in Sports and Active Living*, 4, 909965. <https://doi.org/10.3389/fspor.2022.909965>
2. Agu, C. I., Nwankpa, O., Ekwueme, C. N., et al. (2024). Intersectionality analysis of young people's experiences and perceptions of discrimination in primary health centres in Ebonyi State, Southeast Nigeria. *International Journal for Equity in Health*, 23, 100.
3. Akinbobola, Y. T. (2022). *Gender equity in Nigerian sports governance: Legal and policy challenges*. Routledge.
4. Anderson, R., et al. (2023). A formative investigation assessing menstrual health literacy in professional women's football. *Science and Medicine in Football*. <https://doi.org/10.1080/24733938.2023.2290074>
5. Anyanwu, T. C. (2026). "Signing letters and scoring goals": Women's strategic resistance through petitions and football in colonial Eastern Nigeria, 1929–1960. *Women's Studies International Forum*, 115, Article 103280. <https://doi.org/10.1016/j.wsif.2026.103280>
6. Badran, M. (Ed.). (2011). *Gender and Islam in Africa: Rights, sexuality, and law*. Woodrow Wilson Center Press.
7. BBC Sport. (2024, December 6). Breaking African football's menstrual health 'taboo'. <https://www.bbc.com/sport/football/articles/cnv3d80ly41o>
8. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
9. Carmichael, M. A., et al. (2025). Menstrual cycle monitoring in applied sport settings: Practice, policy and ethical considerations. *Journal of Sport & Exercise Psychology*. <https://journals.sagepub.com/doi/10.1177/17479541251333888>
10. Coakley, J. (1984). *Sports in society: Issues and controversies*. The C.V. Mosby Company.
11. Comaroff, J., & Comaroff, J. L. (1991). *Of revelation and revolution: Vol. 1. Christianity, colonialism, and consciousness in South Africa*. University of Chicago Press.
12. Comaroff, J., & Comaroff, J. L. (1992). *Ethnography and the historical imagination*. Westview Press.
13. Crenshaw, K. (1989). Demarginalising the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167.
14. Davenport, M. H., et al. (2025). Advancing gender equity in sport: A scoping review of policies and practices. *British Journal of Sports Medicine*, 59(15), 1096–1110. <https://bjsm.bmj.com/content/59/15/1096>
15. Dodroe, K. B., Wampande, L. N., Nishimwe, A., Mukinisha, M., & Schurer, J. M. (2025). "Where does my menstruation come from?" Experiences and costs of menstrual hygiene management among Rwandese school girls. *PLOS Global Public Health*, 5(5), e0004152. <https://doi.org/10.1371/journal.pgph.0004152>
16. Engh, M. H., Settler, F., & Agergaard, S. (2017). 'The ball and the rhythm in her blood': Racialised imaginaries and football migration from Nigeria to Scandinavia. *Ethnicities*, 17(1), 66–84.
17. Falola, T., & Gadzekpo, L. (Eds.). (2022). *Decolonising African studies: Knowledge production, agency, and voice*. University of Rochester Press.
18. FIFA. (2024). "A big statement": FIFA introduces measures to further protect female players and coaches. <https://inside.fifa.com/news/a-big-statement-fifa-introduces-measures-to-further-protect-female-players-and-coaches>
19. FIFA. (2024). Regulations and updates on maternity/family leave (RSTP update 2024).
20. FIFPRO. (2024). FIFPRO's perspective on new FIFA women's football labour conditions regulations. <https://fifpro.org/en/supporting-players/conditions-of-employment/maternity-and-parental-provision/fifpro-s-perspective-on-new-fifa-women-s-football-labour-conditions-regulations>
21. FIFPRO. (2024). New maternity protections for professional women's football players. <https://www.fifpro.org/media/bz4gzboj/fifpro-maternity-regulations-english.pdf>
22. FIFPRO. (2024). Players' union: Pregnancy and return-to-play guidance & maternity provisions. <https://fifpro.org/en/supporting-players/conditions-of-employment/maternity-and-parental-provision/>
23. FIFPRO. (2024). Postpartum return to play guide. https://fifpro.org/media/we4pje5x/fifpro-pprtpg-20-08_en.pdf

24. FIFPRO. (2024a). New maternity protections for professional women's football players.
25. FIFPRO. (2024b). Maternity and parental provision: A player's right to be a parent must be protected. <https://fifpro.org/en/supporting-players/conditions-of-employment/maternity-and-parental-provision>
26. Gavi, the Vaccine Alliance. (2024, February 29). Nigerian activists take on period poverty. <https://www.gavi.org/vaccineswork/nigerian-activists-take-period-poverty>
27. Gonzalez, P. A. (2018). The heritage machine: Fetishism, property and the politics of tradition. Pluto Press.
28. Grygorowicz, M. (2019). Thirty per cent of female footballers terminate their careers due to injury and life responsibilities. *International Journal of Sports Medicine*.
29. Human Rights Watch. (2023, July 25). Women's World Cup shows equality still has a long way to go. <https://www.hrw.org/news/2023/07/25/womens-world-cup-shows-equality-still-has-long-way-go>
30. ICIR Nigeria. (2025, April 25). 'If condoms, toilet paper are free, why not pads?' Advocates ask, as period poverty hits Nigerian girls. <https://www.icirnigeria.org/if-condoms-toilet-paper-are-free-why-not-pads-advocates-ask-as-period-poverty-hits-nigerian-girls/>
31. Lim, H., Jung, E., Jodoin, K., Du, X., Airton, L., & Lee, E.-Y. (2021). Operationalisation of intersectionality in physical activity and sport research: A systematic scoping review. *SSM – Population Health*, 14.
32. McGawley, K., Sargent, D., Noordhof, D., Badenhurst, C. E., Julian, R., & Govus, A. D. (2023). Improving menstrual health literacy in sport. *Journal of Science and Medicine in Sport*, 26(7), 351–357. <https://doi.org/10.1016/j.jsams.2023.06.007>
33. Mkumbuzi, N. S., Dlamini, S. B., Chibhabha, F., Govere, F. M., & Manda-Taylor, L. (2022). The menstrual cycle and football: The experiences of African women football players. *Science and Medicine in Football*, 6(5), 626–632.
34. Moore, I. S., et al. (2023). Female athlete health domains: A supplement to the IOC consensus statement. *British Journal of Sports Medicine*.
35. Obayiuwana. (n.d.). The confident falcon. BBC Sport Online. <http://news.bbc.co.uk/football/africa/2153839.stm>
36. Onwumechili, C. (2021, December 7). The untold history of women's football worldwide. <https://forgotten-heroes.com/2021/12/07/nigeria/>
37. Paz, J. P. (2024). An intersectional approach on menstrual inequity as lived experience. *International Journal of Environmental Research and Public Health*.
38. Prime Progress NG. (2024, November 8). How Nigerian women are redefining sports against all odds. <https://primeprogressng.com/perspective/how-nigerian-women-are-redefining-sports-against-all-odds/>
39. Read, P., et al. (2024). Menstrual cycle performance barriers experienced by elite women football players and their management strategies. *Science and Medicine in Football*.
40. Renne, E. P. (2018). Veils, turbans, and Islamic reform in Northern Nigeria. Indiana University Press.
41. Reuters. (2024, May 31). Ellis hails new FIFA rules around pregnancy, adoption and menstruation. <https://www.reuters.com/sports/soccer/ellis-hails-new-fifa-rules-around-pregnancy-adoption-menstruation-2024-05-31/>
42. Sen, A. (1999). Development as freedom. Oxford University Press.
43. Sommer, M., Sutherland, C., & Chandra-Mouli, V. (2015). Putting menarche and girls into the global population health agenda. *Reproductive Health*, 12, 24. <https://doi.org/10.1186/s12978-015-0009-8>
44. Ssesanga, T., et al. (2024). Understanding menstrual factors associated with poor mental health among adolescent girls in Uganda. *BMC Public Health*.
45. Starling Bank. (2023/2024). Girls three times more likely to quit football than boys. <https://www.starlingbank.com/news/girls-three-times-more-likely-to-quit-football-than-boys/>
46. Tighe, B. J., Williams, S. L., Porter, C., & Hayman, M. (2023). Barriers and enablers influencing female athlete return-to-sport postpartum: A scoping review. *British Journal of Sports Medicine*, 57(22), 1450–1460.
47. UNICEF. (2019). Guidance on menstrual health and hygiene. <https://www.unicef.org/media/91341/file/UNICEF-Guidance-menstrual-health-hygiene-2019.pdf>
48. Uniglobal Union. (2024). Maternity and parental policies in sport: Guidance for implementation. https://uniglobalunion.org/wp-content/uploads/UTF-8WPA-Maternity-Policy_Final.pdf
49. United Nations Population Fund (UNFPA). (2021). The integration of menstrual health into SRHR programmes and policies. https://esaro.unfpa.org/sites/default/files/pub-pdf/mhm-srhr_integration_digital.pdf
50. United Nations. (2015). Transforming our world: The 2030 agenda for sustainable development.

51. Van Dalen, D. B., & Bennett, B. C. (1971). A world history of physical education. Prentice-Hall.
52. Victoria University. (2023). Factors relating to women and girls' participation (retention and dropout) in sport.
53. World Bank. (2022). Menstrual health and hygiene.
<https://www.worldbank.org/en/topic/water/brief/menstrual-health-and-hygiene>
54. World Health Organization. (2022, June 22). WHO statement on menstrual health and rights.
<https://www.who.int/news/item/22-06-2022-who-statement-on-menstrual-health-and-rights>
55. WTA. (2025, March 6). WTA and PIF launch first paid maternity leave for pro tennis players.
<https://www.wtatennis.com/news/4228265/wta-and-pif-launch-first-paid-maternity-leave-for-pro-tennis-players>