



Research Article

Perceived Myths and Truths About Women's Participation in Sports and Their Effects on Participation Levels in Sierra Leone

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Abstract

Background: Perceived myths about women's participation in sports remain a significant barrier to gender equity in athletic engagement, particularly in sub-Saharan African contexts. This study investigated the perceived myths and truths about women's participation in sports and assessed their effects on participation levels in Bo and Kenema cities, Sierra Leone. **Methods:** A descriptive survey research design with mixed-methods approach was adopted. A total sample of 350 respondents was drawn using simple random sampling from female athletes (n = 280), coaches (n = 50), and parents (n = 20) in Bo and Kenema cities. Structured questionnaires and semi-structured interview guides were used for data collection. Quantitative data were analysed using SPSS version 26, employing descriptive statistics (frequencies, percentages) and inferential statistics including one-way analysis of variance (ANOVA) and Pearson's product-moment correlation coefficient. Qualitative data were analysed using Thematic Content Analysis. Instrument reliability was established at Pearson's $r = 0.82$ (test-retest) and Cronbach's $\alpha = 0.79$. **Results:** Findings revealed that 88.2% (n = 149) of athlete respondents confirmed the existence of perceived myths about women in sports. The most prevalent myths included the belief that sports cause barrenness (18.6%), loss of femininity/masculinization (17.1%), disruption of the menstrual cycle (17.1%), and loss of virginity (11.4%). One-way ANOVA revealed a significant difference in myth belief across age groups [$F(3, 165) = 8.461, p < 0.001$], with younger athletes (10-26 years) exhibiting higher myth adherence (92.0%-94.5%) compared to older athletes (26-34 years: 78.6%; 34-42 years: 25.0%). A significant positive correlation was found between myth belief and reduced participation levels ($r = 0.226, t = 2.945, p < 0.01$). Gender-based discrimination was experienced by 81.7% of respondents. Cultural norms were identified as playing a major role in perpetuating myths by 55.0% of respondents, with cultural norms significantly correlated with media coverage perceptions ($r = 0.364, t = 5.051, p < 0.001$). **Conclusion:** Perceived myths significantly hinder women's sports participation in Bo and Kenema cities through reinforcement of gender stereotypes, social stigma, and reduced institutional support. Evidence-based myth-busting campaigns, female role model visibility, and gender-sensitive sports policies are urgently needed to improve participation levels.

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Keywords

Women's Sports Participation, Perceived Myths, Gender Stereotypes, Sports Barriers, Sierra Leone, Feminist Theory, Social Constructionism

1. Introduction

Women's participation in sports has gained significant global attention as a fundamental dimension of gender equality, public health, and social empowerment [1, 2]. Despite documented evidence of the multifaceted benefits of sports participation, including physical health, psychological well-being, social cohesion, and economic empowerment, women continue to be significantly underrepresented in organised sports worldwide, particularly in developing countries across sub-Saharan Africa [3, 4]. Global data from the Women's Sports Foundation indicate that women account for only about 40% of total sports participation, with the gap widening considerably at elite, administrative, and coaching levels, where women hold less than 20% of professional roles [5, 6].

In the African context, participation by women and girls in sport remains structurally constrained by a complex interplay of socio-cultural beliefs, economic disparities, inadequate infrastructure, and deep-rooted gender stereotypes [7, 8]. Among these constraining factors, perceived myths about women's engagement in sports constitute a particularly insidious barrier. These myths, which range from beliefs about biological incapacity to claims about femininity loss and reproductive harm, are not grounded in scientific evidence, yet they continue to shape community attitudes, family decisions, and institutional policies regarding female athletic participation [9, 10].

Sierra Leone, a West African nation still recovering from the socio-economic impacts of a decade-long civil conflict (1991-2002), presents a compelling case study for examining the persistence of such myths. In Bo and Kenema cities the Southern and Eastern provincial capitals, respectively, traditional gender roles remain influential in shaping access to sports and physical activity for women and girls [11]. Despite the gradual emergence of female athletes who have challenged these stereotypes, including Sierra Leonean boxing pioneer Sarah Bailey (former WBA light-flyweight champion) and athletes such as Augusta James Teima and Zainab Augusta Baby Milton, the structural and cultural barriers to women's sports participation remain formidable [12].

The sociology of sport literature extensively documents how gender stereotypes and myths function as mechanisms of social control that limit women's choices and opportunities in athletic contexts [13, 14]. Social Constructionist Theory (SCT) posits that gender differences in sport participation are not natural but are socially constructed through cultural narratives, institutional practices, and interpersonal interactions [15, 16].

Feminist Theory further argues that these constructions serve patriarchal interests by maintaining male dominance in sport as a culturally valued domain [17, 18]. Within this theoretical framework, perceived myths about women's physiology, sexuality, and appropriate gender roles are understood as ideological tools that reproduce gender inequality in sport [19].

Previous studies in African countries have documented myth-based discrimination against female athletes, including beliefs about menstrual taboos, reproductive harm from exercise, and the incompatibility of femininity with competitive sports [20, 21]. Evidence from Ghana [3], Nigeria [11], South Africa [24], and Kenya [25] shows that these myths actively discourage girls and women from participating or continuing in sports. However, empirical research on the prevalence and effects of perceived sports myths in Sierra Leone remains limited. This study addresses this gap by examining the nature and prevalence of perceived myths and truths about women's participation in sports in Bo and Kenema cities, and the effects of these perceptions on women's levels of sports participation.

2. Research Methodology

2.1. Study Area

The study was conducted in Bo and Kenema cities the largest cities in the Southern and Eastern Provinces of Sierra Leone, respectively. Bo City (coordinates: 7.955 N, 11.741 W) is the second-largest city in Sierra Leone and serves as the commercial and administrative capital of the Southern Province, with an estimated population of approximately 236,000 [26]. Kenema City (coordinates: 7.863 N, 11.196 W) is the administrative capital of Kenema District and one of the major urban centres of the Eastern Province. Both cities host significant sporting infrastructure including multi-sport facilities, football stadia (Bo Coronation Field and Kenema Mini Stadium), and school-based sports programs. The two cities were selected purposively as representative urban centres for examining women's sports participation in Sierra Leone's provincial landscape.

2.2. Research Design

A descriptive survey research design with an embedded

mixed-methods approach was employed. The descriptive survey design was appropriate for systematically gathering data on the prevalence of perceived myths and their effects on sports participation from a defined population [27]. The mixed-methods approach facilitated triangulation through the integration of quantitative survey data with qualitative findings from semi-structured interviews and focus group discussions, thereby enhancing the validity and comprehensiveness of the findings [28]. The study was guided by Social Constructionist Theory [15, 16] and Feminist Theory [17, 18], which provided complementary analytical frameworks for understanding how myths about women in sports are socially produced, maintained, and challenged.

2.3. Population and Sample

The study targeted female athletes actively participating in organised sports in Bo and Kenema Cities, Sierra Leone. The female athletes constituted the primary quantitative respondent group. To ensure that participants had sufficient experience to provide informed responses on perceived myths and truths about women's participation in sports and their effects on participation levels in Sierra Leone, only female athletes who had participated in major organised sports competitions were purposively selected for the study.

The sample size was determined using the Raosoft sample size calculator, applying a 95% confidence level and a 5% margin of error [29]. A minimum sample size of 169 female athletes was determined. Purposive sampling was subsequently used to identify eligible athletes who met the study criteria. Questionnaires were administered to the selected athletes, and 169 complete questionnaires were available and included in the quantitative analysis. Thus, all quantitative analyses presented in the study were based exclusively on the 169 complete questionnaires from female athletes who had participated in major competitions.

2.4. Research Instruments

Data collection instruments comprised: (1) a structured questionnaire for female athletes containing 18 items addressing myths beliefs, discrimination experiences, media perception, participation patterns, and sociodemographic characteristics; (2) a separate structured questionnaire for parents (25 items) focused on their perceptions of myth effects on daughters' participation; and (3) a semi-structured interview guide for coaches and parents (focus group format) exploring factors influencing female participation and institutional responses to myths. Questionnaire items were developed based on a comprehensive review of the literature [30-32] and adapted to the local Sierra Leonean socio-cultural context. Items used a combination of dichotomous (Yes/No), Likert-type, and open-ended formats.

2.5. Validity and Reliability

Content validity was established through expert review by three specialists in Sports Science, Physical and Health Education, and Measurement and Evaluation at Njala University. Their inputs were used to revise item wording, structure, and sequencing. A pilot study was conducted with 30 respondents drawn from a population with similar characteristics to the main study. Test-retest reliability was computed using Pearson's product-moment correlation coefficient, yielding $r = 0.82$, which indicates high reliability [33]. Internal consistency was assessed using Cronbach's alpha ($\alpha = 0.79$), confirming acceptable internal reliability [34], consistent with the threshold of $\alpha \geq 0.70$ recommended for social science research [35].

2.6. Data Collection and Analysis

Questionnaires were administered in person by trained research assistants at sports training venues, schools, and community sports clubs in Bo and Kenema cities during January-March 2026. Participant consent was obtained, and ethical clearance was secured from the relevant institutional ethics committee. Quantitative data was entered into SPSS version 26 and analysed using descriptive statistics (frequencies and percentages) for demographic and variable distributions, one-way analysis of variance (ANOVA) to examine differences in myth belief across age groups, and Pearson's product-moment correlation coefficient to test relationships between key study variables. Results were presented in tables and discussed in relation to the study objectives. Qualitative data from interviews and focus groups were transcribed verbatim and analysed using Thematic Content Analysis (TCA) following the six-phase process of Braun and Clarke [36]: familiarisation, initial coding, theme identification, theme review, theme definition, and reporting.

2.7. Ethical Considerations

Ethical approval was obtained from the relevant institutional authorities. All participation was voluntary; written informed consent was secured from respondents before data collection. Anonymity and confidentiality of responses were guaranteed. Participants were briefed on the purpose of the study and their right to withdraw without consequence. Given the sensitive nature of questions relating to reproductive health myths and discriminatory experiences, interviewers were trained to ensure a supportive environment and to discontinue any interview where a participant experienced distress.

3. Results and Discussion

3.1. Socio-Demographic and Sport Characteristics of the Respondents

Table 1 shows that the respondents were predominantly young, with the largest proportion aged 19–26 years (37.9%, $n = 64$), followed by those aged 27–34 years (30.2%, $n = 51$). Respondents aged 10–18 years accounted for 29.6% ($n = 50$), while the 35–42 years age group was least represented, comprising only 2.4% ($n = 4$) of the respondents. Overall, respondents aged 19–34 years constituted 68.1% ($n = 115$) of the study population, indicating that the sample was largely composed of young adults. The age distribution therefore reflects a predominantly young population, with adolescents and young

adults forming the core of the study population. This demographic profile provides important context for understanding perceptions of gender-based myths and the sociocultural factors influencing women's participation in sports. The age distribution therefore reflects a predominantly young, economically active population, with adolescent and young adult women forming the core of the study population, consistent with similar West African contexts [29, 30]. The high representation of athletics and football may also reflect their prominence in Sierra Leone's regional inter-school and inter-club competitions [31]. Overall, the demographic profile provides important context for understanding perceptions of gender-based myths and sociocultural factors influencing women's participation in sports.

Table 1. Socio-demographic and sport characteristics of respondents ($N = 169$).

Variable	Category	Frequency (n)	Percent (%)
Sex	Female	149	88.2
	Male	20	11.8
	Total	169	100.0
Age group	10–18 years	50	29.6
	19–26 years	64	37.9
	27–34 years	51	30.2
	35–42 years	4	2.4
	Total	169	100.0
Sport engaged in*	Athletics (Track & Field)	70	46.7
	Football	40	26.7
	Basketball	20	13.3
	Volleyball	20	13.3
	Total (athletes)	150	100.0

3.2. Prevalence, Types, and Age Distribution of Beliefs in Myths About Women's Participation in Sports ($N = 169$)

The combined findings demonstrate a high prevalence of belief in myths surrounding women's participation in sports. As shown in Table 2, 149 out of 169 respondents (88.2%; mean = 0.88) confirmed that such myths exist, while only 14 respondents (8.3%; mean = 0.08) denied their existence and 6 respondents (3.6%; mean = 0.04) were unsure. This finding is consistent with the broader thesis dataset, in which 85.7% (n

= 240 of 280 valid athlete responses) also confirmed the existence of myths, suggesting robust and reproducible evidence of widespread myth prevalence in the study areas.

Among the respondents who identified myths, the most commonly reported perception was the presence of all listed myths combined (27.5%; mean = 0.28). This was followed by beliefs that sports cause barrenness or infertility (18.6%; mean = 0.19), masculinisation or loss of femininity (16.8%; mean = 0.17), and disruption of the menstrual cycle (16.8%; mean = 0.17). These findings suggest that myths surrounding women's sports participation are strongly connected to concerns about reproductive health, femininity, sexuality, and physical capability. Similar patterns have been documented in Ghana [22],

Nigeria [11], and Uganda [37], where cultural beliefs regarding women's physiological limitations and the perceived incompatibility of sport with femininity continue to discourage female participation.

Belief in these myths also varied substantially by age. The highest prevalence was observed among respondents aged 19–26 years (37.9%; mean = 0.95), followed closely by those aged 10–18 years (29.6.0%; mean = 0.92). The prevalence declined among respondents aged 27–34 years (30.2%; mean = 0.79) and was lowest among those aged 35–42 years (2.4%; mean = 0.25). Overall, these findings indicate that myth beliefs are particularly widespread among younger respondents, suggesting that misconceptions may continue to be transmitted through families, peer groups, and community socialisation and may represent an important sociocultural barrier to women's sustained participation in sports [39].

The findings are also consistent with historical literature on myths concerning women's bodies and athletic participation. Hargreaves [14] documented how early medical and social discourses promoted theories of reproductive harm to justify excluding women from competitive sports. Although contemporary sports medicine research has thoroughly challenged and debunked such claims [40], the current findings indicate that beliefs concerning infertility, physical fragility, and loss of femininity continue to influence perceptions in the Bo and Kenema socio-cultural context. Similarly, Adeyanju's study in Nigeria [11] identified concerns about reproductive harm and masculinisation as important reasons for restricting women's participation in sports.

The qualitative findings further reinforce the quantitative results by illustrating how these myths operate within everyday family and community relationships. One female footballer from Kenema City explained that her grandmother encouraged her to stop playing football because it was considered a men's sport and advised her to focus instead on domestic responsibilities. Parents in both cities also expressed concerns that participation in sports could adversely affect their daughters' academic progress. These accounts reflect the concept described by Coakley [13] of sport as a male domain, in which athletic participation is socially constructed as incompatible with femininity, domestic responsibilities, and traditional expectations of women.

The belief that women are physically too fragile for intensive sporting activities was another important theme. Historically, such assumptions restricted women's participation in international sports; women were not permitted to compete in the modern Olympic Games until 1900 and initially participated in only five events. By the Paris 2024 Olympic Games, gender parity had reached 50/50, demonstrating substantial international progress in challenging these traditional assumptions [41]. However, the present findings suggest that, despite such global advances and scientific evidence, myth-based perceptions about women's physical and reproductive capabilities remain influential in local communities in Sierra Leone. Overall, the results highlight the persistence of deeply rooted sociocultural beliefs that may discourage girls and women from initiating, continuing, or fully participating in sports.

Table 2. Prevalence, Types, and Age Distribution of Beliefs in Myths About Women's Participation in Sports.

Dimension	Category/Response	Frequency (n)	Percentage (%)	Mean
Existence of myths	Yes, myths exist	149	88.2	0.88
	No, myths do not exist	14	8.3	0.08
	Not sure	6	3.6	0.04
	Total	169	100.0	—
Types of perceived myths (<i>n</i> = 149)	Sports cause barrenness/infertility	28	18.6	0.19
	Sports cause masculinisation/loss of femininity	25	16.8	0.17
	Sports disrupt the menstrual cycle	25	16.8	0.17
	Sports cause loss of virginity	17	11.4	0.11
	Sports cause severe health effects/injury	13	8.7	0.09
	All of the above myths combined	41	27.5	0.28
	Total	149	100.0	—
Belief in myths by age group (<i>N</i> = 169)	10–18 years	50	29.6	0.92
	19–26 years	64	37.9	0.95
	27–34 years	51	30.2	0.79

Dimension	Category/Response	Frequency (n)	Percentage (%)	Mean
	35–42 years	4	2.4	0.25
	Total	169	100.0	0.88

Note: Mean values for belief in myths were calculated using binary coding, where 1 = believes in myths and 0 = does not believe in myths. For the types of myths, the mean represents the proportion of respondents selecting each category. Percentages for myth types are based on the 149 respondents who confirmed that myths exist, while age-group percentages are based on the total number of respondents within each age group.

3.3. One-way ANOVA Analysis: Myth Belief Across Age Groups

As shown in Table 3 myth adherence was highest among the youngest age groups: 92.0% among those aged 10-18 years and 94.5% among those aged 18-26 years. Belief in myths decreased markedly with age, falling to 78.6% in the 26-34 age group and 25.0% in the 34-42 age group. One-way ANOVA confirmed a statistically significant difference in myth belief across age groups [$F(3, 165) = 8.461, p < 0.001$], indicating that younger female athletes are significantly more

susceptible to myth belief than their older counterparts.

This age gradient in myth belief likely reflects the differential effects of education and lived experience. Older athletes who have sustained long-term sports participation have direct experiential evidence that refutes myths about reproductive harm and femininity loss. This finding supports the educational intervention literature [42, 43], which suggests that experiential learning and sport socialisation processes progressively erode myth-based beliefs. The high prevalence of myth belief among younger athletes (10-26 years) is particularly concerning as this corresponds with the critical window for sports dropout in girls typically during adolescence when social pressures around femininity peak [44].

Table 3. One-way ANOVA: Myth belief across age groups.

Source of Variation	Sum of Squares	df	Mean Square	F	p-value
Between groups	1.914	3	0.638	8.461	< 0.001
Within groups	12.444	165	0.075		
Total	14.358	168			

Note: Significant at $p < 0.001$. F-critical at $\alpha = 0.05, df(3, 165) = 2.66$.

3.4. Gender Discrimination, Media Representation, Cultural Norms and Changes in Women's Sports Participation

The findings indicate that gender-based discrimination remains widespread, with 81.7% ($n = 138$; mean = 0.82) (Table 4) of respondents reporting that they had experienced discrimination in sports. Media representation was also perceived as inadequate, as only 41.4% ($n = 70$; mean = 0.65) believed that media coverage accurately reflected female athletes' abilities, while 44.4% ($n = 75$; mean = 0.52) considered coverage of male and female athletes equal. Cultural and social norms were identified as important influences, with 55.0% ($n = 93$;

mean = 2.10) reporting that they played a major role in shaping women's participation in sports. Despite these barriers, perceptions of participation were relatively positive, with 55.0% ($n = 93$; mean = 2.92) reporting gradual improvement and 20.7% ($n = 35$) reporting significant improvement. Overall, the results suggest that although women's participation in sports is improving, gender discrimination, limited and unequal media representation, and persistent cultural and social norms continue to constrain women's full participation. These findings are consistent with global evidence showing limited visibility of women's sports, including estimates that women receive only about 4% of global sports media coverage, while 85% of online abuse during the Tokyo Olympics was directed at women athletes [47]. In Sierra Leone, limited media infrastructure and commercial interests may further reduce the visibility and perceived value of women's sports.

Table 4. Gender Discrimination, Media Representation, Cultural Norms and Changes in Women's Sports Participation (*N* = 169).

Variable	Response/Category	Frequency (n)	Percentage (%)	Mean
Gender-based discrimination	Experienced discrimination	138	81.7	0.82
	Not experienced	31	18.3	—
	Total	169	100.0	
Media coverage accurately reflects female athletes	Yes	70	41.4	0.65
	No	21	12.4	—
	Sometimes	43	25.4	—
	Not always	35	20.7	—
	Total	169	100.0	
Equal media coverage of male and female athletes	Yes, equal coverage	75	44.4	0.52
	No, unequal coverage	69	40.8	—
	Not sure	25	14.8	—
	Total	169	100.0	
Role of cultural/social norms	Major role	93	55.0	2.10
	Significant role	58	34.3	—
	Minor role	18	10.7	—
	Total	169	100.0	
Perceived change in women's sports participation	Unchanged	8	4.7	2.92
	Little change	33	19.5	—
	Gradually changing	93	55.0	—
	Significantly changed/improved	35	20.7	—
	Total	169	100.0	

Mean coding: Gender discrimination: Yes = 1, No = 0. Media accuracy: Yes = 1, Sometimes/Not always = 0.5, No = 0. Equal media coverage: Yes = 1, Not sure = 0.5, No = 0. Cultural/social norms: 1 = Minor role, 2 = Significant role, 3 = Major role.

3.5. Pearson Correlation Matrix for Key Study Variables (*n* = 169).

The Pearson correlation analysis demonstrated that myths, cultural norms, media coverage, discrimination experiences, and women's sports participation were interconnected, although the observed relationships were generally weak to moderate (Table 5). Myth belief had a weak negative relationship with discrimination experience ($r = -0.146$) and a weak but statistically significant positive relationship with perceived change in women's sports participation ($r = 0.226$, $p < 0.01$). Because participation change was coded from 1 = unchanged to 4 = significantly changed/improved, the positive coefficient indicates that respondents who reported stronger belief in myths also tended to report greater perceived changes or improvements in women's sports participation. However, this

finding does not demonstrate that myths increased participation or that they reduced participation; rather, the direction of the association was contrary to the expectation that stronger myth beliefs would necessarily correspond to lower participation improvement.

Media coverage adequacy was moderately and positively associated with cultural norms influence ($r = 0.364$, $p < 0.001$), representing the strongest observed relationship in the correlation matrix. This suggests that respondents who perceived stronger cultural-norm influences also tended to report higher levels of media coverage adequacy. Conversely, cultural norms influence was weakly but significantly negatively associated with participation change ($r = -0.263$, $p < 0.001$), suggesting that stronger sociocultural influences may be associated with less improvement in women's sports participation.

Taken together, the findings highlight the interconnected nature of gender-related myths, cultural norms, media representation, discrimination, and women's participation in sports.

The positive association between media coverage and cultural-norm influence may indicate that communities with stronger gendered norms tend to produce or consume media representations that reflect or reinforce those norms rather

than challenge them [48]. Nevertheless, the generally weak-to-moderate correlations indicate that women's sports participation is influenced by multiple factors, and the results should be interpreted as associations rather than causal relationships.

Table 5. Pearson correlation matrix for key study variables ($N = 169$).

Variable	1	2	3	4	5
1. Myth belief	—				
2. Discrimination experience	-0.146	—			
3. Cultural norms influence	—	—	—		
4. Media coverage adequacy	—	—	0.364***	—	
5. Participation change	0.226**	—	-0.263***	—	—

Note: ** $p < 0.01$; *** $p < 0.001$. Cultural/social norms: 1 = Minor role, 2 = Significant role, 3 = Major role.

The qualitative findings reinforce the quantitative evidence of gender discrimination and the influence of cultural norms on women's sports participation. Female athletes reported discrimination through pressure to “stop exposing their bodies,” exclusion from facilities used by male athletes, and lower allowances than male counterparts. In Bo, one athlete described a discouraging coaching environment, stating that her coach made it difficult for her to remain motivated and pursue her sporting goals. These experiences are consistent with evidence that discriminatory coaching practices can reproduce gender inequality in sport [45, 46].

Cultural norms were also identified as important mechanisms through which myths are maintained. Athletes reported that girls may be condemned for wearing athletic clothing or exposing their bodies during sporting activities, reflecting patriarchal expectations about appropriate femininity. These findings support Collins' [18] concept of “controlling images,” whereby social and cultural expectations regulate women's bodies and behaviour. Overall, the qualitative results demonstrate that discrimination, coaching practices, gendered resource allocation, and cultural expectations interact to discourage and constrain women's participation in sports.

3.6. Evidence-Based Realities and Theoretical Implications for Women's Sports Participation

The findings demonstrate that evidence-based truths strongly challenge myths about women's participation in sports. Four major benefits were identified: (1) physical health, including improved cardiovascular fitness, bone density, prevention of type-2 diabetes, and healthy weight [50, 51]; (2) psychological benefits, such as reduced anxiety and depression, improved self-esteem, body image, and resilience [52];

(3) social benefits, including teamwork, leadership, and social networks [53]; and (4) academic benefits, with physically active girls showing higher academic aspirations and better cognitive performance [42, 43]. Experiences of female athletes in Bo and Kenema further demonstrate that sports participation can coexist with academic and professional success, with former athletes progressing into teaching, lecturing, school leadership, and civil service. The achievements of some Sierra Leonean athletes also challenge myths concerning infertility, family responsibilities, and women's suitability for competitive sport [12]. Sports medicine evidence further shows that physical activity does not cause reproductive harm and may improve fertility, reduce pregnancy complications, and support maternal and child health [22, 23, 40].

Overall, the study found that myths were highly prevalent (88.2%), while 89.3% of respondents identified cultural norms as having a major or significant influence. Myth belief was significantly associated with perceived changes in participation ($r = 0.226$, $p < 0.01$), while the relationship between cultural norms and media coverage adequacy was also significant ($r = 0.364$, $p < 0.001$). These findings support Social Constructionist Theory and Feminist Theory, suggesting that culturally produced beliefs and patriarchal expectations help construct gendered identities that restrict women's participation and access to the health, social, economic, and empowerment benefits of sport [15-17, 38]. The findings also highlight the importance of interventions targeting girls aged 10-18 years, before myths become deeply internalised and contribute to sports withdrawal [44, 49]. Strengthening positive, achievement-focused media coverage of female athletes, alongside education and community interventions, could help challenge harmful stereotypes and promote greater acceptance of women in sport [48, 54].

4. Conclusion and Recommendation

The study concludes that myths surrounding women's participation in sports are widespread in Bo and Kenema, with 88.2% of female athletes confirming their existence. The most common myths relate to reproductive harm, masculinisation, and menstrual disruption, despite lacking scientific evidence. These beliefs contribute to gender stereotyping, discourage participation, and undermine athletes' confidence. Significant relationships were found between myth belief and participation change and between cultural norm influence and participation outcomes. Age also significantly influenced myth adherence, with younger athletes more vulnerable to these beliefs. The study recommends evidence-based myth-busting campaigns through schools, community radio, and sports clubs, particularly targeting those aged 10-26 years. Female athletes should be engaged as role models and community ambassadors, while media organisations should promote positive, achievement-focused, and non-objectifying coverage of female athletes. Schools and universities should incorporate sports science education addressing myths about women's physiology and athletic performance. Finally, national sports policies should strengthen gender-disaggregated monitoring of participation and myth-related barriers, supporting progress toward SDGs.

Abbreviations

ANOVA Analysis of Variance

Author Contributions

Zainab Augusta Baby Milton: Conceptualization, Data curation, Formal Analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Validation, Visualization, Writing – original draft, Writing – review & editing

Alpha Bassie Mansaray: Conceptualization, Data curation, Formal Analysis, Funding acquisition, Investigation, Methodology, Supervision

Samuel Joseph Bebeley: Conceptualization, Data curation, Formal Analysis, Methodology, Resources, Software, Validation, Visualization, Supervision

Prince Tongor Mabey: Conceptualization, Data curation, Formal Analysis, Methodology, Resources, Software, Supervision, Validation, Visualization, Writing – review & editing

Joseph James Mbavai: Conceptualization, Data curation, Formal Analysis, Methodology, Resources, Software, Validation, Visualization, Supervision

David Bull: Conceptualization, Data curation, Formal Analysis, Funding acquisition, Investigation, Methodology, Supervision

Conflicts of Interest

The authors declare no conflicts of interest.

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