

# WOMEN AND SPORT IN THE ARMY

A GUIDE FOR  
COMMANDERS  
AND SOLDIERS





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## FOREWORD

It is my honour to introduce the first Army Women in Sport guide which aims to provide insight, guidance and mutual understanding so that every soldier can effectively tackle barriers and promote enablers to participating in Army sport.

Sport England research demonstrates a significant gender gap in the number of women participating in sport regularly compared to men. The Atherton Report and The Wigston Report articulate the additional barriers faced by serving women, some of which are relevant to sports participation. However, it is also recognised that elements of military service reduce sport inequality such as a fitness culture, sports opportunity, and talent recognition.

In 2024, Army Sport conducted a study into barriers and enablers influencing women's involvement in Army sport. This guide features recommendations from the study alongside contributions from Defence experts. It aims to provide education, practical guidance, and signposting for individuals and commanders to help maximise opportunities. In a modern, heavily committed British Army, remembering why sport matters has never been more important.

I encourage you to share this guide with all commanders and soldiers, irrespective of gender.

**Col Charlotte Winship**  
**Women's Focus Representative**  
**Army Sport Board**

## WHY SPORT MATTERS

Sport prepares soldiers – our point of difference – for operations by improving physical fitness, mental resilience, leadership, and teamwork. It fosters cohesion, the ability to thrive under pressure, continuous learning, and courage – core contributing components of the Army's fighting power.

Sport – and the challenge, skills, and enjoyment it brings – is also part of 'The Offer' to our people, aiding recruitment and retention, while providing excellent public visibility of the Army. Authorised sport is a Condition of Service with duty status and is a non-discretionary core activity.

[Army Sport Plan 2024 26](#)

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## SOURCING THE RIGHT KIT AND EQUIPMENT

**Sports Equipment.** Women need access to equipment designed for their needs. A variety of female versions exist, including barbells, weights, weight-lifting belts, hex bars, protective gear (e.g. shin pads), climbing harnesses, bike seats, sports shoes, and even boats. Providing female-tailored equipment promotes soldiers participation in sport.

There are two separate procurement routes:

- **Physical Training Equipment (PTE)** requirements should be initiated at the Unit level in accordance with [2025DIN04-086 - Physical Training Equipment Procurement Process \(PTEPP\)](#) and following this process [Procurement Process.pptx](#).
- **Sports Equipment Funding (SEF).** In accordance with JSP 660 Part 1, Category 1 and 2 sports are eligible for public funding and Category 3 and 4 sports for non-public Funding.<sup>1</sup>

**General Sportswear.** Wearing sports kit designed for men can have a detrimental impact on participation, physical performance and confidence. When ordering new team kit, providing options are key: consider gendered fits, coverage, shorts vs. skirts/dresses, colour choice (e.g. light-coloured bottoms should be avoided).

**Sports Bras.** A properly fitted bra is essential for comfort, health including injury prevention and physical performance. Sports bras must match activity and breast size -there is no 'one size fits all'. Some companies offer free commercial fitting services for Units, which enables access to appropriate sports bras. Service personnel are given £50 annually to purchase a sports bra, in accordance with [ABN 061/2025 - Sport Bra Provision](#). The sports bra Initiative reflects the Army's commitment to ensuring that all personnel, regardless of gender, have the equipment they need to perform at their best. Learn more about sports bras, how to measure breasts, and breast health here; [Servicewomen Health Handbook](#):

<sup>1</sup> SEF is managed by HQ Regional Command Professional Development Branch. SEF is allocated with the intention to raise the standard of recreational equipment within the Army. It can be used to purchase sports equipment and sports specific clothing that cannot be obtained from official sources. To apply for SEF, an application is to be submitted through the HQ RC Funding Portal linked [HERE](#) with a schematic overview [HERE](#).







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### OVERCOMING BARRIERS TO PARTICIPATION

There are numerous well-evidenced barriers that women in sport face. These include cultural and social pressures (e.g. body image, confidence, gender stereotypes), institutional obstacles (e.g. funding inequalities, media coverage, lack of inclusion), and practical barriers (e.g. health-related issues).

**Opportunities for Women's Sport.** [AGAI 005](#) (Para 5.08b) mandates that women's sport is prioritised, supported, and every effort made to provide opportunities for participation. Units undertaking sport should challenge stereotypes and promote women's participation, including in historically male-dominated sports (while also promoting men's participation in female-dominated sports). Units struggling to form women's sport teams should refer to the ratified amalgamation list ([AGAI 005 5.080](#).) or approach their Formation Professional Development (PD) Branch for alternatives. Joint Military Commands (JMC) are encouraged to deliver an annual Women's 'Festival of Sport' to broaden participation.



**Female Talent Management.** Army Women in sport usually play more than one sport at Unit, Corps, Army, or even UKAF level. They are often more easily talent spotted as a numerical minority. More information on opportunities for top-level sporting talent and the management of these soldiers can be found in the [Army Sport High Performance Pathway](#) and [Army General and Administrative Instructions Chapter 111 Professional Sportspersons in the Army](#).

**Scheduling.** Women are [more likely to be primary carers than men](#), especially during the week, so sports sessions at the start or end of the working day may disproportionately disadvantage women. Units and sports associations should consider flexible scheduling to meet both the organisation's and soldier's needs in accordance with the principles of [Flexible Working and You - Issue 5 Apr 23](#).

**Leadership and Advocacy.** Army Sport policy emphasises the importance of diverse leadership. Women should be encouraged to be coaches, officials, and sports administrators and a women's focus representative should be appointed in organisations (where appropriate). Unit, Corps, and the Army Sport Awards are important in celebrating sporting achievements of women, promoting visibility and inspiring others through role modelling.

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## LIFE EVENTS AS A WOMAN

**Periods.** Professional medical advice should be sought if menstrual cycles are interfering with normal activity, including sport. The key for most women is to know their own bodies. Some soldiers may benefit from controlling menstrual cycles with medical options such as hormonal contraceptives, but for others, this may impact times in their cycle when they feel particularly strong or have better endurance. Medical treatments and research in this area is developing, so if soldiers have tried certain treatments unsuccessfully, they should revisit professional medical advice.

**Pregnancy.** Staying active is important during and post-pregnancy. It is advised that women maintain normal daily physical activity, though at a reduced intensity (i.e. still able to hold a conversation), and are careful not to 'bump the bump.' National governing bodies for sports may provide specific advice on playing sport and pregnancy but it is dependent on both the sport and individual. Contact sports should be avoided altogether. [The MOD Perinatal Handbook](#) is a great resource regarding exercise during pregnancy.

**Breastfeeding.** Breastfeeding should not be a barrier to daily activities including participation in sport. The Defence Breastfeeding Network is an organisation designed to meet the needs of parents and ensure facilities are available to accommodate both the soldier and the baby. They have many resources, including advocates, who can advise commanders on how to adapt facilities for breastfeeding parents.

**(Peri)menopause.** Significant numbers of servicewomen will experience perimenopause. The average age of menopause in the UK is 51, with perimenopause (symptoms associated with menopause before the final period) lasting 3–10 years. It can affect anyone in their 40s, but 1 in 100 women will go through menopause before this age. Body shape changes during perimenopause can impact self-esteem. Exercise – especially strength-based training – is important for maintaining muscle mass and heart health and can help restore confidence. Participation in [sport can be particularly beneficial](#), reducing perimenopause and menopause symptoms and increasing long-term health.

More information on these topics and more can be found at [Women's Health Policy and Resources](#)



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### DON'T FORGET ...

**The Pelvic Floor and sport.** 1 in 3 women experience urinary incontinence, whether they have had children or not. The pelvic floor can either lose strength or be too strong, causing issues including urinary or bowel incontinence, pain or difficulties during sex, and general pelvic pain. All these symptoms can impact women's participation in sport but support is available; find a specialist pelvic health physiotherapist [here](#).

**Sport and Mental Health.** Any physical exercise can reduce stress and improve the symptoms of anxiety disorders and depression. Sport reduces levels of stress hormones and elevates levels of endorphins, which promote mood regulation and feelings of well-being, including enhanced mood, improved energy levels, and better sleep quality. Defence takes a holistic approach to mental health and advocates non-clinical interventions such as sport. Find out more [Health and Well-being JSP661](#)






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### INJURY PREVENTION

Women face unique challenges in sport injury risk due to distinct anatomical, biomechanical, physiological, and hormonal considerations. Injury rates are probably under-represented because injuries can manifest in different ways. There is little research into female Army-specific injury risks, due to the small Servicewoman population and potential reluctance to report injury/pre-injuries due to the relation to performance and career.

Commanders and soldiers are requested to monitor for early signs of the following most common injuries for which soldiers in training and those undertaking sports are at greater risk:

- **Stress Fractures:** These are commonly associated with weighted running/speedwalking, developing minor defects in the surface of bones attaching to muscle where there is repetitive impact, often without time for bone development. The process is complex however they occur more frequently in certain sports; those involving high-impact (e.g. basketball), rough, uneven ground (e.g. cross-country fell running), or endurance sports without adequate rest and nutrition. Contributory factors are low bone mass during initial Army training, poor nutritional intake, over-training in impact sports, and excessive pressure to compete with an unrealistic timeframe for preparation.

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- **Overuse injuries:** Women in sport tend to have a higher degree of hypermobility, particularly in the soft tissue attachments in the lower limbs and elbows. Overuse injuries can be more prevalent when there is inadequate conditions for muscular development during training. Contributory factors are gymnastics and dance as a child (often sports pursued due to natural flexibility), low muscle mass/body weight percentage, and a lack of emphasis on stretching/mobility aspects of training.
  - **Anterior Cruciate Ligament (ACL) Tears:** Women in sport are 4–8 times more likely to suffer an ACL injury. The most likely scenarios are activities involving pivoting, kicking without resistance, or landing on a single leg. Contributory factors are female anatomical differences, e.g. wider pelvis leading to a sharper thigh–pelvis angulation, muscle dominance (quadriceps are more developed compared to hamstrings), and impact following landing.



**Strategies to prevent injury and complications.** It is best to apply several small changes across a number of these strategies.:

**Neuromuscular Training (NMT):** Soldiers should incorporate ACL protective training programs into daily routines and warm-ups/warm-downs. This training can reduce injury by up to 75%.

- **Strength training:** Strength exercises should emphasise the posterior chain (hamstrings/glutes) to develop joint protection. This provides more stability to the cruciate ligaments. Examples: Bulgarian split squat or a Romanian Deadlift, hamstring curls, core training, planks, low-load deadlifts, pelvic thrusts.
- **Plyometrics:** Distributing load and developing landing skills is important to provide muscle memory which is often used during competitive sports. In plyometrics, emphasis is on protecting joints from excessive load through landing softly on the balls of the feet with bent hips and knees aligned over the toes. Examples: jumping from low height, skipping with varied technique, hopping to provide controlled effort on landing.



- **Balance & Agility:** This is about improving proprioception and the ability to change direction in a controlled but effective manner. Examples: coordinating eye/hand/feet together without compromising posture and improving reaction speed.

**Global Strength and Conditioning.** When training for sport, the emphasis should be placed on overall development across a number of strategies (not just the chosen sport or strength training alone).

- **Cross-Training:** Sports like swimming/pilates/yoga encourage mobility as well as development and range of motion. Cross-training can result in more flexibility, strength development around a joint, and time for recovery.
- **Flexibility and Mobility:** Dynamic pre-training stretching and static foam rolling post training can help improve blood flow and pliability of tissue, preventing injury and aiding microscopic muscle tear recovery.

**For further information, examples of specific injury prevention guides are listed here:**

[Army Be Fit. Ski Fit Injury Prevention Guide](#)  
[Fifa Injury prevention and health promotion](#)

# SOLDIER

## ENERGY AND NUTRITION FOR ARMY WOMEN IN SPORT

**Nutrition.** Good nutrition is the basis of all training. It aids development and recovery both from training and injury. Commanders are encouraged to address nutrition within pastoral aspects of managing soldiers in sport, using military and NHS resources. Below is some general advice:

- **Adequate Calorie intake:** Appropriate calorific intake (quality and quantity) is directly linked to enhanced sporting performance. Soldiers require a bespoke approach depending on the sport and the differing demands of training and competition. Find out more with Defence Catering and the Military Performance Plate (MPP) [JSP 456](#)
- **Rest and Recovery:** Soldiers must incorporate 'active rest' within their training regime to improve muscle development and stamina/strength. This assists the normal female hormonal physiology to adapt to training regimes and improve performance in the chosen sport.
- **Menstrual cycle and nutrition:** Ensuring soldiers are aware of the effects of nutrition and exercise on the menstrual cycle will allow measures to be taken before bone health and other issues arise. Open discussion with coaches and commanders should include signposting to healthcare practitioners for advice on preventing short and long-term ill-health.





- **Protein.** Protein is essential to the repair and growth of muscle. Women should aim to consume 1.5–2.0g per kg of body mass daily (e.g. a 65kg woman should take around 104g of protein per day to preserve performance and muscle mass during arduous training or high intensity sport). Intake should ideally be divided across daily meals in approx. 30g portions, but a minimum of 30g high-quality protein is advised after each resistance exercise session.
- **Vitamin D.** Studies in service members and athletes demonstrate that low vitamin D increases the risk of bone stress injuries, severity of illness (particularly upper respiratory tract infections), and impairs aerobic performance. All soldiers in the UK should consider taking a minimum of 400IU vitamin D supplement throughout the year. Breastfeeding and pregnant women should take this dose regardless of location. Soldiers with high levels of physical activity should consider taking 800 IU (two tablets) daily. More information is at [ABN 024 2025 Guidance for Commanders on the Use of Vitamin D Supplements to Support Performance.pdf](#)
- **Other Supplements.** Women require adequate iron and calcium intake to protect bone health, adequate protein to support muscle adaptation, and adequate energy to protect reproductive function.

To learn more about Nutrition for high activity, see [20240912-DNAS MN17 Women in Arduous Military Training](#). Evidence from the [Optimising the Health and Performance of Women in Ground Close Combat Roles](#) report is broadly applicable to Army sport considering that Army women may undertake arduous military training, field exercises, and participate regularly in sport concurrently.



## SOLDIER

### RELATIVE ENERGY DEFICIENCY (RED-S) & RECOVERY IN SPORT

**Relative Energy Deficiency in Sport (RED-S).** Previously known as the 'Female Athlete Triad' (relating to the 3 factors below), this condition is particularly dominant amongst soldiers and sports participants at all competitive levels, especially where there has been a focus on 'achievement' (personal or other). The 3 dominant factors are:

- **Low Energy Availability (with or without disordered nutrition\*):** This occurs when the quality or type of food being consumed is suboptimal (even when the amount of calories consumed is sufficient in relation to energy input and expenditure). This can affect overall health, particularly musculoskeletal development and recovery. Low energy may also occur when the energy required for training exceeds an individual's daily food intake. Sustained periods of this can lead to a chronic deficit, which can affect other physiological processes within the female body.

\* Disordered nutrition refers to a range of irregular eating patterns that may or may not include the diagnosis of a specific eating disorder.



- **Menstrual Irregularity:** Sometimes the fact that periods are irregular is viewed positively by individuals, especially those who play a lot of sport, and therefore these symptoms are not always reported to healthcare professionals. Individuals don't have to manage the disruption nor hormonal related changes in mood and overall energy loss associated with a period. Yet, these hormonal changes (and associated symptoms) are entirely natural, and irregular periods may negatively impact overall health, musculoskeletal injury risk, and recovery.
- **Bone Health:** This factor of RED-S relates to low bone density which will often remain undetected for many years. Female bone health is important given peak mass is achieved in the 30's and declining bone mass is a phenomenon of post-menopause which can have implications later in life. Low bone density is associated with an increased risk of stress fracture as well as osteopenia and osteoporosis.

**Sport for Recovery.** The Defence Recovery Capability (DRC, formally WISMIS) integrates sport into recovery for wounded, injured, and sick personnel. The Battle Back Centre uses adaptive sport and adventure training to support psychological recovery, helping individuals rebuild confidence, self-esteem and mental resilience. Similarly, the [Dofit](#) program is delivered by Defence Health and Wellbeing Advisors (DHWAs) who have been trained specifically to deliver behaviour change interventions with an emphasis on nutrition, physical activity, sleep, alcohol, and stress.



**Contributors List:**

Col Charlotte Winship  
Lt Col Sardar Bahadur,  
Lt Col Laura Ellis,  
Surg Lt Cdr Ruth Guest,  
Maj Sam James  
Maj Russ Roberts

**With thanks to:**

Gen Darrell Amison  
Col Charlie Goldsmith  
Lt Col Julia Brown  
Capt Emily BalickiNelson

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