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Sports Injuries and Characteristics Among College Students of Eastern and Greater Accra Colleges of Education of Ghana.

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ABSTRACT

In 2003, the United Nation (UN) agreed for the first time that sport could be a powerful tool to promote health, education, development and peace. Countries have adopted school sports as a means to promote academic excellence. Ghana through its education ministry adopted school sports which include tertiary institution and hence the formation of Colleges of Education Sports Association of Ghana. Sport as a tool for development has the potential to contribute to both personal and social development. There is no study on the prevalence and characteristic of sports injuries in the Colleges of Education in the EGA zone. The purpose of the study was to determine the prevalence and the characteristics of injuries during Eastern-Greater Accra Colleges of Education sports festival at Koforidua. The population of the study consisted of active sportsmen and women in the colleges of education who took part in EGA zonal sports. The total population was 1300 participants. Purposive sampling technique was use in the study. The sampling size was therefore 105 participants. The data was collected by qualified first aiders who were stationed at the various game centers. The adapted 'Oslow Sports Trauma Research Center Injury Registration 2008 information Form' was use to collect the data. The results indicated that estimated injury incidence proportion was 8.1%, equivalent to about 80.8 injuries per 1,000 athletes. Risk factors that contributed to the injuries should be minimized by all stakeholders such as College authorities and sports organizers.

Keywords: injury, sports, musculoskeletal, tissue.

1. INTRODUCTION

In 2003, the United Nation (UN) agreed for the first time that sport could be a powerful tool to promote health, education, development and peace (UN, 2003). The UN dedicated 2005 to "The international Year of Sport and Physical Education", thereby increasing the focus on sport as a developing tool (UN, 2005). Research shows that using sport as a tool for development has the potential to contribute to both personal and social development (Maro et al, 2009)

The participation in sports and other physical activities have some importance which are well documented. Some of the importance of participation in sports are physical, psychological and social for those who engage in sports and other physical activities (Basterfield et al., 2015; Fox et al., 2010; Sirard,

Pfeiffer, Pate 2006). The regularly participation in sports by an individual is associated with the reduction of risk to non-communicable diseases. It also improves cardiovascular fitness (van Mechelen, Hlobil, Kemper 1992) and hence improve the overall health (Maffulli, 1992). The individual's body is strengthened through the participation of different sporting activities while improving mental well-being, stamina and self-esteem (McMahon et al., 2017; Biddle & Asare, 2011). Additionally, regular participation in rigorous sporting activities like running and football helps to improve or maintain metabolic performance, muscular fitness, postural balance, cardiac fitness and bone mineral density, making it important for all (Oja et al., 2015; Tsunawake et al., 2003, Bailey, 2017)

However, physical inactivity is also associated with obesity and other non-communicable diseases (Freedman et al., 2001) 10 The promotion of the participation in sporting activities by the youth is becoming common globally.

Countries have adopted school sports as a means to promote academic excellence. Ghana through its education ministry adopted school sports which include tertiary institution and hence the formation of Colleges of Education Sports Association of Ghana.

The Colleges of Education Sports Association of Ghana (COESAG) games is a competition that is contested for by Colleges of Education in Ghana. All the 46 Colleges in Ghana are usually eligible to participate in the competition. The Colleges are zone into 5 namely, Ashanti-Brong Ahafo (ASHBA), Central-Western (CENTWEST), Eastern-Greater Accra (EGA), NORTHEN and Volta-Oti (VOLTI) zones. The competition is organized at Zonal and National levels. At zonal level, individual colleges compete among themselves within the zone where athletes are selected from the colleges to represent their respective zones at the National level. The games that are competed for are football, volleyball, handball, table tennis, netball and athletics comprising of field and track events. All events are competed for by both males and females except netball that is for only females (COESAG Constitution, 2011). The games are competed for every two years until 2019 after which it came to a halt because of COVID 19 pandemic. It was then re-launched in 2022. The COESAG games were initiated to encourage the continues development of sportsmen and women for the nation through the school system. Although there are good reasons of actively participation in sporting activities, participants are at risk of injuries (Maffulli & Caine, 2005)

2. STATEMENT OF THE PROBLEM

Athletes of the various games are susceptible to various injuries due to the physical contact; overtraining and psychological demands for outstanding performance on the field of play (Da-Silva, Paes, Oliveira, 2014). A major barrier to effective sports performance worldwide is injuries (Mojtaba, Mohammad, Mohsen, Hossienali, Abdorreza, 2013) especially with contact games Da-Silva, Paes, Oliveira, 2014). Sportsmen throughout their carrier ages experience greater number of injuries such as soft tissue, bone, ligament and nerve injury usually due to repetitive stress associated with rigorous training and performance (Krug, et al., 2000; Becher, et al., 2010; Maffulli, et al 2011).

In addition, Tucker (1999) established that injuries increase in frequency as the age of participant increases, with a low incidence of injury in preadolescent players. He further identified that musculoskeletal injuries most commonly affect the lower extremities and include contusions, acute and chronic musculotendinous strains, and ligamentous injuries to the knee and ankle. Sports injuries are caused by some factors including poor courts and fields, no use of boots and other footwear, no or inadequate use of other protective gears such as knee guards, and shin guards. Some internal factor such

as winning at all cost, playing within limited time, rushing the games through very limited time, tiredness as a result of playing more games in a tournament within short time are the likely causes of sports injuries.

There is always negativity associated with injuries. Adjei, Moses, Nutakor, Gyinaye (2015) identified that high injury rates constitute a considerable problem for the player, their families and the community. Aside the trauma and pain to the individual, the society is also burdened with potential loss of talents, high cost of treatment, rehabilitation, lost productivity, time and injury related disability, either temporal or permanent (Krug, et al., 2000; Vos, et al., 2013)

Recent figures indicate that youth sports injuries are high and constitute a public health burden among nations. Sport and training-related injuries account for 19% to 59% of all global injuries sustained by youth (Bijur, et al., 1995). According to a study by Adjei, Moses, Nutakor, Gyinaye (2015) on Sports injury prevalence in Senior High Schools games in Kumasi indicated the following; ankle sprain (20.6%), knee dislocation (20.6%), shoulder dislocation (8.8%), hamstring strain (7.4%), groin injuries (5.9%) and others (22.1%).

The magnitude of this burden in youth sports is alarming, which requires an urgent attention. Indeed, coming out with an investigation into prevalence, the risk and characteristics of injury among sportsmen, would be of great value to sports administration in Colleges of Education institutions in Ghana. Secondly, the cost of treating sports injuries can be high. The first step towards prevention of injuries is to examine the magnitude of the problem in terms of incidence and severity (van Mechelen et al., 1992).

There is no study on the prevalence and characteristic of sports injuries in the Colleges of Education in the EGA zone. The foregoing rationale underscores the need for a study to estimate the injury burden and identify the kind of injuries occurring to sports men and women in Colleges of Education.

3. PURPOSE OF THE STUDY

The purpose of the study was to determine the prevalence and the characteristics of injuries during Eastern-Greater Accra (EGA) colleges of Education sports festival at Koforidua.

4. RESEARCH OBJECTIVES

1. Determine the incidence of injuries during EGA games.
2. The type of injury that will occur most during EGA games
3. If there will be any difference between male and female injury incidence.
4. Determine the risk factors that are likely to be associated with injury causation.

RESEARCH QUESTIONS

1. What is the incidence of injuries during EGA Games?
2. What type of injury was the most during EGA Games?
3. Is there any difference between male and female incidence injuries?
4. What risk factors are likely to be associated with the cause of the injuries?

THEORITICAL REVIEW

This study is based on the following theories namely: Multivariate Interaction Theory, Differential Fatigue Theory, Cumulative Load Theory and Overexertion Theory. Multivariate Interaction Theory state that injury is precipitated by the individual's genetic endowment, morphological characteristics and psychosocial makeup, and by the occupational biomechanical hazards. Differential Fatigue Theory is responsible for unbalanced and asymmetric occupational events creating differential fatigue and thereby

a kinetic and kinematic imbalance resulting in injury precipitation. Cumulative Load Theory suggests a threshold range of load and repetition product beyond which injury precipitates, as all material substances have a finite life. Finally, Overexertion Theory states that exertion exceeding the tolerance limit precipitates occupational musculoskeletal injury (Kumar, 2001).

EMPIRICAL REVIEW

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The magnitude of this burden in youth sports is alarming, which requires an urgent attention. Indeed, coming out with an investigation into prevalence, the risk and characteristics of injury among sportsmen, would be of great value to sports administration in Colleges of Education institutions in Ghana.

5. CONCEPTUAL FRAMEWORK

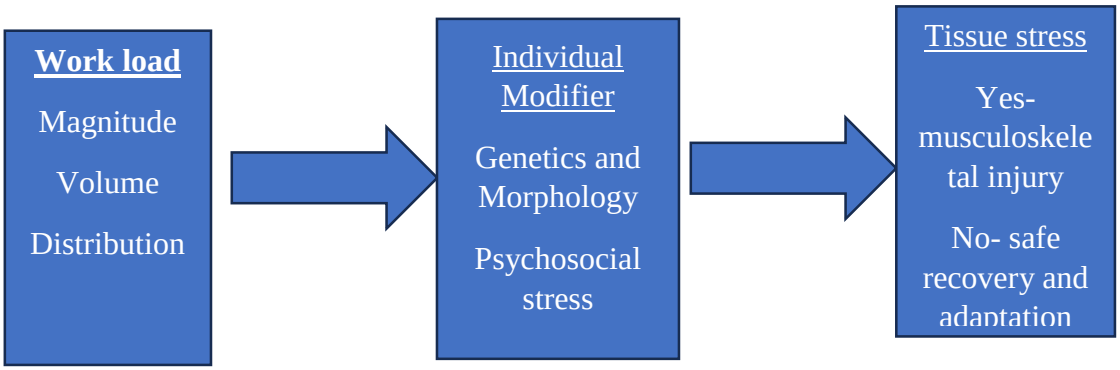

Figure 1. Conceptual framework

The work load Inputs

This component groups the mechanical forces acting on the worker, derived from Kumar's first three theories. Magnitude (Overexertion): How heavy or intense is the singular action? Volume (Cumulative Load): How many times is the action repeated over hours, days, or years? Distribution (Differential Fatigue): Is the load spread evenly, or is it isolated to one side, causing structural instability?

The individual Modifiers

Derived from the Multivariate Interaction Theory, this component dictates the baseline strength and daily vulnerability of the tissue. Internal Capacity**:** Genetics, physical conditioning, and age determine the initial height of the "injury ceiling."

External Disruptors**:** High mental stress or tight deadlines act as multipliers that actively lower a worker's physical tolerance on a given day.

The Tipping Point (Injury vs. Adaptation)

Injury is simple in this framework; it occurs the exact moment Total Tissue Stress (Inputs and Modifiers) exceeds the Biological Failure Threshold. If it stays below the threshold, the tissue adapts and grows stronger; if it crosses it, tissue failure occurs.

6. RESEARCH METHODOLOGY

Research Design

This is a prospective study of sports injuries during a one-week tournament of colleges of Education in EGA zone.

Population

The population of the study consisted of active sportsmen and women in the colleges of education who took part in EGA zonal sports. The study included sporting activities such as football, handball, volleyball, athletics and netball. A sports injury was operationalized as any physical damage caused by an accident during sports activities during EGA games. The target population were all sportsmen and women who came from the 9 colleges of Education and were supposed to engage in at least one of the sports. Each of the 9 Colleges was represented by 150 sportsmen and women except PWCE which was represented by 100 participants therefor the total population was 1300 participants.

Inclusion Criteria

Participants recruited were active sportsmen and women who took part in EGA 2022 games and played at least one match.

Exclusion Criteria

Sportsmen and women who did not take part in EGA game.

Sample and Sampling Technique

Purposive sampling technique was use in the study. It was those participants who played one game or the other and were injured that was used for the study. These include those who were actively playing on the field or court and those who took part in athletes and got injured. The sampling size was therefore 105 participants.

Data collection

The data was collected by qualified first aiders who were stationed at the various game centers. They were oriented as to what the study was about and the procedure. The adapted ‘Oslow Sports Trauma Research Center Injury Registration 2008 information Form’ was use to collect the data. There was a little adaptation of the form. Participants observed the injury and tick the applicable information. There was always a follow up to the injured person or the team Doctor to find out the type of injury and other relevant information on the questionnaire.

The injuries were registered in three ways: 1) the player came to report the injury due to a physical complaint like musculoskeletal injuries or symptoms of head injury, 2) the referee called the injury reporter out on the field due to an expected injury and the player confirmed a physical complaint, 3) the injury reporter approached the player after the match with a suspicion of an injury due to the following criteria: the match was interrupted by the referee, a player was on the ground for more than 15 seconds, or the player appeared to be in pain (Andersen et al.,2003).

7. RESULTS AND DISCUSSION

Introduction

The results are reported using descriptive statistics supported by cross-tabulations and selected inferential tests where the structure of the dataset permits. Because the data contains injury cases rather than full athlete-exposure logs, incidence by subgroup is interpreted as recorded injury occurrence within the tournament dataset and not as exposure-adjusted incidence rates for each sport or sex.

Demographic and Data Description

This subsection profiles the injured athletes captured in the surveillance system and summarizes the structure of the dataset used for analysis. It identifies the dominant age bands, sex composition, and institutional distribution of the recorded injury cases.

Table 1: Summary of the analyzed dataset and overall injury incidence.

Indicator	Value
Number of valid injury records analyzed	105
Total athlete population reported in methodology	1,300
Overall injury incidence proportion	8.1%
Overall injury incidence per 1,000 athletes	80.8
95% confidence interval for incidence proportion	6.7% – 9.7%
Female injury records	55 (52.4%)
Male injury records	50 (47.6%)

Table 1 shows that the analysis is based on 105 recorded injuries among a reported tournament population of 1,300 athletes, giving an estimated injury incidence proportion of 8.1%, equivalent to about 80.8 injuries per 1,000 athletes. The confidence interval suggests that the plausible range for the tournament injury burden lies between 6.7% and 9.7%. In descriptive terms, the recorded injury burden was slightly higher among females than males.

Table 2: Age profile of injured athletes.

Age category	Frequency	Percent
23-24	41	39.0
25-26	35	33.3
27-28	13	12.4
21-22	8	7.6
29-30	5	4.8
<20	2	1.9
31>	1	1.0

The age pattern of injured players was concentrated in the mid-young adult bands, which is consistent with the expected age distribution of college athletes participating in zonal competitions.

As shown in Table 2, athletes aged 23–24 years formed the largest injury group, accounting for 39.0% of all recorded cases, followed by those aged 25–26 years with 33.3%. Together, these two categories accounted for more than seven in every ten injuries. This pattern suggests that the burden was heaviest among the age groups most actively involved in tournament participation and likely exposed to repeated match demands within the one-week event.

Research Question One: What is the Incidence of Injuries during the EGA Games?

This subsection addresses the first research question by estimating the overall occurrence of injury within the tournament and by showing the distribution of injury cases across the sporting disciplines represented in the dataset.

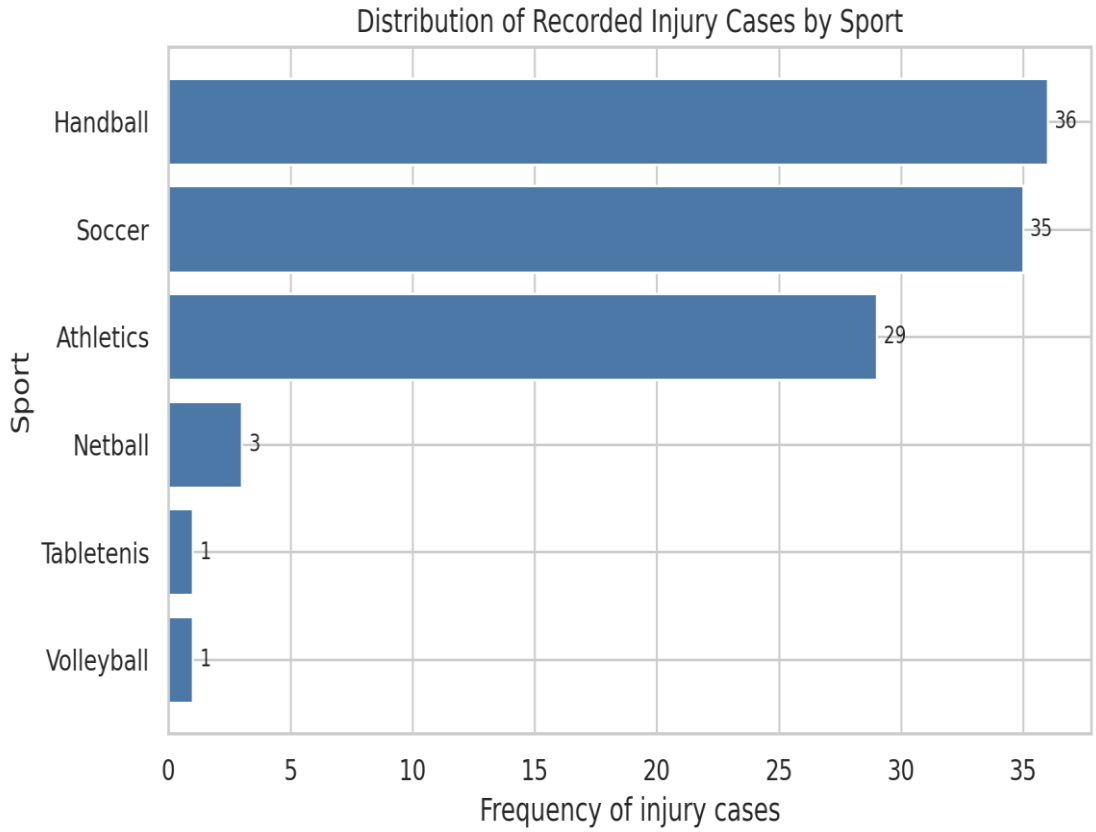

Figure 1: Distribution of recorded injury cases by sport.

Table 3: Injury case distribution across sports.

Sport	Frequency	Percent
Handball	36	34.3
Soccer	35	33.3
Athletics	29	27.6
Netball	3	2.9
Table tenis	1	1.0
Volleyball	1	1.0

Figure 1 and Table 3 indicate that handball recorded the highest number of injury cases, contributing 34.3% of all injuries, closely followed by soccer with 33.3% and athletics with 27.6%. Netball, table tennis, and volleyball contributed only a small share of recorded cases. In practical terms, the injury burden of the tournament was concentrated in handball, soccer, and athletics, which together accounted for 95.2% of all injuries documented in the surveillance dataset.

The concentration of injuries in handball and soccer aligns with broader evidence that high-intensity team sports with repeated accelerations, collisions, changes of direction, and congested competition schedules tend to produce considerable injury loads among student-athletes. Comparable collegiate evidence from Ireland showed that injury occurrence varies strongly by sport, with the burden clustering in more physically demanding and contact-intensive games rather than being evenly distributed across disciplines (Teahan et al., 2021). The prominence of handball in the present dataset is plausible because handball combines forceful physical contact, rapid transitions, ball contests, jumping, and repeated landing demands. Systematic evidence confirms that handball injuries frequently cluster in the ankle, knee, thigh, and shoulder regions and are commonly sustained during competition rather than training (Vila et al., 2022). Soccer's high injury count is similarly consistent with the literature, where collisions, tackles, sprinting actions, and rapid changes of direction contribute substantially to match injury burden among student and competitive players (Teahan et al., 2021; Wang et al., 2025). Surveillance reviews also emphasize that sport-specific profiling is essential because overall tournament incidence can conceal substantial differences between disciplines (Costello et al., 2024).

Research Question Two: What is the most Type and Anatomical Characteristics of Injuries

This subsection examines the diagnostic pattern of injuries and the body regions most commonly affected during the tournament in order to identify the dominant clinical profile of the cases reported.

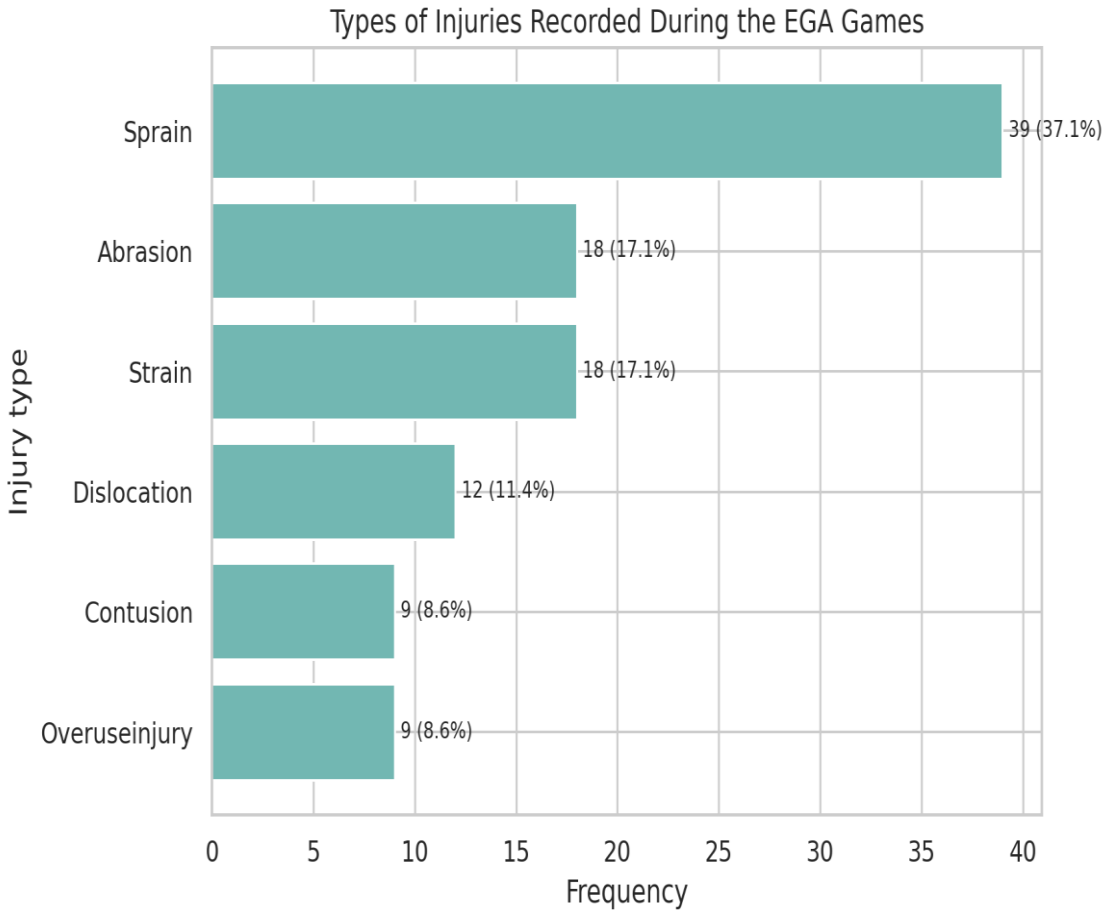

Figure 2: Types of injuries recorded during the EGA Games.

Table 4: Diagnostic pattern of the recorded injuries.

Injury type	Frequency	Percent
Sprain	39	37.1
Strain	18	17.1
Superficial skin abrasion	18	17.1
Dislocation	12	11.4
Contusion	9	8.6
Over use injury	9	8.6

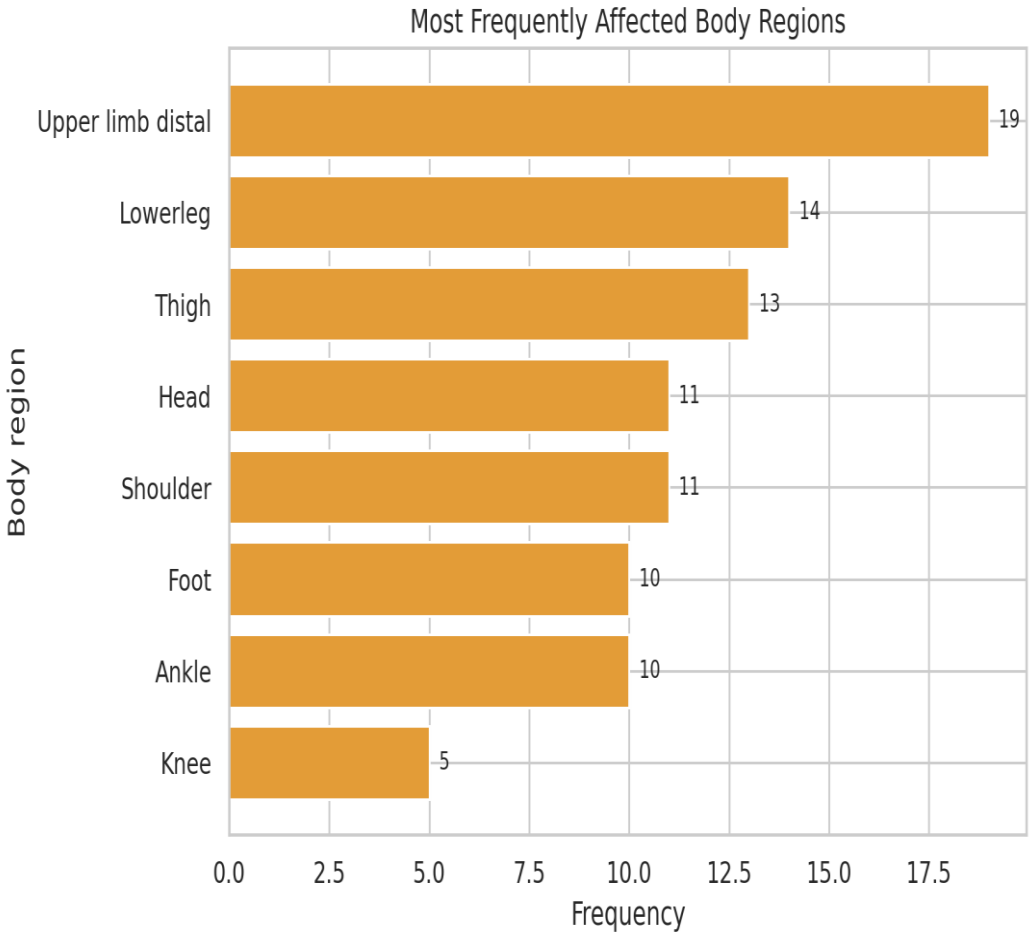

Figure 3: Most frequently affected body regions.

Table 5: Anatomical location of recorded injuries.

Body region	Frequency	Percent
Arm/elbow/wrist/hand/fingers	19	18.1
Lower leg	14	13.3
Thigh	13	12.4
Shoulder	11	10.5
Head	11	10.5
Ankle	10	9.5
Foot	10	9.5
Knee	5	4.8
Neck	5	4.8
Stomach/chest	5	4.8
Hip	1	1.0
Toe	1	1.0

The injury pattern in Figure 2 and Table 4 clearly shows that sprains were the leading diagnosis, accounting for 37.1% of all cases. Strains and superficial skin abrasions each contributed 17.1%, while dislocations represented 11.4%. Contusions and overuse injuries each accounted for 8.6%. The dominance of sprains suggests that ligamentous and joint-related trauma constituted the major clinical burden of the competition.

Figure 3 and Table 5 show that the most commonly affected body area was the arm, elbow, wrist, hand, and fingers complex, which contributed 18.1% of all cases. Lower leg injuries followed with 13.3%, then thigh injuries with 12.4%. Shoulder and head injuries each represented 10.5%, while ankle and foot injuries each accounted for 9.5%. Taken together, the results indicate that both upper-limb contact injuries and lower-limb movement-related injuries were salient features of the tournament injury profile.

The present finding that sprains were the dominant injury type is consistent with recent sports medicine evidence showing that sprains and strains remain among the most common diagnoses across competitive sport settings. A contemporary review of common sports injuries highlighted lateral ankle sprains, hamstring strains, and internal knee injuries as recurrent problems across multiple team sports (Zupančič et al., 2024). In athletic populations, ankle sprains alone account for a substantial share of sports-related injuries and remain one of the most important targets for prevention and rehabilitation planning (Jungmann et al., 2023).

The combined prominence of lower-leg, thigh, ankle, and foot injuries is also compatible with collegiate and handball-related evidence that lower-extremity loading, abrupt deceleration, cutting, and contact all contribute materially to injury burden. Teahan et al. (2021) reported that lower-limb injuries dominated collegiate sport injury profiles, whereas Vila et al. (2022) found that ankle, knee, thigh, and shoulder injuries are particularly common in handball. The additional prominence of distal upper-limb injuries in the present study may reflect ball-handling, falls, and contact events in handball and soccer as well as event-specific impacts in athletics.

Research Question Three: Is there any Difference Between Male and Female Injury Cases?

This subsection compares the distribution of injury cases by sex and explores whether injury counts varied across sports for male and female athletes in the available dataset.

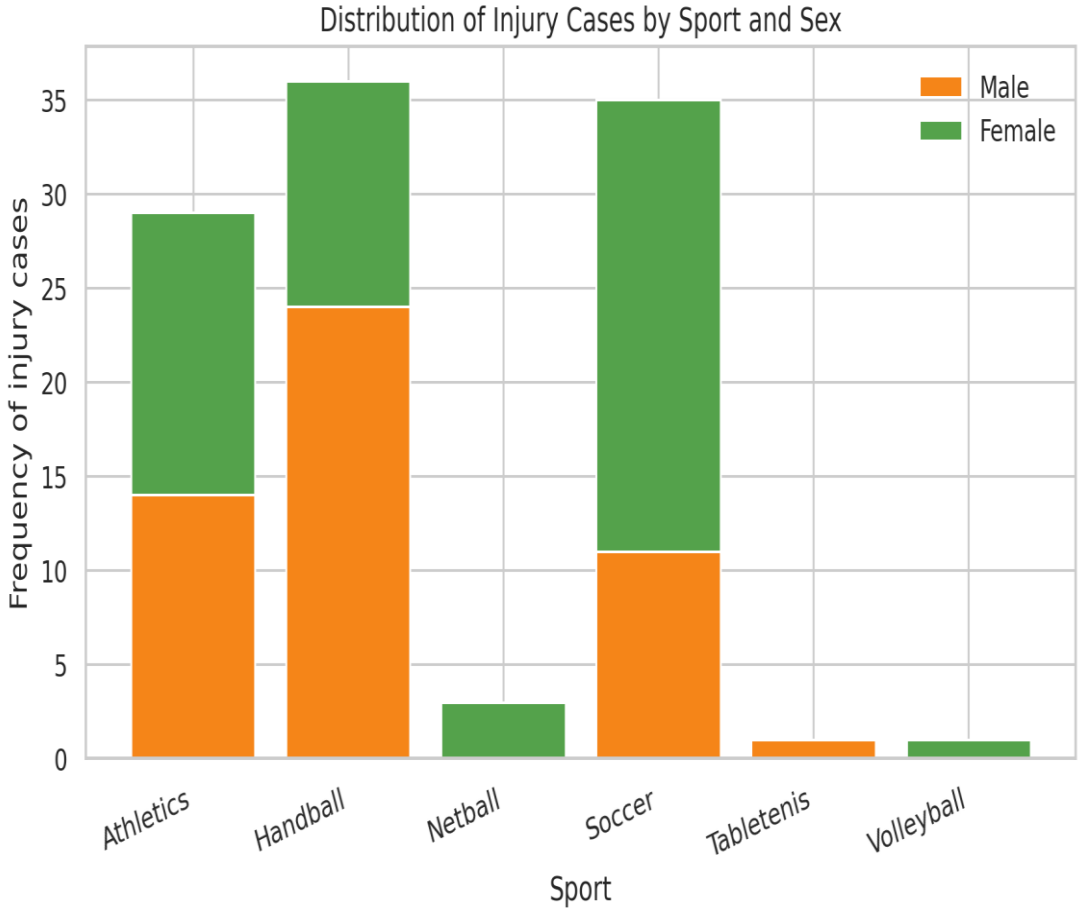

Figure 4: Distribution of injury cases by sport and sex.

Table 6: Sex distribution of injury records.

Sex	Frequency	Percent	Interpretive note
Female	55	52.4	Slight predominance of recorded female cases
Male	50	47.6	Slightly fewer recorded male cases

Table 7. Cross-tabulation of sport and sex among injury cases.

Sport	Male	Female	Total
Athletics	14	15	29

Handball	24	12	36
Netball	0	3	3
Soccer	11	24	35
Tabletenis	1	0	1
Volleyball	0	1	1

Table 6 shows that females accounted for 52.4% of recorded injury cases, while males accounted for 47.6%. A goodness-of-fit test against equal counts showed no statistically significant imbalance in the overall number of male and female injury cases ($\chi^2 = 0.24$, $p = .626$). Accordingly, the dataset does not support a meaningful overall difference in the simple counts of injury reports between male and female athletes. However, when the distribution of injury cases was cross-tabulated by sport, the pattern differed significantly by sex ($\chi^2 = 13.66$, $p = .018$). Female injury cases were more concentrated in soccer and netball, whereas male cases were more concentrated in handball. This indicates that the sex pattern was not uniform across sports, even though the overall totals were broadly comparable. This mixed pattern is broadly consistent with the wider literature.

A systematic review by Zech et al. (2022) concluded that sex differences in sports injury rates are not universal across all injury categories; rather, they vary by sport, body region, and injury type. Likewise, Teahan et al. (2021) observed sport-specific sex variations in collegiate settings, demonstrating that the relationship between sex and injury burden depends heavily on the discipline under consideration. The present findings therefore suggest that prevention efforts in the EGA zone should be sex-sensitive within each sport rather than based on a simplistic assumption that one sex is always more injury-prone overall.

Research Question Four: What are the Likely Risk Factors Associated With Injury?

This subsection evaluates the proximate situational factors recorded in the surveillance form, including mechanism of injury, field condition, playing surface, protective gear use, foul play, and expected time-loss severity. These variables do not establish causality, but they provide strong descriptive evidence about the circumstances surrounding the injuries.

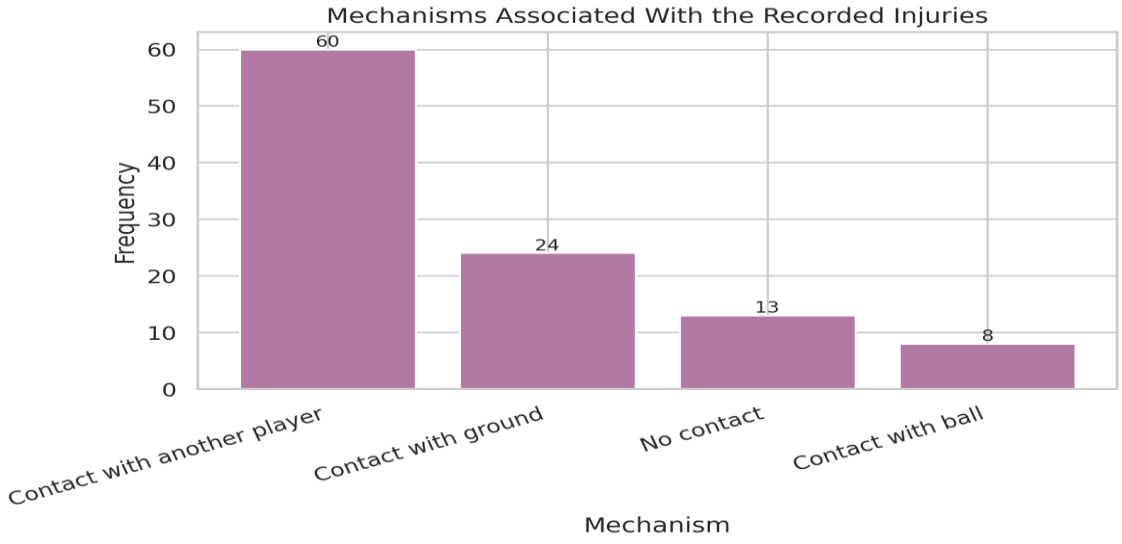

Figure 5: Mechanisms associated with the recorded injuries.

Table 8: Tournament conditions and circumstances linked to the recorded injuries.

Recorded factor	Frequency	Percent
Mechanism: contact with another player	60	57.1
Mechanism: contact with ground	24	22.9
Mechanism: no contact	13	12.4
Mechanism: contact with ball	8	7.6
Field condition: bumpy	49	46.7
Field condition: hard	46	43.8
Field condition: slippery	7	6.7
Playing surface: grass	68	64.8
Playing surface: cemented	37	35.2
Protective gear not used	55	52.4
Protective gear used	50	47.6
Foul play indicated by yellow card	60	57.1
No foul play recorded	45	42.9
Continued playing despite injury	78	74.3
Stopped for remainder of game	20	19.0
Out for 1–3 days	7	6.7

Figure 5 and Table 8 indicate that player-to-player contact was the single most common mechanism, accounting for 57.1% of all injuries. Ground contact was the next most common at 22.9%, while non-contact injuries constituted 12.4%. With respect to the environment, 46.7% of injury cases occurred on bumpy surfaces and 43.8% on hard fields, while nearly two-thirds of injuries were recorded on grass surfaces. Protective gear was not used in 52.4% of cases, and a yellow card was recorded in 57.1% of cases, suggesting that a meaningful share of injuries occurred in contexts involving rule infringements or aggressive contests. Even so, 74.3% of injured athletes continued playing, indicating that most injuries were clinically mild in immediate time-loss terms.

These patterns reinforce the classical injury-prevention view that contact load, surface quality, protective behaviour, and officiating standards are all important components of injury risk management. Sports injury surveillance scholarship stresses that prevention strategies depend on systematic recording of these contextual factors rather than diagnosis alone (Costello et al., 2024). The present results, especially the prominence of contact-related injuries and bumpy or hard playing conditions, suggest that infrastructure quality, match officiation, and athlete protection protocols should be central to preventive planning for future zonal games.

The predominance of contact-related injuries is comparable to tournament studies in which physical contact and sport-specific collisions make important contributions to the injury burden. In contrast, some collegiate environments report higher proportions of non-contact lower-extremity injuries, especially

where sprinting and cutting dominate exposure (Teahan et al., 2021). This difference suggests that the EGA competition environment may contain a relatively stronger influence of direct contest situations, possibly combined with variable pitch quality and compressed match scheduling.

The current study provides a strong local foundation for such a system within the Colleges of Education Sports Association environment.

In practical terms, the main preventive priorities suggested by the evidence are improved surface preparation, more rigorous pre-competition safety inspections, stronger enforcement of game rules, mandatory and sport-appropriate protective equipment, structured warm-up and neuromuscular injury-prevention routines, and post-injury clinical follow-up to reduce premature return to play. These recommendations are especially relevant because the majority of injured players continued competing despite injury, which may underestimate the true burden of tissue damage and increase the likelihood of recurrent problems. The findings support the argument that college sport competitions in Ghana would benefit from a routine injury surveillance model grounded in standardised event-based recording. Contemporary surveillance emphasises that injury prevention becomes more effective when organisers move beyond anecdotal reporting and consistently document diagnosis, mechanism, severity, exposure, and contextual conditions across tournaments (Costello et al., 2024).

8. CONCLUSIONS

1. The injury burden of the tournament was concentrated in handball, soccer, and athletics, which together accounted for 95.2% of all injuries.
2. Sprains were the leading injuries, followed by strains and superficial skin abrasions. Dislocations, contusions and overuse injuries were the least occurred injuries. The dominance of sprains suggests that ligamentous and joint-related trauma constituted the major clinical burden of the competition. Additionally, both upper-limb contact injuries and lower-limb movement-related injuries were salient features of the tournament injury profile.
3. Generally, male and females did not differ in terms of injury cases. However, when the distribution of injury cases was cross-tabulated by sport, the pattern differed significantly between male and females. Female injury cases were more concentrated in soccer and netball, whereas male cases were more concentrated in handball.
4. The risk factors that contributed to the injuries were including mechanism of injury, field condition, playing surface, protective gear use, foul play, and expected time-loss severity. These variables do not establish causality, but they provide strong descriptive evidence about the circumstances surrounding the injuries.

9. RECOMMENDATIONS

Recommendations were based on the conclusion of the study. The following recommendations were drawn:

1. Sports men and women should exercise a lot of constrain during contact games like handball, soccer, and athletics.
2. Proper warm up should be done by sportsmen and women before games. Sportsmen and women should rest enough before the next game.

3. Organizers of the games should also provide better facilities for the games.
4. Team managers should also provide good protective and sportswear for sportsmen and women.

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