



Short Communication

Public Facilities for Better Health and Urban Plan

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Abstract: Lack of physical activity is one of the main cause of obesity. Currently, scientists proposed that teenagers and women are overweight or obese than men in Bangladesh. Furthermore, non-communicable diseases (NCDs) are becoming more prevalent in Bangladesh. By 2050, the illness burden of non-communicable diseases will have a significant impact on the health budget. To reduce non-communicable diseases, physical activity is one of the options. However, the lack of public facilities for physical activities in each community is a concern. According to the Department of Military Estate Administration, Central Circle, DOHS (Defense Officers' Housing Scheme) has a total of 2966 plots and 396.6327 acres of area (640 acres =1 square mile) including 5 DOSH in Bangladesh. However, each DOHS has all the public facilities including structures streets, parks, walking paths, squares, gyms, cultural and sports grounds, walkways, waterfronts, lakes, mosques, cafeterias, public toilets, sitting areas for elderly or passersby, etc for physical activities specially for women, children, and the disabled people. Gulshan, Baridhara, Banani, and Dhanmondi areas are other good examples from Bangladesh where dwellers specially, women and children have facilities for physical activities. Sangmoo Kim, urban specialist said, "*it is not over-ambitious thinking to have public facilities; it is a basic need for each city dweller for a healthy life*". This report aims to explore what are the policy drawbacks of the Government of Bangladesh not providing public facilities to perform physical activities in each area.

Key words: physical activity, exercise, non-communicable disease, obesity, policy, urban plan, Bangladesh

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Introduction: Public facilities such as well-structured streets, spacious rooms, squares, gyms, cultural and sports grounds, walkways, sitting arrangements for passersby, waterfronts, mosques, public toilets, flower shops, library, etc are not the luxury amenities for each area or community¹. Living in an enclosed space without adequate facilities and sunlight increases the risk of health problems¹. Limited interactions with other productive activities also increase the psychological risk¹. Further, Bangladesh is also experiencing an increasing prevalence of non-communicable diseases (NCDs). It is estimated that approximately 580,000 deaths are caused by NCDs annually, accounting for 67% of all deaths in Bangladesh². Limited physical activity plays a major role in this epidemic. The prevalence of overweight and obesity is much higher among girls than boys and prevalence rates are also higher among women than men among adults in Bangladesh³.

According to the policy and law of Bangladesh, the local government is responsible for ensuring infrastructure associated with physical activity facilities (e.g., parks, bike paths, walking paths, centers, etc) in each area. According to urban specialists, it is not over-ambitious thinking; it is a basic need for each city dweller for a healthy life¹. This article highlights some drawbacks of the Bangladesh Government not providing a public facility to perform physical activities specially for women, children, and the disabled. This article may help to rethink policy planners that physical activity can help reduce illness burden.

Disease burden: Sedentary behavior and insufficient physical activities are the key determinant of NCD-related mortality and has a significant impact on the increasing prevalence of NCDs, creating a double burden on the public health⁴. In addition, there are huge financial costs due to increased medical expenses of NCDs and reduced physical productivity^{5,6}. Although the prevalence of insufficient physical activity has decreased by 10% compared to 2010, the global physical activity target for 2025 has not yet been met⁵.

Urban plan: However, recent evidence suggests that most urban municipalities under

local government do not have infrastructure and facilities, plans, or budgets to promote physical activity⁷. Furthermore, the existing infrastructure and facilities are not suitable for women, children, and the disabled in the most of urban communities⁷. There is no national policy for local governments to ensure adequate levels of physical activity infrastructure and facilities for women, children, and disabled people. The number of parks with women's toilets, adequate security for night training, and other amenities is extremely limited in most of the urban areas of Bangladesh. Trail conditions in crowded areas (population density is 1,265 per square kilometer) are not suitable for women to walk⁷. The availability of swimming pools and gyms is also extremely limited, especially for women and girls from low-income groups⁷.

In Bangladesh, there are about twelve municipal corporations that place less emphasis on creating well-planned urban areas with amenities such as playgrounds, parks, cycle paths, gymnasiums, and sports facilities^{8,9}. City dwellers, especially women and young people, are at higher risk of leading a sedentary and inactive lifestyle because they spend too much time on smartphones and computers and avoid regular physical activity. As a result, the unhealthy lifestyle in combination poses a serious threat to health and increases the risk of non-communicable diseases such as obesity in women and adolescent girls compared to men and boys, hypertension, diabetes, etc among urban dwellers rather than in the rural communities¹⁰.

Although the government has approved a multi-sectoral action plan to prevent and control non-communicable diseases 2018-2025¹¹, there is a lack of coordination between different ministries and departments (local bodies, health, justice, police, transport, public administration) to implement the plan. The existing National Multi-sectoral Non-communicable Diseases Coordination (control) Committees (NMNCC) are also not functioning¹². Furthermore, there are limited opportunities within local government to ensure public participation in the decision-making and policy formulation process to promote physical activity among

youth and women in Bangladesh¹². However, local Governments do not have enough plans for women and teenage girls to be active, and they have no plans or money to improve this. There is no coordination between different Ministry as well. departments (e.g. local bodies, health, justice, police, transport, public administration) do not work well together as well¹².

Discussion: One may think the quality streets, squares, waterfronts, parks, parks, walking paths, squares, gyms, cultural and sports grounds, waterfronts, lakes, public toilets, sitting areas for elderly or passersby, and other well-designed public places are luxury facilities. Public facilities are entailed only for rich communities in the developed country. However, research indicates that they are becoming even more important to the well-being of the poor and the growth of their communities¹. The absence of public space provisions impedes economic activity, pollutes the environment, and undermines social stability and security in developing countries¹. Lahore's Walled City, Pakistan, Colombo, Kandy, and Galle in Sri Lanka as well as Chennai in India are noteworthy examples of success from South Asia for refurbished streets and improved urban plans and transforming the city for cultural and economic vibrancy¹.

In Bangladesh, there are some areas that have planned urban structures with public facilities. The Department of Military Estate Administration, Central Circle, DOHS (Defense Officers' Housing Scheme) reports that there are a total of 2966 plots, covering an area of 396.6327 acres (equivalent to 1 square mile). This includes 5 DOSH in Bangladesh. Each DOHS features an array of amenities accessible to the general public. These include but are not limited to infrastructures like streets, squares, and gyms, as well as cultural and sports grounds. Additionally, there are designated walkways, waterfronts, lakes, mosques, cafeterias, and public toilets available. Furthermore, the DOHS provides comfortable sitting areas for the elderly and passersby. These facilities are specifically designed for physical activities such as walking and cycling, with a special focus on

accommodating women, children, and individuals with disabilities¹³. Besides, in Bangladesh, there are a few other areas such as Gulshan, Baridhara, Banani and Dhanmondi showcase excellent opportunities for physical activities, primarily benefiting residents, especially women and children. Actually, there are policy limitations that prevent other urban zones from offering public amenities for physical activities.

Conclusion: From the above context, it is imperative to policy improvement and prevent barriers to promoting physical activity among young, men and women living in urban. Furthermore, It is necessary to implement multiple measures to promote physical activity including mass media campaigns mixed with community education, motivational speeches to raise awareness, fitness competitions, etc for a healthy life.

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