

Health Downside of the Upside of Urban Life in Nepal

Gokarna Dahal^{*1}, Prabha Pokhrel²

¹Department of Global Health and Development, Hanyang University, South Korea

²Department of Education, Siddha Ratnanath College, Tribhuvan University, Nepal

Received: 13 January 2016

Accepted: 15 March 2017

***Correspondence to:**

Gokarna Dahal,
Department of Global Health and Development,
Hanyang University, South Korea
Email: dahalgokarna7@gmail.com

Copyright: © the author(s), publisher and licensee Indian Academy of Pharmacists. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Nepal is one of the ten least urbanized countries in the world but the pace of urbanization depots among the fastest ten. All most one third of the total country populations now leave in 217 municipalities and the number is surprisingly increases 7% per annum from 17.1% to 38.8% since last demographic health survey in 2011. Practices of declaration of municipalities and cities are heavily intensified by government in the name of territorial reform and the foundation for upcoming federal structure. With the promulgation of the new constitution of Nepal in 2015, Country guaranteed water and sanitation, clean and healthy environment and housing as basic rights of all citizens. But several existing municipalities lack basic minimum facilities such as drinking water, drainage system, hospital, playground, metallic road and recreation. Such scenario, suggests that a comprehensive approach should be taken to declare the new urban city and municipalities. Looking at the proposed future federal structure of the country, we suggest that more debate and deliberations are needed on to declare the new municipalities.

Key words: Urban health, Urbanization, Impacts on health, Nepal, Rural health.

INTRODUCTION

City planning and Urbanization are gaining a new presence as part of comprehensive solution to tackling adverse health outcomes of the urban residence.^[1, 2] It is widely acceptable that city planning and management decision affects the livability of cities and, ultimately the health and well being of residents.^[3] Urbanization, against the background of strong and sustained economic growth, proceeded faster in developing world growing by 3.3% per year over the past four decade as compared to 0.89% per year in mere developed country.^[4] The tight correlation between urbanization and economic development throughout the world reflects a global transition from poverty to prosperity.^[5] Role of cities as technical innovation and economic hub for the Nation can be extracted from the successful case of city revival in Europe and city growth in China.^[2] However, one out of every three urban cities are facing enormous challenge an account of increasing urban density, for instances, Road traffic accidents, traffic congestion, outbreak of different disease, crime and highly disrupted urban social network are persistently increasing but are poorly addressed agenda in developing world.^[5, 6] WHO also continuously focus on integrated urban planning, transport and housing policy since 1986 through healthy city movement.^[7] The third series of UN HABITAT conferences from 17th to 20th October last year that was held in Quito, Ecuador make a new urban agenda which provides the policy basis for the united global approach to sustainable Urbanization.^[8] Many developed countries such as Netherlands,



Denmark and Germany have been working towards reform their urban structure in varying degree. Despite the fast growing urbanization process, developing Nations are still far behind to save their urban dwellers and Nepal is no exception. Nepal is one of the ten least urbanized countries in the world but the pace of urbanization depots among the fastest ten. It is projected that Nepal will be the only country in the top ten fastest urbanizing Nation outside of Africa for period of 2014-2050.^[9] All most one third of the total country populations now leave in 217 municipalities and the number is surprisingly increases 7% per annum from 17.1% to 38.8% since last demographic health survey in 2011. Furthermore, Around 54.3% of urban population leave in slum, among them 57% of the population are not using any sanitation facility.^[6,9,10] A demographic transition on labor forces, political instability, spatial transition of internal migration, and the economic transition due to demise of the transitional subsistence economy are the largest contributing factor to urban population growth in Himalayan country.^[11] Moreover, Practices of declaration of municipalities and cities are heavily intensified by government in the name of territorial reform and the foundation for upcoming federal structure. The current initiative to manage rapid urbanization of major towns are largely guided by Town development act-1988, Local self-governance act 1999, National urban policy 2007 and National Urban development strategy 2015.^[6] As per the Local governance act 1999, municipalities can be declared as if the administrative area has population of 20,000 in Terai region, or 10,000 in Hills and Mountain, and can generate a minimum annual income of Rs 5,00,000.^[12]

Nepal currently experiencing significant changes in the life style of the people shifting towards low physical activity and unhealthy diets, which leads to prevalence of obesity, hypertension and other NCDs.^[13] NCDs account for more than 44% of deaths and 80% of outpatient contacts. Nearly one third of the population has hypertension and 15% has diabetes.^[14] Poorly planned urban spaces and motor vehicle oriented land use can contribute the epidemic of physical inactivity which ultimately results Varying magnitude of NCDs.^[15] Increasingly, urban and greenery space are recognized as important social determinants of health with the potential for positive impacts on physical and mental health morbidity and mortality.^[3] Physical and social condition in urban areas also creates an ideal environment for the rapid spread of communicable disease. Dengue, HIV, tuberculosis, SARS, pandemic influenza out breaks also gives the out breaks of glimpse in to challenges of coordinating public health and safety responses in very large and complex municipality system.^[16] The management of garbage in cities of Nepal is becoming major headache

to all government and is below the minimum standard set by the WHO.^[9] The trend in road traffic accidents injuries and death in urban area is increasing an alarming rate. The country witnessed an average of 27 accidents and five deaths every day in the last fiscal year 2015-2016. The number of motor vehicles has risen in urban areas over a decade, for instances 244 thousands to 1.3 million, because of the rapid urbanization process.^[10] Walking and cycling has not been prioritized in urban transport planning and 94% of the surveyed road stretches in capital city are categorized as not walk-able.^[17] Decision about housing, food, water energy, transports, social services, and health care will profoundly affects the health, wellbeing, and safety of growing urban population.^[10] Nepal has ranked 149th out of 180 countries in environmental performance index in 2016 but it ranked 177th on air quality issue among 180 countries. The major reason for high ambient urban air pollution is largely due old and not properly maintained vehicle running in the major cities and brick lines and cement factories located on the near to urban area.^[18] Studies of European cities have found that reducing air pollution to WHO air quality guideline levels would results in gains of 2-22 months of average life expectancy.^[19] Urbanization has brought its own set of problems pertaining to mental health and wellbeing mostly because of the social tension heightened by multiculturalism and increased speed of inequality due to poverty. The range of mental disorder and deviances associated with urbanization is enormous and includes psychosis, depression, substance abuse, alcoholism, crime, vandalism, family disintegrations and alienation. Multiculturalism sometime heightened the social tension, and cultural conflicts all of which undoubtedly carry mental health ramification.^[20]

With the promulgation of the new constitution of Nepal in 2015, Country guaranteed water and sanitation, clean and healthy environment and housing as basic rights of all citizens. Nepal is in new journey towards equity, prosperity, and justice. Planned and strategic investment in cities will be not only important for urban dwellers but also important in harnessing rural-urban linkage potential in reducing poverty and regional disparity of the Nation.^[9, 21]

Design of urban environment and Multi modal transportation system that prioritizes walking, cycling, and public transport has the potential to contribute substantially to physical activity.^[14] By encouraging and enabling an a active and participatory city life, many of the current concern, such as physical inactivity, overweight and obesity, mental ill health, exclusion of socially and economically disadvantaged people will see a positive effects too. Cities could become our next greatest assets in changing health and developments.^[13]

Thus, this suggests that a comprehensive approach should be taken to declare the new urban city and municipalities in which the quality of the health care system is improved simultaneously with planned urbanized setup. We suggest that more debate and deliberations are needed on to declare the new municipalities' in developing country. We should learned lesson from the last year devastating earthquake in Nepal where thousands of people lost their life because of unplanned city and weak regulative mechanisms for housing. Looking at the proposed future federal structure of the country, as the constitution 2015 declared, a great deal of deliberation is necessary to declare the new municipalities. Furthermore, we urge to plan for cost effectiveness and feasible technologies while managing the problem in urban and semi urban areas including slum settlements.

ACKNOWLEDGEMENT

None

CONFLICT OF INTEREST

None

REFERENCES

1. Lilford RJ, Oyebode O, Satterthwaite D, Melendez-Torres G, Chen Y-F, Mberu B, *et al.* Improving the health and welfare of people who live in slums. *The Lancet*. 2016. PMID:PMC4945602.
2. Freire M, editor Urban planning: Challenges in developing countries. International Congress on Human Development, Madrid; 2006.
3. Krak M. Urban design: an important future force for health and wellbeing. 2016.
4. International WV. Rapid Urbanisation, Economic Growth and the Well-being of Children. 2014.
5. Glaeser E. Cities, productivity, and quality of life. *Science*. 2011;333(6042):592-4. <https://doi.org/10.1126/science.1209264>; PMID:21798941.
6. MoUD. Third United Nations Conference on Housing and Sustainable Urban Development (Habitat III) – Nepal National Report. 2016.
7. Xu B, Yang J, Zhang Y, Gong P. Healthy cities in China: a Lancet Commission. *The Lancet*. 2016;388(10054):1863-4. [https://doi.org/10.1016/S0140-6736\(16\)31724-X](https://doi.org/10.1016/S0140-6736(16)31724-X).
8. Nations U. HABITAT III DRAFT NEW URBAN AGENDA. 2016.
9. Devkota K. Dynamics of Urbanization in Nepal. *Policy*. 2012;2012.
10. Elsey H, Manandah S, Sah D, Khanal S, MacGuire F, King R, *et al.* Public Health Risks in Urban Slums: Findings of the Qualitative 'Healthy Kitchens Healthy Cities' Study in Kathmandu, Nepal. *PLoS One*. 2016;11(9):e0163798. <https://doi.org/10.1371/journal.pone.0163798>; PMID:27685999 PMID:PMC5042534
11. Government of Nepal MoUD. National Urban Development Strategy (NUDS), 2015 2015.
12. Commission NL. Local Self Governance Act, 1999. 1999.
13. Oli N, Vaidya A, Thapa G. Behavioural risk factors of noncommunicable diseases among Nepalese urban poor: a descriptive study from a slum area of Kathmandu. *Epid Res Int*. 2013;2013.
14. Mishra SR, Neupane D, Bhandari PM, Khanal V, Kallestrup P. Burgeoning burden of non- communicable diseases in Nepal: a scoping review. *Globalization and health*. 2015;11(1):1. <https://doi.org/10.1186/s12992-015-0119-7> ; PMID:26178459 PMID:PMC4504073.
15. Sallis JF, Bull F, Burdett R, Frank LD, Griffiths P, Giles-Corti B, *et al.* Use of science to guide city planning policy and practice: how to achieve healthy and sustainable future cities. *The Lancet*. 2016. [https://doi.org/10.1016/S0140-6736\(16\)30068-X](https://doi.org/10.1016/S0140-6736(16)30068-X).
16. Giles-Corti B, Vernez-Moudon A, Reis R, Turrell G, Dannenberg AL, Badland H, *et al.* City planning and population health: a global challenge. *The Lancet*. 2016. [https://doi.org/10.1016/S0140-6736\(16\)30066-6](https://doi.org/10.1016/S0140-6736(16)30066-6).
17. UN. Global Outlook on Walking and Cycling 2016. 2016.
18. Editorial. Poor air quality. *The Himalayan Times*. July 19, 2016.
19. WHO. Health as the Pulse of the New Urban Agenda. 2016.
20. Trivedi JK, Sareen H, Dhyani M. Rapid urbanization-Its impact on mental health: A South Asian perspective. *Indian journal of psychiatry*. 2008;50(3):161. <https://doi.org/10.4103/0019-5545.43623>; PMID:19742238 PMID:PMC2738359.
21. Dahal G, Ghimire N, Hassan MA, Pokhrel P. Nepal's transition toward universal health coverage: A challenging pace for implementation. *Int J Med Sci Public Health* 2017;6.

Cite this article as: Dahal G, Pokhrel P. Health Downside of the Upside of Urban life in Nepal. *Journal of Pharmacy Practice and Community Medicine*. 2017;3(2):78-80.