




Activity for all/Sabai sakriya

The World Health Organization recommends doing 150-300 minutes of physical activity per week to improve health and prevent illness.

Research suggests that people with disabilities are less likely to meet physical activity requirements than those without disabilities.

People with disabilities are frequently overlooked in the design of programmes and facilities to promote physical activity.

Outdoor fitness equipment in public parks can improve:

Cardiovascular (Heart) Health 

Co-ordination and Balance 

Strength 

Flexibility 

Outdoor fitness equipment has been installed in many public parks in Kathmandu, but their effectiveness or accessibility has not been evaluated.

From March to May 2024 we asked four women and six men with different impairments between the ages of 20 and 65 to discuss with us:

What factors have affected their participation in physical activity?

Seven out of ten participants reported doing exercises at home, in their neighbourhood or school/workplace because they wanted to stay mentally and physically healthy:



“ I have (high blood) pressure, (high) cholesterol and thyroid (problems). I had a big stomach so I took advice from the doctor and did exercise. Because my legs do not function, I must move my hands. When I stay idle in my wheelchair many bad thoughts come to my mind and people can go into depression in this situation. As long as I can move my hands, I work with my hands (T03). ”

Participants usually exercised alone or with a support person. Many were interested to exercise with friends and neighbours in their neighbourhood, but this was difficult because of:

-  Lack of friends nearby
-  Lack of time
-  Inaccessible environment
-  Feeling unwelcome and underestimated by trainers and others

*When we go to exercise, people think 'Why has he come?'
People say: 'Can he do it?'*

Then we went to the local park with the participants and discussed:

What has affected the utilisation of outdoor fitness equipment in the parks near their homes?

Features & Aesthetics:

- ✗ In one park it was not clear that it was open to the public and that it was for adults as well as children.
- ✗ Children used both parks, and parks were busy. This was discouraging for people with disabilities who needed space and time to use the equipment.
- ✗ Participants had never seen people with disabilities using the park.

Condition:

- ✗ Some equipment were broken, and this indicated that the equipment and environment were uncared for.

Access:

- ✗ The opening hours of the park were unclear, and it was not obvious how people with disabilities could enter the park.
- ✗ Stairs, slopes, and unclear pathways impeded access for people with disabilities.
- ✗ There were no tactile or audio facilities for those with visual impairments.
- ✗ There were no equipment suitable for people in wheelchairs.
- ✓ One park had parking and accessible toilet facilities.

Safety:

- ✗ It was unclear who was responsible for looking after the park.
- ✗ Participants felt vulnerable when it was difficult to see into the park from the outside.
- ✗ Some participants were fearful about balancing on the equipment, but after using it their confidence grew.
- ✓ Interactions with people without disabilities in the park were positive and made participants feel comfortable.

Policies:

- ✗ Parks had not been designed in consultation with organisations of people with disabilities.
- ✗ There were no indications that people with disabilities would be welcome in the park.

Some recommendations:

- Training for caretakers of parks about the needs of people with disabilities.
- Clear signs communicating opening hours, responsible person contact information, welcoming imagery, and rules.
- Consult people with disabilities in the design, maintenance and promotion of parks.
- Increase public awareness that people with disabilities should not be under-estimated and that they have equal rights to access public parks and participate in physical activity.



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This study was funded by a UCL Global Engagement Fund.