Closure of Parks in Lockdown! Is It Good or Bad?

¹Dow Dental College, Dow University of Health Sciences

²Dow International Dental College, Dow University of Health Sciences

Corresponding Author:

Syed Jaffar Abbas Zaidi

Email:

jaffar.zaidi@duhs.edu.pk

Syed Jaffar Abbas Zaidi¹, Qaiser Ali Baig², Muhammad Taqi²

National Command and Operations Centre (NCOC), a government agency in Pakistan that deals with the anti-virus strategy have recently imposed a new set of restrictions to contain the third wave of coronavirus cases (1). As per the memorandum issued by the Interior Ministry hotels, parks, beaches, and other public places will be closed.

Although markets and shops are being closed across the world to curb overcrowding that they fear will lead to an increase in the covid-19 infections.

Although closing parks might have short-term implications in the long term, these restrictions have the potential to backfire increasing the spread of coronavirus infections. Although the masses need to comply with physical distancing and Covid-19 SOPs to curb the spread of coronavirus infections, closing parks is counterproductive, unhealthy, unsustainable, and detrimental.

Walking, outdoor exercise, and sunshine are necessities for a healthy life and not luxuries. Exercise and regular walks aid in maintaining public health and immunity. There is a dire need to develop evidence-based sustainable policies that are pragmatic and achievable. Compliance measures should be considered for any policy especially those that are applicable over that long of a time.

Sunlight as a source of natural Vitamin D, exercise, and fresh air is beneficial for health and helps in strengthening the immunity of the masses while being detrimental to the COVID-19 viruses. A strong body of evidence suggests a strong correlation between exercise and the immune system. The majority of the Pakistani population suffers from vitamin D deficiency. Long-term vitamin D deficiency has been associated with increased susceptibility to respiratory and COVID infections.

Records from an "open-air" hospital during the H1N1 "Spanish flu" outbreak of 1918-1919 suggest that some patients and staff remained unaffected by the outbreak (2). A lower rate of mortality in patients coupled with relatively low rates of infection amongst the medical staff was attributed to combination of sunlight, fresh air, good hygiene, and use of face masks. A combination of outdoor air and sunlight could also reduce the likelihood of secondary respiratory infections. The results of this study implicated that as a public health measure, the public should spend as much time outdoors as possible.

Another 2009 study conducted at Texas Children's Hospital, used open-air parking lots for children suffering from H1N1 swine influenza outbreak (3). Based on this natural ventilation strategy, the mobile

pediatric response team experienced a significant reduction in morbidity in children.

Both these open-air hospitals serve as a viable model for the containment and treatment of COVID-19 patients.

Similarly, young children need fresh air and exercise for their well-being and especially those families that are living in poorly ventilated and crowded apartments. These crowded apartments where the majority of our masses reside are conducive to spreading COVID-19 infections. While maintaining physical distancing, families living in closed quarters should be encouraged to visit parks to help decrease the spread of this pandemic as both sunlight and open ventilation helps in the eradication of these viruses.

If there is a high risk of the community spread of COVID-19, only then access to high-risk areas such as swings, and playgrounds can be restricted while maintaining walking tracks, trails, and lawns open as physical distancing can be easily maintained in these areas.

The current coronavirus pandemic has seriously affected the mental health of the Pakistani population including healthcare workers (4). Exercise and spending time outdoors are some of the most potent natural antidepressants and anti-stress agents that have a proven track record of boosting the mental health of the population (5). Furthermore, there has been an increase in domestic violence and divorce rates in Pakistan during the coronavirus pandemic. 90% of married women in Pakistan face domestic violence in some way or another (6). Living in confined spaces with the perpetrators on one hand and stay at home orders will only make the situation worse for the victims of domestic violence (7). Parks are a means of harm reduction for these women and the young generation that needs to congregate for social reasons.

Closing parks as government-imposed restriction lack a scientific basis and should be taken as a last resort and that too by involving all the stakeholders in policymaking so that it is implemented adequately and is sustainable in the short and long run.

The United States-based Centers of Disease Control & Prevention (CDC) has issued comprehensive guidelines for visiting parks during the COVID-19 pandemic based on the vaccination status of the individuals (8). Based on the risk of community transmission of the COVID-19 infection, CDC has stratified the highest, moderate-risk, and lowest risk

for community transmission of COVID-19 when visiting parks. Furthermore, when there is a high risk of community transmission of the COVID-19 virus people are advised to congregate in their backyards instead of visiting parks. However, in Pakistan only a selected few have backyards and the majority of the Pakistani population are living in houses without lawns or backyards.

The Canadian, American, and the British government have devised guidelines for imposing restrictions during the COVID-19 pandemic and have categorically stated that the masses should stay at home where possible and only leave if there is a reasonable excuse (9, 10). Exercise and shopping for necessities come under the umbrella of reasonable excuse. The concerned authorities in Pakistan and especially the NCOC needs to be mindful of these guidelines whenever it implements restrictions for the general public.

Based on these evidence-based guidelines, in the Pakistani context closure of parks should be carefully planned based on the data of COVID-19 community transmission and involving all the stakeholders. By involving the park administration, park attendance could be limited to reduce congestion by regulating inflows of people and advising them to maintain physical distancing and wear masks if in close contact with others. Households located in different blocks or alleys could be allocated days for visiting the park. Sunshine, fresh air and exercise is the basic human right of every Pakistani and the government needs to facilitate these by opening parks. Those who have lawns and backyards should not be visiting public parks. Number counters can be installed in parks similar to the number counters in banks to sensibly limit people. Arrows can be drawn or installed on walking tracks so that everyone walks and runs in one direction to avoid any close contact. Distances of six feet can be marked in parks using cloths or sprays. If crowding becomes inevitable in public parks and limiting individuals is not possible, then private outdoor spaces such as stadiums, schoolyards, gymkhanas, private clubs, golf clubs, private recreational parks, and private resorts could be reappropriated for the public so that they may use them for exercise and fresh air just like the wealthy do. The government should prioritize vaccination of the masses as only 2 million out of 210 million people have been vaccinated in Pakistan (11). Vaccinated people are permitted to congregate with other

vaccinated people in closed open spaces. During the COVID-19 pandemic, drastic and stringent measures need to be taken keeping in mind the physical and mental health of the population, and the government has a liability to ensure the health and well-being of the population. This is a win-win situation for all as the public will retain access to the outdoors as the majority of our population lives in poorly ventilated densely populated households and these policies will promote health and well-being while incurring resilience in the fight against the COVID-19 infection.

References

1. Razi K. Sindh re-introduces COVID-19 restrictions – markets to close early, 50% work-from-home implemented. Geo News. 2021;Sect. Sindh daily.
2. Hobday RA, Cason JW. The open-air treatment of pandemic influenza. *Am J Public Health*. 2009;99 Suppl 2:S236-42.
3. Cruz AT, Patel B, DiStefano MC, Codispoti CR, Shook JE, Demmler-Harrison GJ, et al. Outside the box and into thick air: implementation of an exterior mobile pediatric emergency response team for North American H1N1 (swine) influenza virus in Houston, Texas. *Ann Emerg Med*. 2010;55(1):23-31.
4. Mumtaz M. COVID-19 and mental health challenges in Pakistan. *Int J Soc Psychiatry*. 2021;67(3):303-4.
5. Mukhtar S. Psychological health during the coronavirus disease 2019 pandemic outbreak. *Int J Soc Psychiatry*. 2020;66(5):512-6.
6. Waheed M. Domestic Violence in Pakistan: The Tension Between Intervention & Sovereign Autonomy in Human Rights Law. *Brooklyn Journal of International Law*. 2004;29(2):9.
7. Mamun MA, Ullah I. COVID-19 suicides in Pakistan, dying off not COVID-19 fear but poverty? - The forthcoming economic challenges for a developing country. *Brain Behav Immun*. 2020;87:163-6.
8. (CDC) CoDCP. Guidance for Administrators in Parks and Recreational Facilities United States of America: CDC; 2021 [Available from: <https://www.cdc.gov/coronavirus/2019-ncov/community/parks-rec/park-administrators.html>].
9. Wang VH-C, Pagán JA. Views on the need to implement restriction policies to be able to address COVID-19 in the United States. *Preventive medicine*. 2021;143:106388.
10. Dobbs D, Peterson L, Hyer K. The unique challenges faced by assisted living communities to meet federal guidelines for COVID-19. *Journal of aging & social policy*. 2020;32(4-5):334-42.
11. News D. 2.1 million Covid-19 vaccine doses administered: Asad Umar. Dawn News. 2021.