

Assessing Quality of Life in Indian Cities: A Study of Health and Education Facilities

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Abstract: *The quality of life in metropolitan regions is intricately connected to the availability and accessibility of vital services, especially healthcare and educational institutions. This study analyzes the correlation among healthcare services, educational prospects, and quality of life in Indian urban areas. The research examines perceptions of educational quality, affordability, learning environments, health status, access to healthcare, and the significance of physical health, utilizing survey data gathered from urban inhabitants. The findings indicate a robust correlation between better education and enhanced quality of life, however obstacles such as affordability and overcrowded classrooms persist significantly. Likewise, although most respondents acknowledge the significance of physical health, numerous individuals encounter challenges in obtaining medical care, underscoring enduring disparities in urban healthcare systems. The study underscores the necessity for specific policy interventions to promote the quality, affordability, and accessibility of education and health services, hence promoting sustainable urban growth and improving the overall well-being of urban residents. These insights enhance the overarching dialogue on urban planning and human development in swiftly expanding Indian cities.*

Keywords: Urban Development, Quality of Life, Health Facilities, Education Facilities and Indian Cities

1. Introduction

The swift urbanization of India in recent decades has profoundly altered its socio-economic framework, presenting both new difficulties and opportunities in urban development. The availability and quality of health and education services are crucial determinants of urban population well-being. These sectors not only affect individual and community health outcomes but also significantly contribute to the development of human capital and the promotion of sustainable economic growth. In Indian cities, where significant differences in access and quality of services exist, the relationship between these fundamental facilities and overall quality of life requires thorough investigation.

The quality of life (QoL) in urban environments is a multifaceted notion, incorporating physical health, educational achievement, economic stability, environmental factors, and social inclusion. Health and education services are essential foundations of this multifaceted system, influencing both immediate living conditions and long-term societal advancement. Insufficient healthcare infrastructure, restricted access to excellent medical services, inadequately maintained educational institutions, and regional disparities intensify urban difficulties, frequently resulting in social unrest and exacerbating inequality.

Kumar and Mohanan (2011) assert that the presence of primary healthcare centers, hospitals, and preventive health services is directly linked to enhanced health outcomes and increased longevity in Indian cities. Moreover, research conducted by Patel et al. (2015) indicates that metropolitan people with improved access to healthcare services exhibit greater life satisfaction and lower morbidity rates. Nonetheless, discrepancies in infrastructure, affordability, and quality between Tier-1 and Tier-2/3 cities endure, exacerbating regional inequalities in quality of living (NITI Aayog, 2021).

Education is universally acknowledged as a vital catalyst for empowerment and enhancement of quality of life. Tilak (2002) asserts that the quality of educational institutions—evaluated by infrastructure, teacher-student ratio, and curricular relevance—significantly influences literacy rates, employability, and civic engagement. Research, such as that conducted by Kingdon (2007), has demonstrated that cities with robust public and private education systems display elevated levels of human capital development and social cohesiveness. Nevertheless, challenges such as the disproportionate distribution of educational institutions, the urban-rural disparity, and financial accessibility persist in hindering equitable access.

Multiple frameworks, such the Quality of Life Index (Mercer, 2019) and the Ease of Living Index (MoHUA, 2020), include health and education as fundamental elements in evaluating urban living standards. These publications emphasize that advancements in these industries result in wider social advantages, such as reduced crime rates, increased economic output, and enhanced environmental consequences. Comparative research (e.g., Das and Lall, 2015) indicate that Indian cities that invest in health and education have more rapid enhancements in overall livability rankings.

Government initiatives such as the National Urban Health Mission (NUHM) and the Samagra Shiksha Abhiyan exemplify endeavors to enhance urban health and educational facilities. Nonetheless, critiques from scholars like Gupta (2018) contend that implementation difficulties and financing limitations frequently restrict their effectiveness. There is increasing support for inclusive urban planning that incorporates health and education facilities into comprehensive programs for sustainable urban development (UN-Habitat, 2020).

This study article examines the correlation between health and educational infrastructure and the quality of life in Indian cities. The objective is to examine how fluctuations in these sectors influence disparities in urban living standards and how

advancements can serve as catalysts for bolstering social and economic resilience. This study aims to elucidate the essential function of health and education systems in fostering more equal and habitable cities in India by a rigorous analysis of existing data, policies, and urban development patterns.

2. Research Methodology

The cities of Hubli and Dharwad, which exemplify key characteristics of urbanization, were chosen for this study. The cities comprise a total of 82 wards, from which two wards were selected: ward no. 11 and 19 from Dharwad city, and ward no. 32 and 44 from Hubli city, as they exhibit more urbanized characteristics, which are the primary focus of the study. An eligible individual from each family, including 400 respondents, has been selected; they must be over 30 years of age, married, and possess an educational background.

In the current study, 100 participants were chosen from four wards. Of the 400 responders, 384 provided complete questionnaires. Sixteen respondents were excluded due to incomplete questionnaires and failure to return them.

The data was gathered from all 384 members of the Hubli Dharwad Municipal Corporation. The data was collected using questionnaires and schedules, supplemented by discussions with key informants and observational methods. The questionnaire and interview schedule were developed in both English and Kannada to obtain accurate responses regarding the quality of life of inhabitants in the Hubli-Dharwad region.

3. Result

Table 1: Education and Quality of life

	Strongly Agree	Agree	Don't know / Not Applicable	Strongly disagree	Disagree
Quality of Education and Quality life	185 48.2%	155 40.4%	9 2.3%	13 3.4%	22 5.7%
Basic educational facilities and Quality of life	43 11.2%	71 18.5%	47 12.2%	12 3.1%	211 54.9%
Affordability of Education and Quality of life	4 1.0%	94 24.5%	20 5.2%	175 45.6%	91 23.7%
Learning Environment and Quality of life	7 1.8%	58 15.1%	20 5.2%	175 45.6%	124 32.3%
Overcrowding in Class and Quality of Life	6 1.6%	27 7.0%	61 15.9%	127 33.1%	163 42.4%

Table 1 provides insights into the relationship between various aspects of education and quality of life. The table includes responses to questions regarding the quality of education, basic educational facilities, affordability, learning environment, and overcrowding in classes.

A significant proportion of respondents (48.2%) strongly agree that the quality of education directly impacts quality of life, with 40.4% agreeing with the statement. This suggests that most respondents perceive a strong link between educational quality and overall well-being.

In contrast, fewer respondents strongly agreed (11.2%) that basic educational facilities have a direct impact on quality of life. A larger share (54.9%) disagreed, indicating that basic educational infrastructure may be less strongly associated with quality of life compared to the overall quality of education.

The affordability of education has a notable impact on quality of life for many respondents. A large proportion (45.6%) disagreed with the idea that affordability of education contributes positively to their quality of life, while only 1% strongly agreed. This reflects the challenges posed by the high costs of education and their potential negative impact on quality of life for individuals who face financial barriers.

A substantial percentage (45.6%) of respondents disagreed with the notion that the learning environment positively affects quality of life, possibly due to issues related to classroom facilities or teaching quality.

Overcrowding was strongly disagreed with by 42.4% of respondents as having a positive impact on their quality of life. This indicates that overcrowded classrooms negatively affect the perceived quality of education and, consequently, quality of life.

Table 2: Health and Quality of life

Physical Health and Quality of Life	No. of Respondents	Percentage
Poor	68	17.7
Fair	195	50.78
Good	117	30.46
Very good	3	0.78
Excellent	1	0.28
Importance of physical health and Quality of life		
Not at all important	2	0.52
Slightly important	9	2.34
Moderately important	6	1.56
Very important	271	70.58
Extremely important	96	25
Medical insurance and Quality of life		
Yes	227	59.11
No	157	40.89
Difficulty in getting medical care and Quality of life		
Yes	46	59.74
No	31	40.26
Total	77	100

Table 2 examines the relationship between health and quality of life, including physical health, medical insurance, and the ease of access to medical care.

The majority of respondents rated their physical health as "Fair" (50.78%), followed by 30.46% rating it as "Good." A small percentage reported their health as either "Very Good" (0.78%) or "Excellent" (0.28%). This suggests that many individuals may experience moderate health, with only a few in excellent health, which could limit their overall quality of life.

A majority (70.58%) of respondents consider physical health to be "Very Important" in determining their quality of life, and 25% believe it is "Extremely Important." This indicates a high recognition of the critical role physical health plays in overall well-being.

A larger proportion of respondents (59.11%) have medical insurance, suggesting that many individuals are taking steps to secure access to healthcare. However, the remaining 40.89% without insurance might face financial barriers to healthcare, which could negatively affect their quality of life.

Almost 60% (59.74%) of respondents reported difficulty in accessing medical care, which is likely a significant factor influencing their overall quality of life. This reflects challenges in healthcare infrastructure, availability of medical professionals, and accessibility, especially in underserved urban areas.

4. Discussion

The results displayed in Tables 1 and 2 provide significant insights into the correlation among education, health, and quality of life in Indian cities. These findings correspond with the expanding research on urban development, health outcomes, and educational attainment, highlighting the essential role these factors play in influencing the general well-being of urban populations.

Education and Standard of Living: The robust positive correlation between educational quality and quality of life, with 48.2% of respondents expressing strong agreement, substantiates findings from several research that highlight education as a crucial factor influencing quality of life. Sen (1999) posits that education not only improves individual well-being but also equips individuals to more effectively address economic and social difficulties. In India, where educational inequalities are widespread, better education frequently serves as a catalyst for enhanced health, employment opportunities, and social mobility (Tilak, 2002). The research indicates that those having access to superior educational institutions often enjoy an enhanced quality of life, underscoring the necessity of investing in educational reforms to address disparities in quality within urban environments.

The very weak correlation between fundamental educational facilities and quality of life (54.9% expressed disagreement) indicates the necessity for a sophisticated comprehension of what defines "quality" in education. Although fundamental educational infrastructure, including schools and classrooms, is crucial, the quality of instruction, curriculum, and general learning environment may exert a more direct influence on quality of life (Kingdon, 2007). The disparity noted in the responses to this question may suggest that respondents saw

infrastructure as a subordinate issue relative to the more pressing impacts of educational attainment, such as literacy and skill acquisition.

The substantial dissent over the affordability of education (45.6% in opposition) indicates that the exorbitant costs of education continue to be a considerable obstacle for numerous urban inhabitants, notwithstanding the presence of educational institutions. Research by Desai and Vanneman (2005) indicates that the financial strain of education, especially in metropolitan regions with rising tuition and supplementary expenses, can restrict access for low-income families, thereby perpetuating socio-economic inequality. The affordability of education is a critical issue that necessitates resolution through subsidies, financial aid programs, and legislative initiatives to guarantee fair access to education.

Moreover, the feedback concerning the learning environment and classroom congestion underscores obstacles to educational quality in Indian urban areas. The substantial proportion of respondents who opposed the assertion that overcrowded classrooms enhance quality of life (42.4%) highlights the considerable burden that elevated student-to-teacher ratios impose on the educational experience. Overcrowded classrooms correlate with diminished academic achievement, decreased individual attention, and increased stress among pupils (UNICEF, 2019). This discovery indicates that resolving infrastructural constraints and optimizing the student-teacher ratio in educational institutions is essential for elevating the quality of education and, consequently, the quality of life.

Health and Quality of Existence: The data presents a more intricate perspective in the realm of health and quality of life. A plurality of respondents (50.78%) assessed their physical health as "fair," while a minimal minority classified it as "very good" or "excellent." This distribution indicates that although the majority of urban residents in India uphold a fundamental level of health, a significant segment encounters chronic health problems or struggles to obtain adequate healthcare services.

These findings correspond with the research conducted by Reddy et al. (2013), which indicated the prevalent occurrence of non-communicable diseases in metropolitan regions, particularly in swiftly expanding cities.

The significant emphasis on physical health (70.58% deeming it "very important") underscores the idea that health is a fundamental component of quality of life. Physical well-being affects individual happiness, productivity, social participation, and total life satisfaction (Marmot, 2005). This underscores the necessity for cities to incorporate health services into urban design, guaranteeing that all inhabitants have access to prompt and inexpensive healthcare.

The evidence indicates substantial apprehensions about healthcare accessibility. A significant percentage of respondents (59.74%) indicated challenges in obtaining medical treatment, along with prevailing trends in urban regions of India. A World Bank research (2017) indicates that insufficient healthcare infrastructure, prolonged waiting

periods, and elevated out-of-pocket costs persist as significant barriers to fair healthcare access in India. This discovery highlights the necessity of fortifying urban healthcare systems, enhancing medical insurance coverage, and guaranteeing a more equitable allocation of healthcare resources among cities.

The substantial percentage of respondents possessing medical insurance (59.11%) underscores an increasing recognition of the significance of health coverage. Nonetheless, the 40.89% of respondents lacking medical insurance signifies that access to affordable health coverage continues to be a significant concern. Recent research (Chawla et al., 2018) indicate that the absence of insurance is especially harmful to lower-income demographics, who frequently face substantial out-of-pocket costs for medical care, negatively affecting their overall quality of life.

Implications and Recommendations for Policy: These findings hold significant implications for policymakers seeking to improve the quality of life in urban India. Enhancing the quality of instruction and the learning environment is essential for education. Furthermore, tackling the affordability of education via subsidies, financial assistance, and cost-effective private sector efforts would guarantee that education is available to all urban inhabitants, irrespective of socio-economic position.

The incorporation of medical insurance into comprehensive social security systems and the enhancement of basic healthcare infrastructures are crucial for improving access and diminishing health disparities. The challenges in obtaining medical care identified in the statistics underscore the necessity for extensive reforms in urban healthcare delivery, encompassing the enhancement of public hospital capacity, the expansion of insurance coverage, and the alleviation of financial obstacles to healthcare services.

5. Conclusion

This study emphasizes the essential influence of educational and healthcare institutions on the quality of life in Indian urban areas. The results indicate a significant correlation between access to quality education and health services and the general well-being of urban inhabitants. Education, especially regarding quality and accessibility, significantly influences individual and societal well-being, yet affordability and overcrowding in educational institutions present substantial obstacles. Likewise, physical health, together with access to healthcare services and insurance, was identified as a crucial factor influencing quality of life in Indian cities.

The data highlights the necessity of enhancing the quality of education and healthcare infrastructure to promote more equal growth in metropolitan regions. Addressing concerns such as overcrowded classrooms, educational affordability, and impediments to healthcare access is essential for improving the quality of life for all urban residents. The significant emphasis on physical health by respondents underscores the necessity for policies that enhance urban health systems and guarantee accessible, affordable, and high-quality medical treatment for all citizens.

The results indicate substantial disparities in access to education and healthcare, especially among lower-income urban demographics. These discrepancies exacerbate socio-economic inequality and impede comprehensive urban development. Consequently, certain policy actions, including enhancing educational affordability, broadening healthcare insurance access, and investing in healthcare infrastructure expansion, are essential to foster inclusive growth and improve the quality of life in Indian cities.

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