International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

A CRITICAL ANALYSIS THE IMPACT OF PUBLIC HEALTH ON COMMUNITY WITH REFERENCE TO PUNE DISTRICT, INDIA

Kulkarni Sumedha Shankar, Research Scholar, Dept. of Management, Kalinga University, Raipur, Chhattisgarh

Dr. Amit Mittal, Professor, Dept. of Management, Kalinga University Raipur, Chhattisgarh

ABSTRACT

People's health is a public concern, thus public health professionals endeavour to promote and safeguard it. A public health agency works to keep people healthy by working to prevent them from becoming ill or hurt in the first place. In addition to encouraging overall health, this also encourages positive behavioural changes. People in the public health sector do everything they can to improve the health of the population, from scientific research to health education. Vaccination of children and adults could imply educating people about the dangers of alcohol and cigarette use to prevent the spread of disease. As part of its mission to keep workers safe, the Department of Public Health also works to improve school nutrition programmes.For example, public health workers keep tabs on disease outbreaks, guard against accidents, and investigate why some people are more likely to be healthy than others. To promote non-smoking indoor air and seat belts, advocate for legislation, disseminate the word about healthy lifestyles, and provide scientific answers to health problems, public health is involved in many aspects.As a result of public health initiatives such as education programmes, awareness campaigns, and policy changes, everyone is more aware of health dangers. It's critical because people are constantly learning new things and growing as individuals. Work environments that promote growth through daily activities and participation in large projects and campaigns are responsible for this phenomenon. As a result, public health is critical because it works to eliminate disparities and promote equality for individuals of all sexes and races. Public health is important because if you become the voice of the voiceless and simple people, the influence on improving someone's health can be very satisfying.

KEY WORDS: Public Health System, Community, health professionals, Disease Control.

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

INTRODUCTION

The Public Health System - According to the **Centers for Disease Control and Prevention** (CDC), "Public health systems are commonly defined as 'all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."

The science of protecting and promoting people's and communities' health is known as public health. Healthy lifestyle promotion, disease research, injury prevention, and the detection, prevention, and response to infectious diseases are all part of what this work entails. To put it simply, public health is concerned with keeping people healthy. Small or major countries or regions around the world may be included in this category. Contrary to clinicians like doctors and nurses, who focus on treating patients after disease or damage has occurred, public health professionals work to prevent issues from arising through education programmes, policy recommendations, the provision of services, and research. In addition, public health aims to close the health disparities that exist. Public health is heavily focused on advancing health equity, quality, and affordability for all people.

India is the seventh largest land is north of the equator between 8 ° 4 and 37 ° 'Latitude north and 68 ° 7' to 97 ° 25 'in eastern Latitude. Complete area for3,287,263 square miles (1,269,219 Sq. Mi.) were bordered by India. Ocean south, Arabian Sea southwest, and Bay of Bengal in the South-East, shares world borders with Pakistan and the West, and China, Nepal, and Bhutan to the North-East; and Myanmar (Burma) and Bangladesh to east. In the Indian Ocean, India is located in the vicinity of Sri Lanka and Maldives. The capital of India is New Delhi with 29 countries and 7 union areas. India is the second most populous country in the world.

The World Health Organization (WHO) states that "wellbeing exists in two dimensions, in terms of subjectivity and objectivity. It contains personal experience about life and comparisons with health conditions and social norms and values ". Examples of health conditions include health, education, employment, social relations, structural and environmental factors, security, housing, and equality

of life. Subjective experiences include a general sense of well-being, mental functioning, and affective circumstances. Health is one of the top things that people say is important for well-being of the individuals. Both physical and mental health can have an impact on well-being. As due to all these factors wellbeing of individual enhances the morality and moral behavior of people. Various factors which influence the wellbeing are correlated. Like for example, if a person is working somewhere, he is not only getting money, but he is getting purpose, goal, social life and sense of belongingness in the society. When the health of the people evolves, ethical decision making becomes more challenging. Understanding the complexities of good behavior, deciding what is right and wrong, and developing a personal code of conduct are essential for individuals. Both ethics and morality are closely related to distinguishing between "right and wrong" or "good and bad". Moral values are standards of "good and wrong" that are specific to a society or socioeconomic class, but action is often seen as a matter of personal choice and common sense. Adultery, for example, may be considered wrong by your community, and you may concur. However, if your group has no strong feelings against adultery, but you consider adultery to be unethical at your level, the distinction can be useful. Your morals will be at odds with the community's ethics if you follow these value definitions.

Background of the Study

The ethical, legal, and social implications of public health policy and practice are becoming increasingly popular around the world. Human rights, social justice, cultural and behavioral change, and environmental concerns all go hand in hand when it comes to public health. Governments like the World Health Organization (WHO) and others are recognizing this. A productive workforce is necessary for economic success, according to the World Health Organization at the World Summit on Social Development in 1995. As a result, growth must be accompanied by greater access to development's advantages for all people, as inequities have serious health repercussions and constitute an unacceptable danger to people's well-being, security, and basic moral principles.

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

The public health system in India, the world's second-most populated country and the fastest-growing economy, presents both unique challenges and enormous opportunity. For more than a decade, India has seen its economy develop at a historic pace while poverty has decreased dramatically. Between 2000 and 2015, India's infant mortality rate fell from 66 to 38 per 1,000 live births, according to the World Bank. Also, India is home to strong pharmaceutical and biotechnology companies, as well as world-class scientists and a burgeoning clinical trial sector. It simultaneously has world-class hospitals that draw in patients from outside while also providing superior care for its own inhabitants. There is no doubt that Indian government and health experts recognise that public health concerns remain, particularly for the poor. High pregnancy and maternal mortality rates; the rise of non-communicable diseases such as obesity, diabetes, and cigarette use, which leads to cancer and other diseases, are just a few examples. Another is the high number of road accidents that result in injuries and deaths.While the Indian government works to ensure that everyone has access to quality health care, the health system in India is expanding at an alarming rate. Poor and rich countries have vastly different health and health care systems, and many of the free or low-cost health care services offered in the former are unjust and illegal. There are more and more government-sponsored health insurance programmes emerging, but coverage is still somewhat limited.

History of Public Health

Evolution of Public Health Services in World

The necessity for competent public services in developed countries sprang partly from military concerns, as disease death tolls were far larger than in combat. Elites also played a key role in controlling disease because treatment was not guaranteed until antibiotics were available through mass production in the mid-20th century. Furthermore, there were commercial interests at stake, as seen by the significant loss of commerce during the cholera epidemic in Hamburg in 1892. Scientists began to identify germs and study how they cause diseases decades later in the eighteenth century. This resulted in a "clean organisation," which entailed a lot of adjustments in

citizen health behaviour and private health, such as the above-mentioned livestock observance in urban areas. Protests have occurred, ranging from numerous demonstrations to an instance of rage in which a butcher chases down a sanitation inspector with a knife down Chicago Road. Changes were to be implemented not only aggressively (often by force), but also with great attention, in order to appeal to citizens on how to better their lives.Building the organisational and technical infrastructure of public health services, as well as community health engineering, has taken a lot of time and effort. In developed countries, institutions and procedures for preventing the spread of infectious diseases were well established by the mid-twentieth century. They had resulted in a significant reduction in death and illness. Non-communicable diseases (NCDs) became a major cause of illness, and public health services were expanded to address them through lifestyle changes and pollution reduction. Public health services, on the other hand, remain extremely effective at controlling infectious diseases and passing them on as needed in response to changing circumstances. Japan studied European public health services and imitated them from the start as part of its preparation to become a world power, and it used similar methods in its Korean and Taiwanese colonies. Despite the lack of inflation and spending, Johansson and Mosk (1987) argue that reducing the number of infectious diseases increases worker productivity and life expectancy in Japan. This is consistent with the fact that, in 1940, life expectancy in all three East Asian countries was nearly 50 years, significantly higher than India's (32 years), despite the fact that their calorie intake per person was similar.

Current Public Health Scenario in India

India's public health spending (from 2017-18) is one of the world's lowest at 1.28 percent of GDP. Between 2014 and 2020, the National Health Mission's budget shrank, while the government's Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY) remains overloaded. Vaccin availability has improved, but the delivery of services in both urban and rural regions has been extremely limited. The right to health is still not fully protected. The Indian state is defined by its inability to combat many "old" diseases like starvation and other lethal diseases like tuberculosis among the poorest population, while economic growth has led to the creation of new diseases like

accidents, addiction, etc.

Doctors are in short supply, particularly in rural areas. Health care providers are frequently underpaid and abused. The cost of treatment in urban and rural areas is rising, with very high spending on pocket money, leading to inequality in health care services. Government strategy frequently includes mental health care facilities and rehabilitation programmes for people with impairments.

In 2017, the National Health Policy was announced. It envisaged a small population increase of 2.5 percent of GDP by 2025, as well as a spectrum of resources for primary health care, followed by greater and higher levels of health care. However, it remains unclear where resources will come from, and little is mentioned about changes in family structure and financial security.

Initiatives for Health Care by India Government: -

- India is on pace to meet the goals of the Sustainable Development Goals for maternal and child health by 2030, as agreed.
- In 2014, the central government introduced the Pradhan Mantri SurakshitMatritva Abhiyan as part of a series of doctors promising a working day during the campaign month and conducting 16 million ante-natal care check-ups were performed.
- In August 2018, the Government approved the Ayushman Bharat-National Health Protection Mission provided by the Centre and the state government at a rate of 60:40 in all states, 90:10 in the northeast states and 60:40 for the Union territories. This provided health care facilities to more than 10 crore urban families and poor households.
- On September 23, 2018, the government announced the Pradhan Mantri Jan Arogya Yojana (PMJAY), a cashless health insurance programme for 500 million impoverished people that can cover up to Rs. 5 lakh per household.

- Vaccination is part of Indradhanush's mission. Over the last three years, the government has reached 32.8 million youngsters and 8.4 million pregnant women with this programme. The vaccine count has been increased from seven to twelve.
- To combat child malnutrition, the government launched the POSHAN Abhiyan and is collaborating with the Rashtriya Bal SwasthyaKaryakram, which has offered 800 million medical check-ups and free treatment to 20 children in the last four years.
- 50 million pregnant women and breastfeeding mothers are estimated to benefit from the Pradhan Mantri Matru Vandana Yojana. To compensate for the loss of income, the system allows for the direct transfer of interest into their bank accounts, as well as the provision of nutritious meals and enough rest before and after delivery.

RESEARCH METHODOLOGY

This chapter consist data analysis to find out understanding of Public Health and awareness of facilities contributing to Public Health and hypothesis testing. The analysis of hypothesis testing which is based on several hypotheses. The data is collected from the primary sources by interviewing individuals from study locations using questionnaire.

SAMPLING DESIGN

Sampling design results in a process for determining the sample size. In the present study stratified random sampling was done for the selecting respondents for the interview.

Table-1 Demographic factors used for selection of respondents

S. No.	Demographic Factors	Criteria
1	Area	Urban Area & Rural Area
2	Gender	Male & Female Both

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

3	Age	20-35, 36- 50, 50+ Years
4	Income	Less than Rs. 30000, Rs. 30001 to Rs. 60000 and Above Rs. 60000/-

Table2: Distribution of respondents by Area

S. No.	Area	No. of Respondents
1	Pune Urban	142
2	8 villages around Pune: Lonikand, Chakan, Uralikanchan, Ambale, Paud, Bhukum, Narayan Pur, Ambegaon	68
3	Junnar	61
4	4 villages around Junnar: Rajur, Umbraj, Chandipura, Shiroli	59
	Total	**330**

RESULTS AND DISCUSSION

This research consist data analysis to find out understanding of Public Health and awareness of facilities contributing to Public Health and hypothesis testing. The analysis of hypothesis testing which is based on several hypotheses. The data is collected from the primary sources by interviewing individuals from study locations using questionnaire. There are two sections to the questionnaire. Section-A asks questions about the respondent's personal characteristics. In the second section (Section-B) questions included determine awareness of various public health facilities or factors contributing to Public Health and respondents' perception to what extent they contribute to enhance Public Health. Thereafter, agreement rating on 5-point Likert scale is captured on a battery of statements addressing hypothesis defined for the research study. The statements are rated on 5-point Likert scale i.e., Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree.

Table4: Distribution of respondents by Gender

S. No.	Gender	No. of Respondents
1	Male	167
2	Female	163
	Total	**330**

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

Table 3: Distribution of respondents by Age

S. No.	Age (Years)	No. of Respondents
	20-35	74
	36-50	127
	50+ Years	129
	Total	**330**

HYPOTHESIS 1

Statement 1	Public health plays an impact to enhance quality of life
H_0	Public health plays no impact to enhance quality of life.
H_1	Public health plays positive impact to enhance quality of life.

ANALYSIS REGARDING AWARENESS OF PUBLIC HEALTH FACILITIES

In order to understand what people meant by Public Health, what are its contributors and their effectiveness in improving overall Public Health, respondents are asked about the Public Health facilities available in their area, and to what extent each of this facility have impact on Public Health in their locality. During the pilot interviews it was noted that most respondents spontaneously could come up with a very small list of facilities/contributors such as doctors, hospitals and waste disposal. Therefore, the respondents were aided with the list of Public Health facilities and asked if they are aware of the facility? Thereafter, taken their opinion on 5-point scale (1-Do not contribute at all, 2-Somewhat contribution, 3- Average contribution, 4- Better than average contribution, 5- Extremely good contribution) to determine their perception to the extent it contributes in improving Public Health in their area. The list of Public Health facilities/contributors used in questionnaire are generated based on secondary data research and qualitative interviews with key stakeholders such as community leaders, doctors, government health workersetc.

Aided Response to the Awareness of Public Health Facilities

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

Awareness of Public Health Facility/Contributor	Sample Size	**330**
	Count/Yes	%
Water Availability	315	95.5
Adequate Electricity	301	91.2
Ethical behaviour and harmony across all sections of society	269	81.5
Availability of Effective leadership encouraging social wellbeing	258	78.2
Good Hygiene- Waste water and waste disposal	254	77
Affordable Medical facilities	241	73
Government Health Policies in the interest of the public	239	72.4
Efficient Law and Order	239	72.4
Government Health Insurance facilities	227	68.8
Private Health Insurance facilities	226	68.5
Government Planning and treatment of epidemic diseases	221	63.9
Efficient social justice system	208	63
Efficient Government disaster management system	198	60
Abundant employment opportunities	158	47.9
Exercise Grounds, gardens and open spaces	141	42.7
Neighbourhood society free of violence and crime	123	37.3

Analysis: After aiding with the list of Public Health facilities more than 90% respondents mentioned that they are aware of water and electricity availability as a part of Public Health facilities. About 80% respondents also mentioned that they are aware of "Ethical behavior and harmony in society" as well as "Availability of Good leadership encouraging wellbeing" as a part of Public Health facilities. More than 70% respondents mentioned that they are aware of "Waste water and waste disposal", "Affordable medical facilities like hospitals and medicines", "Government Health policies", "Efficient law and order" "Government and Private health Insurance Policies" are known by only about 68% of the respondents.

Awareness of Public Health Facilities like "Government planning and treatment of epidemic", "Government Disaster management", "Efficient social justice system" is slightly low, around 60% respondents are aware of them.Awareness of Public Health facilities like "Abundant employment opportunities". "Exercise grounds, gardens and spaces" and "Neighborhood free of

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

violence and crime" is less than 50% among the respondents. Awareness of Public Health facilities should be read in the context of its availability in the area and its effectiveness in improving Public Health.

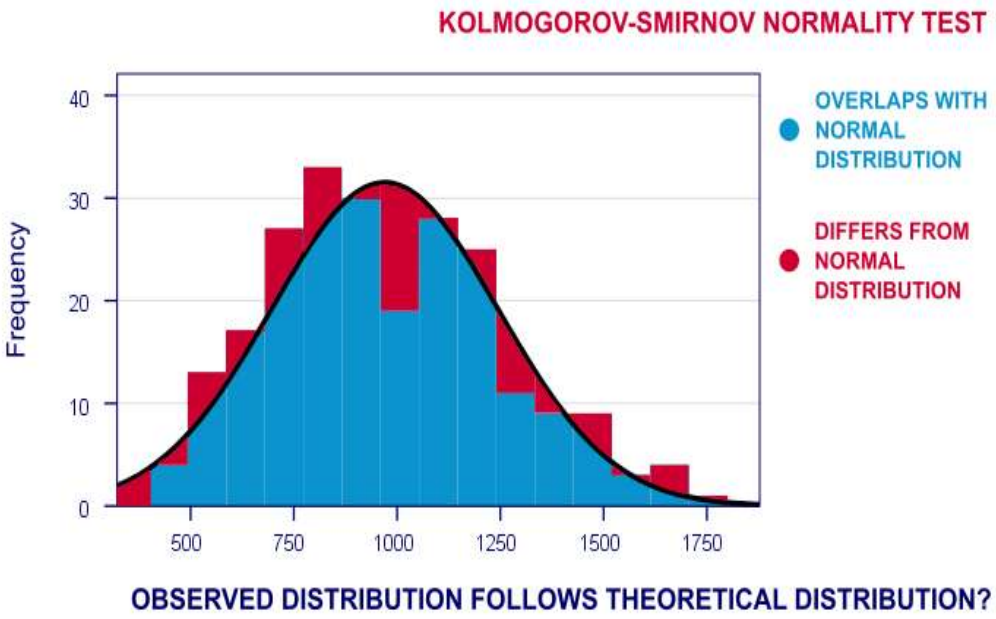
HYPOTHESES TESTING

Kolmogorov Smirnov Test

It is a nonparametric test of the equality of continuous (or discontinuous), one-dimensional probability distributions that can be used to compare a sample with a reference probability distribution, or to compare two samples, as in the case of the Kolmogorov–Smirnov test (K–S test or KS test).They are Andrey Kolmogorov and Nikolai Smirnov, respectively, who gave the project its name.

The distance between the sample's empirical distribution function and the reference distribution's cumulative distribution function is measured using the Kolmogorov–Smirnov statistic. In the one-sample situation, the sample is drawn from the reference distribution, hence the null distribution is derived under the null hypothesis. The distribution considered by the null hypothesis can be continuous, discrete only, or mixed in the one-sample scenario. The Kolmogorov–Smirnov statistic is illustrated in the graph below.

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A



In the graph, we can see that "observed test scores" frequency distribution does not completely overlap with the normal curve (yellow line). After that, we determine the percentage of cases that vary from the normal distribution, which is represented by the chart's Red Areas. This % is a test statistic that shows how far the data diverge from the **Null Hypothesis** in a single number. If the observed scores deviate significantly from a normal distribution, this value reflects how far they depart.That means that this deviation percentage should be very low if the null hypothesis is correct.***That is, a small deviation has a high probability value or Asymptotic Significance -P value.***A high deviation percentage, on the other hand, indicates that test results do not follow a normal distribution throughout the entire population. So, a **large deviation has a *low Asymptotic Significance – P value***. As a rule of thumb, we **reject the null hypothesis if Asymptotic *Significance*< 0.05. Therefore,** if***Asymptotic Significance***< 0.05, we *don't* believe that our variable follows a normal distribution in our population. Hence, we accept the Alternate Hypothesis.

For the testing hypothesis under this study, SPSS **Kolmogorov–Smirnov test** (**K–S test**) test is used. Below are SPSS Navigations required for calculating **Kolmogorov–Smirnov test**

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

HYPOTHESIS 1

Null Hypothesis (H_0): There is no impact of public health on community wellbeing and morality.

Alternate Hypothesis (H_1):Public health's impact is positive on community wellbeing and morality.

Statement 1: Public health plays an impact to enhance quality of life.

Null Hypothesis (H_0): Public health plays no impact to improve the quality of life.

Alternate Hypothesis (H_1): Public health plays positive impact to improve the quality of life.

Table 4: Response to the statement "Public health plays an impact to improve the quality of life"

S. No.	Response	Respondents (Numbers)	Respondents (Per cent)
1	Strongly Agree	180	54.55
2	Agree	89	26.97
3	Neutral	37	11.21
4	Disagree	15	4.55
5	Strongly Disagree	9	2.73
	Total	**330**	**100**

Step 1: Null Hypothesis (H_0): There is an independent relation between two attributes of the research. In this hypothesis the two attributes are public health and quality of life.

Step 2: Kolmogorov Smirnov Test using SPSS Software:

One-Sample Kolmogorov-Smirnov Test	
Statement: Public health plays an impact to improve the quality of life	
N	330

International Journal of Research in Social Sciences
Vol. 8, Issue 12, December - 2018,
ISSN: 2249-2496 Impact Factor: 7.081
Journal Homepage: http://www.ijmra.us, Email: editorijmie@gmail.com
Double-Blind Peer Reviewed Refereed Open Access International Journal - Included in the International Serial Directories Indexed & Listed at: Ulrich's Periodicals Directory ©, U.S.A., Open J-Gate as well as in Cabell's Directories of Publishing Opportunities, U.S.A

Normal Parameters[a,b]	Mean		4.26
	Std. Deviation		1.010
Most Extreme Differences	Absolute		.313
	Positive		.232
	Negative		-.313
Test Statistic			.313
Asymp. Sig. (2-tailed)[c]			<.001
Monte Carlo Sig. (2-tailed)[d]	Sig.		.000
	99% Confidence Interval	Lower Bound	.000
		Upper Bound	.000
a. Test distribution is Normal.			
b. Calculated from data.			
c. Lilliefors Significance Correction. (The Lilliefors test is a **test for normality**)			
d. Lilliefors' method based on 10000 Monte Carlo samples with starting seed 2000000.			

Step 3: Hypothesis Test Analysis

Asymptotic Significance 2 Tailed Test is < 0.001 which is less than 0.05 hence the null hypothesis is rejected and alternate hypothesis is accepted. Therefore, the study reveals that there is positive impact of public health on quality of life.

CONCLUSION

Awareness of Public Health facilities/Contributors

Most respondents from the sample spontaneously described Public Health as a physical health and related it to good availability of doctors, hospitals and waste disposal. However, During the Secondary data analysis and Qualitative in-depth interviews with key stake holders such as doctors, community leaders and health workers many more aspects emerged relating to law and order, social justice and equality, community wellbeing, ethics based decision making, employment

opportunities and infrastructure. Hence during the interview respondents are aided with the list of Public Health facilities/Contributors in order to determine overall awareness of Public Health.The aided awareness of Public Health facilities/Contributors such as water and electricity availability are more than 90%. Surprisingly, awareness of "Ethical behavior and harmony in society" as well as "Availability of Good leadership encouraging wellbeing" is 80% which is more than "Affordable medical facilities like hospitals and medicines" and "Government Health policies", it is about 70% followed by "Government and Private health Insurance Policies" (68%).Awareness of Public Health Facilities like "Government planning and treatment of epidemic", "Government Disaster management", "Efficient law and order", "Efficient social justice system" is slightly low, around 60% respondents are aware of them.Awareness of Public Health facilities like "Abundant employment opportunities". "Exercise grounds, gardens and spaces" is less than 50% among the respondents.Overall awareness of many government and non-government Public Health facilities is more among Pune Urban respondents and higher income group above (household income per month Rs 60K) is better than the respondents from rural areas and lower income groups.

REFERENCES

1. Childress, James F., and Ruth GaareBernheim. 2018. Introduction: A Framework for Public Health Ethics. In Essentials of Public Health Ethics, eds. Ruth GaareBernheim, James F. Childress, Aalan L. Melnick, and Richard J. Bonnie, 1–20. Burlington: Jones & Bartlett Publishers
2. Ahola-Launonen, Johanna. (2018). The Evolving Idea of Social Responsibility in Bioethics. Cambridge Quarterly of Healthcare Ethics 24 (02): 204–213.
3. Thornicroft, G., Mehta, N., Clement, S., Evans-Lacko, S., Doherty, M., Rose, D., Koschorke, M., Shidhaye, R., O'Reilly, C., Henderson, C. (2018) Evidence for effective interventions to reduce mental-health related stigma and discrimination. Center for Global Health.
4. Yuan, F., Qian, D., Huang, C., Tian, M., (2018). Analysis of awareness of health knowledge among rural residents in Western China. BMC Public Health **15,** 55. https://doi.org/10.1186/s12889-015-1393-2

5. Gerrans, P., Speelman, C. & Campitelli, G (2018). The relationship between personal financial wellness and financial wellbeing: A structural equation modelling approach. Journal of Family and Economic Issues. 35, 145–160. https://doi.org/10.1007/s10834-013-9358-z
6. APHA. 2018. 10 Essential Public Health Services. http://www.apha. org/about-apha/centers-and-programs/quality-improvement-initiatives/national-public-health-performance-standards-program/10- essential-public-health-services. Accessed 08 Sept 2014.
7. Azmi, M., Akmal, A. and Chua, G. (2018) A National Survey on the Use of Medicines (NSUM) by Malaysian Consumers. Pharmaceutical Services Division and the Clinical Research Centre, Ministry of Health Malaysia. https://www.pharmacy.gov.my/v2/sites/default/files/document-upload/book.nation al-survey-use-medicines-2.12.pdf
8. Prainsack, B. (2018). Taking Solidarity Seriously—Can it Help? In Justice & Solidarity in Priority Setting in Healthcare. Brussels: Brussels Joint Initiative of the King Baudouin Foundation and the Belgian Advisory Committee on Bioethics