

A Study on Sustainable Development Goal 3 (Good Health and Well-Being) in Rajasthan

Dr. Priyanka Saini*

Assistant Professor, Department of Economics, S.C.R.S Govt. P.G College Sawai Madhopur, India.

*Corresponding Author: psainijpr@gmail.com

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Abstract

Sustainable Development Goal 3 (SDG 3) aims to ensure healthy lives and promote well-being for all at all ages. It is one of the 17 global goals established by the United Nations in the 2030 Agenda for Sustainable Development, adopted in 2015. SDG 3 recognizes that good health is fundamental to sustainable development and the prosperity of societies. This goal focuses on addressing major health priorities, including reducing maternal and child mortality, ending epidemics such as AIDS, tuberculosis, malaria, and other communicable diseases, and combating non-communicable diseases like heart disease, diabetes, and cancer. It also emphasizes the importance of mental health, access to quality healthcare services, universal health coverage, and reducing deaths and injuries from road traffic accidents and pollution.

Keywords: SDG 3, Sustainable Development, Child Mortality, Pollution, Healthcare Services.

Introduction

The economic development of any country is depending on sustained increase per capita output. A country endeavouring for development is required to make full and effective use of its factors of production for desired results. For development, the contribution of the factors like machinery, raw materials and market etc is undoubtedly necessary but the role and importance of human resources, upon whom the productivity critically depends, cannot be under-rated. In fact, the full extent of development in the developing economies can only be achieved if the human resources are utilized to its optimum level and for this we need healthy human resources. This implies that health is both an instrument and product of development and is therefore, a major factor in the development process. Good health results in an increased supply of labour, increased productivity of the individuals and therefore, leads to increased income.

Achieving SDG 3 requires strong health systems, investment in healthcare infrastructure, and global cooperation to ensure equitable access to essential medicines, vaccines, and health services. By improving health outcomes and promoting well-being, SDG 3 supports the achievement of other goals, including those related to poverty reduction, education, gender equality, and economic growth.

Rajasthan, being a large state with vast rural and tribal areas, faces unique challenges: limited access to health services in remote zones, under-nutrition, high burden of communicable diseases, and often lower health infrastructure compared to some other states. Without good health and well-being,

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other development goals (education, economic growth, gender equality) are harder to achieve. The study shows how Rajasthan is progressing toward SDG-3 and what gaps remain in achieving equitable and sustainable health outcomes.

Review of Literature

Phukan D. (2023) the study examines relationship between SDG3 and the factors influencing it. The study finds that there is a positive relationship between SDG3 and SDG7, SDG1, SDG5 and negative correlation with SDG2, SDG4 and SDG9.

Dhaliwal L. (2019) the study discuss the issue of ensuring good health living with SDG3. Bibliometric analyses show rapid growth of SDG research. The result shows that he SDG3 is fast growing field.

Objectives of the Study

- To analyze the status of health indicators related to SDG-3 in Rajasthan
- To identify key challenges hindering progress
- To suggest policy measures for strengthening health outcomes

Methodology

This study is descriptive and is based on Secondary data from government reports, SDG India Index and Rajasthan SDG dashboards, National Family Health Survey (NFHS) indicators and Published research articles and policy documents.

Overview of SDG-3: Good Health and Well-Being in Rajasthan

State Score in Goal 3

Year	Score
2020	33.68
2021	47.25
2022	52.84
2023	54.20
2024	47.87

Source: SDG Goal 3 Bulletin

To measure state performance towards the Goal 3: Good health & Well Being, 10 indicators have been identified.

Indicators	Value
“Under 5 mortality rate (per 1,000 live births)”	30
“Percentage of children 9-11 months fully immunized”	47
“Total case notification rate of Tuberculosis (per 1,00,000 population)”	73.30
“Suicide rate (per 1,00,000 population)”	60.87
“Death rate due to road traffic accidents (per 1,00,000 population)”	50.41
“Percentage of institutional deliveries out of the total deliveries reported”	91.28
“Percentage of currently married women aged 15-49 years who use any modern method of family planning”	29.55
“Population Served per Medical Institution”	100
“Mothers who had at least 4 antenatal care visits” (%)	36.14%
“Mothers who consumed iron folic acid for 100 days or more when they were pregnant” (%)	23.41%

Source: Rajasthan SDG Index 2025

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Rajasthan has made notable progress toward SDG 3 through various health schemes and reforms.

- Maternal Mortality Ratio (MMR) reduced to 113 per 100,000 live births (SRS 2018–20).
- Institutional deliveries exceed 90%, and immunisation coverage has crossed 80%.
- Expansion of free medicine and diagnostic services through the Mukhyamantri Nishulk Dava Yojana and Nishulk Janch Yojana.
- Introduction of Chiranjeevi Swasthya Bima Yojana, providing ₹25 lakh cashless health insurance per family.
- Amrit Clinics and tele-medicine initiatives are improving access in tribal and remote areas.

These efforts have collectively improved Rajasthan's health indicators and raised its SDG 3 Index.

Challenges:

Despite the progress, there are several challenges:

- Despite improvements, maternal mortality and infant mortality remain higher in remote and tribal districts.
- Limited access to quality antenatal, postnatal, and neonatal care in rural areas.
- High prevalence of child malnutrition, stunting, and wasting.
- Widespread anemia among women and adolescents due to poor dietary diversity and awareness.
- Shortage of doctors, nurses, and specialists in rural and desert regions.
- Inadequate infrastructure and equipment at primary health centers (PHCs) and sub-centers.
- Persistent burden of tuberculosis, vector-borne diseases (malaria, dengue), and seasonal outbreaks.
- Challenges in early detection and treatment adherence.
- Rising cases of diabetes, hypertension, and cardiovascular diseases due to lifestyle changes.
- Limited screening and follow-up care, especially outside urban areas.
- Water scarcity and poor sanitation in some regions contribute to water-borne diseases.

Conclusion and Suggestions

In order to reduce health issues in Rajasthan the following recommendations are made based upon the research data:

Strengthen Primary Healthcare

- Upgrade PHCs and Community Health Centers with adequate staff, medicines, and diagnostics.
- Expand mobile health units and telemedicine for remote and desert areas.

Improve Maternal and Child Nutrition

- Strengthen ICDS, POSHAN Abhiyaan, and school-based nutrition programs.
- Promote community awareness on balanced diets, breastfeeding, and micronutrient intake.

Human Resources for Health

- Incentivize doctors and health workers to serve in rural and tribal areas.
- Train and empower ASHA and ANM workers for preventive and promotive care.

Disease Prevention and Early Detection

- Enhance screening for TB, NCDs, and common cancers at the primary level.
- Improve surveillance, vaccination coverage, and public health awareness.

Focus on Water, Sanitation, and Heat Action

- Ensure safe drinking water and sanitation facilities through convergence with SDG 6.
- Implement heat action plans and community awareness to reduce climate-related health risks.

Community Participation and Awareness

- Engage local self-help groups, Panchayati Raj institutions, and NGOs in health promotion. Use digital platforms and local media to spread health education.

Conclusion

Achieving SDG 3 in Rajasthan requires a strong focus on equitable healthcare access, nutrition, preventive care, and climate-resilient health systems. Coordinated efforts by the government, communities, and private sector can significantly improve health outcomes and overall well-being in the state.

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