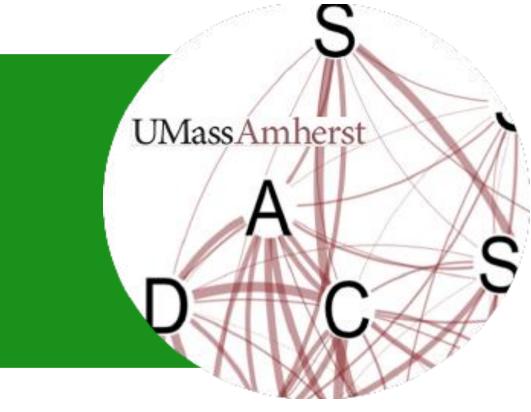


SDG 3: GOOD HEALTH & WELL-BEING

Data for Social Science Hackathon **TEAM:** Trifecta

72.90 %



Towards a better future

Urban

99.80 %

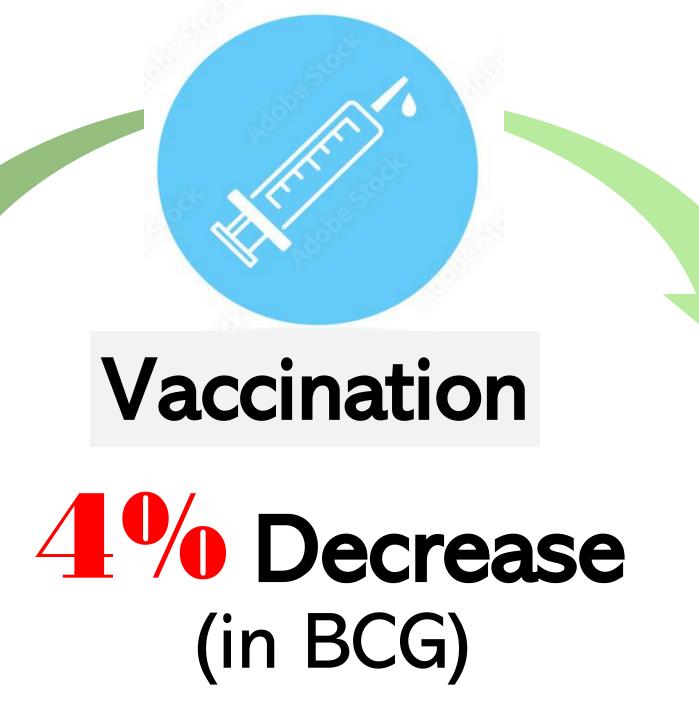
99.40 %

98.20 %

81.80 %

From 2015 to 2019:



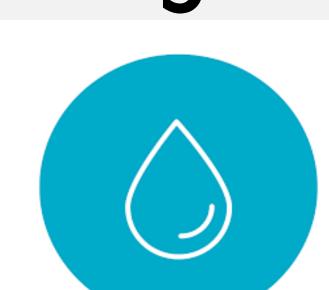


4.3% Increase schooled for 10+ years

Sanitation

1% Increase

Drinking water



Education



45% Increase Household sanitation facility

7. Population living in households with electricity (%) 99.40 %

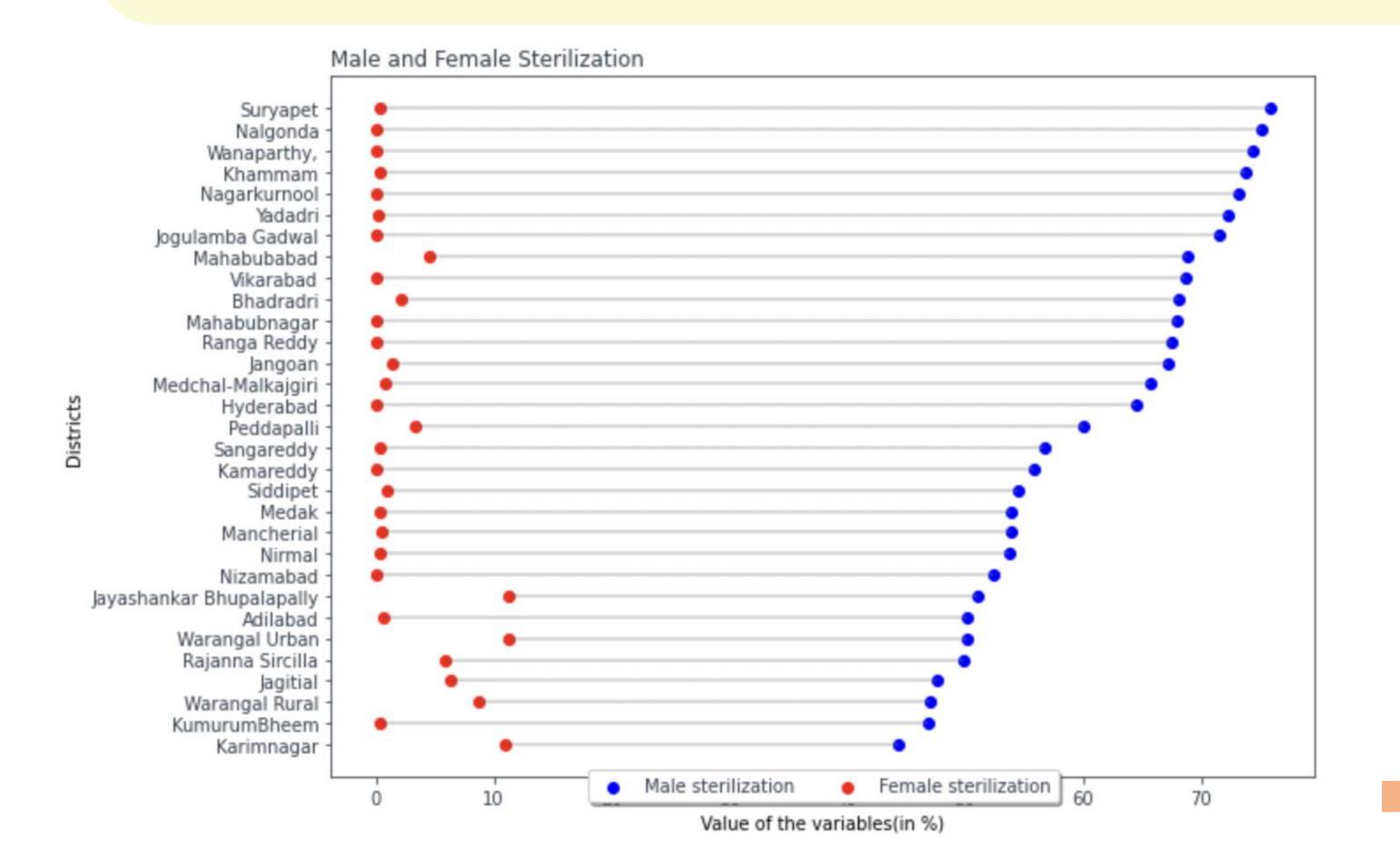
8. Population living in households with an improved drinking-water source1 (%) 98.40 %

9. Population living in households that use an improved sanitation facility2 (%)

Rural

What do we see in Infrastructural developments?

- Scope for improvement: in Sanitation for Rural areas
- At a good place: Electricity availability in households





Policy Recommendations

Discontinuation of antenatal care by pregnant women -> Increase in severely wasted children in some of districts:

10. Households using clean fuel for cooking3 (%)

- * Increase awareness and provide more encouragement to finish the full antenatal care program.
- Provide frequent drives for antenatal care visits & postnatal nutritional care of mother + child to ensure nourishment.

Disproportionate and alarming levels of female and male sterilization in a few districts:

Incorporation of more "male workers" in sterilization awareness drives & veraciousness of "sexual drive" myths.

Why the Gender Gap in sterilization?

There are several reasons why women get sterilized more often:

- Sexism: Contraception is not just women's responsibility but as a couple.
- Fertility differences: Few women get pregnant after 40, but men can father children throughout older adulthood.. This attributes to further increase.
- Virility: Many men believe (incorrectly) that inability to father children is emasculating and compromises their manhood.

