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3. Declining Fertility Rate in India – Health

For several decades, India's population policy was anchored in controlling high fertility rates. The focus of family planning programmes, demographic targets, and institutional incentive structures was uniformly directed at reducing the Total Fertility Rate (TFR). However, the latest data from the Sample Registration System (SRS) Statistical Report 2024 marks a fundamental turning point – India's TFR has now dropped to 1.9, falling below the replacement-level fertility of 2.1. This demographic shift demands an urgent reorientation of India's population policy framework.

1. Understanding TFR and Replacement Rate

The Total Fertility Rate represents the average number of children a woman would have in her lifetime, assuming she survives through her reproductive years of 15 to 49 years. The replacement rate – the fertility level at which a population exactly replaces itself from one generation to the next, without migration – is 2.1. A TFR below 2.1 implies that without compensating factors, a country's population will eventually decline.

State-Level Data

India's fertility decline is sharply uneven across states. As of 2024, only five states – Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, and Chhattisgarh – record a TFR above 2.1. Delhi records the lowest TFR in the country at 1.2, followed by Tamil Nadu, Kerala, and West Bengal each at 1.3. The southern states have consistently maintained TFRs well below the national average for two decades. India's TFR in 1985 stood at 4.3 and has declined at approximately 0.06 per year since. At this trajectory, the TFR is projected to fall below 1.6 by 2031 – a level comparable to some of the most demographically challenged economies in East Asia.

2. Reasons for Declining Fertility

Multiple interconnected drivers explain the rapid fall in India's fertility rate.

1. **Delayed marriage and childbearing** – The average age of first marriage has risen significantly, particularly in urban areas, and couples increasingly postpone childbirth due to career priorities and educational aspirations.
2. **Urbanisation** – Urban living imposes higher costs for housing, education, healthcare, and childcare. Limited space and changing lifestyle expectations make larger families economically and logistically challenging.
3. **Improved access to contraception and family planning** – Expanded reproductive health infrastructure and wider contraceptive availability have enabled couples to plan family size more effectively.
4. **Declining infant and child mortality** – As child survival improves through better immunisation, nutrition, and sanitation, families no longer need to have large numbers of children to ensure a few survive to adulthood.
5. **Rising cost of child-rearing** – Education, nutrition, extracurricular investments, and aspirational parenting have made raising children significantly more expensive. Families increasingly prefer fewer children with higher per-child investment.

6. **Demographic transition model** – India is moving through the later stages of the classic Demographic Transition Model – a phase characterised by low birth rates, low death rates, and slowing population growth.

3.Implications

The decline in fertility carries far-reaching consequences.

1. **Population stabilisation and eventual decline** – A sustained sub-replacement TFR will cause each successive generation to be smaller, leading eventually to population decline – a scenario once considered unimaginable for India.
2. **Ageing population** – India will increasingly confront the challenges already visible in Japan, South Korea, and parts of Europe – rapidly rising old-age dependency ratios, growing pension liabilities, escalating healthcare expenditure, and chronic shortages of geriatric care capacity.
3. **Labour force contraction** – A declining birth rate translates, with a 15–20-year lag, into a shrinking workforce. Unless productivity growth and skill development accelerate commensurately, long-term economic growth rates could be adversely affected.
4. **Regional demographic imbalances** – The gulf between high-fertility northern states and low-fertility southern and western states has significant implications for political representation, resource allocation, inter-state migration patterns, and federal fiscal transfers. This regional asymmetry is already creating political tensions around delimitation of parliamentary constituencies.

4.Government Initiatives

1. **Andhra Pradesh's Population Management Policy (2026)** provides cash incentives for second, third, and fourth children, along with free education support, fertility clinics, and improved maternal healthcare – signalling the beginning of a pro-natalist policy shift at the state level.
2. **Sikkim** has introduced extended maternity and paternity leave and support for IVF treatment to directly address falling fertility among its small population.
3. **Jiyo Parsi Scheme** provides targeted financial assistance for infertility treatment, childcare support, and awareness initiatives to arrest the steep population decline within the Parsi community – a model potentially replicable for other sub-populations.
4. **National Health Mission (NHM)** programmes continue to improve maternal and child health outcomes, while schemes such as **Pradhan Mantri Matru Vandana Yojana (PMMVY)** provide direct maternity benefits to pregnant and lactating women.

5.Way Forward

1. **Balanced population policy** – India must shift from the historical singular obsession with population control to a nuanced demographic strategy that simultaneously addresses regional high fertility and national sub-replacement fertility.
2. **Family support infrastructure** – Affordable, quality childcare, generous and gender-neutral parental leave, and flexible work arrangements are the most proven international instruments for supporting family formation.
3. **Fertility and reproductive healthcare access** – Expanding availability of assisted reproductive technologies and infertility treatment in Tier-2 and Tier-3 cities and rural areas addresses a growing unmet need.
4. **Gender equality promotion** – Evidence consistently shows that greater gender equality – particularly sharing caregiving responsibilities between men and women, and supporting women's workforce participation – is associated with more stable fertility levels in the medium term.

5. **State-specific approaches** - Given the wide fertility differential across states, one-size-fits-all national policies will be insufficient. High-fertility states need continued investment in women's education and family planning, while low-fertility states need family-support and pro-natalist incentives.

Source - <https://www.thehindu.com/opinion/op-ed/should-india-incentivise-bigger-families/article71090643.ece>