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# India's Population Growth and Policy Implications

## Total Fertility Rate

The average number of children a woman would have by the end of her childbearing years, if she bore children at the current age-specific fertility rates

## Wanted Fertility Rate

The average number of children a woman would have by the end of her childbearing years minus unwanted births, if she bore children at the current age-specific fertility rates

## Crude Birth Rate

Number of live births per 1,000 population in a given year

## Mistimed births

A birth that occurred when a woman did not intend to bear a child, even though she desired having a child later

## Unintended births

A birth that occurred when a woman did not want to have any children at all, or any more children

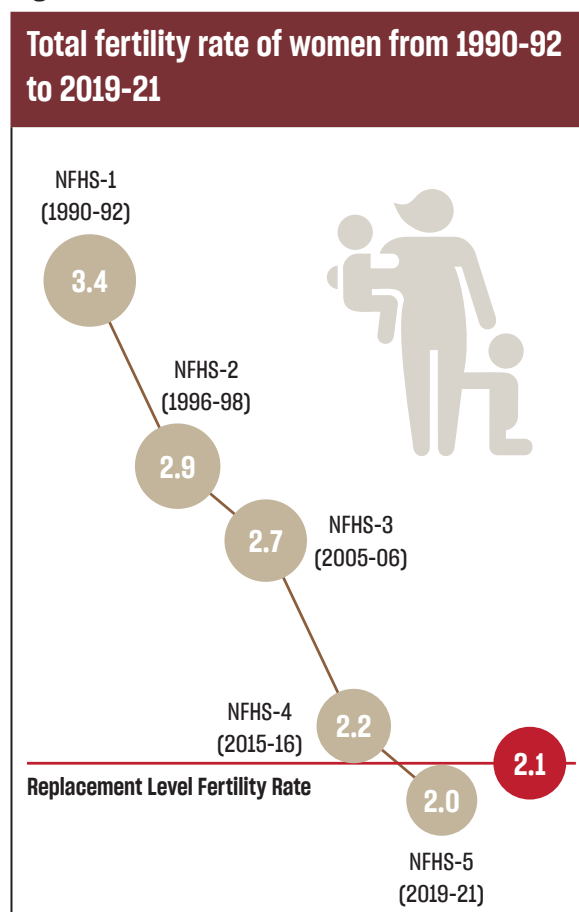
## NFHS

The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted since 1992-93 in a representative sample of households, women and men throughout India. The survey provides district, state and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilisation and quality of health and family planning services.

## What is the trajectory of India's population growth?

According to the latest estimates by the United Nations, India has surpassed China as the most populous country in 2023. Women in reproductive age (15 to 49 years old) currently have a Total Fertility Rate (TFR)<sup>2</sup> of 2.0 (Figure 1), which is below the replacement level of 2.1 - a point at which a population has the exact number of births to replace itself from one generation to the next. Fertility rates have declined consistently across almost all socio-economic groups across the country, barring a few states. India has also experienced a steady decline in crude birth rates (live births per 1,000 population in a given year), dropping by 17 points over the last five decades from 1971 to 2020 (Figure 2)<sup>3</sup>.

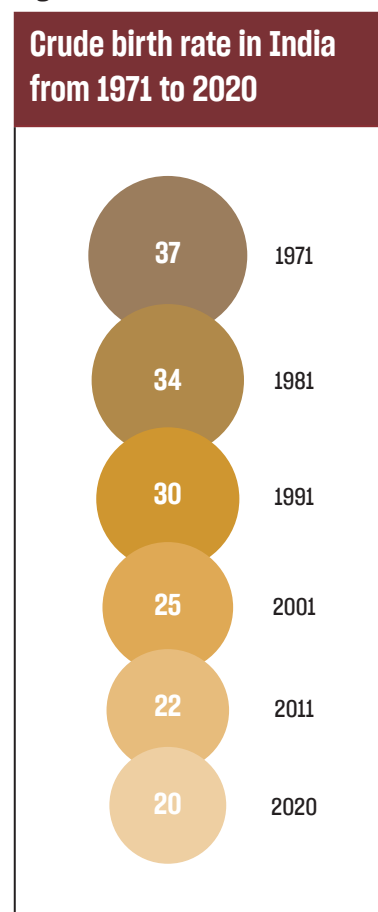
Figure 1



For women in the age-group of 15 to 49 years;  
Source: NFHS Rounds 3 - 5

**Women in the reproductive age now have a fertility rate lower than the replacement level fertility rate**

Figure 2



Source: Sample Registration System

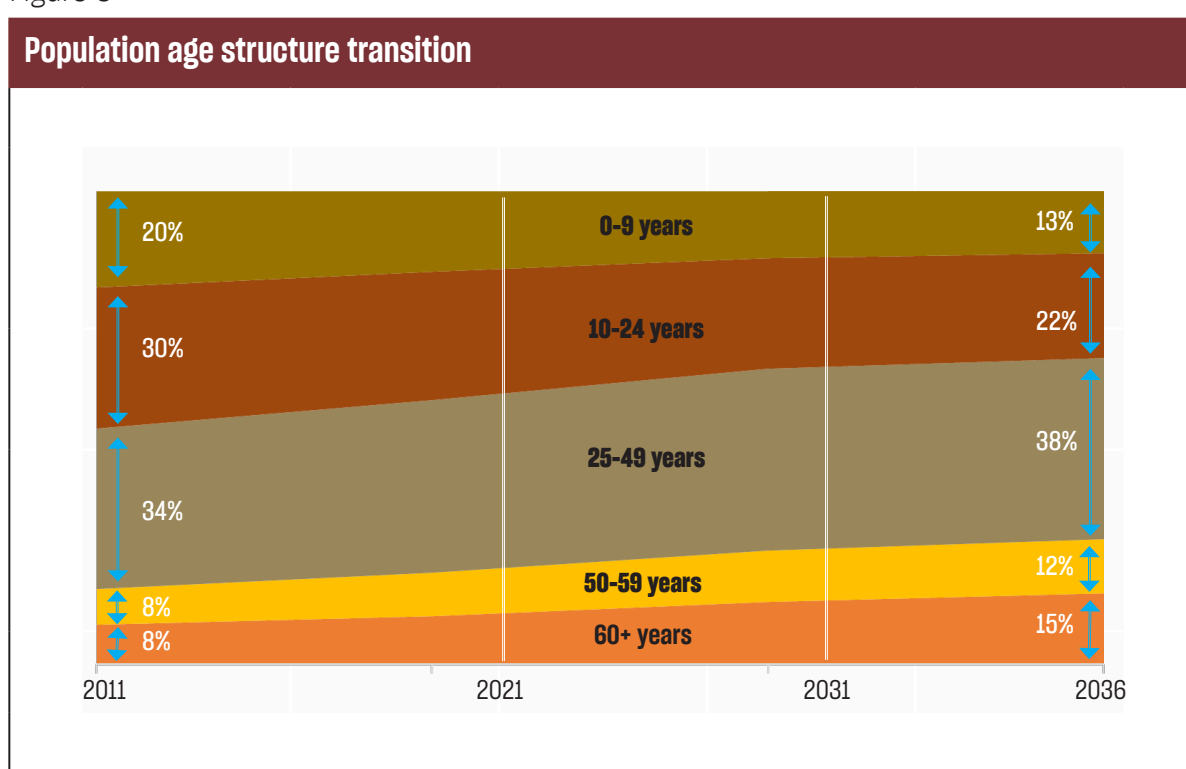
**Fewer children are born per 1,000 population in India**

## Why will India's population continue to grow, even at lower fertility rates?

The population size and character of a country undergo changes with socio-economic development, better healthcare, and access to family planning, a process known as 'demographic transition'. India is at the third stage of the demographic transition and despite declining birth rate, its population will continue to increase due to (population momentum) a large cohort of young people (born as a result of high fertility in the past) will enter into the reproductive age. Population

projections estimate that in 2021 one in every four Indian (27%) was a young person between 10 to 24 years (Figure 3)<sup>4</sup>, one of the highest numbers in the world<sup>5</sup>. These are people who already are, or will soon enter the reproductive age. Consequently, India's population is expected to grow until it peaks at 1.67 billion people in mid-2063<sup>6</sup>. However, with reducing fertility rates, the share of younger people will progressively reduce, and will eventually lead to a decline in population as part of the natural process of transition.

Figure 3



Source: Population Projections for India and states 2011 - 2036, Census of India 2011

**Share of people aged 24 years and younger is expected to reduce from half of the total population (50%) in 2011 to about one-third (35%) in 2036**

## Do people in India want larger families?

Women in India want fewer children. According to NFHS-5, the wanted fertility rate<sup>7</sup> among women in the reproductive age-group of 15 to 49 years is 1.6 children, lower than the current total fertility rate of 2.0. Eighty-six percent of currently married women and men with two living children wanted no more children<sup>8</sup>. However, the gap between current and wanted fertility rates varies with the

place of residence and background characteristics of women (Figure 4). Women from rural areas, those in the lower household wealth quintiles, and those with none or less than eight years of schooling, reported larger gaps between their desired and current total fertility rates.

Figure 4



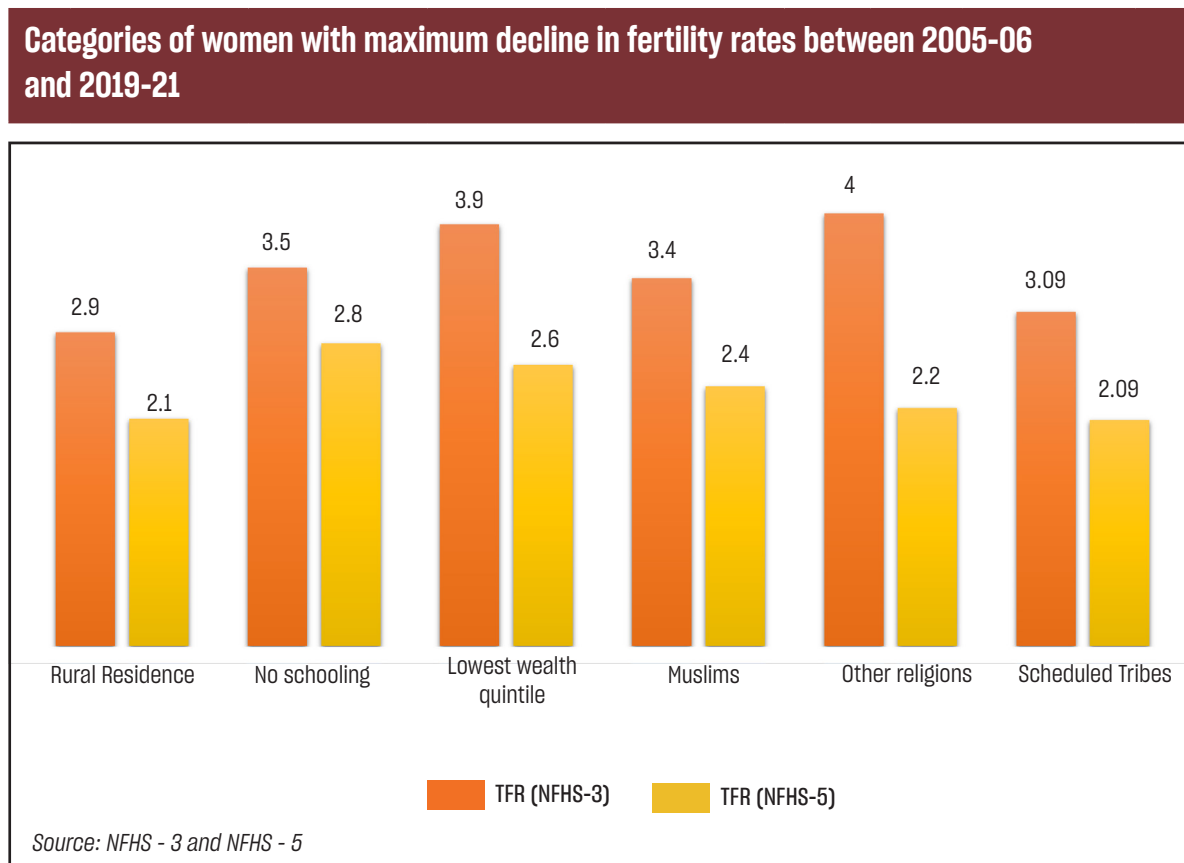
For women in the age-group of 15 to 49 years; Source: NFHS-5, 2019-21

As fertility rates have declined, the gains have not been equally shared by all segments. Though women in India want fewer children than they currently have.

Those with no schooling or from the lowest

household wealth quintile have much higher TFRs than the national average, although the decline in their fertility rates has also been the highest within these categories (Figure 5). The same is the case for women from rural areas or those belonging to marginalised social segments.

Figure 5



## Low female autonomy, socio-economic status and societal norms play a major role in fertility behaviours

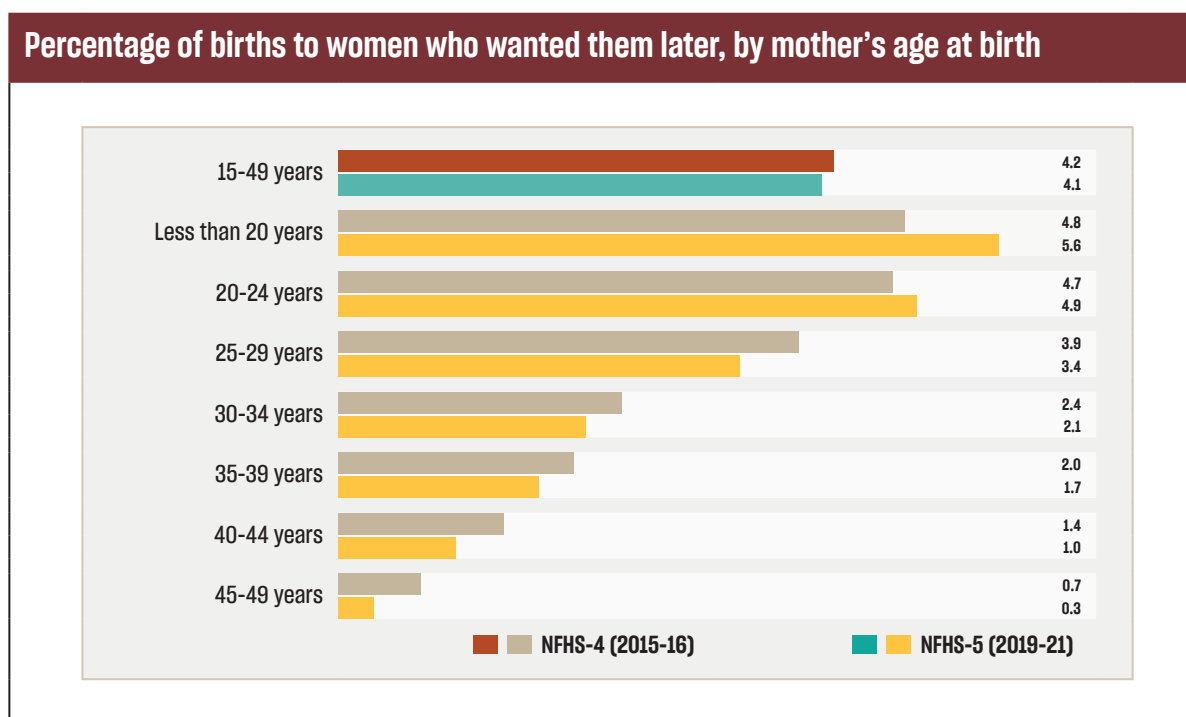
A woman's perceived status and her childbearing role dictates how soon and how many children she has, driven largely by the number of surviving children and their gender. Her educational and economic status influence to a great extent the degree of autonomy she has in decisions regarding marriage and family planning.

### ***Women have limited autonomy to take family planning decisions***

NFHS-5 data shows that while a high percentage of married women have the autonomy to take

decisions jointly with their husbands about their health (71%), and use of contraception (82%), just one in ten women (10%) can take these decisions on their own. Additionally, about eight percent women who gave birth in the last five years reported that they either wanted the child later (mistimed births), or not at all (unwanted births). The percentage of mistimed births was highest among those less than 20 years old, and has increased between 2015-16 and 2019-21 (Figure 6).

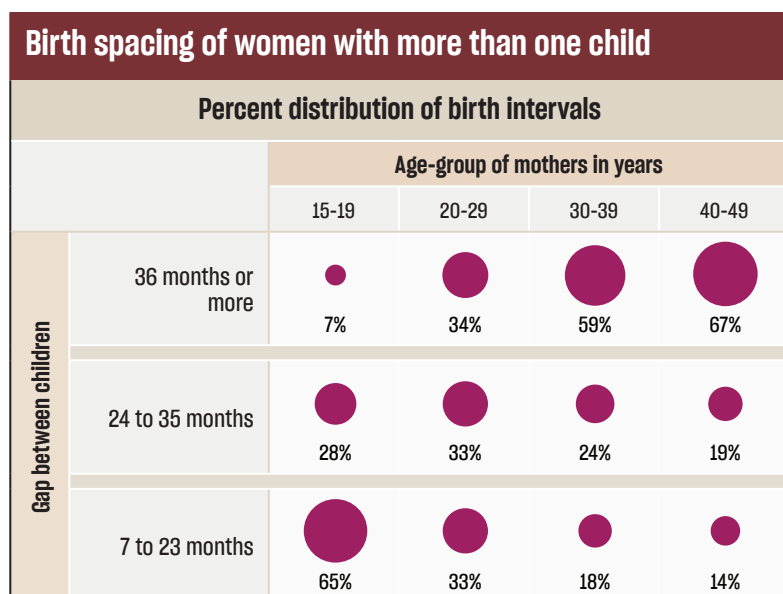
Figure 6



For women in the age-group of 15 to 49 years; Source: NFHS Rounds 4 & 5, 2015-16 to 2019-21

**Mistimed births are higher among younger women and have increased between 2015-16 and 2019-21, indicating barriers to family planning for these high fertility age-groups**

Figure 7



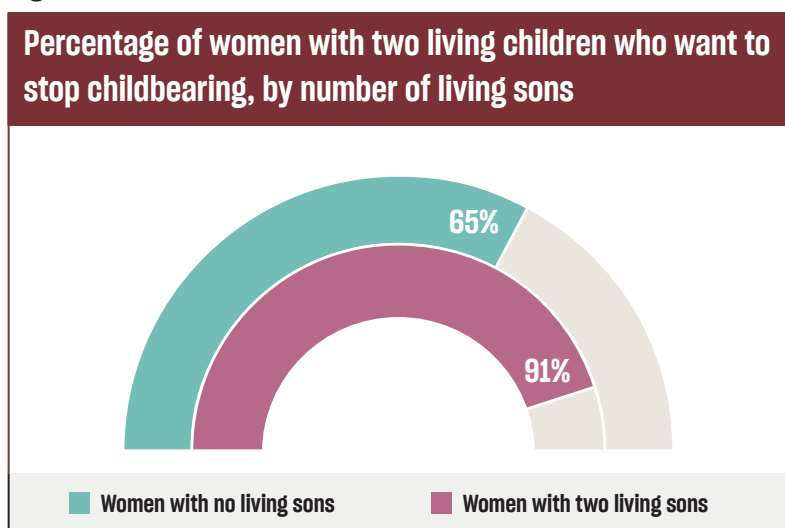
Source: NFHS-5, 2019-21

**Girls married in adolescence have children early and at closer intervals**

More than half (53%) of currently married adolescents have already begun childbearing<sup>9</sup>. Two-thirds (65%) of them have had less than two years of spacing between births in five years preceding the survey, as against one-third (33%) among 20 to 29-year-old married women (Figure 7).

**Most women who begin motherhood in adolescence have children at intervals of less than two years**

Figure 8



For currently married women in the age-group of 15 to 49 years; Source: NFHS-5, 2019-21

### ***Preference for sons continues to play a role in fertility choices***

Among currently married women who had two living children, 26 percentage points more women with two sons indicated a desire to stop childbearing, compared to those with two daughters (Figure 8). Enforcing a limit on the family size could worsen gender discrimination and skew the sex ratio against girls further.

### ***Restrictive policies have a differential impact on girls and women, and those belonging to socio-economically deprived segments of population***

Restrictive population control measures fail to address the systemic gaps due to which some groups lag in adopting family planning. Punitive laws do not address social norms that prevent women from exercising their reproductive choices.

A qualitative study carried out to consider the impact of a two-child norm for election to *panchayats* in five states found that it resulted in adverse consequences, especially for women and marginalised groups<sup>10</sup>.

The study observed increased sex-selective and unsafe abortions, instances of men deserting or divorcing their wives, and families giving up children for adoption to avoid disqualification. On the other hand, those with money or influence could circumvent the laws and continue in their positions despite violating the norm. Respondents adopted contraceptives only after the desired family size and sex composition of children was achieved. Apart from the social impact, the disqualifications had an unequal effect on the representation of women and marginalised groups in *panchayats*.

## **How can India balance population growth with sustainable development?**

It is believed that a large and growing population is a challenge to achieving developmental goals, and also puts additional stress on the environment through over-exploitation of natural resources, adversely affecting people's health and living conditions. However, according to global projections by the United Nations' International Resources Panel, less than one-third of the anticipated increase in the use of natural resources till 2050 would be the result of population growth<sup>11</sup>, while the remaining would be due to increase in per capita consumption with rising prosperity.

Over the past 25 years, the richest 10 percent of the global population has been responsible for more than half of all carbon emissions. That is, each person consuming more will put a greater burden on the environment, than a higher number of people demanding more resources as a result of population growth. Nevertheless, maintaining lower levels of fertility for the next two to three decades would reduce the burden of population momentum in the latter half of this century, and hasten the slowdown in population growth.

## Policy Recommendations

The following measures can play a role in promoting positive family planning and sexual and reproductive health outcomes in India:

### ***Promoting decentralised planning and implementation of programmes related to family planning and sexual and reproductive health, with focus on local priorities and vulnerable groups***

As the data for India shows, there are significant inter-state and inter-regional variations in health and fertility outcomes, due to unequal investments in health infrastructure, education, women's empowerment, and overall development. Consequently, the policy and programmatic response needs to address systemic gaps at the local level in the delivery of family planning and sexual and reproductive health (FP-SRH) services, so that they are accessible uniformly across the country. The response also needs to adopt a convergent inter-departmental planning and implementation model to address the social determinants of health and fertility behaviours, such as girls' education, gender norms, early marriage, women's decision-making autonomy, and social justice.

### ***Advancing informed and evidence-based discourse on population issues to dispel popular myths and misconceptions***

Survey and research data are the building-blocks of governance, and India has a robust system of regular monitoring and evaluation of family planning programme delivery. This knowledge base

needs to be utilised effectively by policymakers through regular exchanges with researchers, civil society organisations working at the grassroots level, and state-, district- and sub-district level functionaries who implement programmes.

### ***Looking at FP-SRH as a key component of people's well-being and sustainable development***

Considering the lifelong and inter-generational effect of fertility decisions, and their subsequent impact on the country's development trajectory, policies and programmes on FP-SRH need to be a national priority kept front and centre of sustainable development strategies, rather than being a subheading under women's health. As a signatory to the ICPD Programme of Action, India has achieved significant progress in addressing high population growth through a rights-based approach to family planning. With the shifting demographic profiles of states, policies and programmes have to address the needs of aging populations in some regions, while increasing livelihood opportunities in others with younger populations, and balance population stabilisation with efficient resource utilisation for sustainable development.

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#### References

<sup>1</sup>United Nations Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022: Summary of Results. UN DESA/POP/2022/TR/NO. 3.

<sup>2</sup>The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates

<sup>3</sup>Sample Registration System Statistical Report 2020

<sup>4</sup>POPULATION PROJECTIONS FOR INDIA AND STATES 2011 – 2036, Census of India 2011

<sup>5</sup>The State of World Population 2014, UNFPA

<sup>6</sup>World Population Prospects 2022

<sup>7</sup>The average number of children a woman would have by the end of her childbearing years if she bore children at the current age-specific fertility rates, minus unwanted births

<sup>8</sup>Including those who were sterilised – International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India: Volume I. Mumbai: IIPS.

<sup>9</sup>International Institute for Population Sciences (IIPS) and ICF. 2021. National Family Health Survey (NFHS-5), 2019-21: India: Volume I. Mumbai: IIPS.

<sup>10</sup>Nirmala Buch. Economic and Political Weekly. 2005. Law of Two-Child Norm in Panchayats

<sup>11</sup>United Nations Department of Economic and Social Affairs, Population Division (2021). Global Population Growth and Sustainable Development. UN DESA/POP/2021/TR/NO. 2.



Population Foundation of India is a national non-government organisation (NGO), founded in 1970 by JRD Tata, that promotes and advocates for the effective formulation and implementation of gender-sensitive population, health and development strategies and policies. Working with the government and NGOs, it addresses population issues within the larger discourse of empowering women and men.


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