



## UNFPA India Insights | State of World Population Report 2025

*Crisis of Fertility Aspirations : Not too many or too few children, but the inability to achieve the number of children one wants*

UNFPA's 2025 *State of World Population* (SOWP) report, *The Real Fertility Crisis*, calls for a shift from panic over falling fertility to addressing unmet reproductive goals. SWOP 2025 underlines millions of individuals are not able to realise their real fertility goals. This is the real crisis, not underpopulation or overpopulation.

The answer lies in greater reproductive agency, a person's ability to make free and informed choices about sex, contraception and starting a family – if, when and with whom they want. Policies must respond better to what people want regarding fertility choices and their notion of a family size.

In 2022, the global population exceeded 8 billion, sparking debates on the exploding population in countries of the Global South and declining birth rates and ageing in wealthier nations. Beneath the panic and anxiety lies a more fundamental concern: whether individuals are truly able to make reproductive decisions that are informed, voluntary, and supported.

### **Fertility in India: Aspirations versus Realities**

India, the world's most populous nation, has reached a Total Fertility Rate (TFR) of 2.0 (NFHS-5, 2019-21). In the 1970s, women on average had nearly five children. Now, they have close to two. This milestone reflects progress in health and education, but masks regional diversity in fertility rates - average number of children a woman will have in her lifetime.

Fertility has fallen below the replacement level (2.1) in 31 States/UTs, but remains high in Bihar (3.0), Meghalaya (2.9) and Uttar Pradesh (2.7). Urban-rural gaps persist, and seven states have yet to reach replacement TFR in rural areas.

The gap in realising their desired fertility goals is a reality for many individuals. Many want children but cannot have them when they want; while others want to avoid pregnancy but cannot. And both issues may affect many people in the course of their lifetime.

As per NFHS-5 (2019-21), the State-level variations in Total Wanted Fertility Rate (TWFR) and Total Fertility Rate (TFR) for two high fertility states are: Bihar (TFR 3.0; TWFR 2.2) and, Meghalaya (TFR 2.9; TWFR 2.2) which illustrate gaps between wanted and actual fertility (Figure 1). On the other hand, the variation is comparatively smaller in low fertility states such as Sikkim (TFR 1.0 & TWFR: 0.91.0). Figure illustrate gaps between wanted and actual fertility

Despite good progress, India's adolescent fertility rate remains high at 14.1 per 1,000 women aged 15–19 in comparison to countries like China (6.6), Sri Lanka (7.3), and Thailand (8.3). This high rate of fertility amongst the adolescents endangers both maternal and child health and affects education and employment outcomes.

## **Findings from the UNFPA–YouGov Survey: Online poll conducted across 14 countries, including India, covering 14,000 respondents.**

- While 36% of Indian respondents reported unintended pregnancy and 30% unable to fulfill the desire for a child, a significant proportion (23%), faced both issues in the course of their lifetime, which is comparatively higher among the countries included in the study, pointing to persistent gaps in access to quality sexual and reproductive health services and informed contraceptive choice.
- Majority of respondents (41% women and 33% men) have said that the ideal number of children for them are 2 (most preferred number in all the 14 countries surveyed), for 1 child (13% women and 14% men) and 3 child (6% women and 4% men)
- Birth rate among young women remains on a gradual decline, delaying childbearing
- In terms of barriers to having children, infertility or difficulty conceiving (13% compared to 14 country average 12%), while the biggest barrier reported was financial implications (38%, compared to 14 country average of 39%) and availability of a suitable partner (12% compared to 14 countries average 14%).
- About 27% of women and 34% men reported situations where they were unable to use a contraceptive of their choice, indicating unmet need for family planning.
- Economic insecurity is a major constraint. Nearly 4 in 10 people said financial limitations as a key reason they are unable to have the families they want. Housing issues (22%), job insecurity (21%), and lack of affordable childcare (18%) further limit reproductive choices.
- Health-related barriers like poor general health or chronic illnesses (15%), infertility (13%), and inadequate access to pregnancy-related care are further challenges. WHO estimates infertility affects 3.9% to 16.8% of the Indian population.
- Pressure from health workers was also found to have an impact on underachievement of fertility goals; 14% of respondents said pressure from doctors or health workers had led, or would lead, to them having fewer children than they wanted.

### **These Findings Illuminate a Persistent Dual Burden**

- In states like Bihar, Jharkhand, and Uttar Pradesh, unintended and closely spaced births are common due to poor contraceptive and health services and gender norms.
- In Tamil Nadu, Kerala, and Delhi, many couples delay or skip childbirth due to costs and work-life conflict, especially among educated middle-class women.

### **Potential Policy Challenges**

Globally, governments are adopting pronatalist policies using various incentives through—bonuses, tax breaks, national campaigns—but SOWP 2025 cautions that these measures are often ineffective. They may entrench patriarchal norms and restrict reproductive rights.

Infertility also remains under-prioritised in India and needs to be considered for inclusion under the government's health insurance schemes. An estimated 27.5 million Indian couples face infertility, yet public sector services are limited, while private care remains expensive and largely

confined to urban centres. Social stigma is particularly harsh on women, though fertility challenges affect both sexes.

## **A Rights-Based Roadmap for India's Reproductive Future**

India's Family Planning 2030 vision aims for universal access to high-quality, comprehensive family planning services for all people of reproductive age, including marginalized groups. It focuses on equitable, affordable contraceptive choices and information, reaching even remote areas through stronger health systems and community engagement within the Universal Health Coverage framework.

With the changing fertility trends, India should further strengthen reproductive health policies and expand services with the twin aim to enable fertility choices both to achieve or prevent pregnancy at the right time for a woman thereby upholding her reproductive autonomy throughout her life course.

As the world's most populous country, it can lead globally by integrating "demographic resilience" into its economic and social policy and planning framework—adapting to population changes while upholding reproductive rights.

The goal is clear: everyone, especially youth and marginalized groups, should have equitable access to reproductive choices.

To achieve this vision, India commits to expanding contraceptive options, promoting healthy timing and spacing of pregnancies, and strengthening post-pregnancy contraception. Scaling up Mission Parivar Vikas to reach underserved areas, advancing social and behavior change initiatives, and engaging civil society organizations to raise awareness and deliver family planning services nationwide are key priorities.

### **Recommended Key Pillars for India's Approach:**

1. **Expand Sexual and Reproductive Health (SRH) Services:** Ensure universal access to a wide range of contraceptives, safe abortion, maternal care, and infertility treatment/assisted reproductive technologies by integrating these into primary health systems and reaching last-mile populations through strengthened service delivery and community engagement. Address the current skewed uptake of family planning towards female sterilization by actively promoting the availability, accessibility and benefits of modern, safe, and highly effective reversible contraceptive options, ensuring individuals and couples can make informed choices from a diverse basket of methods.
2. **Tackle Adolescent and Youth Fertility and Unmet Needs:** Prioritise SRH for adolescents and young people to unlock their full potential by expanding information and contraceptive accessibility and availability for them, improving post-pregnancy contraception, and intensifying social and behavior change communication to increase demand and uptake

3. **Address Structural Barriers:** Invest in supportive measures such as childcare, education, housing, and flexible workplaces. Implement community and legal strategies to reduce early marriage and gender-based violence, ensuring equitable access for vulnerable groups.
4. **Promote Inclusive Policies:** Extend services to unmarried, LGBTQIA+, and disabled individuals, ensuring no one is left behind in the provision of family planning and reproductive health care.
5. **Improve Data and Accountability:** Move beyond tracking only the total fertility rate (TFR). Monitor unmet need for family planning, fertility satisfaction, bodily autonomy (SDG 5.6.1), and decision-making power to ensure accountability and responsive programming.
6. **Drive Social Change:** Support community-led initiatives that engage men and boys, reduce stigma, and improve reproductive literacy, with a special focus on youth and marginalized populations, to foster an enabling environment for family planning.

This is not about raising or lowering fertility. It is about enabling people to make their own reproductive decisions confidently, safely, and without pressure.

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## **FROM LITTLE CHOICE TO INFORMED CHOICE**

*One family, three generations, and the evolving views about having children in India*



In a small village in Bihar, three generations of women reflect the long arc of India’s fertility transition—from compulsion to consultation.

**Saraswati Devi** was married at 16 and had five sons by the time she was 30. “We did not know how to delay or prevent pregnancies, and we were too afraid to ask,” she says. Back then, having many children was considered a blessing—and a duty. “The more children you have, the more hands there are to work in the fields,” her mother-in-law told her. Saraswati never imagined a choice. “If I could do it all over again, I would have had fewer children.”

Her daughter-in-law **Anita**, married at 18, had six children—even though contraceptives were available. “I initially wanted only one or two children,” she says, but family pressure to bear a son overrode her wishes. “My husband and mother-in-law wanted more children... I felt exhausted, but I had little say in the matter.”

Today, Anita’s daughter **Pooja**, age 26, is stopping at two. A graduate who learned about reproductive rights through Raatri Chaupals, she says: “I want to give my children a better life, while also prioritising my health.”

These three voices capture India’s remarkable journey from a time when women had negligible knowledge or agency over their reproductive lives to a present where informed choice and open dialogue are increasingly possible. While challenges remain, especially in overcoming social and familial barriers, the progress across generations is clear. Empowering women with education, access to modern contraceptives, and the right to make their own reproductive decisions is not just transforming families—it is shaping the future of India.

**Figure 1: State-level Variation and Difference in Wanted Fertility Rate, Total Fertility Rate, India, NFHS-5, 2019-21**

