

Fertility Decline and Changing Population Structure in India

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Abstract

India is undergoing one of the most consequential demographic transformations in its modern history. Sustained fertility decline, accompanied by improvements in survival and changes in family formation, has shifted the country from a predominantly youthful population towards a more mature age structure. This paper examines the trajectory, determinants and structural consequences of fertility decline in India, with particular attention to regional disparities, demographic momentum, the changing balance between children, working-age adults and older persons, and the implications for development policy. The study adopts a descriptive, analytical and comparative secondary-data design. It draws primarily on the National Family Health Survey (NFHS), Sample Registration System (SRS), official population projections for 2011–2036, United Nations World Population Prospects 2024, the India Ageing Report 2023 and relevant peer-reviewed demographic literature. India's total fertility rate declined to 2.0 children per woman in NFHS-5 (2019–21), while the SRS Statistical Report 2022 also records a national TFR of 2.0. However, substantial inter-state differences remain. Fertility decline is progressively narrowing the base of the population pyramid, expanding the relative weight of the working-age population and accelerating population ageing. Official projections indicate that the proportion aged 0–14 may fall from 30.9% in 2011 to 20.1% in 2036, while the population aged 60 and above may rise from 8.4% to 14.9%. The paper argues that India's demographic challenge is no longer adequately described as population growth alone; it increasingly concerns the management of demographic diversity, labour-force absorption, reproductive choice and ageing.

ARTICLE INFORMATION

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Article History: Received: [08/04/2025] | Accepted: [16/04/2025]

Published: [18/04/2025]

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Keywords: fertility decline, demographic transition, age structure, demographic dividend, population ageing, total fertility rate, India

Introduction

India's demographic transformation has entered a fundamentally different phase from that which shaped population policy during much of the twentieth century. Earlier policy debates were dominated by rapid population growth, high fertility, maternal and child mortality and the perceived need to reduce family size. Today, fertility at the national level has fallen to approximately replacement level, while the consequences of several decades of fertility decline are increasingly visible in the country's age structure. According to the National Family Health Survey (NFHS-5), conducted during 2019–21, India's total fertility rate (TFR) reached 2.0 children per woman, compared with 2.2 in NFHS-4 during 2015–16. Modern contraceptive use among currently married women aged 15–49 increased substantially, while unmet need for family planning fell to 9.4% (International Institute for Population Sciences [IIPS] & ICF, 2021). The subsequent Sample Registration System Statistical Report 2022 also estimated the national TFR at 2.0.

This national average, however, should not be interpreted as demographic uniformity. Fertility transition has occurred at markedly different speeds across Indian states. Southern and several western states experienced replacement or below-replacement fertility substantially earlier, whereas parts of northern, central and north-eastern India have entered the low-fertility phase more recently. The 2022 SRS data illustrate this contrast particularly clearly: Bihar recorded a TFR of 3.0, while Delhi and Tamil Nadu recorded 1.3. NFHS-5 similarly demonstrates that most States and Union Territories have reached a TFR of 2.1 or below, but a smaller group continues to remain above replacement level. The Indian demographic transition is therefore better conceptualised as a collection of overlapping regional transitions rather than a single national process.

The significance of declining fertility extends far beyond the number of births. Fertility is one of the principal forces shaping population age composition. When sustained fertility decline reduces successive birth cohorts, the proportion of children falls. For several decades thereafter, earlier large cohorts move into working ages, raising the relative share of the economically active population. Eventually, those cohorts enter older ages, and population ageing accelerates. This sequence lies at the centre of demographic-transition and demographic-dividend theories (Bloom et al., 2003). Changes in age structure can therefore influence education demand, labour supply, household savings, public finance, healthcare requirements, intergenerational support and economic growth.

India is currently positioned between the working-age expansion produced by previous fertility decline and the ageing that follows it. Official population projections illustrate the scale of this restructuring. The proportion of the population aged 0–14 was 30.9% in 2011 and is projected to decline to 20.1% by 2036. The corresponding share aged 15–59 is projected to rise from 60.7%

to 64.9%, while the proportion aged 60 years and above is projected to increase from 8.4% to 14.9%. Median age is projected to increase from about 24.9 years in 2011 to 34.5 years in 2036. These figures are projections rather than observed 2036 outcomes, but they demonstrate the direction and magnitude of structural demographic change.

The research problem addressed in this paper arises from the tendency to discuss India's fertility decline, demographic dividend and population ageing separately. In reality, they represent successive and interconnected elements of the same demographic transformation. A fall in fertility initially reduces child dependency, potentially improves household capacity to invest in each child and increases the relative size of the working-age population. The same process later increases the proportion of older persons. Consequently, policies designed only around population limitation or the size of the youth population risk overlooking the long-term structural implications of low fertility.

Existing research has established important determinants of Indian fertility decline. Women's education, reductions in child mortality, diffusion of the small-family norm, contraception, later marriage and improvements in health and social development have all been associated with declining fertility (Drèze & Murthi, 2001; Mohanty et al., 2016). Spatial research has demonstrated persistent regional clustering and diffusion of fertility behaviour (Guilmoto & Rajan, 2001), while studies of Kerala illustrate how social development and female education can sustain below-replacement fertility even in circumstances that differ from the classic Western demographic transition (Nair, 2010). More recent scholarship has also questioned whether India's low fertility represents a Western-style "second demographic transition", given the continuing centrality of marriage and distinctive Indian patterns of family formation (Visaria, 2022).

Against this background, the paper pursues four interrelated objectives: to examine the long-term trajectory and major determinants of fertility decline in India; to assess the continuing regional differentiation of fertility; to analyse how declining fertility is transforming the distribution of population among children, working-age adults and older persons; and to evaluate the principal socio-economic and policy implications of this structural transformation. Correspondingly, it asks: How far has India progressed through the fertility transition? Why do substantial inter-state differences persist? How is low fertility altering population age structure and dependency? What opportunities and challenges arise from the resulting demographic dividend and subsequent ageing?

The central argument is that fertility decline in India should no longer be assessed principally through the lens of population control. India has entered a stage in which demographic policy increasingly requires simultaneous attention to reproductive autonomy, regional demographic inequality, employment creation, human-capital formation and preparation for rapid ageing.

Literature Review

The demographic transition framework provides the broad theoretical foundation for understanding India's experience. In its conventional formulation, populations move from regimes characterised by high mortality and high fertility towards low mortality and low fertility. Mortality commonly falls first, producing a period of rapid population growth. Fertility subsequently declines, slowing growth and transforming population age composition. Although the framework is useful, the timing, institutional pathways and social mechanisms of transition differ considerably across countries and regions.

Indian fertility research demonstrates precisely this heterogeneity. Drèze and Murthi (2001), using district-level evidence, concluded that female education and child mortality were particularly important in explaining fertility differences and fertility decline. Their findings challenged overly simple interpretations in which income growth, urbanisation or general economic modernisation automatically produce low fertility. The importance of social development is strongly reinforced by the experience of Kerala, where fertility reached low levels ahead of much of India. Nair (2010) relates Kerala's early fertility transition to widespread education, women's social advancement, public-health improvement and historically embedded social development.

Mohanty, Fink, Chauhan and Canning (2016) extended this literature through an analysis of 640 Indian districts. Their results showed that increases in female literacy and reductions in under-five mortality explained a substantial share of district-level fertility reductions, while poverty reduction had a more limited independent association. This is significant because it suggests that fertility behaviour responds not simply to household income but to changes affecting the perceived costs and benefits of childbearing, child survival and women's capabilities.

Spatial diffusion is another important dimension. Guilmoto and Rajan (2001) demonstrated strong spatial patterns in the Indian fertility transition, showing that neighbouring districts frequently followed related fertility trajectories. Fertility decline is therefore not exclusively an individual household response to socioeconomic characteristics; ideas, norms, family-size preferences, institutional practices and contraceptive behaviour may also diffuse geographically and socially. Their work anticipated the highly differentiated pattern still visible in contemporary Indian fertility statistics.

Gender relations complicate the transition further. Bhat and Xavier (2003) examined the relationship between falling fertility and son preference in northern India. They found that a decline in desired family size could reduce some expressions of son preference while not eliminating gender bias. Fertility decline therefore cannot automatically be equated with gender equality. In contexts where strong preferences over the sex composition of children persist,

smaller family norms may interact with reproductive technologies and discriminatory practices in complex ways.

At very low fertility levels, conventional demographic-transition explanations may also require modification. Visaria (2022) argues that India has entered below-replacement fertility without fully reproducing several social characteristics associated with the second demographic transition in Europe. Marriage continues to remain widespread, voluntary childlessness is comparatively uncommon, and fertility remains strongly linked with marriage. Thus, similar TFR values can emerge through different family-formation regimes. The Indian transition combines delayed marriage, relatively concentrated childbearing within marriage, contraceptive limitation and enduring family institutions.

A separate literature links fertility decline with changing age structure and economic development. Bloom, Canning and Sevilla (2003) emphasise that population age structure, rather than population size alone, can substantially affect development outcomes. When fertility falls and the working-age share rises relative to dependants, countries may experience a demographic dividend through increased labour supply, savings and human-capital investment. Yet the dividend is conditional rather than automatic. Employment opportunities, education, health, gender equality, institutions and economic policy determine whether the favourable age structure translates into productivity and income growth.

Evidence from India reinforces this conditional interpretation. Aiyar and Mody (2011) found a significant relationship between working-age ratios and economic growth across Indian states, while Kumar (2014) stressed that states are moving through the demographic transition at different times. States with later fertility decline may continue experiencing working-age expansion when more advanced states are already ageing. This creates the possibility of extending India's overall demographic opportunity but also shifts its centre towards regions that historically have had weaker human-development and employment outcomes.

The literature therefore provides strong explanations of fertility decline, spatial variation and potential demographic dividends, but the policy debate often fragments these processes. Less attention is given to fertility decline as the common mechanism linking a shrinking child population, working-age expansion, demographic momentum and subsequent ageing. This paper addresses that gap through an integrated examination of fertility and population structure using the latest available major official demographic datasets.

Research Methodology

This study adopts a descriptive, analytical and comparative research design based entirely on secondary data. No household survey, questionnaire, interview or independently generated

primary dataset has been used. The geographical scope is India, with state-level comparisons incorporated where they illuminate regional differences in fertility transition.

The principal empirical sources are NFHS-5 (2019–21), produced by IIPS and ICF; the Sample Registration System Statistical Report 2022 of the Office of the Registrar General and Census Commissioner; Population Projections for India and States 2011–2036 prepared by the Technical Group on Population Projections; United Nations World Population Prospects 2024; and the UNFPA–IIPS India Ageing Report 2023. Peer-reviewed demographic research is used to interpret observed patterns and establish relationships with earlier scholarship.

The principal indicators are total fertility rate, contraceptive prevalence, unmet need for family planning, broad age-group shares, median age and dependency ratios. Long-term fertility trends are analysed comparatively, while population projections are used to examine anticipated structural consequences. Observed survey estimates and projections are kept conceptually separate. For example, the 2026 age composition presented in the official projection series is not treated as a newly enumerated population count.

The analytical framework combines demographic-transition theory with the demographic-dividend perspective. Fertility decline is treated as a principal explanatory mechanism altering relative cohort sizes. These cohort changes are then analysed in relation to dependency, labour-force potential and ageing.

The study has several limitations. India has not had a new completed decennial census after Census 2011 available for the comparisons made here, making population projections particularly important for contemporary structural analysis. NFHS and SRS estimates are generated using different survey systems and should not be interpreted as perfectly interchangeable observations. Future population structure also depends on mortality, migration and future fertility, so projection figures represent model-based demographic scenarios rather than guaranteed outcomes.

Analysis and Discussion

The Long-Term Transition towards Low Fertility

India's fertility transition has been substantial and sustained. Historical SRS evidence indicates a TFR above five children per woman during the early 1970s. The decline accelerated over subsequent decades, particularly from the 1980s onward. More recent annual SRS estimates show TFR declining from approximately 2.9 in 2005 to 2.5 in 2010, 2.3 in the middle of the following decade, 2.1 in 2019 and 2.0 by 2020. The SRS Statistical Report 2022 indicates that TFR remained 2.0 in both 2021 and 2022.

NFHS provides a complementary survey perspective. TFR declined from 2.7 in NFHS-3 (2005–06) to 2.2 in NFHS-4 (2015–16) and 2.0 in NFHS-5 (2019–21). The transition is accompanied by broader changes in reproductive behaviour. Among currently married women aged 15–49, use of any family-planning method increased from 53.5% in NFHS-4 to 66.7% in NFHS-5, while use of modern methods rose from 47.8% to approximately 56.4–56.5%. Unmet need for family planning declined from 12.9% to 9.4%.

Indicator	Earlier estimate	NFHS-5 / latest observed estimate
TFR, NFHS	2.7 (2005–06)	2.0 (2019–21)
TFR, SRS	2.9 (2005)	2.0 (2022)
Any contraceptive method	53.5% (2015–16)	66.7% (2019–21)
Modern contraceptive method	47.8% (2015–16)	56.4% (2019–21)
Unmet need for family planning	12.9% (2015–16)	9.4% (2019–21)

Sources: IIPS & ICF (2021); Office of the Registrar General & Census Commissioner, India (2025).

The decline cannot be attributed to a single intervention. Expanded female education, improved child survival, contraceptive availability, changing desired family size, delayed marriage, urbanisation, rising costs of childrearing and changing aspirations operate simultaneously. Empirical evidence gives particular importance to female education and child survival (Drèze & Murthi, 2001; Mohanty et al., 2016). When parents can expect a greater proportion of their children to survive and when the economic and opportunity costs associated with raising and educating children increase, desired fertility tends to decline.

The transformation should nevertheless not be interpreted simply as the success of a numerical population-control objective. NFHS-5 still reports unmet need for family planning, and the 2025 State of World Population report emphasises reproductive agency—the ability of individuals to realise their desired fertility rather than being pushed towards either more or fewer children than they want. In India, future fertility policy therefore requires a transition from numerical fertility targets towards informed choice, accessible contraception, maternal health, infertility care where appropriate, and gender-equitable conditions for family formation.

Regional Differentiation and India's Multiple Fertility Transitions

National TFR conceals major regional differences. By NFHS-5, 31 of India's 36 States and Union Territories had reportedly achieved TFR at or below the replacement benchmark. Yet low fertility emerged much earlier in Kerala and Tamil Nadu than in Bihar and Uttar Pradesh. The

SRS 2022 estimate of 3.0 for Bihar compared with 1.3 for Tamil Nadu and Delhi illustrates the continuing width of India's demographic spectrum.

This diversity is partly a product of differences in education, healthcare, mortality, urbanisation, gender relations and family-planning access. Yet the geographical persistence of fertility patterns also suggests the importance of norms and diffusion. Guilmo and Rajan (2001) found strong spatial clustering in fertility transition across districts, indicating that fertility behaviour often changes through regionally connected processes rather than isolated household decisions.

The implications are substantial. States that reached below-replacement fertility early are ageing earlier. States where fertility declined later will continue contributing disproportionately to the growth of the working-age population. Thus, a uniform population policy is increasingly inappropriate. High-fertility areas continue to require improved reproductive healthcare, female education, reductions in early marriage and voluntary family-planning services. Very-low-fertility and ageing regions must increasingly prioritise elder care, labour productivity, migration and family-support systems.

Recent discussions of a “fertility crisis” also require caution. A TFR below 2.1 does not automatically indicate imminent population decline, nor does a national value of 2.0 imply identical reproductive conditions across social groups and states. India simultaneously contains places where couples experience barriers to limiting births and places where social or economic constraints may prevent desired childbearing. This duality strengthens the case for rights-based rather than coercive demographic policy.

Shrinking Child Population and Transformation of the Population Pyramid

The most immediate structural consequence of fertility decline is the reduction in the relative size of younger cohorts. India's official 2011–2036 population projections make this transition visible.

Broad age indicator	2011	2021 projection	2026 projection	2036 projection
Population aged 0–14 (%)	30.9	25.7	23.8	20.1
Population aged 15–59 (%)	60.7	64.2	64.8	64.9
Population aged 60+	8.4	10.1	11.4	14.9

(%)				
Median age (years)	24.92	28.34	30.27	34.48
Total dependency ratio per 100 working-age persons	64.6	55.7	54.3	54.0

Source: Technical Group on Population Projections (2020). Values after 2011 are projections and should not be interpreted as census observations.

The population pyramid therefore changes from a conventional triangular structure, with a broad base of children, towards a more rectangular or barrel-shaped distribution. Fertility decline first narrows the base because fewer births enter the youngest age groups. Over time, these smaller cohorts progress into adolescence and adulthood. Consequently, educational planning will increasingly be affected not only by expanding access but also by changes in cohort size.

A shrinking child share can create a “demographic bonus” for human-capital investment. With fewer children relative to working-age adults, households and governments potentially have greater resources per child for nutrition, health and education. However, this advantage is not automatic. Declining cohort size improves the demographic opportunity for investment but does not guarantee educational quality, equitable access or learning outcomes.

The declining young-age dependency ratio is especially important. Official projections show the number of young dependants relative to working-age adults falling sharply between 2011 and 2036, while old-age dependency rises. The apparent stability of the total dependency ratio towards the end of the projection period therefore conceals a fundamental change in its composition: fewer child dependants are progressively replaced by more older dependants. This compositional shift has major fiscal and social consequences because children and older persons require different forms of expenditure and care.

Working-Age Expansion and the Demographic Dividend

The intermediate stage of the transition creates India’s widely discussed demographic dividend. When the working-age population grows faster than the dependent population, economic output per capita can potentially rise through greater labour supply, higher savings and increased investment in human capital. Official projections place the 15–59 population at approximately 735 million in 2011 and nearly 988 million by 2036, while its population share rises from 60.7% to almost 65%.

The economic importance of this change has been established in previous literature. Aiyar and Mody (2011), using variation across Indian states, reported a significant relationship between age structure and economic performance. Kumar (2014) similarly argued that demographic opportunities are spatially differentiated because states enter and exit favourable age structures at different times.

Yet demographic dividend should not be treated as synonymous with economic dividend. A large working-age cohort produces potential labour supply; it does not produce jobs. Employment creation, skill formation, productivity, female labour-force participation, health and mobility determine whether additional working-age population becomes an economic asset. UNFPA accordingly emphasises that education, healthcare, empowerment and decent employment are essential for translating age-structural change into sustainable development.

This condition is particularly important for India because the future working-age increase is geographically concentrated in states that have tended to experience later fertility decline. If these regions cannot generate sufficient human capital and productive employment, the same population structure identified as an opportunity could intensify unemployment, informal employment, migration pressures and regional inequality.

Internal migration can partially redistribute demographic resources. Labour-surplus younger states may supply workers to ageing and economically dynamic states. Such migration can improve national labour allocation, but it also requires portable social protection, affordable urban housing, health services, linguistic and social inclusion, and recognition of migrant workers' rights.

From Demographic Dividend to Population Ageing

Fertility decline eventually changes the demographic question from how to accommodate large numbers of children and young workers to how to support a rapidly expanding older population. India is already entering this phase.

The India Ageing Report 2023 projects that the elderly share will rise markedly over coming decades. Government population projections similarly indicate an increase in persons aged 60 and above from roughly 102 million in 2011 to about 227 million by 2036, representing an increase from 8.4% to 14.9% of the total population. A March 2026 Government of India statement reaffirmed these projections and simultaneously highlighted the decline in the under-15 share from 30.9% to 20.1%.

Longer-term UNFPA estimates indicate that approximately one-fifth of India's population could be elderly by 2050. The India Ageing Report further indicates that older persons may outnumber children aged 0–15 by the middle of the century, with the crossover projected around 2046.

Population ageing produces a new set of institutional demands. Older populations require greater expenditure on chronic-disease management, geriatric medicine, long-term care, assistive services, pensions and age-friendly infrastructure. Ageing is also gendered. Because women generally survive longer, advanced-age populations contain relatively more women, many of whom experience widowhood, limited personal income and greater dependence on family support.

Traditional family-based elder care may become increasingly difficult to sustain as household size declines, adult children migrate and women participate more extensively in paid employment. Fertility decline itself contributes to this change by reducing the number of adult children potentially available to provide care to each older parent. The issue is therefore not simply the number of elderly persons but the ratio between care needs and available family, community and institutional support.

Ageing also changes the meaning of dependency. India's projected total dependency ratio remains comparatively favourable through much of the 2020s and 2030s because falling child dependency compensates for rising old-age dependency. Eventually, however, continued low fertility and survival improvement increase the relative burden of old-age support. Policy formed during the demographic-dividend phase must therefore anticipate rather than postpone ageing-related expenditure.

Fertility Decline, Demographic Momentum and Future Population Growth

A frequent misunderstanding is that replacement-level fertility means population growth stops immediately. India demonstrates why this is incorrect. Because earlier high-fertility decades produced very large cohorts, a large number of women are currently or will soon be passing through reproductive ages. Even when each woman has approximately two children on average, the absolute number of births can remain large. This is demographic momentum.

According to the United Nations World Population Prospects 2024, India's population was estimated at approximately 1.45 billion in 2024. UNFPA lists an estimated population of about 1.464 billion for 2025. The UN medium projection suggests continued growth for several decades, with India's population reaching around 1.69 billion by the mid-2050s and peaking at roughly 1.70 billion around 2062 before gradually declining. The 2100 population under the UN central projection remains around 1.5 billion. These figures are projections and are sensitive to future fertility, mortality and migration assumptions.

The persistence of population growth despite low fertility has important policy implications. India does not face an immediate national population contraction. At the same time, a continuation of fertility substantially below replacement level over many decades would eventually accelerate ageing and could later contribute to population decline. The rational policy

response is therefore neither renewed coercive population limitation nor indiscriminate pronatalist intervention.

A more appropriate approach is demographic adaptability: support individuals in achieving their desired family size, reduce remaining high-fertility inequalities through education and reproductive-health access, prepare for regional labour shortages and surpluses, and strengthen systems for healthy ageing.

Policy Implications of the New Demographic Structure

India's changing population structure requires a shift from population-control policy towards population-development policy. First, family planning should remain voluntary and rights based. Fertility decline should not become a justification for abandoning contraception, nor should low fertility automatically produce pressure on women to have more children. NFHS-5 still documents unmet contraceptive need, while UNFPA's recent framework emphasises reproductive agency.

Second, demographic planning must become state specific. Bihar and other relatively high-fertility states require continued investment in female secondary education, reproductive health, reduced child marriage, maternal and child survival and contraceptive choice. Low-fertility states require increasing attention to ageing, migrant labour and long-term care.

Third, the demographic-dividend window must be used to raise productivity rather than merely celebrate the size of the working-age population. Employment-intensive growth, vocational and tertiary education, digital capabilities, women's economic participation and health investment are central.

Fourth, India should prepare much earlier for population ageing. Geriatric healthcare, pension coverage, social assistance, age-friendly housing, long-term care and community-based support will become increasingly important. Building such institutions after ageing is advanced is likely to be considerably more difficult and expensive than gradual preparation during the demographic-dividend period.

Finally, demographic data systems must remain a policy priority. Fertility, migration, ageing, family composition and mortality are changing rapidly and unevenly. Timely population data are therefore indispensable for planning schools, hospitals, housing, transport, social protection and labour markets.

Conclusion

India's decline in fertility represents a structural demographic transformation rather than merely a reduction in the number of births. TFR has fallen from very high levels during the second half

of the twentieth century to approximately 2.0 children per woman in both NFHS-5 and the latest SRS estimate for 2022. Increased contraceptive use, declining child mortality, expansion of female education, changing family-size preferences and wider socioeconomic transformation have contributed to this transition. Yet the transition remains geographically uneven, and a national fertility average conceals substantial differences among states.

The first research question—how far India has progressed through fertility transition—can therefore be answered clearly: nationally, the country has entered a low-fertility phase, although not every state has completed the transition. The second question concerning regional differences is explained by uneven human development, education, health systems, social norms, family formation and the diffusion of reproductive behaviour.

The structural consequences answer the third research question. Declining fertility is steadily reducing the proportion of children, increasing the relative importance of the working-age population and raising the median age. Official projections suggest that the child share may fall from 30.9% in 2011 to 20.1% by 2036, while the 60+ share may rise from 8.4% to 14.9%. Thus, the composition of dependency is shifting from children towards older persons even before India's total dependency ratio rises substantially.

The fourth research question concerns the developmental consequences. India retains an important demographic-dividend opportunity, but favourable age structure is only a potential advantage. Its realisation depends on education, health, productive employment, women's participation and the capacity of labour markets to absorb large cohorts entering working ages. At the same time, the country must prepare for ageing because today's large working-age cohorts will become tomorrow's elderly population.

India's continued population growth does not contradict fertility decline. Demographic momentum means that the country is projected to continue growing for several decades even at low fertility. The United Nations projects a population peak around the early 2060s rather than an immediate decline.

The most important policy implication is therefore a change in demographic perspective. The central issue is no longer simply how to reduce population growth. India must simultaneously protect reproductive choice, complete fertility transition where higher fertility persists, convert working-age expansion into productive employment and create sustainable institutions for an ageing society. Future research should examine district-level and social-group variation in very low fertility, changing fertility intentions, migration responses to regional demographic divergence, gender inequalities in unpaid care and the fiscal consequences of population ageing. The success of India's demographic transition will ultimately depend less on achieving a

particular national fertility number than on adapting institutions to the population structure that fertility decline is creating.

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