UNFPA 2025 State of World Population Report

Mains *– (GSII) Issues relating to development and management of health, education, human resources*

Why in News?

Recently the United Nations Population Fund (UNFPA) released its 2025 State of World Population that highlighted millions across the world, including Indians, are unable to fulfil their reproductive goals due to unmet reproductive choices.

What is the UNFPA Report?

- **UNFPA Report** – It is an annual flagship report published by the United Nations Population Fund (UNFPA) on world population growth trend.
- **Title of 2025 edition** – "The Real Fertility Crisis"
- The report intended to explore the gap between desired and actual fertility worldwide.
- The findings of the report shift the global narrative from panic over falling fertility to addressing **unmet reproductive needs**.

Unmet reproductive choice
• **Unmet reproductive choice** – It refers to situations where individuals or couples cannot achieve their desired reproductive outcomes due to lack of access to family planning services, contraception, or reproductive health care. • This can include unmet need for contraception (wanting to avoid pregnancy but lacking access to effective methods) or inability to access fertility treatments or safe abortion services. • This gap contributes to unintended pregnancies, unsafe abortions, and maternal health risks. • **Global Context** – Over 200 million women and girls globally, including in India, have an unmet need for modern contraception, leading to unintended pregnancies and maternal health risks.

What are the key findings related to India?

- **India's population dynamics** – India's population in 2025 is **1.46 billion**, highest in the world and expected to peak in early **2060s** at **1.7 billion**.
- **Total Fertility Rate (TFR)** – It has dropped to 1.9, below the replacement level of 2.1, indicating that India's population growth is decelerating.
- It has significantly declined from nearly 5 children per woman in 1970 to 1.9 in 2025.
- **Regional disparities** – High-fertility states like Bihar, Jharkhand, and Uttar Pradesh continue to have higher birth rates due to socioeconomic challenges.
- Low-fertility regions, such as New Delhi, Kerala, and Tamil Nadu, maintain TFRs below replacement levels, due to better education, healthcare access, and economic

opportunities.

- **Dual fertility gap** – It refers to individuals who experience both **unintended pregnancies and unmet desires** regarding the number of children they wish to have.
- India's 23% **dual fertility gap** is one of the highest among surveyed nations.
- **Unmet need for family planning** – It shows the difference between TFR and Total Wanted Fertility Rate (TWFR).
- TFR measures average number of children a woman is expected to have in her lifetime, while TWFR is the **average number of children women they would like to have**.
- Greater the difference means the greater the undesired pregnancies.
- For Bihar TFR is 3.0 and TWFR is 2.2 and for Meghalaya TFR is 2.9 and TWFR is 2.2 which illustrates the unmet need for family planning.
- On other hand low-fertility state Sikkim (TFR 1.0 and TWFR: 0.91.0) the variation is comparatively smaller.
- **Adolescent fertility concerns –** India's adolescent fertility rate (births per 1,000 women aged 15-19) is **14.1 per 1,000** which is higher than China (6.6), Sri Lanka (7.3), Thailand (8.3).
- It impacts education, maternal & child health of adolescent girls.
- **Rising infertility** – The reasons for rising infertility are due to changing lifestyle, financial constraints, Job security, lack of child care and medical conditions like polycystic ovary syndrome (PCOS).
- An estimated 25–30 million people in India face infertility, with rates rising from 22.4% in 1992–93 to 30.7% in 2015–16.
- **Access barriers to treatment** – Only 2% of those facing infertility seek medical help due to social stigma, high costs, and limited availability of treatments.
- **Education and urbanization** – Higher education levels, particularly among women and urbanization (increases living costs0, shifts the preferences toward smaller families in metropolitan areas.
- **Cultural norms** – Social stigma restricts access to reproductive health services to fertility centres.
- **Policy and healthcare gaps** – Despite progress, millions lack access to modern contraception, particularly in rural and economically disadvantaged areas.
- The report highlights the need for equitable distribution of family planning resources to address unmet contraceptive needs.
- **Outdated policies –** Many family planning programs focus on population control rather than empowering individual reproductive choices.

What are the suggested measures by the report?

- **Rights-based demographic resilience – It** suggests for a rights-based, demographic resilience, societies' ability to adapt to population change without sacrificing human rights.
- **Structural support –** Investment in childcare, housing, education, job security.
- **Inclusive policy framework –** Expanding sexual reproductive health services with universal access to contraception, safe abortion, maternal health, and infertility care,
- Tracking unmet family planning needs and bodily autonomy, not just fertility.
- **Community engagement –** Fostering social change through community initiatives

challenging stigma and building health literacy.

Reference

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