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Beyond Replacement:

How Cost of Living, Health and Climate
Are Reshaping Childbearing in India

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Issue Brief

Beyond Replacement: How Cost of Living, Health and Climate Are Reshaping Childbearing in India

INDIA'S QUIET FERTILITY TRANSITION

In just two generations, India has gone from one of the world's high-fertility societies to a country where women are, on average, having fewer than two children. Longitudinal data from the World Bank and Federal Reserve Economic Data (FRED) show that India's Total Fertility Rate (TFR) has fallen from well above 5 births per woman in the 1960s to around 2.0 by the early 2020s (World Bank Open Data, 2026) (Fertility Rate, Total for India, 2026).

Total fertility rate sounds technical, but it captures a simple idea: it is the average number of children a woman would have over her lifetime if current birth patterns stayed the same (Indicator Metadata Registry Details, n.d.). Demographers often treat a rate of about 2.1 births per woman as the "replacement" level in most countries, because this is just enough to replace the parents in the population once you factor in child mortality and the fact that some people never have children (Replacement Level Fertility - United Nations Economic and Social Commission for Western Asia, n.d.).

For decades, India sat well above this benchmark, with women having more than 5 children on average in the 1960s and early 1970s, and still above 3 as recently as the early 1990s. However, India has already crossed a quiet but historic threshold in its demographic story: the country's total fertility rate fell to about 1.9 children per woman in 2023, dipping below the conventional replacement level of 2.1 for the first time (Pandit, 2025).

ONE COUNTRY, MANY FERTILITY REGIMES

This single national figure, though, hides a far sharper story beneath the surface. Recent state-level estimates show that total fertility is still around 2.8 children per woman in Bihar and 2.6 in Uttar Pradesh, compared with roughly 1.2 - 1.4 in Delhi, Tamil Nadu, West Bengal and Maharashtra (Economic Survey 2025-26 Statistical Appendix). These gaps mean that a woman in Bihar is, on average, having more than twice as many children as a woman in Delhi or West Bengal, even though they are part of the same national economy and policy framework.

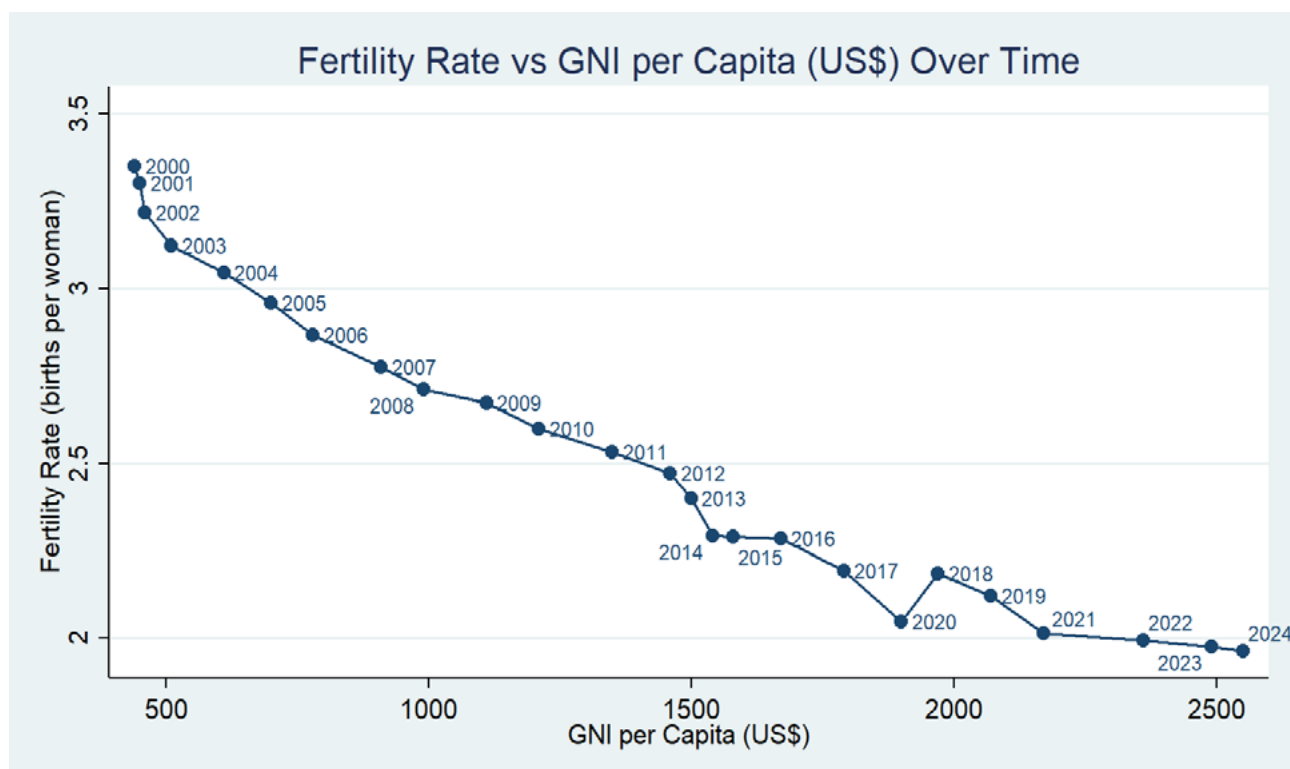
A similar divide appears between villages and cities. Recent fertility estimates show that India's rural TFR is still hovering around the replacement level, while urban fertility has fallen to well below two children per woman, with some large metropolitan regions approaching "low-fertility" patterns more typical of East Asia or Southern Europe (Geographical Variations in Fertility, 2026). In other words, not only do states like Bihar and Delhi sit at opposite ends of the fertility spectrum, but so do rural and urban India more broadly, suggesting that where you live continues to shape how many children you are likely to have.

BEYOND EDUCATION AND LATER MARRIAGE: NEW PRESSURES ON CHILDBEARING

Standard explanations for this divergence point to familiar factors: rising girls' education, later marriage, wider access to contraception and shifting family norms, all of which have been well documented in the Indian context (Dharmalingam et al., 2014). But for many young Indians today, decisions about whether, when, and even whether they are biologically able to have children are being made in a very different world. Decisions today are also marked by rising living costs, unstable work, climate stress and uncertainty about how technologies like artificial intelligence will reshape jobs and incomes. These newer pressures rarely show up in official fertility tables, yet they increasingly shape how couples think about the risks and responsibilities of parenthood.

Rising living costs and economic insecurity are some of the most visible ways in which this “different world” shows up in fertility decisions. For urban middle-class families, recent estimates suggest that raising a single child from birth to age 21 can cost anywhere between ₹40 lakh and ₹45 lakh, once you add up delivery, childcare, school fees, coaching, healthcare and college expenses (The Economic Times, 2025). One popular breakdown even puts the total closer to ₹1.17 crore for a child in a typical private-school, urban setting, with education alone accounting for nearly half of the total and housing, healthcare and daily consumption making up most of the rest (Kumar, 2025).

Figure 1: India's Fertility Rate vs GNI per Capita (US\$) from 2000 to 2024



Source: World Bank. (2024.). GNI, atlas method (current US\$) - india | data. In [data.worldbank.org](https://data.worldbank.org/indicator/NY.GNP.ATLS.CD?locations=IN). Retrieved July 28, 2026, from <https://data.worldbank.org/indicator/NY.GNP.ATLS.CD?locations=IN>

World Bank. (2024). Fertility rate, total (births per woman) - india | data. In [Worldbank.org](https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=IN). <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=IN>

Data from the World Bank indicates that in the past 25 years between 2000 and 2024, the fertility rate declined at an average annual compound rate of 2.21% while the Gross National Income per capita increased by 7.59% annually during the same period. This indicates that with rising national income, the fertility rate has also decreased in the country (Table 1).

At the same time, the current labour market is changing, many young Indians entering the workforce are observing high youth unemployment and widespread informality. An International Labour Organisation report notes that over 80% of India's unemployed workforce is made up of young people, and nearly 90% of all workers are in informal jobs with little job security or social protection (India Employment Report 2024, n.d.).

Put together, this means that couples in cities are being asked to take on long-term financial commitments that rival the price of a home, while shouldering those costs on unstable or low-quality jobs. Under those conditions, it is not surprising that some young adults postpone having children, plan for smaller families than they might otherwise want, or quietly decide that parenthood feels financially out of reach. In this sense, fertility becomes not just a question of values or norms, but of whether the economic risks of raising a child feel manageable in the lives people are actually leading.

CLIMATE AND LIFESTYLE CHANGES

At the same time, the question of whether people's bodies can sustain pregnancy and conception in an era of high pollution, chronic stress and widespread lifestyle-related health problems is becoming increasingly hard to ignore. Recent studies and clinical reports suggest that infertility and sub-fertility are no longer rare or confined to older couples; an estimated 10 to 15 per cent of Indian couples now experience difficulties conceiving, with rates in urban areas often higher because of delayed parenthood, long working hours, environmental exposures, and conditions such as obesity, PMOS (Polyendocrine Metabolic Ovarian Syndrome), thyroid disorders and reduced semen quality (Sharma, 2018; Tyagi et al., 2024).

For many young adults in cities, the "ideal" age to have children keeps drifting later into their thirties as they try to stabilise careers and incomes, even though biological fertility in women starts to decline noticeably after the age of 30 and in men after about 40. When conception does not happen easily, couples often turn to assisted reproductive technologies like IVF, where a single cycle can cost in the range of ₹1–3 lakh and success typically requires multiple attempts expenses that can push nine out of ten couples seeking IVF into what health economists describe as "catastrophic spending relative to their annual income" (Dutta, 2025).

Climate and environmental stress add yet another dimension to how young Indians think about having children. Rising temperatures, more frequent heatwaves, worsening air quality and water scarcity are no longer distant risks; they shape everyday health and comfort, especially in dense urban and vulnerable rural regions. Medical and public health studies link exposure to extreme heat and high levels of particulate pollution to higher risks of adverse pregnancy outcomes and poorer reproductive health.

Recent work by Climate Central also shows that hotter nights are eroding something much more basic: sleep. Their global analysis estimates that, between 2020 and 2025, the average person lost

almost 56 hours of sleep each year because of high nighttime temperatures, with about one of those nights' worth of sleep directly linked to climate change alone (Climate Change Is Costing People Sleep | Climate Central, 2026). In hot regions, including parts of South Asia, the climate-driven share of this sleep loss is even larger, especially for people with limited access to cooling. For prospective parents already juggling economic insecurity and health concerns, this kind of everyday, climate-linked strain can make the idea of pregnancy, birth and child-rearing feel even more exhausting and risky.

For many prospective parents, these realities translate into an unease about the world a child would be born into whether they will be able to grow up healthy, breathe clean air, and access reliable water and food in the decades ahead. When climate anxiety and direct environmental health risks sit alongside the rising costs of parenthood and the possibility of infertility, they can quietly tilt decisions toward delaying childbearing, limiting family size, or rethinking parenthood altogether.

RETHINKING FERTILITY POLICY: FROM NUMBERS TO CONDITIONS

For decades, India's fertility debate has been framed around numbers: how fast the population is growing, whether the national TFR is above or below 2.1, and how quickly different states are "catching up" or "lagging behind." That way of thinking made sense in an era when unwanted births and lack of access to contraception were the dominant problems. Today, however, the picture is more complicated. In many parts of the country, particularly in the south of India and in large cities, it is no longer clear that the main challenge is "too many" births; instead, it is the combination of high living costs, precarious work, climate-linked health risks and rising infertility that is making parenthood feel harder to choose and harder to sustain. A sensible fertility policy now has to do more than push the numbers down or worry about them falling too far; it has to improve the social, economic and environmental conditions under which people decide whether, when, and with what health to bring children into the world.

At the same time, India does not have to guess what happens when governments try to respond to low fertility without changing the wider conditions of life. Across East Asia, countries like South Korea, Japan and China have spent years offering generous "baby bonuses", tax breaks and other financial incentives to encourage people to have more children, yet their birth rates remain among the lowest in the world (Al Jazeera, n.d.). Reporting on these cases shows that one-off payments and cash schemes have not been enough to offset the pressures of long working hours, expensive housing and education, and the unequal burden of care work on women. For India, these examples are a reminder that any future attempt to "push TFR up" through direct benefit transfers alone is likely to fall flat if it does not address the deeper constraints that make family life feel incompatible with secure work and a decent standard of living.

All of this points towards a more differentiated approach to policy. In states and districts where fertility remains high and unwanted births are common, the work of expanding girls' education, delaying marriage, ensuring access to safe, voluntary contraception and abortion, and strengthening basic maternal and child health services is still unfinished and remains essential. But in regions that have already moved into low-fertility territory in educated urban pockets, much of the South and parts of

the West, the priorities look different: affordable housing and childcare, more predictable jobs and social protection, and reproductive health services, including infertility treatment, that do not push families into debt.

Treating these measures as part of “fertility policy” means recognising that supporting people who want to have children in secure, healthy conditions is just as important as helping those who want to avoid unwanted pregnancies.

CONCLUSION

India’s fertility transition is often described in terms of falling numbers and demographic milestones, but it is also a mirror of the futures people can realistically imagine for themselves and their children. The same country that once worried about “too many births” now contains regions where young adults are hesitating to have children at all, not because they value family less, but because the economic, biological and environmental risks feel too high. Seeing fertility through this lens pushes policy away from blunt population control and towards a more honest question: what would it take for people to feel that raising a child is secure, healthy and supported wherever they live, and whatever their starting point? Until that question is taken seriously, debates about India’s fertility rate will keep missing the lived realities behind the numbers.

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