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## From Population Control to Reproductive Preparedness

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*"Today, the country stands at a demographic turning point-one that calls not for rolling back, but for repositioning family planning. The question is not whether family planning is still needed; it is how to ensure that it remains accessible, equitable, and centered on choice."*

For decades, and even today, the success of family planning in India has been measured in numbers: sterilisation figures, contraceptive uptake, fertility rates, and population growth. That lens served a particular policy moment, when India was facing high fertility and rapid population growth, and family planning was seen as a way to ease demographic pressure.

But as fertility falls, with emerging data indicating that India's total fertility rate (TFR) has dipped to 1.9 (below the replacement level of 2.1), that same lens has become a liability. It tempts us to treat family planning as a mission accomplished, rather than as an evolving tool grounded in people's lived realities.

The truth is simpler: family planning does not lose its relevance when fertility falls. Its importance remains unchanged. What must evolve is our understanding of why it matters.

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### Unfinished Agenda

Family planning has always been about timing and intention-about giving individuals choice over if and when to begin childbearing, how to space pregnancies, and when to stop. Even in low-fertility societies, family planning remains a core public health service that safeguards women's health, prevents maternal and infant mortality, and enables individuals and couples to plan their lives.

The NFHS-5 finds that 6.8% of girls aged 15-19 are already mothers or pregnant, demonstrating how limited access to contraception, restrictive social norms, and inadequate adolescent-friendly services undermine health, education, and life opportunities for young girls.

Despite progress, many people in India still struggle to exercise real reproductive choice. The National Family Health Survey (NFHS-5) reports unmet need for family planning at 9.4% among currently married women aged 15-49. This represents nearly 47 million women who want to avoid or delay pregnancy but are not using any contraceptive method.

While unmet need is an imperfect measure-it does not account for unmarried women and may not fully reflect people's reproductive intentions-it signals gaps in access, counselling, and service quality. These gaps are even sharper for adolescents: unmet need is highest among girls aged 15-19 at 18%, compared with just 3% among women aged 45-49, reflecting substantial barriers for those most in need of information and support.

And when these barriers show up early in life, the consequences are immediate and long-lasting. The NFHS-5 finds that 6.8% of girls aged 15-19-nearly 8.16 million-are already mothers or pregnant, demonstrating how limited access to contraception, restrictive social norms, and inadequate adolescent-friendly services undermine health, education, and life opportunities for young girls.

What receives far less attention, however, is the question of whether people are able to realise their fertility aspirations. A [2025 report from the United Nations Population Fund \(UNFPA\)](#) reveals that about 30% of Indian adults say they have been unable to achieve their desired number of children, while 36% report having experienced unintended pregnancies. And 23% report both. These findings suggest that many face constraints not just to prevent unintended pregnancies, but also to have children when they want to.

Family planning's unfinished agenda, therefore, is not about raising or lowering fertility, but about ensuring that people have the information, autonomy, and support to act on their reproductive intentions, whether that means delaying, spacing, limiting, or starting a family.

Rolling back support now would widen gaps in access and autonomy-not resolve them.

## As a Contraception Programme

Trust in public health systems is built gradually-through consistency, transparency, and respect for choice. India's family planning programme has come a long way on all three counts. The path ahead lies in deepening that approach by ensuring that services are voluntary, equitable, and grounded in people's realities, while learning from the experiences that shaped the programme's past.

Contraception helps individuals and couples decide whether and when to have children, ensures that every pregnancy is safe and wanted, and supports healthier mothers and infants.

To move forward, India's family planning programme needs a conceptual reset-from a demographic instrument to a comprehensive contraception programme. The term "family planning" carries the weight of historical baggage and also signals an exclusion of individuals and young people who may not want to plan a "family". On the other hand, "contraception" conveys agency, intent, and practicality. This is not about replacing family planning with a new label, but about renewing its purpose-placing contraception at the centre of how we understand and deliver it.

Contraception, after all, is not simply a means to regulate fertility; it is a cornerstone of health and empowerment. It helps individuals and couples decide whether and when to have children, ensures that every pregnancy is safe and wanted, and supports healthier mothers and infants. According to a [2025 Lancet Global Health analysis](#), rising contraceptive use in India -increasing from 38.6% to 50.3% between 2000 and 2023-helped avert an estimated 16,464 maternal deaths (nearly 47% of all maternal deaths) in 2023 alone.

Beyond these life-saving effects, some hormonal methods also reduce menstrual blood loss and the risk of anaemia-one of India's most persistent health challenges-and are used in managing conditions such as polycystic ovary syndrome (PCOS) and irregular menstrual cycles, improving women's overall well-being.

The benefits extend well beyond health. When women can plan pregnancies, they are more likely to complete education, enter the workforce, and contribute to household income. When families can space births, they invest more in each child's nutrition and well-being.

Evidence reinforces this. A [2020 Lancet Global Health study](#) found that children born after intervals shorter than 24 months are 28% more likely to be stunted and 26% more likely to be underweight than those born after the recommended optimal interval. Contraception for adequate spacing is therefore critical, with impacts that unfold across generations.

These effects stretch into adolescence and adulthood. Access to accurate information and confidential contraceptive services enables young people to stay in school, delay marriage, and pursue economic opportunities.

A [2025 World Health Organisation \(WHO\) evidence brief](#) synthesising global systematic reviews affirms that contraception is a pathway to women's empowerment, strengthening their decision-making power and participation in education and work. Importantly, the evidence shows that among adolescents and young women, empowerment interventions linked to contraceptive access reduced the incidence of teenage pregnancy by more than half-underscoring how reproductive autonomy can alter life trajectories.

These are not secondary gains-they are central to why contraception continues to matter for social and economic progress.

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A repositioned programme, therefore, would do three things: First, it would centre user choice-ensuring that women and couples receive unbiased information and have access to a range of contraceptive methods that fit their lives. Second, it would prioritise quality-respectful counselling, reliable supplies, and continuity of care, especially for young and low-income clients. Third, it would expand inclusion, particularly reaching unmarried young people.

Such an approach would align India's programme with what the world increasingly recognises-that family planning is not a population control scheme; it is beyond just couples, it is a foundation of reproductive health and gender equality. Every investment in contraception yields returns across multiple fronts-fewer unintended pregnancies, healthier mothers and infants, higher school completion

rates, and stronger female labour force participation.

In economic terms, it is among the most cost-effective public health interventions. For every rupee spent on a contraception programme, the country saves several times that amount in healthcare costs and social spending. In social terms, it is one that allows women to participate more fully in the workforce, families to plan their futures, and societies to reap the benefits of demographic stability.

### **The Frontier Ahead**

To understand why contraception still matters, we must look beyond individual benefits-to how it shapes India's broader demographic and economic future. As the country moves through a demographic transition, the task ahead is to sustain progress without complacency, and to prepare for new realities without panic. The frontier ahead is not control, but care: enabling all people to plan their lives with health, dignity, and security.

At the heart of this transition lies a simple truth: fertility change is not an end point but a pathway. It brings with it both opportunity and responsibility. The opportunity lies in the large working-age population that India now has; the responsibility lies in ensuring that this population is healthy, educated, and empowered to participate fully in the nation's growth. Contraception has a central role to play in both.

### **Harnessing the Demographic Dividend**

India today stands in the middle of what demographers call the demographic dividend-a window of opportunity created when the working-age population outnumbers dependents. With nearly two-thirds of the population in the working-age group and a median age of just 28, India has one of the youngest populations in the world. This dividend, which began around 2011, is expected to continue into the 2040s. This window can propel decades of economic growth, but only if health, education, and employment systems keep pace.

|| The demographic dividend is not automatic. It must be earned through deliberate policy choices that link reproductive health to education, skills, and employment, especially for women and young people.

Contraception plays an unassuming yet critical role in this story. It links reproductive choice to education, productivity, and household well-being, the very factors that will determine how India uses its demographic dividend.

But fertility decline alone does not create prosperity; it only creates potential. Turning that potential into progress requires ensuring that individuals can choose if, when, and how to have children-supported by systems that make both parenthood and work possible. It requires investing in the conditions that make choice meaningful, including access to contraception and safe health services.

The demographic dividend is not automatic. It must be earned through deliberate policy choices that link reproductive health to education, skills, and employment, especially for women and young people. That is how the promise of the present transforms into the resilience of the future.

### **Preparing for an Ageing Future**

The other commentary now seeping into the discourse is that of ageing-the fear that India may "grow old before it grows rich". But ageing is neither sudden nor catastrophic. Even in low-fertility countries, population decline takes decades to manifest because of demographic momentum-large cohorts of young people continue to age into the workforce even as births fall.

According to projections, Tamil Nadu and Kerala, which reached replacement fertility in the early 1990s, will only peak in population around 2031-2035. Similarly, other states with low fertility will continue to grow for years. National projections vary. Some suggest India's population may peak in the early 2060s at around 1.7 billion, while others estimate it could stabilise closer to 1.8-1.9 billion by 2080. What is clear, however, is that India will remain the world's most populous nation for several decades.

The so-called "ageing problem" is therefore not a population problem but a policy preparation problem. For India, the right lesson is not to fear longevity, but to plan for it-through stronger healthcare, social protection, and intergenerational systems. A forward-looking contraception programme and reproductive health framework is part of that preparation, ensuring that future generations are healthier, better educated, and more productive.

### **From Control to Care**

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For India to sustain its demographic gains, the contraception agenda must evolve, updating its purpose while remaining anchored in its core commitment: enabling all people to plan their lives with health, dignity, and security.

|| Making choice real means building family-friendly systems such as affordable childcare and flexible workplaces, so that people can plan their lives with confidence rather than constraint.

The opportunity ahead is to reclaim contraception as essential care; to view it not as a population tool, but as a critical element of everyday healthcare, integrated into primary services and available to all who need it, irrespective of age or marital status. It also means continuing efforts to expand the conversation beyond women alone, as participation from men is still limited.

The NFHS-5 shows that male methods (condoms and vasectomy) account for less than one-fifth of modern contraceptive use, underscoring how heavily the responsibility continues to fall on women. Real progress will come when reproductive health is understood as a shared responsibility, not a burden that women carry alone. When men are genuinely engaged as partners, they help to share decisions and care. When male methods are normalised and choice is supported rather than constrained by gender norms, contraception can advance both equity and well-being.

Reproductive freedom also depends on the structures that make family and work compatible. Making choice real means building family-friendly systems such as affordable childcare and flexible workplaces, so that people can plan their lives with confidence rather than constraint.

Strengthening these foundations is what will allow India to move beyond the old binary of population control versus population growth. It points instead to a people-centred approach that understands fertility as part of human development, not just demographic arithmetic.

## Steady Walk Forward

India's demographic story is one of steady progress-of healthier families, better education, and expanding opportunity. The decline in fertility is not a crisis to correct, but a milestone that reflects how far the country has come. It signals new possibilities: a chance to consolidate past gains, modernise services, and ensure that the next phase of our contraception work is grounded in health, equity, and choice.

At moments of demographic change, there is often a tendency to overcorrect-to swing between fears of population growth and concerns about decline. But population change is gradual; the policies that govern it should be steady, and their implementation sustained with equal commitment.

|| Fertility decline is a sign of success, not a signal to step back. It reflects the very drivers of India's progress-education, health, and gender equality.

The real opportunity for India lies not in sharp turns, but in continuity. It must protect the gains made in reproductive health while adapting services to new realities. The frontier now is not control, but care-ensuring that every birth is wanted, every pregnancy safe, and every individual free to decide.

For too long, contraception was viewed largely through a population lens, as a means to manage growth, not as a right that enables people to plan their lives. Yet its deeper purpose has always been far more personal-to give women and couples the freedom to decide if, when, and how many children to have. That goal remains unfinished.

Fertility decline is a sign of success, not a signal to step back. It reflects the very drivers of India's progress-education, health, and gender equality. But if attention shifts away from contraception now, assuming the work is done, it risks eroding one of the foundations of that success.

Contraception, at its core, has never been just a public health intervention; it is a development investment. Sustained commitment to contraceptive access yields measurable gains in women's health, workforce participation, and household well-being. These are gains that feed directly into economic resilience.

India now has an opportunity to redefine what progress means in this new chapter. It is time to broaden what we count: to measure not just how many children women have, but whether they can make that choice freely; not just the size of our population, but the strength

of our participation. Real progress will show up in rising empowerment indices, higher labour force participation, and healthier, more equitable lives.

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*Opinions are personal.*