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Topics Covered

- **TB death audits , like maternal mortality model can aid elimination**
- **Aiding Indias' progress with choice, control and capital**
- **Population decline and an ill-informed chorus**
- **Bridge too far**
- **The need to safeguard the right to vote**

TB death audits , like maternal mortality model can aid elimination

Syllabus

GS Paper 2 – Governance & Health,

GS Paper 3 – Science & Technology, Public Health

'TB death audits, like maternal mortality model, can aid elimination'

Soumya Swaminathan emphasises the need to prioritise reducing TB deaths and prevalence and incidence of the disease, stating that finding gaps, addressing them, and having an ambitious plan need to be focused on; our short-term focus, in the next National Strategic Plan, is to reduce TB mortality, she adds

Maitri Porecha

A detailed dissection of every tuberculosis-related death at the district level or a 'TB death audit', much like the public health approach adopted by the Centre to reduce maternal deaths, will prove to be useful towards meeting India's TB elimination goals, Soumya Swaminathan, Principal Advisor for the National TB Elimination Programme in India told *The Hindu*.

"Like COVID, TB is also a pandemic, but it has been around for a very long time. It affects the poor and vulnerable in every country. Even one dengue death gets picked up immediately by the media, and gets reported. Still, 800 to 900 people die every day of TB in the country, but the news of a TB death hardly ever makes it to the newspaper," she said.

Dr. Swaminathan noted that among the challenges facing National TB Elimination Programme (NTEP) is the further reduction in TB mortality rates to meet the End TB and Sustainable Development Goals (SDG) targets. From an estimated 35 deaths per 100,000 population in 2015, India has brought down this rate to 22 per 100,000 according to the latest official data. "However, we still have case fatality rates ranging from 5% to 10% in different states. These rates are higher for drug-resistant TB. These deaths are mostly happening in the economically-productive age group of 25 to 55 years," she said.

TB Death Audit

India has significantly reduced its maternal mortality rate (MMR) by expanding the scope for institutional delivery, better antenatal and postnatal care and by undertaking district-wise maternal death audits which are headed by the district collectors. "Everyone has to sit and explain why that [maternal] death happened and how it could have been prevented. Can we adopt a similar approach for TB," asked Dr. Swaminathan. "The District Collector should be aware of how many TB deaths occur, and non-programme partners should be engaged in audits of randomly selected cases. These could be community medicine departments of nearby medical colleges or public health institutes. It should not be the TB programme itself that does the death audits. TB deaths should be presented, analysed along with reasons, and the discussions could lead to improvements in service delivery" she added. The deaths are most likely caused by a combination of complications due to TB, along with social and economic risk factors.

Citing an example, Dr. Swaminathan said that National Institute of TB and Respiratory Diseases runs a 'difficult to treat' virtual TB clinic (using tele-ICHO platform), where cases are presented and discussed every month, for the benefit of doctors and nurses across the country. The case of a 19-year-old belonging to a poor migrant family who succumbed to



Public awareness: Students conduct a rally to raise awareness on TB, a contagious disease that is treatable and preventable, and yet continues to kill millions each year, in Hyderabad. *FILE PHOTO*

TB in Delhi was presented. Her father had previously died of TB and her sister had also contracted the infection. "They worked as house maids and had initially sought treatment with private doctors. By the time she got admitted, she had extensive bilateral TB and was in respiratory failure. The fact that a 19-year-old girl died of drug sensitive TB points to the need for every patient to be notified and followed up by the TB programme. Any number of such cases are occurring every day. Are we paying attention and trying to improve the system?"

Tamil Nadu model
Tamil Nadu's Kasarot Erappila Thittam (TN-KET) meaning 'TB death free project' was jointly started by the Indian Council of Medical Research's National Institute of Epidemiology (NIE) and the State government for all aged 15 years and older with drug-susceptible TB notified by public facilities, with a goal to reduce deaths by 30% in this group.

According to NIE data, during April - June 2022, 14,961 TB patients were notified out of which 15,509 (78%) were triaged. It was found that of these 15,509 (13%) were at high risk of severe illness. Of these 48% were severely undernourished, another 50% had respiratory insufficiency, and 29% were unable to stand without support. Of the 15,009 patients, 11,28 (75%) were assessed at a nodal inpatient care facility. Of these 993 were confirmed as severely ill, and 909 (92%) were admitted. Of those admitted 4% patients succumbed to their illness. As a result of implementing TN-KET, Tamil

Nadu now routinely captures BMI data for all adults with TB (notified from public facilities).

In the southern States, people have co-morbidities such as diabetes, alcoholism and in the north, there is severe malnutrition and severe anaemia, Dr. Swaminathan observed. In any case, every TB patient must be clinically evaluated for co-morbidities and risk factors and these should be treated too.

Dr. Swaminathan pressed on the need to prioritise reducing TB deaths, along with reducing prevalence, and incidence of the disease. "China has a death rate of 3 per 1,00,000 from TB, while India has a death rate of 22 per 1,00,000. We need to find gaps, address them and have an ambitious plan," she said.

"Our short-term focus, in the next National Strategic Plan, is to reduce TB mortality. Incidence reduction will take time, whatever we do, because we don't have a highly efficacious vaccine. Unless we start finding everyone and treating

them, we will not have a rapid incidence reduction," she adds.

Dr. Swaminathan said that the National TB prevalence Survey and State-specific Prevalence Surveys in Gujarat, Rajasthan reveal that sub-clinical TB accounts for 40% to 50% of cases. "Which means, you will not pick them up with symptom screening and our national programme was entirely based on symptom screening. So, we were straightaway missing half of the active TB in population," she said.

According to her, the solution is to have widespread use of X-ray backed up by an AI algorithm. "The hand-held X-ray technology with AI is green lighted by the World Health Organization (WHO), STOP TB Partnership and ICMR. In fact, six government hospitals in Mumbai applied X-ray screening and their case notifications went up by 10% to 12%," she stated.

Upfront molecular testing until last year in India was 30%. The 100-day TB elimination campaign aimed at strengthening diagnostics and linkage to treatment, as well as efforts by CTD to expand upfront molecular testing should pay dividends this year, she added.

Upfront molecular testing involves offering tests which can pick up TB as well as drug-resistance to TB bacteria leading to accurate treatment, which improves chances of the patient's recovery. Screening of household contacts should be made convenient as they cannot be expected to spend days in going and getting themselves screened. This can happen now with the highly portable handheld X-ray devices which many States have started using.

The crucial role of nutrition
She also emphasised on providing good nutrition to TB patients and their families. "The RATONS trials led by Anurag Bhargava in Jharkhand among a population with BMI as low as 16 and 17 has demonstrated that almost 50% secondary household cases could be prevented just by providing good nutritional support. We don't yet have a vaccine with 50% efficacy so if we give adequate calories and protein, it acts like natural protector from bacteria."

Commenting on the Nikshay Mitra Programme floated by the Centre for nutrition support to TB patients, Dr. Swaminathan said that while the goal was laudable, its success depends on volunteers coming forward to donate nutrition support and this may not be uniform across all geographies. "Also, the ability to deliver it [nutritional support] may be limited in remote areas," she emphasised. The government's move to double the amount meted out under the Direct Benefit Transfer (DBT) - an earlier amount of 1500 per month provided to TB patients during treatment, has now been increased to 3000 would go a long way towards meeting the patients nutritional needs, and more research is needed in ways to improve the family's nutritional status, wherever needed. (gorachamaitri@thehindu.co.in)

THE GIST

Dr. Swaminathan noted that among the challenges facing National TB Elimination Programme is the further reduction in TB mortality rates to meet the End TB and Sustainable Development Goals targets

Every TB patient must be clinically evaluated for co-morbidities - such as diabetes, alcoholism, severe anaemia, and risk factors - and these should be treated

She also emphasised the importance of providing good nutrition to TB patients and their families, citing the RATONS trials led by Anurag Bhargava in Jharkhand





Key points from the article

India continues to struggle with high TB mortality despite significant efforts under the National TB Elimination Programme (NTEP). Dr. Soumya Swaminathan advocates a TB death audit model inspired by India's success in reducing **Maternal Mortality Rate (MMR)** through systemic and accountable audits.

Rationale for TB Death Audits

- TB kills 800–900 people daily in India but receives little public or media attention.
- Most deaths occur in the 25–55 age group, impacting economically productive populations.
- TB case fatality rate remains 5–10% in states; higher in drug-resistant cases.

Learning from Maternal Mortality Reduction

- MMR decline was achieved through institutional delivery, better antenatal care, and **district-level maternal death audits**.
- Suggestion: Replicate the model for **TB deaths**, with **District Collectors leading TB audits**, engaging **independent partners** (e.g., medical colleges) to review reasons for deaths and improve service delivery.

Tamil Nadu's TN-KET Model

Kasanoi Erappila Thittam (TB death-free project) – joint initiative by **ICMR-NIE** and TN government.

- Focuses on triaging TB patients and proactively treating high-risk cases.
- **Key data (April–June 2022):**
 - ♦ 13% of notified patients were severely ill.
 - ♦ 48% were severely undernourished.
 - ♦ Resulted in reduced mortality through early inpatient intervention.

Diagnostic & Surveillance Gaps

- **Sub-clinical TB** forms 40–50% of cases — often missed by symptom screening.
- **Handheld X-ray + AI algorithms** recommended for large-scale detection.
- **Upfront molecular testing** (like CBNAAT) critical for early detection of drug resistance — only 30% until 2023 but increasing due to national campaigns.

Nutrition: A Natural Vaccine

- **RATIONS trial in Jharkhand** showed 50% drop in secondary TB among household contacts through nutrition alone.
- **Nikshay Mitra Yojana**: Volunteer-based nutrition support initiative — limited by uneven reach.
- **DBT for TB patients** increased from ₹500 to ₹1000/month to help meet dietary needs.

Other Recommendations

- All TB patients should be screened for **comorbidities** (diabetes, alcoholism, malnutrition).
- Screening for household contacts must be made convenient using mobile X-ray units.
- Need for **ambitious strategic plans** in the upcoming **National Strategic Plan (NSP)** to cut TB mortality and prevalence.





Way Forward

- Institutionalise **district-level TB death audits**, not by TB programme but independent public health actors.
- Shift from **symptom-based detection to tech-enabled mass screening** (X-ray + AI).
- Ensure **universal upfront molecular testing**.
- **Strengthen nutrition** as core TB prevention, not just treatment adjunct.
- Expand successful models like **TN-KET** across India with central and state collaboration.

Mains Practice Question

Q. “Despite being a treatable disease, tuberculosis continues to claim hundreds of lives daily in India. Critically analyse the gaps in TB control efforts and suggest reforms that can help achieve India’s TB elimination target by 2025.” (250 words)

Aiding India’s progress with choice, control and capital

Syllabus:

GS Paper 1 – Society: Population and Women Empowerment

GS Paper 2 – Governance & Social Justice: Health, Education, Youth Welfare

GS Paper 3 – Economy & Development: Demographic Dividend, Labour Participation

Aiding India’s progress with choice, control and capital

With the world’s population having crossed the eight billion mark, looking at the macros is all but natural. However, there has to be an equal focus on the micro-vulnerable groups, key populations and individuals on the fringes. We must endeavour to ensure that the promise of the 1994 International Conference on Population and Development (ICPD) is kept, and that every person gets the right to make informed choices about their sexual and reproductive health, free from coercion, discrimination and violence. This year, the United Nations has announced its theme for World Population Day as “Empowering young people to create the families they want in a fair and hopeful world”. It highlights the ICPD’s special focus on youth, by affirming their right to accurate information, education and services in order to make informed decisions about their sexual and reproductive health. It also reflects a simple but pressing need: of bringing youth to the centre when envisioning the future, ensuring their freedom of choice and opportunities.

Home to the largest youth population
UNICEF reports there being 371 million youth in the age group of 15 to 29 years in India, making it the world’s largest youth population. This is a number that stretches existing resources and systems. But with the right investments in education, skills and also access to health, nutrition, and family planning services, it can become a powerful driver of national progress. Unleashing this youth potential in India could boost its GDP by up to \$1 trillion by 2030, unlocking a demographic divide as projected by the World Bank and NITI Aayog, while significantly reducing unemployment and improving social outcomes.

India has made significant strides with initiatives such as ‘Beti Bachao Beti Padhao’ and the National Adolescent Health Programme, reducing child marriage and adolescent fertility rates. Yet, there is still room to do more as a nation in order to address persistent challenges such as limited reproductive autonomy, socio-cultural barriers and gender inequality. These continue to restrict many young people (especially young women) from realising their true potential.

For instance, the prevalence of child marriages in India has reduced by half since 2006, but is still reported at 23.3% (National Family Health Survey-5, 2019-20). Further, teenage childbearing among women in the age group of 15 to 19 years was pegged at 7% nationally. But in some States, the rate was reported to be more than double, highlighting stark regional disparities (National Family Health Survey-5). In addition, the recently published State of World Population Report 2025 by the United Nations Population Fund (UNFPA) underscores the lack of reproductive autonomy

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With the right investments in education, skills and access to health, nutrition and family planning services, India’s youth population can boost national progress

and the crisis of fertility aspirations, particularly among women. More than a third of Indian adults (36%) face unintended pregnancies, while another 30% reported unmet reproductive goals, i.e., an inability to exercise their choice about the number of children they have. Almost 23% of Indian adults faced both.

Issue of child marriage

The need is for a comprehensive, multi-pronged strategy which includes education, contraception access, nutrition, mental health support and community empowerment to tackle the root causes rather than addressing symptoms.

UNICEF reports that each additional year of secondary education can reduce the likelihood of child marriage by up to 6%. Project Udaan (implemented by IPE Global in Rajasthan between 2017 and 2022), used this as its basis; it became an example of how a streamlined, 360° approach can drive meaningful change for young people.

The initiative addressed the challenge of early marriages and teenage pregnancies by keeping girls in secondary school through the strategic use of government scholarship schemes, improving their awareness of sexual and reproductive health, and improving access to modern contraceptives for young women, which helped bolster the voice and reproductive agency of girls and women. The initiative led to almost 30,000 child marriages being prevented and nearly 15,000 teenage pregnancies being averted, while also ensuring an education and a bright future for these girls.

Similarly, the Advika programme, launched by the Government of Odisha in partnership with UNICEF-UNFPA in 2019-20, has made strides in preventing child marriage through strategies which include strengthening state systems, fostering awareness about child protection issues, and empowering adolescents through education, skill development and leadership training. Its youth-focused approach has enabled about 11,000 villages to be declared child marriage-free; in 2022, nearly 950 child marriages were stopped.

Addressing child marriage and early pregnancy is essential, but true empowerment means going further – equipping adolescents, especially girls, with the skills, the education and the opportunities they need to lead independent and meaningful lives, while also fostering enabling environments that support their agency, voice and participation in decisions that affect them. This includes the timing of their marriage, reproductive freedom (whether or not to have children, the age at which they have the first child, the number of children they wish to have), or how they choose to live meaningful lives on

their own terms. At the heart of this empowerment lies economic independence. When economically empowered, women gain the resources, the confidence and the voice to shape their futures and contribute meaningfully to society.

To address the issues surrounding women’s economic empowerment and the low female labour force participation, Project Manzil is being implemented by IPE Global in collaboration with the Government of Rajasthan in six selected districts (2019-25). The programme which utilises a human-centred design approach, understands the aspirations of young women, then aligns skill training with these aspirations, and enables them to have unhindered access to dignified employment opportunities at gender-friendly workplaces. As with all effective programmes, this has been complemented with addressing harmful social norms through consistent behaviour change communication strategies. The project has made families prosperous and has also transformed communities. For instance, it helped 28,000 young women (ages 18 to 21 years) to complete skill training at government skill training centres – 16,000 were employed, making them the first generation of women from their communities to enter skilled professions. Empowered by financial stability, these young women exude better negotiation power to delay or get married.

Accelerating progress

The State of World Population 2025 report aptly focuses on rights-based, multi-sector investments and underscores that progress hinges on expanding universal access to contraception, safe abortion, maternal health and infertility care, and also in removing structural barriers such as education, housing, childcare and workplace flexibility. It also emphasises that investing in girls’ education, life-skills development, conditional cash transfers, community mobilisation and health services delivers measurable gains. Programmes such as Udaan, Advika and Manzil showcase how these investments can be brought to life and improve the future of youth everywhere.

The UN Secretary-General, António Guterres, has rightly called for this World Population Day to celebrate the potential and the promise the largest-ever generation of youth holds. It is important to remember that they are entitled to shape their futures by making informed choices about their health, families, careers and lives. India stands at a defining moment on its development journey, and its success will depend on how well it can understand the aspirations of its youth, amplifying the voices of young women, and helping unlock opportunities for them.





Key points from article

The article highlights the importance of investing in **youth empowerment** — particularly in **sexual and reproductive rights, education, and economic independence** — to fully realise India's demographic dividend.

India's Youth Demographic – An Opportunity and a Challenge

371 million youth (15–29 years) make India home to the world's largest youth population.

- This demographic can contribute **\$1 trillion to GDP by 2030** if adequately skilled and empowered.
- However, challenges like child marriage, teenage pregnancy, and limited reproductive autonomy persist.

Status of Reproductive Autonomy

- **NFHS-5 (2019–21)** reports:
 - ♦ Child marriage at **23.3%** nationally.
 - ♦ Teenage childbearing at **7%**, with higher rates in specific states.
- **UNFPA's 2025 State of World Population Report:**
 - ♦ **36%** of adults face unintended pregnancies.
 - ♦ **30%** report unmet reproductive goals.
 - ♦ **23%** face both – showing large-scale disempowerment.

Empowerment Through Education and Health Access Education reduces child marriage; each year of secondary education cuts risk by **6%** (UNICEF).

- **India has made progress through:**
 - ♦ Beti Bachao Beti Padhao
 - ♦ National Adolescent Health Programme

Model Programmes Driving Change

- **Project Udaan (Rajasthan, 2017–22)**
 - ♦ Prevented **30,000 child marriages** and **15,000 teenage pregnancies**.
 - ♦ Kept girls in school using scholarships.
 - ♦ Strengthened access to contraceptives and health information.
- **Advika Programme (Odisha, since 2019)**
 - ♦ In partnership with UNICEF & UNFPA.
 - ♦ Focus: child protection, adolescent leadership, education, and health.
 - ♦ Outcome: **1,000 villages declared child marriage-free, 950 marriages stopped in 2022.**
- **Project Manzil (Rajasthan, 2019–25)**
 - ♦ Focus: women's **economic empowerment** through human-centred skill development.
 - ♦ Trained **28,000 women (18–21 yrs)**; **16,000 employed** in dignified jobs.
 - ♦ Promoted delayed marriages and increased autonomy through income generation.





Broader Structural Reforms Needed Reproductive rights and economic independence go hand in hand.

- Recommendations from **UNFPA 2025**:
 - ♦ Universal access to **contraceptives, safe abortion, maternal health, and infertility care.**
 - ♦ Remove barriers like poor education, lack of housing/childcare, and rigid workplaces.
 - ♦ Use **cash transfers, lifeskills, community mobilisation** to drive behaviour change.

Way Forward

- Shift from token schemes to **integrated, rights-based investment** in:
 - ♦ Education
 - ♦ Reproductive health
 - ♦ Skill development
 - ♦ Economic empowerment
- Foster **gender-friendly workplaces**, enable **flexibility** for working women.
- Celebrate and amplify youth voices — especially young women — in policymaking.
- Scale up proven models like Udaan, Manzil, and Advika.

Population decline and an ill-informed chorus

Syllabus :

GS Paper 1 – Society: Population and associated issues

GS Paper 2 – Governance: Health, Gender, and Policy Frameworks

Population decline and an ill-informed chorus

Demographic thinking has always been intertwined with public discourse and, at times, poorly interpreted. With every passing 'Population Day', we see a shifting discourse: from a Malthusian cry about runaway growth and ecological strain to an animated fear of fast-falling fertility rates.

The two sides

A rising chorus of voices is warning the world of population decline and civilisation "dwindling to nothing". Yet, much of this alarmism is premature, analytically flawed, and ethically troubling. While there is no ambiguity that the fertility rate is falling, the implications drawn are often ill-informed. Pro-natalist movements are gaining currency among nation-states with varying degrees of urgency. For the last few years, the self-identified 'demographer' Elon Musk has been 'concerned' about falling birth rates and predicted a 'population collapse' within the next 20 years. The Musk Foundation even made its biggest donation to a higher education institution – about \$10 million, to the University of Texas – to establish the 'Population Wellbeing Initiative'.

Juxtaposed with Mr. Musk's claims are the data by the United Nations World Population Prospects (WPP), released every two years. The world's population is predicted to increase during the next 50 years, from 8.2 billion in 2024 to a peak of about 10.3 billion in the mid-2080s, according to WPP 2024. The world's population is expected to steadily decline after a peak of 10.2 billion by the end of the century; 10.2 billion people is proof that the population collapse is a hoax, even though it is predicted that the world's population in 2100 will be 6% smaller, or roughly 700 million fewer people than it was predicted 10 years ago.

A large portion of the alarmism misses two points. First, projections are not predictions. The underlying assumptions regarding future vital



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The fertility rate is falling but much of the alarmism is premature, analytically flawed and ethically troubling

rates drive these projections – the farther the projection, the less accurate it is. Second, there is a lag effect in demographic change, in other words, the time lag between changes in vital rates (survival and reproduction) and their apparent implication on the age distribution and population size. When a population reaches below-replacement fertility (total fertility rate or TFR value of less than 2.1), it can continue to have increments for decades. This phenomenon is known as population momentum. In other words, growth is maintained because a significant portion of the reproductive-age population continues to produce children, albeit fewer than in the past. No population shrinks overnight or reaches stationarity (zero growth) linearly.

The 'real fertility crisis'

In the United Nations Population Fund (UNFPA) report, 'The Real Fertility Crisis: The Pursuit of Reproductive Agency in a Changing World' (2025), around 14,000 people from 14 countries were asked whether they 'feel able' to have children, to which one in five responded that they would not be able to have the number of children they desire. Nearly 23% of respondents desired having a child, which went unfulfilled at the preferred time.

And, 40% of these respondents ultimately had to forgo their desire to have a child. Irrespective of whether the surveyed country had higher or lower fertility rates, people are either over-/under realising their desired fertility, indicating ubiquitous barriers to achieving their ideal family size. When asked about the factors that influenced people to have fewer children than they desire, unsurprisingly, infertility (13%), financial limitations (38%), housing limitations (22%), lack of quality childcare (18%) and

unemployment (21%) stood out for the Indian respondents. The Republic of Korea spent more than \$200 billion to boost its population over the last 20 years. Ending a nine-year declining trend, for the first time births in South Korea are showing a slight rebound of 7.3% in the first quarter of 2025 when compared to the same period last year. This uptick in births seems to be

backed by a rise in marriages and a positive outlook on marriage and children. Despite this optimistic trend, respondents in the Republic of Korea cite financial (58%) and housing limitations (31%) as factors leading them to have fewer children.

Need for societal changes

The panic over falling births and an ageing population has unjustly targeted women who have opted out of childbearing, curbing their rights to abortion and other means of contraception. The homogenisation of women as a single entity, shedding the idea of childbearing, is absurd. Most people want to have children, on average, around two, yet they are shut out of parenthood. It is a reminder that the focus should shift to those women who want to have children and are unable to do so – not to the ones who are voluntarily childless. Be that as it may, target-driven paternalism, such as baby bonuses and one-off benefits, often reinstates traditional gender roles and ignores men's contribution, and does more harm than good.

Countries facing declining fertility need to let go of their ethno-nationalist discourse and support significant societal changes in favour of women and families. The associated fear of a shrinking workforce should not be addressed through forcing women to have more babies, but through hiring them in the paid workforce and not penalising them for motherhood.





On World Population Day, rising concerns over declining fertility rates have sparked calls for pronatalist policies. However, the article critiques these alarmist narratives and urges a shift toward evidencebased, rights-centric population policy.

Global Fertility Trends – Misread or Misplaced?

- Fertility rates are falling globally, yet the **world population is expected to peak at 10.3 billion by the 2080s** (UN World Population Prospects 2024).
- **Demographic projections are not predictions** — they evolve based on changing assumptions and interventions.
- **Population momentum** explains continued growth despite fertility dropping below replacement levels.

The Real Fertility Crisis

- The concern is not about people choosing to have fewer children — it's about **involuntary childlessness** and **systemic barriers** to starting families.
- **Top reasons for unmet fertility desires in India:**
 - ◆ Financial constraints (38%)
 - ◆ Inadequate housing (22%)
 - ◆ Lack of childcare (18%)
- Unemployment (21%)

Ineffectiveness of Pronatalist Approaches

- Countries like **South Korea** have spent billions (over \$200 billion) to raise fertility, with **minimal results**.
- Pronatalist narratives often **blame women** and reinforce **traditional gender roles**, rather than solving root socio-economic issues.
- Such policies are **ethically flawed and policywise ineffective**.

Reproductive Agency Must Be Central

- The real demographic challenge lies in **restricted reproductive autonomy**, particularly for individuals wanting children but facing barriers.
- A focus on numbers neglects the **human rights dimension of reproduction**.

Way Forward

- Shift from **population control discourse** to ensuring **reproductive freedom and support systems**.
- Strengthen **public infrastructure**: health, education, employment, housing, and childcare.
- Reject coercive, number-driven, and pronatalist policies.
- Encourage **demographic literacy** among the public and policymakers.
- Embrace **gender-sensitive, inclusive approaches** that support diverse family choices.



