

PRACTICE

MOCK



# STATE OF WORLD POPULATION 2025

## THE REAL FERTILITY CRISIS



## Contents

Overview .....	3
UNFPA.....	4
Glossary .....	5
Chapter 1: Revealing the Real Crisis.....	8
Chapter 2: Opening A Policy Window of Opportunity.....	9
Chapter 3: Gender Equality and Dividends for All .....	10
Chapter 4: The Lessons of History and Hope .....	12

## Overview

The State of World Population (SOWP) 2025 report, titled "**The Real Fertility Crisis: The pursuit of reproductive agency in a changing world**", by the **United Nations Population Fund** (UNFPA), fundamentally reframes the global conversation around population dynamics. Moving beyond alarmist narratives of "population explosion" or "population collapse", the report argues that the *real* crisis lies in the widespread inability of individuals to exercise **reproductive agency** – their capacity to make free, informed, and unfettered choices about their reproductive lives.

The report's central argument is that debates about declining or increasing fertility rates often overshadow the lived realities of individuals who cannot achieve their desired family sizes. UNFPA's original research, conducted with YouGov across 14 countries representing over a third of the global population, reveals a pervasive gap between fertility aspirations and actual outcomes. A significant proportion of people report having **more children than desired (overachieved fertility)** and, crucially, a substantial number also report having **fewer children than desired (underachieved fertility)**. For instance, nearly one-fifth (18%) of reproductive-age adults believe they won't have their desired number of children, with 11% expecting fewer and 7% expecting more. Among those aged 50 and older, 31% reported having fewer children than ideally chosen, and 12% had more. It highlights that "environments and policy choices are misaligned with the desires of individuals".

The key issue the SOWP 2025 report tries to address is the **lack of reproductive agency**, which is underpinned by various interconnected barriers:

1. **Economic Precarity:** This is identified as the **greatest barrier** to realizing desired family size. 39% of respondents cited financial limitations, 21% unemployment or job insecurity, and 19% housing concerns (high costs or lack of space) as factors preventing them from having the number of children they desire. Economic instability is also linked to unintended pregnancies, perpetuating a cycle of poverty.
2. **Gender Discrimination and Unequal Norms:** The report explicitly challenges the notion that women alone are responsible for fertility rates. It highlights that women continue to bear the brunt of unpaid caregiving and domestic work, significantly impacting their workforce participation and decisions to have fewer children. Men's insufficient involvement in housework and childcare also contributes to women having fewer children than desired. Son preference can lead to families having more children than ideally desired in pursuit of a male child. Despite legal advancements, persistent patriarchal norms and recent rollbacks in gender equality hinder women's bodily autonomy and reproductive choice.
3. **Lack of Support from Partners and Communities:** Partnership issues, including the lack of a suitable partner or insufficient involvement of partners in domestic labour and childcare, prevent individuals from achieving their fertility goals. Social pressures from religion, community, or even health workers can lead to individuals having more children than desired.
4. **Low-Quality Sexual and Reproductive Healthcare:** Despite progress in access to contraception, a significant proportion of women (11%) are still unable to decide on contraception use, 25% on their own healthcare, and 24% cannot refuse sex. Barriers to accessing quality care, including infertility treatment, remain widespread. Globally, about 1 in 6 people experience infertility, yet accessible and affordable treatments have not kept pace.
5. **Pessimism about the Future:** Concerns about climate change, environmental degradation, wars, and pandemics are leading individuals, especially young people, to choose to have fewer children than they desire.

The report strongly advocates for a shift in policy approach. Instead of aiming to manipulate fertility rates through coercive or incentive-based policies (which are often ineffective and violate human rights), policymakers should focus on **ensuring the full range of reproductive health and rights for all people**, providing **consistent, long-term support to parents and families**, and **ending gender-based violence and discriminatory norms**. By prioritizing reproductive agency, the SOWP 2025 argues, societies can enable individuals to realize their desired family goals, whether that means many children, few, or none at all, fostering greater well-being and a more secure future for all generations.

## State of World Population 2025 – UNFPA

In a survey of 14 countries – which are collectively home to around 37 per cent of the global population – UNFPA found that alarmingly high proportions of adults, both men and women, are unable to realize their fertility intentions.



Nearly  
**20 per cent**  
of reproductive-age adults  
believe they will be unable  
to have the number of  
children they desire.

Nearly  
**1 in 3**  
have experienced  
an unintended  
pregnancy.



Nearly  
**1 in 4**  
have felt unable to  
fulfil their desire  
for a child at their  
preferred time.



**39 per cent**  
reported that financial limitations had  
affected, or would affect, their ability  
to realize their desired family size.

Nearly  
**1 in 5**  
said fears about the future, such  
as climate change, environmental  
degradation, wars and pandemics,  
would lead or had led to them  
having fewer children than desired.



### UNFPA

The United Nations Population Fund (UNFPA) is a key international organization dedicated to improving global population health and well-being.

**Origin and Evolution:** UNFPA was established in **1969** as the "UN Fund for Population Activities". It was later renamed to "UN Population Fund" in **1987**.

**Headquarters and Global Reach:** Its global headquarters is located in **New York**. UNFPA has a significant global presence, operating in over **150 countries**. It coordinates its efforts with national governments and other UN development partners worldwide.

**Mission and Mandate:** UNFPA's core mission is to ensure that "every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled". Its mandate is to promote **sexual and reproductive health and rights**, which includes key areas such as family planning, safe motherhood, and gender equality.

**Governance and Key Functions:** UNFPA reports to a **36-member Executive Board**, which includes representation from all global regions. It also receives guidance from the Economic and Social Council (ECOSOC)

and the United Nations General Assembly (UNGA). The organization's key functions involve supporting vital population initiatives like:

- Population censuses
- Family planning programs
- Thematic health surveys

UNFPA also actively participates in interagency frameworks such as the UN Development Group (UNDG) and the UN Chief Executives Board (CEB). Beyond these, it provides crucial **research funding, technical assistance, and advocacy support** to advance reproductive health and demographic planning globally.

### Glossary

The following terms are used in the report to help readers understand the ideas about fertility trends and population dynamics.

**Adolescent birth rate:** The annual number of births to girls or women aged 15-19 per 1,000 women in that age group. It measures the risk of childbearing for this age group.

**Example:** If a country has an adolescent birth rate of 25, it means 25 out of every 1,000 women aged 15-19 gave birth in that year.

**Antinatalist:** Policies or practices that aim to encourage a lower birth rate, discourage procreation, or promote fewer children. The report generally avoids this term due to its varied usage.

**Example:** Policies that historically imposed fines for having more than a certain number of children.

**Demographic anxiety:** Fear or concern, whether well-founded or not, related to population trends like population size, population change, migration, or fertility rates.

**Example:** Public worry about an aging population leading to workforce shortages.

**Demographic change:** Shifts in a population's size and structure due to changes in birth rates (fertility), death rates (mortality), and migration patterns.

**Example:** A country's population growing older due to lower birth rates and increased life expectancy.

**Demographic diversity:** Refers to the variety in population profiles and trends across countries; some populations are growing with high fertility, while others are shrinking with low fertility.

**Example:** India's still growing population versus Japan's shrinking and aging population.

**Demographic resilience:** A country's ability to foresee, adapt to, and benefit from demographic changes while respecting human rights.

**Example:** A country proactively implementing policies to adapt to an aging population by investing in elder care and automation.

**Fertility aspirations:** The personal reproductive goals, desires, or hopes of an individual, couple, or family regarding having children.

**Example:** A couple hoping to have two children.

**Fertility targets:** Specific measures (like changes in births or fertility rates) that a population policy aims to achieve. The report uses this term to refer to state policies and does not recommend such objectives.

**Example:** A government setting a goal to increase its national birth rate to 2.0 children per woman.

**Fertility transition:** The process of fertility rates decreasing from high levels to lower levels. This began in Europe in the 19th century and later in Asia and Latin America.

**Example:** A historical shift in a country from families having 5-6 children to 2-3 children over several decades.

**High fertility:** In this report, refers to a relatively high fertility rate in a comparative sense, not a fixed number.



**Example:** A country with a Total Fertility Rate of 4.0 children per woman, which is comparatively high.

**Low fertility:** Similarly, refers to a comparatively low fertility rate, generally at or below 2.1 children per woman, which does not lead to long-term population growth.

**Example:** A country with a Total Fertility Rate of 1.5 children per woman, which is considered low.

**Overachieved fertility:** A situation where a person ends up having more children than they desired.

**Example:** An individual who wanted two children but ended up having four.

**Overpopulation:** A term commonly used to describe a population size that cannot be sustained by available resources. The report does not recommend assuming an ideal population size or fertility rate.

**Example:** Concerns that rapid population growth in a region will deplete its water resources.

**Population control:** The deliberate practice of managing the growth, size, or distribution of a human population. This term is often linked to measures that violate human rights.

**Example:** Government policies that impose strict limits on family size, potentially through coercive measures.

**Population policies:** Policies addressing various population-related issues, including population size, growth, reproductive health, family planning, age distribution, fertility, migration, and urbanization.

**Example:** Policies promoting access to contraception or offering parental leave to support families.

**Population targets:** Specific numbers or ranges of people that a population policy aims to achieve.

**Example:** A national goal to have a population of 100 million by a certain year.

**Pronatalist:** Policies or practices that encourage a higher birth rate. The report generally avoids this term due to its varied usage and potential for coercion.

**Example:** Government incentives like "baby bonuses" or tax breaks for having more children.

**Replacement-level fertility:** The average number of children a woman needs to have (typically around 2.1) to maintain a stable population size from one generation to the next, assuming low mortality and balanced sex ratios.

**Example:** A country whose birth rate is at 2.1 children per woman is at replacement level.

**Reproductive agency:** The ability to make informed, empowered decisions about one's reproduction, requiring an enabling environment free from legal, political, economic, and social constraints. It's a fundamental aspect of human rights and bodily autonomy.

**Example:** An individual being able to freely choose if, when, and with whom to have children, or to not have children, based on their desires and access to resources.

**Reproductive autonomy:** The power to make choices about one's own body, sexuality, and fertility without fear of violence or coercion.

**Example:** A woman's right to decide whether to use contraception without pressure from her partner or family.

**Reproductive coercion:** Any measure or behaviour that interferes with a person's autonomous decision-making about their reproductive health.

**Example:** A partner secretly removing a condom, or a government forcing sterilization.

**Reproductive rights:** The internationally recognized basic right for all individuals and couples to freely and responsibly decide the number, spacing, and timing of their children, and to have the necessary information and means to do so, alongside the right to the highest standard of sexual and reproductive health.

**Example:** Access to family planning information and services, and the right to make decisions about contraception.

**Sexual and reproductive health and rights (SRHR):** A comprehensive set of health services and information needed to achieve the highest standards of health and human rights for all. This includes prevention of unintended pregnancy, protection from gender-based violence, access to accurate information, and treatment for various reproductive health issues.

**Example:** Providing comprehensive sex education, access to maternal care, and services for infertility treatment.

**Sub-replacement fertility:** A total fertility rate below 2.1, meaning the population will eventually decline in the long term, assuming no significant migration or skewed sex ratios.

**Example:** Many European countries currently have sub-replacement fertility rates.

**Tempo effect:** A demographic term describing how changes in the timing (age) of childbearing among groups affect the measured period total fertility rate. An increase in the age women have children can temporarily lower the total fertility rate, even if lifetime births don't change.

**Example:** If women start having children later in life, the annual birth rate might drop, making it seem like fertility has declined more than it actually has over their lifetime.

**Tempo- and parity-adjusted total fertility rate:** A more nuanced measure of fertility that accounts for changes in the *timing* (tempo) and the *number of previous pregnancies* (parity) when calculating the total fertility rate. It provides a clearer picture as childbearing norms evolve.

**Example:** This adjusted rate can show that while women are delaying childbirth, they might still be having a similar number of children overall.

**Total fertility rate:** The average number of children a woman would have if she lived through her reproductive life and gave birth according to the age-specific fertility rates of a given period. This is the most commonly cited fertility measure.

**Example:** A TFR of 1.5 in a country means, on average, women are having 1.5 children.

**Underachieved fertility:** A situation where a person has fewer children than they desire.

**Example:** An individual who wanted three children but only had one.

## Chapter 1: Revealing the Real Crisis

The world is transforming at a breathtaking scale and pace: Global fertility rates are declining. The human population is projected to reach its crest within the century and then to fall (UN DESA, 2024). One in four people currently live in a country where the population size is estimated to have already peaked.

India is now the world's most populous nation, with nearly 1.46 billion people – a number expected to grow to about 1.7 billion before it begins falling, around 40 years from now (UN DESA, 2024).

The report cautions against the "**alarmism**" seen in headlines forecasting collapsing pension systems, shrinking electorates, rising ethnic tensions, or irreversible "depopulation," as well as persistent concerns about "overpopulation". It emphasizes that current demographic shifts are the foreseeable consequences of long-standing trends, and past periods of demographic anxiety have led to harmful policies and rights violations that must be avoided.

### The Real Fertility Crisis

The SOWP 2025 report defines the "**real fertility crisis**" not as overpopulation or underpopulation, but as the **pervasive inability of individuals to realize their desired family goals**. This crisis is rooted in environments and policy choices that are misaligned with individual desires, failing to create the economic security and personal empowerment necessary for family formation goals, whether that means many children, few, or none at all. The solutions, therefore, pivot away from policies that attempt to control fertility rates and instead focus on empowering individuals through **reproductive agency**.

The global population has more than tripled since 1950, while over that same period, the average fertility rate per woman has declined from 5 in 1950 to **2.25** in 2024. It is expected to reach 2.1 – the so-called "replacement rate" by 2050.

**Here are key solutions to the problem:**

#### 1. Shifting from State-Centric Targets to Individual Desires:

- The report explicitly rejects policies designed to either induce contraception use, discourage it, promote childbearing, or incentivize small families, as these often have little long-term impact and can cause harm or backfire.
- Instead, the fundamental solution requires **greatly increasing global investments in advancing reproductive autonomy**, regardless of a country's current fertility rate. This means enabling all individuals, men and women, to make decisions about their reproductive lives under conditions they themselves demand.
- The core shift is from a focus on "population explosion" or "population collapse" to the real-world concerns of individuals making profound choices about their bodies, families, and futures.

#### 2. Creating an Enabling Environment for True Choice:

- Reproductive agency is not merely freedom from coercion or improved access to services. It encompasses a **full range of conditions** that truly enable people to exercise their reproductive rights.
- This enabling environment includes:
  - **Gender equality:** Addressing gender-discriminatory norms that undermine fertility ambitions.
  - **Economic stability:** Tackling economic precarity, which is a major barrier to realizing desired family size. This involves addressing financial limitations, unemployment, job insecurity, and housing concerns.
  - **Decent healthcare:** Ensuring access to high-quality sexual and reproductive healthcare. This also means ensuring access to services like affordable childcare and education.
  - **Support from partners and communities:** Fostering environments where partners and communities support individual reproductive desires.



- **Confidence in the future:** Addressing pessimism stemming from concerns about climate change, environmental degradation, wars, and pandemics, which influence individuals' decisions to have fewer children.

### 3. Policy Interventions Centered on Human Rights:

- Policies should directly respond to people's expressed needs and desires, rather than being designed to control fertility rates.
- This involves:
  - Ensuring the **full range of reproductive health and rights** for all people.
  - Providing **consistent, long-term support to parents and families**.
  - Ending **gender-based violence** and other gender-discriminatory norms.

By focusing on these enabling conditions and prioritizing reproductive agency, the report argues that societies can move towards a future where individuals can fulfil their desired family goals, leading to healthier and more prosperous communities. This approach reduces economic costs associated with unintended pregnancies and unsafe abortions, while also potentially increasing labour force participation and ensuring future generations are born into supportive socioeconomic conditions.

## Chapter 2: Opening A Policy Window of Opportunity

This chapter delves into the various barriers preventing individuals from achieving their fertility aspirations and proposes person-centred policy solutions. The chapter highlights that the "**fertility gap**" – the difference between desired and actual fertility – is a pervasive issue globally, manifesting both as unintended pregnancies and as fewer children than desired.

The report emphasizes that while policymakers have traditionally focused on these **two aspects** as distinct problems requiring separate solutions (e.g., **contraception for high-fertility contexts** and **subsidies for low-fertility contexts**), the reality is more complex.

Barriers to both preventing pregnancy and forming a family exist universally. The key is to understand these barriers by directly asking individuals about their desires and challenges, as neglecting this can lead to inadequate policies. For example, Italy, a low-fertility country with many desiring fewer children, still has a significant rate of unintended pregnancies (nearly 25% of respondents surveyed), indicating a need for contraception services alongside family formation support. Conversely, in South Africa, where many expect to have more children than desired, a substantial portion (34%) also reported wanting a child but being unable to at the desired time, pointing to a need for family formation support.

**The report identifies several policy areas where interventions can remove barriers and support reproductive agency:**

**1. Health Policies:** These are crucial for expanding reproductive choice. Despite progress since the 1994 Cairo Conference, including increased access to family planning and revised abortion laws in 60 countries, there have been recent rollbacks. As of 2025, 8% of women aged 15-49 worldwide face an unmet need for family planning, and 44% lack decision-making power over sexual relations, contraceptive use, and reproductive healthcare. Solutions involve ensuring accessible, affordable, and integrated sexual and reproductive health services within primary healthcare systems. This comprehensive care should include family planning, maternal care, safe delivery, legal abortion care, post-partum/newborn care, and crucially, prevention and treatment of infertility. The report highlights that about 1 in 6 people globally experience infertility, yet accessible and affordable treatments are largely lacking, especially in low-income countries. Fertility awareness education, for both men and women, is emphasized to improve understanding of reproductive health and the impact of age on fertility. Legal barriers restricting access to fertility care for single individuals, LGBTQIA+ couples, and economically disadvantaged groups also need to be removed.

**2. Economic Barriers and Solutions:** Economic precarity is the chief determinant undermining desired fertility. Barriers include labour market insecurity, unemployment, low pay, and high costs of raising children, including housing. Policymakers should focus on:

- **Childcare:** Available, affordable, and quality childcare is paramount for increasing mothers' labour force participation and can positively impact fertility. This includes support for both centre-based care and family caretakers, such as paid leave for grandparents.
- **Transition to Adulthood:** Young people increasingly view economic independence, decent work, and affordable housing as prerequisites for parenthood. Policies should address housing costs and job insecurity, which delay young people's ability to achieve independence and form families.
- **Family-Friendly Work Policies:** Flexible work arrangements, on-site childcare, and comprehensive parental leave (including more equitable paternity leave) are vital. However, these must be implemented carefully to avoid reinforcing negative stereotypes or creating career penalties, especially for women. Expanding medical leave for all workers can support those undergoing fertility treatments or caring for family.
- **Long-Term Financial Stability:** Short-term "baby bonuses" are often temporary in impact. Stable income support, improved earning potential, and job security are crucial for enabling people to realize their fertility goals.

**3. Education and Information:** Comprehensive sexuality education (CSE) is vital for improving health outcomes and reproductive choices. It should include medically accurate information on anatomy, contraception, STIs, consent, and fertility awareness across the lifespan. Misinformation, particularly on social media, poses a significant threat, reinforcing stereotypes and impairing decision-making. Education policies should also address the high costs and pressures within schooling systems that can influence fertility aspirations.

**4. Legal Barriers:** Laws often impose direct and indirect barriers to parenthood by limiting the definition of "family". This can exclude single individuals, LGBTQIA+ couples, and older women from accessing assisted reproduction, adoption, or benefits. Other legal barriers include compulsory sterilization, age restrictions for contraception, and criminalization of abortion. Even nationality and inheritance laws can indirectly influence fertility decisions. The report calls for inclusive policymaking that involves affected communities and recognizes the diverse family structures.

In conclusion, Chapter 2 frames the current moment as a "policy window of opportunity". By designing person-centred policies rooted in human rights, dignity, and gender equity, governments can remove the multifaceted barriers preventing individuals from achieving their fertility aspirations, fostering a world where desired family sizes, whether large, small, or none, can be freely chosen and realized.

## Chapter 3: Gender Equality and Dividends for All

Chapter 3 of the State of World Population (SOWP) 2025 focuses on how **gender norms, roles, and inequalities significantly impact fertility aspirations and outcomes**, emphasizing that achieving true gender equality yields dividends for everyone, not just women. The chapter also explores evolving views on childbearing and the increasing intensification of parenting burdens.

The report begins by acknowledging major advancements in women's rights since the 1995 Beijing Declaration and Platform for Action, noting **increased women's participation in national parliaments** (from 12% in 1997 to 27% in 2025) and declining acceptance of intimate partner violence. However, these gains are described as **tenuous and subject to reversal**, with a recent stalling in positive attitudes towards women and a regression in women's bodily autonomy in 13 out of 32 countries between 2006 and 2022. This setback is partly attributed to the growing influence of "anti-gender" movements.

The chapter debunks the simplistic blame often placed on women for declining fertility rates. While a correlation between women's empowerment and fertility decline has been observed, the report argues that treating gender equality merely as a tool to achieve demographic ends is flawed and ineffective. Instead, it

highlights that **men play an essential role in reproduction** and that parenthood aspirations are changing for both genders.

A significant aspect of gender inequality impacting fertility is the **gender gap in desired children**, with men often reporting wanting more children than women. This is partly due to traditional views where men associate fertility with "legacy and social status", and a prevalent **son preference**, especially in South Asia, East Asia, and the South Caucasus, which can lead to gender-biased sex selection or families having more children than desired in pursuit of a male child. The UNFPA/YouGov survey found that 56% of men and 45% of women across 14 countries valued "to preserve name and assets" as a reason to have a child, with men considering it more important in almost all countries.

The report delves into **gender roles in the family and at work**, noting that despite progress in public spheres, women still disproportionately handle housework and care for dependents (estimated to be 3 to 10 times more than men). This "invisible unpaid, or underpaid, labour" significantly contributes to women's absence from the workforce and their decision to have fewer children. While men's involvement in caretaking is slowly increasing, cultural norms often reinforce traditional male breadwinner roles. This gendered division of labour is a known factor affecting childbearing aspirations, with many women choosing fewer children to balance professional and domestic responsibilities. The report suggests a "**U-shaped relationship**" where fertility is lowest when women face a "double burden" and may rise when male partners actively share domestic and caregiving duties.

The chapter also highlights the **intensification of parenting burdens** overall, affecting both mothers and fathers. Modern parenting demands intense investment in children's emotional and cognitive development, often without corresponding reductions in other burdens. The UNFPA/YouGov survey found that **17% of parents have no support** in caring for their children, with low-income families being more affected. This strain is reflected in 29% of fathers and 32% of mothers reporting that childcare is "more exhausting than enjoyable". This intensification contributes to mental health burdens and can disincentivize having more children.

The report explores the evolving reasons for having children. While "utilitarian" reasons like securing old-age support or preserving family name are present (rated highly in Indonesia and Nigeria), the UNFPA/YouGov survey found that across all countries, **"joy" and "satisfaction" from raising a child were universally rated as the most important reasons** to have children. Conversely, the high costs and time/energy required for child-rearing were the most significant reasons *against* having children. This challenges purely economic or target-driven policies, suggesting people prioritize an environment where children can thrive and parenting can be enjoyed.

The chapter emphasizes that **gender-unequal social norms** harm both men and women. Men often express a desire for more involvement in care work but face societal barriers. The report calls for teaching boys the value of care from a young age and promoting non-violent relationships with shared responsibilities. It also touches on issues like the "loneliness epidemic" and declining partnership formation, noting that economic and educational factors play a clear role, and that partnership formation suffers when advances in gender equality stall.

Finally, the chapter discusses the impact of **violence, coercion, and social norms** on fertility aspirations. Gender-based violence and reproductive coercion, whether by intimate partners, family, community, or even the state, severely limit reproductive choice. Social pressures can lead to overachieved fertility (e.g., son preference in India, cited by 22% of respondents), while pressure from health workers can lead to underachievement (14% in India). The report argues that addressing these gender-unequal norms and ensuring genuine gender equality across all spheres yields a "**gender-equity dividend**" that benefits everyone, leading to better health outcomes for men, more equitable partnerships, and workplaces that allow parents to experience the rewards of caregiving. This requires moving forward, not reverting to past, often mythical, gender roles.

## Chapter 4: The Lessons of History and Hope

This chapter synthesizes the report's findings, underscoring the urgent need for a paradigm shift in how global population trends are perceived and addressed. The chapter argues that despite the world's increasing demographic diversity, alarmist narratives surrounding fertility rates persist, leading to ineffective and often rights-violating policies.

The chapter begins by highlighting a historical pattern: demographic changes, whether population expansion or decline, have consistently been met with "apocalyptic language". From the "population bomb" fears of the mid-22th century, which led to coercive measures like forced sterilization, to current anxieties about "mass extinction of entire nations" due to declining fertility, the discourse often fuels ethnonationalism and scapegoats marginalized groups.

A key issue addressed is the **flawed reliance on the Total Fertility Rate (TFR)** as the sole metric for policy success. The report asserts that the assumption of population stability at a TFR of 2.1 is problematic, as it ignores factors like migration, infant mortality, and sex ratios at birth. Many countries with TFRs below 2.1, like Australia and Canada, are still projected to grow due to immigration. Furthermore, TFR is often an "imperfect measure" of lifetime births, as it can be distorted by short-term changes in childbearing timing (**tempo effect**), rather than reflecting the actual number of children women have over their lives.

The report emphasizes that while understanding demographic changes is crucial for planning (hospital funding, infrastructure, pensions, teacher recruitment), policy goals should not be "fertility targets". Instead, the focus must shift to **individual reproductive agency and aspirations**.

**Chapter 4 proposes several pathways for "Better policies" to address the real fertility crisis:**

- **Ensure Sexual and Reproductive Health and Rights (SRHR) for All:** It means dismantling barriers like age restrictions, spousal/parental consent laws, and denial of voluntary sterilization. An inclusive approach is vital to build trust and ensure all populations, including LGBTQIA+ individuals and ethnic minorities, are served.
- **Strengthen Social and Economic Security for All:** This involves addressing economic burdens (like housing and childcare costs), which are common barriers to parenthood. Policies should support high-quality, accessible, and affordable childcare, potentially through government subsidies, family caretakers, or cooperative models. Efforts to alleviate poverty, unemployment, and economic precarity through labour market reforms and social security adjustments are also essential.
- **Transform Social Norms:** Societal responsibility for fertility trends is often unfairly attributed to women, ignoring men's roles and the burden of unequal domestic labour. The report emphasizes the need to teach boys the value of care from a young age and to promote gender equality in all spheres, countering "misogynistic backlash" and regressive norms. This includes fostering positive norms that enable men to participate more in care work, and recognizing diverse family structures.
- **Legal Reforms and Monitoring:** Legal barriers often restrict parenthood based on outdated definitions of "family," excluding single individuals and LGBTQIA+ couples from access to assisted reproduction, adoption, and benefits. Laws also impose restrictions on contraception access and abortion. The report calls for laws that sufficiently protect people from sexual violence and reproductive coercion, and for monitoring all policies (even those seemingly unrelated to reproduction) for their impact on reproductive agency.

Ultimately, Chapter 4 concludes with a call for **intergenerational fairness** and a life-course approach to population policy. It emphasizes that young people's concerns about climate change, economic instability, and global conflicts significantly influence their family decisions. By listening to their voices and creating policies cantered on their needs and desires, societies can build trust and enable all individuals to achieve their reproductive aspirations, fostering a world where dignity and rights are paramount, regardless of fertility outcomes.