The Contemporary Fertility Transition in India

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India's rapid population growth and the efforts to bring down fertility level in the second half of the twentieth century have attracted wide attention both within and outside the country. Despite the fact that India is the first country in the world to have an official government family planning programme as early as in 1951, the fertility level remained to be high for most part of the last century raising concerns from various quarters. However, the pace of transition has quickened in recent decades. Going by the current trend, the India will be reaching replacement level fertility within the next few years. For a country of India's size, it has major implications not merely for itself alone but for the world as a whole.

India is also a country with considerable diversity in demographic indicators (Bose1996). There has been faster decline in fertility in some parts of the country while the rest of India showed very slow change. This has resulted in vast demographic heterogeneity not only across regions but also across various socio-economic groups. The state like Kerala has begun fertility transition as early as in the 1960s and has reached replacement level by 1988. On the contrary, many northern states continue to have higher levels of fertility even today.

The recent progress in fertility transition has also led to a debate on the possible reasons for this change in poor settings like India (James 2011; Kulkarni 2011). There are several contestable arguments on the causes of fertility transition in the country. While it is generally accepted that economic factors may play only a minor role, there had been several attempts to interpret the transition in terms of social development, diffusion, role of government, poverty induced, etc. It is important that these various arguments are looked afresh given the context of rapid fertility transition in recent times (Basu 1986; Bhat and Rajan 1990; Srinivasan et al. 1995; Guilmoto and Rajan 2001).

The objective of this paper is to understand the fertility trends and revisit the various arguments on the cause of fertility decline in India. This paper looks at the future of Indian fertility to understand how low the fertility will fall in India. The paper is divided into four sections. First,

it looks at the fertility transition and its regional diversity. The second section examines the causes of fertility transition in India through a careful review of studies. The third section brings out the future of fertility in India. The conclusion of the paper is presented in the final section.

I. FERTILITY TREND AND DIVERSITY

It is clear that India's fertility remained high during most part of the last century. The birth rate virtually hovered between 45-7 per 1000 population between 1881-1961 (Bhat 1990). This is despite the fact that the mortality has steadily declined since the 1920s.The death rate dropped drastically from a high of around 47 in 1921 to a little above 20 by 1961. These estimates show that India' fertility remained relatively stable in the first half of the century (Table 1). This, perhaps, motivated Indian planners to officially launch a family planning programme soon after independence.

TABLE 1. BIRTH RATE AND DEATH RATE IN INDIA, 1901-1961

Year	Birth Rate	Death Rate
1901-11	46.8	42.8
1911-21	46.0	47.2
1921-31	46.4	36.3
1941-51	45.4	27.4
1951-61	45.7	22.8

Source: Bhat (1990)

The Sample Registration System (SRS) forms the backbone of the data base for vital rates in India after independence in the absence of a dependable Civil Registration System (CRS) data. Since 1970, SRS has been providing inter alia information on most vital rates consistently for every year both at the national as well as at the state level. Figure 1presents data on birth rate, death rate and crude natural increase for India from 1971 to the latest. It is clear from the figure that rapid decline in fertility is observed only from early 1980s.Though downward trend was noticeable in the 1970s, it was unsteady and the pace of decline was negligible. Contrary to this, the death rate was considerably low even in the 1970s. Consequently, the natural increase of population has attained its peak around first half of the 1980s and then started declining. Natural increase records a steep decline in recent period indicating faster pace of fertility transition.

Almost similar pattern is observed while considering data on Total Fertility Rate (TFR) (Figure 2). The pace of decline in TFR was much faster after 1990 as compared to 1980s. The pace of fertility decline was to the tune of 1.5 per cent between 1970 to till about early 1990s and

FIG. 1. BIRTH RATE, DEATH RATE AND NATURAL INCREASE IN INDIA 1971-2013
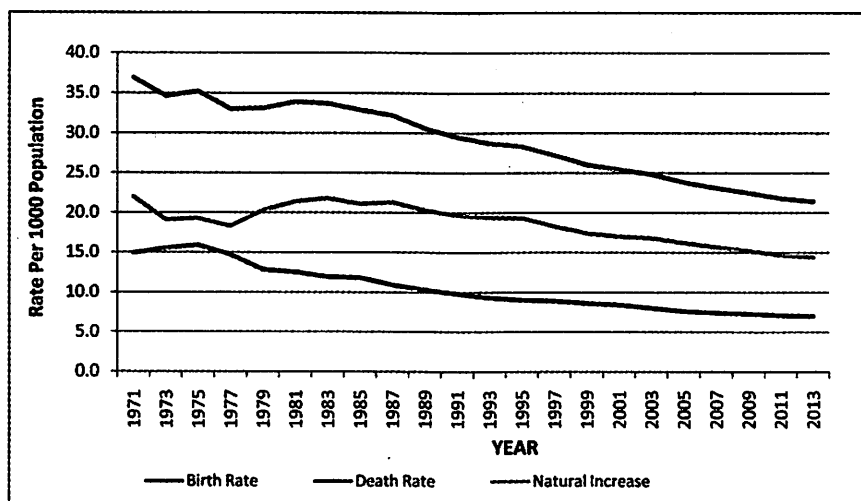
quickened to over 3.5 per cent thereafter (James 2011). The current TFR of 2.3 is very close to the replacement level of 2.1. The urban areas of the country constituting over 30 per cent of India's population have a fertility rate below 2 for the last five years. The rural fertility rate remains relatively high and stands at 2.5 currently. India is most likely to achieve replacement level fertility in the second half of the decade. The fertility level in the country, therefore, is no more considered as a serious issue of alarm unlike in the past where there were huge concern on growing population

FIG. 2. TOTAL FERTILITY RATE (TFR) AMONG RURAL AND URRBAN INDIA, 1971-2013
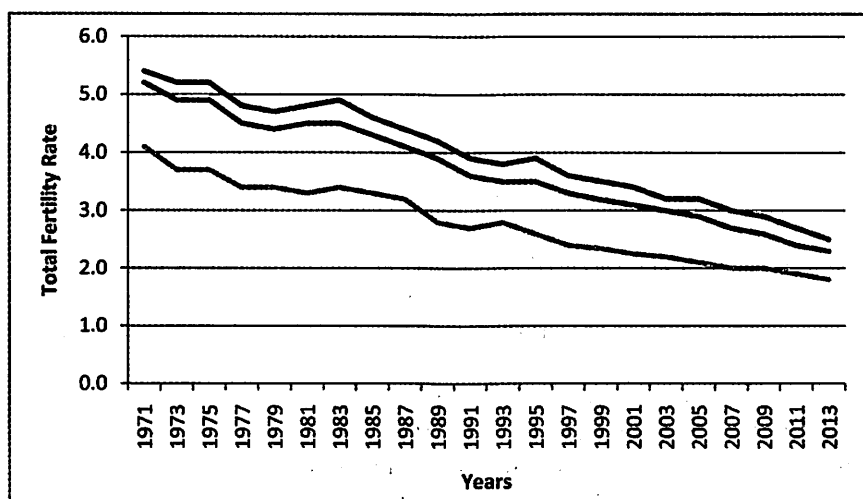
and very slow pace of fertility transition despite several efforts by the government.

The study on fertility changes in India is not complete without due attention paid to considerable interstate and socio-economic variation. Undoubtedly, the magnitude of such variation has come down in recent years with rapid decline in fertility in nearly all sections of the population (Table 2). For instance, the difference in total fertility rate between highest and lowest fertility states were more than 3 children in 1991 but has come down to around 1.5 children in 2013. The coefficient of variation (CV) which provides information on the magnitude of variation across states shows a continuous increase in most of the decades since 1970. In the latest two-year period, there has been a decline in the CV.

TABLE 2. TOTAL FERTILITY RATE IN MAJOR STATES OF INDIA : 1971-2013

Year	1971	1981	1991	2001	2011	2013
West Bengal	–	4.2	3.2	2.4	1.7	1.6
Punjab	5.2	4.0	3.1	2.4	1.8	1.7
Tamil nadu	3.9	3.4	2.2	2.0	1.7	1.7
AP	4.6	4.0	3.0	2.3	1.8	1.8
Kerala	4.1	2.8	1.8	1.8	1.8	1.8
Maharashtra	4.6	3.6	3.0	2.4	1.8	1.8
Karnataka	4.4	3.6	3.1	2.4	1.9	1.9
Orissa	4.7	4.3	3.3	2.6	2.2	2.1
Haryana	6.7	5.0	4.0	3.1	2.3	2.2
Assam	5.7	4.1	3.5	3.0	2.4	2.3
Gujarat	5.6	4.3	3.1	2.9	2.4	2.3
Rajasthan	–	5.2	4.6	4.0	3.0	2.8
Madya Pradesh	5.6	5.2	4.6	3.9	3.1	2.9
Uttar pradesh	6.6	5.8	5.1	4.5	3.4	3.1
Bihar	–	5.7	4.4	4.4	3.6	3.4
India	5.2	4.5	3.6	3.1	2.4	2.3
Coeffeicient of Variation (CV)	17.8	20	26.4	29.5	28	25.6

Source: Same as in Figure 1

The table also shows that in 1971, most of the Indian states had high levels of fertility except perhaps the southern states. Due to considerable variation in the pace of fertility transition, the differences continued to exist but there are many northern states like Punjab, Haryana which recorded faster decline in fertility during this period leading to replacement level fertility. What, perhaps, the table indicates is also the contiguous nature of fertility transition in the country. The southern states are all on the top of the table as against the north and central Indian states. The western and eastern coastal states are also experiencing rapid fertility transition and are all either in replacement level or very close to it.

This is also true with respect to the socio-economic background. Figure 3 presents the fertility level among the illiterate in major states of India in 2013. It varies substantially across states from 0.9 children in Tamil Nadu to 4.4 children in Bihar with a difference of nearly 3.5 children. This data also reveal several other interesting aspect of fertility transition in India. Firstly, the fertility decline among illiterate sections of the population has been responsible for a faster decline in fertility in many states. The illiterate fertility has been substantially low in some states particularly in the south. Second, it appears that in those states where fertility transition has occurred, the educational differences have narrowed down. Therefore, the socio-economic differences in fertility might come down drastically along with fertility transition. Thirdly, it also questions the conventional fertility transition theories which considered inevitability of social and economic development to achieve fertility transition. The social development argument may not hold good in explaining fertility transition in India for recent years.

FIG. 3. TOTAL FERTILITY RATE AMONG ILLITERATE IN MAJOR STATES OF INDIA, 2013
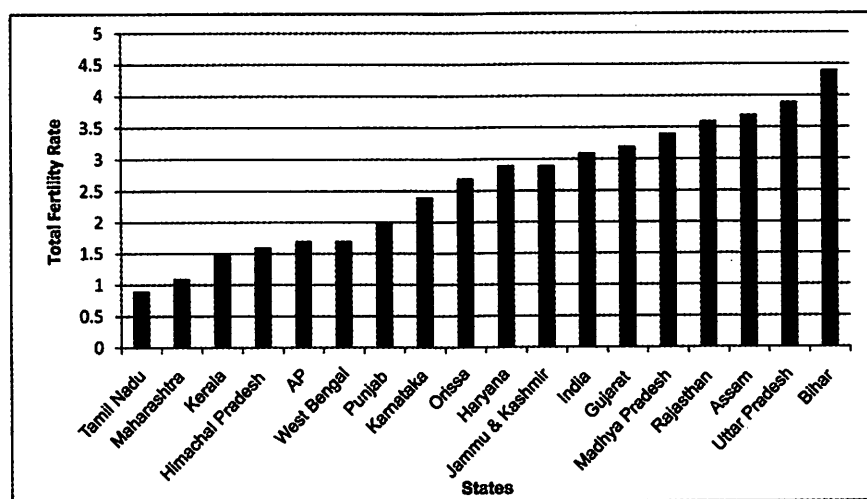
Finally, India's fertility is on a course of rapid transition in recent times. Although the levels of fertility remained relatively high in most part of the last century, it has started a rapid pace of transition towards the end of the century. India's population would continue to grow at least for the next 40 to 50 years due to high fertility in the past but with a much slower pace than experienced in the second half of the last century. With the country inching towards replacement level fertility, the fertility scenario is considered with more optimism than pessimism which was prevalent a couple of decades back in the country.

II. THE DRIVERS OF FERTILITY TRANSITION

India's fertility transition has been a matter of intense debate in the country. The conventional theories of fertility transition and the factors underlying its decline appear to be inadequate in explaining fertility decline underway in many states in India. Female education has been considered as a powerful force that separated states with high and low fertility. But this has been contested based on the experience from different parts of the country in recent times. Although several alternative explanations have been put forward, the reasons for the fertility transition continues to remain a mystery in the country.

The first state to undergo fertility transition was Kerala located in the south west corner of India as early as in the 1960s. Despite the fact that Kerala was in adverse condition both in terms of per-capita income and on the percentage of population below poverty line, several demographic indicators showed considerable progress (Bhat and Rajan 1990; Krishnan 1976). The demographic indicators were almost on par with developed countries and the social indicators like female education were relatively very high. The Kerala experience, therefore, showed alternative routes to achieve fertility transition particularly for the developing countries. The economic growth and modernization need not be a necessary condition but social development particularly concentrating on universalisation of education expected to yield same result as in the case of economic indicators and modernization forces.

By the late 1980s and early 1990s, two other states (Tamil Nadu and Andhra Pradesh) located in southern parts of the country recorded rapid decline in fertility unaccompanied by significant progress in the level of female education (James 1999; Srinivasan et al. 1991). These states, in a way, questioned the Kerala model of achieving fertility transition. The female literacy level in both these states has been less than half way mark during the period of rapid fertility decline. Therefore, these two states provided evidence to the fact that social development is also not a necessary condition for the onset of fertility transition as the illiterate contributed significantly to the fertility transition process. However, it was unclear what triggered fertility transition in these two states.

The later attempt, therefore, was to explain the fertility transition outside of economic and social development framework. The expansion of television and media has led to an alternative explanation as well but within the framework of social development. It was argued that, perhaps, not the formal education but informal access to knowledge through media could also trigger fertility decline (Bhat 1996). There were several attempts to understand the historical roots of fertility transition particularly the influence of social movements in the case of Tamil Nadu and governmental efforts in the case of Andhra Pradesh (James 1999;

Srinivasan et al. 1991). Tamil Nadu had a long history of social reformers emphasizing various social changes in the society including small family. The Andhra Pradesh, on the contrary, had a long history of very benevolent political system transferring various welfare benefits to the poor sections of the population (James 1999).Even in the case of Kerala, it was argued that social justice in political and economic system played an important role in demographic transition as well (Ratcliffe 1978).

In the latter part of the 1990s, many states located in Western and Eastern part of the country has also entered into a rapid fertility transition unaccompanied by any favourable development indicators. The major states in this category included, Karnataka in south, Maharastra in the West, Odisha and West Bengal in the east and Punjab and Haryana in the north. Thus it covered most areas except the north central India. Among states with rapid fertility transition, Odisha deserves special mention given the fact that the state has one of the highest incidences of poverty, high levels of infant mortality rate and adverse development indicators. But Odisha has also achieved replacement level fertility by 2013. All these have made the explanation of the factors contributing fertility transition in India quite complex.

Another major attempt to understand the causes of fertility transition was though the diffusion hypothesis. Studies have established a clear spatial contiguity in the fertility transition in India (Guilmoto 2000; Guilmoto and Rajan 2001). It started in areas where literacy level was relatively high in coastal areas and slowly moved inward. The only area left out is the central India which will also be engulfed into the transition with a time lag. Thus fertility transition is considered as automatic and the time lag is explained only in terms of geographical distance (Guilmoto and Rajan 2001).

THE ROLE OF GOVERNMENT

One of the major attempts to explain fertility transition in India was through the effort of the government particularly on family planning (Srinivasan 1995). While most of the demand side arguments failed, the supply side argument particularly the implementation of family planning programme emerged as a powerful explanation to understand fertility transition. Arguably, the implementation of the programme has been rather weak in the north of the country as compared to south resulting in north-south divide in fertility (Srinivasan 1995). Therefore, the fertility variation across country is also explained in terms of the implementation of the effective family planning programme.

There is no doubt to the fact that India has a strong family planning programme. The family planning programme was strengthened in the 1960s, with the introduction of the extension approach, sterilization

camps, incentives for contraceptive acceptance, and enhanced availability of contraceptive services through a large network of health centres. However, the effect of these interventions was not considerable in reducing fertility during those periods. However, in later decades, contraceptive use considerably went up particularly since the 1990s. For instance, according to the three rounds of the National Family Health Survey, the prevalence of modern contraception rose from 37 per cent in 1992-3, to 43 in 1998-9, and 49 in 2005-6 (International Institute of Population Sciences 1995; International Institute for Population Sciences and Macro International 2000; International Institute for Population Sciences and Macro International 2007).

As the fertility reduction goals were not being met in successive five year plans, the Government was interested in continuing a strong family planning programme with the provision of providing incentives and disincentives. With the successive census data after independence revealing a growth rate of population near or over 2 per cent per annum, the concern of overpopulation has grown considerably. Many state governments also brought out population policy documents focusing more on population control strategies. Incentives and disincentives were part of these documents as well. Job reservation for woman accepting sterilisation after two children, barring men and women having more than 2 children from contesting local body election are examples of such incentives and disincentives.

In addition to the census result, various surveys indicated higher incidence of unmet need for contraception in India. According to the National Family Health Survey conducted in 2005-6, nearly 12.8 per cent of the couple of reproductive age group experienced unmet need for contraception. Unmet need is also significantly higher among poorer sections of the population (18.2 per cent) against the richest (8.1 per cent) (Kulkarni 2011). The unmet need has been particularly high in states with high fertility. All these indicate that India needs to adopt strong programmes and policies to address unmet need of family planning. This also provided justification for continuing a strong and free family planning programme in the country.

The emphasis of family planning programme as a possible explanation of fertility transition was also due to the fact that rise in the age at marriage has been rather slow and did not have a major effect on fertility transition (Srinivasan and James 2015). The age at marriage for females, undoubtedly, increased from 15.9 years in 1961 to 21.2 in 2011. At the same time, a larger proportion of women marry below the legal age of 18 years. Moreover, the marriage remains nearly universal and the spacing between births is rather negligible. Thus the major pathways through which the fertility transition is achieved were through female sterilization among all states of India.

Along with this, there were strong pressures since 1980s from civil society organisations on improving the quality of services, making services more comprehensive. Thus India made an alteration in its implementation of family planning programme from a target and incentive based approach to more reproductive health based approach from the middle of the 1990s. Interestingly, the country was also experiencing a rapid reduction in fertility in the 1990s. It was, therefore, an easier decision for the Government of India to try alternate paths of implementing family planning programme. National Population Policy (NPP) document brought out in the year 2000 affirms voluntary and informed choice and consent of citizens while availing of reproductive health care services. It emphasised target free approach in administering family planning services. It also encouraged incentives for adoption of the small family norm. Even while it was clear that many Indian states are entering into a rapid pace of fertility transition and consequent age structure changes, neither the NPP-2000 nor the state policies had any specific emphasis to address this issue. Most of these policies were merely to discuss ideology of implementing family planning programme.

Undoubtedly, the role of state and progressive intervention is expected to be crucial in any context in addressing fertility reduction goals. But such supply side intervention was always considered inadequate as mere supply fails to create sufficient demand and change in the attitude of the people towards small family. Interestingly, fertility decline in India was primarily because large majority of illiterate women adopted the small family norm. There is no denying the fact that there has been a spread of a new reproductive idea of having only a few children and investing more on their future (Bhat 2002). The effective implementation of family planning programme arguably played an important role in this diffusion. It is also partly true that the separation of north and south of the country in terms of fertility variation is also due to variation in the implementation of family planning programme. But the implementation bottlenecks alone will not unravel the real triggers of fertility transition in many states in the country.

Overall, there are several contesting arguments on the fertility transition in India. While the family planning programme of the state take credit for the success, the story will be incomplete without taking into consideration several societal changes which took place in the country over the period. Therefore, although it is impossible to pinpoint the exact nature and cause of fertility transition in India due to its extreme diversity in different parts, it is apparent that attitude of small family norm has become deep rooted in society irrespective of socio-economic status. This is likely to change the demographic landscape of India considerably in coming decades.

III. FUTURE FERTILITY

What is perhaps unclear is the point to which the fertility level will fall in future in the country? The various projections assume that the TFR might ultimately remain within a safe range of 1.8 to 2.1. However, the experience from the many European countries shows decline in fertility far below replacement level from the mid-1960s to the mid-1980s (Sobotka 2004). It is also found that such trends are becoming more universal than a mere European phenomenon in recent years (Lesthaeghe 2010). Not only that the fertility has declined far below replacement level, but has also gone down substantially low characterised by 'lowest low' fertility syndrome. Kohler et al (2000) defined a 'lowest low' fertility as a level of TFR at or less than 1.3.

It is nearly impossible to predict with any certainty whether India's fertility will also experience a very low level syndrome in future. One of the major routes of sustaining fertility level much below replacement level had been the change in the marriage pattern in many countries. However, there has not been any major shift in the marriage pattern even in states with rapid fertility reduction in the country. As already pointed out, the proportion of never married remains nearly negligible and age at marriage has recorded only a slow increase. India's fertility transition is distinctly different in the sense that it was achieved primarily through contraceptive use and almost solely through female sterilisation. The average age at marriage, particularly of females, remains low at 18 years and more than 50 per cent of women marry before the legal age of 18 years in the country. Marriage continues to be universal and births take place primarily within marriage. Thus many of the typical characteristics of a low fertility society nearly remained absent even in states with below replacement level fertility.

Given the complexity and specificity of India's fertility transition, it is difficult to see how the future fertility will shape out. At the same time, it is important to have some speculations on the possible future scenarios so that both society and nation are not left completely unaware of such change, if it occurs in the future.

The first information used here is based on the current levels of fertility in places where replacement level fertility was achieved sometime back. According to this argument, the country might ultimately experience a fertility transition to those levels now observed in pockets or regions of low fertility. Second information comes from relationship between education and fertility which is arguably the strongest among different indicators influencing fertility. Therefore, the current levels of fertility observed among higher educational group may be the norm in the future with more and more women in the reproductive age group getting educated. Finally, a statistical analysis is undertaken to test the convergent

hypothesis. Convergent analysis indicates whether the fertility is coming down faster in lagging regions than in low fertility regions. If the pace of fertility continues to be substantial even in those regions with low fertility, it is expected that the fertility will go down further, far below replacement level.

(1) FERTILITY IN LOWEST FERTILITY REGIONS

The first state to achieve replacement level fertility in India has been Kerala nearly 25 years back in 1988. Thus some states have now remained in replacement level fertility for relatively long period. It is important to understand how far the fertility has gone down in these regions to get a glimpse of the future fertility transition in other regions. Towards this end, the district level fertility rate computed from 2011 census has been classified into different ranges and is presented in Table 3.

There are 647 districts in the country of which information was available for 616 districts. Of these, it is found that 29 districts have recorded a TFR of 1.5 or less constituting around 5 per cent of all the districts in the country. In addition, around 12 per cent of the districts have a TFR between 1.6 and 1.8. Thus nearly 17 per cent of the districts are in a low fertility zone defined as a fertility level 1.8 or less. Not only with respect to the district level fertility but the urban fertility patterns in the country also show indications of fertility level going far below replacement level. The recorded TFR in the urban areas has been below 1.8 in 9 out of 20 larger states in India. The state of West Bengal recorded the lowest urban fertility rate of 1.3 children per woman in 2010. The urban TFR in West Bengal has been consistently low and has remained at 1.3 for the last four years.

Perhaps, all these indicate the possibility of fertility transition continuing below replacement level in the country. If the experience of 17 per cent of districts and urban India are any indication on the future direction of fertility in the country, the TFR might go down in all the places far below

TABLE 3. PERCENTAGE OF DISTRICTS IN CLASSIFIED BASED ON TFR, INDIA, 2011

| TFR Range	Percent of Districts	No of Districts
>=1.5	4.5	29
1.6-1.8	11.7	76
1.9-2.1	12.5	81
2.2-2.5	12.7	82
2.6-3.0	17	110
>3	36.8	238
Not Available	4.8	31
Total	100.0	647

replacement level even with many other conditions like marriage, contraceptive pattern, etc, remaining unchanged.

(2) EDUCATION AND FERTILITY

Among the indicators often considered for fertility transition, education appears to have the strongest effect (James et al. 2012). Rise in women's education consistently reduces the fertility in almost all contexts. India's fertility transition story is often considered to provide an alternative model with fertility reduction taking place even when the improvement in educational levels among women has been negligible (Bhat 2002; James 2011). Although this has been true to some extent and at the macro level, the individual level analysis of fertility across spatial groups consistently showed a strong negative relationship between education and fertility in India (International Institute for Population Sciences and Macro International 2007). The progress in educational status of people has been considerable in recent years and is expected to move faster in future. With each subsequent cohort of women having better educational level than the previous one, the fertility pattern might also undergo a change in the future.

Figure 4 presents the total fertility rate among women with graduate and above level of education across major states in India. The level of fertility among women with higher education is considerably below replacement level in most states in India. There are at least four states with 1.3 or less fertility among high educational group women and ten states have 1.5 or less. This is also another indication of the future of India's fertility with increase in the educational level of the women in coming decades.

FIG. 4. TOTAL FERTILITY RATE FOR WOMEN GRADUATE AND ABOVE
LEVEL OF EDUCATION AMONG STATES IN INDIA, 2013
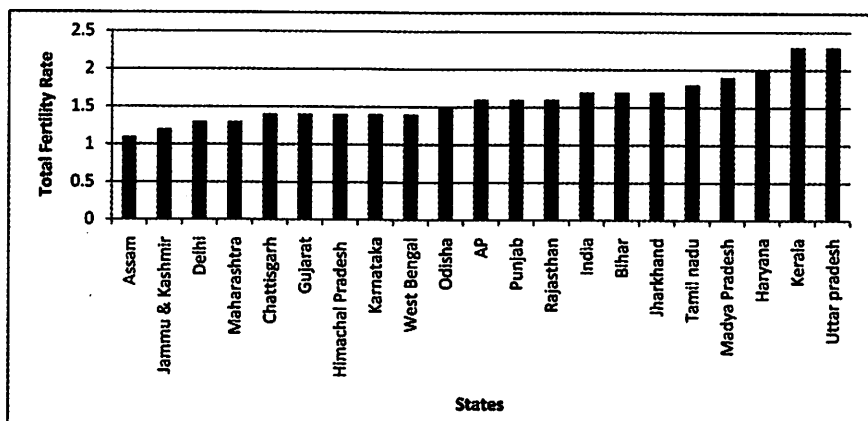
Source: Office of the Register General of India (2015)

(3) CONVERGENCE ANALYSIS

An alternate method of evaluating the extent of fertility reduction in future is to examine the convergence of fertility. It is expected that that levels of fertility will eventually converge across regions. At low levels of fertility the possibility of further reduction is limited while regions with higher fertility will experience faster pace of transition. As a result, ultimately, fertility will converge towards the replacement level. According to Wilson (2001) the essence of demographic transition theory is convergence. According to the theory, all regions will ultimately converge to a low fertility and mortality scenario. As the final stage of demographic transition is expected to be accompanied by considerable socio-economic changes and modernisation, convergence is expected even on socio-economic front during the course of demographic transition.

The studies on demographic convergence have, however, provided mixed results. Wilson (2001) argued that the second half of the last century has been a period of global demographic convergence despite huge economic gaps across countries. But, Dorius (2008) found the opposite using a different methodology. The plotting of fertility data across countries invariably showed a trend towards convergence. However, it has been generally agreed that the fertility rates are converging more rapidly in the world than other dimensions of development.

Two of the common methods adopted to measure the scale of convergence are beta- convergence (β-convergence) and sigma convergence (σ-converge). Beta convergence measures whether the regions that are laggards in transition show faster movement than those better along the transition. The following model is used to estimate the convergent coefficient.

$$\ln(Yjn/Yj0)/T = \alpha + \beta 1(Yj0) + e\,j$$

Yjn and Yjo indicate fertility levels at the end and beginning of the period under consideration respectively. α *and ej are the constant and error term respectively and* β1 provides the coefficient of convergence. A negative sign on the convergence coefficient (β) indicates that lagging areas are catching up with leading areas (converging), while a positive coefficient indicates laggards are falling farther behind (diverging).

Table 4 presents the estimated beta convergence at two levels. Firstly, it considered state level convergence in TFR for three time periods, 1971-90, 1991-2010 and also 2000-10. In addition, we have also done a district level analysis of convergence for the period 2001-11. As the fertility transition has become nearly universal in the country during the last ten years, it is expected that the fertility starts converging across states at least in the last decade.

Interestingly, the study provides no evidence of convergence taking place with respect to TFR in the country. This is against the experience

TABLE 4. RESULTS OF THE BETA COVERGENCE,
ACROSS STATES AND DISTRICTS IN INDIA

Year	Coefficient	Standard Error
1971-1990	0.002148	0.002205
1991-2010	0.00218	0.002327
2000-2010	0.00267	0.002235
2001-2011	0.000329	0.000396

from other parts of the world where demographic indicators have been converging despite diverging economic indicators. The coefficient does not show significant relationship in any time period considered here. At the district level, not only is the coefficient not significant but also it has shown a positive sign indicating more divergence. This was the case for the first period (1971-90) at the state level as well. In other words, those states and districts having below replacement level fertility are also experiencing nearly same pace of decline in fertility to that of high fertility states or districts.

All the three possible scenarios, thus, provide some understanding of India's future fertility. It appears that India's fertility transition is no way complete on attaining replacement level. The available evidence provides indication of fertility decline continuing further. This is despite the fact that many social changes that were part of the low fertility regime in European countries are not taking place in India. Hence, India may have a second demographic transition in term of declining fertility without the expected the accompanying characteristics as part of the transition and might even take different forms of changes.

CONCLUSION

This study looks into the various aspect of fertility transition in India. It first examines the levels and trends in transition, its main causes and its future direction. Undoubtedly, India is on a course of rapid fertility transition in recent decades. Thus India is out of a long decades of high fertility to a replacement level fertility. Thus, India presents more optimistic demographic picture in future than a few decades ago. While the trends are encouraging, the factors causing this rapid transition remain to be contested. The conventional theories of fertility cannot explain the fertility transition across Indian states with considerable variation. Neither the economic arguments nor the social development theories nor even the strong governmental efforts in effective implementation of family planning programme tell the full story of vast variation in fertility transition across states in India. Therefore, a search for an explanation for India's rather unconventional fertility trend needs

to be continued. At the same time, this paper brings out the important role of government as well in bringing about changes even in decisions like number of children in a society through creating a norm of small family. Perhaps, India's policy success is not merely in providing free contraceptive services but in creating a norm in the society that two children are best suited for a family. It appears that the two child norm has become strong in many parts of the country irrespective of socio-economic status.

With the nature and cause of fertility transition itself is different compared to rest of the world, its implications, perhaps, will also be different. It appears that India's fertility also will come down drastically much below replacement level in the future with several implications for the economy and society. But these implications will also be significantly different for India as the context of the transition itself was entirely varied.

With the fertility transition, India is now at a stage of demographic dividend but with entirely different social and economic scenario. Although majority of the population are in the working age group, they are also mostly disadvantaged in terms of educational achievement or skill levels. Therefore, the demographic dividend may not be fully realized in India as happened in other parts of the world.

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