



# IPS INSIGHTS

Perspectives On the Issues Shaping Policy

## Fertility Decline in IIOJK (1990–2024): A Comparative Study of Demographic Change in IIOJK, AJK, India and Pakistan

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The sharp decline in fertility in Indian-Illegally Occupied Jammu and Kashmir (IIOJK) raises alarm about the demographic sustainability of Kashmiris as an ethnic community in a region affected by three decades of prolonged conflict, insecurity, and dense Indian militarisation since 1990. The reported Total Fertility Rate (TFR) in IIOJK declined from 4.5 children per woman during 1980–1990 to 3.6 in 1990–1991, 2.4 in 2005–2006, 1.7 in 2015–2016, and 1.4 in 2019–2021.<sup>2</sup> The reported urban rate is 1.2, compared with 1.5 in rural areas. At 26, the reported age at marriage is the highest in India. These figures contrast with a reported TFR of 3.4 in Azad Jammu and Kashmir (AJK)<sup>3</sup>, according to the 2020–2021 AJK Cluster Survey. The study examines whether nearly 72,000 reported conflict-related deaths since 1990, the claimed presence of approximately 800,000 Indian security personnel, psychological distress, bereavement, unemployment, delayed marriage, displacement, and disruption of family life have contributed to this

demographic transition. Comparing IIOJK with AJK, India, and Pakistan, the paper proposes a conflict-centered framework. It argues that the demographic consequences of prolonged conflict warrant rigorous investigation, as India had surpassed China in population in 2023, while IIOJK, under tight Indian military control, is on the brink of extinction.

### Conflict and Demographic Change

India's population was estimated at 1.464 billion in 2025, compared with China's 1.416 billion, according to UN population estimates.<sup>4</sup> Yet, within Indian-Illegally Occupied Jammu and Kashmir, fertility has fallen substantially below replacement level. The comparative study provides empirical evidence of a demographic disparity between IIOJK and AJK, arguing that a key distinction between the two regions is that IIOJK remains under Indian military control, whereas AJK is not subject to the same form of control. Since 1990, IIOJK has experienced prolonged conflict, with nearly 72,000 reported youth deaths alongside 12,000 disappearances,

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<sup>3</sup> AJ&K Bureau of Statistics, Planning & Development Department, *Azad Jammu and Kashmir Multiple Indicator Cluster Survey (MICS) 2020–21 Survey Findings Report* (Government of Azad Jammu and Kashmir, 2021), [https://www.pndajk.gov.pk/micsajk/1-AJ%26K\\_MICS\\_2020-21\\_SFR.pdf](https://www.pndajk.gov.pk/micsajk/1-AJ%26K_MICS_2020-21_SFR.pdf).

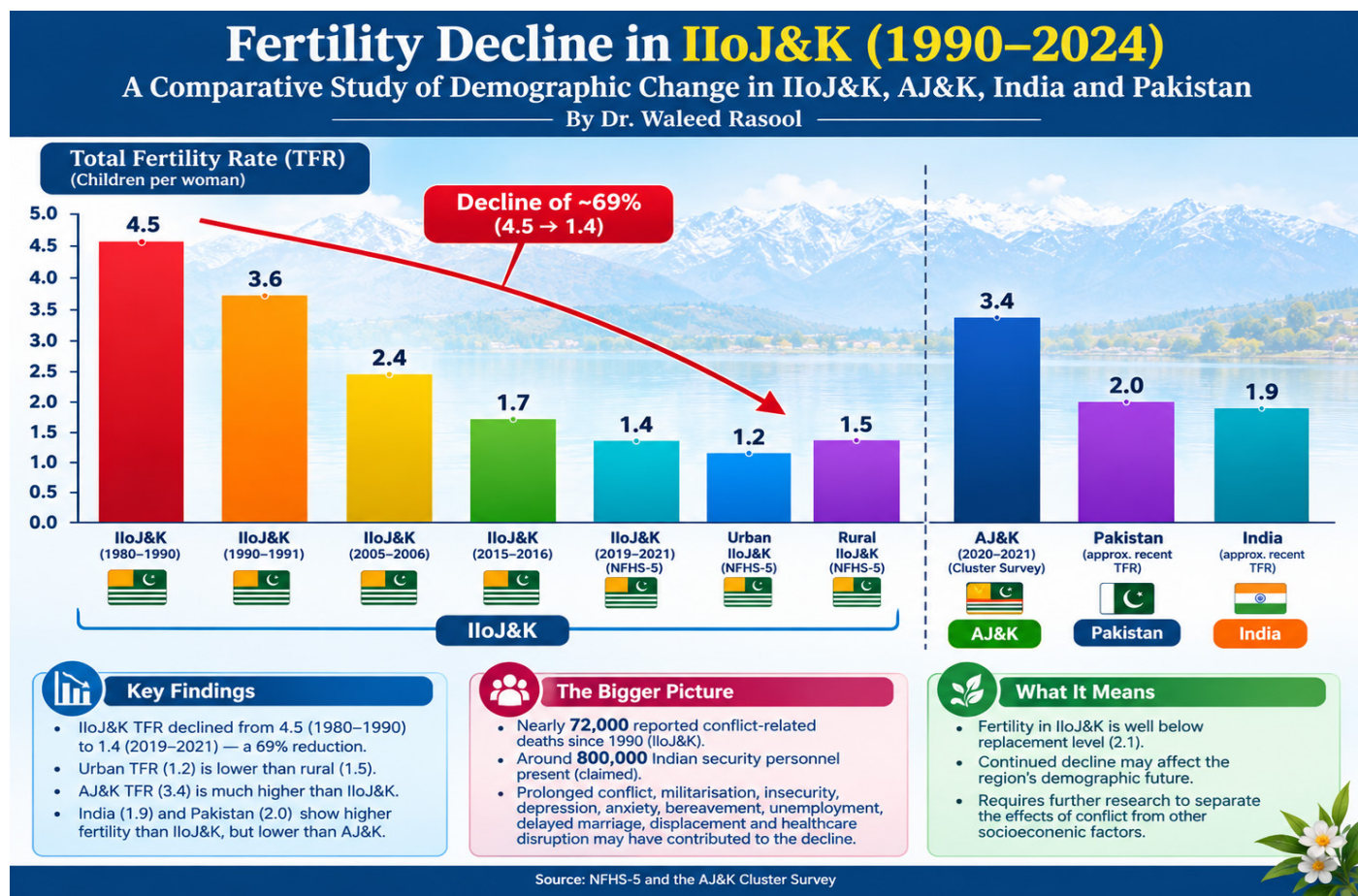
<sup>4</sup> United Nations, Department of Economic and Social Affairs, Population Division, *World Population Prospects 2024: Summary of Results*, UN DESA/POP/2024/TR/No. 9 (New York: United Nations, 2024).

80,000 detentions, displacement, severe economic disruption, shutdowns, and repeated interruptions to ordinary social life. The presence of 800,000<sup>5</sup> Indian security personnel is also cited as a defining feature of the region's security environment. The loss of political identity, the regional flag, and special status has also been associated with unrest and psychological distress. The central argument is that prolonged conflict has influenced fertility both directly and indirectly through cumulative psychological, economic, social, and institutional consequences. Depression, anxiety, trauma, bereavement, uncertainty, unemployment, and fear about the future may influence marriage decisions, reproductive intentions, and family size. However, the extent to which each factor contributes to demographic change requires further investigation, particularly given the persistence of conflict and the absence of sustained periods of relief.

The decline from 4.5 to 1.4 represents approximately 69%, while the reduction from 3.6 in 1990–1991 to 1.4 in 2019–2021 is approximately 61%. At 1.4, fertility is approximately 33% below the conventional replacement-level benchmark of 2.1 children per woman. However, this does not mean that the population automatically declines by one-third every generation, as population outcomes also depend on age structure, mortality, migration, and future fertility.

The reported contrast between IIOJK's TFR of 1.4 and AJK's 3.4 is particularly important. However, differences in survey periods, methods, and population coverage require further empirical investigation. India's national population estimate of 1.464 billion and China's 1.416 billion provide broader demographic context, but national totals cannot substitute for comparable fertility estimates. Pakistan should likewise be assessed using national TFR data from a

### Fertility Decline: Comparative Evidence



<sup>5</sup> Kashmir Media Service, “Massive Military Deployment Belies India’s Normalcy Claims: IIOJK Civil Society,” September 16, 2026, <https://kmsnews.org/kms/2026/09/16/massive-military-deployment-belies-indias-normalcy-claims-iiojk-civil-society.html>

clearly specified survey period rather than assumed to share either regional pattern.

### **Prolonged Conflict, Militarization, and Fertility**

- **Deaths, bereavement, and delayed marriage**

Conflict-related deaths in Kashmir, injuries, disappearances, and family losses have reshaped household responsibilities and marriage opportunities. The loss of a parent or breadwinner forces young adults to support dependents, abandon education, seek employment, or postpone marriage. The death or displacement of potential spouses may further disrupt family formation. Delayed marriage can reduce the reproductive period within marriage and contribute to lower completed fertility. Empirical evidence indicates that the average age at marriage in Kashmir is among the highest in India, reportedly reaching 28 years.

- **Depression, anxiety, and reproductive intentions**

Prolonged insecurity in IIOJK has generated fear, grief, psychological distress, and uncertainty about the future. Depression and anxiety can affect relationships, emotional readiness for parenthood, and decisions about the timing or number of children. The combined burden of bereavement, insecurity, economic hardship, and perceived lack of stability may encourage couples to postpone childbirth or choose smaller families.

The claimed scale of psychological distress in IIOJK deserves further investigation through validated mental-health studies. Psychological distress may be associated with reproductive difficulties, although a direct causal relationship with biological infertility cannot be assumed. Nor can a low TFR alone establish the prevalence of depression, anxiety, or reproductive disorders.

- **Militarization, economic insecurity, and disrupted healthcare**

The presence of approximately 800,000 Indian troops is cited as a defining feature

of the region's prolonged militarized environment, particularly given Kashmir's relatively small geographical area. Alongside restrictions, shutdowns, insecurity, and disrupted mobility, this environment has affected education, employment, healthcare access, social interaction, and household confidence. These conditions can increase the practical and emotional costs of establishing a family.

Unemployment, poverty, housing costs, migration, and reduced extended-family support may reinforce these pressures. Interrupted reproductive-health services may also delay diagnosis and treatment for couples who wish to conceive. Claims linking conflict directly to increased polycystic ovary syndrome (PCOS), premature ovarian insufficiency, or infertility require independent clinical evidence. The assertion that approximately one-third of married women have PCOS is particularly significant and requires reliable epidemiological evidence.

### **Comparative Perspective: IIOJK, AJK, India, and Pakistan**

The reported TFR of 1.4 in IIOJK, compared with 3.4 in AJK, presents a significant research question: why do the two parts of the divided region appear to display such different fertility patterns? Prolonged conflict and militarisation are proposed as key contributing factors on the Indian-administered side, although their relative effects require systematic empirical investigation.

India's national population of 1.464 billion and China's 1.416 billion in 2025 illustrate the distinction between total population size and regional fertility. Pakistan's national fertility pattern provides another essential comparator, but national figures must be interpreted alongside regional estimates and data from clearly specified survey periods.

A rigorous comparison therefore needs to distinguish among three questions: whether fertility is declining, whether conflict explains a measurable share of that decline,

and whether the contrast between IIOJK and AJK provides evidence of a relationship between conflict exposure and fertility outcomes. The AJK comparison is potentially valuable for investigating whether two populations living on opposite sides of the Line of Control (LoC) exhibit different fertility patterns under different political, economic, and security conditions. However, establishing such a relationship requires comparable data, careful consideration of alternative explanations, and evidence that accounts for differences in survey methods, population characteristics, and socioeconomic conditions.

### Conclusion and Policy Implications

The reported decline in IIOJK TFR from 4.5 to 1.4 represents a reduction of approximately 69% and a transition to substantially below-replacement fertility. Against the background of nearly 72,000 reported conflict-related youth deaths since 1990 and the presence of approximately 800,000 Indian security personnel, the effects of prolonged insecurity, depression, anxiety, bereavement, delayed marriage, unemployment, displacement, and healthcare disruption warrant serious academic investigation as these factors raise concerns about the long-term demographic sustainability of Kashmiris in IIOJK. The reported AJK TFR of 3.4 provides a valuable comparative starting point, while India and Pakistan offer broader national contexts.

The comparison between IIOJK and AJK provides a potentially valuable empirical basis for investigating whether prolonged conflict has contributed to the fertility decline in IIOJK. However, attributing the decline

exclusively to conflict requires comparable demographic data and consideration of other socioeconomic, cultural, and institutional factors. The reported fertility disparity raises serious questions about the long-term demographic consequences of conflict for Kashmiris in IIOJK. Further research using validated mental-health data, reproductive-health records, and comparable fertility estimates is essential to establish the extent of these effects. The longer the conflict persists, the greater the potential for its cumulative social, psychological, economic, and demographic consequences to affect the long-term well-being and demographic sustainability of Kashmiris in IIOJK.

### Recommendations:

The following three recommendations aim to strengthen research, inform policymaking, and promote international engagement on fertility decline in IIOJK:

1. The research scholars shall investigate all dimensions, while the requirement for primary data from IIOJK shall be ensured, as huge hurdles in this case are evident, as research-based evidence relies on validated, reliable, and authentic data having the potential to reach the global consensus.
2. The briefings shall be arranged in this context in foreign offices, Parliament, and all Provincial Assemblies and AJK.
3. The Pakistan lobby within the UN mechanism shall ensure the appointment of a Special Rapporteur on Demographic Engineering by the UN Human Rights Council (UNHRC)

