

PS 2.5: DIVERSE VALUES AND ETHICS IN DESIGNING POPULATION POLICIES

HOW DO VALUES SHAPE THE HEALTH POLICIES THAT SHAPE OUR LIVES?



EXCLUSIVE SPEAKERS AND MODERATOR



FATOU WURIE

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Representative for West and
Central Africa Population Reference
Bureau, Senegal

 **YOUR VOICE MATTERS
PLEASE SCAN TO SHARE YOUR
PERSPECTIVE ON POPULATION POLICY.**



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COME JOIN US
IF YOU ARE ATTENDING
PMAC 2026 !

30 JAN 2026

🕒 10:30 AM – 12:30 PM ICT
📍 WORLD BALLROOM A,
23RD FLOOR



SCAN NOW TO SHARE
YOUR PERSPECTIVES

WHAT IS THIS SESSION ABOUT?

How do values and social norms influence population policies and what does this mean for families, gender, equity, and health systems?

WHY JOIN?

Discover:

- ✓ How do values drive health policy decisions?
- ✓ What does this mean for equity and health systems?
- ✓ What are the lessons from countries in Asia and Africa?
- ✓ What are some practical ways to design ethical, people-centred policies?

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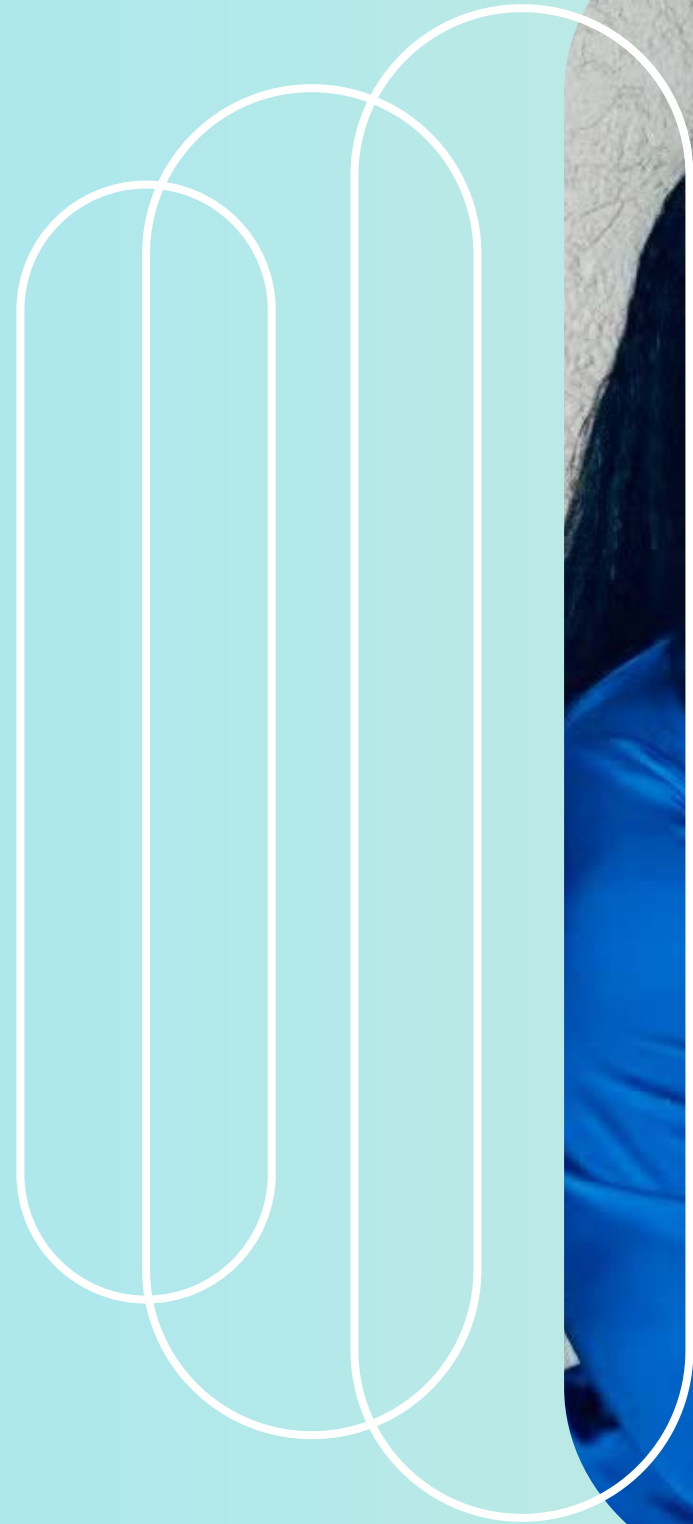
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MODERATEDBY

Fatou Wurie

Founder & Chief Steward,
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OBJECTIVES

TO EXAMINE HOW VALUES SHAPE HEALTH POLICY USING THE CASE OF POPULATION POLICIES ACROSS DIFFERENT COUNTRY CONTEXTS AND:



To learn about the intended and unintended consequences of values and ethics on health equity;



To identify mechanisms to enable health systems to better respond to them to ensure equitable population policies;



To equip participants on how to frame values and ethics in designing population policies.



AGENDA

Opening session

by Fatou Wurie

01



Equity and social justice

by Dasho Dechen Wangmo

02



India's mixed experience: Pro and anti-natalist policies

by Poonam Muttreja

03



Population Policy in Asia

by Stuart Gietel-Basten

04



Governing Demographic Change: Ethics, Care, and Evidence in Africa

by Aïssata Fall

05



Discussion

Closing Remarks and Summary

06

MENTI

SPEAKERS



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Dechen
Wangmo**

Head, The PEMA
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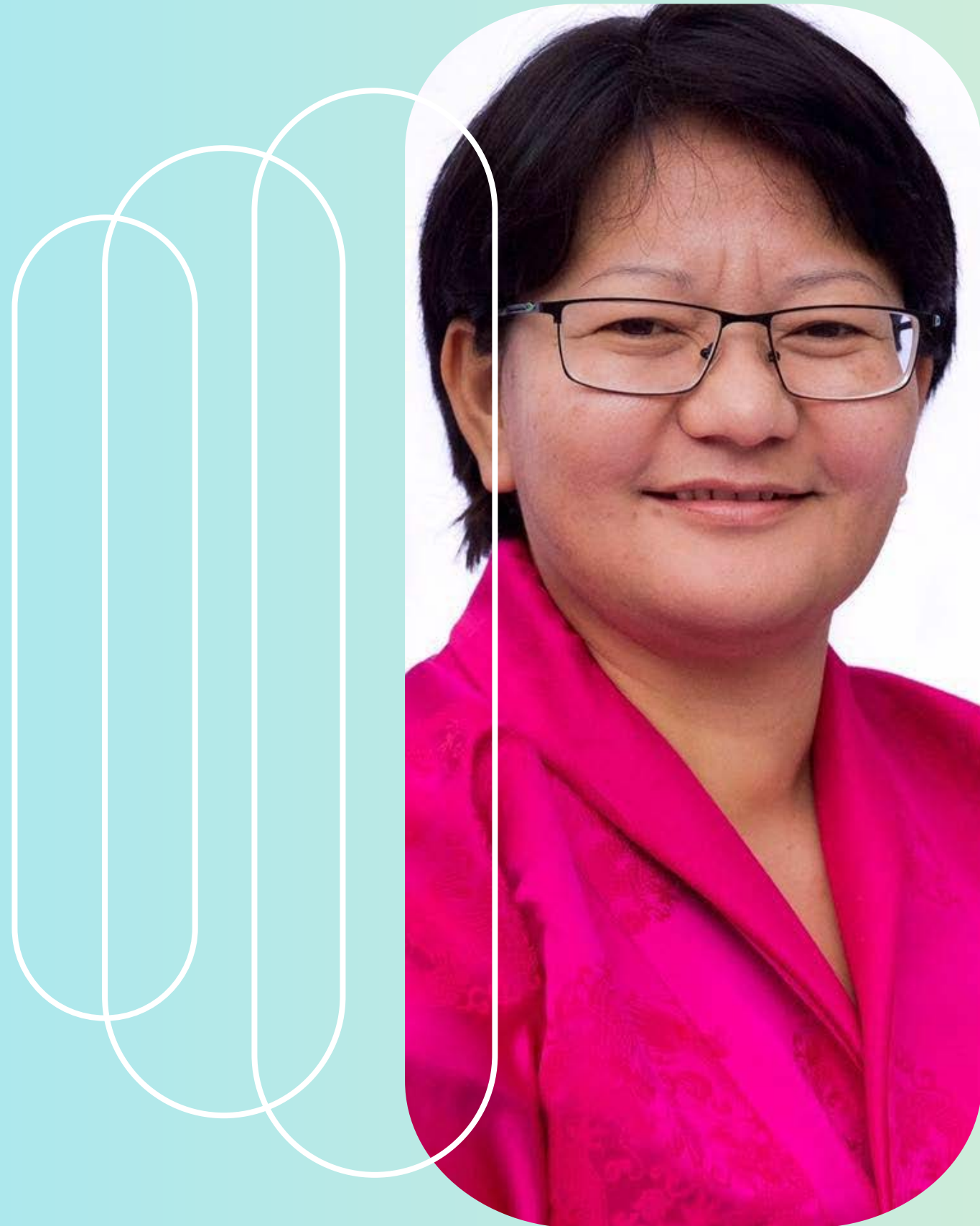
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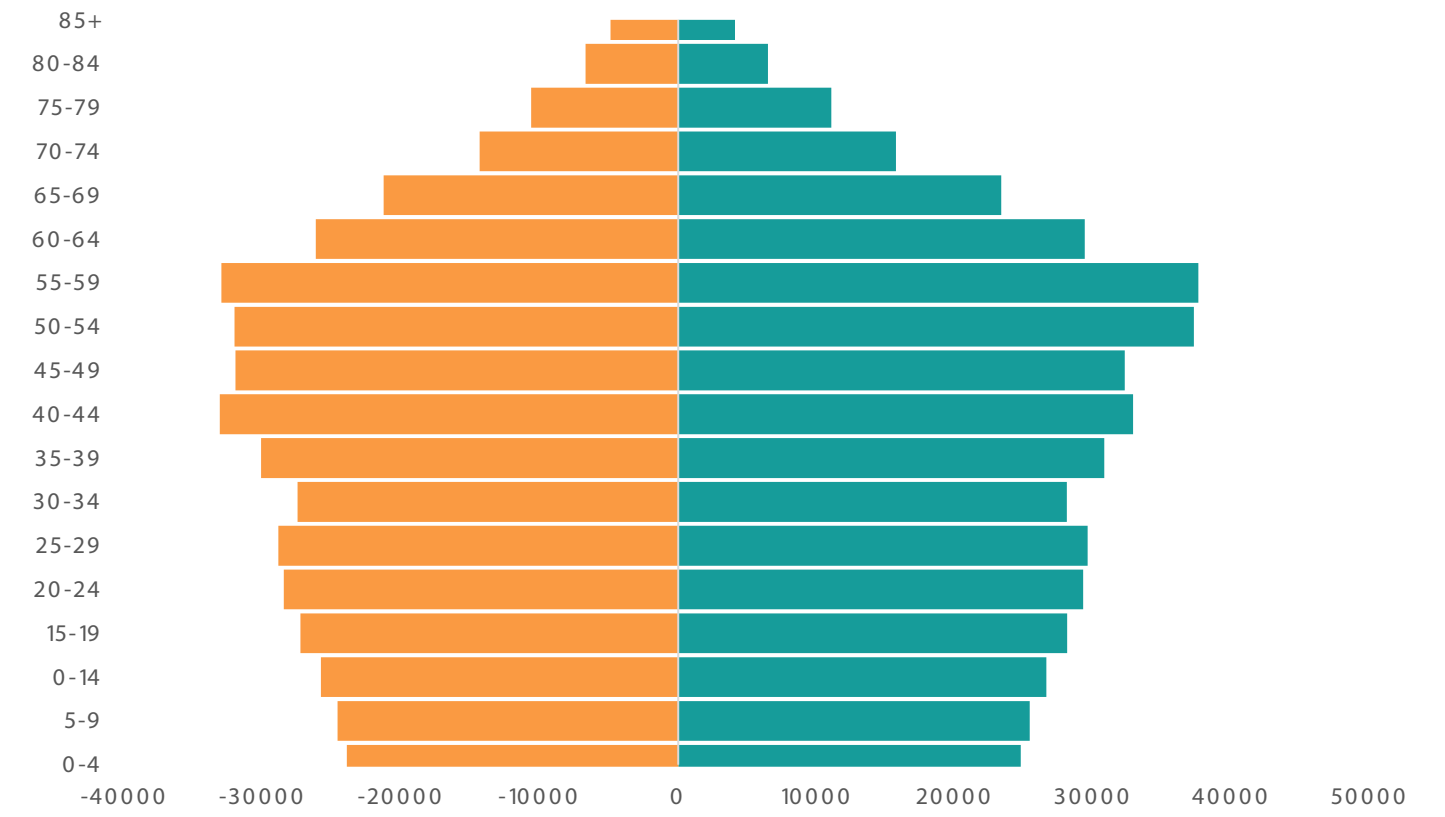
SPEAKER

Dasho Dechen Wangmo

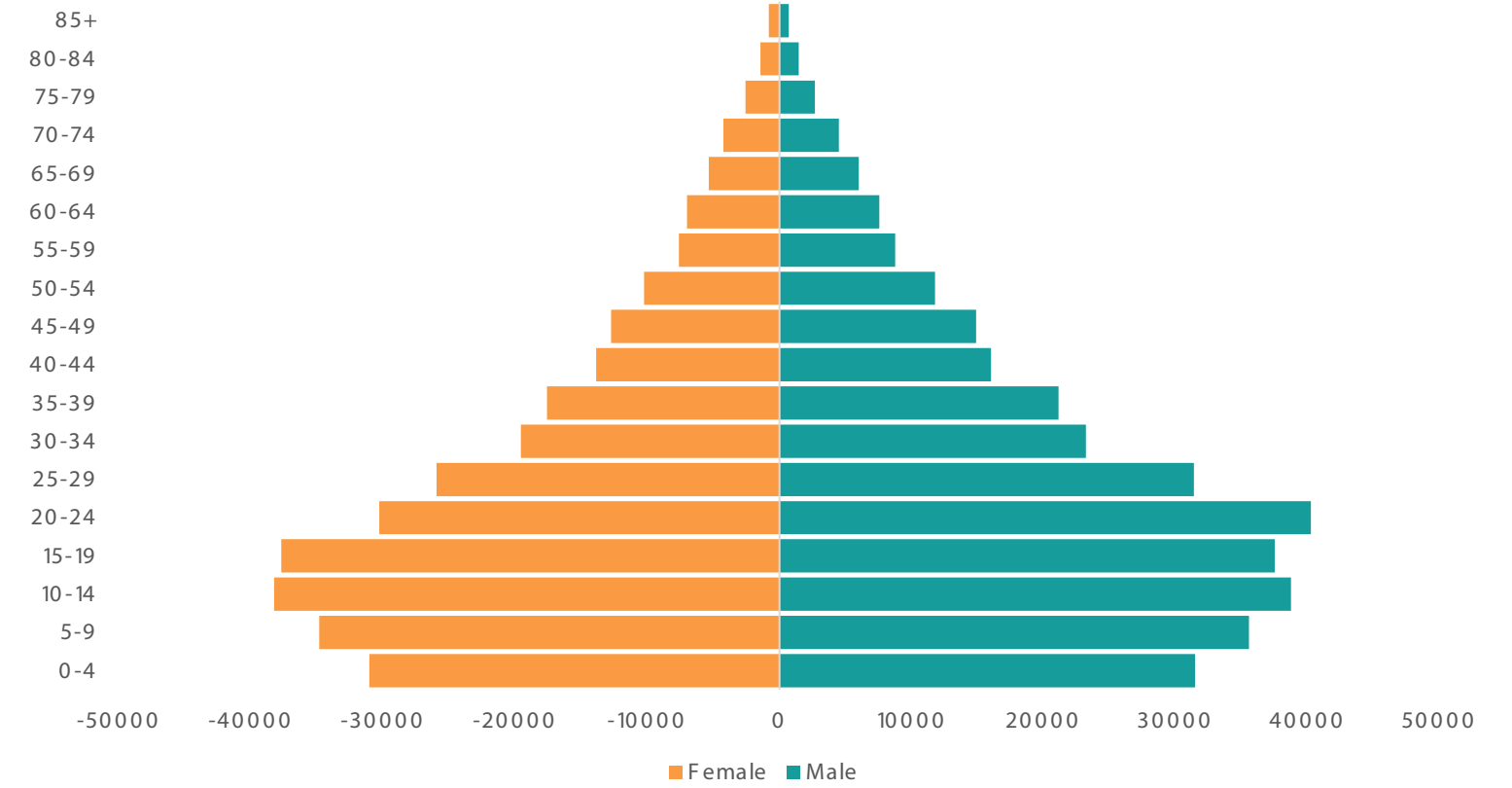
Head, The PEMA Secretariat,
Bhutan



POPULATION OF BHUTAN, 2047



Female Male
POPULATION OF BHUTAN, 2005



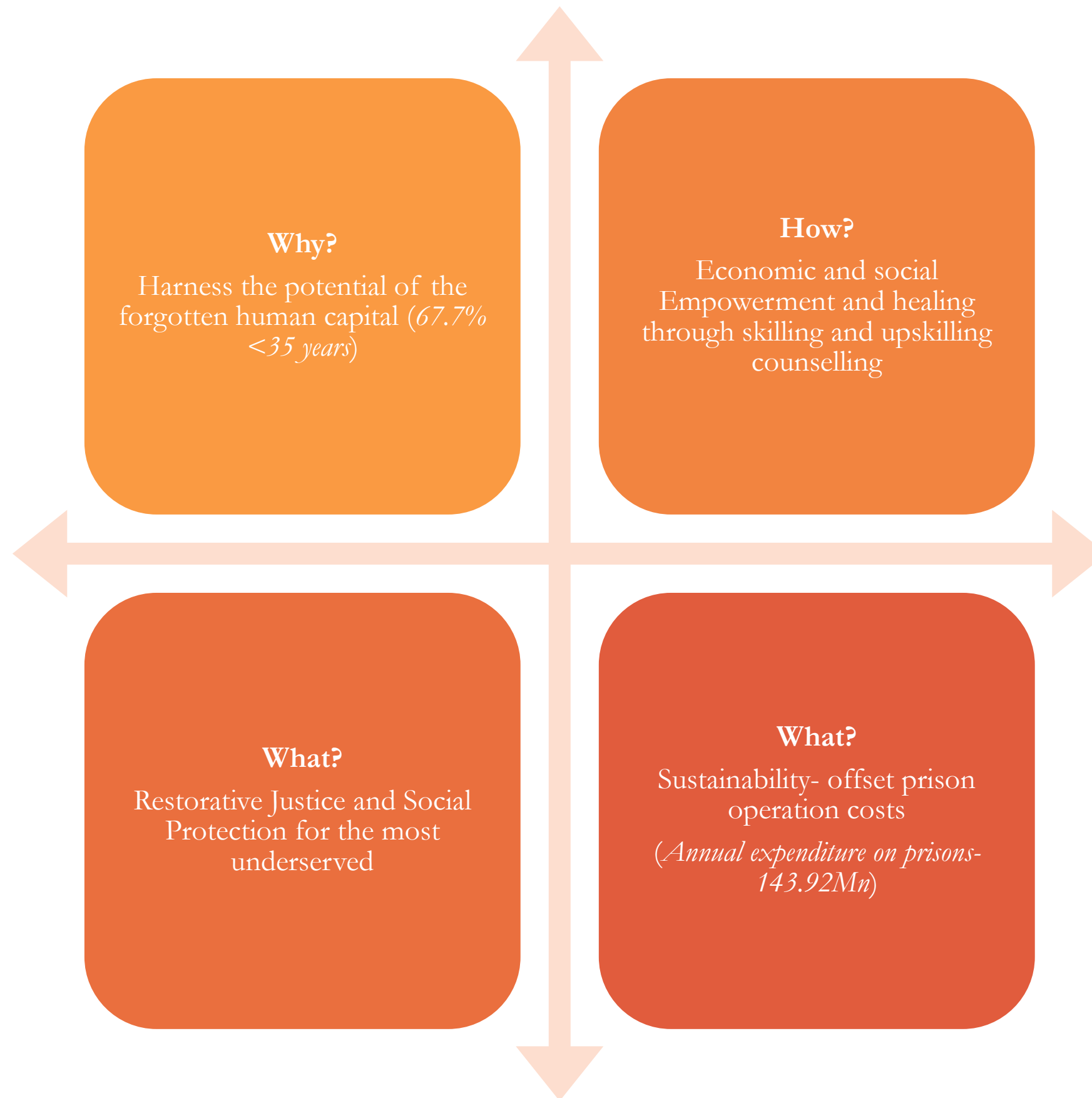
“What we lack in numbers, we must make up in talent”

His Majesty King Jigme Khesar Namgyel Wangchuck, 2015

BRAVE: Empowering individuals. Strengthening families and Healing communities

Forgotten Human Capital

“To enhance resilience and promote inclusive social and economic empowerment for underserved and marginalized populations”



- Provide entrepreneurship courses
- Incubate and establish enterprises
- Groups of inmates to incubate and own enterprises
- Opportunities to continue the enterprises, post release

Contributions at the National Level



Inclusive Economic development



Equity and trust



Increased Labor Force Participation



Innovation in the Criminal Justice System

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SPEAKER



Poonam Muttreja

Executive Director,
Population Foundation of
India, India

India's mixed experience: Pro and anti-natalist policies

Poonam Muttreja
Population Foundation of India

January 30, 2026



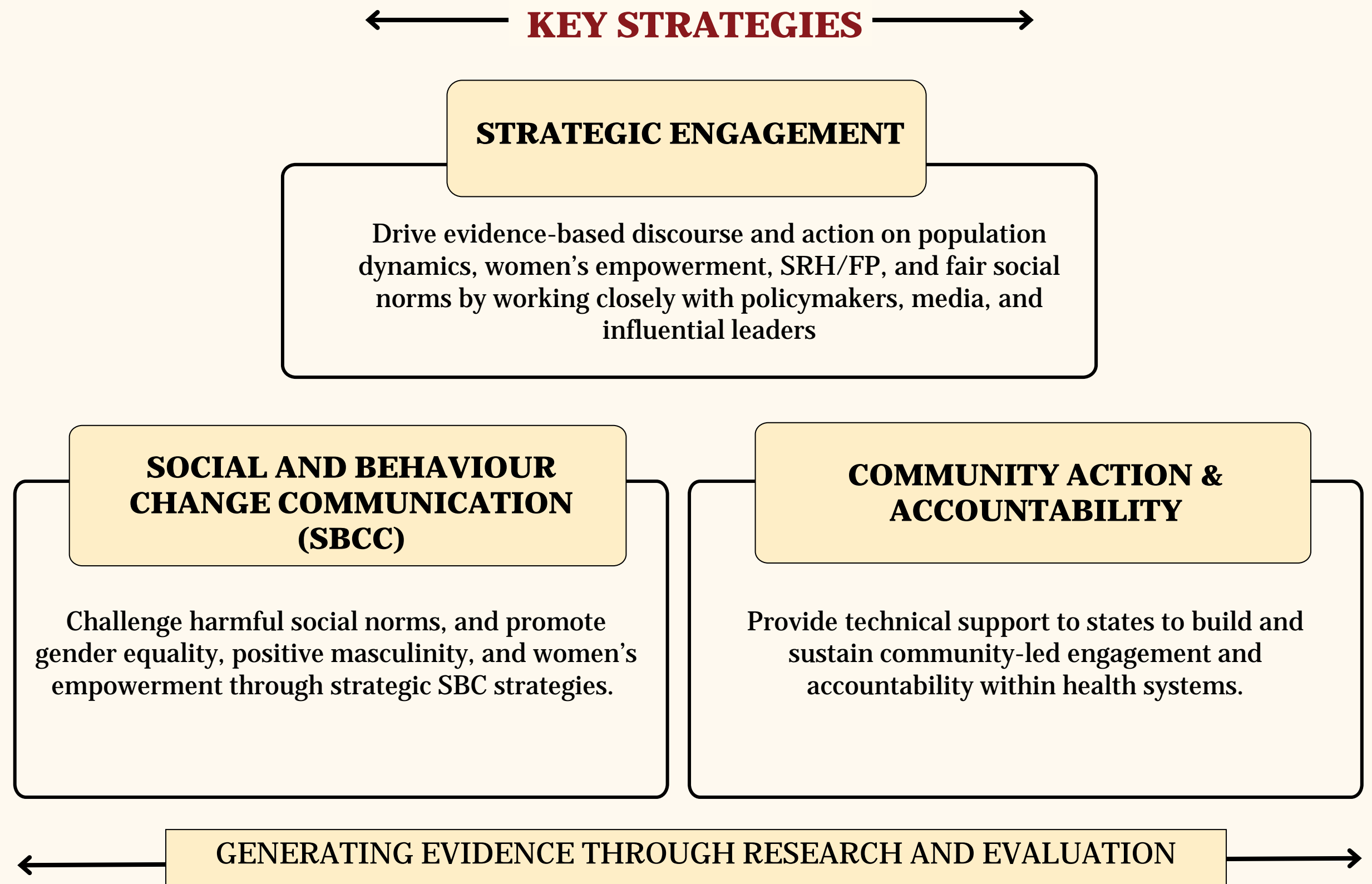
About Population Foundation of India



Founded in 1970 by the late JRD Tata

Population Foundation of India is a national non-profit organisation, which promotes gender-sensitive policies and programmes focused on the health and well-being of India's population, especially women and young people

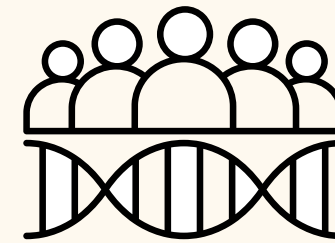
PFI is guided by an eminent governing board and advisory council comprising distinguished persons from civil society, the government, and the private sector



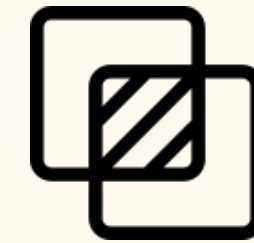
Why Population Policy Is Not Neutral



Population policy embeds social, moral, and political values



Core question: who decides, and who bears the consequences?



India combines rights-based policy with anti and pro-natalist signals in states

Changing Paradigms of Family Planning in India

1950s–1970s:
fertility
reduction as a
development
imperative

Widespread use
of targets and
incentives in
family planning

Post-1994 shift
toward reproductive
rights and
voluntarism

Persistent
control
mindset in
implementation
in states



Several states adopted two-child norms during 1990s and 2000s; Two-child norms introduced through administrative and electoral rules; framed as governance reform rather than health policy



Use of incentives and disincentives



Sanctions linked to political participation, jobs, and benefits



Evidence of adverse and unintended outcomes



POPULATION SIZE

- 1.46 Billion¹
- Latest estimates suggest that it will **reach 1.59 billion by 2051**, of which approximately half will be women²

FERTILITY TRANSITION

- Presently, **India's TFR is 1.9**, below the replacement level⁴
- It will further **decrease to 1.67 by 2051**²

AGE STRUCTURE

- Median age : 28 years³
- **Will increase to 40 years by 2051**²
- **Percentage of working-age population (15–59 years) will peak in 2031** (65.8%) and start decreasing thereafter²
- **Population percentage of elders will nearly double to 20.4% by 2051**²

URBANISATION

37% of the total population lives in urban spaces by 2024.⁵

Will increase to 52.1% by 2051.²

Social norms shaping fertility outcomes

Early Marriage and Education



23% Women
married before the
age of 18 years
(NFHS 5, 2019–21)

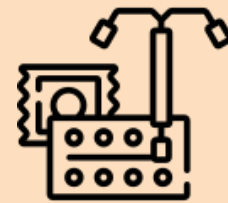
Early marriage pushes girls
out of school



Son preference and
skewed decision making
(NFHS 5, 2019–21)

Limited bodily **autonomy** and
negotiation power

Health Inequities



24 million (9%) women
have an unmet need for family
planning
(NFHS 5, 2019–21)

Gender-based Violence



1 in 3 married women
report experiencing domestic
violence, yet most never seek help
(NFHS 5, 2019–21)



Attitude towards Wife Beating

Both Men and Women believe wife
beating is justified
(NFHS 5, 2019–21)

A New Turn: Pro-Natalist Signals in Low-Fertility States



Rapid fertility decline in southern states
– TFR well below replacement level



Political calls for women to have more children.



Rising concerns about aging,
dependency ratios and potential
loss of political representation



Risk of reversing autonomy-based
gains and instrumentalising
women again

Responding to Coercive Population Policies



Challenged two-child norms with evidence, not ideology



Shaped population discourse from control to rights and development



Supported states with non-coercive, health-systems and norm-change solutions

What Actually Works - Investing in Demographic and Gender Dividend



Narrow window for **demographic and gender dividend**



Focus on **education, jobs, and health** systems



Invest in **adolescents, youth, and women**



Shared reproductive responsibility and care infrastructure



Apply SBC approaches to **transform gender and social norms** that limit women's autonomy and well-being

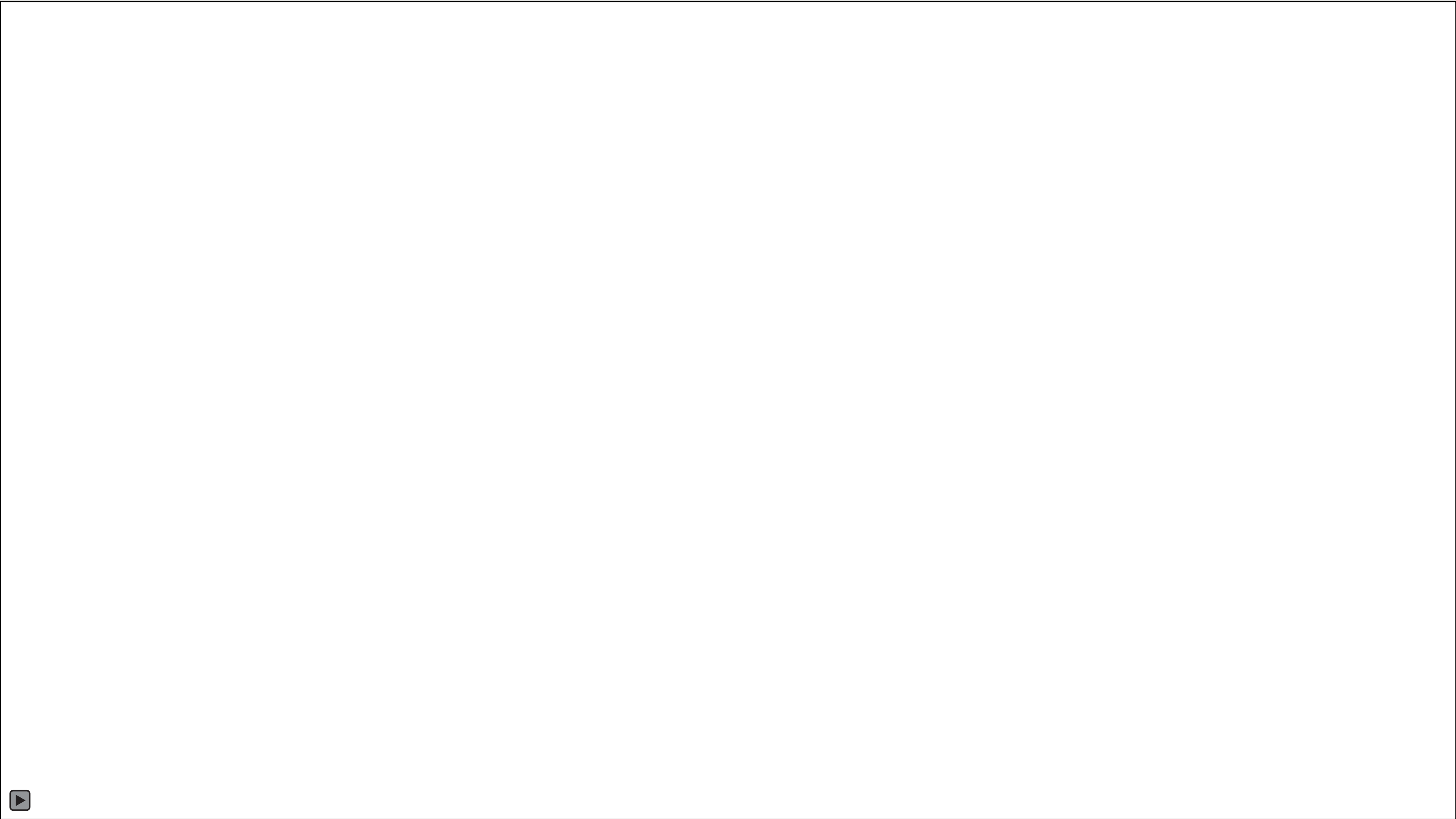
Main Kuch Bhi Kar Sakti Hoon

Launched in 2014, Main Kuch Bhi Kar Sakti Hoon - I, A Woman, Can Achieve Anything (MKBKSH) is an entertainment-education (EE) transmedia initiative with a soap opera at its core

Its primary focus is on promoting women's empowerment and gender equality, with an emphasis on critical issues such as women's health, family planning, and sanitation



150 million viewers across three seasons



Thank you



populationfoundation.in



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MENTI



SPEAKER

Stuart Gietel-Basten

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PMAC 2026
PS 2.5
Diverse Values and
Ethics in Designing
Population Policies

Population Policy in Asia



Stuart Gietel-Basten
Professor of Social Science and Public Policy, HKUST

A continent of demographic extremes

Lowest fertility rates (with some very high)

Highest life expectancies (with some very low)

Oldest populations (and some very young)

Highest immigration and emigration; biggest cities

Extremely rapid soc/econ, demographic, but often slow cultural change

Most vulnerable to climate change

**Impossible to cover
all nuances of Asian
population policy!**

A very common overarching concern: ageing, growth (& decline)

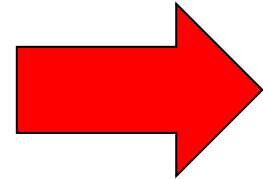
Near existential concern in some places:

- *Very low fertility rates (e.g. RoK); Very high emigration rates (e.g. Pacific SIDS, Bhutan)*
- *Decline: HKSAR, RoK, China - 50% by 2100; Japan, Thailand -35%*
- *Extreme age pyramids*

Countries in transition concerned about their future

- *Rapid declines in fertility, often with emigration (e.g. Cambodia, Indonesia, Viet Nam); look at above places with anxiety*

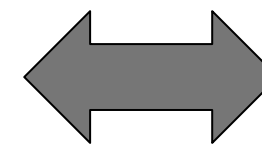
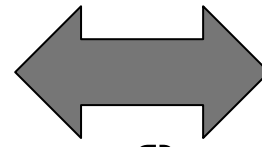
Pronatalism
Migration



Pace and scale

**Changing
population size,
structure**

**Changing
population
characteristics**



Pace and scale

*Economic growth
Health systems
Social welfare
Productivity
Intergenerational relations
Geopolitical roles
Provision of public services
Cultural heritage...*

Pronatalist Pivot

Assessing China's Policy Efforts to Boost Fertility

[Kelly Atkinson](#), [Tahina Montoya](#), [Michael S. Pollard](#), [Libby Weaver](#), [Flora Sheng](#), [Kelly Piazza](#), [Agnes Xiangzhen Wang](#)

RESEARCH — Published Nov 12, 2025



Article / Social Issues, Economy

Convincing People to Have Babies: What Doesn't Work and Why?

Written By Thailand Policy Lab Team

Published: 21.11.2022

DAILY SABAH

Pronatalist policies of Turkey: the fight against becoming an ageing society

RESEARCH ARTICLE

Check for updates

SRHM | SEXUAL AND REPRODUCTIVE HEALTH MATTERS
KNOWLEDGE TO ACTION

A pronatalist turn in population policies in Iran and its likely adverse impacts on reproductive rights, health and inequality: a critical narrative review

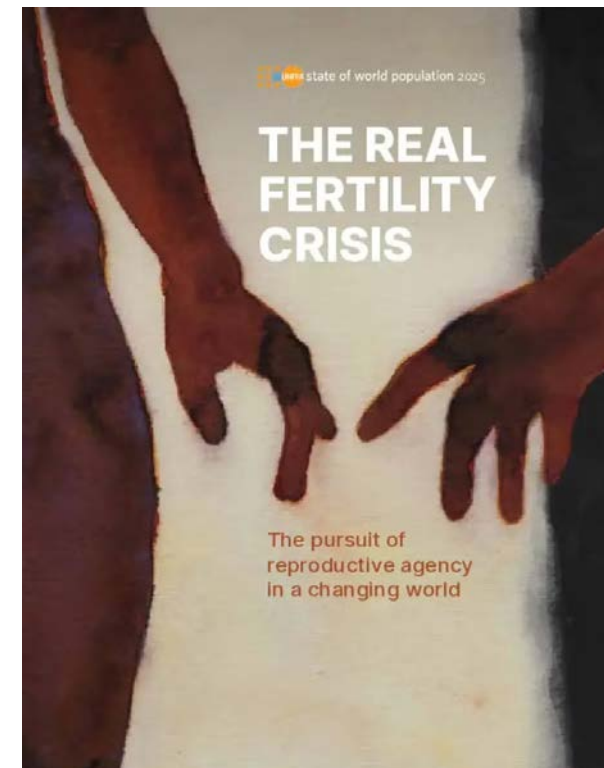
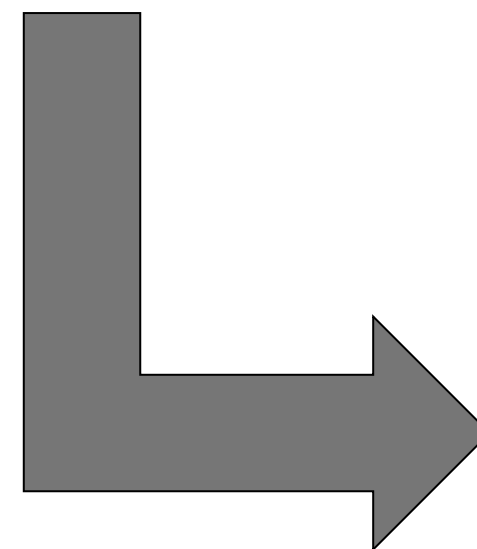
Khadijeh Asadisarvestani ^a, Tomáš Sobotka ^b

Two main levers of demographic mitigation

**Raise/ stabilise
Fertility**

Migration

- Primary cause, 'lever'
- **Efficacy:** TFR (period, not quantum); time frame; complex mechanisms; no optimum
- **Values:** instrumentalized reproductive labour; legacy issues; restricting choices; stigma; motives



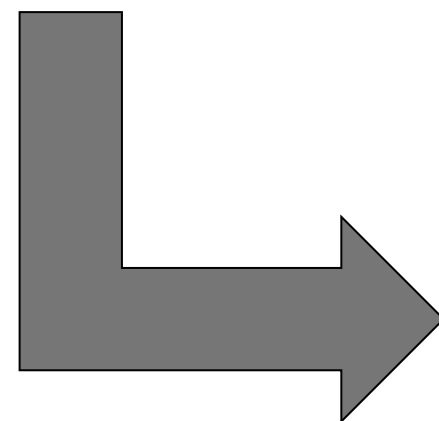
*Micro-level
Towards a
reproductive
agency agenda*

Two main levers of demographic mitigation

Raise/ stabilise
fertility

Migration

- **Efficacy:** Very effective; econ/soc contribution; 'healthy migrants'; remittances; return migration; 'easier' policy... (but no optimum, replacement migration...)
- **Values:** highly contested - political appetite, popular attitudes; human capital flight; Slowing emigration: sometimes coercive



*Improving
processes, rights
etc*

Current challenges of demographic mitigation

Fertility policies: slow, weak, ethically contested

Migration policies: powerful (and only viable option for some territories) but politically fragile



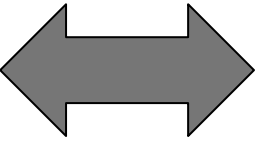
**Changing
population size,
structure**

**Changing
population
characteristics**

*Economic growth
Health systems
Social welfare
Productivity
Intergenerational relations
Geopolitical roles
Provision of public services
Cultural heritage...*

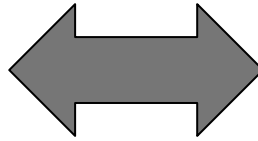
Current paradigm: Mitigating EFFECTS of demographic change

Changing population size, structure



Economic growth
Health systems
Social welfare
Productivity
Intergenerational relations
Geopolitical roles
Provision of public services
Cultural heritage...

Changing population characteristics



CAPABILITIES/ WELLBEING: *Education, skills; health; labour force participation; active ageing etc*

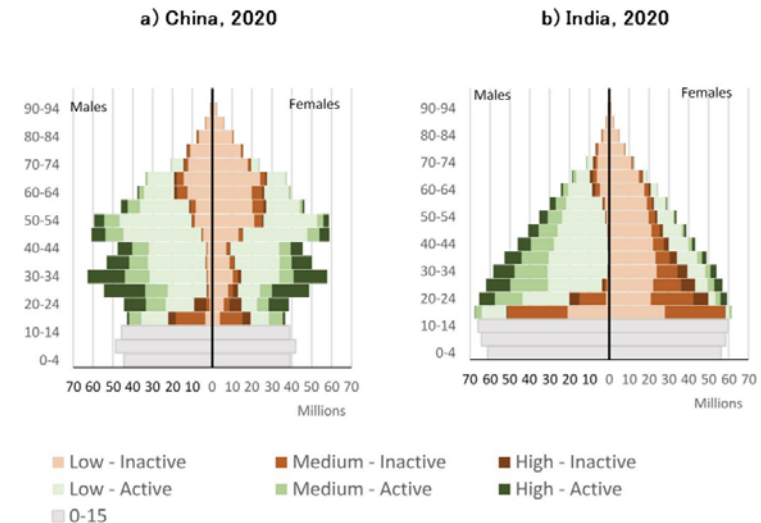
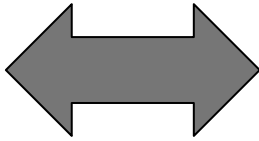


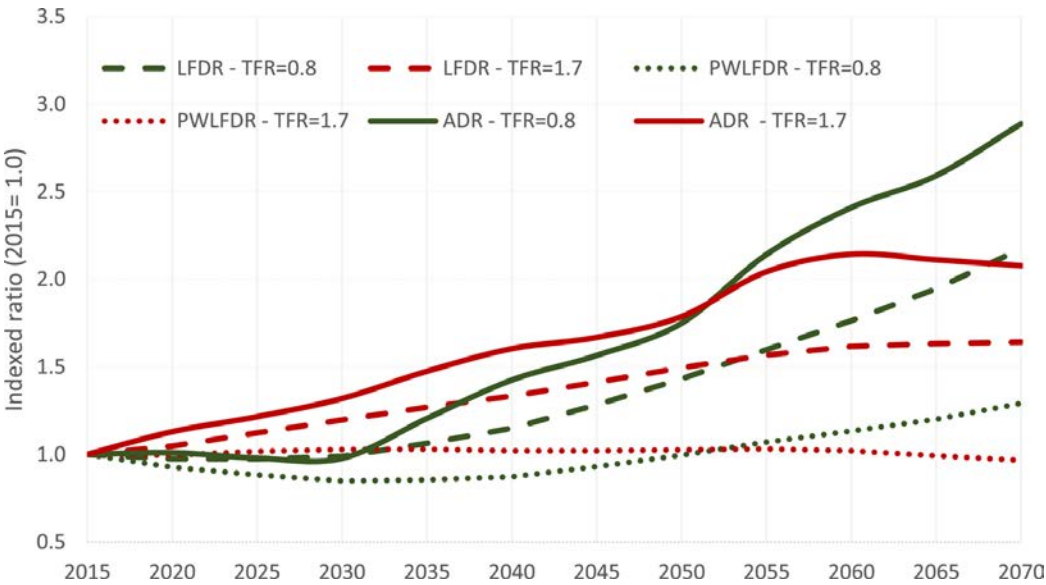
Fig. 1 Age Pyramids by Education and Labor Force Participation, China and India, 2020. Note. Low: Less than upper secondary. Medium: Upper secondary. High: Postsecondary. Source: Authors' calculations based on WIC projections (Wittgenstein Centre for Demography and Global Human Capital, 2023), Periodic Labor Force Survey 2017–2018, and China General Social Survey 2012–2021

Population Research and Policy Review (2025) 44:44
<https://doi.org/10.1007/s11113-025-09966-y>

The Demographic Race between India and China

Guillaume Marois^{1,2} · Stuart Gietel-Basten² · Wolfgang Lutz^{1,3}

Received: 6 September 2024 / Accepted: 10 June 2025 / Published online: 24 June 2025
 © The Author(s) 2025



PNAS

RESEARCH ARTICLE | 8
China's low fertility may not hinder future prosperity

Guillaume Marois^{1,2}, Stuart Gietel-Basten², and Wolfgang Lutz^{1,3} [Authors Info & Affiliations](#)

Edited by Douglas S. Massey, Princeton University, Princeton, NJ, and approved August 13, 2021 (received for review May 25, 2021)

September 27, 2021 | 118 (40) e2108900118 | <https://doi.org/10.1073/pnas.2108900118>

[VIEW RELATED CONTENT](#) +

The Republic of Korea 'Paradox'

Lowest TFR in the world; celebrated increase of 8,300 births

Highest suicide rate; 2024: >14k suicides

Demographic effect of keeping people alive, rather having more babies

Suicide only one part of preventable mortality...



SOCIETY | SOUTH KOREA

South Korea records birth rate rise

Julian Ryall
03/04/2025

South Korea has one of the world's most rapidly shrinking and aging societies. Now, for the first time in nine years, the country has reported a birth rate increase.



The Korea Herald

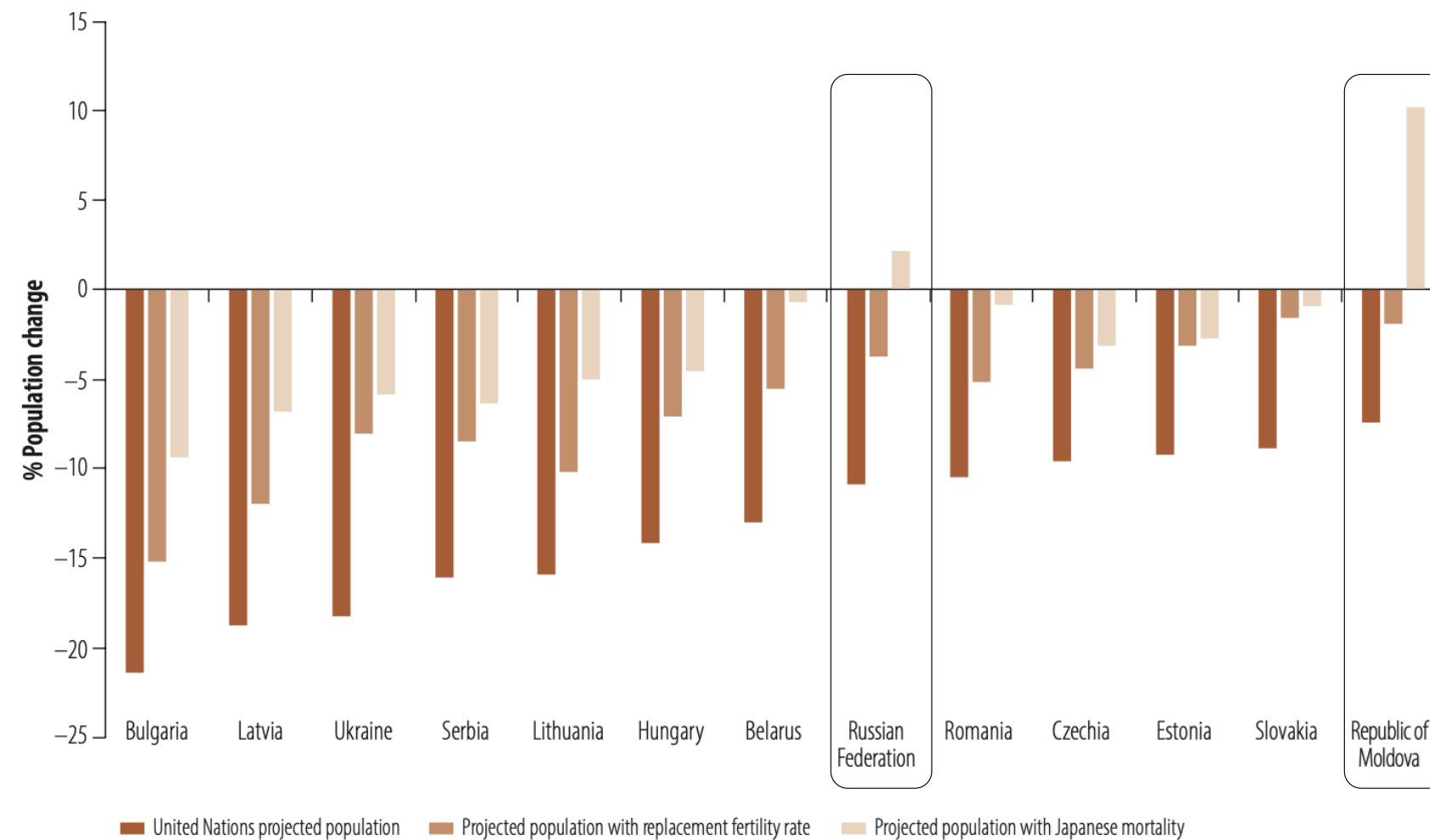
Suicide deaths in S. Korea hit 13-yr high in 2024; daily average at 39.5: data

Published : Feb. 26, 2025 - 21:50:25

Investments in health and mortality reduction to address population decline

Stuart Gietel-Basten,^a Wiraporn Pothisiri^b & Sergei Scherbov^c

Fig. 1. Estimated percentage change in total population between 2021 and 2050 with no intervention, reduction in mortality and immediate increase to replacement fertility rate, WHO European Region

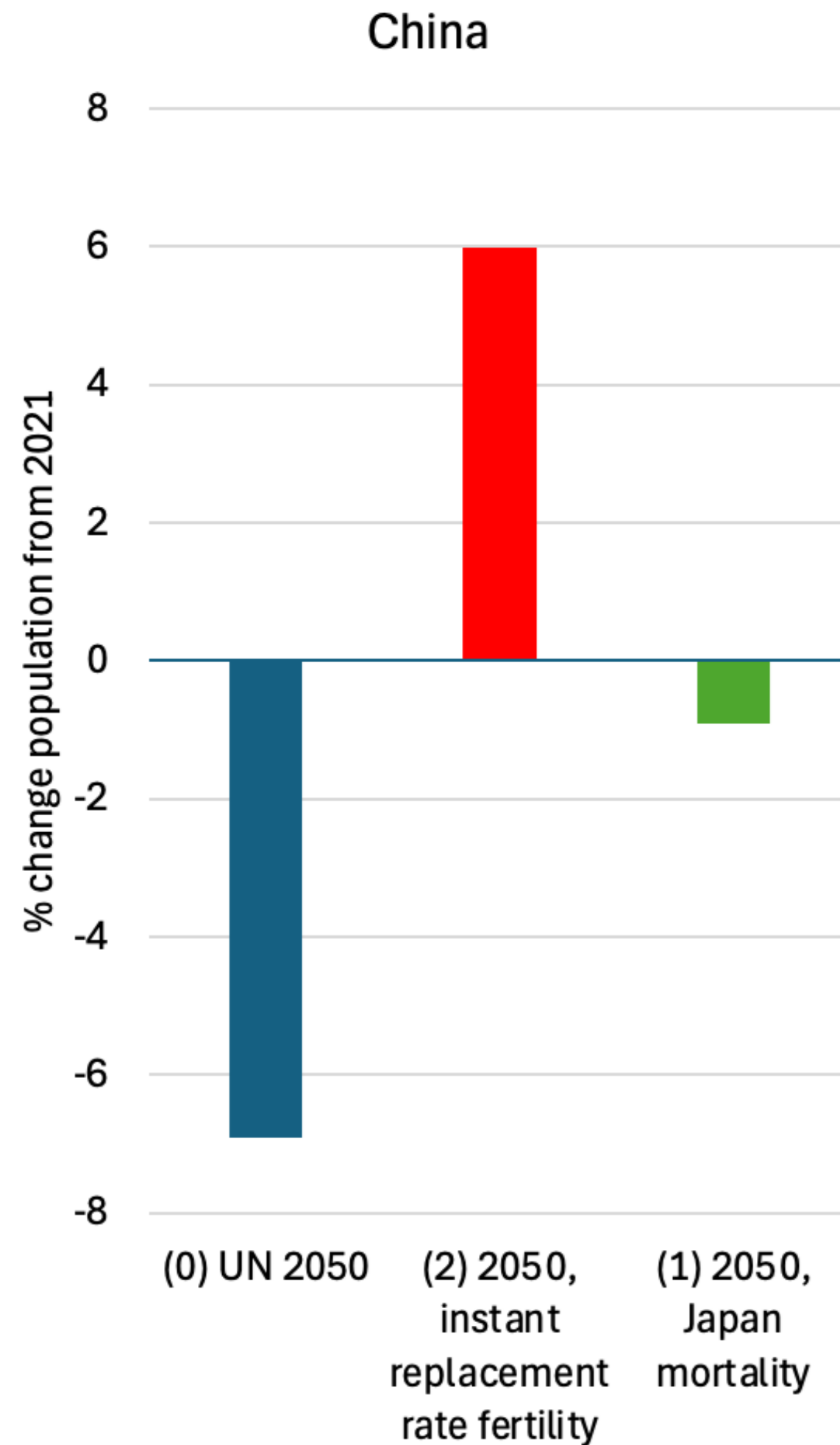
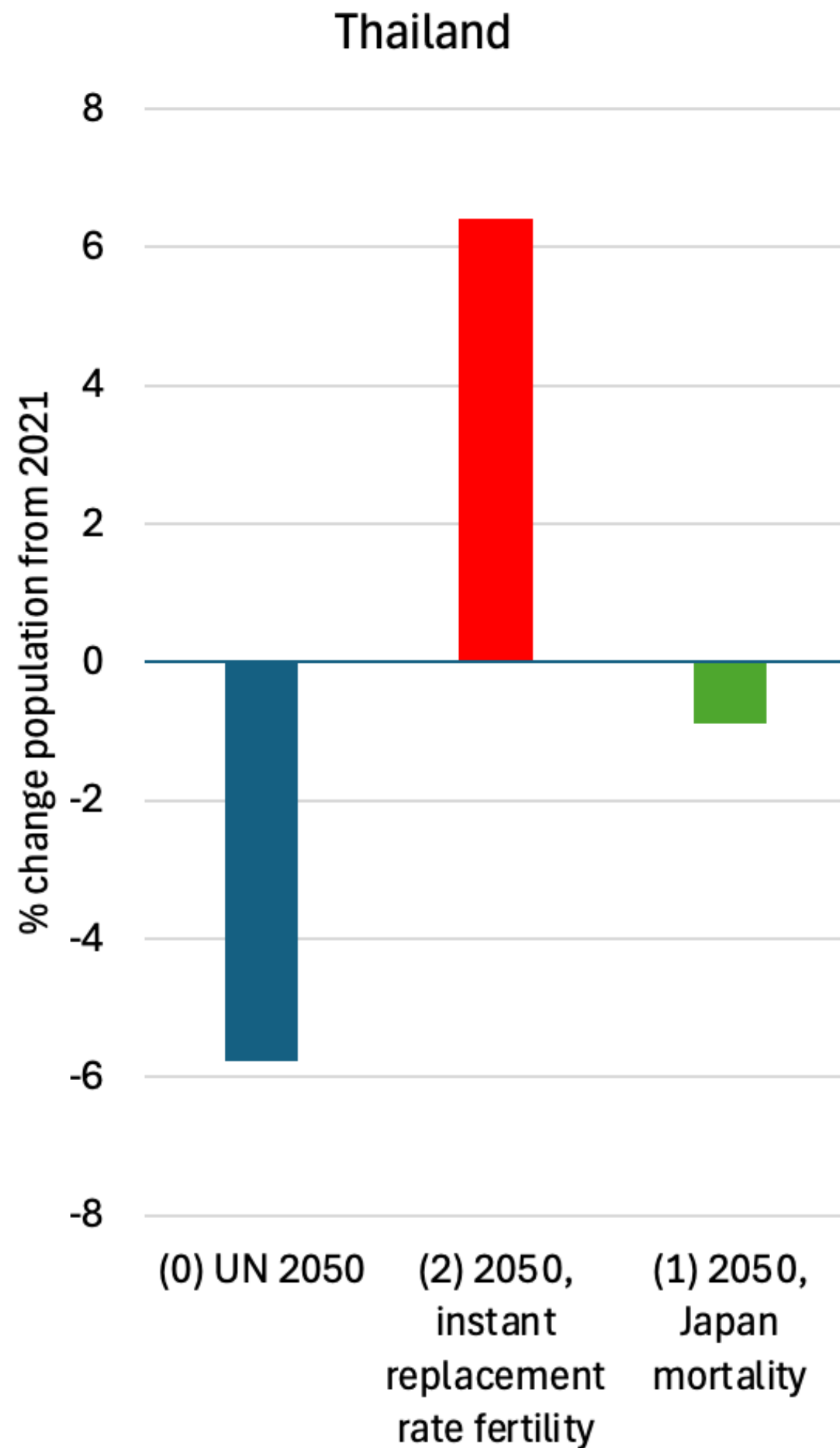


UN WPP data, 2021 baseline, zero net migration

Scenario 1: No intervention

Scenario 2: Immediate increase to replacement fertility

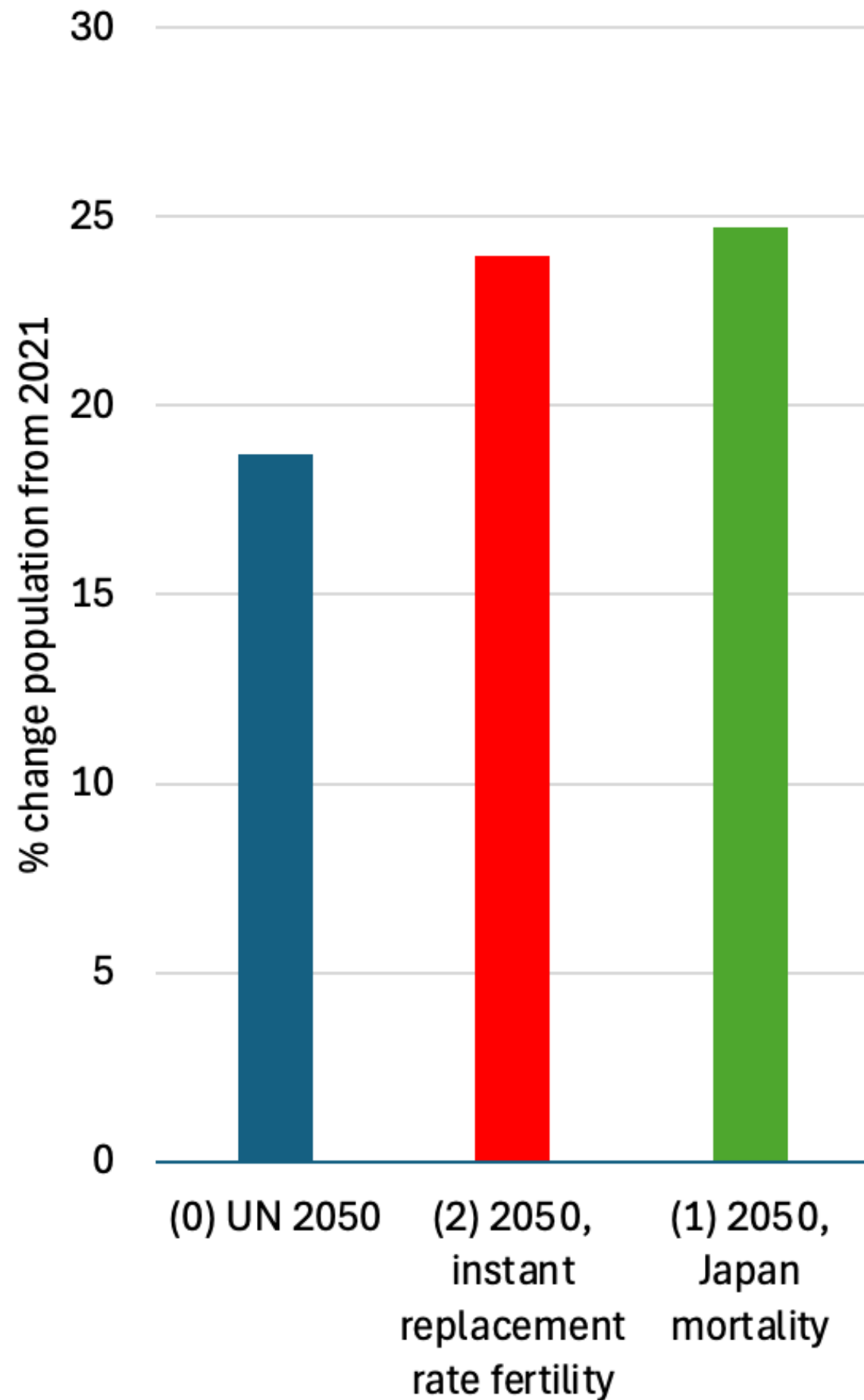
Scenario 3: Immediate decrease in mortality to Japanese levels



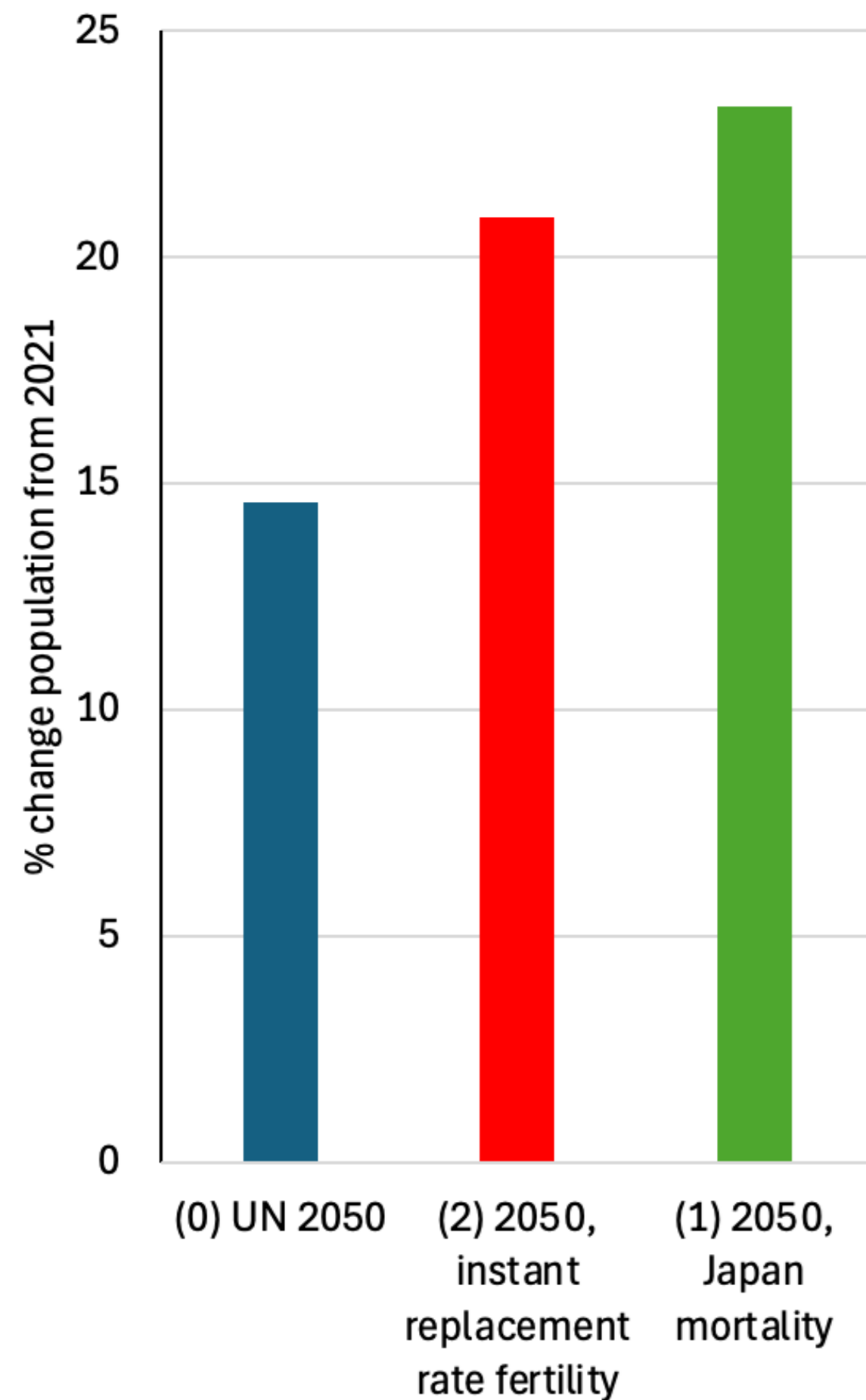
Higher impact of fertility; but realistic? Contested? Values?

Bigger picture: investing in mortality reduction almost halts population decline

Türkiye



Iran



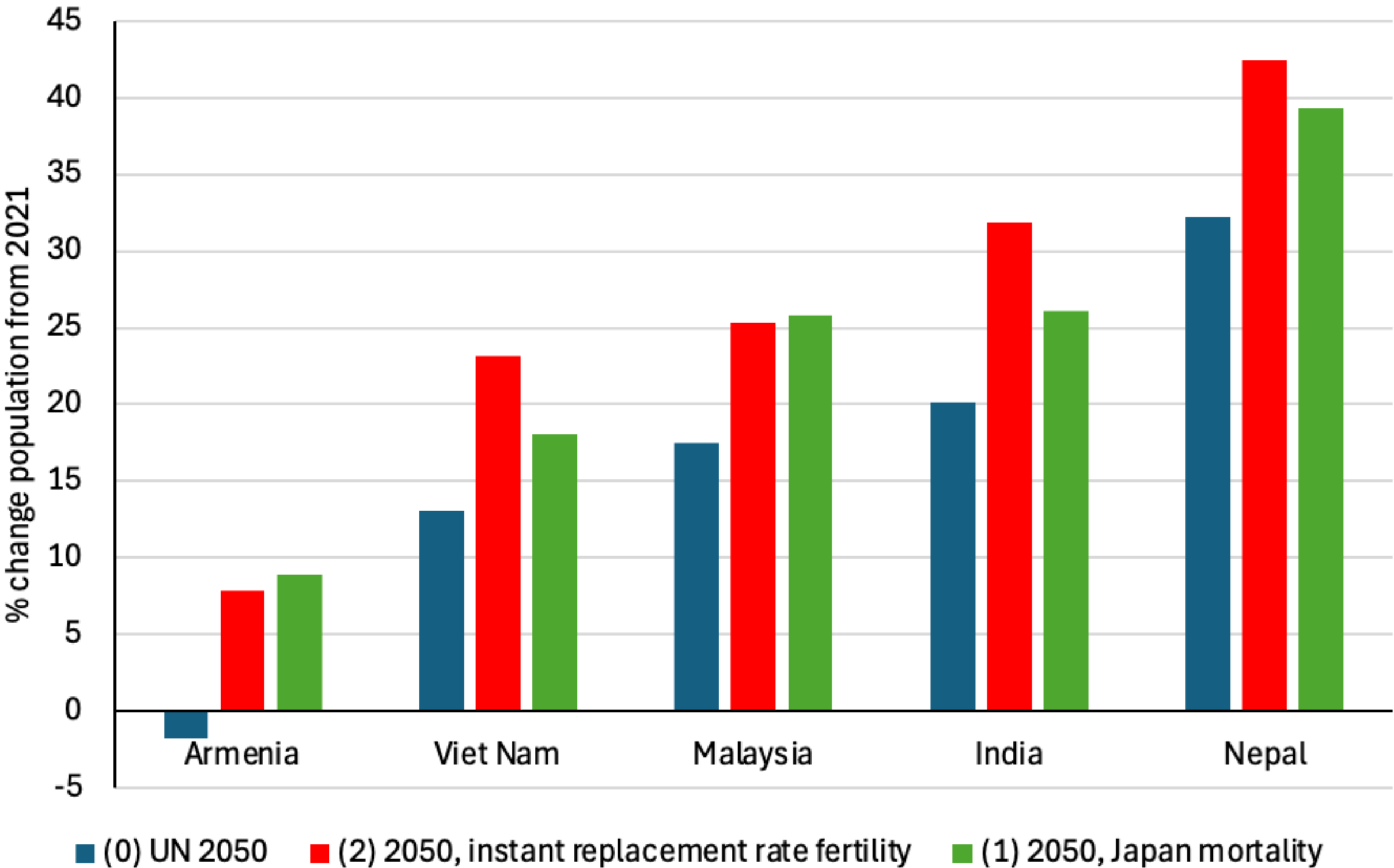
**Strong pronatalism.
Values and ethics**

But still growing!

Motivation?

***Health and
mortality have a
greater impact***

Towards pronatalist? anxious...



A neglected pathway for demographic mitigation

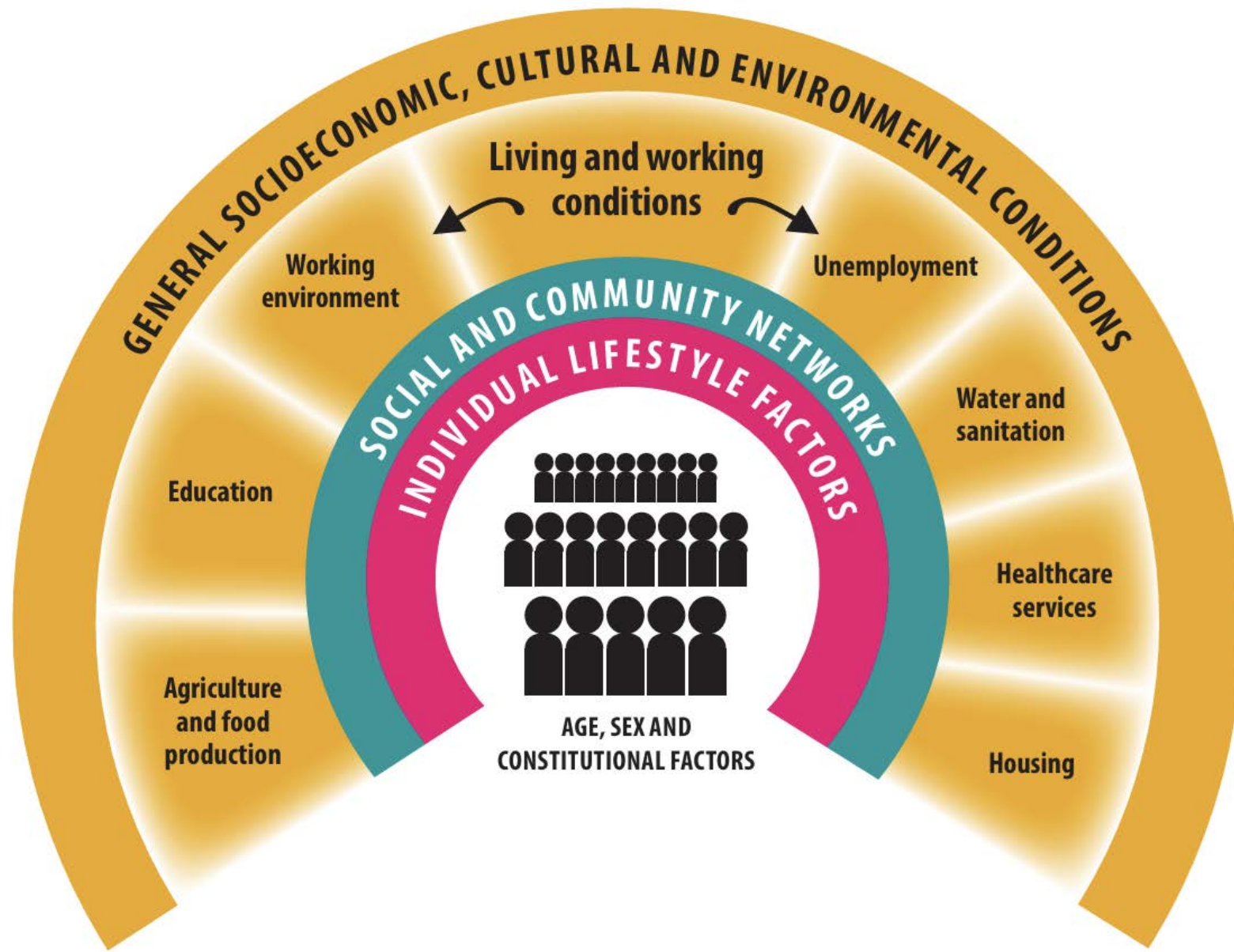
Fertility policies: slow, weak, ethically contested

Migration policies: powerful and only viable option for some territories, but politically fragile

Health & mortality reduction:

- *Of course, jump to Japanese levels highly unlikely: but shows potential and is more valid 'target'*
- Addresses macro-level demographic concerns: significant demographic impact (in most territories) with multiple feedbacks; optimal targets
- ICPD/rights-aligned, ethical, broader coalition
- Neuters pronatalist arguments
- Clear policy message, frameworks, causal pathways

Figure 1.2: The main determinants of health



Source: Dahlgren G and Whitehead M (1991) *Policies and strategies to promote social equity in health*. Stockholm, Institute of Future Studies.

WHAT IS HEALTH IN ALL POLICIES?

World Health Organization

Good health requires policies that actively support health

It requires different sectors working together, for example:

HEALTH

TRANSPORT

HOUSING

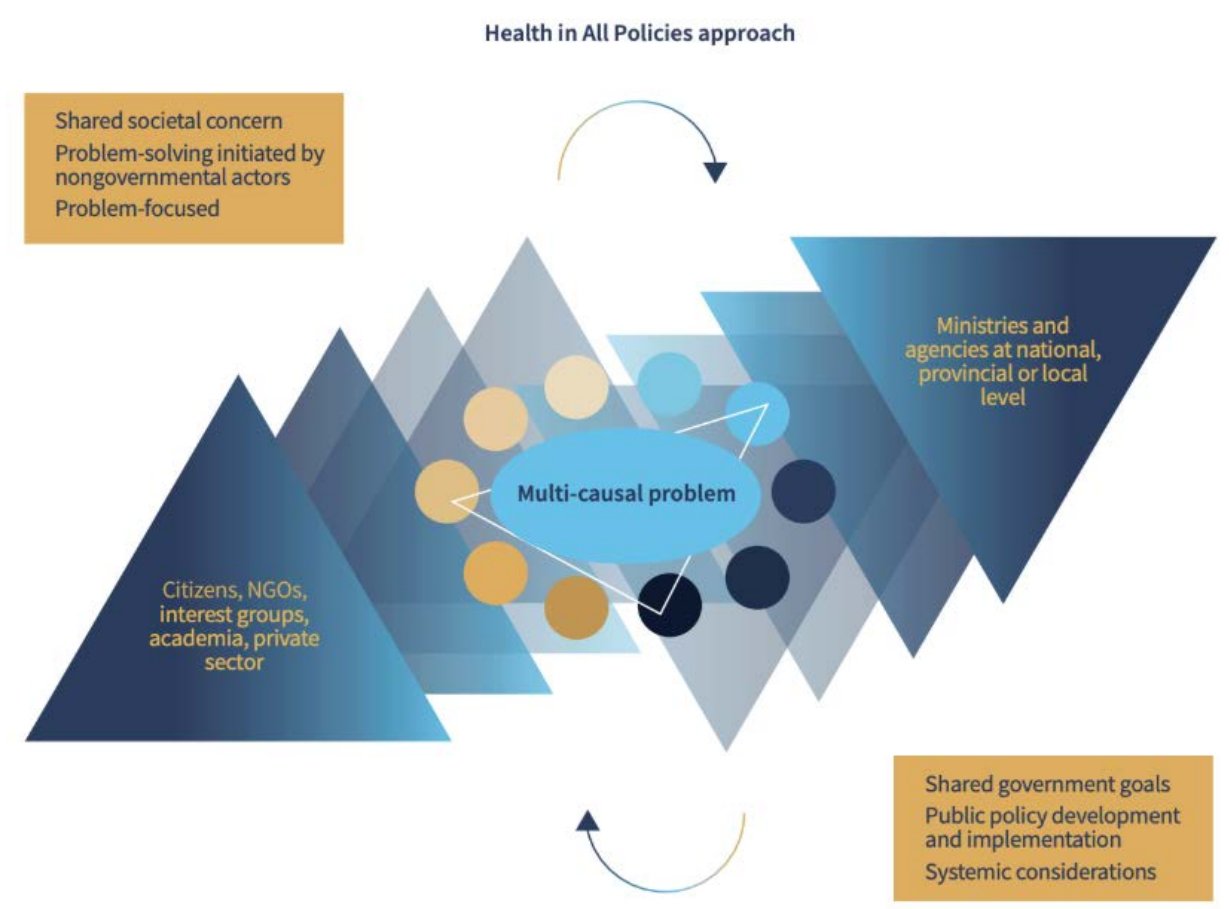
WORK

NUTRITION

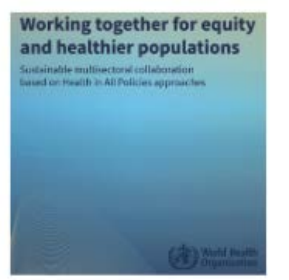
WATER & SANITATION

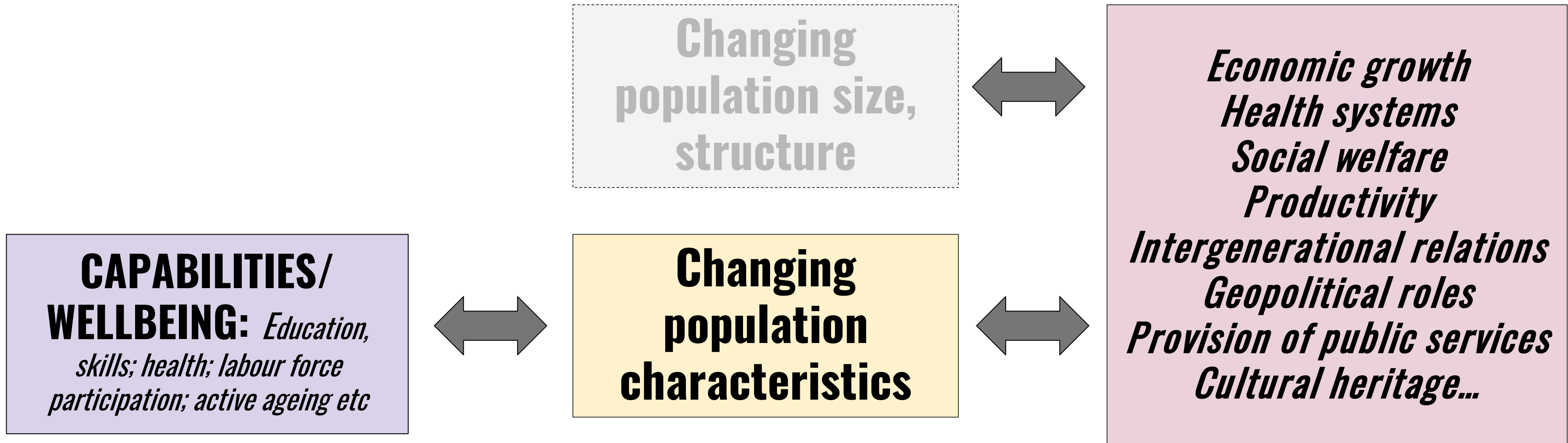
To ensure all people have equal opportunities to achieve the highest level of health

Fig. 1. Whole-of-society, whole-of-government and HiAP approaches to health and health equity



Source: Achieving co-benefits for sustainable development through multisectoral approaches: opportunities and implications for health. Bern: Swiss Agency for Development Cooperation; 2017.





China's low fertility may not hinder future prosperity

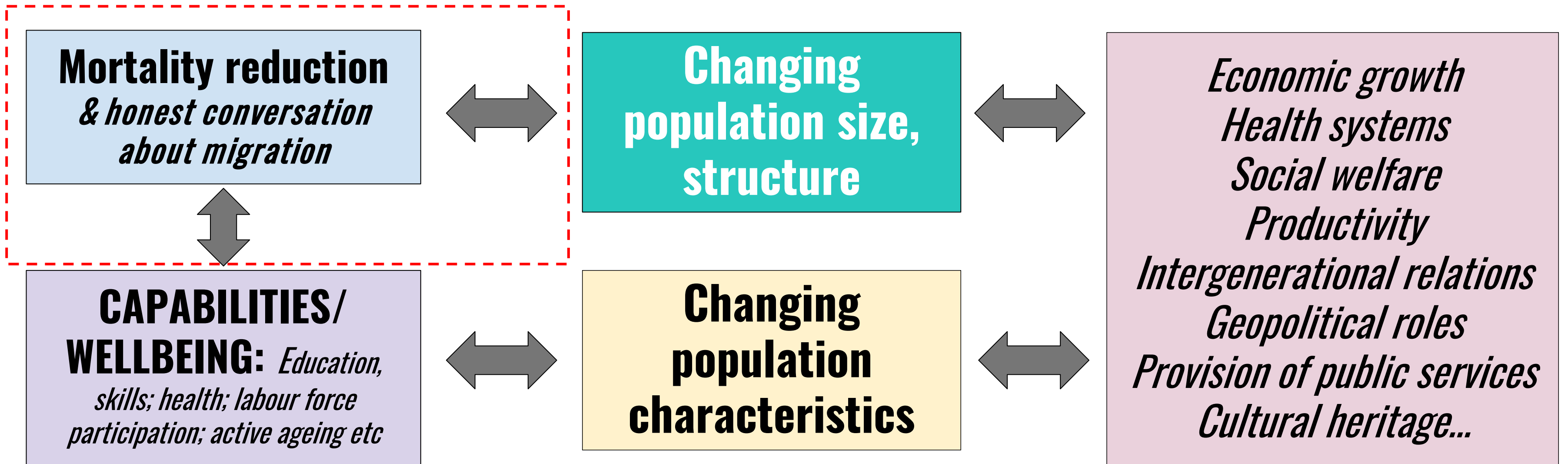
Guillaume Marois, Stuart Gietel-Basten, and Wolfgang Lutz [Authors Info & Affiliations](#)

Edited by Douglas S. Massey, Princeton University, Princeton, NJ, and approved August 13, 2021 (received for review May 25, 2021)

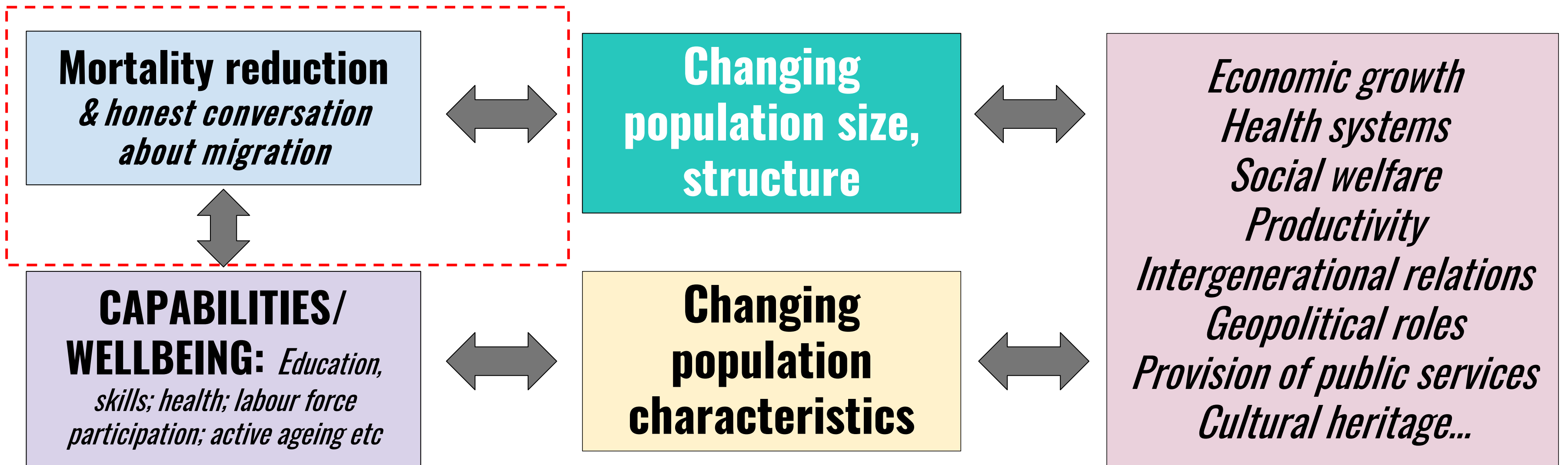
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Proposed paradigm: Mitigating demographic change, and its effects



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Reclaiming, reframing and reinventing population policy for the 21c
Top-down concerns and bottom-up approaches not mutually exclusive
Population policy too important to be 'taboo'; left to others

PS 2.5: DIVERSE VALUES AND ETHICS IN DESIGNING POPULATION POLICIES

HOW DO VALUES SHAPE THE HEALTH POLICIES THAT SHAPE OUR LIVES?



EXCLUSIVE SPEAKERS AND MODERATOR



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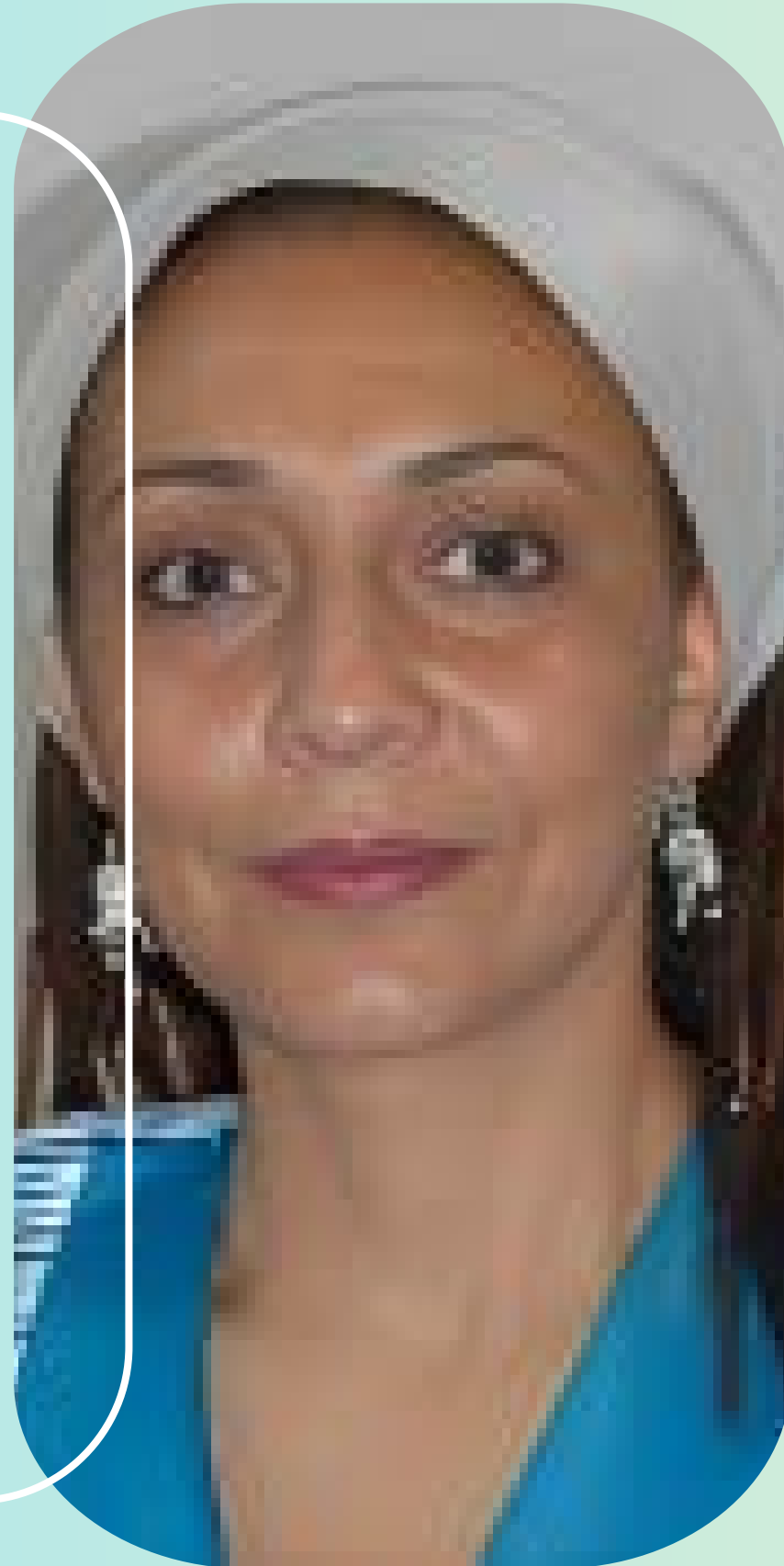
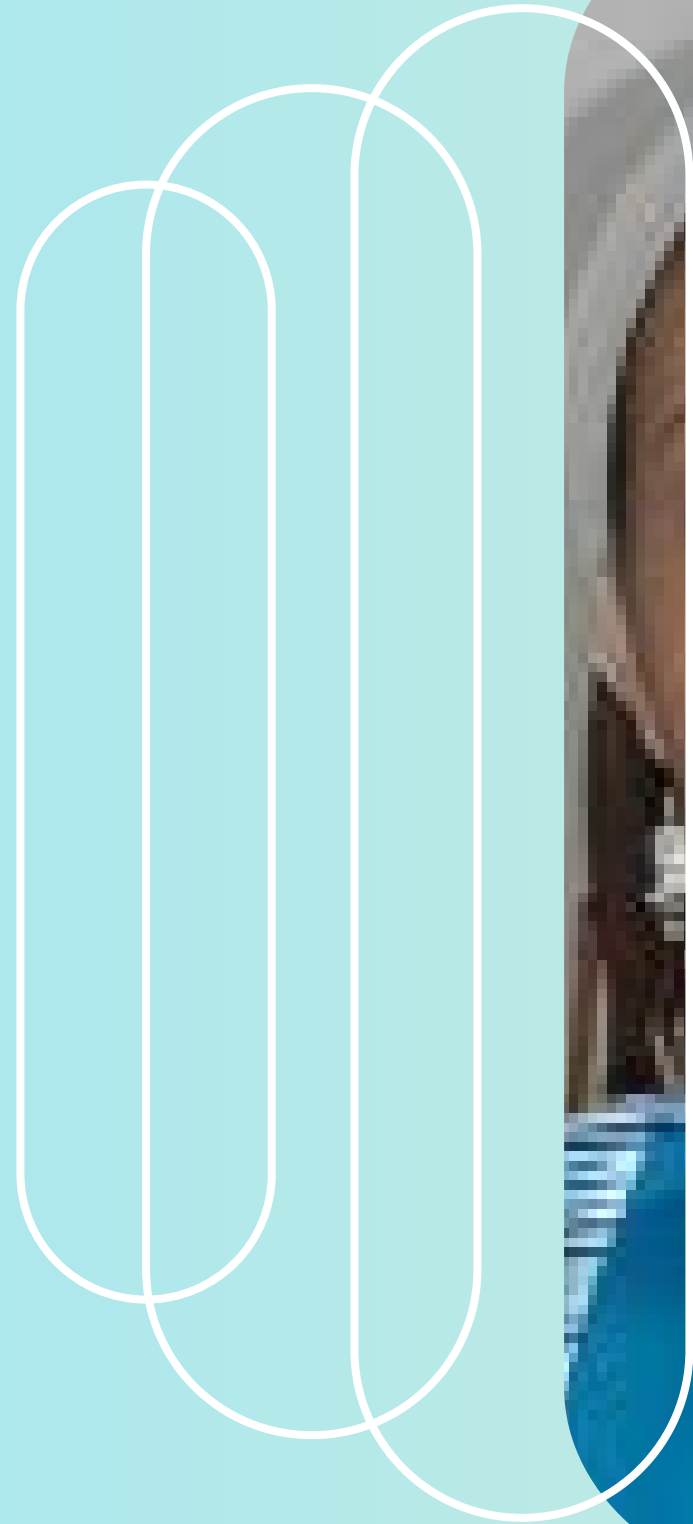
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PS2.5 - Diverse Values and Ethics in Designing
Population Policies

Governing Demographic Change: Ethics, Care, and Evidence in Africa

Aïssata FALL

January 30, 2026

www.prb.org

Making Implicit Values Visible in Population Policies

→ *Ethical reading through care, costs, and data in Africa*

- Population policies often framed as technical and evidence-based.
- Yet embed deep normative choices.

⇒ *Not for or against population targets.*

⇒ *Ethics lies in what policies assume, not only in what they declare.*

Where Ethics Is Usually Located

→ *Beyond the pro-/anti-natalist divide*

Where most ethical debates take place:

- Pro-natalist vs. anti-natalist debates
- Fertility targets, population size, demographic balance
- Legal, financial, and programmatic instruments
- Explicit policy intentions

⇒ *Most ethical debates focus on what population policies aim to change — fertility, size, composition.*

Where ethics also operates – the shift

→ *A broad normative consensus*

Key shift: *from intentions → to implementation conditions*

- Ethics is not only about what policies aim to change
- It is also about how policies actually work
- Implicit assumptions matter
- So does the distribution of costs and responsibilities

⇒ *Ethics is not only about what we want to achieve, but about how policies function in real life.*

Care as an implicit condition

→ *The silent infrastructure of policy success*

- Policies rely on daily care work
- Childcare, elder care, continuity of care
- Rarely explicit, rarely budgeted

⇒ *Many population and health policies succeed because care work is done — even when it is not named, measured, or financed.*

The silent displacement of costs

→ *Where ethics becomes concrete*

- Time constraints
- Household-level adjustments
- Costs shifted to families

⇒ *When care is assumed rather than planned, adjustment costs are silently transferred to households.*

Gender is not the issue — it reveals the issue

→ *Not the cause, but the signal*

- Unpaid care is mostly done by women
- Especially women of working age
- Gender shows where costs land

⇒ ***Gender is not the problem in itself. Gender reveals an unrecognized collective resource: unpaid care work.***

Health sector - What gets measured shapes what counts

➔ *What gets counted — and what is left out*

- A significant share of care is produced outside the health system
- This production is largely unpaid and household-based
- Yet it is absent from health system performance metrics

⇒ *Health systems are assessed without accounting for part of what makes them work.*

⇒ *Policies can look efficient on paper while relying on invisible costs in reality.*

From measurement to governance

→ *What is not measured does not count*

- Not measured → Not debated
- Not debated → Not budgeted
- Not budgeted → Outside the scope of public action
→ **Shifted to households**

⇒ ***This is not a data problem only. It is a governance problem.***

Why this matters in Africa today

➔ *Governance and political capacity: From evidence to responsibility*

- ~70% of the population is under 35
- Demographic change shapes long-term collective futures
- Who can understand, debate, and decide
- Need for tools: NTA, NTTA, care-related evidence

⇒ *Ethical issue: the political capacity to **assume collective responsibility***

⇒ *Key issue : the capacity to **govern demographic change***

⇒ *Key change : how societies are beginning to **build that capacity***

What this argument is (and is not)

→ *Outside the pro-/anti-natalist axis*

- Not a position within the pro/anti-natalist debate
- A shift alongside it
 - From stated goals → to **implementation conditions**
 - From rights → to **cost distribution**
 - From intentions → to **coherence**

⇒ *Even when rights, health, and autonomy are shared goals, the ethical question does not stop there.*

Toward a substantive ethics of demographic policy

→ *If care remains invisible, equity remains partial.*

- Ethics requires making assumptions explicit
- And costs discussable
- Data is a political tool
- Visibility enables responsibility

⇒ ***Making values explicit means asking not only what we want to achieve, but HOW we achieve it — and WHO absorbs the costs.***



Thank You

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 **YOUR VOICE MATTERS
PLEASE SCAN TO SHARE YOUR
PERSPECTIVE ON POPULATION POLICY.**

