

POPULATION DYNAMICS AND SOCIAL PROTECTION

How Social Protection Systems Influence Demographic Change in Africa

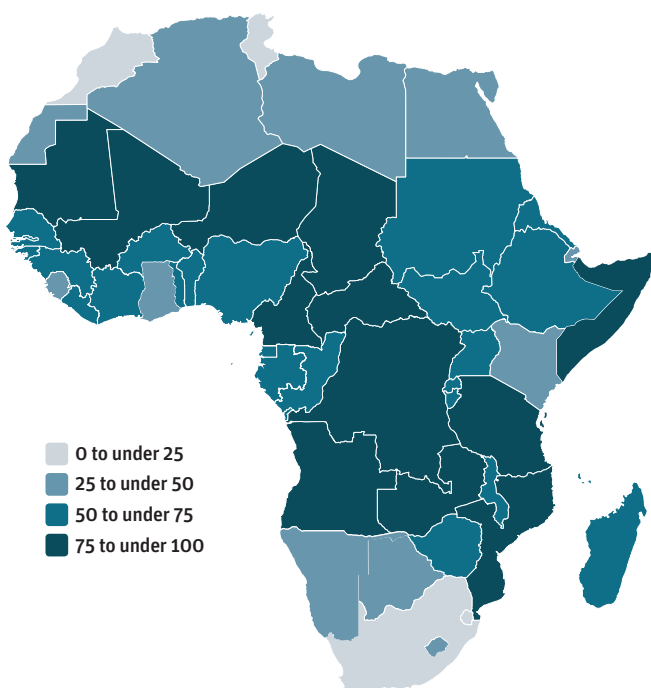
The population of sub-Saharan Africa is projected to increase from 1.2 billion to 2.1 billion by 2050.¹ Today, women in the region have an average of about 4.3 children – two more than the global average for children per woman.² Rapid population growth is already making it difficult for many governments to provide their people with adequate schools, hospitals, food, clean water or even jobs.

Social protection systems can reduce the risk of poverty, strengthen the provision of basic services, and function as a safety net in times of crisis. **At the same time, social transfers, health insurance schemes and pensions can accelerate progress in nutrition, health and education – which are key areas for demographic change.**

During the last two decades, many governments in sub-Saharan Africa have worked on establishing basic social protection systems. **Yet despite the great progress made, only 13.7 percent of the population of sub-Saharan Africa receives at least one social protection benefit.**³ A majority of the population are therefore not equipped to face existential risks such as illness or crop failure. One reason for the small number of social benefit recipients is that 85 percent of the population works in the informal sector⁴ and are thus not entitled to unemployment benefits or pensions. In addition, limited administrative capacity and insufficient financing for social systems are among the biggest challenges.

Social Protection Accelerates Demographic Change

The population dynamics vary from region to region in sub-Saharan Africa – with corresponding differences in the demands placed on social protection systems. In countries like Tanzania, Malawi and Zambia, the population is still growing rapidly, with each woman having an average of around four children. Other countries such as South Africa and Namibia are already experiencing a declining birth rate and an ageing population. On the one hand, the specific population dynamics of each country – the current population structure and future changes – must be taken into account in order to design and implement targeted development cooperation measures in the field of social protection. On the other hand, social protection also has the potential to accelerate demographic change. This can enable a boost in socio-economic development and pave the way for a sustainable and just society (the demographic dividend⁵). To utilise this potential, **countries should adapt their social benefits to the particular phase of the demographic transition they are currently undergoing** – ranging from basic social protection measures to complex protection systems combining several instruments.



Africa's population is increasing rapidly, but the growth rate is unevenly distributed

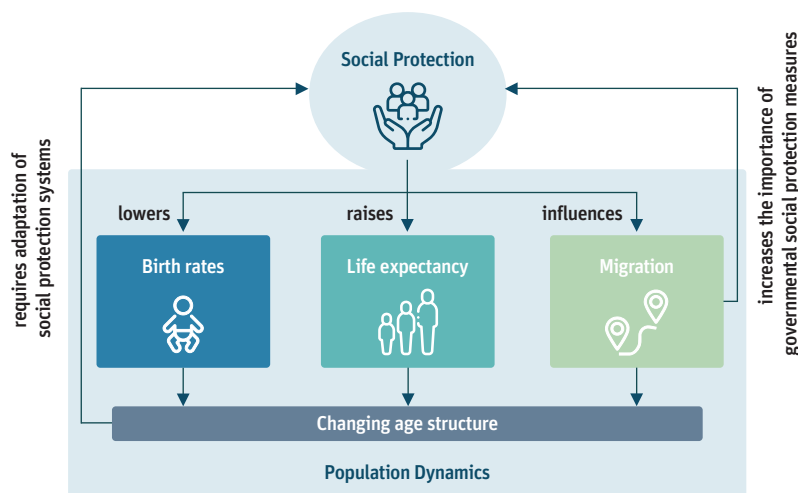
Global population growth is increasingly concentrated in low- and middle-income countries, especially those in sub-Saharan Africa, where the population is projected to increase by almost one billion over the next three decades. However, different countries are growing at different rates – depending on which phase of the demographic transition* they are in. At the same time, social protection systems are less robust in sub-Saharan Africa than anywhere else in the world. Social protection measures across the continent must be adapted to different population dynamics – growth, migration and age structure – so they can be reactive to changes at an early stage. This is because social protection and population dynamics are closely intertwined (see next diagram).

Population growth forecast in Africa, in percent, 2024 to 2050
(Source of data: UN DESA, Population Division⁵)

Social protection and population dynamics are closely intertwined

Population growth, a progressively ageing population and migration determine the current and future requirements placed on social protection systems. In their turn, these systems also influence population dynamics. Social protection improves living conditions, reduces poverty and supports self-determination. Combined with sex education and access to modern contraception, these improvements generally lead to a declining birth rate. By improving healthcare, social protection simultaneously increases life expectancy.

There are also interactions with migration. Whether migration increases or decreases as a result of social protection remains unclear.⁶ Social protection can, however, enhance people's resilience in crises and thus reduce the need for migration. In addition, migrants have a high need for social protection because they cannot always rely on family support networks when they move. By impacting the birth rate, life expectancy and migration, social protection systems contribute to changes in the population age structure. Consequently, the systems need to be adapted to meet the changing needs of populations.



Schematic depiction of the interactions between social protection and population dynamics (Own diagram)

Adapt Social Protection Instruments to the Phases of Demographic Transition

Countries in an early phase of demographic transition should prioritise approaches that focus on various forms of basic protection for the poorest households. Countries in this phase have a rapidly growing population and a large proportion of households living in extreme poverty. Households and families that are affected by poverty, depend on every helping hand and receive little to no support from the state have a greater incentive to have a large family with many children. But as living conditions improve, people tend to have fewer children. Social protection can accelerate improvements in living conditions, increase access to education and health, and improve nutrition. This influences the population dynamics.

- The *Productive Social Safety Net (PSSN)*, a money transfer programme in **Tanzania**, reduces poverty and improves health and educational outcomes. For one, the programme provides an unconditional money transfer to all households affected by poverty. In addition, the programme provides payments linked to regular school attendance for families with children. The measures help to ensure that the children of parents who receive the money attend school more frequently and are less likely to drop out. As a rule, girls who stay in school longer will be older when they marry and will have fewer children. Many regions of

Tanzania operate a public employment programme to complement the money transfers. Furthermore, a pilot project providing free health insurance for pregnant women and small children led to families having more money to spend on their children's education, health and nutrition.⁷

- The *Malawi National Social Support Programme (MNSSP)* consists of coordinated components of money transfers, free school meals, employment promotion, microfinance and informal savings groups. The informal, autonomous *Village Savings and Loans Associations (VSLA)* stabilise household incomes and reduce the risk of falling into poverty. Over the long term this enables women in particular to live self-determined lives and to minimise their risk exposure – including with respect to family planning. The probability of an early pregnancy among young women has declined in households participating in the *Social Cash Transfer Programme (SCTP)*.⁸

- In **Zambia**, the free *Home-Grown School Meals* programme ensures that children, and girls in particular, can learn better and have better prospects of obtaining good educational qualifications. The free meals have increased attendance at primary schools by 5.4 percent and attendance at secondary schools by 14.3 percent. Studies show that school meals pay off for population development in the long term, because children grow up healthier, achieve better results in their lessons, and have better chances of finding a well-paying job later in

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Coordinate Population Dynamics and Social Protection

In Uganda the *United States Agency for International Development (USAID)* supports girls' and women's centres which are organised as cooperatives and whose members have access to health insurance. The goal is to include people from the informal sector in national insurance programmes. The *CONNECT Girls Center* project aims to improve healthcare for girls and young women. USAID aims to address the challenges of high population growth with family planning and reproductive health programmes. Evaluations show that the women benefiting from the programme opt for smaller families.^{9,10}

life. In addition, the *Keeping Girls in School Programme* provides scholarships to cover the school fees – including for boarding schools – for young women. Research shows that over the long term, school scholarships result in more young women going to school for longer and completing their schooling. In addition they lead to women having better job prospects and fewer children. The *Child Support Grant* for children under the age of five also results in longer school attendance for schoolchildren among families receiving the grant.¹¹

When countries reach a more **advanced phase of demographic transition** and the birth rate slowly declines, a basic pension in combination with basic health insurance and information about family planning can increase the potential for reducing the birth rate further. Better social security and access to modern contraception also promote gender equality and self-determination among girls and women. During this phase, the range of social protection measures should be expanded and a combination of different measures offered to as many people as possible.

■ Within a timeframe of only ten years, **Rwanda** managed to provide 95 percent of its population with community-based health insurance (*Mutuelle de Santé*). The state trained more than 45,000 health professionals who work in remote villages to treat childhood illnesses, disseminate information about family planning and look after the well-being of mothers and newborns. As a result, maternal and child mortality decreased by 30 percent. When children have better chances of survival due to improved healthcare, one or two generations later parents will decide to have fewer children.¹²

■ **Ghana** has used its *Livelihood Empowerment Against Poverty* (LEAP) programme to link money transfers for the poorest members of the population with free healthcare. Instead of spending money on medical care, such as visits to the doctor and medication, recipients can invest the money transfers in food supplies and their children's schooling. In combination with other instruments, these social protection measures also influence family planning and thus population development as well.¹³

In countries where the number of children per woman has already fallen significantly and the number of older people is increasing, a basic state pension combined with an occupational pension scheme is appropriate to meet the needs of an ageing society. If people know that the state will support them in their old age and they will not have to depend on their children for support, this will generally lead to a desire for smaller families. During this phase, increasingly complex social protection systems combining several instruments should be established and the state should invest in the large-scale expansion of social systems.

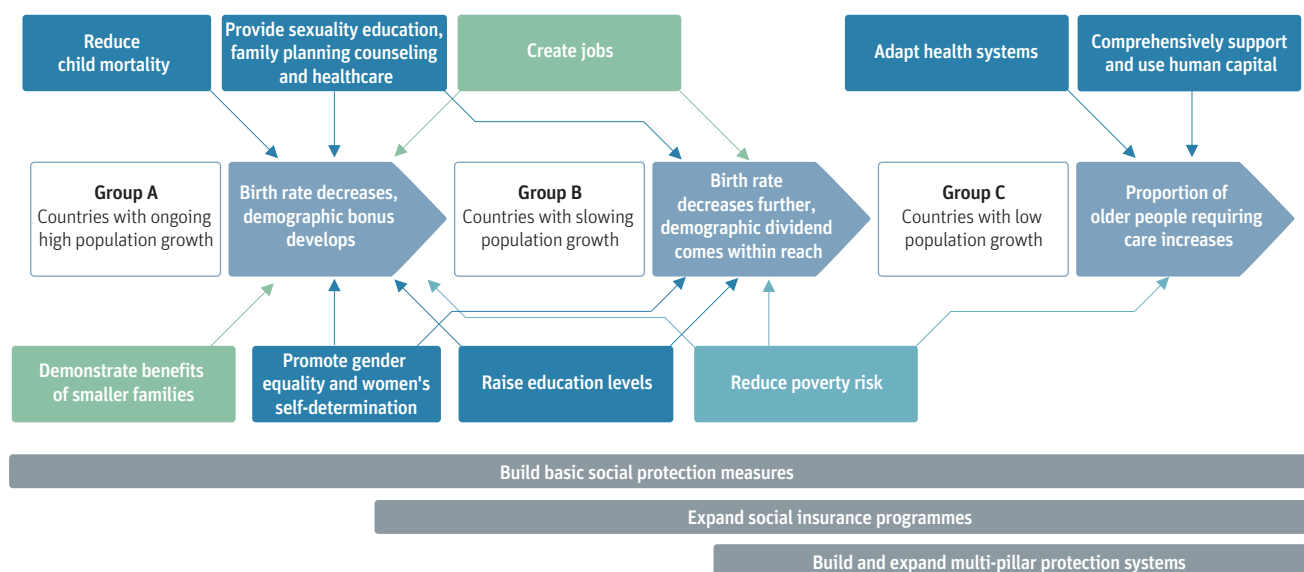
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Strategic Focus on Population Dynamics and Social Protection

Irish Aid, the Irish Government's international development programme, has declared social protection to be one of the top priorities of its development cooperation. In its *Social Protection Strategy*,¹⁴ the organisation names population growth as a risk factor that makes people more vulnerable. The strategy is partly based on the idea that social protection measures decrease birth rates because they reduce the number of early pregnancies. In turn, this will foster more equitable socio-economic development. The focus is on long-term, coordinated measures in several sectors, such as education, employment promotion and food security. The social protection measures are embedded in multisectoral programmes with a particular focus on women.

How social protection accelerates demographic change

Social protection can have a direct and indirect effect on fertility rates. For instance, basic social assistance can help the most vulnerable climb out of poverty, and simultaneously accelerate progress in areas like food security, health and education – all of which are relevant to demographic change. At the same time, a greater range of social security measures that protect people from life risks, in combination with other measures, can foster long-term behavioural changes. When child mortality drops thanks to better nutrition enabled by cash transfers, or receipt of a basic pension means children are no longer required to support parents in old age, as a rule this leads to parents deciding to have smaller families. Social protection therefore promotes gender equality and women's self-determination. In these numerous ways, social protection indirectly influences factors that play a role in the demographic transition.



- directly influenced by social protection
- indirectly influenced by social protection
- other areas of influence

Schematic depiction of the effect of various forms of social protection on population trends (Own diagram based on BMZ¹⁵)

■ In **South Africa**, a basic state pension, the *Older Person's Grant*, together with a contribution-based occupational pension system, cover the entire population over the age of 60. Older people often live in the same household as their grandchildren and help finance their education. Women aged between 20 and 30 who live in recipient households are up to 15 percent more likely to work outside the home than women in non-recipient households. Moreover, a *Child Support Grant* is paid to every household with children under the age of 18 that has an income below a defined threshold. This affects birth rates: Young women whose parents receive the grant are older when they have their first child. In addition, young mothers who receive money for their first child wait longer until their next pregnancy.¹⁶

■ In **Namibia**, everyone over the age of 60 receives a basic pension, regardless of their income. Research has found that since the introduction of the basic pension, Namibian women aged between 30 and 45 have consciously decided to have fewer children because they know that the state will support them in their old age. On average, women in Namibia have one child less because of the basic pension.¹⁷

Recommendations

Currently, the available data on the impact of social protection systems on population dynamics in sub-Saharan Africa is limited. More time and research are necessary to make predictions about the overarching and long-term impacts of social protection measures in the region, or to compare impacts across countries – especially because many countries in sub-Saharan Africa have only just begun setting up their social security systems.

Social protection can reduce the risk of poverty, strengthen women's self-determination and improve health, education, incomes and food security. These are important factors that reduce birth rates in

the long term and can make a demographic dividend possible. It is clear that **social protection systems accelerate demographic transition just by improving people's living conditions**. To better capitalise on the effects and possibilities at the intersection of social protection and population dynamics, development cooperation organisations should ...

■ ... give **greater consideration to the population development, structure and geographic distribution in each individual partner country** when designing, implementing and evaluating social protection measures. Recommendations for expanding social protection systems should be more closely aligned with a country's current phase of demographic transition.

■ ... **help to expand and coordinate targeted social protection measures** that have positive effects on population dynamics and contribute to sustainable and equitable development.

■ ... **pay more attention to the potential of social protection measures to accelerate demographic change**. Dialogues with partner countries should draw attention to the supporting role of social protection systems during the demographic transition, and this should be mainstreamed in strategy papers for social protection.

■ ... **more strongly link** social protection measures with **improving services for sexual and reproductive health and rights**, including family planning, with a focus on girls and women.

■ ... **focus more on young working people**, for example, with adapted social insurance schemes for people employed in the informal sector. In this way, social protection measures can reach more people beyond families with children and older people.

■ ... **help to improve data availability, invest in research, and strengthen local analytic capacities** to enable a better understanding of how social protection measures and population dynamics interact with each other.

■ ... **prioritise consideration of future migration** when planning social protection measures. When migrants and refugees are forced to leave their homes for environmental, economic or political reasons, they must receive targeted social services.

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Taking a Long-term Approach to Population Dynamics and Social Protection

Nigeria is still in an early phase of the demographic transition. The population is growing fast and is young – yet here, too, the share of older people is increasing. The *Coalition of Societies for the Rights of Older Persons in Nigeria* (COSROPIN) is an umbrella organisation of different NGOs and interest groups that advocates for a dignified life in old age. For example, the coalition supports research on ageing and advocates for a health insurance programme for everyone over the age of 70. COSROPIN set up the *National Senior Citizen Centre*, which develops social and health programmes for older people and analyzes data on this population group. In this way, COSROPIN helps to align social protection systems with the population dynamics in Nigeria – a growing number of elderly people. The support provided to older people simultaneously improves social protection for their entire household.¹⁸

Sources

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This fact sheet is based in part on the Berlin Institute study “Social protection across the life course”. For more information, you can download the full study here: <https://www.berlin-institut.org/en/detail/social-protection-across-the-life-course-1>.

*Put simply, the demographic dividend is the potential for an economic boost that can result from shifts in a population’s age structure – when the share of the working-age population (15–64) is considerably larger than the non-working-age population of young and elderly dependents (14 and younger, and 65 and older). This shift frees up resources for investment in social and economic development. During their socio-economic development, all countries undergo a demographic transition – albeit at different times and speeds. Initially, an improvement in living conditions reduces the mortality rate and, after one to two generations, the birth rate eventually starts to fall. In this intermediate phase, the population grows rapidly. As the share of working-age people grows relative to the total population, a so-called demographic bonus emerges. For more information visit: www.berlin-institut.org/en/focus-areas/demographic-dividend

Impressum

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