

We are IntechOpen, the world's leading publisher of Open Access books Built by scientists, for scientists

6,900

Open access books available

186,000

International authors and editors

200M

Downloads

Our authors are among the

154

Countries delivered to

TOP 1%

most cited scientists

12.2%

Contributors from top 500 universities



WEB OF SCIENCE™

Selection of our books indexed in the Book Citation Index
in Web of Science™ Core Collection (BKCI)

Interested in publishing with us?
Contact book.department@intechopen.com

Numbers displayed above are based on latest data collected.
For more information visit www.intechopen.com



Factors Influencing Access to Reliable Healthcare Financing among Elderly Population in Africa

*Isaac Akintoyese Oyekola, Oludele Albert Ajani
and Eyitayo Joseph Oyeyipo*

Abstract

Population is ageing rapidly in all regions of the world and unreliable healthcare financing is capable of hindering older people from seeking competent medical attention which in turn may lead to their suffering, insecurity and/or death. In Africa, lack of access to reliable healthcare financing in old age poses serious development challenges and it is detrimental to healthy ageing, especially because elderly population are known to be facing various health challenges which require huge financial costs. Existing studies have shown that it is not sufficient to provide reliable healthcare financing for older people, it is more important to provide them access to these services. Ensuring that the elderly population has access to reliable healthcare financing in particular as well as other available and possible social support mechanisms that may encourage the provision of and access to reliable healthcare financing in general is a challenge and very key to healthy ageing. Through authors' experiences in the healthcare system, narrative review of existing literature and interactions with some elderly people, this article explores various factors influencing older people's access to reliable healthcare financing. It is believed that understanding of factors influencing access to reliable healthcare financing among older people in Africa will go a long way in directing policies toward the right course.

Keywords: Access to reliable healthcare financing, elderly population in Africa, universal health coverage, healthy ageing, development studies, reduced inequalities, Sociology

1. Introduction

The whole world is ageing. Ageing population has become the experience of many developed countries and is fast reaching the turn of countries in the developing world [1]. People who were 65 years and above in age represented 5.1 per cent of global population in 1950, 9.0 per cent in 2018, and will be 16.0 per cent in 2050 [1, 2]. By that year 2050, 80 per cent of older people (60+ years) globally will be living in low and middle income countries (LMIC) [3]. It is important to note that while this demographic shift is a sign of societal progress which calls for celebration

especially for LMIC, it may also pose serious health, security and development challenges if provision of and access to innovative and reliable healthcare financing mechanisms and strategies are not in view. This is because lack of access to reliable healthcare financing is capable of hindering older people from seeking competent medical attention to address their inevitable healthcare needs and challenges, and this in turn may lead to their suffering, insecurity and/or death [4].

In Africa, lack of access to reliable healthcare financing in old age poses serious development challenges and it is detrimental to healthy ageing, especially because older people are known to be facing various health challenges which require huge financial costs. According to World Health Organisation (2010), reliable healthcare financing mechanism is an important factor for healthy ageing [5]. Considering the financial and health vulnerability of many older people especially in developing countries of the world, provision of and access to reliable healthcare financing for this demographic category becomes vitally important and inevitable for healthy ageing [6]. It has been shown that it is not sufficient to provide reliable healthcare financing for older people, it is more important to provide them access to these services [7, 8]. Ensuring that older people have access to reliable healthcare financing in particular as well as other available and possible social support mechanisms that may encourage the provision of and access to reliable healthcare financing in general is a challenge and very key to healthy ageing. What are the factors influencing older people's access to reliable healthcare financing? To answer this question, this article starts by conceptualising key concepts, explains the need for access to reliable healthcare financing among African elderly, provides statistical overview of access to reliable healthcare, and discusses various factors influencing access to reliable healthcare financing. Strategies for providing and accessing reliable healthcare financing are also discussed before providing summary and conclusion.

2. Conceptualising access to reliable healthcare financing: a multi-disciplinary approach

Access to reliable healthcare financing is conceptualised from multi-disciplinary points of view. Generally, ability to have what it takes to finance healthcare services without any constraining factor(s) whatsoever is fundamental in conceptualising access to healthcare financing. Following from this, access to reliable healthcare financing can mean ability to finance healthcare services without financial hardship. To be able to finance healthcare services without resulting in catastrophic or impoverished spending requires that psychological, economic, geographical, political, social, and cultural factors be put into consideration. Psychological point of view describes access to reliable healthcare financing as when an individual or her financial provider is in her right state of mind to finance healthcare services without resulting in catastrophic or impoverished spending [9]. Although financial resources may be physically available to finance healthcare services, it is believed that such resources are not useful if an individual or her representative is not in right state of thinking. From this perspective, a baby or an insane person does not have access to reliable healthcare financing even if she has all the wealth in this world. Hence, older people or their social support providers are considered to have access to reliable healthcare financing when they are in their right state of mind.

From economic perspective, access to reliable healthcare financing is conceptualised as the need for healthcare financing without financial hardship and the availability of such healthcare financing mechanism to meet the need. While the former explains the demand for reliable healthcare financing, the later describes the supply of reliable healthcare financing [10]. Hence, from economic perspective,

an older person is said to gain access to reliable healthcare financing when the need for it meets its supply; that is, when there are available scarce resources (especially financial resources) to meet the insatiable need for healthcare services in old age. Again, while it is possible for adequate resources to be available to meet the need for healthcare financing at a given point in time, distance between health seeker and healthcare provider may be an important constraint. This calls for geographical conceptualization of access to reliable healthcare financing.

From geographer's standpoint of view, access to reliable healthcare financing implies ability of healthcare seeker to be physically present at the geography (or location, place, *et cetera*) where healthcare financing services are required and provided [11]. Although an older person may be psychologically fit to finance healthcare services and may eventually have the financial resources (possibly in bank or at the health insurance provider) to meet her healthcare needs and challenges, she still lacks access to reliable healthcare financing if she is unable to physically collect such financial resources from appropriate quarters to finance her healthcare services probably due to physical frailty, lack of mobility or road block.

Political conceptualisation of access to reliable healthcare financing explains the governmental policies and political structures that influence people's access to financial health resources. In every government, there are various healthcare financing mechanisms or models through which healthcare services can be financed [12]. The proportion of these models in total healthcare spending is determined by the political climate of every country. For instance, the proportion of out-of-pocket (OOP) payment in total healthcare expenditure is higher in developing countries than in developed countries [12]. Also, while healthcare providers receive payment for healthcare services more via health insurance in developed countries, the healthcare providers receive payment for healthcare services more via OOP in developing countries [13]. Hence, an older person who has psychological, economic, and geographical ability/advantage to finance her healthcare services may be denied access if such a person is expected to pay via health insurance of which she is not enrolled. Alternatively, an individual who is enrolled for health insurance may be denied access to reliable healthcare financing if payment from health insurance provider is not available probably as a result of workers' strike due to government inability to meet insurance workers' demands.

From social and cultural point of views, access to reliable healthcare financing can be conceived as involving the relationship between agency and structure. Here, agency represents individual ability to finance healthcare services freely and independently with as limited structural constraints as possible. On the other hand, structure entails the broader social, cultural, and structural patterns, arrangement and organisations within which an individual seeks to finance her healthcare services [10]. From these perspectives, an older person with the ability to finance her healthcare services without resulting in catastrophic or impoverished spending can be constrained if the prevailing healthcare system is challenged such as lack of appropriate medical technology or personnel, among many other challenges that may face healthcare system. Sociologists and Anthropologists have debated on whether primacy should be given to agency or structure in the process of analysing a given social system. For examples, Karl Marx, Émile Durkheim, Bronisław Malinowski, Alfred Radcliffe-Brown, and Max Weber gave priorities to either agency or structure in their social analysis. However, recent sociologists such as Anthony Giddens and Pierre Bourdieu have recognised the vitally importance of both agency and structure in altering a given social system. In his notion of structuration, Giddens (1984) stated that just as an agent can alter prevailing structure, the structure can as well change an agent [14]. Also Bourdieu realised the importance of both agency and structure when he used the concepts of 'habitus', 'field', and 'capital' to denotes actors with structured and structuring structure, social

space where interaction and activities occur, as well as a symbol for the continual remarking of social order respectively [15]. In other words, Pierre Bourdieu used the concepts to explain an interplay in which the external is internalised, just as the internal becomes externalised [10]. Learning from the works of Giddens and Bourdieu, access to reliable healthcare financing is conceptualised as depending not only on individual, household and/or agency, but also on broader social, cultural and/or structural factors of a given social system. Implicitly, access to reliable healthcare financing not only involves internal forces but also external ones [10].

Older people's access to reliable and sustainable healthcare financing requires that sufficient, uninterrupted and continuing funds are available to meet older people's healthcare needs without compromising or negotiating future generations' ability to achieve same purpose. An important step to achieving reliable healthcare financing for the elderly is to ensure that adequate and satisfactory social support is provided, the elderly have free access to funds or financial resources provided by social support system, and that funding increases consistently over the coming years to meet up with the demand of demographic transition. Raising and accessing reliable fund for healthcare financing of the elderly is the responsibility of household, community, state, and non-state actors of every country. Providing access to reliable healthcare financing is crucial for any country that aims at addressing the inevitable healthcare needs and challenges of the elderly.

3. Need for access to reliable healthcare financing in old age

Everyone desires to reach old age. Old age is the age when many life threatening diseases come up and these health challenges are costly to treat or manage. However, current financial capability of average elderly person in Africa as indicated in the income distribution of African countries shows that many Africans will not be able to afford medical treatment in old age [16, 17]. How can the elderly age gracefully? It is through the provision of and access to reliable (and sustainable) healthcare financing. There is therefore dire and urgent need for the elderly to access reliable healthcare financing in order to save the generation of elderly population in Africa. Older people experience a diversity of health states. While some elderly people in Africa are in relatively good physical and mental health, many more others experience considerable disability, and health and care challenges. Existing studies have established that the health of older people determines their productivity and the roles they play in the society, and that the health status and challenges among the elderly varies between and within countries, across sex, residence, ethnicity, and socio-economic status [18]. As a result, while health across the life-course has a significant impact on ageing experience, many older people are unable to adapt to changes in their health and remain independent and productive into very old age.

Common health challenges among older people include arthritis; heart or cardiovascular disease; cancer or malignancy such as lung, liver, and breast cancers; respiratory diseases; Alzheimer's disease; osteoporosis; and diabetes mellitus, among many others [19]. Hence, the need to access reliable healthcare financing for sustainable healthcare, management and/or cure. Aside common health challenges, the needs of older people vary and are often categorised into physical, intellectual, emotional and social needs [20]. Some of these healthcare needs and challenges require reliable healthcare financing and access to them is crucial for healthy ageing. However, access to reliable healthcare financing are not equitably distributed among elderly population in Africa. While third agers (healthy older people after retirement and are assumed to be productive through a range of activities, reaching from paid work to volunteering, informal care-giving, do-it-yourself and care for oneself) tend

to have more access to reliable healthcare financing, fourth agers (older people who are unproductive as a result of poor health after their retirement and they represent the traditional stereotype of older people, who can contribute only little, if any, to the development of a state) seem to have less access to reliable healthcare financing.

4. Access to reliable healthcare financing statistics

Globally, universal access to reliable healthcare financing has not been achieved and the proportion of people who have access to reliable healthcare financing vary from one country to another. Also, the varied rate of access across countries were unequally distributed and disadvantaged or vulnerable people were most denied access, including older people [17, 21]. For example, a study conducted among people aged 50+ years with chronic illness in six middle-income countries showed that access rates were unevenly distributed except in South Africa where primary healthcare was free for all [17]. Specifically, the study demonstrated that the proportion of older people with access to basic chronic care ranged from 20.6 per cent in Mexico to 47.6 per cent in South Africa. In another study among formal sector workers in Ilorin, Nigeria, it was shown that only 13.5 per cent of the respondents had access to reliable healthcare financing [21]. This proportion excluded the elderly population because they were no more members of the federal civil servants considering their retirement status and hence, lacked access to reliable healthcare financing. Ensuring that elderly population are provided with and have access to reliable healthcare financing is therefore crucial especially as the African society experiences demographic change in favour of older people.

Existing studies have not shown consensus on the factors determining access to reliable healthcare services among the elderly. While some agree that education, place of work, residence, income, age, number of general practitioners, sex, social network and social participation determine access to healthcare financing and services, some other scholars disagree to some of these factors. For examples, a study carried out in Ilorin, Nigeria established that respondents who had post-secondary education and who were in the federal civil service were more likely to have access to reliable healthcare financing [21]. This shows that illiterate older people might be denied access to reliable healthcare financing even if exempted from health insurance premium and the elderly who are not in federal civil service might not have the opportunity of being enrolled in health insurance scheme, which provides reliable healthcare financing. Another study conducted among the older Chinese indicated that income group, educational attainment, age-category, marital status, gender, and geographical location influence access to reliable healthcare financing [7]. Inability to access reliable healthcare financing is detrimental to population health and especially to vulnerable older people. Recent statistics in Nigeria showed that only very small proportion of the total population in Nigeria had access to reliable healthcare financing [22]. This is worrisome as it indicates high health inequality. Since pooled resources is the only reliable and sustainable source of healthcare financing [12], provision of, and access to, pooled resources becomes vitally imperative. It is important to note that differential in access to reliable healthcare financing and other social resources is influenced by many factors [23], and these are discussed in next section.

5. Factors influencing access to reliable healthcare financing in old age

Having conceptualised access to reliable healthcare financing, demonstrated the need for access to reliable healthcare financing and shown the statistics of access

to reliable healthcare financing, this section discusses various factors influencing access to reliable healthcare financing in old age. The discussions in this section are based on authors' experiences in the healthcare system, narrative review of existing literature and interactions with some elderly people. Specifically, the factors that influence access to reliable healthcare financing in old age, as discussed in this section and depicted in **Figure 1**, include age, sex, availability of health insurance, income level, educational attainment, social capital and geographical factor.

5.1 Age

Age describes how long one has lived on earth. A person's age is considered a critical factor influencing access to reliable healthcare financing. While it is possible for many working class age category not to have any challenge accessing reliable healthcare financing, some retirees may experience more difficulty accessing reliable healthcare financing. This is because the rate of poverty among older people is more than among other age categories due to the fact that many older people are in their economically inactive phase of life [24]. Since older people are less productive (especially the fourth agers), financial resources for healthcare financing tend to be affected. In addition, in some African countries, a person's age determines whether one will have social health protection or not. That is, provisions are made for older people in some African countries such as Ghana, Rwanda, and Senegal to be exempted from paying health insurance premium [25, 26]. This sort of arrangement increases older people's access to reliable healthcare financing. Age factor determining healthcare access was confirmed by a study in Ghana which discovered that enrolment for National Health Insurance Scheme exemption policy in Ghana was higher among the elderly which invariably increases access to healthcare among

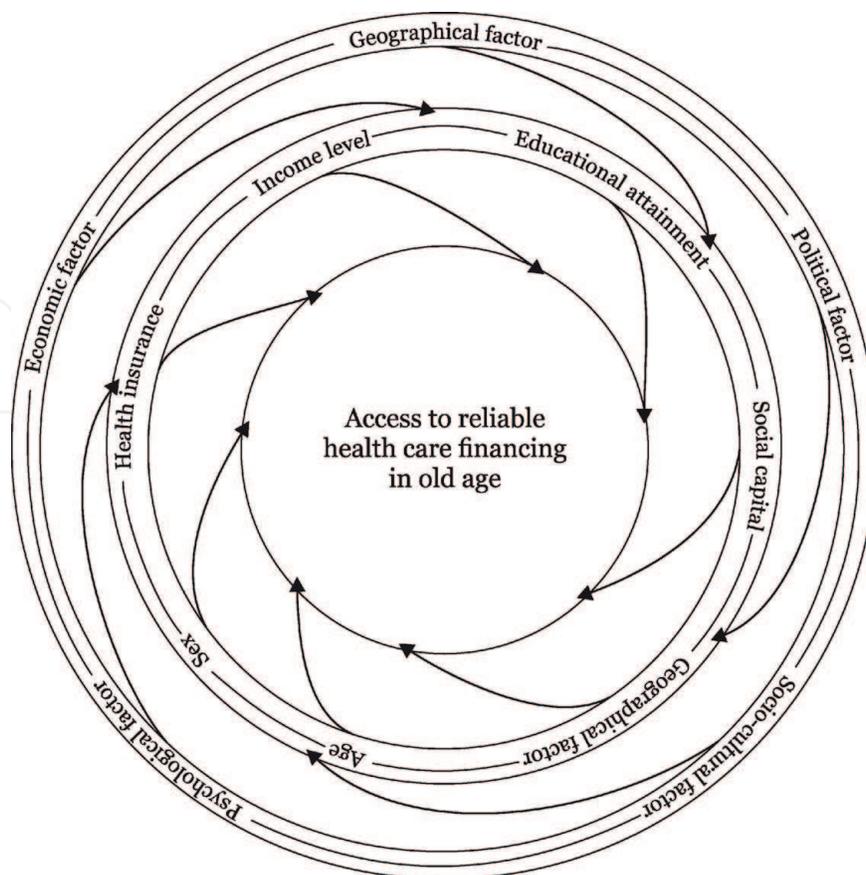


Figure 1.
Factors influencing access to reliable healthcare financing in old age.

older people [26]. Another study conducted among the middle-aged and older Chinese indicated that age-category of the elderly influences their chances of gaining access to reliable healthcare financing [7]. Therefore, as people aged, special consideration must be made in order to ensure that access to reliable healthcare financing is not denied.

5.2 Sex

Sex defines the biological variances between women and men, and these variances are universal and determined at birth. Access to reliable healthcare financing is also influenced by a person's biological composition especially in African setting where patriarchy system dominates. In Africa, men often demonstrate hegemony in virtually all spheres of life including economy, family and religion. By virtue of men's hegemonic position, they have more control over financial resources and this in turn affords them the opportunity to have more access to reliable healthcare financing. According to Mensah (2014), the long-standing patriarchy system on the continent of Africa influences access to healthcare and medicine in favour of males [10]. In addition, some scholars consider women to be in direr need for access to reliable healthcare financing than men considering their healthcare needs as pregnant women, new mothers and widows [7, 27].

5.3 Availability of health insurance

Health insurance refers to a body that provides reliable healthcare financing for enrollees and it aims at ensuring equal access to quality healthcare services without financial hardship. The contribution of (social) health insurance in providing reliable healthcare financing cannot be overemphasised. This is because health insurance performs various benefits that help countries of the world to have access to reliable healthcare financing, and invariably move closer to achieving universal health coverage [12]. Generally, there seem to be consensus among global researchers that health insurance increases access to reliable healthcare financing [7, 16, 17]. Hence, enrolment in health insurance influences older people's access to reliable healthcare financing. Importantly, older people who are excluded from health insurance (as the case is in many African countries) are denied access to reliable healthcare financing. Policies that will ensure that older people are enrolled in health insurance are therefore germane in order to safeguard the healthcare of the elderly and to ensure that their access to reliable healthcare financing are enhanced.

5.4 Income level

This is an important economic factor that influences access to reliable healthcare financing. Income level measures the amount or quantity of money or financial resources that an individual receives over a period of time. Individual income level varies and many factors determine a person's income level [16]. When the income level of an individual is high, such an individual has more access to reliable healthcare financing. That is, there is a direct relationship between income level and access to reliable healthcare financing. In Africa, the income level of many older people is low due to many factors resulting in low access to reliable healthcare financing. To help this demographic category of people, engagement in productive activities for those who are still healthy after retirement, compulsory enrolment in health insurance with exemption of premium payment, and strong social support, among many others, may be the alternative means to increase older people's access to reliable healthcare financing. These alternatives become vitally important

because some recent studies confirmed that poverty level or lower income group reduces access to reliable healthcare financing and healthcare utilisation [7, 10].

5.5 Educational attainment

An individual's level of education is another factor that influences reliable healthcare financing. Operations of modern healthcare system requires that one has certain level of formal education such as ability to communicate officially. Those who lack knowledge of how modern healthcare system operate are sometimes deny access to reliable healthcare financing. For example, many people are excluded from social health insurance because awareness level is low or because they lack the knowledge of how it operates. Those affected are mostly those with low educational attainment. In Africa, most people in the informal sector, which more often correlate with those with lower educational attainment, do not have the privilege of being enrolled in health insurance or have the financial resources that can guarantee financial health protection in old age. According to Zhang et al., less-educated older people have a lower chance of accessing reliable healthcare financing [7]. Hence, elderly possible hope lies in strong social support via their social network in order to experience healthy ageing.

5.6 Social capital

Social capital refers to network of relationships between or among people in a social system who share common interest, norms, values, and/or identity and who continue to engage in social interaction for the effective functioning of the social system. While social capital depends largely on extent of one's social network, social network in turn depends on the level of effective and functional relationship one has established over one's lifetime [8]. Hence, access to reliable healthcare financing is influenced by the level of relationship one has established in the life course. Older people need social network for effective and efficient healthcare financing considering their health and financial vulnerability, as well as their inability to engage in full productive activity. This is especially true for majority of older people in African who retired mostly from informal sector and who depend mostly on social capital such as children for their healthcare financing. Every potential older person is therefore encouraged to start building strong social networks in the life course as that can represent a safety net in old age [28]. Social support from social network can be informational, instrumental, emotional, or interactional. In a study conducted in United State of American (USA), it was found that informational support has a positive impact on healthcare access disparity among older people [28]. Another study among the elderly in Taiwan demonstrated that social capital in terms of social participation and social network influences access to reliable healthcare financing which invariably determines access to healthcare services [8].

5.7 Geographical factor

As earlier conceptualised, access to reliable healthcare financing hinges largely on the ability of healthcare seeker to be physically available where healthcare financing services are required and provided. It is important to understand that many older people may have financial wherewithal but may be denied access as a result of their inability to be physically present where they will receive financial health resources or where their healthcare services will be paid for. Access to reliable healthcare financing is therefore influenced by geographical factor of where the health seeker is or where the healthcare services will be financed. In a

case study of people living with HIV, 'Mdm. A' was denied access to healthcare financing and services as a result of prohibitive transportation costs [29]. Also, in a cross-sectional study in Sweden, it was found that mobility-related factor was associated with health-related quality of life in old age [11]. The issue of being physically present where healthcare financing is required and provided is crucial for many older people on the continent of Africa for them to experience healthy ageing because many of them rely on public transport that are either costly or unreliable. Also, many health seekers in Africa are very distant from where they will receive and finance their healthcare services because reliable healthcare facilities are often located in cities or urban areas and the ones in rural areas are only for the treatment of mild or minor ailment. Moving from rural areas to urban regions, for instance, poses difficulty for many older people in Africa due to transport mobility challenge [10]. Furthermore, intra-urban, intra-continental, and inter-continental disparities in access to reliable healthcare facilities and financing are usual in this present global society [10].

6. Strategies for providing and accessing reliable healthcare financing

Broadly, to provide and access reliable healthcare financing, three strategies are cogent: Efficient collection of revenue, reprioritisation of government budgets, and engagement of innovative healthcare financing strategies especially through social support [5]. Principally, there are four models of revenue collection and these include compulsory prepayments, voluntary prepayments, external aid and out-of-pocket payment (OOP) [12]. Since OOP is an inequitable, unreliable and unsustainable source of healthcare financing, to provide and access reliable healthcare financing for the elderly therefore requires that countries pay more attention to other revenue collection mechanisms and provide means of accessing these financial resources. While all countries of the world, both poor and rich, can raise more health funding or diversify their funding sources, the number of countries that have any chance of creating sustainable fund from domestic sources alone is very minimal especially in Africa [5]. Hence, the need for global solidarity in order to ensure that many African countries are not denied access to reliable healthcare financing. If countries and international agencies were to fulfil their international pledges, external aid in developing countries will greatly increase and the shortfall in fund to provide reliable healthcare financing especially for the elderly would be virtually eliminated [5].

Given priority to government budgets can also contribute greatly to the provision of and access to reliable healthcare financing. Government budgets in Africa often give health a somewhat low priority. For instance, very infinitesimal number of African countries could reach the target that was agreed to by their Heads of States in the 2001 Abuja Declaration, to spend 15 per cent of their annual budget on health. Currently, only Madagascar allots above the agreed 15 per cent (15.6 per cent) to health [12, 30]. Taken as a group, low- and middle-income countries (LMIC) could raise extra over US\$ 15 billion/year for health from local sources by increasing the proportion of health expenditure in total government expenditure to 15 per cent [5]. Many developed countries who are near toward achieving universal health coverage allot considerable share of total government expenditure on health [30]. It is therefore incumbent upon many African countries to follow this path so as to aid the provision of and enhance access to reliable healthcare financing, although, in the long-run, relying solely on government budget to finance healthcare services may not be sustainable.

Generally, reliable healthcare financing can be provided through innovative sources of healthcare financing as well as innovative governance in managing

health resources [31], and can be accessed by putting social, political, economic and cultural factors into consideration. Innovative sources of healthcare financing refers to committed funding sources for healthcare services, and these funds come from reserved taxes from health hazardous products such as alcohol, tobacco, sugary and salty foods; contributions from social health insurance or dedicated government budget allocation; taxes on air tickets; diaspora bonds (sold to expatriates); levy on foreign exchange transactions; solidarity levies on a range of products and services such as mobile phone calls; social support from social networks such as spouse, children, siblings, friends, association and community members, among many others [5, 31]. The potential to increase social support exists in many countries. If this is well examined and allocated to health, providing and accessing reliable healthcare financing would be greatly enhanced. On the other hand, innovative governance can be referred to as management of funds for healthcare services such that healthcare seekers have access to such funds [31]. These funds may be managed by a statutory body that is independent of government with its own governing body and represented by multi-stakeholders such as community health partnership [12]. Some countries such as Singapore and Hong Kong, among many others, follow this innovative governance and it is helpful in accessing reliable healthcare financing.

7. Summary and conclusion

This article has conceptualised key concepts from multi-disciplinary stance, explained the need for access to reliable healthcare financing, described access to reliable healthcare financing statistics, discussed various factors influencing reliable healthcare financing and put forward strategies for providing and accessing reliable healthcare financing. One vitally important policy goal in modern health-care system is equity in access to reliable healthcare financing. Older people require healthcare services more frequently and intensely, but lack of access to reliable healthcare financing in Africa, especially among the vulnerable, poses a challenge. With increasing healthcare costs especially among elderly population in Africa, providing reliable healthcare financing and removing possible barriers to accessing it is crucial for healthy ageing.

IntechOpen

IntechOpen

Author details

Isaac Akintoyese Oyekola^{1,2*}, Oludele Albert Ajani³ and Eyitayo Joseph Oyeyipo^{1,2}

1 Department of Sociology, Landmark University, Omu-Aran, Nigeria

2 Landmark University SDG 10 (Reduced Inequalities), Landmark University, Nigeria

3 Department of Sociology and Anthropology, Obafemi Awolowo University, Ile-Ife, Nigeria

*Address all correspondence to: oyekola.isaac@lmu.edu.ng

IntechOpen

© 2021 The Author(s). Licensee IntechOpen. This chapter is distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. 

References

- [1] Population Reference Bureau. 2018 World Population Data Sheet with a special focus on changing age structures [Internet]. 2018. p. 1-19. Available from: www.worldpopdata.org
- [2] United Nations. World population prospects: the 2015 revision, key findings and advance tables [Internet]. Technical Report, U.N. Department of Economic and Social Affairs, Population Division; 2015. Available from: <http://esa.un.org/unpd/wpp/>
- [3] World Health Organization. Ageing and health [Internet]. 2018 [cited 2019 Dec 2]. Available from: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- [4] Wang X-Q, Chen P-J. Population ageing challenges health care in China. *Lancet*. 2014;383(9920):870.
- [5] World Health Organization. The World Health Report: Health Systems Financing. Geneva, Switzerland: WHO Press; 2010.
- [6] World Health Organization. Global strategy and action plan on ageing and health. Geneva: World Health Organization; 2017. 1-56 p.
- [7] Zhang C, Lei X, Strauss J, Zhao Y. Health Insurance and Health Care among the Mid-Aged and Older Chinese: Evidence from the National Baseline Survey of CHARLS. *Health Econ*. 2017;26:431-449.
- [8] Peng Y-I, Lin T-F. Social capital and preventive care use among the elderly under Taiwan's National Health Insurance. *Arch Gerontol Geriatr* [Internet]. 2018;75:28-36. Available from: <http://www.sciencedirect.com/science/article/pii/S016749431730314X>
- [9] Gyasi RM. Social support, physical activity and psychological distress among community-dwelling older Ghanaians. *Arch Gerontol Geriatr* [Internet]. 2019;81:142-148. Available from: <http://www.sciencedirect.com/science/article/pii/S0167494318302206>
- [10] Mensah J. The Global Financial Crisis and Access to Health Care in Africa. *Afr Today*. 2014;60(3):35-54.
- [11] Chiatti C, Westerlund Y, Ståhl A. Access to public mobility services and health in old age: A cross-sectional study in three Swedish cities. *J Transp Heal* [Internet]. 2017;7:218-226. Available from: <http://www.sciencedirect.com/science/article/pii/S2214140517300415>
- [12] Oyekola IA, Ojediran JO, Ajani OA, Oyeyipo EJ, Rasak B. Advancing alternative health care financing through effective community partnership: A necessity for universal health coverage in Nigeria. *Cogent Soc Sci* [Internet]. 2020;6(1):1776946. Available from: <https://www.tandfonline.com/doi/full/10.1080/23311886.2020.1776946>
- [13] Kutzin J, Witter S, Jowett M, Bayarsaikhan D. Developing a national health financing strategy: A reference guide [Internet]. Health Fin. Switzerland: World Health Organization; 2017. Available from: <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>
- [14] Giddens A. The Constitution of Society: Outline of the Theory of Structuration. Berkeley: University of California press; 1984.
- [15] Bourdieu P. Outline of a Theory of Practice. Cambridge: Cambridge University press; 1977.
- [16] Mulenga A, Ataguba JE. Assessing income redistributive effect of health financing in Zambia. *Soc Sci Med*

- [Internet]. 2017;189(2017):1-10. Available from: <http://dx.doi.org/10.1016/j.socscimed.2017.07.017>
- [17] Goepfel C, Frenz P, Grabenhenrich L, Keil T, Tinnemann P. Assessment of universal health coverage for adults aged 50 years or older with chronic illness in six middle-income countries. *Bull World Health Organ.* 2016;94(4):276-285.
- [18] Olatubi MI, Oyediran OO, Adubi IO, Ogidan OC. Health Care Expenditure in Nigeria and National Productivity: A Review. *South Asian J Soc Stud Econ.* 2018;1(1):1-7.
- [19] World Life Expectancy. World health rankings: Live longer live better [Internet]. World Health Organization. 2019 [cited 2019 Apr 1]. Available from: <https://www.worldlifeexpectancy.com/country-health-profile/nigeria>
- [20] Bruggencate T Ten, Luijckx KG, Sturm J. Social needs of older people: A systematic literature review. *Ageing Soc.* 2018;38(9):1745-1770.
- [21] Adewole DA, Dairo MD, Bolarinwa OA. Awareness and Coverage of the National Health Insurance Scheme among Formal Sector Workers in Ilorin, Nigeria. *African J Biomed Res.* 2016;19(1):1-10.
- [22] World Health Organization. Global Health Expenditure Database [Internet]. 2019 [cited 2019 Jan 30]. Available from: <http://apps.who.int/nha/database/ViewData/Indicators/en>
- [23] Oyekola IA, Oyeyipo EJ. Social Stratification. In: Ogunbameru OA, editor. *Introductory Sociology. Ile-Ife, Nigeria: Obafemi Awolowo University Press; 2020.* p. 125-138.
- [24] Ebimngbo SO, Atumah ON, Okoye UO. Social support, older adults and poverty: Implication for social policy in Nigeria. In: Conference Paper. 2017.
- [25] Parmar D, Williams G, Dkhimi F, Ndiaye A, Ankomah F, Kojo D, et al. Enrolment of older people in social health protection programs in West Africa - Does social exclusion play a part? *Soc Sci Med [Internet].* 2014;119:36-44. Available from: <http://dx.doi.org/10.1016/j.socscimed.2014.08.011>
- [26] Duku SKO, Van Dullemen CE, Fenenga C. Does Health Insurance Premium Exemption Policy for Older People Increase Access to Health Care? Evidence from Ghana. *J Aging Soc Policy.* 2015;27:331-347.
- [27] Laurenzi CA, Skeen S, Coetzee BJ, Gordon S, Notholi V, Tomlinson M. How do pregnant women and new mothers navigate and respond to challenges in accessing health care? Perspectives from rural South Africa. *Soc Sci Med [Internet].* 2020 Jun;258:113100. Available from: <https://doi.org/10.1016/j.socscimed.2020.113100>
- [28] Yamada T, Chen C, Murata C, Hirai H, Ojima T, Kondo K, et al. Access Disparity and Health Inequality of the Elderly: Unmet Needs and Delayed Healthcare. *Int J Environ Res Public Health.* 2015;12:1745-1772.
- [29] Clarfield AM, Rosenthal A. Aging in Sub-Saharan Africa: Sub-par? *J Am Geriatr Soc.* 2017;65(6):1136-1138.
- [30] World Health Organization. World Health Statistics 2018- Monitoring Health for the SDG's (Sustainable development goals) [Internet]. 2018. 4, 25 p. Available from: <http://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf?ua=1>
- [31] Tangcharoensathien V, Sopitarchasak S, Viriyathorn S, Supaka N, Tisayaticom K,

Laptikultham S, et al. Innovative Financing for Health Promotion: A Global Review and Thailand Case Study [Internet]. Second. Vol. 4, International Encyclopedia of Public Health, Second Edition. Elsevier; 2017. 275-287 p. Available from: <http://dx.doi.org/10.1016/B978-0-12-803678-5.00234-4>

IntechOpen

IntechOpen