Assessment of Family Income: The Empirical Study of Its Implication on the Welfare of the Elderly in Rivers State

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ABSTRACT

The study sought to assess family income and its implications on the welfare of the elderly in Rivers State. An Expost-facto research design was adopted for the study. The study was conducted in Rivers State. The population of the study comprised all family heads and breadwinners in Rivers State. A stratified sampling technique was used to select five local government areas from the three senatorial districts of Rivers State, while 10 families were randomly selected from each of the local government areas. For the study, 2 family heads were selected from each of the families, giving a total of 300 family heads that constituted the sample size used for the study. An instrument titled "Family Income Questionnaire (FIQ)" was used for data collection. Face and content validation of the instrument was carried out by one expert in test, measurement, and evaluation to ensure that the instrument was accurate for the study. The Cronbach Alpha technique was used to determine the level of reliability of the instrument. In this case, the average reliability coefficient obtained was 0.84, and this was high enough to justify the use of the instrument. The researcher subjected the data generated for this study to appropriate statistical techniques such as percentage analysis for answering the research questions, while Pearson Product Moment Correlation analysis was used to test the hypothesis. The test for significance was done at a 0.05 alpha level. The study concluded that the elderly population is one of the most vulnerable populations in terms of income revenue. Income levels are strongly associated with other demographic characteristics of the elderly. The socio-economic status and cultural influences affect the quality, quantity, and general welfare of the elderly dependably. One of the most common factors related to poor nutrition in the elderly is low socioeconomic status. It is obvious and uncontroversial that those with the poorest health status are individuals with high poverty rates or low income revenue. Based on the findings of the study, one of the recommendations made was that for family heads that are regular with their real income revenue, there is a need to track their spending and build up their savings, even if it takes time. Other recommendations were made in a series.

KEYWORDS: Elderly, Family income, Welfare and Rivers State

Introduction

Income and wealth are part of a complex web of social and economic conditions that affect health (and each other) over a lifetime. These conditions include education, employment, family structure (e.g., single motherhood), neighborhood characteristics, and social policies, as well as culture, health beliefs, and country of origin. Occupation may be one of the main contributors to older people's health and well-being. This is because occupation in elderly populations not only provides economic independence but also continuously provides social support and emotional recognition, even though there are also certain mediating factors, such as psychosocial stress and exposure in the workplace (Depp & Jeste, 2006). The percentage of health care expenditures devoted to the elderly is expected to increase because the life expectancy of the elderly has been rising (National Center for Health Statistics, 2005).

The combination of all of these factors—the elderly constituting a rising share of the population, increased life expectancy among the elderly, and increased obesity among the elderly—creates the potential for large increases in the health care costs attributable to elderly obesity. At the lower end of the weight classification system, underweight status (sometimes referred to as "frailty"), defined as a BMI of less than 18.5, has consistently been found to be correlated with an increased risk of morbidity and mortality for the elderly (Corrada et al., 2006). While it may be true that "you can never be too rich," for the elderly it is possible to be "too thin." In fact, the mortality risk associated with being underweight may exceed the risk associated with being obese (Taylor and Ostbye, 2001). To an unknown extent, this may be due to an unobserved illness causing weight loss prior to death (Adams et al., 2005). The correlation of underweight status with mortality risk among the elderly motivates us to examine the impact of family income on the welfare status of the elderly. Another important risk factor for morbidity and mortality among the elderly is body composition.

As people age, they tend to lose muscle mass and gain fat mass (Zamboni et al., 2005; Elia, 2001). Body mass index (BMI) is a measure of overall body mass and does not distinguish fat from fat-free mass (Prentice and Jebb, 2001; U.S. DHHS, 2001). As a result, it is unable to precisely indicate when the elderly have either morbid levels of fatness or dangerously low levels of muscle and bone mass (Himes, 2000). For this reason, there have been calls to replace BMI with a measure of fatness based on body composition

Statement of Problem

In this case, the problem arises because the elderly are incapable of maintaining healthy living in the family, especially when a child leaves the family and creates another. Despite these limitations, however, this study attempts to construct a reasonably reliable picture of the future financial status of the elderly.

Objective of the Study

Specifically, the study seeks to:

1. To find out the types of family income benefited by family heads in Rivers State
2. To examine the welfare status of the elderly in Rivers State
3. To determine the relationship between family income and welfare of the elderly in Rivers State

Research Questions

1. What are the types of family income benefited by family heads in Rivers State?
2. What is the welfare status of the elderly in Rivers State?
3. What is the relationship between family income and welfare of the elderly in Rivers State?

Hypothesis

HO_1: There is no significant relationship between family income and welfare of the elderly in Rivers State.

Theoretical Review

Sociocultural Theory- Vygotsky (1978)

Vygotsky is the most influential socio-cultural theorist who has brought together, in a systematic way, the notions of culture, development, and learning. Vygotsky (1978; 1987; 1997) conceptualized children's development as a process of participation in and appropriation of cultural meanings that are historically-determined and socially-situated. This process involves transformation of natural lines of development, i.e., inherited capacities or elementary functions such as attention, perception, memory, interest, and volition, according to cultural lines of development, i.e., mediation of these inherited capacities by cultural artifacts in order to enable an individual's functioning within their cultural context (Valsiner, 1998). Children's participation in cultural activities guides the shaping of these capacities and gives way to the development of higher psychological functions. For example, a young child's effortful focus on relevant dimensions of a problem situation through the use of instructions instead of arbitrarily paying attention to naturally attractive physical properties of the environment (e.g., bright colors) indicates functioning on a higher psychological plane.

According to Vygotsky, the development of higher psychological functions such as planning an activity, allocating attention to a task, and strategies for remembering, as well as the motive that guides such capacities, is a process of learning to regulate them through speech and other signs. As discussed below, such functions are initially regulated either by the experienced members of society in collaborative activity with children or by the play of young children. In both cases, children learn to use language to regulate their psychological functions and organize their interpersonal relationships. Vygotsky called this process consciousness, regulation of cognitive and affective capacities and the relations among them in a reflective manner in controlling self and its relations with the culture (Bruner, 1986; Wertsch, 1985).

Higher psychological functions are part of human cultural heritage, and children's internalization of them cannot be understood unless we consider individual development in its historical context. For Vygotsky, this meant consideration of four processes of development, i.e., phylogenesis, sociocultural history, ontogenesis, and microgenesis, as occurring in an overlapping fashion and dialectically influencing one another (cf., Scribner, 1985; Wertsch, 1984). Phylogenesis refers to evolutionary changes that characterize the ways different species adapt to their surroundings.

Consideration of evolutionary changes enables understanding of the biological and cultural (dis)continuities between human functioning and the functioning of higher apes. Also, it invites the simultaneous investigation of biological and cultural influences on individual development as mutually occurring (Tomasello, 1999). Sociocultural history describes the evolution of cultures and the related changes in members' dealings with their environments. Ontogenesis refers to changes an individual goes through in his/her life in dealing with the environment, while microgenesis refers to minute-by-minute changes that describe development (or learning) within the context of an activity.

The implication for the study is that social change and cultural factors affect self-care of the elderly as a personal component. Independence is a crucial purpose for most elderly people, regardless of their health conditions. This is an expression of self-respect and pride. Elderly people seek help in gaining independence. The health education offered should contribute to their self-management skills. As their physical power decreases, elderly people move away from the activities that require mobility and energy and prefer to choose more passive lifestyles. Especially the ones with poor education pass their time with limited activities. Yet, mentally and socially active elderly people face the limitations derived from ageing at a low level (Tabloski, 2010). An older adult's ability to cope with problems is closely related to health care and education. If an elderly person sees him or herself as an experienced and wise individual, education can be built on these positive experiences and ways of adapting to the inevitable changes can be sought. Unrealistic goals and demands, on the other hand, should be explained to less adaptable people prior to education.

Conceptual Review

Concept of Family Income

Family income can be defined as money/purchasing power earned by family members during a specific period of time plus goods and services received or created in that time by the family—goods like vegetables from kitchen gardens, services like teaching children, doing household chores, etc. (Varghese et al., 2005). According to Nickel and Dorsey (2002), family income is that stream of money, goods, services, and satisfaction that comes under the control of the family to be used by them to satisfy their needs and desires and to discharge obligations and family duties. Family finance facilitates and motivates all economic activities relating to consumption, production, exchange, and distribution. It enables the person to maximize their satisfaction. It measures the intensity of desire and the utility of a commodity to the family. It facilitates production by stimulating saving and investment by family members. It is an asset to harness various factors of production so that the family is able to maximize its profit. The introduction of finances facilitates exchange and helps in the development of a standard of family living. Family finances function as a common denominator for the distribution of social products. It helps in the allocation of various resources among competing uses. It is an extremely valuable social instrument which largely contributes to the growth of family wealth and welfare. It ensures the smooth functioning of the family's economic system. Family finance is a powerful and crucial instrument for capital formation and economic development within the family. The various forms in which a family financially gains are wages, salaries, interests, bonuses, dividends, rent, profit, gifts, etc.

Family finance (money) is stated to be a flow as it keeps changing from time to time and is received over a period of time. It is an important non-human material resource valued due to its purchasing power over goods and services. Its efficient use harmonizes family living with that of its expected quality of life.

Family financial management is a complicated process that involves careful planning in relation to identified family goals, the allocation of an appropriate amount of funds for the same, along with the knowledge to select quality goods and services for family needs. It further involves the identification and appropriate use of alternative human and material resources rather than money to attain the same family goals. Financial management is more important as compared to the actual monetary gains of the family. The major responsibilities involved in financial management include keeping records of expenses and dates when outstanding bills are due, along with their due dates and methods of payment. It also entails keeping other records (bank books, cancelled cheques, cheque books, and so on), as well as receipts for major purchases, insurance policies, social security numbers, income records, safety deposit box keys, securities, and so on) that pertain to the overall family finances. Financial management offers an opportunity to prioritize the family's needs and spend money within the limits. It motivates families to save and invest for future needs. It inculcates a sense of responsibility with reference to the economic use of financial resources for attaining a quality of life. Growing children, once given the responsibility to manage their finances, start to understand the value of money. It widens their horizons to identify alternative resources to meet stated demands rather than using money resources only.

Types of Family Income

There are three major types of family income. They are:

Money Income: This income flows into the family in the form of currency, bank drafts, or cheques. Money income includes all the income received in the form of money, like salary or wages, house rent, gifts, interest earned from bank deposits and other investments. Money is valued by individuals and families because of its purchasing power over goods and services like food, clothing, shelter, educational and medical expenses, etc., some of which are vital for the survival of human beings.

Real Income: Apart from money income, families may also receive real income. Real income is the flow of commodities and services available to families to satisfy their needs and wants. Real income can be classified as direct or indirect.

- *Direct Income:* It consists of those material goods and services available to the family members without the use of money. Examples are vegetables, fruits, and flowers from a home garden, as well as other services. These services include those of the homemaker who prepares food, cares for the family members, cleans the house, the son who purchases things for the family and the services of the daughter who helps the mother in household activities. Employment benefits offered by employers to employees, such as free housing, medical aid, free education schemes, and loan facilities, represent direct real income. Another source of direct income is free or social income provided by the community. Library facilities, parks, schools, fire protection, community halls, police protection are commodities and services for which families do not need to spend.

- *Indirect Income:* Indirect real income consists of those goods and services available to the family involving the use or exchange of money.

Psychic Income: This is the satisfaction that people experience. It consists of the mental and emotional satisfaction received from the use of money and real income. It is subjective in nature. To realize such an income, the quality of management plays a vital role.

Concept of Welfare

Welfare derives from wel fare, that is, from "well in its familiar sense and fare, primarily understood as a journey or arrival but later also as a supply of food" (Williams 2006). The word "welfare" has historically been related to happiness and prosperity, whereas its current understanding first emerged in the 20th century (Williams 2006). Welfare is not easy to define, at least in a way that can commonly be agreed upon; gross national product, societal spending on welfare policies, happiness, and avoiding poverty could be good indicators of welfare. This can be confirmed by the fact that "after controlling for the characteristics of people and countries, macroeconomic forces have marked and statistically robust effects on reported well-being." The word "welfare" has now entered into so many different combinations that hardly anyone thinks about its meaning. However, in order to analyse welfare states or, for that matter, public, fiscal, occupational, and societies' total welfare, it is important to be clear about what welfare is, as that has consequences for our understanding of what a welfare state is and how welfare can be measured. This is especially important when making cross-country comparisons or developments. The notion of welfare has been defined and understood in many and various ways, making it not only slippery and difficult, but... promiscuous as well (George & Page 2005).

The concept of welfare has to be understood in the historical and cultural context within which it is embedded. However, there is no intention here to enter into a long historical analysis of the concept. Welfare can, as indicated, be understood as well-being, although this raises the question of whether well-being or satisfaction should refer solely to individual experiences (Barry 2009). The concept of welfare has many elements, its relations to and ideas emanating from a variety of disciplines and approaches, including economics, psychology, sociology, and philosophy, can be clearly established. Understanding welfare in terms of just one discipline would, therefore, be to overlook central aspects of the concept. The idea of welfare refers to well-being, or what is good for people. Social Welfare is the provision of a minimal level of wellbeing and social support for all citizens. Understood more narrowly, it can be taken to refer to the provision of social services -principally health care, housing, social security, education. Generally, Social welfare refers to a wide range of activities and services by; government, volunteers, non-profit organizations by providing help to needy persons who are unable to care for themselves.

Concept of the Elderly

Conventionally, “elderly” has been defined as a chronological age of 65 years old or older, while those from 65 through 74 years old are referred to as “early elderly” and those over 75 years old as “late elderly” (Orimo, Ito, Suzuki, Araki, Hosoi and Sawabe, 2006). Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person, but like many westernized concepts, this does not adapt well to the situation in Africa. Today, people are living longer than ever before due to advances in education, technology, medicine, food distribution, and sanitary conditions. Aging is a lifelong process of growing up and growing old. It begins at conception and ends with death. So, in this sense, we are all aging from the time of birth (Chalise, 2019). The ageing process is of course a biological reality which has its own dynamic, largely beyond human control. However, it is also subject to the constructions by which each society makes sense of old age. Old age refers to ages nearing or surpassing the life expectancy of human beings, and is thus the end of the human life cycle (Wikipedia, 2019). Chalise, (2019) noted that aging is classified as biological aging, psychological aging social aging, chronological aging and functional aging. He also stated that in the western and developed countries chronologically 65 years is considered as beginning of aging and accordingly the aging can be classified as: (a) Young old (65 to 74); (b) Middle old (75 to 84); (c) Old-old (85+) and Centenarians (100+). Elderly people often have limited regenerative abilities and are more susceptible to disease, syndromes, injuries and sickness than younger adults. The elderly also faces other social issues around retirement, loneliness, and ageism (Hunt, 2013).

Implication of Family Income on the Elderly Welfare

In any geographical setting, income levels are strongly associated with the dietary intake of the elderly. The amount of money an individual earns correlates with their nutritional status. This means that socio-economic status and cultural influences affect the quality, quantity, and general well-being of the elderly. The social factors which affect food choice and eating patterns and thus nutritional status include: budgeting skills, cultural and religious beliefs, education, nutritional knowledge, cooking facilities, food preference, time, depression, and bereavement. These are relevant to older people and have to be considered when devising interventions to solve health problems. In older people, the causes are frequently multifactorial and may be the result of biological, psychological, or social factors. A number of nutrients have been linked with depression, including vitamin B12. In addition, poor nutritional status has been cited as a cause of depression (Christensen, Dobhammer, Rau et al. 2009).

Income levels are strongly associated with other demographic characteristics. For example, higher levels of nutritional adequacy are associated with higher levels of income among single elderly women, and for those living in rural areas, economic resources are more important than knowledge in attaining adequate nutrition (Sharpe et al. 2003). Developing a system of six equations (one for food expenditure and the remaining five for nutrient demand), they observed that income was found to be a significant determinant of total food expenditure and the latter was found to be significant in all nutrient equations, i.e., the higher the food expenditure, the higher the food energy and the values of calcium, iron, magnesium, and vitamin B6 in their diet.

House ownership and the use of food stamps were also found to have a positive impact on more nutritious foods because, indirectly, they increased the available income of elderly households. According to Lantz (2001), the elderly population is one of the most vulnerable populations in terms of nutrition and health. One of the most common factors related to poor nutrition in the elderly is low socioeconomic status. Those with the poorest health status are individuals with high poverty rates. Food insecurity, limited access to medical care, and decreased physical activity contribute to the low health status of the elderly. Those with low socioeconomic status put this vulnerable population at an even higher risk of being either over or undernourished.

There has been a great deal of research on the relationship between income and health of the elderly. This relationship, according to Jensen and Richter (2001), is of interest for several reasons; first of all, it is pertinent to note that there is increasing recognition that in assessing living standards and well-being in a society, and its distribution among members, measures such as health may represent more appropriate indicators than income or expenditure. Secondly, understanding the relationship between income and health is important because it can shed light on what may be a self-reinforcing cycle of poverty; low income leads to worse health, which in turn reduces earnings capacity, (Meara, 2001). Much of the literature has focused on adults (especially those of working- age), though there has recently been increasing attention paid to children (Case et al. 2002) and the elderly. For the elderly, the health income relationship is particularly important because of increasing life expectancies, increasing fragility of many pension and social security systems throughout the world, and declines in extended families and traditional systems of support for the elderly, (Jensen and Richter 2001). But the most interesting questions in the study of the relationship between health and income, and the biggest challenges, involve trying to decompose the health differentials into the root causes. As others have noted, there are numerous channels through which the two could be linked; first, income could affect health through the purchase of inputs that produce health (medical services, nutrition, safe and clean living environment, for example).

Kabir et al (2003) reported that population aging in any country carries great social, economic and public health implications, which include larger expenditures on pensions and health care, need for social security reforms, shrinking of the workforce and hence shortage of active persons that are able to support dependent older adults. The impact of socio-economic factors on nutrition has been investigated in many older adult populations all over the world. According to recent studies conducted across various nations and populations, there seems to be a consistent inverse relationship between socio-economic status and mortality, morbidity and disability (Kabir *et. al.*, 2003; Liang, Von demKnesebeck, Luschen; Zimmer & Amornsirisomboon, 2001). While such an inverse association is well-documented, its mechanism of action is not quite clear, especially among older adults. A recent explanatory paradigm proposed by Cockerham, & Siegrist (2003) states that social class health gradients can result from an artifact or measurement error, social selection, differential access to material goods, and class differences in health behavior. It is important therefore to distinguish two main mediators between socio-economic status and health indicators. The first one is economic in nature and comprises access to better living and working conditions (Marmot, Theorell, & Siegrist, 2002) as well as high quality health care, both of which lead to greater wellbeing. Other mediating factors are more of a psychosocial nature whereby higher socioeconomic status may lead to a greater understanding of behaviors that promote better health, including diet, physical exercise and avoidance of risky behaviors such as smoking and use of alcohol (Lynch et al., 2006). In addition, other psychosocial factors include levels of stress, social support, self-efficacy and likelihood to seek medical attention (Zimmer, Chayovan, Lin, &Natividad, 2003). Consequently, there is a need to assess whether socio-economic status is directly affecting the functional status of older adult populations rather than working through other intermediary health related and socio-demographic factors.

The poor may also have more stress due to, say, greater economic volatility and uncertainty, and this greater stress could lead to worse health directly or through changes in health-related behaviors. It is also quite possible that causality runs in the opposite direction, where health affects earnings capacity and thus SES. Finally, it could also be that there are factors which cause both low SES and poor health (for example, rates of time preference or attitudes towards risk), (Ogunmefun, 2008). Most elderly people (60+) are prone to the consumption of fatty and sugary foods because they are most affordable and tasty (Canon, 2001). They are also vulnerable to abuse and neglect from family members and caregivers (Ogunmefun and Schatz, 2009). Income is another major hindrance for the elderly people to eat well and have normal nutrition (Bohman et al., 2007; Ferreira, 2004). Therefore, the great role of nutrition in the maintenance of the health and functional rehabilitation of the elderly has awakened public interest and research. While only little information is available about them in literature in Nigeria (Ojofeitimi et al, 2002).

There is little research on the correlation between income and obesity among the elderly in particular, but Hedley and Ogden (2006) find that the patterns for adults aged 50 and older are similar to those for adults aged 20-49; i.e. for both age groups, the probability of obesity is uncorrelated with income for white males, but the probability of obesity falls with income for white females. They also hypothesize that weight may be affected differently by earned income than by unearned income (Lakdawalla, Philipson, and Bhattacharya, 2005). If work is sedentary, earned income may imply a bigger increase in weight than unearned income, because the earned income is accompanied by a work-related reduction in physical activity. Schroeter et al. (2008) use published income elasticity's of demand for food to estimate that a 10% rise in income leads to very large changes in weight: roughly 25 pounds for the average male and 22 pounds for the average female. However, these estimates may be implausibly high. For example, during the period 1900 – 2000, per capita personal income in the U.S. rose 16.3% but average weight gain was only 9 - 12 pounds (Freedman et al. 2002), despite the fact that changes in many other variables than income may have contributed to a rise in weight (e.g. Lakdawalla and Philipson 2002; Anderson, Butcher, and Levine 2003; Cutler, Glaeser, and Shapiro 2003; Chou, Grossman, and Saffer 2004). Obesity among the elderly is a public health and public policy concern because it has consistently been associated with increased risk of disability, limitations in activities of daily living, diabetes, other chronic conditions, and lower quality of life (Lakdawalla, Goldman, and Shang, 2005; Heiat, Vaccarino, and Krumholz, 2001; Elia, 2001; Himes, 2000).

Method

Expost-facto research design was adopted for the study. The study was conducted in Rivers State. The population of the study comprised all family heads and breadwinners in Rivers State. Stratified sampling technique was used to select five local government areas from the three senatorial districts of Rivers State, while 10 families were randomly selected from each of the local government areas. For the study, 2 family heads were selected from each of the families, giving a total of 300 family heads that constituted the sample size used for the study. An instrument titled "Family Income Questionnaire (FIQ)" was used for data collection. Face and content validation of the instrument was carried out by one expert in test, measurement, and evaluation to ensure that the instrument was accurate for the study. Cronbach Alpha technique was used to determine the level of reliability of the instrument. In this case, the average reliability coefficient obtained was 0.84, and this was high enough to justify the use of the instrument. The researcher subjected the data generated for this study to appropriate statistical techniques such as percentage analysis for answering the research questions, while Pearson Product Moment Correlation analysis was used to test the hypothesis. The test for significance was done at a 0.05 alpha level.

Results and Discussion

Research Questions 1: The research question sought to find out the types of family income benefited by family heads in Rivers State. To answer the research question, descriptive statistics was performed on the data, (see table 1).

TABLE 1: Percentage analysis of the types of family income benefited by family heads in Rivers State

FAMILY INCOME	FREQUENCY	PERCENTAGE
MONEY INCOME	215	71.67**
REAL INCOME	68	22.67
PSYCHIC INCOME	17	5.67*
TOTAL	**300**	**100%**

**** The highest percentage frequency**
*** The least percentage frequency**
SOURCE: Field survey

The above table 1 presents the percentage analysis of the types of family income benefited by family heads in Rivers State. From the result of the data analysis, it was observed that the highest percentage (71.67%) of the respondents affirmed that the type of family income most benefited by family heads in Rivers State, while the least percentage (5.67%) of the respondents stated that the type of family income benefited by family heads in Rivers State is the psychic income.

Research Questions 2: The research question sought to find out the welfare status of the elderly in Rivers State. To answer the research question, descriptive statistics was performed on the data, (see table 2).

TABLE 2: Percentage analysis of the welfare status of the elderly in Rivers State

FAMILY INCOME	FREQUENCY	PERCENTAGE
VERY HIGH EXTENT	31	10.33*
HIGH EXTENT	65	21.67
LOW EXTENT	89	29.67
VERY LOW EXTENT	115	38.33**
TOTAL	**300**	**100%**

****	The highest percentage frequency**
***	The least percentage frequency**
SOURCE: Field survey

The above table 2 presents the welfare status of the elderly in Rivers State. From the result of the data analysis, it was observed that the highest percentage (38.33%) of the respondents affirmed that the welfare status of the elderly in Rivers State is very low, while the least percentage (10.33%) of the respondents stated that the welfare status of the elderly in Rivers State is very high.

Hypotheses Testing

The null hypothesis states that there is no significant relationship between family income and welfare of the elderly in Rivers State. To test the hypothesis, Pearson Product Moment Correlation analysis was used to analyze the data (see table 3).

TABLE 1: Pearson Product Moment Correlation Analysis of the relationship between family income and welfare of the elderly in Rivers State

Variable	$\sum x$ / $\sum y$	$\sum x^2$ / $\sum y^2$	$\sum xy$	r
Family Income (x)	4878	78764	74846	0.95*
Elderly Welfare(y)	4630	71296		

***Significant at 0.05 level; df =298; N =300; critical r–value = 0.139**

Table 3 presents the obtained r-value as (0.95). This value was tested for significance by comparing it with the critical r-value (0.197) at 0.05 levels with 180 degree of freedom. The obtained r-value (0.95) was greater than the critical r-value (0.197). Hence, the result was significant. The result therefore means that there is significant relationship between family income and welfare of the elderly in Rivers State. The result in accordance with the findings of Sharpe *et al* (2003) who stated that income levels are strongly associated with demographic characteristics of the elderly. For example, higher levels of nutritional adequacy are associated with higher levels of income among single elderly women and for those living in rural areas, economic resources are more important than knowledge in attaining adequate nutrition.

Conclusion

The elderly population is one of the most vulnerable populations in terms of income revenue. Income levels are strongly associated with other demographic characteristics of the elderly. The socio-economic status and cultural influences affect the quality, quantity, and general welfare of the elderly dependably. One of the most common factors related to poor nutrition in the elderly is low socioeconomic status. It is obvious and uncontroversial that those with the poorest health status are individuals with high poverty rates or low income revenue.

Recommendations

1. Family heads that are regular with their real income revenue, there is a need to track their spending and build up their savings, even if it takes time.

2. As for family heads on the subject of psychic income, it's recommended that the expenditure must be less than the income. In order to manage within your income, you need to plan the expenditure.

3. Finally, for family heads approaching aging process, there is a need to save up cash to start an investment strategy for future purposes.

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