ARE OLDER ADULTS SEXUALLY WELL: A COMPARATIVE QUALITATIVE STUDY IN PORTUGAL AND ROMANIA

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Objective: This study aims the perspectives of older adults on their sexual well-being. For this purpose, a qualitative research was carried out, which analyzes older adults’ perspectives on indicators of sexual well-being in Portugal and Romania. Methods: Forty seven older participants aged 65 to 91 years, were interviewed. Participants lived in the community. All the interviews went through content analysis. Results: Preliminary results of content analysis generated 5 themes for the Romanian sample: Supportive relationship (k = .92, p < .01); positive financial situation (k = .91, p < .01); good health (k = .94, p < .01); education (k = .88, p < .01); and family support (k = .89, p < .01); and five themes for the Portuguese sample: Supportive relationship (k = .91, p < .01); demonstration of love (k = .91, p < .01); sharing joint activities (k = .92, p < .01); positive attitude and good humor (k = .91, p < .01); and open communication (k = .99, p < .01). Conclusions: This study highlighted the perspectives of Portuguese and Romanian older adults concerning sexual well-being. For both samples, showing a supportive relationship with a partner was the more frequent theme. Keywords: Content analysis; cross-national; older adults; qualitative study; sexual well-being.

AS WE AGE: LISTENING TO THE VOICES OF LGBTQ OLDER ADULTS

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LGBTQ older adults present a range of biopsychosocial needs and life experiences that may differ from the general population of older adults. Researchers have broken LGBTQ older adults into three age brackets: the Invisible Generation born before the 1920s; the Silent Generation born in the 1930s and 1940s; and the Pride Generation born in the 1950s and 1960s (Fredriksen-Goldsen, 2016). Research is emerging on health disparities and is fueling calls for inclusive services for this population. This paper session reports on the work of a research collaborative between social work and public health (two universities and a statewide advocacy organization). A qualitative study, designed as phase one a statewide need assessment, engaged ten focus groups (N=48 participants) throughout a mid-Atlantic state. Study aims were to better understand the experiences and perceptions of LGBTQ older adults now and expectations and plans for care as they age. Findings included (1) emphasis on the nuance of connection as an ageing LGBTQ adult; (2) expectations for quality of services; (3) realities of planning for future living arrangements; and (4) two sides of advocacy, as both a personal responsibility and a call for allyship. Recommendations will be made on how attendees can: evaluate agency policies and procedures to create safe spaces and inclusive services, engage in needs assessments of older LGBTQ+ adults in their own communities, and advocate at the State and Federal levels to strengthen services in the aging network to better serve this group, with specific focus on the Older Americans Act.

ASSOCIATION BETWEEN CHRONIC ILLNESS, MASCULINITY, AND WELL-BEING IN OLDER BLACK MEN

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Research suggests that living with a chronic illness has deleterious impacts on the well-being and quality of life of aging adults. Specifically, it opposes traditional masculine constructs in men and impacts their physical and mental health outcomes. In this study, we examined the lived experiences of Black men, aged 55 years and over, and diagnosed with chronic illness using life history narratives. Participants responded to open-ended questions such as “what aspects of living with illness do you find relatively difficult or easy?” and “what situations make you particularly aware of your illness?” Common themes that emerged from the participants’ responses were the performance of masculinity, fulfilling family duty and obligation, limited sexual encounters, and feelings of exclusion in one’s community. Additionally, participants stated that chronic illness impacts their mental well-being and triggers behavioral responses that exacerbate their ability to cope with the illness. Their responses highlight the conflict between traditional masculine expectations and the presence of chronic illness and illustrate the extent to which ‘manhood’ is a determinant of health even in older men. Our findings can inform the development of tools and interventions designed to improve the experience of well-being among Black men aging with chronic illness.

FINANCIAL DECISION MAKING AND SURVEY RESPONSES OF OLDER COUPLES

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The Health and Retirement Study (HRS) asks mid-life and older couples to identify the person most knowledgeable about household finances to provide responses to financial questions (“financial respondent” [FR]). The purpose of this study is to analyze predictors of a female FR, with a focus on gendered financial decision making. This study analyzed HRS data from 2012 to 2018. Our sample consisted of 5,038 married/partnered couples over the age of 50 (at baseline), after eliminating cases with missing data on study variables. Using HLM 6.08 software, we computed the odds of couple
houses having a female FR. Our main predictor was the amount of female financial decision making power, as measured using eight Likert scale items (0=male always makes this decision, 4=female always makes this decision), for purchases (e.g., cars, major appliances) and financial activities (e.g., paying bills, buying groceries); summed into a scale (range: 0-32). Our models controlled for race, ethnicity, education, income, age, health, cognitive ability, and depressive symptoms. Results indicate that men were more likely to be the FR, but when the female makes more household financial decisions then she is more likely to be the FR (OR = 1.16, p<.01). Black race, lower income, and time also increased the odds of a female FR. This study highlights women's historical and ongoing limited power in financial matters of married couples. Financial knowledge and decision making skills should be encouraged for both partners in couple households.

GENDER AND SEXUALITY DIFFERENCES IN THE LINK BETWEEN MARITAL QUALITY AND HEALTH AMONG OLDER ADULTS

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Research shows that married people tend to have better health than those who are not married, but not all marriages are equally protective. Aversive marriage has been proved to be negatively related to health. Although many studies have found gender differences in the relationship between marital quality and health, little research has done to explore the potential mechanism behind. The aim of this longitudinal study was to investigate the relationship between marital quality and health, as well as to determine how gender and sexuality play a role in this relationship. Using a sample of older American adults aged 57-85 from the Wave 1 and 2 National Social Life, Health, and Aging Project (N=1250 married individuals), results from the statistical model showed that compare to supportive marriage, men who are in aversive and indifferent marriages have significant worse self-rated physical health, feel less happy, and more depressed over five years period of time. For women, however, indifferent and aversive marriage is only associated with less happiness over time. Ambivalent marriage has no significant relationship with any health outcome either for men or for women. In addition, results from the mediation analysis suggested that the frequency of sex explains the relationship between marital quality and health only for men but not for women. These important findings shed light on the different mechanisms behind marital quality and health between men and women. The potential benefit of this study provides a basis for developing a marriage counseling strategy for older men and women.

PERCEIVED COGNITIVE ABILITY IN LESBIAN, GAY, BISEXUAL, AND HETEROSEXUAL VIETNAM ERA VETERANS

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Lesbian, gay, and bisexual (LGB) Veterans report stress (e.g., discrimination under Don’t Ask Don’t Tell policies) and mental health conditions (e.g., depression) that may increase risk for neurocognitive changes like dementia. Subjective cognitive decline (SCD) can be an early indicator of neurocognitive change – yet no known studies have examined SCD in LGB Veterans. Cross-sectional data from the Vietnam Era Health Retrospective Observational Study (VE-HEROes) were examined for 260 LGB and 17,796 heterosexual Veterans. VE-HEROes is the latest probability-based survey of Vietnam Era Veterans (1961–1975) as older adults (2016-2017). SCD was assessed using two subscales of the Functional Assessment of Cancer Therapy-Cognitive Instrument Version-3 (FACT-Cog). Good reliability was observed in this sample: Cronbach’s alpha =.94 for the 7-item Perceived Cognitive Abilities subscale and .88 for the 4-item Comments from Others. Analyses were weighted to account for the complex survey design. LGB Veterans were slightly younger (M=68.3, range 59-84) than heterosexual Veterans (M=69.1, range 58-99, p=.03); were more likely to be female (13% vs 3%, p<.01); and had fewer people living in the household (M=1.7 vs. M=2.1, p<.01). LGB Veterans were also more likely than heterosexual Veterans to report feeling depressed most or all of the time over the past 30 days (5.7% vs. 3.6%, respectively, p<0.01) on a single 5-point Likert-scale. SCD indicators did not vary by Veteran sexual orientation (M=19.69 and M=19.69; M=14.2 and M=14.1) and were elevated compared to published studies in healthy adult samples. More work is needed to examine neurocognitive risk factors in aging LGB Veterans.

PORNOGRAPHY: HOW DOES THE BOOMER GENERATION AND OLDER PREDICT OTHERS’ VIEWING TIME?

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The increase of exposure to online pornography has decreased the age of initial exposure to pornography. However, very little is known about the outcomes resulting from increased pornography exposure in the Baby Boomer generation and beyond. The current study asked what predictors were significant in individuals born in 1965 and earlier when predicting the perceived pornography viewing time for the average man and woman. To answer this question, a nationally representative population (N = 1073, 510 males) completed a web-based survey measuring the age of the participant, gender of the participant, self-directed sexual behaviors (“How frequently have you masturbated while viewing pornography alone?”), partner-directed