

### ROLE OF EMOTIONAL ATTACHMENT AND RECIPROCITY IN SONS' PERCEIVED CARE MOTIVATION FOR PARENTAL FIGURES

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The collapse of the traditional Japanese household system and the subsequent social advancement of women has led supporting parents as a family matter, and led more men to assume caregiving roles; however, very few studies have focused on sons' care motivation. This study aimed to understand adult sons' perceived care motivation and to examine the respective related factors of emotional attachment and reciprocity. A total of 1322 men (M [age] = 44.5) participated in a web-based questionnaire survey. Perceived care motivation for providing five types of support (e.g., helping with daily activities and housework) to each parent and parent-in-law was assessed. Regression analyses revealed that emotional attachment with parents and parents-in-law predicted perceived care motivation for all types of support. Furthermore, the role of reciprocity was indicated by the association between rearing by mother-in-law and son-in-law's motivation to provide assistance in financial matters, housework, and visiting a hospital.

### WHO SHOULD MAKE CARE ARRANGEMENT FOR OLDER ADULTS? HETERONORMATIVE FAMILY RESPONSIBILITY IN JAPAN

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In Japan, despite the greater availability of public care services upon implementation of national long-term care insurance, families are still considered as primarily responsible to make care arrangement for older adults. My aim in this study was to explore (hetero)normative ideas about families that underlie Japan's institutionalized practices of elder care. In doing so, I focused on care managers, who are certified care practitioners helping families to make care arrangement, and whether they would count older adults' same-sex partners as legitimate family members to participate in such arrangement. Data were collected from 1,580 care managers working for officially designated in-home care providers across the nation. Preliminary analysis revealed that although most care managers believed the voices of same-sex partners should be preferably reflected in the process of care arrangement, they also thought that these partners could not participate in such process without permission from older adult's "blood relatives" (e.g., siblings).

## Session 3640 (Symposium)

### SOCIAL DETERMINANTS OF MEN'S HEALTH ACROSS THE LIFE COURSE

Chair: Roland Thorpe, Jr.

Discussant: Keith Whitfield

There is a paucity of research focusing on the complex interaction between social, behavioral, biological, and psychosocial factors, and health outcomes among men. This symposium contains a collection of papers that discuss some key social determinants of health (SDOH) that can provide

insights to advance our understanding of men's health and aging across the life course. Dawn will discuss the Stroke Counseling for Risk Reduction (SCORRE) intervention designed to increase awareness, risk perceptions, and health behaviors to reduce stroke risk in African Americans. Findings suggest tailoring the intervention to the needs and preferences of young African American men. Archibald and colleagues seek to determine if race differences in allostatic load (AL) among adult men vary by age. Black men 45-64 had a higher AL score (PR = 1.14, 95% CI 1.02, 1.28) than White men. Skipper and colleagues used a grounded theory approach to examine the negative interactions of 35 religious middle and old age Black men. Analyses reveal that church-related negative interactions broadly fall within the following themes: (1) ageism within intergenerational churches, (2) people are messy, and (3) issues with leadership. Bruce and colleagues examine the association between religious service attendance and mortality among Black men. Participants who attended at least once per week were 18% less likely to die than their peers who did not attend a religious service at all (HR 0.82; 95% CI 0.68-0.99). These presentations collectively will bolster our knowledge on key SDOH among men across the life course.

### TAILORING STROKE COUNSELING FOR RISK REDUCTION INTERVENTION TO AFRICAN AMERICAN MEN

Dawn Aycock,<sup>1</sup> J. Taylor Harden,<sup>2</sup> Laura Salazar,<sup>1</sup> Gayenell Magwood,<sup>3</sup> and Patricia Clark,<sup>1</sup> 1. *Georgia State University, Atlanta, Georgia, United States*, 2. *University of Texas at Austin, Austin, Texas, United States*, 3. *Medical University of South Carolina, Charleston, South Carolina, United States*

Early life course achievement and maintenance of ideal cardiovascular health is associated with reduced risk of developing stroke later in life. The Stroke Counseling for Risk Reduction (SCORRE) intervention is an age-and-culturally relevant intervention originally designed to correct inaccurate stroke risk perceptions and improve lifestyle behaviors to reduce stroke risk in AAs age 20-35. In a study testing SCORRE, fewer men participated, but most were not at a stage of readiness for behavior change; many did not think they were at risk despite averaging three modifiable risk factors, and while improvements in outcomes were observed in women they were not in men. These differences led to tailoring SCORRE to young AA men. The methods for tailoring SCORRE and resulting strategies for attracting, engaging, and empowering them towards stroke risk reduction, including hypotheses concerning food supply, housing, economic and social relationships, education, and mental health care will be raised for discussion.

### IT'S NOT HEALTHY FELLOWSHIP: NEGATIVE INTERACTIONS AND THE IMPLICATIONS FOR MIDDLE- AND OLD-AGE BLACK MEN

Antonius Skipper,<sup>1</sup> Loren Marks,<sup>2</sup> and Cassandra Chaney,<sup>3</sup> 1. *Georgia State University, Atlanta, Georgia, United States*, 2. *Brigham Young University, Provo, Utah, United States*, 3. *Louisiana State University, Baton Rouge, Louisiana, United States*