

adults' of the leisure-centered type, since their life satisfaction was lower than the balanced type.

### INTERGENERATIONAL RELATIONSHIPS, SOCIAL SUPPORT, AND PSYCHOLOGICAL WELL-BEING AMONG KOREAN OLDER ADULTS

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This study investigates whether intergenerational relationships and social support improve the psychological well-being of Korean older adults. We examine whether intergenerational relationships and social support directly influence psychological well-being and the extent to which they mediate the distressing consequences of life events such as declining health and recent widowhood. Using longitudinal data from the 2006 to 2016 Korean Longitudinal Study of Aging, we explore depression trajectories among individuals who are 60 or older with at least one living adult child at baseline. Specifically, we converted data from 5,383 older adults into a person-period file with 24,726 observations over a ten-year period. Then we estimated linear growth curve models of depression trajectories separately for men and women using the Center for Epidemiologic Studies Depression Scale (CES-D). Results from the hierarchical linear models indicate that declining health and recent widowhood are positively related to depressive symptoms. Satisfactory intergenerational relationships and social support in the form of personal interactions and proximate living arrangements with adult children decrease depressive symptoms of older parents, especially among women. We conclude that the psychological benefits of intergenerational relationships and social support are contingent upon the vulnerability of older adults and discuss the implications for public policy.

### NEGATIVE MARITAL QUALITY, PURPOSE IN LIFE, AND DEPRESSIVE SYMPTOMS AMONG MIDDLE-AGED AND OLDER COUPLES

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Negative marital quality is associated with poor health outcomes. Purpose in life can serve as a psychological resource to buffer the stressors experienced from a negative marital relationship. Yet, the associations among negative marital quality, a person's level of purpose in life, and depressive symptoms have not been fully explored in a dyadic context. We examined the actor (intra-individual) and partner (cross-spousal) effects of negative marital quality on depressive symptoms in couples and the potential mediating role of purpose in life. Structural equation modeling was used to analyze cross-sectional data on middle-aged and older married, heterosexual couples (N=1,235) who participated in the 2016 wave of the Health and Retirement Study. The final model had an acceptable fit to the data (TLI=.963, RMSEA=.040, SRMR=.038). At the actor level, negative relationship quality was positively associated with depressive symptom severity, and purpose in life mediated the relationship in wives and husbands. At the partner level, wives had

more depressive symptoms when husbands reported higher negative marital quality. Comparatively, husbands had less depressive symptoms when their wives indicated a greater sense of purpose. Husbands also had a lower purpose in life when their wives had higher states of negative marital quality. This study highlights the psychological benefits of allaying negative perceptions of marital quality and enhancing the sense of purpose in middle-aged and older couples. The results support a focus on dyadic approaches to improve the psychological health, and potentially, the physical health status of middle-aged and older couples.

### THE EFFECT OF SOCIAL ACTIVITIES ON THE LIFE SATISFACTION OF KOREAN OLDER ADULTS

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As life expectancy increases, older adults need to find ways to occupy their time for 20-30 years. For Korean older adults, social activities such as having relationships with others as well as, involvement in organizations and volunteer work, are important for their social identity. Social activities are one of the categories of Rowe and Kahn's successful aging, this study examined the effect of having relationships, involvement in organizations and volunteering on the life satisfaction of older adults. This study used the 6th additional wave of the Korean Retirement and Income Study (2016). The target population was older adults (50~59, 60~74, 75+). The sample size was 1,921, 2,344 and 962 respectively. For data analysis, ANOVA and multiple regressions were used. The demographic variables were controlled. As for independent variables, having relationships, involvement in organizations, and volunteering were used. For the dependent variable, life satisfaction was used. Having relationships, involvement in organizations and volunteering were significantly different by age group. For each age group, the factors affecting life satisfaction differ. For the middle aged group, involvement in organizations and volunteering were significant factors affecting life satisfaction. For young-old adults, volunteering had the most significant effect on life satisfaction. Finally, for old-old adults, both having human relations and involvement in organizations were significant. These findings imply that social activities differ by age group. Also, the kind of activities affecting life satisfaction differ by age group. These findings imply that it is important for older adults to be involved in society, in various ways.

## SESSION 3004 (PAPER)

### SEXUAL HEALTH AND HIV/AIDS

#### BARRIERS TO SUCCESSFUL AGING AMONG OLDER WOMEN LIVING WITH HIV: A QUALITATIVE STUDY

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Successful aging (SA) is the capacity of older people to thrive despite age-related changes and/or declines. Although our previous research found that older (age  $\geq 50$ ) women living with HIV (OWLH) can achieve SA, considerable barriers remain. The purpose of this qualitative study was to identify specific barriers to SA among OWLH. Our sample consisted of 29 OWLH recruited between October 2018 and March 2019 at two sites of Women's Interagency HIV Study (WIHS): Atlanta, GA and Brooklyn, NY. These participants were assigned to either semi-structured interviews (N=17: 8 interviews in Brooklyn and 9 in Atlanta) or focus group discussions (FGD: 1 FGD in Atlanta with 5 participants, and 1 FGD in Brooklyn with 7 participants). Our FGD and Interview Guides included questions focused on barriers to SA. Participants were, on average, 58 years old (range 50-73), 86% Black, 83% single, and 62% with annual income  $\leq$  \$12,000. All interviews and FGD were transcribed and coded using MAXQDA software. We used thematic coding within constructivist approach. Several themes emerged identifying the following SA barriers: multiple chronic conditions and pain (e.g., arthritis, neuropathy); polypharmacy and side effects of HIV medications ("it's wearing on me"); HIV-related stigma and loneliness ("I think my children would judge me if I would tell them I have it HIV"); substance use, giving up on yourself ("just sitting around, not doing anything"); and lack of access to resources and services (e.g., mental health providers, support groups). Our findings will help designing public health interventions promoting SA among OWLH.

#### **OLDER ADULT SEXUALITY, PARTNERSHIP, AND HEALTH: COHORT COMPARISONS OF BABY BOOMERS AND TRADITIONALISTS**

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This paper updates prior work on older adult sexuality, partnership, and health by examining the most current wave of the National Social Life, Health, and Aging Project (2015-16), a population-based study of health and social factors on a national scale. Comparing data from Wave I, Cohort 1 (2005-06) and Wave I, Cohort 2 (2015-16), we ask whether there are differences in partnership, sexual behaviors and health outcomes between two cohorts ('Traditionalists' vs. 'Baby Boomers'). Additionally, we examine whether sexual frequency is related to physical health, particularly the health conditions of arthritis, diabetes, cognitive impairment, and prior stroke, in both cohorts. We find significant differences between cohorts through a logistic model. For Traditionalists, age, gender, education level, partnership status and diabetes were all significantly related to sexual activity ( $p < 0.001$ ). Older adults were less sexually active; men were more sexually active; the higher educated were more sexually active; diabetes patients were less sexually active; and partnered were more sexually active. For Baby Boomers, only age and partnership status were significantly related to sexual activity ( $p < 0.001$ ); gender and diabetes diagnosis were also related ( $p < 0.005$ ). Significantly, partnership status for Boomers is negatively related to sexual activity; the other three relationships – age is related to less sexual activity, men have slightly higher sexual activity, and diabetes was related to less sexual activity – were as expected. Importantly, our findings may

imply that partnership or marriage is not as significant to sexual activity, or to health outcomes, as previously believed.

#### **PSYCHOSOCIAL MECHANISMS OF SUCCESSFUL AGING AMONG OLDER WOMEN LIVING WITH HIV: A STRUCTURAL EQUATION MODEL**

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Although older women living with HIV (OWLH) face challenges related to the intersection of HIV and aging, our published research found significant prevalence of self-rated successful aging (SRSA) in a sample of OWLH enrolled in the Women's Interagency HIV Study (WIHS). Studies in other populations link SRSA to positive psychosocial factors but little is known about SRSA mechanisms among OWLH. The purpose of this study is to test a conceptual psychosocial model of SRSA. Our sample (N=356) included OWLH enrolled in WIHS who participated in the "From Surviving to Thriving" (FROST) substudy and completed psychosocial and cognitive assessments: average age 56.5 years, 73% Black, 55% with annual income  $\leq$  \$12,000, 74% having 3 or more comorbidities, median CD4=673 cells/ml (Q1=486; Q3=880). SRSA was assessed using a research-based 10-point scale (higher scores=better outcomes). We conducted adjusted structural equation modeling. The global model included two latent variables -- protective attributes (composite of positive psychosocial factors: resilience, personal mastery, optimism, spirituality) and negative affect (composite of negative psychosocial factors: anxiety, depression, loneliness, internalized HIV-related stigma). The model showed good fit ( $\chi^2(65)=72.3$ ,  $p=0.25$ ; RMSE=0.02; CFI=0.99) and explained 21% of variance in SRSA. Increased protective attributes were associated with improved SRSA both directly ( $p < 0.01$ ) and indirectly, via improved coping with stress ( $p < 0.001$ ). While negative affect did not have a direct effect on SRSA, it was indirectly associated with worsened SRSA via diminished protective attributes ( $p < 0.001$ ). Findings suggest the need for interventions enhancing positive and mitigating negative psychosocial factors to promote SRSA among OWLH.

#### **THE DEVELOPMENT OF A SCALE TO MEASURE HIV-PREVENTION FACTORS IN ADULTS AGE 50 AND OLDER**

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