

one-unit increase in SRH, there is 1.341 times odds of experiencing pleasure in sexual interactions in older adults 60+ after adjusting for covariates. Individuals who had higher SRH had increased odds of having pleasurable sexual encounters. It is already clear that older adults are engaging in sexual activity, despite stereotypical myths. Further understanding the relationships between factors of SA like pleasure, pain/discomfort, and intimacy and health factors might allow for the extension of a healthy sexual life.

SEX DIFFERENCE IN SELF-REPORTED SEXUAL FUNCTIONING AMONG FRAIL OLDER ADULTS

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Frailty may differentially impact how older adult males and females perceive sexual functioning, an important part of well-being. We assessed the level of frailty (robust, pre-frail, frail) for anyone with data on 11 sexual functioning questions asked in wave 2 of the National Social Life, Health, and Aging Project, 2010-2011 (n=2060). Questions covered five domains: overall sexual function (OSF), sexual function anxiety (SFA), changes in sexual function (CSF), erectile/vaginal dysfunction (EVD), and masturbation. Logistic regression identified sex differences in frailty and reporting worse sexual functioning. Linear regression predicted the number of domains reported as worse. Among males (n=1057), pre-frailty meant higher odds of reporting SFA (OR 1.8 95%CI 1.2-6.6), CSF (OR 1.7 95%CI 1.1-2.7), and EVD (OR 1.5 95%CI 1.0-2.2). Among females (n=1003), there was no difference in reporting by frailty. Females were more likely to report worse OSF (Robust: OR 7.4, 95%CI 4.8-11.4; Pre-frail: OR 6.2, 95%CI 3.9-9.9; Frail: OR 3.4 95%CI 1.7-6.6), but less likely to report SFA (Robust OR .3, 95%CI .2-.5; Pre-frail OR .2, 95%CI .1-.3; Frail OR .2 95%CI .1-.3). Pre-frail and frail females reported fewer domains as worse (Pre-frail coefficient -0.21 SE 0.09, Frail -0.43 SE 0.14). As frailty worsened, males reported more domains as worse (Pre-frail 0.24 SE 0.07, Frail 0.29 SE 0.08). Self-reported sexual functioning differs by sex at all levels of frailty, and reporting by males, but not females, changes with frailty. Providers should be aware that sexual functioning is of importance to both sexes despite varying degrees of frailty.

SEX IN LATE LIFE: ASSESSING ADULTS' EXPECTATIONS AND THE ROLE OF HEALTHCARE PROFESSIONALS

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Sexual activity contributes to quality of life throughout the lifespan. However, stigma about sex in late life influences older adults' perceptions and healthcare professionals' perceptions of older adults' sexual health/behaviors. Using a

multi-methods approach, we examined attitudes and knowledge about sexual health/behaviors in late life. Using longitudinal data from the Midlife in the US Study (Wave 1-3; N=7049), we ran age-based growth curve models to analyze changes in levels of optimism about sex in their future. We also piloted a survey with healthcare professionals assessing attitudes, knowledge, and awareness of policy about sexual health/behaviors among older adults. Adults' expectations became less optimistic with increased age ($\beta = -0.1$, SE = 0.003, $p < .0001$). Men were more optimistic than women at age 20 ($p = 0.016$), but men's optimism decreased over the life course at a faster rate than did women's ($p < .0001$), so that from ages 40-93, men were less optimistic than women. Among healthcare professionals (N=21), the majority indicated never or rarely asking their clients about sexual history or health/behaviors; however, they indicated some knowledge about issues relevant to older adults (e.g., safe-sex practices, sexual dysfunction). Few indicated awareness about policies related to sexual behavior among residents (i.e., issues of consent, STIs). Among adults, there is a need to address declining optimism for expectations about sex in late life. Health professionals are well-situated to raise awareness and normalize discussions about sexual health, thus countering negative stigma and contributing to increasing optimism for expectations to remain sexually active.

SEXUAL EXPRESSION IN OLD AGE: A QUALITATIVE STUDY

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Objective: This study aims to analyze how older adults express themselves sexually. For this purpose, a qualitative research was carried out, which analyzes their perspectives at a cross-national level. Methods: Four hundred and ninety five older participants aged 65 to 98 years, were interviewed. Participants were of three different nationalities and lived in the community. All the interviews went through the process of verbatim transcription and subsequent content analysis. Results: Results of content analysis produced nine themes: Tender and care ($k = .91$, $p < .01$); altruism and gratitude ($k = .81$, $p < .01$); attractiveness ($k = .94$, $p < .01$); positive communication ($k = .89$, $p < .01$); sexual activity ($k = .88$, $p < .01$); good health and physical condition ($k = .96$, $p < .01$); supportive relationship ($k = .84$, $p < .01$); eroticism ($k = .94$, $p < .01$); and feeling active and alive ($k = .92$, $p < .01$). Conclusions: This study stressed different ways on expressing sexuality in old age and underlined the importance of tender and care and eroticism for older adults who are sexually active. Keywords: Content analysis; older adults; qualitative study; sexual expression.

SEXUALITY IN LATER LIFE AND MENTAL HEALTH AMONG OLDER BLACK GAY MEN

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