

## ABSTRACTS

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Abstracts are arranged numerically by session and in the order of presentation within each session.

### SESSION 5 (PAPER)

#### INEQUALITIES AND HEALTH: EXPLORATIONS OF GENDER, RACE, AND EDUCATION

##### GENDERED HEALTH AND ITS LONG TERM CONSEQUENCES IN SOUTH ASIAN REGIONS

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How social, cultural, and economic factors influence long term health of men and women in south Asian regions? A growing body of literature argues that men and women face differential challenges of health disparity in south Asian countries. In the south Asian context women experience heavier burdens of social, cultural and economic discrimination compared to men. Several other factors such as biological differences between men and women, socially defined gender roles, attitudes, and beliefs also contribute to discrimination in defining health disparity across gender. Unequal impact of various factors renders a cumulative effect on men's and women's health overtime. Based on life course perspective, this study, therefore addresses implications of social, cultural, economic and socio-biological factors contributing to health disparity across gender in South Asia. For this study, we choose to compare two south Asian nations, India and Nepal that are very similar in beliefs, attitudes, and role expectations for men and women. World Health Organization data will be analyzed for assessing men and women mortality rate to measure the nature of health outcomes existing between genders, in these two nations. World Health Organization maintains a longitudinal data set of mortality rate separately for men and women of different age groups. Our analysis of a longitudinal data set would help in understanding long term consequences of the factors influencing health disparity. In addition to knowledge expansion in the fields of Sociology and Gerontology at large, this study will also be useful to policy makers in public health and health care access.

##### HEALTH STATUS IN LATER LIFE: CAN YOUR ADULT CHILD'S EDUCATION BUY YOU BETTER HEALTH?

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Intergenerational transfers of time and money have well-documented relationships with a number of later life outcomes including health. Less is known about whether the social attainment of adult children translates into better health of the parents. Over the last several decades, the younger generation has experienced widespread gains in educational attainment that may benefit not only their life chances, but the life chances of the older parent generation. Scholars have referred to this as adult children being an "asset." This paper examines the hypothesis that adult children's education will have direct benefits on health status in later life, net of own education. Longitudinal data from the Health and Retirement Study (age 50+) are used to model the relationship between the educational attainment of the most educated adult child and later life health status of the parent. Findings from multivariate growth curve models suggest that the higher adult children's education the better one's own self-rated health in later life. This finding is robust net of other

sociodemographic characteristics (including own education). Both women and men benefit from having a more educated adult child. Also, when adult children have completed more education than the parents, parents' health is better. The paper outlines several theoretical mechanisms linking parents' later life health to the education of their adult children.

##### THE EFFECT OF EDUCATIONAL ATTAINMENT ON ALLOSTATIC LOAD: DOES THE SOCIAL GRADIENT IN HEALTH VARY BY AGE?

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Extensive literature has established a social gradient in health demonstrating that people in higher socioeconomic strata experience better health compared to their mid- and lower socioeconomic counterparts. Yet there have been inconsistent findings about whether there are age-based patterns to the social gradient in health. Some find that education contributes to a steeper health gradient in late life relative to midlife, while others find the health gradient by education remains steady or becomes less steep in older adulthood. Using the National Health and Nutrition Examination Survey (2005–2008), we examine two questions: (1) Is there an educational gradient in allostatic load, net of other social and health factors? (2) Is there an age-based pattern to the extent of that gradient? Our Tobit models indicate that allostatic load, a summated indicator of physiologic dysregulation, tends to increase with age but there are distinctive gradient patterns by education level (<high school, high school, > high school). Within each age group, there is, on average, a difference of 0.4 between the lowest and the highest education group. This gradient, however, systematically increases across age groups, peaking for adults ages 60 to 69. There is not only a slight decrease in overall allostatic load for adults ages 70+ but an attenuation of the educational gradient. This distinctive age-based and gradient-based pattern to allostatic load informs the literature on both life course accumulative processes (stratified opportunities; selective mortality) and cohort dynamics (e.g., changing importance of a given education level). We discuss implications for both literatures.

##### CHILDHOOD CONDITIONS, EDUCATIONAL ATTAINMENT, AND ADULT HEALTH: WHO BENEFITS THE MOST FROM COLLEGE?

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College-educated adults are able to age more successfully than other people in the United States, but selection bias complicates the understanding of how education affects health. This article focuses on the possibility that the health benefits of college may vary according to people's propensity to attain a college degree in the first place. Several perspectives from life course sociology offer competing hypotheses as to whether the most or the least advantaged gain the most from educational attainment. The authors use a national survey of middle- and older-age American adults to assess risk of three serious health problems and

poorly informed about their eye condition and the services and devices that help maintain functioning. Attending vision education classes may improve well-being for older Age-related Macular Degeneration (AMD) patients. Older adults with AMD (N=76; 25 males, 51 females aged 62-96, mean= 83.0), attended four vision education classes addressing medical issues, orientation and mobility, in-home adaptations, and emotional adaptation to AMD. Measures included the CESD-R for depressive symptoms, the STAI for anxiety symptoms, and the Ryff Psychological Well-Being scales. Using repeated measures ANCOVA (covariates: age and gender), yielded significant changes for an overall decrease in Personal Growth ( $p=.001$ ), but also an interaction ( $p=.001$ ) indicating a decrease in PG in older participants and an increase in younger participants. Near-significant main and interaction effects were found for Anxiety Symptoms ( $p=.061$ ): subjects 75 and older became less, whereas younger participants became more anxious after class attendance; Purpose in Life ( $p=.055$ ; interaction  $p=.040$ ): younger individuals increased, whereas the older individuals decreased in purpose in life. Surprisingly, main effects suggested primarily negative effects of the classes. However, interactions suggest that young individuals benefitted more with regard to personal growth and purpose in life, whereas older adults benefitted more with regard to anxiety reduction. These results need to be interpreted with caution, since the younger age group consisted of only 10 participants.

## SESSION 1010 (POSTER)

### MENTAL HEALTH AND WELL-BEING IN LATER LIFE

#### WISDOM AND WELL-BEING ACROSS THE LIFESPAN

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Considered the pinnacle of psychosocial development, and the outcome of a long, well-lived life, wisdom ostensibly confers advantages to persons who possess it. Nevertheless, the relationship among wisdom, aging, and well-being is still not fully understood. This study investigated the relationship between wisdom and several measures of well-being across the lifespan. Participants included 186 male and 326 female Dutch adults ranging in age from 17–92 ( $M = 46.46$ ,  $SD = 21.37$ ) who completed measures of wisdom (Self-Assessed Wisdom Scale, Webster, 2010), personality (NEO-FFI, Costa & McCrae, 1992), mental health (Mental Health Continuum, Keyes et al., 2008) physical health (General Health Questionnaire, Goldberg, 1978), and a balanced time perspective (Balanced Time Perspective Scale, Webster, 2011). A series of 2 (wisdom) by 3 (age) ANOVA's revealed main effects for both variables in support of hypotheses. Main study findings revealed that wisdom was unrelated to physical health but positively related to openness to experience, mental health, and a balanced time perspective. Overall, midlife adults scored higher on wisdom than either younger or older participants. Older adults scored lower on physical and mental health, openness, and the use of a balanced time perspective. The results are discussed from a lifespan perspective in which gains and losses contribute to conditions in which midlife adults show high levels of wisdom and well-being.

#### IDENTITY AND WELL-BEING IN PEOPLE WITH DEMENTIA

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Background: Past research has concentrated on how identity is affected by the onset and progression of dementia, and the theoretical literature has often suggested that the persistence of identity would support well-being. However, there is little empirical work that actually tests this hypothesis or quantifies the relationships between identity and

aspects of well-being. Method: Fifty people with early-stage dementia completed measures of identity, mood, and well-being. Measures of identity included strength of identity, importance of role identities, self-knowledge of personality and autobiographical memory. Measures of mood included anxiety and depression, and measures of well-being, included self-esteem, quality of life, and quality of relationship with a close relative. Results: Results suggest that aspects of mood well-being are influenced by aspects of identity, and that improved mood and well-being is supported by the importance of role-identities to the person with dementia, a stronger and more definite sense of identity, better autobiographical memory functioning, and superior self-knowledge of personality. Conclusion: These results support the notion that the persistence of identity is valuable for people with dementia in terms of supporting well-being, and that identity might be an appropriate target for intervention. The implications of the results will be discussed.

#### THE GENERATIVITY AND MENTAL HEALTH OF CHILDLESS ADULTS

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Children are thought to be an important source of support and fulfillment for their aging parents, and well-documented stereotypes show a common assumption that childless adults have lower mental health than parents. Further, it is often assumed that the adult developmental task of generativity is primarily achieved through the experience of parenting. This study explores whether there is support for these views by comparing childless adults to parents on measures of generativity and mental health. An online survey was completed by 98 parents, 113 voluntary childless, and 24 involuntary childless individuals. Mental health and generativity were explored through the Center for Epidemiological Studies- Depression scale, Scale of Positive and Negative Experiences, Psychological Well-Being scale, Satisfaction with Life scale, Generative Behavior Checklist, Loyola Generativity Scale, and questions about psychiatric treatment history. Results revealed few significant differences between groups. Parents scored significantly higher than the voluntary childless on psychological well-being and positive affect, and significantly higher than the involuntary childless on life satisfaction. Parents reported more treatment for psychological difficulties than both childless groups, but lower past usage of psychiatric medications. On the Loyola Generativity Scale and the Generative Behavior Checklist, parents scored significantly higher than both childless groups. The minimal significant differences between groups on measures of mental health has important clinical implications given common stereotypes suggesting otherwise. With regard to generativity, significant differences between parents and both childless groups raises important questions about the place of this developmental task in the lives of all adults.

#### PET OWNERSHIP AND HEALTH CORRELATES AMONG ELDERS IN THE PHILADELPHIA AREA

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Interest in the possible health benefits associated with companion animals continues to grow, while data on the topic remain scarce. The 2010 Public Health Management Corporation's Community Health Survey, a representative sample of older adults age 60+ in Philadelphia and the four surrounding counties ( $n=3029$ ) included a question about the presence of pets in homes of respondents. 37% of this population has at least one pet. 16% have one dog, another 12% have one cat, 4.3% have a dog and a cat and 5% have some other combination of animals. Relationships with demographic, physical health, mental health and social capital variables will be examined. Pet owners are more likely to be under age 75 ( $r=-.21$ ,  $p>.000$ ), not live alone ( $r=.13$ ,  $p>.000$ ) and