

Existing studies demonstrate that unplanned births (e.g., unwanted, mistimed) are associated with worse health for mothers in the short-term and—according to some preliminary evidence—in mid- and later-life. Yet as life course and reproductive career frameworks highlight, childbearing experiences often unfold over a number of years, with a considerable amount of diversity in pregnancy and birth experiences even for the same individual. For example, a person may have an unplanned birth in late adolescence followed by only planned births in early adulthood. In order to provide a more holistic understanding of how birthing experiences are associated with midlife health, we use Sequence Analysis (SA) on the 1979 National Longitudinal Survey of Youth (NLSY79; N=3,992) to examine how patterning of planned and unplanned births is associated with physical and mental health at ages 50 and 60 (SF-12). Preliminary analysis indicates that compared to respondents with only planned births, respondents with unplanned birth(s) followed by planned birth(s) have worse physical and mental health at midlife, but there is no difference in health for respondents with only planned births, only unplanned births, and planned birth(s) followed by unplanned birth(s). Future analysis with SA will consider how more detailed sequences (e.g., timing, number and type, ordering, spacing) are associated with these mid- and later-life health outcomes, taking into account selection factors such as childhood SES and educational attainment. This project demonstrates the need for life course perspectives on the long-term health implications of unplanned births, recognizing diversity within and between individuals.

CHILDHOOD MALTREATMENT AND PROSOCIAL BEHAVIOR: A QUALITATIVE COMPARATIVE STUDY OF IRISH OLDER ADULT SURVIVORS

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Although childhood maltreatment can have lasting effects into later life, positive outcomes have also been observed, including an increased tendency towards prosocial behavior. However, little is known about the link between childhood maltreatment and later life prosocial behavior. Therefore, this study aimed to explore older adult's experiences of childhood maltreatment and identify mechanisms linked to prosocial behavior in later life. The individual level, but also broader cultural and contextual mechanisms, were considered by comparing two adversity contexts and applying conceptual frameworks (socio-interpersonal framework model of trauma and recovery, motivational process model of altruism born of suffering). Semi-structured interviews (60-120 minutes) were conducted with 29 Irish (older) adult survivors of childhood maltreatment: 17 institutional (welfare care) abuse survivors (mean age: 61 years, range: 50-77), 12 familial abuse survivors (mean age: 58 years, range: 51-72). Interviews were analyzed using Framework Analysis. In both groups at the individual level, enhanced empathy, amelioration, and identity-related mechanisms were linked to prosocial behavior, with connections to caring roles and coping strategies from childhood. On a social contexts level, the limited resources or opportunities for help in childhood, and

the social norms and beliefs of that time, influenced participants' motivation to help others in later life. Group-specific mechanisms were also observed, such as compassion fatigue in the familial sample; and denouncing detrimental societal values in the institutional sample. The identification of individual, adversity-context, and culture-specific mechanisms linked to later-life prosocial behavior can promote a greater understanding of resilience and adaptability in older adult survivors of childhood maltreatment.

THE NEIGHBORHOOD CONTEXT AND ALL-CAUSE MORTALITY AMONG OLDER ADULTS IN PUERTO RICO

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The neighborhood contexts in which older adults live are increasingly being recognized for their role in influencing disease processes and risk of death among the U.S. population. However, few studies have focused on neighborhood impacts among older populations residing in Puerto Rico—a U.S. territory—who are especially vulnerable to the effects of the environment as they “age in place” in the context of a budget crisis, the great recession, the debt crisis, and Hurricanes Irma and María. The combination of these events can obstruct access to neighborhood resources, services, and contexts considered necessary for promoting healthy aging. Thus, it is warranted to understand the effects of place on mortality in Puerto Rico, whose social and economic contexts differ from the U.S. and are more similar to that of other Latin American and Hispanic-Caribbean countries. We used 2000 U.S. Census data at the block-group level linked to the 2002 Puerto Rican Elderly Health Conditions Project with mortality follow-up to 2021 to examine neighborhood characteristics that are conceptualized as influencing mortality (e.g., residents without a high school degree; households receiving public assistance income; residents living below the poverty level; unemployed residents; residential stability; age structure). Multilevel mixed-effects parametric survival models with a Weibull distribution were estimated. Overall, results show that neighborhood socioeconomic disadvantage is associated with an increased risk of mortality among older Puerto Ricans. This suggests that older Puerto Ricans clustered in disadvantaged communities are more likely to experience a cumulative burden of social disadvantages that adversely impacts their longevity.

IS THE HEALTH OF OLDER AMERICANS WITH A GED EQUIVALENT TO THEIR PEERS WITH A HIGH SCHOOL DIPLOMA?

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Previous research has found higher levels of educational attainment to be strongly associated with better health outcomes in later life, such as better cognitive functioning and fewer functional and sensory impairments. However, most studies have grouped General Educational Development (GED) recipients with high school graduates, neglecting potential differences in socioeconomic status, health behaviours,