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Foreword

In this supplement you will find a series of articles investigating various aspects of life of more than 4,000 young adults included in the 1982 birth cohort of the city of Pelotas, Southern Brazil. Socioeconomic differences in health indicators in the first four years of life of this cohort were collected and published in a book, *Epidemiology of Inequality*, 20 years ago. In the book, a we analyzed the main outcomes during childhood, i.e., low birth weight, nutritional status and child mortality for all children born in 1982, stressing the huge impact of social inequalities on each aspect of life studied.

In the current series, we performed similar analyses to those seen in the *Epidemiology of Inequality*. Our purpose was to provide an updated follow-up of the 1982 cohort: to evaluate how health indicators progress over time in people with different socioeconomic conditions as well as biological characteristics in early life. The longitudinal design allowed to exploring not only long-term effects of poverty during childhood but also the impact of changes in family socioeconomic status (rise and fall) on adult health. Using several different search strategies, we managed to contact and interview more than 75% of our original cohort at the age of 23 and evaluate their health status through physical examination and laboratory tests.

An innovation of the analyses was the combined use of epidemiological methods and ethnographic research. It provided a more in-depth thorough view of the life of the cohort people in terms of both exposures and outcomes. One of the articles in this supplement, focusing on the collaboration of these two fields, proposed new hypotheses that allowed to investigating how these people experience daily social inequalities and violence.

The outcomes studied seek to sum up the most important aspects of life of young people including educational status, insertion into the labor market, factors related to health mental, sexual initiation, maternity/paternity experiences, smoking, physical activity and sedentary lifestyle. Respiratory symptoms, nutritional status and mortality have also been evaluated as well as health service utilization. Based on physical examinations and laboratory tests, we sought to identify early states associated to major burden of chronic degenerative diseases in adult life such as hypertension and high blood glucose.

The articles here presented clearly show that long-term cohort studies are feasible in Brazil and highlight the importance of studying the life cycle for complete understanding biological, environmental and social determinants of the health-disease process.

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