school flunking (PR=1.23, 95% CI 1.01 to 1.51) or aggressive behaviour (PR=1.62, 95% CI 1.36 to 1.94). The association between self-reported discrimination and nutrition status (using BMI-for-age z-score) varied according to sex (p for interaction=0.009). Thin boys were more likely to report discrimination (PR=1.94, 95% CI 1.05 to 3.56), while overweight and obese ones showed lower prevalence (PR=0.65 and 0.67, respectively). Higher prevalence of discrimination was observed in obese girls (PR=1.54, 95% CI 1.12 to 2.10), and this effect was stronger among wealthiest than in the poorest females (PR=2.14 and 1.48, respectively; p for interaction 0.085).

Conclusions Self-reported discrimination was prevalent, and unevenly distributed among the population. Interventions to reduce discriminatory experiences should be implemented in early stages of the life cycle.

Conclusions The effects of early socio-economic conditions on WC persist even after adjustment for maternal education, adult wealth and current behavioural variables, highlighting the importance of interventions during the life cycle.

**Objective** To investigate the influence of Social Support for Physical Activity (PASS) and individual factors on the LPA levels in adults of a large urban center.

**Methods** Household survey was carried out with 4048 adults. Demographic, social determinants and health information were collected. The LPA levels were categorised into inactive, insufficiently active and active, according to the International Physical Activity Questionnaire. The PASS scale was constructed using three indicators: PASS neighbourhood, encouragement and commitments from friends and family, with responses ranging from “no” to “high support”. Associations between LPA levels and PASS were investigated using multivariate ordinal logistic model.

**Results** Our study consisted of 3453 adults aged 18–69 yo (1595 men; 1858 women); 59.9% (n=2171) were classified into inactive, 23.3% (n=727) insufficiently active, and 16.8% (n=555) sufficiently active. Participants were more likely to be male (OR=1.55), no partners (OR=1.50), education level higher than nine years (OR=1.97), and highest family income (≥5 minimum wage) (OR=1.76), were more likely to be in a better level of LPA. Moreover, those participants no PASS were more likely to be in a worse LPA levels than those with highest PASS (low:OR=1.80; medium: OR=2.54; high:OR=2.73).

**Conclusion** Participants with highest PASS were more likely to achieve the current recommendation for LPA (≥ 150 min/week). Social Support may be an important aspect for Physical Activity interventions and some encouragement from family and friends may have a positive impact in the behaviours changes.

**Objective** To evaluate the effects of skin colour and life-course socioeconomic indicators on waist circumference (WC) and waist-to-height ratio (WHtR) in adolescence in a population-based birth cohort study.

**Methodology** All the 5249 individuals born in Pelotas (southern Brazil) in 1993 were repeatedly visited from birth to age 15 y. In 2008 the whole cohort was traced. The analysis was restricted to individuals located and measured at age 15 y (2004 males, 2094 females).

**Results** WC was higher in men that in women (72.4 and 68.9 cm, respectively, $p<0.001$), but WHtR showed no difference (0.45 in both cases, $p=0.9$). In men, family income at birth and at age 15 y were positively associated with WC, but only the former was associated with WHtR. After adjustment for current family income and maternal education, men born to better-off families remained with larger WC in adolescence, but the association with WHtR was missed. Skin colour was not associated with any outcome. In women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR. All the associations in women, neither skin colour nor family income (at birth or at age 15 y) were associated with WC or WHtR.

**Conclusions** In men, early and current socioeconomic position are directly associated with abdominal obesity. The effects of early socioeconomic conditions on WC persist even after adjustment for maternal education, adult wealth and current behavioural variables, highlighting the importance of interventions during the first years of life.

**Objective** To investigate the influence of Social Support for Physical Activity (PASS) and individual factors on the LPA levels in adults of a large urban center.

**Methods** Household survey was carried out with 4048 adults. Demographic, social determinants and health information were collected. The LPA levels were categorised into inactive, insufficiently active and active, according to the International Physical Activity Questionnaire. The PASS scale was constructed using three indicators: PASS neighbourhood, encouragement and commitments from friends and family, with responses ranging from “no” to “high support”. Associations between LPA levels and PASS were investigated using multivariate ordinal logistic model.

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