

1 Family's socioeconomic profile at birth and offspring mortality until midlife – the
2 Northern Finland Birth Cohort 1966 study

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1 Abstract

2 Family's socioeconomic profile collected prenatally is known to predict offspring mortality during
3 early life, but it remains unclear whether it has the potential to predict offspring mortality until later
4 life. In this study, 12063 individuals belonging to the Northern Finland Birth Cohort 1966 were
5 followed up from mid-pregnancy for 52 years (570 000 person years). Five distinct socioeconomic
6 profiles were identified by latent class analysis based on mother's marital status, education, and
7 occupation; father's occupation; number of family members; location of residence, room count, and
8 utilities; and family's wealth. The classes were highest status families (15.4% of the population),
9 small families (22.1%), larger families (15.4%), average wealth families (23.4%), and rural families
10 (23.3%). Their associations to offspring mortality, via linkage to national offspring death records,
11 were analysed by Cox regression, stratified by sex and age groups (0—19, 20—38 and 40—52 years).
12 In total, mortality was 9.2% among male and 5.0% among female offspring. Risk for midlife mortality
13 was higher among male offspring from larger families (hazard ratio 2.19, 95% confidence interval
14 1.32—3.63), average wealth families (1.66, 1.02—2.73) and rural families (1.63, 1.00—2.68), relative
15 to offspring from highest status families. It seems that family's socioeconomic profile constructed
16 prenatally has predictive value for midlife mortality among male offspring. Premature mortality of
17 men and women seem to be two distinct phenomena with differing underlying factors as
18 socioeconomic profile was not associated with mortality among female offspring.

19

20 Highlights:

- 21 • Five distinct socioeconomic profiles of families were identified from general Finnish
22 population in the 1960s.

- 1 • Family's socioeconomic profile had predictive value for premature mortality in male
- 2 offspring but not in female offspring.
- 3 • Premature mortality of men and women seem to be two distinct phenomena with differing
- 4 underlying socioeconomic factors.

5 Key words

6 Cohort studies, Birth cohort, Socioeconomic status, Mortality, Latent class analysis, Parent-

7 offspring linkage

1 Introduction

2 The socioeconomic status of an individual is a key predictor of health and mortality throughout the
3 life course[1-4]. Strikingly, the influence of low socioeconomic status on the risk of premature
4 mortality seems to be comparable to that of tobacco use, alcohol consumption, physical inactivity,
5 raised blood pressure, obesity, and diabetes[3]. Despite reducing health inequalities being an
6 important policy objective[5], socioeconomic disparities persist even in welfare states[4,6].

7 Socioeconomic status is usually comprised of education, occupation, and income[7].
8 Also, housing conditions, household amenities, house location, family wealth, and family size have
9 been used as socioeconomic measures[8,9]. Because of the complexity of the construct, there is no
10 single indicator of socioeconomic status, but multiple indicators need to be combined[10].
11 Furthermore, the interpretation of socioeconomic measures might differ between sexes[11].

12 The socioeconomic environment one is exposed to in early life is known to influence
13 health-related behaviour and mortality across the life course[12,13]. A recent study[14] suggested
14 that parental and family-related socioeconomic factors have a prominent role in setting the
15 environment during the formative years and are thus strongly associated with health-related
16 behaviour throughout the offspring's life course[12,15]. Moreover, there is evidence that
17 socioeconomic variables collected prenatally or at birth predict offspring's future health and
18 mortality in the early years[16-18]. However, it remains unclear whether not just individual variables
19 but comprehensive profiles of background families' socioeconomic status during pregnancy have
20 potential to predict offspring premature mortality later in life.

21 In this study, we first aimed to identify distinct socioeconomic profiles of families using
22 cluster analysis in a Finnish birth cohort of 12 063 individuals. Second, we aimed to evaluate the
23 association between family's socioeconomic profile at birth and offspring mortality until midlife. We

1 hypothesized that profiles of lower socioeconomic status would associate with increased mortality
2 in both female and male offspring compared to highest socioeconomic profile families. The
3 association was hypothesized to be seen throughout the life-course.

1 Material and methods

2 Study population

3 We used the extensive Northern Finland Birth Cohort 1966 (NFBC1966) dataset as our material[19].
4 It is a prospective cohort study initiated in 1965—1966, when pregnant mothers who had expected
5 delivery dates during the calendar year of 1966 and were residing in the Northern Finnish provinces
6 of Oulu and Lapland were asked to participate in the data collections[20]. Originally, the NFBC1966
7 included 12 055 mothers and 12 231 deliveries, with a coverage of 96.3% against all deliveries in the
8 region in 1966. Although the current focus of the NFBC1966 study is on the offspring, the data
9 collections initially comprised both the parents and children born into the cohort. The data
10 collections started during the 10—16th gestational week and are still ongoing with periodical follow-
11 ups.

12 The data used in this study were collected from questionnaires issued to the mothers
13 during the 24—28th weeks of pregnancy, from maternity cards and birth certificates of the
14 offspring, and from the official death records of Statistics Finland from 1965—2018. Of the 12 231
15 individuals born into the cohort, excluded were 96 individuals that had completely missing
16 pregnancy data, two individuals that had undetermined sex, and 70 individuals that declined the
17 use of their data at later stages of the follow-up. Thus, the present analysis was based on 12 063
18 individuals (98.6% of the initial cohort base).

19 The study protocol follows the Declaration of Helsinki and has been approved by the
20 Ethics Committee of the Northern Ostrobothnia Hospital District. Mothers of the NFBC1966
21 members gave informed verbal consent in the beginning of the NFBC1966 in 1965—1966. In the
22 later stages of the study, written informed consent has been obtained from NFBC1966 members
23 participating in the follow-ups. The NFBC1966 data are administered by the NFBC Project Center,

1 and researchers who have been granted access to the data are allowed to handle it in a
2 pseudonymized format.

3

4 Parental, family, and offspring characteristics

5 Offspring's sex (male/female) and birthweight (in grams) were documented from maternity cards
6 and birth certificates. Mother's marital status was selected from the following response
7 alternatives: married, single, widow, divorced. As most mothers were married, the responses were
8 dichotomized as 'married' or 'unmarried'.

9 Mother's education level was reported according to the following alternatives: no
10 education or itinerant school; primary school for 1—4 years; primary school for 5—8 years;
11 vocational school for ½—2 years; vocational school for > 2 years; secondary school; matriculation
12 examination; matriculation examination and further studies. As most mothers had completed 5—8
13 years of primary school and/or secondary school, the responses were combined into three
14 categories as follows: 'high' (matriculation examination), 'medium' (> 4 years of studies but not
15 matriculation examination), or 'low' (\leq 4 years of primary school).

16 Mother's and father's occupational status were asked from participants and classified
17 as following alternatives: entrepreneur or employer; manager or clerk; labourer; unpaid family
18 worker; no occupation. A separate question also enquired the size and type of farm if applicable;
19 these responses were used to identify farmer families as they were common in the 1960s Northern
20 Finland. To ensure sufficient group sizes, occupational status was recategorized as 'high'
21 (entrepreneur, employer, manager, or clerk), 'manual work' (labourer, or unpaid family worker),
22 'farmer' (farmers and their partners), or 'low' (no occupation).

1 Total number of family members, and the number of family members aged ≤ 15 years,
2 were reported as raw numbers. We categorized both variables into tertiles (total family members:
3 ≤ 2 , 3—4, or ≥ 5 ; family members aged ≤ 15 : 0, 1—2, or ≥ 3).

4

5 Residential characteristics and wealth

6 Location of the residence was selected from the following alternatives: city, market town, village
7 centre or other population centre, periphery. The responses were re-grouped as 'city', 'population
8 centre' (including market town), and 'periphery'.

9 Total number of rooms in the family's residence was enquired by the following
10 question: "How many rooms are available for the family to utilize (including kitchen but excluding
11 kitchenette, sleeping alcove, bathroom, toilet, and the rooms that are rented out)?" The responses
12 were categorized into tertiles as follows: 1, 2, or ≥ 3 .

13 The questionnaire elicited whether several utilities were available at the family's
14 residence. Electricity, telephone, running water, and television were each elicited separately
15 (yes/no). Additionally, the families were asked whether they owned a residence, a car, or a
16 summerhouse (yes/no for each separately).

17

18 Offspring mortality

19 In Finland, cause-of-death investigation is required for all deaths (the Act relating to cause-of-death
20 investigation 459/1973). Once the investigation is completed, a death certificate is issued, stating
21 the date and causes of death. An independent review of the certificates is conducted by forensic
22 pathologists at the Finnish Institute for Health and Welfare; accepted certificates are forwarded to

1 Statistics Finland for archiving. The Finnish death certification practice has been concluded to
2 function accurately and appropriately[21].

3 For this study, we linked the NFBC1966 database with death records accumulated
4 from 1965 until the most recent update of the Statistics Finland official archive in the end of 2018.
5 As the Finnish authorities are generally informed of deaths occurring abroad, individuals with no
6 death records within the Statistics Finland database were assumed to be alive in Finland or abroad.
7 As our aim was to investigate all-cause mortality, we did not assess specific causes of death.

8

9 Statistical analysis

10 The data were accessed and analysed using SPSS version 27 (IBM, Armonk, NY, USA) unless
11 otherwise specified. Reclassifications relative to the original variables are presented above.
12 Distributions of the final variables were presented as percentages with frequencies (categorical
13 variables) or means with standard deviations after visual inspection for normality (continuous
14 variables).

15 To obtain a comprehensive view of the families' socioeconomic profiles, we applied
16 LCA to the socioeconomic data. The overall number of classes needed to sufficiently explain the
17 differences in response patterns is *a priori* unknown. Beginning with a one-class solution, several
18 models are systematically tested, gradually increasing the number of classes in the model, to find
19 the most parsimonious model which sufficiently discriminates between the individuals in each
20 different class.

21 We performed LCA using Mplus version 8.4 (Muthén & Muthén, Los Angeles, CA, USA).

22 All socioeconomic variables - mother's marital status, education, occupation; father's occupation;

1 total number of family members and those aged ≤ 15 years; location of residence, room count,
2 utilities; family's wealth - were included in the models. Offspring sex was omitted in the LCA
3 procedure to ensure equal class structure and class definitions for both sexes. Models with one to
4 six classes were tested as decided *a priori*, and model fit parameters were documented from the
5 data output. The choice of the best-fitting model was primarily based on the statistical significance
6 of the Lo-Mendell-Rubin and Vuong-Lo-Mendell-Rubin tests[22-24], entropy, Bayesian Information
7 Criterion, log-likelihood values, and adequate class sizes. Once the best-fitting solution was selected,
8 individuals were assigned to classes according to highest posterior membership probability. Lastly,
9 the classes were named to reflect the distributions of the studied variables in each class.

10 The full sample of 12 063 individuals contributed to LCA and received class assignment,
11 regardless of missing data. Percentages of missing data are shown for each variable in the results
12 section (0.0—10.1%). Assuming data to be missing at random, Mplus used the full information
13 maximum likelihood (FIML) method to compute parameter estimates based on all available data.

14 Finally, Cox regression was used to study the association between socioeconomic class
15 and offspring mortality. In order to comply with the proportional hazards
16 assumption, piecewise Cox regression models were separately fitted for three age intervals, namely
17 0—19 years ("childhood and adolescence"), 20—39 years ("early adulthood"), and 40—52 years
18 ("midlife"). As there is clear discrepancy in mortality between the men and women of this
19 population[25], the analyses were stratified by sex. Hazard ratios (HRs) and their 95% confidence
20 intervals (CIs) were documented from the regression output. Stillbirths (n = 174) were excluded
21 from the survival analysis. Additional survival analyses were performed with adjustment for
22 birthweight to test if the associations were irrespective from birth characteristics.

23

1 Data availability statement

2 NFBC1966 data is available from the University of Oulu, Infrastructure for Population Studies.
3 Permission to use the data can be applied for research purposes via electronic material request
4 portal. In the use of data, we follow the EU general data protection regulation (679/2016) and
5 Finnish Data Protection Act. The use of personal data is based on cohort participant's written
6 informed consent at his/her latest follow-up study, which may cause limitations to its use. Please,
7 contact NFBC project center (NFBCprojectcenter@oulu.fi) and visit the cohort website
8 (www.oulu.fi/nfbc) for more information.

9

1 Results

2 Study population

3 The background characteristics of the study population (N = 12 063) are presented in **Table 1**. Of
4 the offspring, 48.7% were female. Most mothers were married when pregnant (95.5%) and had
5 attended school for > 4 years but did not complete matriculation examination (84.7%). Most
6 mothers and fathers had manual occupation (35.1% and 53.1%, respectively). A typical family during
7 the mother's pregnancy included ≥ 3 members (74.5%), of whom 1—2 were aged ≤ 15 years (42.3%).
8 The family's residence was commonly located in periphery (40.7%), had ≥ 3 rooms (49.4%), and was
9 equipped with electricity (83.8%) and running water (50.3%). A minority of the families owned their
10 residence (44.0%), a car (35.9%), or a summerhouse (3.3%).

11

12 Latent class analysis and families' socioeconomic profiles

13 Goodness-of-fit statistics of LCA models with 1—6 classes are presented in **Table 2**. The five-class
14 model was selected as the best-fitting solution. In contextual evaluation of the detected classes
15 against the background variables, each of the classes was found to represent a distinct
16 socioeconomic profile and named accordingly as follows:

17 a) Highest status families (relative class size 15.4% of the population): Families characterized by
18 high occupational status of the mother (41.9%) and the father (75.5%), located in cities or
19 population centres (83.1%). Large residences with ≥ 3 rooms (86.5%) and utilities widely
20 available ($\geq 65.1\%$). Above-average wealth (own residence 40.6%, car 82.3%, summerhouse
21 15.7%).

- 1 b) Small families (22.1%): Families with ≤ 2 members (95.4%) and no individuals aged ≤ 15 at time
2 of pregnancy (92.8%). Living in a residence with 1—2 rooms (79.2%) in a city or population centre
3 (81.9%).
- 4 c) Larger families (15.4%): Families with ≥ 5 members (98.3%) and ≥ 3 individuals aged ≤ 15 (77.0%).
- 5 d) Average wealth families (23.4%): Medium-sized families living in medium-sized residences with
6 average utilities and wealth.
- 7 e) Rural families (23.3%): Relatively large families located in periphery (86.9%), with farming as the
8 most common occupation among mothers (93.9%) and fathers (74.8%).

9

10 Association between family's socioeconomic profile and offspring mortality

11 During the follow-up of 52 years, a total of 862 deaths occurred among the offspring. Males had
12 higher mortality (9.2%) than females (5.0%). Among male offspring, premature death in early
13 adulthood was associated with average wealth families (HR 1.93, 95% CI 1.15—3.24) relative to
14 highest status families (**Table 3**). Premature death during midlife was associated with background
15 in larger families (HR 2.19, 95% CI 1.32—3.63), average wealth families (HR 1.66, 95% CI 1.02—2.73)
16 and rural families (HR 1.63, 95% CI 1.00—2.68). Socioeconomic profile was not associated with
17 mortality in childhood and adolescence. The results remained highly similar after adjustment for
18 offspring's birthweight (**Supplementary Table 1**).

19 Among female offspring, socioeconomic profile was not associated with premature
20 mortality in early adulthood or midlife (**Table 3**). Mortality in childhood and adolescence was higher
21 among females from rural families (HR 2.91, 95% CI 0.99—8.61) compared to highest status families,
22 however, the association did not quite reach statistical significance.

1 Associations between individual socioeconomic factors and offspring's premature
2 mortality stratified by sex and age categories are seen in **Supplementary Table 2**. Beyond the
3 clusters, also mother's marital status and occupation, father's occupation, family size, residency,
4 utilities, and wealth all associated separately with offspring's premature mortality.

5

6 Sensitivity analyses

7 In addition to the primary analysis that adjusted for missing data by means of FIML (n = 12 063), we
8 also performed a complete-case analysis (n = 9422) as a sensitivity approach (data not shown). The
9 final class structure of LCA and associations with mortality were similar in both approaches.
10 Moreover, there was no statistically significant difference in overall mortality between the
11 complete-case sample and those with missing data (6.9% vs. 7.9%, P = 0.10).

12

1 Discussion

2 In this large birth cohort study, we found five distinct prenatal family socioeconomic profiles. Having
3 been born to families with more than five members, medium-sized families with average wealth,
4 and relatively large families living in rural areas associated with increased midlife mortality in male
5 offspring. Socioeconomic profile was not associated with mortality among female offspring.

6 Although previous literature has described the association between background
7 family's socioeconomic variables and offspring health and mortality during the early life
8 course[12,15-18], studies addressing the association in later life have been lacking. The findings of
9 this study suggest that family characteristics collected prenatally have predictive value for
10 premature mortality among males until midlife. One possible mechanism to this association is the
11 family socioeconomic environment during offspring's formative years influencing later health-
12 related behaviour across the life course[14]. Family socioeconomic environment may also be linked
13 to differential vulnerability to stressors during the life course. It should be noted that this analysis
14 did not include any life course data as we specifically aimed to characterize the role of family's
15 socioeconomic characteristics at birth, and all life course variables were seen as potential effect
16 mediators. Future studies are encouraged to further investigate the potential mediating pathways
17 during the life course.

18 The present data underline the predictive role of high socioeconomic status in lower
19 premature mortality among men in particular. Among women, family's socioeconomic background
20 does not seem to influence the risk for premature mortality until midlife. Contradictory, a previous
21 French study has found that parental socioeconomic status, namely paternal occupation, predicts
22 mortality in adult age among female offspring but not among males, most likely due to effects of
23 the World Wars[26]. When concerning the lifetime socioeconomic status, men in low social classes

1 have higher mortality than women in same classes[27,28]. There is a smaller sex difference in higher
2 social classes suggesting that men are more vulnerable to adverse effects of low socioeconomical
3 status. Although we did not find significant associations between low socioeconomic status and
4 premature mortality in female offspring, our current results suggest that having rural background
5 might heighten the risk for premature mortality in childhood and adolescence in women. However,
6 further studies with a higher number of outcome events are needed to confirm this potential
7 association. Overall, our findings indicate that premature mortality of men and women are clearly
8 two distinct phenomena with potentially substantially differing underlying socioeconomic factors.
9 Patterns of timing and causes of premature mortality differ between women and men[25], which
10 may explain the current findings.

11 This study had several strengths, one being the use of a large, unselected,
12 representative, population-based birth cohort containing >12 000 families with nearly 570 000
13 person years of follow-up of the offspring. A wide range of socioeconomic variables was collected
14 prospectively during the second trimester of pregnancy. The follow-up of offspring lasted up to 52
15 years of age and was complete in terms of mortality without any loss to follow-up. The validity of
16 the Finnish cause-of-death register is proven to be excellent. The NFBC1966 dataset is highly
17 valuable in the context of the present research question. Another strength is the use of LCA
18 methodology which identified five distinct socioeconomic family profiles. LCA was used not only due
19 to the strong intercorrelations between the individual socioeconomic variables, but also to reduce
20 the number of statistical tests performed and thus minimize the risk for type 1 error. Supplemental
21 analyses confirmed that several socioeconomic factors associate with premature mortality also
22 when studied individually, indicating that the observed associations between latent profiles and
23 mortality are not driven by just one or a few variables.

1 There were some limitations to this study. Despite the long follow-up and large sample
2 size, the number of deaths accumulated in each class was relatively low. Additionally, the
3 socioeconomic factors were collected in 1960s and represent the Finnish society more than 50 years
4 ago. The family socioeconomic factors related to increased mortality might be different for future
5 generations.

6 In summary, the present results highlight the importance of considering early life
7 predictors of mortality and suggest that family's socioeconomic profile constructed prenatally has
8 predictive value for premature mortality among male offspring until midlife. This study provides
9 further evidence that premature mortality of men and women of Northern Finnish origin seem to
10 be two distinct phenomena with differing underlying factors. Future studies are encouraged to shed
11 light on the potential life-course mediators of this difference.

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Table 1. Socioeconomic characteristics of the full sample and the five classes. Values are percentages and frequencies unless otherwise specified.

	ALL (N = 12 063)		Highest status families (n = 1855)		Small families (n = 2660)		Larger families (n = 1857)		Average wealth families (n = 2877)		Rural families (n = 2814)	
Offspring characteristics												
Female sex	48.7	5880	48.2	894	49.2	1310	47.6	884	48.6	1399	49.5	1393
Birth weight (kg)*	3.44	0.59	3.53	0.59	3.33	0.56	3.46	0.64	3.43	0.59	3.49	0.59
<i>Missing (at least one)</i>	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Maternal characteristics												
Mother's marital status												
Married	95.5	11 519	98.7	1831	91.7	2439	92.5	1717	97.5	2804	96.9	2728
Not married	4.4	528	1.1	20	8.1	215	7.5	139	2.5	72	2.9	82
<i>Missing</i>	0.1	16	0.2	4	0.2	6	0.1	1	0.0	1	0.1	4
Mother's education level												
High	4.5	543	20.7	384	5.1	136	0.2	4	0.5	14	0.2	5
Medium	84.7	10 222	75.9	1386	92.6	2398	82.6	1534	94.9	2685	78.9	2219
Low	9.0	1087	3.1	57	2.1	55	15.5	287	4.5	129	19.9	559
<i>Missing</i>	1.7	211	1.5	28	2.7	71	1.7	32	1.7	49	1.1	31
Mother's occupational status												
High	9.9	1192	41.9	777	11.2	298	1.0	19	2.8	80	0.6	18
Manual work	35.1	4240	30.0	557	61.1	1625	36.2	672	44.1	1270	4.1	116
Farmer	22.4	2702	0.6	12	0.8	20	0.1	2	0.9	25	93.9	2643
Low	30.4	3668	25.3	469	23.4	623	61.0	1133	49.9	1437	0.2	6
<i>Missing</i>	2.2	261	2.2	40	3.5	94	1.7	31	2.3	65	1.1	31
Paternal characteristics												
Father's occupational status												
High	20.4	2455	75.5	1400	15.7	418	11.6	216	11.6	334	3.1	87
Manual work	53.1	6410	17.7	329	67.0	1781	78.5	1458	81.2	2336	18.0	506
Farmer	18.2	2199	2.4	45	1.6	42	0.0	0	0.2	7	74.8	2105
Low	2.6	313	1.5	27	5.9	157	1.8	34	2.9	83	0.4	12
<i>Missing</i>	5.7	686	2.9	54	9.8	262	8.0	149	4.1	117	3.7	104
Family characteristics												
Family member count												
≤ 2	23.5	2837	12.5	231	95.4	2538	0.0	0	0.0	0	2.4	68
3—4	37.3	4494	55.3	1025	0.0	0	0.4	8	98.4	2832	22.4	629
≥ 5	37.2	4484	31.2	579	0.0	0	98.3	1826	0.0	0	73.9	2079
<i>Missing</i>	2.1	248	1.1	20	4.6	122	1.2	23	1.6	45	1.4	38
Family members aged ≤ 15 years												
0	27.5	3317	17.4	323	92.8	2469	2.9	54	5.6	162	11.0	309
1—2	42.3	5105	62.5	1159	1.4	37	17.0	315	91.1	2620	34.6	974
≥ 3	26.6	3211	17.7	328	0.0	0	77.0	1430	0.0	0	51.6	1453
<i>Missing</i>	3.6	430	2.4	45	5.8	154	3.1	58	3.3	95	2.8	78
Residential characteristics												
Location												
City	30.4	3670	41.5	770	50.6	1345	24.0	446	38.2	1099	0.4	10
Population center	28.8	3479	41.6	772	31.3	832	29.9	556	33.4	960	12.8	359
Periphery	40.7	4914	16.9	313	18.2	483	46.0	855	28.4	818	86.9	2445
<i>Missing</i>	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Room count												
1	14.8	1787	0.6	11	41.2	1096	5.1	95	17.9	515	2.5	70
2	30.9	3725	9.4	175	38.0	1010	30.9	574	50.3	1448	18.4	518
≥ 3	49.4	5959	86.5	1605	13.3	354	59.2	1100	27.3	784	75.2	2116
<i>Missing</i>	4.9	592	3.5	64	7.5	200	4.7	88	4.5	130	3.9	119
Utilities												
Electricity	83.8	10 113	99.0	1837	91.4	2430	80.9	1503	88.3	2814	64.1	1804
Telephone	20.6	2483	65.1	1207	11.3	301	12.7	235	9.9	285	16.2	455
Running water	50.3	6072	90.7	1683	57.9	1540	35.5	659	46.8	1345	30.0	845
Television	46.4	5598	78.0	1447	31.5	839	48.5	901	52.0	1496	32.5	915
<i>Missing (at least one)</i>	7.7	924	7.0	130	10.5	278	7.1	132	8.1	233	5.4	151
Wealth												
Own residence	44.0	5312	40.6	754	8.8	233	56.0	1040	28.0	806	88.1	2479
Own car	35.9	4328	82.3	1527	31.3	832	26.9	499	32.9	946	18.6	524
Own summerhouse	3.3	393	15.7	291	1.0	27	1.1	21	1.3	37	0.6	17
<i>Missing (at least one)</i>	10.1	1216	11.5	213	10.8	286	10.7	199	8.9	256	9.3	262

*Values are means and standard deviations.

Table 2. Fit statistics of the latent class analysis models with 1—6 classes.

Number of classes	Class size	Average posterior membership probability	Log-likelihood	Bayesian information criterion	Entropy	Vuong-Lo-Mendell-Rubin likelihood ratio test	Lo-Mendell-Rubin likelihood ratio test
1	1.00	1.00	-129 221.7	258 668.9	-	-	-
2	0.35/0.65	0.93/0.97	-117 329.5	235 119.5	0.860	p < 0.001	p < 0.001
3	0.43/0.24/0.34	0.96/0.98/0.95	-111 908.1	224 511.7	0.913	p < 0.001	p < 0.001
4	0.30/0.23/0.27/0.20	0.95/0.98/0.89/0.87	-109 345.9	219 622.2	0.864	p < 0.001	p < 0.001
5	0.23/0.15/0.24/0.15/0.22	0.97/0.85/0.95/0.94/0.98	-107 227.0	215 619.3	0.911	p < 0.001	p < 0.001
6	0.21/0.12/0.22/0.14/0.21/0.10	0.96/0.84/0.93/0.93/0.97/0.83	-105 746.6	212 893.5	0.896	p = 0.758	p = 0.758

Table 3. Hazard ratios (HR) and 95% confidence intervals (CIs) for offspring mortality in different phases of life-course.

	Male offspring		Female offspring	
	Deaths per class	HR (95% CI)	Deaths per class	HR (95% CI)
Childhood and adolescence (age 0—19)	n=6090		n=5799	
Highest status families	11/947 (1.2%)	1 (<i>reference</i>)	4/886 (0.5%)	1 (<i>reference</i>)
Small families	17/1326 (1.3%)	1.10 (0.52; 2.36)	9/1284 (0.7%)	1.56 (0.48; 5.05)
Larger families	14/955 (1.5%)	1.27 (0.57; 2.79)	7/869 (0.8%)	1.79 (0.52; 6.10)
Average wealth families	17/1460 (1.2%)	1.00 (0.47; 2.14)	14/1385 (1.0%)	2.24 (0.74; 6.81)
Rural families	27/1402 (1.9%)	1.66 (0.83; 3.35)	18/1375 (1.3%)	2.91 (0.99; 8.61)
Early adulthood (age 20—39)	n=5985		n=5733	
Highest status families	19/933 (2.0%)	1 (<i>reference</i>)	11/879 (1.3%)	1 (<i>reference</i>)
Small families	35/1307 (2.7%)	1.32 (0.76; 2.31)	11/1270 (0.9%)	0.69 (0.30; 1.59)
Larger families	33/937 (3.5%)	1.75 (0.99; 3.07)	9/862 (1.0%)	0.83 (0.35; 2.01)
Average wealth families	56/1436 (3.9%)	1.93 (1.15; 3.24)	15/1368 (1.1%)	0.88 (0.40; 1.91)
Rural families	36/1372 (2.6%)	1.29 (0.74; 2.25)	13/1354 (1.0%)	0.77 (0.34; 1.71)
Midlife (age 40—52)	n=5825		n=5688	
Highest status families	22/917 (2.4%)	1 (<i>reference</i>)	22/871 (2.5%)	1 (<i>reference</i>)
Small families	36/1274 (2.8%)	1.18 (0.70; 2.01)	21/1264 (1.7%)	0.66 (0.36; 1.19)
Larger families	47/908 (5.2%)	2.19 (1.32; 3.63)	14/853 (1.6%)	0.65 (0.33; 1.27)
Average wealth families	55/1387 (4.0%)	1.66 (1.02; 2.73)	21/1356 (1.5%)	0.61 (0.34; 1.11)
Rural families	52/1339 (3.9%)	1.63 (1.00; 2.68)	22/1344 (1.6%)	0.65 (0.36; 1.17)