

Create a Fact Sheet on Poverty and life chances

[Submit Assignment](#)

Due Mar 11 by 11:55pm **Points** 50 **Submitting** a text entry box or a file upload
Available Oct 22, 2017 at 8am - Mar 11 at 11:55pm 5 months

Fact Sheet on poverty and life chances

The Issue

The concept of life chances was introduced by German sociologist Max Weber. He believed that the resources available to an individual determines if his or her life will remain the same or improve both socially and economically. Pretend that you work for an organization dedicated to improving lives of the poor. You are invited to work with Houston Mayor's initiative on poverty.

Your task

You have to prepare a fact-sheet regarding the impact of poverty on **ONE** the following variable:

1. Education
2. Health
3. Occupation

Below is an example of a fact-sheet. Please do not copy the heading of this sample facts-sheet. When you select one variable, try to collect statistics on that variable and explore how this variable change by socio-economic status. For instance, if you are looking at data on education, look at graduation rates by income. In other words how do poor students fair?

https://www.unicef.org/malaysia/Teenage_Pregnancies_-_Overview.pdf

(https://www.unicef.org/malaysia/Teenage_Pregnancies_-_Overview.pdf)

Fact Sheet Guidelines

Chose only ONE (Education/Health/Occupation) variable

First, write few lines about the issue (For example, what it is important to look at link between poverty and education. Define the problem.

Second, present all data (statistics and/or results of research reports) – use bullet points to present information

Third, offer a solution. Based on your readings for module 3 (social stratification), what solutions would you offer.

Your fact sheet must be a maximum 2 pages (not including your works cited page).

Your fact sheet should be submitted as a PDF file.

Your fact sheet must include at least 5 sources, all of which should be properly cited both in-text and on your works cited page.

Your fact sheet must be well-formatted and visually appealing.

Your fact sheet should demonstrate that you have a thorough understanding of the sociological approach to understanding social stratification and its impact on individuals.

WORLD POPULATION DAY • 11 JULY 2008

PLAN YOUR FUTURE, PLAN YOUR FAMILIES

Young People and Family Planning: Teenage Pregnancy

DEFINITION

Teenage pregnancy is defined as a teenage girl, usually within the ages of 13-19, becoming pregnant.

The term in everyday speech usually refers to girls who have not reached legal adulthood, which varies across the world, who become pregnant.

THE CURRENT SITUATION

- Half of the world's population are under 25. Some 1.8 billion are aged 10-25, history's largest generation of adolescents, and about 85% live in the developing world.
- Most people become sexually active before their 20th birthday.
- 49% of girls in least developed countries marry before they turn 18.
- 10% – 40% of young unmarried girls have had an unintended pregnancy according to community studies.
- Some 14 million children worldwide are born every year to young married and unmarried women aged 15 to 19.

CAUSES OF TEEN PREGNANCIES

Teen pregnancies may result for different reasons in industrialised countries as compared to developing countries. Factors that contribute to teenage pregnancies include:

- Customs and traditions that lead to early marriage (developing countries)
- Adolescent sexual behaviour which may also be influenced by alcohol and drugs
- Lack of education and information about reproductive sexual health including lack of access to tools that prevent pregnancies
- Peer pressure to engage in sexual activity
- Incorrect use of contraception
- Sexual abuse that leads to rape
- Poverty
- Exposure to abuse, violence and family strife at home
- Low self esteem
- Low educational ambitions and goals

TEEN PREGNANCY: LIFE OUTCOMES ON A TEEN MOTHER, HER CHILD AND SIBLINGS

Research indicates that teen pregnancy and motherhood can have detrimental socio economic and psychological outcomes for the teen mother, her child, and her young siblings.

a) A teen mother is more likely to:

- drop out of school
- have no or low qualifications
- be unemployed or low-paid
- live in poor housing conditions
- suffer from depression which may result in suicide
- live on welfare

b) The child of a teen mother is more likely to:

- live in poverty
- grow up without a father
- become a victim of neglect or abuse
- do less well at school
- become involved in crime
- abuse drugs and alcohol
- eventually become a teenage parent and begin the cycle all over again

c) The younger sibling of a teen mother is more likely to:

- accept sexual initiation and marriage at a younger age
- place less importance on education and employment

TEEN PREGNANCY: MEDICAL OUTCOMES

- Research indicates that pregnant teens are less likely to receive prenatal care, often seeking it only in the third trimester, if at all.
- As a result of insufficient prenatal care, the global incidence of premature births and low birth weight is higher amongst teenage mothers.
- Risks for medical complications are greater for girls 14 years of age and younger, as an underdeveloped pelvis can lead to difficulties in childbirth.
- Young women under 20 face a higher risk of obstructed labour, which if Caesarean section is not available can cause an obstetric fistula, a tear in the birth canal that creates leakage of urine and/or faeces. At least 2 million of the world's poorest women live with fistulas.
- Complications during pregnancy and delivery are the leading causes of death for girls aged 15 to 19 in developing countries. They are twice as likely to die in childbirth as women in their 20s.
- Teenage girls account for 14% of the estimated 20 million unsafe abortions performed each year, which result in some 68,000 deaths.

TEEN PREGNANCY: STIs, HIV AND AIDS

- As a result of unprotected sex, young people are also at risk of sexually transmitted diseases and HIV infection.
- The highest rates of STIs worldwide are among young people aged 15 to 24. Some 500,000 become infected daily (excluding HIV).
- Two in five new HIV infections globally occur in young people aged 15 to 24.
- Surveys from 40 countries show that more than half their young people have misconceptions about how HIV is transmitted.
- Married adolescent girls generally are unable to negotiate condom use or to refuse sexual relations. They are often married to older men with more sexual experience, which puts them at risk of contracting STIs, including HIV.

FAMILY PLANNING AND YOUNG PEOPLE: CHALLENGES

- Many societies, including in Malaysia, disapprove of premarital sex.
- As a result, young people have limited or no access to education and information on reproductive sexual health care.
- Modern contraceptive use among adolescents is generally low, and decreases with economic status. Fewer than 5% of the poorest young use modern contraception.
- Young women consistently report less contraceptive usage than men, evidence of their unequal power in negotiating safer sex or restrictions on their access to services (such as lack of information, shame, laws, health provider attitudes and practices, or social norms).
- Young people may hesitate to visit clinics because of lack of privacy and confidentiality, inconvenient locations and hours, high costs, limited contraceptive choices and supplies, and perhaps most importantly, negative or judgmental provider attitudes.
- Laws and policies also may restrict adolescents' access to information and services, for example, by limiting family planning to married people or requiring parental or spousal consent.
- A basic challenge in advocacy, especially in traditional societies, is the taboo on public discussion of sexual issues, including the fact that many young people are sexually active before marriage.

Sources:

The Lancet's Maternal Survival and Women Deliver Series (2006/2007);
2005 World Health Report
2001 Innocenti Report: League Table of Teenage Births in Rich Nations
UNFPA Resource Kit: World Population Day 2008