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**Medical Institute of Sexual Health:**

**Societal & Economic Burdens of Foster Teens with STDs**

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**Introduction**

Sexually transmitted diseases (STDs) are illnesses transmitted through carnal contact, including HPV, chlamydia, gonorrhea, genital herpes, syphilis, and HIV. These pathogens can be asymptomatic for extended periods and can still pose a risk even without symptoms. STDs can be contracted through oral, anal, or vaginal contact with a person who has one, and sexually active individuals can contract them. STDs are prevalent, especially among adolescents, with 26 million new cases of sexually transmitted infections in the United States in 2018. Approximately 50% of these infections affect individuals aged 15 to 24. Youth are more susceptible to STDs due to biological factors, lack of recommended testing, reluctance to discuss sexual affairs openly, transportation or insurance issues, and the presence of multiple sexual partners.1 Around half of the 20 million new sexually transmitted infections (STIs) in the US are found in teenagers aged 15-24 years. Approximately 25% of sexually active teenage females are believed to have an STI, with Chlamydia trachomatis (CT) and human papillomavirus (HPV) being the most frequent.2 Adolescents are more vulnerable to STIs due to behavioral and biological factors. They are more prone to risky sexual activities, including multiple partners and unprotected sex, due to the maturing prefrontal cortex.2 Additionally, adolescents are less likely to use sexual health services, increasing the likelihood of exposure to STIs and decreasing the likelihood of diagnosis and treatment. Adolescent girls are more susceptible to STIs compared to adults.2

 Youth is the defined timeframe for those aged 15 to 24 years. According to estimates, the proportion of youths in the European population was around 10% in 2019. A study was conducted on a diverse group of teenagers from various schools in 10 European nations3. Out of all the participants, 19.2% reported having engaged in sexual intercourse, with the average age being 15 years. The National Survey of Family Growth in the United States found that 42% of never-married female teens and 38% of never-married male teenagers have engaged in sexual intercourse3. There is a correlation between younger age at first sexual intercourse and higher likelihood of engaging in several sexual partnerships and without using contraception.4 Sexually transmitted infections (STDs) among adolescents and youths are becoming a growing public health issue in these situations. Chlamydia trachomatis is a highly common pathogen associated with sexually transmitted diseases (STDs), affecting about two-thirds of individuals between the ages of 15 and 24. Chlamydial infections commonly manifest with moderate and vague signs and symptoms. Additionally, many infections may not show any symptoms, leading to a delayed diagnosis and continuous transmission. The ability to accurately determine the prevalence of chlamydia in various communities is hindered by the presence of diversity within the populations being surveyed, as well as differences in the methods used for sampling and reporting data. In 2017, the European Centre for Disease Prevention and Control's surveillance report indicated a crude notification rate of 146 cases per 100,000 people.3 The notification rates in Europe varied significantly, with some countries having rates that were more than 5,000 times higher than others. This difference is primarily due to variations in chlamydia testing, case identification, and reporting methods, rather than indicating actual differences in the prevalence of chlamydia.

 Youth in foster care are more likely to engage in sexual practices that raise their chances of facing detrimental sexual and reproductive health (SRH) consequences.4 Teenaged females in foster care face higher risks of social and health issues compared to those not placed in foster care.4 They often exhibit behavioral issues, including mental difficulties, substance misuse, and involvement with the legal system. Adolescents in foster care are also more likely to engage in hazardous sexual activities, increasing their vulnerability to sexual and reproductive health risks.4 The foster care system provides temporary living arrangements for children and adolescents who cannot live with their biological families due to neglect, abuse, or abandonment.

 System-involved adolescents may encounter additional difficulties or obstacles while navigating this period of transition. In the absence of robust familial and social connections, individuals may encounter heightened susceptibility to partake in precarious activities, such as participating in unprotected sexual intercourse and having numerous sexual partners, so increasing their chances of experiencing unwanted pregnancy, contracting HIV, and acquiring other sexually transmitted illnesses.4 The lack of education and the fear of talking about sex hinders the lives of many teens and put them at risk of catching an STD. I believe many adults tend to shy away from talking about sex with kids because of the negative stigma that is attached with having sex. Children in foster care are already at a disadvantage because they do not have both of their biological parents in their lives to educate them about STD’s/STI’s and the risk of a teenaged pregnancy.

 The shame and stigma surrounding sexually transmitted diseases (STDs) act as obstacles for teenagers in their efforts to seek diagnosis and treatment promptly and appropriately.5 Nevertheless, there is limited knowledge regarding the correlation between these conceptions and STD-protective actions, such as engaging in sexual intercourse while using condoms.5 I believe to change the stigma around sex between adults and teenagers, foster parents must be able to have that conversation with them. The significance of parents, guardians, and other caregivers encompassing individuals who fulfill a parental role in all facets of adolescent development cannot be emphasized enough, particularly in the realm of sexual education.6 Parents have the most significant influence on their teenagers' decisions on sex, and they often underestimate the extent of their impact. Adolescents that are involved in the foster care system face difficult challenges that the average adolescent may never encounter. A study shown that once many adolescents are aged out of the system, they a greater likelihood of participating in sexual risk behaviors, such as early onset of sexual activity, having several sexual partners, and engaging in transactional sex. Sexually transmitted infection (STI) rates are comparable between adolescents entering foster care and their peers not in foster care. However, STI rates notably rise among youth while in and after leaving foster care, in contrast to their peers.

**Miseducation of STDs**

STDs are a societal burden that affects people globally every day. According to the World Health Organization (WHO), there are approximately one million new cases of sexually transmitted diseases. Why? Why are there so many new cases daily? In my opinion, I believe it’s a combination of both lack of prevention education and the belief that it cannot happen to them. When you’re young, living life, you feel a sense of invincibility and believe nothing life-threatening can happen to them. During teenaged years, teens go through this rebellious stage in their lives where they think they know everything, and adults don’t know anything. During this stage, the relationship between parent(s) and the child can be very complicated. With the age of social media and access to the internet, many feel as if those outlets have replaced parents because majority of the learning of information comes in that form. A prior study done among adolescent students revealed that many of them were aware of sexually transmitted infections (STIs), with a particular emphasis on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) rather than other forms of sexually transmitted diseases (STDs)7. The students mostly acquired knowledge on sexually transmitted diseases (STDs) from sources such as the Internet, newspapers, or magazines. Furthermore, a significant number of individuals lack awareness regarding their susceptibility to contracting sexually transmitted diseases (STDs) and possess insufficient understanding of STDs, particularly in developing nations. Gaining comprehensive understanding of symptoms and preventative methods for sexually transmitted diseases (STDs) is crucial for minimizing the likelihood of sexual transmission and the incidence of STDs. The conversation between parent(s)/adults and teens about sex is a weird and awkward conversation but it is a needed conversation in the home to prevent early childhood pregnancies and STDs/STIs. The stigma needs to change, regardless of how cringy the conversation may seem. To address the miseducation of STDs, it is important to promote comprehensive sex education that includes accurate information about STDs, prevention methods, and destigmatization. Providing accessible healthcare services, promoting open dialogue, and challenging misconceptions can also contribute to a more informed and empowered society when it comes to sexual health.

**Factors/Barriers**

Stigma and prejudices are underlying factors that contribute to health disparities, and they are indicative of the unequal distribution of advantages, authority, and disadvantages within a community. The recorded experiences and effects of stigma and discrimination are well-known, but there is still a significant lack of information on effective methods to decrease stigma and discrimination in sexual and reproductive healthcare environments. Teens in foster care face barriers that many kids from a household where the biological parent is present. The relationship between foster child and parent is a more complicated and complex situation because the child may have been traumatized and feel unwanted. They are various of obstacles foster parents face to create a healthy relationship with the child for them to be able to take heed to practice safe sex and abstinence. From the foster parent perspective, they might not have the knowledge or enough education on the topic of sex and STDs.

 Another barrier foster teens face is the inadequate sexual education classes in schools. The delivery of sexual health education in the United States is characterized by inconsistency and inadequacy, as it fails to adequately equip individuals with the required knowledge to make educated and healthy choices regarding their sexuality and sexual behavior. Approximately 50% of states mandate the inclusion of sex education in their curriculum, although only 25% necessitate the dissemination of medically precise material. This insufficient and occasionally erroneous curriculum arises from conflicting moral and religious doctrines, regulations enacted by state and national authorities, and misunderstandings regarding the impact of comprehensive instruction. The lack of sufficient knowledge contributes to elevated levels of adolescent pregnancies, the spread of sexually transmitted diseases, and the marginalization of LGBTQ persons in society. Organizations have attempted to intervene by developing extensive curricula, offering support for integration into school curricula, and disseminating material on websites for free access by individuals. Take me for example, I grew up in a single-parent household, in a low socioeconomic community. I pretty much went to schools that were underfunded until I attended high school. From grade K-12, I was never required to take a sex education class and we only had outside community health workers that came to the school once a year to talk to us about sex education and STD prevention. In High School, we were given the opportunity to take Health Education but only as an elective and it was a different curriculum you had to take that differ from the curriculum, I was only to qualify for a scholarship to go to college. In America, our educational system is comical, why wouldn’t every child that comes through our education system not required to take a sex education class to graduate to the next grade? In my opinion, money is more important for healthcare industry than saving young lives. America has a bunch of misinformed kids that will one day become misinformed adults, living recklessly. I believe that sexual education classes in high school shouldn’t be a choice but a requirement in all 50 states regardless of moral and religious controversies.

**Societal/Economic Burdens**

 The economic burden of a disease represents the worth of all resources spent due to the sickness, considering the opportunity cost of using these resources instead for their desired alternative purpose, supposing the illness had not occurred.8 The economic impact of STDs may be measured by assessing the number of resources that would be freed up for other reasons if they were not allocated to address STDs.8 The primary sources of financing might be the government, people, or other entities such as insurers. Occasionally, resources can be utilized without any corresponding exchange of currency.

 The expenses related to STDs and other diseases encompass "direct" expenditures, which consist of both medical and nonmedical expenses for services and supplies. The primary direct expenditures connected with disease encompass expenses related to healthcare professionals' services (such as physicians, nurses, technicians, and others), hospital admissions, drugs, and medical equipment. The expenses associated with transportation, home care, specialized education, and similar resources are considered direct expenditures.

 Illness also results in productivity costs. These expenses, also referred to as "indirect" costs, represent the value of the productive time that the affected individual (and society) forfeit due to illness. Productivity costs encompass the time lost due to illness, preventing individuals from participating in their usual activities, as well as early death. The amount of time that individual spends on activities related to treatment, such as traveling to get care, waiting in the clinic waiting room, filling a prescription, and completing a procedure, can be classified as either a direct cost or a productivity cost. Irrespective of its classification, it involves a trade-off in terms of foregone alternatives.

 The economic impact of an illness can be determined by calculating either its prevalent costs (the yearly costs of cases that exist during a particular year) or the lifetime costs of individual cases (costs incurred from the time of diagnosis until death). This analysis specifically examines the previous method used to quantify the economic impact, sometimes referred to as the "cost-of-illness." This technique aims to quantify the expenses related to the range of existing instances, including the present expenditures for cases that have already happened, but it does not consider the future costs connected with a condition. Prevalent costs offer an approximation of the economic burden that is valuable for making comparisons on a yearly basis, such as for federal, state, or institutional budgets. On the other hand, incident costs reveal the whole effect of an illness on a per-case basis, considering the passage of time. They encompass the current worth of forthcoming expenses linked to the incidents happening during a specific year. There is a distinct correlation between individuals with poor socioeconomic level and their susceptibility to contracting sexually transmitted infections (STIs). This is particularly accurate among adolescents, teenagers, and young adults who engage in sexual activity more often.

 A study conducted in 2021 and published in the journal Sexually Transmitted Diseases assessed the likelihood of contracting sexually transmitted infections (particularly chlamydia, gonorrhea, and trichomoniasis) among individuals aged 13 to 26, considering their socioeconomic position. The study was undertaken as part of a longitudinal nationwide survey initiated in the 1990s to monitor the health of teenagers as they transition into adulthood.

 Unsurprisingly, they discovered that the incidence of sexually transmitted infections (STIs) rose as socioeconomic status (SES) declined. Nevertheless, a far more influential aspect was the prevalence of sexually transmitted infections (STIs) among individuals belonging to various racial or cultural backgrounds. Black individuals across all income groups had a much higher risk of sexually transmitted infections (STIs) compared to White individuals with same socioeconomic status (SES), with the risk being two to three times larger. In contrast, only Latinx individuals classified as impoverished, second poorest, and middle-class had notably higher rates of sexually transmitted infections (STIs) in comparison to White individuals. The reason behind the difference is intricate. From a purely socioeconomic standpoint, disregarding race/ethnicity, the researchers propose that other factors are involved, including:

* Limited healthcare accessibility
* Reduced availability of proactive information
* Elevated risk of infection resulting from elevated frequencies of sexually transmitted infections (STIs) within the population.
* Engaging in sexual activities for financial gain
* A distinct perspective emerges when examining the risk of sexually transmitted infections (STIs) within individuals of the same racial or cultural background.

The study found that the disparity in the risk of chlamydia, gonorrhea, or trichomoniasis across various socioeconomic status (SES) groups within the same race or ethnicity was only 5% to 15%. This difference was much smaller compared to the disparity observed when comparing different racial or ethnic groups with the same SES**.**

 Foster teens living with STDs can experience various societal burdens that can have far-reaching implications. Some societal burdens associated with foster teens living with STDs are stigma and discrimination, educational challenges, relationship difficulties, increased risk of exploitation, and strain on foster care system. Individuals with STDs often face social stigma and discrimination, which can be particularly challenging for foster teens. This stigma may lead to isolation, exclusion, and negative judgements from peers, community members, and caregivers. It can impact their mental health, self-esteem, and overall well-being. Living with STDs can disrupt a teen’s education. Absences due to medical appointments, physical discomfort, or mental health issues can affect their ability to fully participate in school. This can lead to academic underachievement, lower graduation rates, and limited future educational opportunities. The societal burden includes the loss of their potential contributions to society and reduced opportunities for personal growth. Foster teens with STDs may face challenges in forming and maintaining healthy relationships. The fear of disclosure, rejection, or judgement from potential partners can impact their ability to build meaningful relationships.

 Foster teens living with STDs may be more vulnerable to exploitation and abuse. Their limited support networks and potential lack of knowledge about healthy relationships can make them targets for manipulation. This can create a cycle of abuse and further exacerbate their social and emotional burdens. Lastly, the presence of STDs among foster teens can place additional strain on the already stretched foster care system. The system may need to provide specialized healthcare services, counseling, and support to address the unique needs of these individuals. This can increase funding, trained professionals, and suitable placements, further challenging an already overwhelmed system. Addressing these societal burdens requires a comprehensive approach that includes destigmatizing STDs, promoting inclusive and supportive environments, implementing evidence-based sex education, and providing accessible healthcare services. By creating an environment that supports foster teens living with STDs, we can help them overcome these burdens and thrive as valued members of society.

**Prevention**

As a result of these elevated rates and the accompanying physical and mental morbidity and mortality, the risk of contracting an STD is among the most significant and imminent hazards to the health and welfare of adolescents.8 The Institutes of Medicine, in fact, has urged for the development of a national STD prevention strategy and classifies STDs among adolescents as an epidemic.8 Preventing foster teens from contracting STDs and STI involves a combination of comprehensive sex education, safe sex practices, open communication, regular testing, vaccinations, avoid substances, and better access to healthcare. By increasing the use of condoms, sexual health promotion interventions are effective in promoting sexual health.9 Long-term effects on non-behavioral variables tend to diminish, whereas condom use has increased.9 Particular attention should be paid to the long-term effectiveness of behavioral and biological interventions.

 By providing teens with comprehensive sex education, foster teens would be provided accurate and age-appropriate information about STDs, including how they are transmitted, symptoms, and prevention methods. Emphasizing the importance of using protection and getting tested regularly. With apps such as “The Moment”, this will provide teens with insight on real life situations that they may face while in school and help them make better decisions. Safe sex practices encourage the consistent and correct use of barrier methods, such as condoms during any sexual activity. Explaining the importance of using condoms to reduce the risk of STD transmission. Open communication between parents and teens is also important in preventing STDs. Open communication fosters open and nonjudgement communication between teens and trusted adults such as parents, guardians, or healthcare professionals. Encourage teens to ask questions and seek guidance regarding sexual health.

 Encourage foster teens to get tested for STDs regularly, even if they do not have symptoms. Testing can help detect and treat STDs early, preventing further transmission. Encourage teens to receive vaccinations for preventable STDs such as human papillomavirus (HPV) and hepatitis B. These vaccines can provide long-term protection against certain type of STDs. Next, encourage foster teens to avoid using any substances that may alter their state of mind. Educate teens about the increased risk of engaging in risky behaviors, included unprotected sex, under the influence of alcohol or drugs. Encourage them to make healthy decisions and responsible behaviors. Lastly, ensure that teens in foster care have access to affordable and confidential healthcare services, including sexual health clinics, where they can receive information, counseling, and testing for STDs.

 Recognize the influence of peers on teens behavior. Encourage positive peer relationships and discuss the importance of making responsible choices regarding sexual activity. Peer education programs, where teens educate their peers about STD prevention, can be effective in promoting healthy behaviors. Teaching foster teens about the importance about consent and setting and respecting boundaries in sexual boundaries. Educate teens about the potential risks of engaging in online sexual activities, such as sexting or meeting strangers for sexual encounters. Reduce the stigma surround STDs is also important in preventing STDs among foster teens. Promote an inclusive and nonjudgmental environment that encourages open discussions about sexual health. By implementing these preventative strategies, we can help reduce the transmission of STDs among teens and promote their overall well-being.

**Conclusion**

 In conclusion, foster teens are more susceptible to contracting STDs and STIs due to lack of stable support system, history of trauma and adversity, limited access to healthcare, higher rates of substance abuse, and lack of stable relationships as compared to their peers that come from a traditional household. The economic burden of foster teens with STDs can be significant, both for the individuals themselves and for society in a whole. Economic burdens include healthcare costs, productivity loss, social services and support, transmission and prevention costs, and long-term health consequences. The societal and economic burdens of foster teens living with STDs are significant and multifaceted. It is crucial to prioritize comprehensive sex education, accessible healthcare services, and support systems for foster teens to prevent and address STDs effectively. By addressing these challenges, we can improve the health and well-being of foster teens, reduce the transmission of STDs, and alleviate the societal and economic burdens associated with this issue.

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