**The Societal, Financial, and Taxpayer Burdens of Sexually Transmitted Diseases, Battered Women's Centers, Foster Care, Child Poverty, and Unemployed Male Adults**

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**Introduction**

The United States experiences a set of unique challenges that burden the social, healthcare, and financial system. Firstly, the country experiences a high prevalence of sexually transmitted diseases (STDs), which affects the population of sexually active individuals, regardless of gender. This translates to a high cost of treating patients, who occasionally report reinfection. Secondly, intimate partner violence (IPV) has resulted in a high population of women in shelters specifically designed to handle instances of battering. Instead of belonging to stable households and contributing to nation-building, they are battling emotional, mental, and physiological well-being in the shelters. Thirdly, the foster care system experiences an influx of children from unstable households. Fourthly, child poverty remains prevalent, resulting in inadequate access to necessities, such as food. Fifthly, a significant population of the male population remains unemployed, effectively limiting self-actualization and forcing dependence. The five unique issues form perennial challenges that the research seeks to address.

Whereas investigating the epidemiology of the issues is critical and can offer insights into the issue, the scope of the study is investigating the social, financial, and taxpayer burdens they present. For example, contracting STDs causes a loss of productivity and introduces a medical cost.1 Likewise, IPV resulting in a search for shelters creates a social burden to social workers, caregivers, and providers of social services. The same applies to the foster care system as it forces the state government to invest more resources to tend to children. Likewise, child poverty translates to improvement, extending the social, financial, and taxpayer burdens to other stakeholders, such as the community and government. The study seeks to specifically identify the burdens, thus presenting empirical evidence to the relevant stakeholders, urging them to initiate appropriate interventions as part of reliving the load.

**Background**

STDS, populations of women in shelters who have experienced IPV, children in foster care, child poverty, and unemployed people in the United States remain major challenges with negative implications in society. For example, research in 2019 discovered that 9,535·71 for every 100,000 people have been diagnosed with an STD.2 The high prevalence results in increased treatment cost and loss of productivity as time is dedicated to seeking treatment and recuperating. Further research associates a high prevalence of IPV in the demand for alternative housing.3 This compounds the affordable housing issue that the United States experiences. Poor environmental states and unequal allocation of resources contribute to the prevalence of child poverty and high population in the foster care system.4 Finally, inequality limits employment opportunities, contributing to an idle and depressed male population. The five issues that form the basis of the study have deep-rooted causes and adverse effects.

The study’s rationale for investigation is the burden that the five healthcare issues place on other stakeholders in the community. Accordingly, the study investigates the social, financial, and taxpayer burden that each issue presents. For example, STDs introduce the costs of medication, healthcare workers, and the loss of productivity in economic activities. Likewise, whereas running shelters for women is expensive as it requires housing and provision of basic needs, the household experiences a social hit as children grow up without their parents. Moreover, providing unemployment benefits places a huge taxpayer burden on the state and federal governments. Adverse health issues drain resources and expand social inequalities that prevent enhancement in well-being. Therefore, the scope of the study is the social, economic, and taxpayer burden.

**Literature Review**

Existing literature confirms the high prevalence of STDs globally and in the United States, thus presenting it as an urgent problem that requires redress. For example, research in Uganda targeting 9,033 households influenced the conclusion that low socioeconomic status is directly associated with the increased risk of STDs.5 Moreover, the limitation of education opportunities about health conditions encouraged unhealthy behavior, thus increasing the susceptibility to STDS. Another realization from the study is the association between unhealthy sexual behavior and the probability of STDs. Another study investigated the Community Approaches to Reducing Sexually Transmitted Disease (CARS) initiative and concluded that the condition results in taxpayer, societal, and economic burdens.6 The article explored data between 2011 and 2018 to engage the community and document the burden that the prevalence of STDs causes to the population. The authors argued that eliminating health disparities could significantly reduce the social burden associated with STDS.6 Other studies investigated the cost associated with treating STIs and noted that the disease consumes up to 40% of the budgetary allocation.7 Moreover, the authors cited productivity and social costs as some of the financial burdens resulting from the prevalence of STDs. The existing research focuses on the prevalence of STDs with some emphasizing the financial costs. Thus, the inability of the existing literature to extensively answer the research questions is the motivation for more investigation.

Research further investigates the challenge that women in shelters following IPV present. For example, a study highlights that IPV is a major contributor to homelessness and people escape abusive households.8 The authors interviewed 19 adults who had survived IPV and discovered housing and shelter issues as principal concerns. In addition, the study mentions that women who have escaped abusive households lack information about the available shelters. The authors capture the financial strain of providing decent housing to women who have experienced abuse and propose funding arrangements to alleviate the situation.8 Another study identifies the social isolation resulting from placing women in shelters. The qualitative research highlighted the importance of open shelters as they allow community involvement instead of isolating the survivors of domestic violence. Further research captured 15 electronic databases to investigate the burden placed by IPV. Whereas it failed to capture the financial and taxpayer burden caused by IPV, it highlighted post-traumatic stress disorder (PTSD), depression, and other mental health outcomes as social and healthcare burdens. Another study noted that over 50,000 women have experienced battery and seek shelter in shelters.9 Likewise, the study identified a correlation between exposure to IPV and PTSD among women in the shelters. The three articles identified highlight the effects of IPV on the social burden but present limited information about the financial and taxpayer costs, thus necessitating further investigations.

Other studies address the burden created by the foster care system. For example, a study noted a strain in the foster care system during the COVID-19 pandemic, specifically declined academic performance, loss of social support, and isolation adversely affecting the well-being of children.10 However, the study solely focuses on the impact on the children, ignoring the social, financial, and taxpayer costs. Moreover, the exploratory paper offers limited information on the topic. Another article captures the effects of an ineffective system on the outcomes of children. For instance, it considers the system responsible for education attainment gaps, increased morbidity, and trauma.11 The study employed a qualitative approach and arrived at the decision that the children require trauma-informed care to experience better outcomes. Another study identified the financial challenges associated with providing welfare services.12 According to the authors, the Social Security Act comprises a clause that allows the funding of foster programs, which explains the taxpayer burden. However, the findings introduce credibility issues as it is collected from self-reports by employees working in the foster care system. Another article emphasizes the need for restructuring the foster care system to absorb the economic pressure during the COVID-19 pandemic.12 Although studies on the topic exist, there is limited focus on mapping the exact social, financial, and taxpayer burden. The incomprehensiveness of the existing study in addressing the burden is the premise for additional research.

The topic of child poverty has attracted numerous investigations as scholars seek to unearth its prevalence and impact on all stakeholders involved. For example, one study identifies that over 15 million children in the United States experience child poverty.13 Furthermore, the article identified toxic stress as a consequence of improvision because of the difficult childhood issues. The authors cover the issues on a surface level as the study’s scope is the epidemiology and potential interventions instead of the social burden. Another study utilizes a similar approach by discussing the effects on child development. According to the authors, children who live in poverty experience a decline in life expectancy and health outcomes.14 Moreover, they propose interventions to reduce mental health outcomes and facilitate child development. Consequently, its focus falls outside the scope of the research questions, which necessitates more investigations. However, some scholar investigates the social, financial, and taxpayer burden that child poverty places on stakeholders. They identify child poverty as a global concern and emphasize the imperative of linking the issue to human rights.15 Therefore, they fail to offer empirical information, which creates research gaps. Another article limits the scope of the study to the burden presented to the healthcare system through a high susceptibility to disease. Analyzing the three studies proves that the study’s research question has not been answered, hence the importance of conducting more empirical studies.

Finally, research on the phenomena of unemployed youth in the United States attracts multiple studies keen on explaining the resulting impacts and burdens. A study investigates the appropriation of time among unemployed youth, associating the completion of physical exercise with improved mental health outcomes.16 However, the paper fails to explicate the social impact of unemployment besides mental health, which limits its application in answering the research questions. Moreover, it fails to highlight the economic and taxpayer burden associated with youth unemployment. Lastly, the study is set in Australia, which presents a significantly different context from the United States. Likewise, another study limits its focus to ostracism, which occurs when the population of unemployed youth is ignored and excluded.17 The authors explain the adverse mental health effects of trauma and discrimination that affect the youth, making them outsiders in a society that should accommodate them. Another article concludes that there exists a correlation between unemployment and negative mental health outcomes, such as depression. 18 Like the two others, the emphasis is mental health, at the expense of capturing the social, economic, and taxpayer burden. The mentioned articles fail to offer adequate responses to the study’s objective, thus necessitating the completion of new research.

**Research Methodology and Data Collection**

The study employed a mixed-method approach to collect qualitative and quantitative information about the social, financial, and taxpayer burden associated with the different issues. The qualitative approach will allow the collection of information from stakeholders to determine the societal burden associated with STDs, shelters for women who have experienced IPV, children in foster care systems, children experiencing poverty, and male adults facing unemployment. Accordingly, the qualitative aspect of the study investigates the social concern of the community and family taking care of people experiencing the array of issues discussed. Other aspects of the societal burden include the stigma, shame, isolation, morbidity, and mortality associated with the conditions or diseases. This aspect of the study was realized through open-ended surveys sent to people who have suffered a STD, women in shelters for IPV, stakeholders in the foster care system, families with children in poverty, and males experiencing unemployment.

The quantitative aspect of the study focuses on the financial and taxpayer costs associated with all five health issues. However, the separation of the financial and taxpayer burden forms a large part of the study. To this end, the study issued surveys to managers of health facilities, managers of shelters that offer accommodation to women who have experienced IPV, and owners of initiatives that develop skills among adults facing unemployment. The individuals provided quantitative estimates of the annual expenditure incurred in service provision. Moreover, the state government’s expenditure on healthcare, the foster system, and unemployment benefits highlight the taxpayer burden caused by the five issues. To ensure realistic figures, the estimates will be compared with information released in the public domain. By leveraging inputs from senior administrators, the study compiled quantitative information that reveals the actual financial and taxpayer burden.

The study is exploratory and seeks to explicate the nature and degree of the burdens, which attracted a descriptive approach. Accordingly, the study opted for a descriptive approach, which entailed detailing the qualitative information from the individuals experiencing different health issues. For example, the study explains the social issues of adults who have developed an STD. Likewise, the unemployed male adults and the managers of shelters for women who have experienced IPV explain the social burden that the conditions cause. Tables presented the best approach for detailing the quantitative information about the financial and taxpayer burden introduced by the healthcare issues. The mixed-method approach to achieving the research objective delivered extensive information as discussed in the results section.

**Results**

The respondents identified social burdens as the loss in productivity, increased dependence, impairment, social disruption, and psychological impact, which are all qualitative aspects. For example, one adult who contracted an STD noted that it destroyed the romantic relationship, required multiple visits to the hospital, and depended on family members for provisions as they could not attend work. Moreover, a woman who has experienced IPV and was living in a shelter reported injuries that required surgery and depended on a relative to take care of their children. In addition, they experienced stigma as peers accused them of their inability to sustain marriages. Stakeholders in foster care highlighted the prevalence of mental health issues, such as anxiety and trauma, that affected the social, health, and cognitive development of the children. A social worker highlighted children living in poverty are not only susceptible to disease but also likely to engage in truancy.

The male unemployed participants presented detailed information on the social burden, based on the attitudes of their close family and other members of the community. For example, they reported social isolation from community activities, significantly limiting their contribution to nation-building. Moreover, they reported an increase in mental health conditions, such as anxiety and depression. Furthermore, they reported an increased participation in crimes to alleviate the financial burden they place on close family. The participants reported strained personal and family relationships as they were considered failures. High poverty levels were also reported and some highlighted prolonged spells of homelessness because of their inability to afford accommodation. One reported the fear of continuing the cycle of poverty as unemployment limits their access to economic resources that they could exploit to alleviate the family’s situation. The descriptive information highlights the social costs of the different conditions.

Quantitative information on the financial cost of the different conditions, based on information provided by the various stakeholders is summarized in Table 1.

**Table 1**

|  |  |
| --- | --- |
| Category | Annual Cost |
| STD control and treatment in healthcare facilities | $2,500,000 |
| Shelters for women who have experienced IPV | $200,000 |
| Skill development centers for centers associated with unemployment | $150,000 |
| Donations to the foster care | $500,0000 |

The figures capture estimates of the annual expenditure in running the different facilities, representing the financial cost of the burden created by the health issues discussed. Accordingly, the figures were informed estimates, considering the respondents were in senior management and involved in the operations of the institutions for multiple years. Table 2 captures the taxpayer burden caused by the highlighted healthcare issues.

**Table 2: Taxpayer Burden**

|  |  |
| --- | --- |
| Category | Annual Cost |
| Expenditure in the foster care system | $1,000,000,000 |
| Unemployment benefits | $4,900,000,000 |
| STDs  | $20,000,000 |

The table captures the taxpayer cost as estimated by the relevant officials and stakeholders in government.

**Analysis**

The study discovers the population of people that have STDs, have experienced IPV that led to placement in shelters, are in foster care, live in poverty, and experience unemployment considers itself a social burden and presents a unique set of conditions. Accordingly, all experience trauma and isolation as the surrounding communities and families bear the burden of supporting their conditions. For example, the limited financial muscle following the inability to secure employment attracts financial dependency. The reported social burden matches the assertions in existing research. Children in foster care experience isolation and require increased social support to experience healthy development.10 Likewise, women living in shelters following IPV present a social burden as close relatives and friends must tend to their children, emotional, and mental health needs. Similar to the assertions of the existing literature, each health issue results in a particular social burden.

Apart from the social burden, the study realized a high financial implication that was shared between the patients, facilities, and families. Regarding STDs, healthcare facilities experienced the economic implication of increased cost, almost resulting in loss. Insurance companies are forced to pay more and patients without insurance suffer the financial loss associated with out-of-pocket costs. Women who seek shelter after IPV experience little financial cost as they are not required to pay for accommodation. Instead, it is the facilities’ managers alongside their sponsors who absorb all the cost implications. In the case of foster care and child poverty, well-wishers and initiatives that offer relief experience the associated financial costs. Finally, the families of male adults without employment shoulder the financial needs, such as accommodation, food, and medical needs. Each health issue presents unique financial burdens, with the estimated cost of STDS by California state at $2.5 billion. The costs are distributed to multiple stakeholders, expanding the scope of the problem.

Compared to the financial cost, the taxpayer burden represented the largest percentage of costs. For example, California spends $1 billion annually on the foster care system to ensure the safety of children. The humongous cost presents a significant burden to the state’s economy as it channels resources that could be appropriated to improve other sectors. Likewise, it spends $4.9 billion in unemployment benefits to ensure job seekers experience a high quality of life. Another $20 million is spent on the management of STDs in healthcare facilities. Each of the health issues requires some degree of financial intervention from California state, which translates to increased expenditure using taxpayers’ money. The findings illustrate that the health issues have a negative implication on the community and other stakeholders involved since they bear the responsibility of protecting vulnerable groups of individuals. Depending on the health issue, multiple stakeholders, including family, healthcare institutions, and non-governmental organizations are involved in cost mitigation, whereas the close family and community primarily share the social burden.

**Conclusion and Implication**

The mixed-approach study revealed the social, financial, and taxpayer burden that people with STDs, women in shelters after IPV, children in foster care, children living in poverty, and unemployed adult males present. On the social aspect, each of the vulnerable group experiences susceptibility to mental health issues and relies upon family or the immediate community for support. Furthermore, they place the responsibility of care on family members and the community as they are incapacitated in most instances. However, the financial and taxpayer implications present the biggest concerns as they can spiral into the billions. This was evident through the budgetary allocation of billions of dollars to address unemployment benefits and support foster care. Furthermore, running initiatives, such as shelters for women and training facilities to develop employable skills places a huge financial burden on stakeholders. The study accurately supported the position that STDs, women in shelters after IPV, children in foster care, children living in poverty, and unemployed adult males contribute to a considerable social, financial, and taxpayer burden.

The study has multiple implications and will be shared with the state’s governor to influence policies and practices. For instance, the study should influence more health promotion campaigns targeting reproductive health and STDs. Accordingly, the social, financial, and taxpayer burden of disease prevention is lower than that of treatment. Moreover, it should inform interventions to reduce the prevalence of IPV, effectively lowering the population of women in shelters. Furthermore, the findings should empower policymakers to implement approaches to ensure the welfare of children in the foster system, thus reducing the social and economic burden. The empirical results capture the financial cost of different health issues and could serve as evidence by the state to map the epidemiology and urge stakeholders to fulfill their mandate. The community can leverage the findings to engage in corrective actions and ease the pressure on all stakeholders. Lastly, the findings from the exploratory research should inform more detailed studies to investigate the exact prevalence and implications of the health issues.

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