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Sexual Transmitted Disease among Youth

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

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Short Communication

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ABSTRACT

Infections transmitted through sexual contact are known as sexually transmitted infections (STIs). There are ones that can be cured such as syphilis, gonorrhea, and chlamydia infection as well as some that can't be cured, but are modifiable ones like HIV, herpes simplex, HPV (human papilloma virus), and hepatitis B infections. It is estimated that 20% of individuals living with HIV/AIDS are in their twenties and that almost one out of twenty young adults contract an STI every year. Adolescents are more likely to practice unprotected sex, have more than one sexual partner, and have intergenerational and transactional sex. That's why, the importance of sexual education should be taught. The cervical lining makes female adolescents and young women more susceptible to STIs. Moreover, they may have difficulties getting the information and services they need to avoid STIs, as well as difficulties locating STI prevention services. In addition, they may have difficulty locating STI prevention services, or they may not have transportation to go to the clinics or they may not be able to afford the treatments. In places that are not youth-friendly, they may feel uncomfortable, even if they can get STI prevention services.

Keywords: STI; adolescents; STD; sexually transmitted diseases; unprotected; young; adults; prevention.

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1. INTRODUCTION

STDs are sicknesses which are handed from one man or woman to some other by contact of the sexual nature. They incorporate chlamydia, gonorrhea, and herpes in the genitals, HPV, syphilis & AIDS. A large number of those STDs do now no longer display signs and symptoms for an extended period. They are so dangerous that even with no signs and symptoms; they could nonetheless be dangerous and handed on throughout copulation [1].

STDs are common, in particular amongst younger humans. There have been 25000000 new infections, which are transferred through sexual contact in 2019 with inside the U.S. About 1/3 of those infections are in humans among the ages of 14 and 23. Young humans are at more danger of having an STD for numerous reasons:

- STD risk is higher among young women due to their biological makeup.
- Some younger males/females no longer get the advocated STD tests.
- A large number of younger humans are shy to speak overtly & definitely along with a health practitioners about their intercourse details.
- Young people who do not have insurance or transportation may have greater difficulty getting STD testing.
- A handful young adults have more than one sexual partner.
- Additionally, youth substance abuse and risky sexual behavior have been highly associated with drug or alcohol use.

Knowledge of STI and their complications is very important for adequate hindrance and treatment, as folks that don't grasp the symptoms could fail to acknowledge their need so may not look for help. Information of other STIs with the exception of HIV/AIDS is low within the developing world.

1.1 Objective

To determine the data of the sexually transmitted diseases which are contracted by the youth of India and other parts of the world.

2. GLOBAL TRENDS AND DATA

Public health challenges associated with STDs persist in the U.S. while great development has been made in stopping, diagnosing, and treating positive illnesses in current years, government business enterprise estimates that twenty million new infections occur every year, almost half of of them among children aged 14-24 [2]. The United States continues to experience an epidemic of Chlamydia. Nearly 3 million new cases are estimated to occur every year in the United States. In cases and rates reported in recent years, screening efforts have continued to grow as well as the use of more than one sensitive diagnostic test has increased; a real increase in infection rates may be reflected in this trend. The effects of untreated Chlamydia are far more severe for women, particularly young women, than they are for men. The effects of untreated Chlamydia are far more severe for women, particularly young women, than they are for men. The United States reports nearly seventy-three percent fewer cases of gonorrhea than it did thirty years ago. However, overall gonorrhea rates have plateaued in recent years following a seventy-three percent decline from 1976 through 1999. Similarly, to chlamydia, gonorrhea is underdiagnosed and underreported. Every year, double the number of new infections is estimated to occur compared to what is reported. With a rate 17 times greater than whites in 2008, blacks suffered the most from GONO than any other group. Ethnic groups within the United States of America have historically had higher rates of reported gonorrhea and other STDs, that presuming reflect very low accessibility to good health-care, bad financial condition, and higher occurrence of various diseases in these ethnic groups.

During the 1990s and 2010s, the prevalence of primary and secondary syphilis-the most infectious stages of the disease-had declined significantly, and reached an all-time low within the next decade. However, over the past 6 years, the sexually transmitted disease rate within the us has been increasing. Between 2003 and 2004, the national syphilis rate inflated 12.5 percent, from 2.9 to 3.2 cases per million population. Compared to a decade ago, syphilis is nearly seven times higher among men than women. Additionally, previous government agency analysis has showed that half of the syphilis cases, which had occurred in past recent years, have been amongst males who procreate with other males (MSM). The gap between the rates of syphilis among races has narrowed over time, despite wide disparities. Whereas syphilis occurrence remained quite an amount lower amongst women than in men, rates among women inflated for the primary time in over a period of ten years, with a rise of 13.0 % from

2002 to 2007. In Europe, information on Chlamydia usually reflects test trends and not actual occurrence of the disease. It's mainly spread amongst children and is perhaps the foremost occurring Sexual TD all over Russia and Europe. Studies also show that 76-78% of ladies infected with Chlamydia trachomatis are showing no symptoms. Very similar to Chlamydia infection, gonorrhea additionally usually is not detected, particularly in females. Since 1982, all regions of Europe have experienced significant decreases in the incidence of gonorrhea, and therefore the casualty is currently maximally seen in youthful gay males, people with a high level of sexual activity and low socioeconomic status, a parallel trend has been noted for GONO and A.I.D.S infection, showing a standard way of communication of the disease, and same risk communities for both of the diseases. The incidence of sexually transmitted disease weakened dramatically throughout the 1985s, stable in the 19 nineties, and has recently raised since 1999/2000. Syphilis blooms are more common in certain communities, like males who reside with other males. High surveillance systems and case detection might also be to blame, business sex staff and drug users. Only a few Nordic countries regularly gather information on Simplex and HPV infections. Amongst the countries who report to the world health organization, increased levels of occurrence of the disease (30-80, 1000000) are found in the last 5 years in Russia and the UK. When compared to others, the most levels of HPV infections have been reported in the UK (86-131/100000) and Ireland (1000/10000) in3000.Lately, there have been a number of outbreaks of lymphogranuloma-venereal seen in a number of countries, as well as Europe, the United States and Canada [3]. These outbreaks usually affect minority Muslims, who are the majority of those infected with aids virus.

3. INDIAN TRENDS AND DATA

For both developing and developed countries, STDs are a major public health concern. AIDS infection has made control of STDs even more important since HIV became prevalent. In order to plan and implement effective STD control strategies, it is imperative to have a very solid understanding of the STD patterns prevalent in different geographical areas of a country. Since the release of the important scriptures from India 25 years ago, writers and doctors have viewed the scripture with this aim in mind.

We observed the repetitive symptoms of sexually transmitted diseases in a healthcare center in Chandigarh in 1986 by retrospectively analyzing sexually transmitted diseases. A thousand three hundred and sixty one subjects were observed between March 1976 and November 1984. Men comprised 96.6% of the community and women the remaining 5.4%. In both sexes, the most common age group affected was 28-30 years old. Condylema acumineta was the most easily found STD (21.40/o), followed by gonorrhea (17.0%), chancroid (14.3%), herpes of the genitals (13.7%). Something was clear from this information, which was that easily communicable sexual diseases have begun demonstrating their strength in a normal powerful bacteria-transmitted STDs scenario. But let's take a minute to observe at the scene of STI around Udaipur, the occurrence of chancroid was discovered to be more (35.5%) than syphilis (31.2%), then gonorrhea (21. 9%) other complications (2.56%), donovanosis (1.1%) and LGV (0.15%) in 1092 STI cases visiting this centre in the last decade [4]. There was a high incidence of bacterial STDs here.

Next, in the state of Orissa, 515 patients with STDs were analyzed between 1992 and 1995 in Cuttack. Herpes of the genitals (22.88%) was discovered to be the commonest STD followed by syphilis (15.21%). Chancroid (2.74%) and granuloma inguinal (6.68%), gonococcal urethritis and genital warts (1.96% of everyone) follows both of them subsequently. LGV was found in 5.64% of cases, HIV infection was discovered in two cases only (10.72%). Other small diseases like candidiasis (13.92%), trichomoniasis (12.8%) et cetera were responsible in whopping 16% as a whole and nonspecific infection in 13%. There were 461 (1.43%) STD cases recorded in Kattak in 1996-97, which seem to be similar to those recorded in Vadodara, Gujarat... There were 29.1% of STDs with herpes of the genitals, 9.26% with gono, 1.30% with granuloma inguinale, and 1.30% with warts [5]. Other miscellaneous infections like candidiasis, trichomoniasis and molluscum constituted 9.47%. No AIDS cases were brought to light. There has been an increasing interest in the relationship between STDs and HIV infection. We therefore, conducted a study between January 1997 and December 1998 in the STD clinic of the office of skin related studies and STD at J.I.P.M.E.R, Pudducherry, and south India, to assess the prevalence of various STDs and whether HIV seropositivity was associated with it. Study participants were from the neighboring

state of Tamil Nadu, as well as from Pondicherry, and were all new STD patients with elevated-danger behaviors or STD histories, not taking accounting of the time they have spent on and gender. Out of the 1111 patients recorded, 168 were serum + for AIDS, resulting in a relevancy rate of 16.19%. Yearly analysis showed an increasing pattern from 9.9% in 1998 to 24.92% in 2000. The average lifespan of the subjects was 28.9 years, with men to women ratio of 3.69:1. STDs are generally classified into ulcerative or nonulcerative groups when they are in a broad sense, as a group with ulcerative STDs, AIDS [6] prevalence was much higher (18.9%) than that of those with nonulcerative STDs (8.9%). Herpes Genitalis was the most easily findable STI followed by syphilis, CA and others; 6.3% of the people with these infections had intersecting infection with many more diseases, which were also STD.

Data from 1200 STD patients at Medical College in Trivandrum were analyzed retrospectively spanning the period of 1995-1999. According to the study, 60.1% of participants were male and 39.9% were female. Syphilis was the most common STD in both sexes, followed by condylomata acuminata and herpes genitalis. Condylomata acuminata and herpes genitalis prevalences were both up while gonorrhea prevalences were down substantially. HIV has been detected in 3.1% of the patients. An investigation into patterns of recurrence and circulation of various STDs in North Eastern (NE) India from 1996 to 1997 has been conducted. The most usual STD was chancroid (26.7%) trailed by CA,NGU, LGV, syphilis, GONO, HG, blended contamination (MI) and BP. AIDS contamination resulted for 8.62% of the all out STD patients. A correlation of the current information with that announced 10 years back (1987-1991) uncovered a sharp decrease in the frequency of syphilis, chancroid and gonnorhea, while a prominent vertical pattern in condylomata acuminata and others. In a similar manner, a retrospective study was undergone from the year 1989 to 1999 to study the pattern of sexually transmitted diseases in and all places near and around Lucknow [7]. An examination of 1891 patient has revealed chancroid predominated followed by syphilis, GONO, warts genitalis, herpes of the genitals, L.G.V., and nonspecific urethritis. The most prevalent condition was donovanosis. In a recently published retrospective analysis, data of 687 patients with A ten-year study of STDs was conducted in order to find out what the pattern of STDs was and the changes that occurred from 1991 to 2000.

Patients who were visiting the Medical College cum Hospital of a small city named Kottayam in Kerela, a grand total of 687 patients were diagnosed with STDs, of which 184 women and 509 men reported it. GUDs represented the most common STD, with 124 (65.6%) females reporting it, with 503 cases (72.5%), followed by condylomas acuminata (16.5%) and gonorrhea (11.1%). Forty-three patients had multiple infections. Patients participated in the first year of the study in a total of 128, while 42 participated in the last year. There was a noticeable decrease in bacterial STDs. In the case of STDs caused by viruses, the decline was less pronounced [8-14].

In a local STD centre in the capital of India, which has been open for 16 years, we examined the changing trends in STIs and HIV seropositivity testing among STD clinic attendees. In 1995-1997, 1993-1998, 1998-2000 end, and 2001-2005, we compared STI profiles with HIV status. A comparison was made between antimicrobial resistance patterns of N. gonorrhoae between the three periods, and we found that 13,709 out of the 76,617 STD attendees had STIs. Genital discharges were prevalent in period A, and genital ulcerative diseases were dominant in periods B, C, and D. Syphilis usually was one of the most easiest discoverable sexual infection. It was noticed that there was quite an increase in the cases of herpes of the genitals and genitalwarts and lowering of other diseases (vaginosis, L.G.V. et cetera). The number of cases with primary syphilis reduced in a significant amount ($P < 0.0001$), with a irregular rise in secondary and early latent syphilis. A rising trend was observed in the HIV seropositivity during the different periods. During A and C, the prevalence of HIV positivity increased significantly, but became stationary during D. HIV seropositivity was almost all the times, more prevalent in patients with ulcers on their gonads, particularly syphilis [9]. In the latter part of the study, gonorrhea became more resistant to ceftriaxone and the antimicrobial resistance system changed dramatically from B to C and then C to D.

4. CONCLUSION

Studies on sexually transmitted diseases showed low levels of knowledge and information, except for HIV/AIDS. Despite the fact that knowledge does not forever change behavior as shown by a

number of the rubber use findings, adolescents' sex education is extremely critical in preventing such diseases, as well as parents' teaching and setting of class to prevent the spread of STDs. Beyond AIDS, more mind must be paid to diseases like chlamydia, warts and herpes.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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