

Causes and Different Types of Preventive Methods for Sexually Transmitted Diseases

Suktana Zara*

Department of Obstetrics and Gynecology, Omdorman Islamic University, Khartoum, Sudan

ABOUT THE STUDY

Sexually transmitted infections have increased dramatically in developed nations in recent years. On the one hand, seroconversion for Human Immunodeficiency Virus (HIV) has grown in the community of Males who have Sex with Males (MSM), but on the other hand, there has been a pretty large increase in the number of instances of syphilis, gonorrhoea, and *Chlamydia trachomatis* infections. It is probable that the systematization of early identification by molecular biology methods and asymptomatic carriers artificially inflated the extent of the current epidemic for these infections. In any case, this has prompted us to consider novel sexually transmitted disease prevention techniques. The second factor is the technique followed by those actively involved in scientific investigations that have previously demonstrated useful proof. Finally, there is a rise in sexually transmitted illnesses in the LGBT community, which is likely due to new types of sexual behaviours and fatigue with condom use. Under these circumstances, PrEP will almost certainly play a key role in the next years. In addition, other countries, notably France, have pledged to reimburse it. Furthermore, the issue of circumcision and its function in preventing HIV and other sexually transmitted illnesses has received public attention. This has been mostly tested in Sub-Saharan Africa. Adherence to such guidelines in those at risk will almost certainly result in a lower chance of developing sexually transmitted illnesses.

Finally, reducing the risk of HIV infection will not alleviate the problem of rising syphilis, gonorrhoea, and *Chlamydia trachomatis* infections. In high-risk scenarios involving sexually transmitted diseases, a plan should be developed and recommended. Antibiotics such as azithromycin or doxycycline may be used as prophylaxis. This is done without any negative implications, for example, in malaria prevention. Overall, sexually transmitted illnesses have grown dramatically in the first decade of the twenty-first century. In researching solutions to

prevent the transmission of sexually transmitted diseases, this subject tries to provide a realistic approach in conjunction with the function of the condom. AIDS is one of the major concerns confronting Thai society, and it is seen as a borderless issue in today's globe. One method for preventing and controlling sexually transmitted illnesses including AIDS is a combined effort involving the public and private sectors, including medical personnel and students. This exploratory study examined practices in preventing sexually transmitted illnesses and AIDS among Thai students in higher education; it attempted to obtain quantitative data utilising questionnaires with 293 first to fourth year undergraduate students in public institutions. The percentages from the actual clinic data were used to calculate the total number of tests and the proportion of tests that were positive and so required treatment. Treatment costs were calculated assuming that all visits with a positive syphilis test received one intramuscular penicillin G benzathine (Bicillin L-A®) injection, patients with a positive chlamydia test received one orally administered 1 g azithromycin, and patients with a positive gonorrhoea test received ceftriaxone 250 mg intramuscularly once and once orally administered 1 g azithromycin. Because a positive HIV test result would be directed for care and treatment outside of the clinic, HIV treatment expenses were not covered. When compared to general practices, STD clinics may be seen as delivering superior quality STD care or as being more inclusive of gender- and sexual-minority patients. Financial barriers to getting STD services from traditional medical facilities may also remain among insured individuals due to cost sharing through copays or deductibles. Because a patient may have to wait days or weeks for a primary care visit, these clinics give immediate therapy.

Furthermore, safety-net STD clinics continue to serve the remaining uninsured populations. Given the documented need for low-cost, accessible STD care, as well as rising STD rates in the United States of the Affordable Care Act should be a public health priority.

Correspondence to: Suuktana Zara, Department of Obstetrics and Gynecology, Omdorman Islamic University, Khartoum, Sudan, E-mail: sultanzara123@gmail.com

Received: 29-Aug-2022, Manuscript No. RSSD-22-19541; **Editor assigned:** 02-Sep-2022, PreQC No. RSSD-22-19541 (PQ); **Reviewed:** 16-Sep-2022, QC No. RSSD-22-19541; **Revised:** 23-Sep-2022, Manuscript No. RSSD-22-19541 (R); **Published:** 30-Sep-2022, DOI: 10.35248/2161-038X.22.11.328.

Citation: Zara S (2022) Causes and Different Types of Preventive Methods for Sexually Transmitted Diseases. *Reprod Syst Sex Disord*. 11:328.

Copyright: © 2022 Zara S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.