An Infection Causing Route Factor for Non Sexual Transmission of Sexually Transmit Disease

ANUKRITI*1 AND NEETU SINGH²

¹Research Scholar and ²Assistant Professor

Department of Human Development and Family Studies, School for Home Sciences

Babasaheb Bhimrao Ambedkar University (Central University) Vidya Vihar, Raibareli Road, Lucknow (U.P.) India

ABSTRACT

The sexually transmitted disease occurs not only occur by the route of reproductive organ during sexual course but about 14%. Where worldly spread through non sexually causing route. However 18% of women of adolescent showed STD and UTI symptoms but it was gone undiagnosed condition. The infections of non-sexually transmitted route are a wide spectrum diseases occur in adolescent. The study of Sexually transmitted diseases occurs in epidemic numbers in India today. Among adolescent girls the HIV has taken a toll on their health and consequently their reproductive health which eventually effects unborn baby. 18% per cent of women presenting sexually transmitted disease and uti symptoms were found to have otherwise gone undiagnosed. Objective: Assess the demographic and socio economic status of adolescent girls. To study of correlative effect on reproductive health according to their practices. To evaluate their practices for sexually and related activity. The review was written using scoping review methodology to provide a narrative account of available research into Failure to recognize and treat STD infections can have potentially detrimental consequences, especially in the adolescent and younger adult patient. The purpose of article is to review the available resources on sexually transmitted disease and to identify the gap that may be required for further investigating the needs for this concern topic.

Key Words : Sexually transmitted disease, HIV, Reproductive health

INTRODUCTION

Estimates of the global prevalence and incidence of sexually transmitted diseases in adolescents are limited. Adolescence is a period marked by bio psychological changes in which ones peer group gain importance and sexuality is more exacerbated (Mastrolorenzo, 1999). Adolescents may experience unsafe sexual practices due to lack of communication, information with relatives due to fear of sharing their sexual experiences with family. The conversion from child hood to adolescence to adulthood is characterized by a period of differences in behaviours and privileges typical of childhood.

There is always a chance that infection can be spread in a queen way but non sexual transmission of STI is limited (rare) many of the people think that sti is only infect from sex, that is misconception or myth in the adolescent. It is not actually contain truth (Niviane Genz, 2017).

In 1997–1998 a population-based study was conducted in four African cities, two in West Africa (Cotonou in Benin and Yaoundé in Cameroon) and two in East Africa (Kisumu in Kenya and Ndola in Zambia) to identify factors that could explain the differences in the rate of spread of HIV between different regions in sub-Saharan Africa. The prevalence of T. vaginalis infection was much higher in the two East African cities. The most striking finding however was the high prevalence of trichomoniasis in women in Ndola (Zambia) who denied that they had ever had sexual intercourse. The prevalence of trichomoniasis was 40% among women who denied sexual activity, whereas in the other

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cities the prevalence ranged between 2.9% and 7.7%. We hypothesized that in Ndola non-sexual transmission of T. vaginalis is very frequent (ncbi, 2011).

We decided to explore this issue and to conduct further review on the epidemiology of non sexual transmission of infection. This paper presents the preventive measures of the study which we conducted among adolescents.

Types of non-sexual transmission of infection: Oral sex:

Oral sex is a major perspective of transmission of infection. It has a high risk for transmitting STI. The mucous membranes in the mouth and throat like the mucous membranes of the genitals, are entry points to the body and ample living viruses can be transmitted from the environmental bacteria that can be causable for STI. Chlamydia, herpes simplex viruses 1 and 2, human papillomavirus (HPV) and syphilis all can be transmitted through unsafe oral sex. 30% of cases had faced this problem through oral sex (Pubmed, 2011).

Contact without clothing:

There is a risk for spreading stis during genitals of two different people may come in to contact. The ejaculation occurs, as these fluids can spread of infection. e.g. - herpes and HPV. 14% of cases had sex and occurance of infection (http://www.measuredhs.com/ hivdata/survey).

Child birth :

If a pregnant women is infected, then she can pass the infection to their child during vaginal birth e.g. hepatitis b, syphilis, gonorrhoea etc. through the vaginal canal.it is very important to be tested a STI for pregnant females. If she is suffering from infection then doctors can decide to perform caesarean section. 14% of cases faces the infection during childbirth period (Cotch, 1997).

Breast feeding:

If a female suffering from HIV should not breastfeed to child to avoid passing the infection to a child.

Toilet seats:

Some of the transmission via objects such as toilet seat. When the toilet seat is wet or dramp then trichomoniasis may be transmitted but like gonorrhoea, herpes, bacterial vaginosis, syphilis, hpv etc. cannot be transmitted through this medium. 55.4% cases mostly uses toilet and face this problem (ncbi, 2011).

Bathtubs:

In many cases, bath water sharing habits with an infected person could lead to transmission of trichomoniasis sharing of bath tubs May leads to herpes, syphilis, gonorrhoea, hpv etc. 13% of cases are infected through sharing their bath tubs (Tania, 2011).

Public pools and hot tubs:

It is not a common place to infect people. Usually public pools and hot tubs cleaned with chemicals that kill the types of bacteria and viruses that can infect STI pools is not cleaned regularly that can such eg- trichomoniasis infection occurrence. 20% cases effects infection through public pools (Cotch, 2011).

Contaminated food:

After using the restroom (washroom) person did not clean their hands while preparing food and faeces carried in food transmitted via food hepatitis.

Unsanitary medical procedures and cultural practices:

While performing the procedure person are not cleaned his hands or tools that can infect sti such as hepatitis b or c and trichomoniasis. Like dentists tools are not cleaned properly infect oral herpes.

Sharing towels, clothing and bedding:

Bacteria can survive on bed linen, tables, etc., for days," says *Dr Leong* infections like herpes, syphilis, and HIV are not usually infected by sharing towels, clothing but bacterial imbalances or bacterial vaginosis can be infected by using wet towels or bathing suits. 53.3% are faces these problems by using these stuff (Vicky Jespers, 2011).

Sharing razors:

Sharing razors is a very common phenomena of infected with HIV or hepatitis or can provide blood-borne diseases.

Sharing tooth brushes:

Sharing of tooth brushes while bleeding of the gums when they brush their teeth can cause blood borne STI.

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Herpes can be transmitted through tooth brush.

Douches and sex toys:

In this way transmission can occur person to person when items are shared or when they fail to clean sex toys and douches can lead to the spread of STI. e.g.hpv, hepatitis B etc. (women health.gov2016).

Objective:

1. Assess the demographic and socio economic status of adolescent girls.

2. To study of correlative effect on reproductive health according to their practices.

3. To evaluate their practices for sexually and related activity.

METHODOLOGY

The articles with this review paper were keenly reviewed using an adapted version of established criteria to determine the adequate method for justifying the present aim of this study. This review paper will answer the following questions-such as the socio economic and demographic state of adolescent girls, correlative effect as per the practices on their reproductive health and lastly to assess their practices as per the sexual and daily regular activities.

Scoping review methodology was used for writing this review paper to give a brief account of the existing research into sexually transmitted diseases, types of infections among adolescent, preventive techniques related to STD. A brief review a various literature from from 1984 to 2018 was done. Various bibliography an existing organisation working for the prevention of STD were reviewed. Scanning of abstract was done to find early relevancy of that paper to the concerned topic.

Prevention:

There is strong evidence that male latex condoms reduce transmission of HIV by at least 80–85%, are effective against most other STIs and reduce the risk of unintended pregnancy (WHO, 2011).

Counselling and behavioural approaches:

Counselling and behavioural interventions offer primary prevention against STIs (including HIV), as well as against unintended pregnancies. These include: comprehensive sexuality education, STI and HIV preand post-test counselling; safer sex/risk-reduction

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counselling, condom promotion; interventions targeted at key populations, such as sex workers, men who have sex with men and people who inject drugs; and education and counselling tailored to the needs of adolescents.

In addition, counselling can improve people's ability to recognize the symptoms of STIs and increase the likelihood they will seek care or encourage a sexual partner to do so. Unfortunately, lack of public awareness, lack of training of health workers, and long-standing, widespread stigma around STIs remain barriers to greater and more effective use of these interventions (WHO, 2019).

Barriers:

There are many activities which can prevent from stis. e.g. Use of condoms when sexual activity occurs. Condom can help to prevent against stis. It is not necessary that STI always produce symptoms, when once a person knows they have an STI, treatment should be sought out immediately. In this study, condom use was identified as the most effective method for STD prevention. However, the participants referred to contraceptive use as a preventive method. If STI untreated than can lead to dangerous complications. If the infection is untreated more people can lead to contracting it. While in treating phase medications instructed by doctor and never stop medication before instruction. This could cause the body to be resistant to medications and development of antimicrobial-resistant infections.

Practice of good hygiene:

To avoiding STI in non-sexual ways, the best thing for an individual to is practice good hygiene. After using the restroom and after touching genitals parts wash your hands properly, washing clothes and towels regularly can increase personal hygiene and it can decrease the transmission of STI. The other objects when come into human blood should not be shared can increase the chance to infection STI nonsexual (Basil, 2011).

Avoid alcohol and recreational drug use:

Avoiding alcohol and recreational drug use reduces the risk of contracting an STD/STI, having an unwanted pregnancy, or being coerced to have sex. Alcohol and drug use can reduce our ability to make good decisions and make it less likely that we will actually implement the safer sex decisions.

Low-risk and high-risk activities:

Low risk activities include open mouth kissing (French kissing) and hand-to-genital contact. Activities that are higher risk for STD/STIs include oral sex (genital or anal), vaginal intercourse and other genital-to-genital contact, anal intercourse and sharing sex toys with no barriers. Both vaginal intercourse and any contact between a penis and a vagina are high risk for pregnancy.

Communication:

Talk with your partner(s) about STIs, sexual health, and prevention prior to sexual activity. Open communication fosters trust and respect among partners and is a key aspect of reducing the risks for STIs. Also, don't be afraid to talk honestly with your healthcare provider about your sexual practices or to ask about STD/ STI tests, including determining which STIs you've been tested for—and which you haven't been [(Asha) American sexual health association].

Avoid using a diaphragm:

Especially if you are prone to urinary tract infections. A diaphragm can promote the growth of coliform bacteria like *E. coli*. Consider switching to alternate forms of contraception, such as the Pill or condoms.

Wear breathable cotton underwear:

Synthetic fabrics, by contrast, trap in moisture and create the perfect breeding ground for infection. If you are prone to UTIs, wear loose-fitting bottoms that allow air to circulate around the vagina. At night, you can either sleep without underwear or wear loose-fitting boxers or shorts.

Try probiotics :

Probiotics, found in foods like yogurt and over-thecounter nutritional supplements, not only help maintain healthy digestive flora but can promote the same in the vagina

Drinks lots of water:

By regularly flushing the urinary tract, bacteria will have a harder time establishing an infection. Aim to drink at least eight glasses of water per day (or roughly a half gallon) (Cath wong, 2018).

Vaccination:

Vaccines are safe, effective, and recommended

ways to prevent hepatitis B and HPV. HPV vaccines for males and females can protect against some of the most common types of HPV. It is best to get all three doses (shots) before becoming sexually active. However, HPV vaccines are recommended for all teen girls and women through age 26 and all teen boys and men through age 21, who did not get all three doses of the vaccine when they were younger. You should also get vaccinated if you were not vaccinated when you younger. 70% of cases when faces this problem vaccination also takes place (https://www.cdc.gov/std/prevention/default.htm).

Sexual Health Prevention in Adolescents discusses preventative methods to decrease risky sexual behaviours among the very vulnerable adolescent population, which includes both men and women adolescents are at high risk of contracting STD's (sexually transmitted diseases), because they lack continuous sexual education, the ability to access a health care provider and also to overcome barriers within their personal lives (socially, personally, emotionally, intellectually). It was initiated due to the lack of literature and information found addressing sexually active adolescents living on the streets. The goals of the review focused specifically on promoting positive sexual health practices among adolescents, by increasing awareness, knowledge and the ability to communicate within an unsheltered environment (https:// www.exampleessays.com/viewpaper/14962.html).

The end result was surprising, because many knew the consequences of risky behaviors along with preventative methods and HIV information, however the group did share commonalities such as; no health insurance, lack of resources to help find a physician and no transportation.

Conclusion:

The results of this study point out that there are still doubts among participants about the definition of sexually transmitted disease, the importance of this topic, especially considering that some thought that these diseases can be acquired by hand contact, kissing, hugging, sharing objects and using the

In summary several points are clear until recently, the medical community has failed to address clearly the issue of unsexual transmission of nonsexual transmitted disease in adolescent. STI results when mucous membranes of one individual (such as those in the mouth, eyes, or genitals) come into contact with the semen, vaginal fluid, genitals, and sometimes blood, of an infected

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person. Stds can have severe consequences to the patient when undiagnosed. Our data show that 18% of sexually active women showing urinary tract infection. A review of nonsexual transmission disease regarding infection. Because infectious disease epidemics are dynamic, affecting different populations in different ways at different times, this plan is intended to be a living document that facilitates enhanced responsiveness to constantly changing environments. Because infectious disease epidemics are dynamic, affecting different populations in different ways at different times, this plan is intended to be a living document that facilitates enhanced responsiveness to constantly changing environments (www.cdc.gov).

REFERENCES

- Cotch, M.F., Pastorek, J.G., Nugent, R.P., Hiller, S.L., Gibbs, R.S., *et al.* (1997). Trichomonasvaginalis associated with low birth weight and pre-term delivery. *Sex Transm Infect.* 24 : 353–360. [PubMed] [Google Scholar]
- Crucitti, Tania, Jespers, Vicky, Mulenga, Chanda, Khondowe, Shepherd, Vandepitte, Judith and Buvé, Anne (2011). Non-Sexual Transmission of Trichomonasvaginalis in Adolescent Girls Attending School in Ndola, Zambia. J. PLoS One, 6 (1): e16310.
- Crucitti, T., Van Dyck, E., Tehe, A., Abdellati, S., Vuylsteke, B., et al. (2003). Comparison of culture and different PCR assays for detection of Trichomonasvaginalis in self collected vaginal swab specimens. Sex Transm Infect., 79:393–398. [PMC free article] [PubMed] [Google Scholar]
- Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention,2017

- Gerbase, A.C., Rowley, J.T., Heymann, D.H.L., Berkley, S.F. and Piot, P. (1998). Global prevalence and incidence estimates of selected curable STDs. *Sex Transm Inf.*, 74:S12–S16. [PubMed] [Google Scholar]
- Guidelines for second generation HIV surveillance. Geneva: World Health Organization/Joint United Nations Programme on HIV/AIDS; 2000.
- Neinstein, L.S., Goldenring, J. and Carpenter, S. (1984). Nonsexual transmission of sexually transmitted diseases: an infrequent occurrence. *Pediatrics*, **74**(1):67-76.
- Niviane Genz, Sonia, Maria Könzgen Meincke, Maria Laura Vidal Carret, Ana Cândida Lopes Corrêa and Camila Neumaier Alves (2017). Sexually transmitted diseases: knowledge and sexual behaviour of adolescents, *Texto Contexto - Enferm*, **26** (2) : 1-9
- "Sexually Transmitted Infections." Women's Health (n.d.): 119-43. Womenshealth.gov. Web. 7 April 2016. "Sexually Transmitted Infections." *Women's Health* (n.d.): 119-43. *Womenshealth.gov*. Web. 7 April 2016.
- UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS, Zambia, 2008 update [Google Scholar].
- Very well health.com/urinary tract infections 2018
- Wang, C.C., McClelland, R.S., Reilly, M., Overbaugh, J., Emery, S.R. *et al.* (2001). The effect of treatment of vaginal infections on shedding of human immunodeficiency virus type 1. *J. Infect Dis.*, **183**:1017–1022. [PubMed] [Google Scholar]
- Weigler, G., Perry, C., Weigler, A., Kim, B. and Yangouyian, M. (2013). Sexually Transmitted Diseases: Management by Urology. Emergency Medicine and Obstetrician/ Gynecology Physicians does not Generally Follow CDC Guidelines. Journal of Community Medicine & Health Education, (3), 244, pp.2161-0711.

World health organization, Geneva (2019)
