KNOWLEDGE AND ATTITUDE OF SECONDARY SCHOOL STUDENTS TOWARDS SEXUALLY TRANSMITTED DISEASES IN OREDO LOCAL GOVERNMENT AREA BENIN CITY, EDO STATE.

BY

Eugenia Osarhuonamen ONABOR

EDU1603517

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
FACULTY OF EDUCATION, UNIVERSITY OF BENIN
UNIVERSITY OF BENIN
BENIN CITY

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A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN, BENIN CITY, EDO STATE, IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR DEGREE B.Sc.(Ed.) IN HEALTH EDUCATION, UNIVERSITY OF BENIN, BENIN CITY

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CERTIFICATION

We, undersigned, certify that this research project was carried out **by ONABOR Osarhuonamen Eugenia** with Matriculation Number: **EDU1603517** in the Department of Health Safety and Environmental Education, University of Benin in partial fulfilment of the requirements for the award of a Bachelor of Science. B.Sc.(Ed) degree in Health Education.

_____ _____

Dr.(Mrs) J.A Agbonifoh **Date**
Project Supervisor

_____ _____

DR. S.O. Olikiabo **Date**
Project Coordinator

_____ _____

Prof. E.O.S Iyamu **Date**
Dean, Faculty of Education

DEDICATION

This project is dedicated to God almighty, for His love, mercy and grace throughout the period this research.

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ABSTRACT

This study was designed to assess the knowledge and attitude of secondary school students towards sexually transmitted diseases in Oredo Local Government Area . To guide this study, four research questions were raised. The study was a descriptive research which adopted the survey research design .

The population of the study was 9900 secondary students. The sampling techniques used was Stratified random Sampling. The sampling technique was used to select a sample size of 100 respondents representing 2% of the total population of secondary students in the selected secondary schools. The questionnaire was validated by three experts and split - half method was used to establish reliability of which it's coefficient was 0.83 ascertaining the reliability of the questionnaire. Data collected were analyzed using frequency count , percentages and pearson product moment correlation (PPMC).

The findings revealed that the students are knowledgeable to an extent about Sexually transmitted diseases And the attitude of the secondary school students towards STDs is not encouraging. Sources of information on sexually transmitted disease from the parents, school, social media etc. The various risk factors of sexually transmitted diseases includes adolescents been made vulnerable at most, it can lead to infertility in both males and females etc. The types of STDs, signs and symptoms, prevention and treatment of STDs. It was recommended that efforts should be made by parents, guardians to educate their children about sexually transmitted diseases, it should not be left only in the hands of school alone. And also the school‘s responsibility is to educate the students about the risk factors of sexually transmitted diseases, the consequences of increased sex partners. Abstinence should be talked about especially by a health teacher or an invited health personnel.

CHAPTER ONE

INTRODUCTION

Background of the Study

Sexually transmitted disease is a public health social problem that affects adolescents all over the world including sub-Saharan Africa. However, the prevalence has reportedly reached a stage that calls for stake holders' concern. (Joint United Nations Programme on HIV/AIDS, 2006) as cited in Joseph A. Oluyemi, Muhammed A. Yinusa, Raji Abdullateef, Akoh Sunday Department of Sociology, University of Ilorin, Nigeria 2015. It is a worldwide growing health problem. Approximately one million people contract sexually transmitted infections every day and 50% of them are adolescents aged 15-24 years (Lazarus, Sihvonen-Riemenschneider ,Laukamm-Josten, Wong & Liljestrand, 2010 as cited in Linn Svenson & Waern ,(2013)). STDs include many different sexually transmittable infectious diseases such as chlamydia, gonorrhoea, genital herpes, human papilloma virus (HPV), human immunodeficiency virus (HIV), and syphilis. An STD is transmitted through vaginal, oral and anal sexual contact as well as through blood products. Another term that is used in the literature is STI (sexually transmitted infection), which refers to the infection itself, whereas STD, which is the term that will be used in this paper, refers to the disease caused by an infection (TeenHealthFX, 2009). as cited in Linn Svenson & Waern ,(2013)) .

In Nigeria, it is a serious problem because it affects an estimated one-quarter of sexually active teenagers in the country. The prevalence is high in various locations due to the poor knowledge of the diseases and the beliefs attached to it as a result of insufficient and inadequate information available to the teeming population from various quarters, especially adolescents who are sexually active. Studies on reproductive health of adolescents in Nigeria indicates that many adolescents initiate sexual intercourse at an early age and engage in high risk sexual behaviours such as unprotected sex and multiple sexual partners which expose them to sexually transmitted diseases, unwanted pregnancy and illegal abortion among others. (UNAIDS, 2006) as cited in Joseph A. Oluyemi, Muhammed A. Yinusa, Raji Abdullateef, Akoh Sunday Department of Sociology, University of Ilorin, Nigeria 2015. This can be explained from the level of information made available to people especially to adolescents whose sexual behaviors make them more prone to the diseases. Untreated or poorly treated STIs are associated with a lot of complications. In males, gonorrhea as well as chlamydia trachomatis infection causes epididymitis which can result in infertility in the future. In addition, inflammatory urethral stricture may arise from poorly treated gonococcal urethritis in the future. This may lead to urinary retention and possibly chronic renal failure if not properly managed.

Pelvic pain, increased risk of ectopic pregnancies, abortions, stillbirths, and perinatal and neonatal morbidities can occur, jeopardizing their future reproductive competences.

Young individuals are more likely to practice unprotected sex and have multiple sexual partners. In addition, they may not have access to the required information and services to avoid STIs. Furthermore, they may feel hesitant to approach the facilities where information is available memcigmy. For instance, the National Health and Morbidity Survey (Malaysia), showed that 7.3% of the respondents whom were 13–17 years old already had sex experiences. Unfortunately, during this phase many studies have proved that the youth are poorly informed about STD and its prevention. According to Women Aid Organization, women shelter home is a place which provide temporary shelter, physical and emotional support for the affected women. It could be a victim of rape, domestic violence or women with sexual discipline problem. These shelter homes provide the necessary emotional, mental and social support services that empower and enable them to live a better life in future. Other sources of STI education commonly cited include parents, peers, and the media because individuals who has an STI may know more about STIs from their personal experience with the infection compared with individuals with no history of an STI the knowledge of STIs acquired from sources other than through personal experience should contribute to elucidating the relationship

between STDs knowledge and STIs at the individual level. Understanding this relationship remains important for STI control and the promotion of reproductive health as theoretical frameworks that currently guide behavioral interventions for STIs propose that knowledge of STIs would act toward prompting individuals to adopt safer sexual behaviors, which in turn would reduce the probability of infection.

According to WHO (2019) More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide, Each year, there are an estimated 376 million new infections with 1 of 4 STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis, More than 500 million people are estimated to have genital infection with herpes simplex virus (HSV), More than 290 million women have a human papillomavirus (HPV) infection (M), The majority of STIs have no symptoms or only mild symptoms that may not be recognized as an STI and STIs such as HSV type 2 and syphilis can increase the risk of HIV acquisition. There are 988 000 pregnant women were infected with syphilis in 2016, resulting in over 350 000 adverse birth outcomes including 200 000 stillbirths and newborn deaths , In some cases, STIs can have serious reproductive health consequences beyond the immediate impact of the infection itself (e.g., infertility or mother-to-child transmission), The Gonococcal Antimicrobial Resistance Surveillance Programme has shown high rates of quinolone resistance, increasing azithromycin resistance and

emerging resistance to extended-spectrum cephalosporins. Drug resistance, especially for gonorrhoea, is a major threat to reducing the impact of STIs worldwide.

Knowledge of STDs and their complications and attitude of the young generation toward sexual health are important in planning preventive and treatment strategies. This work therefore aims at accessing the knowledge and sources of information of STDs among adolescents in secondary schools in Oredo Local Government Area Edo State, Nigeria. Importantly, literatures on the knowledge of STDs in Edo state, Benin city are quite scanty if any. This study was conducted to determine the level of knowledge and attitude of adolescents in Oredo Local Government Area of Edo State, Nigeria, about sexually transmitted diseases, to identify their specific health educational needs and make appropriate recommendations to the Government and Ministry of Education.

Statement of the Problem

STDs have a profound impact on sexual and reproductive health worldwide. It has been assumed that the incidence of STIs among secondary school students Is at its peak due to the high level of risky sexual behavior exhibited by most of them.

In August 2016, WHO estimated that one million STDs are acquired everyday and also, STD has known to be the diseases affecting people mostly, around the world adolescents

and young adults, this is because they are more likely to practice unprotected sex, have multiple sexual partners and others.

STIs contractions can cause serious, permanent health issues, infertility, death and social consequences such as social exclusion. Many social factors contribute to the high rate of STIs contraction. Having unprotected sex with multiple partners is the greatest risk factors for STIs among secondary school students. Studies has shown that youth engage In multiple sexual partners because of dissatisfaction with their partners sexuality. The problem is that adolescents especially secondary school students who indulge in sexual practices seems to have little or no knowledge of STDs and the right attitude towards it. In a bid to explore and experiment on sex and it's related activities, adolescents seemingly lurk in total ignorance of the existence, symptoms, mode of transmission, control, prevention and the right attitude towards STDs. Thus this has led to carrying out a study on finding out the level of knowledge and attitude of secondary school students towards STDs.

Research Questions

1. What is the level of knowledge of secondary school students knows about STDs in Oredo Local Government Area.
2. What is the attitude of secondary school students towards STDs.
3. What are the sources of STDs of secondary school student in Oredo Local Government Area?
4. What are the risk factors of STDs of Secondary School students in Oredo Local Government Area?

5. Purpose of the Study

The purpose of the study is to find out the knowledge and attitude of secondary school students towards STDs in Oredo Local Government Area.

The specific object are;

1. To ascertain the level of knowledge of secondary school students has about STDs.
2. To Disseminate information about STDs such as the risk Factors, causes signs and symptoms, mode of transmission, control and prevention etc.
3. To clear misconceptions about STDs i.e some secondary school students believes That STDs cannot be transmitted orally or anal.

Scope /Delimitation of The Study

The scope of the study is on the knowledge and attitude of secondary school students towards STDs and Delimited to Senior secondary school in Oredo Local Government Area

Definition of Terms

Adolescents: Adolescence is the transitional phase of growth and development between childhood and adulthood. The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19.

Attitude: The definition of an attitude is a way of feeling or acting toward a person, thing or situation. The opinions and feelings that you usually have about something, especially when this is shown in your behavior.

Knowledge: Knowledge is a familiarity, awareness, or understanding of someone or something, such as facts (descriptive knowledge), skills (procedural knowledge), or objects (acquaintance knowledge). By most accounts, knowledge can be acquired in many different ways and from many sources, including but not limited to perception, reason, memory, testimony, scientific inquiry, education, and practice. Awareness or

familiarity gained by experience of a fact or situation, understanding of or information about a subject that you get by experience or study, either known by one person or by people generally.

Sex education.: Sex education is high quality teaching and learning about a broad variety of topics related to sex and sexuality, exploring values and beliefs about those topics and gaining the skills that are needed to navigate relationships and manage one's own sexual health. Sex education may take place in schools, in community settings, or online.

Sexually transmitted diseases: Sexually transmitted diseases (STDs), or sexually transmitted infections (STIs), are infections that are passed from one person to another through sexual contact. The contact is usually vaginal, oral, and anal sex. But sometimes they can spread through other intimate physical contact. This is because some STDs, like herpes and HPV, are spread by skin-to-skin contact.

Students.: A student is primarily a person enrolled in a school or other educational institution and who is under learning with goals of acquiring knowledge, developing professions and achieving employment at desired field. In the broader sense, a student is anyone who applies themselves to the intensive intellectual engagement with some matter

necessary to master it as part of some practical affair in which such mastery is basic or decisive.

Significance of the Study

This study will benefit students, parents, teachers, Government, Policy makers, adolescents and the society at large. It will be beneficial to students as it will enable them to have adequate knowledge and attitude towards STDs.

This study will provide knowledge and attitude about the use of contraceptives in preventing STDs that can enable the government, teacher, non- governmental and other service providers and the society to embark on programmes geared towards encouraging the sexual active people in the society, especially the youths, to engage in a safe sexual activities that will reduce their exposure to STDs , it is hoped that their findings of this study will spur the Federal Ministry of Health and Ministry of Education to articulate effective programmes on sex education for secondary school students. It is hoped that these ministries will train and equip peer educators who will further educate secondary school students on the right knowledge and attitude towards STDs, steering through it related health hazards and consequences.

CHAPTER TWO

LITERATURE REVIEW

This chapter deals with the review of related literature. The review is organized under the following Sub-heading;

- Concept of Sexually Transmitted Diseases
- Causes of sexually Transmitted Diseases
- Types of sexually Transmitted Diseases.
- Signs and symptoms of sexually Transmitted Diseases.
- Adolescents and sexually Transmitted Diseases.
- Attitude of secondary school students towards Sexually Transmitted Diseases.
- Knowledge of secondary school students towards sexually Transmitted diseases.
- Summary of Reviewed Related Literature.

Concept of Sexually Transmitted Diseases

STDs refers to as sexually transmitted diseases or venereal diseases. Sexually transmitted infections are infections that are spread through contact with body fluids, semens, vaginal fluid and blood while some are spread through contact with genital area.

During the 19th and early 20th century the important very of contact tracing STDs was recognized by tracing their sexual partners of infected Persons. Despite dramatic reductions in STD rates since World War II, STDs remain a significant health issue in the United States and other developing countries (Shim, 2011) as cited in Racquel D. Weaver (2015).

Sexual intercourse is the main route of transmission of a wide range of infections, and a significant route for many others. Sexually transmitted infections caused by bacterial, fungal and protozoa agents have been curable with antimicrobial agents for over 40 years. In spite of this, such sexually transmitted diseases (STDs) have continued to be a public health problem in developed and developing countries alike. However, most developed countries now have very low rates of infection, with the exception of chlamydia. In contrast, many developing countries continue to experience high rates of STD. The reasons for failure to control STD are complex and vary from one setting to another; nevertheless, there are a number of factors which either singly or in combination has led, at both local and national level, to an inadequate response to the problem of STDs. As individuals remained untreated, the potential to spread their infection grows and they become susceptible to long term complications. Sexually transmitted diseases deserves attention not only because of their high prevalence but also because they

frequently go undetected and untreated, and can result in serious reproductive morbidity and mortality. Compared with the extensive efforts devoted to research and intervention on HIV and AIDS , very little attention has been paid to other STIs.

Causes of sexually transmitted diseases

Sexually transmitted diseases are caused by viruses, Bacteria, Yeast and parasite.

Types of sexually transmitted diseases

There are more than 20 types of STDs, including

- Chlamydia
- Genital herpes
- Gonorrhea
- HIV/AIDS
- HPV
- Pubic lice
- Syphilis
- Trichomoniasis

Types of STDs

CHLAMYDIA

According to Healthline Editorial Team (2020) Chlamydia is a common sexually transmitted infection (STI) caused by bacteria. People who have chlamydia often don't

have outward symptoms in the early stages. In fact, about 90 percent of women and 70 percent of men with the STI have no symptoms. But chlamydia can still cause health problems later. Untreated chlamydia can cause serious complications, so it's important to get regular screenings and talk with your doctor or healthcare provider if you have any concerns.

Causes of Chlamydia

Sex without a condom and unprotected oral sex are the main ways a chlamydia infection can be transmitted. But penetration doesn't have to occur to contract it. Touching genitals together may transmit the bacteria. It can also be contracted during anal sex. Newborn babies can acquire chlamydia from their mother during birth. Most prenatal testing includes a chlamydia test, but it doesn't hurt to double-check with an OB-GYN during the first prenatal checkup. A chlamydia infection in the eye can occur through oral or genital contact with the eyes, but this isn't common. Chlamydia can also be contracted even in someone who's had the infection once before and successfully treated it.

Chlamydia symptoms in men

Many men don't notice the symptoms of chlamydia. Most men have no symptoms at all. If symptoms do appear, it's usually 1 to 3 weeks after transmission. Some of the most common symptoms of chlamydia in men include:

- Burning sensation during urination
- Yellow or green discharge from the penis
- Pain in the lower abdomen
- Pain in the testicles

It's also possible to get a chlamydia infection in the anus. In this case, the main symptoms are often discharge, pain, and bleeding from this area. Having oral sex with someone who has the infection raises the risk for getting chlamydia in the throat. Symptoms can include a sore throat, cough, or fever. It's also possible to carry bacteria in the throat and not know it.

Chlamydia symptoms in women

Chlamydia is often known as the "silent infection." That's because people with chlamydia may not experience symptoms at all. If a woman contracts the STI, it may take several weeks before any symptoms appear. Some of the most common symptoms of chlamydia in women include:

- Painful sexual intercourse (dyspareunia)
- Vaginal discharge
- Burning sensation during urination
- Pain in the lower abdomen
- Inflammation of the cervix (cervicitis)
- Bleeding between periods

In some women, the infection can spread to the fallopian tubes, which may cause a condition called pelvic inflammatory disease (PID). PID is a medical emergency. The symptoms of PID are:

- Fever
- Severe pelvic pain
- Nausea
- Abnormal vaginal bleeding between periods

Chlamydia can also infect the rectum. Women may not experience symptoms if they have a chlamydia infection in the rectum. If symptoms of a rectal infection do occur, however, they may include rectal pain, discharge, or bleeding.

Additionally, women can develop a throat infection if they perform oral sex on someone with the infection. Though it's possible to contract it without knowing it, symptoms of a chlamydia infection in your throat include cough, fever, and sore throat. The symptoms of STIs in men and women can be different, so it's important to talk to a healthcare professional if you experience any of the above symptoms.

Treatment of Chlamydia

The good news is that chlamydia is easy to treat. Since it's bacterial in nature, it's treated with antibiotics. Azithromycin is an antibiotic usually prescribed in a single, large dose. Doxycycline is an antibiotic that must be taken twice per day for about one week. Other antibiotics may also be given. No matter which antibiotic is prescribed, dosage instructions should be followed carefully to make sure the infection clears up fully. This can take up to two weeks, even with the single-dose medications. During the treatment time, it's important not to have sex. It's still possible to transmit and contract chlamydia if exposed again, even if you've treated a previous infection. Although chlamydia is curable, it's still important to stay protected and prevent recurrence.

Home remedies for chlamydia

Chlamydia is caused by a bacterial infection. The only true cure for this type of infection is antibiotics. But some alternative treatments may help ease symptoms. It's

important to remember that untreated chlamydia can lead to long-term complications, including fertility problems and chronic inflammation. Home remedies for chlamydia that may be effective (for symptoms, not the infection itself) include:

- Goldenseal. This medicinal plant may limit symptoms during an infection by reducing inflammation.
- Echinacea. This plant has been widely used to boost the immune system in order to help people overcome infections of many types, from the common cold to skin wounds. It may help reduce symptoms of chlamydia.

Although compounds in these plants might help to ease inflammation and infection in general, there aren't any quality studies that show they're effective specifically for chlamydia symptoms.

Chlamydia test

When seeing a healthcare professional about chlamydia, they'll likely ask about symptoms. If there are none, they may ask why you have concerns. If symptoms are present, the doctor may perform a physical exam. This lets them observe any discharge, sores, or unusual spots that may be related to a possible infection. The most effective diagnostic test for chlamydia is to swab the vagina in women and to test urine in men. If there's a chance the infection is in the anus or throat, these areas may be swabbed as well.

Results may take several days. The doctor's office should call to discuss results. If the test returns positive, a follow-up appointment and treatment options will be discussed.

Genital Herpes

According to Healthline Editorial Team (2020) Genital herpes is a sexually transmitted infection (STI). This STI causes herpetic sores, which are painful blisters (fluid-filled bumps) that can break open and ooze fluid. About 16 percent Trusted Source of people between the ages of 14 and 49 years old have this condition.

Causes of genital herpes

Two types of herpes simplex virus cause genital herpes:

- HSV-1, which usually causes cold sores
- HSV-2, which usually causes genital herpes

The viruses enter into the body through mucous membranes. The mucous membranes are the thin layers of tissue that line the openings of your body. They can be found in your nose, mouth, and genitals. Once the viruses are inside, they incorporate themselves into your cells and then stay in the nerve cells of your pelvis. Viruses tend to multiply or adapt to their environments very easily, which makes treating them difficult. HSV-1 or HSV-2 can be found in people's bodily fluids, including: saliva, semen, vaginal secretions.

Symptoms of Genital Herpes

The appearance of blisters is known as an outbreak. A first outbreak will appear as early as 2 days after contracting the virus or as late as 30 days afterward. General symptoms for those with a penis include blisters on the: penis, scrotum, buttocks (near or around the anus). General symptoms for those with a vagina include blisters around or near the: vagina, anus, buttocks.

General symptoms for anyone include the following:

- Blisters may appear in the mouth and on the lips, face, and anywhere else that came into contact with areas of infection.
- The area that has contracted the condition often starts to itch, or tingle, before blisters actually appear.
- The blisters may become ulcerated (open sores) and ooze fluid.
- A crust may appear over the sores within a week of the outbreak.
- Your lymph glands may become swollen. Lymph glands fight infection and inflammation in the body.
- You may have headaches, body aches, and fever.

General symptoms for a baby born with herpes (contracted through a vaginal delivery) may include ulcers on the face, body, and genitals. Babies who are born with genital herpes can develop very severe complications and experience:

- Blindness
- brain damage
- death

It's very important that you tell your doctor if you contract genital herpes and are pregnant. They will take precautions to prevent the virus from being transmitted to your baby during delivery, with one likely method being that your baby would be delivered via cesarean rather than a routine vaginal delivery.

Prevention of Genital herpes

The best way to prevent genital herpes or any STI is to not have vaginal, oral, or anal sex.

If you do have sex, lower your risk of getting an STI with the following steps:

- Use condoms. Condoms are the best way to prevent STIs when you have sex. Because a man does not need to ejaculate (come) to give or get some STIs, make sure to put the condom on before the penis touches the vagina, mouth, or anus. Other methods of birth control, like birth control pills, shots, implants, or diaphragms, will not protect you from STIs.
- Get tested. Be sure you and your partner are tested for STIs. Talk to each other about the test results before you have sex.

- Be monogamous. Having sex with just one partner can lower your risk for STIs. After being tested for STIs, be faithful to each other. That means that you have sex only with each other and no one else
- Limit your number of sex partners. Your risk of getting STIs goes up with the number of partners you have.

Treatment of Genital Herpes

Herpes has no cure. But antiviral medicines can prevent or shorten outbreaks during the time you take the medicine. Also, daily suppressive therapy (for example, daily use of antiviral medicine) for herpes can lower your chance of spreading the infection to your partner. Your doctor will either give you antiviral medicine to take right after getting outbreak symptoms or to take regularly to try to stop outbreaks from happening. Talk to your doctor about treatment options. During outbreaks, you can take the following steps to speed healing and prevent spreading herpes to other parts of your body or to other people:

- Keep sores clean and dry.
- Try not to touch the sores.
- Wash your hands after any contact with the sores.

- Avoid all sexual contact from the time you first notice symptoms until the sores have healed.

GONORRHEA

According to MayoClinic, (2019) Gonorrhea is a sexually transmitted infection (STI). It's caused by the bacterium Neisseria gonorrhoeae. It tends to target warm, moist areas of the body, including the: urethra (the tube that drains urine from the bladder), eyes, throat, vagina, anus, female reproductive tract (the fallopian tubes, cervix, and uterus). Gonorrhea passes from person to person through oral, anal, or vaginal sex without a condom or other barrier method. The best protections against transmission are abstinence and proper condom or barrier method usage.

Symptoms of Gonorrhea

Symptoms usually occur within 2 to 14 days after exposure. However, some people who acquire gonorrhea never develop noticeable symptoms. It's important to remember that a person with gonorrhea who doesn't have symptoms, also called an asymptomatic carrier, can still spread the infection. A person is more likely to transmit gonorrhea to other partners when they don't have noticeable symptoms.

Symptoms in men

A person with a penis may not develop noticeable symptoms for several weeks. Some men may never develop symptoms. Typically, symptoms begin to show a week after transmission. The first noticeable symptom in men is often a burning or painful sensation during urination. As it progresses, other symptoms may include:

- greater frequency or urgency of urination
- a Pus-like discharge (or drip) from the penis (white, yellow, beige, or greenish)
- swelling or redness at the opening of the penis
- swelling or pain in the testicles
- A persistent sore throat

In rare instances, gonorrhea can continue to cause damage to the body, specifically the urethra and testicles. The condition will stay in the body for a few weeks after the symptoms have been treated.

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Symptoms in women

Many people with a vagina don't develop any overt symptoms of gonorrhea. When they do develop symptoms, they tend to be mild or similar to other diagnoses, making them

more difficult to identify. Gonorrhea symptoms can appear much like common vaginal yeast or bacterial infections.

Symptoms include:

- Discharge from the vagina (watery, creamy, or slightly green)
- Pain or burning sensation while urinating
- Urge to urinate more frequently
- Heavier periods or spotting
- Sore throat
- Pain during sexual intercourse
- Sharp pain in the lower abdomen
- Fever

Tests for gonorrhea

Healthcare professionals can diagnose gonorrhea in several ways. They can take a sample of fluid from the symptomatic area (penis, vagina, rectum, or throat) with a swab and place it on a glass slide. If your doctor suspects a joint infection or infection of the blood, they'll obtain the sample by drawing blood or inserting a needle into the symptomatic joint to withdraw fluid. They'll then add a stain to the sample and examine it under a microscope. If cells react to the stain, gonorrhea may be diagnosed. This method is relatively quick and easy, but it doesn't provide absolute certainty. This test

may also be completed by a lab technician. A second method involves taking the same type of sample and placing it on a special dish. This will be incubated under ideal growth conditions for several days. A colony of gonorrhea bacteria will grow if gonorrhea is present. A preliminary result may be ready within 24 hours. A final result will take up to 3 days.

Complications of gonorrhea

Females are at greater risk for long-term complications from an untreated transmission. Untreated, the bacteria may ascend up the reproductive tract and involve the uterus, fallopian tubes, and ovaries. This condition is known as pelvic inflammatory disease (PID) and can cause severe and chronic pain and damage to the reproductive organs. PID can be caused by other STIs as well. Women may also develop blocking or scarring of the fallopian tubes, which can prevent future pregnancy or cause ectopic pregnancy. An ectopic pregnancy is when a fertilized egg implants outside the uterus. Gonorrhea may also pass to a newborn infant during delivery. When gonorrhea spreads to the bloodstream, arthritis, heart valve damage, or inflammation of the lining of the brain or spinal cord may occur. These are rare but serious conditions.

Treatment of gonorrhea

Modern antibiotics can cure most gonorrhea transmissions. Most states also provide free diagnosis and treatment at state-sponsored health clinics.

At home and over-the-counter (OTC) remedies

There are no at-home remedies or OTC medications that'll treat gonorrhea. Anyone who thinks they may have acquired gonorrhea from a partner should seek care from a healthcare professional.

Antibiotics

Gonorrhea is usually treated with an antibiotic injection of ceftriaxone one time to the buttocks and a single dose of azithromycin by mouth. Once on antibiotics, you should feel relief within days. The law requires healthcare professionals to report the diagnosis, usually to the county public health department. Public health officials will identify, contact, test, and treat any sexual partners of the person diagnosed to help prevent the spread. Health officials will also contact other people these individuals may have had sexual contact with. Scientists are working to develop vaccines to prevent gonorrhea transmission.

Prevention of gonorrhea

The safest way to prevent gonorrhea or other STIs is through abstinence. If you do engage in sexual activities, always use a condom or other barrier method. It's important to be open with your sexual partners, get regular testing, and find out if they've been tested. If your partner is showing any symptoms, avoid any sexual contact. Ask them to seek medical attention to rule out any possible conditions that could be passed on.

You're at a higher risk for acquiring gonorrhea if you've already had it or any other STIs. You're also at a higher risk if you have multiple sexual partners or a new partner.

HIV

According to MayoClinic, (2019) HIV is a virus that damages the immune system. Untreated HIV affects and kills CD4 cells, which are a type of immune cell called T cell. Over time, as HIV kills more CD4 cells, the body is more likely to get various types of conditions and cancers. HIV is transmitted through bodily fluids that include:

- Blood
- semen
- vaginal and rectal fluids
- Breast Milk

Because HIV inserts itself into the DNA of cells, it's a lifelong condition and currently there's no drug that eliminates HIV from the body, although many scientists are working to find one. However, with medical care, including treatment called antiretroviral therapy, it's possible to manage HIV and live with the virus for many years. Without treatment, a person with HIV is likely to develop a serious condition called the Acquired Immunodeficiency Syndrome, known as AIDS. At that point, the immune system is too weak to successfully respond against other diseases, infections, and conditions. HIV can cause changes throughout the body.

AIDS

AIDS is a disease that can develop in people with HIV. It's the most advanced stage of HIV. But just because a person has HIV doesn't mean AIDS will develop.

HIV kills CD4 cells. Healthy adults generally have a CD4 count of 500 to 1,600 per cubic millimeter. A person with HIV whose CD4 count falls below 200 per cubic millimeter will be diagnosed with AIDS. A person can also be diagnosed with AIDS if they have HIV and develop an opportunistic infection or cancer that's rare in people who don't have HIV. Untreated, HIV can progress to AIDS within a decade. There's currently no cure for AIDS, and without treatment, life expectancy after diagnosis is about 3

yearsTrusted Source. This may be shorter if the person develops a severe opportunistic illness. However, treatment with antiretroviral drugs can prevent AIDS from developing.

- Pneumonia
- Tuberculosis
- Oral thrush, a fungal condition in the mouth or throat
- Cancer, including Kaposi sarcoma (KS) and lymphoma

The shortened life expectancy linked with untreated AIDS isn't a direct result of the syndrome itself. Rather, it's a result of the diseases and complications that arise from having an immune system weakened by AIDS.

HIV and AIDS:

To develop AIDS, a person has to have contracted HIV. But having HIV doesn't necessarily mean that someone will develop AIDS.

Cases of HIV progress through three stages:

- Stage 1: acute stage, the first few weeks after transmission
- Stage 2: clinical latency, or chronic stage
- Stage 3: AIDS

As HIV lowers the CD4 cell count, the immune system weakens. A typical adult's CD4 count is 500 to 1,500 per cubic millimeter. A person with a count below 200 is considered to have AIDS. How quickly a case of HIV progresses through the chronic stage varies significantly from person to person. Without treatment, it can last up to a decade before advancing to AIDS. With treatment, it can last indefinitely. There's currently no cure for HIV, but it can be managed. People with HIV often have a near-normal lifespan with early treatment with antiretroviral therapy. Along those same lines, there's technically no cure for AIDS currently. However, treatment can increase a person's CD4 count to the point where they're considered to no longer have AIDS. (This point is a count of 200 or higher.) Anyone can contract HIV. The virus is transmitted in bodily fluids that include:

- Blood
- Semen
- Vaginal and rectal fluids
- Breast milk

Some of the ways HIV is transferred from person to person include:

- Through vaginal or anal sex — the most common route of transmission
- By sharing needles, syringes, and other items for injection drug use

- By sharing tattoo equipment without sterilizing it between uses
- During pregnancy, labor, or delivery from a pregnant person to their baby
- During breastfeeding
- Through "premastication," or chewing a baby's food before feeding it to them
- Through exposure to the blood, semen, vaginal and rectal fluids, and breast milk

of someone living with HIV, such as through a needle stick. The virus can also be transmitted through a blood transfusion or organ and tissue transplant. However, rigorous testing for HIV among blood, organ, and tissue donors ensures that this is very rare in the United States

Causes of HIV

HIV is a variation of a virus that can be transmitted to African chimpanzees. Scientists suspect the simian immunodeficiency virus (SIV) jumped from chimps to humans when people consumed chimpanzee meat containing the virus. Once inside the human population, the virus mutated into what we now know as HIV. This likely occurred as long ago as the 1920s. HIV spread from person to person throughout Africa over the course of several decades. Eventually, the virus migrated to other parts of the world. Scientists first discovered HIV in a human blood sample in 1959. It's thought that

HIV has existed in the United States since the 1970s, but it didn't start to hit public consciousness until the 1980s.

Causes of AIDS

AIDS is caused by HIV. A person can't get AIDS if they haven't contracted HIV. Healthy individuals have a CD4 count of 500 to 1,500 per cubic millimeter. Without treatment, HIV continues to multiply and destroy CD4 cells. If a person's CD4 count falls below 200, they have AIDS. Also, if someone with HIV develops an opportunistic infection associated with HIV, they can still be diagnosed with AIDS, even if their CD4 count is above 200.

What tests are used to diagnose HIV?

Antibody/antigen tests

Antibody/antigen tests are the most commonly used tests. They can show positive results typically within 18–45 days Trusted Source after someone initially contracts HIV. These tests check the blood for antibodies and antigens. An antibody is a type of protein the body makes to respond to an infection. An antigen, on the other hand, is the part of the virus that activates the immune system.

Antibody tests

These tests check the blood solely for antibodies. Between 23 and 90 days Trusted Source after transmission, most people will develop detectable HIV antibodies, which can be found in the blood or saliva. These tests are done using blood tests or mouth swabs, and there's no preparation necessary. Some tests provide results in 30 minutes or less and can be performed in a healthcare provider's office or clinic.

Other antibody tests can be done at home:

- OraQuick HIV Test. An oral swab provides results in as little as 20 minutes
- Home Access HIV-1 Test System. After the person pricks their finger, they send a blood sample to a licensed laboratory. They can remain anonymous and call for results the next business day.
- If someone suspects they've been exposed to HIV but tested negative in a home test, they should repeat the test in 3 months. If they have a positive result, they should follow up with their healthcare provider to confirm.

Early symptoms of HIV

The first few weeks after someone contracts HIV is called the acute infection stage.

During this time, the virus reproduces rapidly. The person's immune system responds by producing HIV antibodies, which are proteins that take measures to respond against

infection. During this stage, some people have no symptoms at first. However, many people experience symptoms in the first month or so after contracting the virus, but they often don't realize HIV causes those symptoms. This is because symptoms of the acute stage can be very similar to those of the flu or other seasonal viruses, such as:

- They may be mild to severe
- They may come and go
- They may last anywhere from a few days to several weeks

Early symptoms of HIV can include:

- Fever
- Chills
- swollen lymph nodes
- general aches and pains
- Skin rash
- Sore throat
- Headache
- Nausea
- Upset stomach

Because these symptoms are similar to common illnesses like the flu, the person who has them might not think they need to see a healthcare provider. And even if they do, their healthcare provider might suspect the flu or mononucleosis and might not even consider HIV. Whether a person has symptoms or not, during this period their viral load is very high. The viral load is the amount of HIV found in the bloodstream.

A high viral load means that HIV can be easily transmitted to someone else during this time. Initial HIV symptoms usually resolve within a few months as the person enters the chronic, or clinical latency, stage of HIV. This stage can last many years or even decades with treatment.

What are the symptoms of HIV?

After the first month or so, HIV enters the clinical latency stage. This stage can last from a few years to a few decades. Some people don't have any symptoms during this time, while others may have minimal or nonspecific symptoms. A nonspecific symptom is a symptom that doesn't pertain to one specific disease or condition.

These nonspecific symptoms may include:

- headaches and other aches and pains

- swollen lymph nodes
- recurrent fevers
- night sweats
- fatigue
- nausea
- vomiting
- diarrhea
- weight loss
- skin rashes
- recurrent oral or vaginal yeast infections
- pneumonia
- shingles

As with the early stage, HIV is still transferable during this time even without symptoms and can be transmitted to another person. However, a person won't know they have HIV unless they get tested. If someone has these symptoms and thinks they may have been exposed to HIV, it's important that they get tested. HIV symptoms at this stage may come and go, or they may progress rapidly. This progression can be slowed substantially

with treatment. With the consistent use of this antiretroviral therapy, chronic HIV can last for decades and will likely not develop into AIDS, if treatment was started early enough.

What are the symptoms of AIDS?

AIDS refers to acquired immunodeficiency syndrome. With this condition, the immune system is weakened due to HIV that's typically gone untreated for many years. If HIV is found and treated early with antiretroviral therapy, a person will usually not develop AIDS. People with HIV may develop AIDS if their HIV is not diagnosed until late or if they know they have HIV but don't consistently take their antiretroviral therapy. They may also develop AIDS if they have a type of HIV that's resistant to (doesn't respond to) the antiretroviral treatment. Without proper and consistent treatment, people living with HIV can develop AIDS sooner. By that time, the immune system is quite damaged and has a harder time generating a response to infection and disease. With the use of antiretroviral therapy, a person can maintain a chronic HIV diagnosis without developing AIDS for decades.

Symptoms of AIDS can include:

- Recurrent fever
- Chronic swollen lymph glands, especially of the armpits, neck, and groin

- Chronic fatigue
- Night sweats
- Sores, spots, or lesions of the mouth and tongue, genitals, or anus
- Recurrent or chronic diarrhea
- Rapid weight loss
- Neurologic problems such as trouble concentrating, memory loss, and confusion

Treatment options for HIV

Treatment should begin as soon as possible after a diagnosis of HIV, regardless of viral load. The main treatment for HIV is antiretroviral therapy, a combination of daily medications that stop the virus from reproducing. This helps protect CD4 cells, keeping the immune system strong enough to take measures against disease. Antiretroviral therapy helps keep HIV from progressing to AIDS. It also helps reduce the risk of transmitting HIV to others. When treatment is effective, the viral load will be "undetectable." The person still has HIV, but the virus is not visible in test results.

However, the virus is still in the body. And if that person stops taking antiretroviral therapy, the viral load will increase again, and the HIV can again start attacking CD4 cells.

HIV medications

Many antiretroviral therapy medications are approved to treat HIV. They work to prevent HIV from reproducing and destroying CD4 cells, which help the immune system generate a response to infection. This helps reduce the risk of developing complications related to HIV, as well as transmitting the virus to others. These antiretroviral medications are grouped into six classes:

- Nucleoside reverse transcriptase inhibitors (NRTIs)
- Fusion INHIBITORS
- CCR5 antagonists, also known as entry inhibitors
- Integrase strand transfer inhibitors.

HIV prevention

Although many researchers are working to develop one, there's currently no vaccine available to prevent the transmission of HIV. However, taking certain steps can help Prevent the transmission of HIV.

Safer sex

The most common way for HIV to be transferred is through anal or vaginal sex without a condom or other barrier method. This risk can't be completely eliminated

unless sex is avoided entirely, but the risk can be lowered considerably by taking a few precautions.

A person concerned about their risk for HIV should:

- Get tested for HIV. It's important they learn their status and that of their partner.
- Get tested for other sexually transmitted infections (STIs). If they test positive for one, they should get it treated, because having an STI increases the risk of contracting HIV.
- Use condoms. They should learn the correct way to use condoms and use them every time they have sex, whether it's through vaginal or anal intercourse. It's important to keep in mind that pre-seminal fluids (which come out before male ejaculation) can contain HIV.
- Take their medications as directed if they have HIV. This lowers the risk of transmitting the virus to their sexual partner.

Human Papillomavirus

Human papillomavirus (HPV) is a viral infection that's passed between people through skin-to-skin contact. There are over 100 varieties of HPV, more than 40Trusted Source of which are passed through sexual contact and can affect your genitals, mouth, or

throat. According to the Centers for Disease Control and Prevention (CDC) Trusted Source, HPV is the most common sexually transmitted infection (STI). It's so common that most sexually active people will get some variety of it at some point, even if they have few sexual partners. Some cases of genital HPV infection may not cause any health problems. However, some types of HPV can lead to the development of genital warts and even cancers of the cervix, anus, and throat.

HPV causes

The virus that causes HPV infection is transmitted through skin-to-skin contact. Most people get a genital HPV infection through direct sexual contact, including vaginal, anal, and oral sex. Because HPV is a skin-to-skin infection, intercourse isn't required for transmission to occur. Many people have HPV and don't even know it, which means you can still contract it even if your partner doesn't have any symptoms. It's also possible to have multiple types of HPV. In rare cases, a mother who has HPV can transmit the virus to her baby during delivery. When this happens, the child may develop a condition called recurrent respiratory papillomatosis where they develop HPV-related warts inside their throat or airways.

HPV Symptoms

Often, HPV infection doesn't cause any noticeable symptoms or health problems.

In fact, 90 percent Trusted Source of HPV infections (9 out of 10) go away on their own within two years, according to the CDC. However, because the virus is still in a person's body during this time, that person may unknowingly transmit HPV. When the virus doesn't go away on its own, it can cause serious health problems. These include genital warts and warts in the throat (known as recurrent respiratory papillomatosis). HPV can also cause cervical cancer and other cancers of the genitals, head, neck, and throat. The types of HPV that cause warts are different from the types that cause cancer. So, having genital warts caused by HPV doesn't mean that you'll develop cancer. Cancers caused by HPV often don't show symptoms until the cancer is in later stages of growth. Regular screenings can help diagnose HPV-related health problems earlier. This can improve outlook and increase chances of survival.

HPV in men

Many men who contract an HPV infection have no symptoms, although some may develop genital warts. See your doctor if you notice any unusual bumps or lesions on your penis, scrotum, or anus. Some strains of HPV can cause penile, anal, and throat cancer in men. Some men may be more at risk for developing HPV-related cancers, including men who receive anal sex and men with a weakened immune system. The strains of HPV that cause genital warts aren't the same as those that cause cancer

HPV in women

It's estimated that 80 percent Trusted Source of women will contract at least one type of HPV during their lifetime. Like with men, many women that get HPV don't have any symptoms and the infection goes away without causing any health problems. Some women may notice that they have genital warts, which can appear inside the vagina, in or around the anus, and on the cervix or vulva. Make an appointment with your doctor if you notice any unexplained bumps or growths in or around your genital area. Some strains of HPV can cause cervical cancer or cancers of the vagina, anus, or throat. Regular screening can help detect the changes associated with cervical cancer in women.

Additionally, DNA tests on cervical cells can detect strains of HPV associated with genital cancers..

HPV treatments

Most cases of HPV go away on their own, so there's no treatment for the infection itself. Instead, your doctor will likely want to have you come in for repeat testing in a year to see if the HPV infection persists and if any cell changes have developed that need further follow-up. There currently aren't any medically-supported natural treatments available for HPV infection. Routine screening for HPV and cervical cancer is important for identifying, monitoring, and treating health problems that may result from HPV infection.

How can you get HPV?

Anyone who's had sexual skin-to-skin contact is at risk for HPV infection. Other factors that may put someone at an increased risk for HPV infection include:

- increased number of sexual partners
- unprotected vaginal, oral, or anal sex
- a weakened immune system
- having a sexual partner that has HPV

If you contract a high-risk type of HPV, some factors can make it more likely that the infection will continue and may develop into cancer:

- A weakened immune system
- having other STIs, such as gonorrhea, chlamydia, and herpes simplex
- chronic inflammation
- having many children (cervical cancer)
- using oral contraceptives over a long period of time (cervical cancer)
- using tobacco products (mouth or throat cancer)
- receiving anal sex (anal cancer)

HPV prevention

The easiest ways to prevent HPV are to use condoms and to practice safe sex.

In addition, the Gardasil 9 vaccine is available for the prevention of genital warts and cancers caused by HPV. The vaccine can protect against nine types of HPV known to be associated with either cancer or genital warts. The CDC recommends the HPV vaccine for boys and girls ages 11 or 12. Two doses of the vaccine are given at least six months apart. Women and men ages 15 to 26 can also get vaccinated on a three-dose schedule. Additionally, people between the ages of 27 and 45 who haven't been previously vaccinated for HPV are now eligible Trusted Source for vaccination with Gardasil 9. To

prevent health problems associated with HPV, be sure to get regular health checkups, screenings, and Pap smears.

Vaccination

Vaccination against HPV involves getting two shots spaced six to 12 months apart if you're between the ages of nine and 14. People aged 15 and over get three shots over six months. You'll need to get all of your shots for the vaccine to be effective.

The HPV vaccine is a safe and effective vaccine that can protect you from HPV-related diseases. This vaccine was previously only available to people up until age 26. New guidelines now state people between the ages of 27 and 45 who have not been previously vaccinated for HPV are now eligible for the vaccine Gardasil 9. In a 2017 study, oral HPV infections were said to be 88 percent lower among young adults who received at least one dose of the HPV vaccine. These vaccines help prevent oropharyngeal cancers linked to HPV

Syphilis

Syphilis caused by a type of bacteria known as Treponema pallidum. In 2016, more than 88,000 cases of syphilis Trusted Source were reported in the United States, according to the Centers for Disease Control and Prevention. The rate of women with

syphilis has been declining in the United States, but the rate among men, particularly men who have sex with men, has been rising. Syphilis can be challenging to diagnose. Someone can have it without showing any symptoms for years. However, the earlier syphilis is discovered, the better. Syphilis that remains untreated for a long time can cause major damage to important organs, like the heart and brain. Syphilis is only spread through direct contact with syphilitic chancres.

Stages of syphilis infection

The four stages of syphilis are:

- Primary
- Secondary
- Latent
- Tertiary

Syphilis is most infectious in the first two stages.

When syphilis is in the hidden, or latent, stage, the disease remains active but often with no symptoms. Tertiary syphilis is the most destructive to health.

Primary syphilis

The primary stage of syphilis occurs about three to four weeks after a person contracts the bacteria. It begins with a small, round sore called a chancre. A chancre is painless, but it's highly infectious. This sore may appear wherever the bacteria entered the body, such as on or inside the mouth, genitals, or rectum. On average, the sore shows up around three weeks after infection, but it can take between 10 and 90 days to appear. The sore remains for anywhere between two to six weeks. Syphilis is transmitted by direct contact with a sore. This usually occurs during sexual activity, including oral sex.

Secondary syphilis

Skin rashes and a sore throat may develop during the second stage of syphilis. The rash won't itch and is usually found on the palms and soles, but it may occur anywhere on the body. Some people don't notice the rash before it goes away.

Other symptoms of secondary syphilis may include:

- Headaches
- Swollen lymph nodes
- Fatigue
- Fever
- Weight loss
- Hair loss

- Aching joints

These symptoms will go away whether or not treatment is received. However, without treatment, a person still has syphilis. Secondary syphilis is often mistaken for another condition.

Latent syphilis

The third stage of syphilis is the latent, or hidden, stage. The primary and secondary symptoms disappear, and there won't be any noticeable symptoms at this stage. However, the bacteria remain in the body. This stage could last for years before progressing to tertiary syphilis.

Tertiary syphilis

The last stage of infection is tertiary syphilis. According to the Mayo Clinic, approximately 15 to 30 percent of people who don't receive treatment for syphilis will enter this stage. Tertiary syphilis can occur years or decades after the initial infection. Tertiary syphilis can be life-threatening. Some other potential outcomes of tertiary syphilis include:

- Blindness
- Deafness

- Mental illness
- Memory loss
- Destruction of soft tissue and bone
- Neurological disorders, such as stroke or meningitis

How is syphilis diagnosed?

If you think you might have syphilis, go to your doctor as soon as possible. They'll take a blood sample to run tests, and they'll also conduct a thorough physical examination. If a sore is present, your doctor may take a sample from the sore to determine if the syphilis bacteria are present. If your doctor suspects that you're having nervous system problems because of tertiary syphilis, you may need a lumbar puncture, or spinal tap. During this procedure, spinal fluid is collected so that your doctor can test for syphilis bacteria.

Treatment

Primary and secondary syphilis are easy to treat with a penicillin injection. Penicillin is one of the most widely used antibiotics and is usually effective in treating syphilis. People who are allergic to penicillin will likely be treated with a different antibiotic, such as:

- Doxycycline
- Azithromycin
- Ceftriaxone

During treatment, make sure to avoid sexual contact until all sores on your body are healed and your doctor tells you it's safe to resume sex. If you're sexually active, your partner should be treated as well. Don't resume sexual activity until you and your partner have completed treatment.

Prevention

The best way to prevent syphilis is to practice safe sex. Use condoms during any type of sexual contact. In addition, it may be helpful to:

- Use a dental dam (a square piece of latex) or condoms during oral sex.
- Avoid sharing sex toys.
- Get screened for STIs and talk to your partners about their results.

Syphilis can also be transmitted through shared needles. Avoid sharing needles if using injected drugs.

When should I test for syphilis?

The first stage of syphilis can easily go undetected. The symptoms in the second stage are also common symptoms of other illnesses. This means that if any of the following applies to you, consider getting tested for syphilis. It doesn't matter if you've ever had any symptoms. Get tested if you:

- Have had condomless sex with someone who might have had syphilis
- are pregnant
- are a sex worker
- have had condomless sex with multiple people

If the test comes back positive, it's important to complete the full treatment. Make sure to finish the full course of antibiotics, even if symptoms disappear. Also avoid all sexual activity until your doctor tells you that it's safe. Consider getting tested for HIV as well. People who have tested positive for syphilis should notify all of their recent sexual partners so that they can also get tested and receive treatment.

PUBIC LICE

According to MayoClinic, (2019) Pubic lice, also known as crabs, are very small insects that infest your genital area. There are three types of lice that infest humans:

- Pediculus humanus capitis: head lice

- Pediculus humanus corporis: body lice
- Phthirus pubis: pubic lice

Lice feed on human blood and cause intense itching in affected areas. Pubic lice usually live on pubic hair and are spread through sexual contact. In rare cases, they can be found in eyelashes, armpit hair, and facial hair. Pubic lice are often smaller than body and head lice. Pubic lice infestations are more common among people who have sexually transmitted infections.

How you can get pubic lice

Pubic lice are typically transmitted through intimate contact, including sexual intercourse. It's also possible to catch pubic lice by using the blankets, towels, sheets, or clothing of people who have pubic lice. Adult lice lay their eggs on the hair shaft, near the skin. These eggs are called nits. Seven to 10 days later, the nits hatch into nymphs and start feeding on your blood. The lice can live without their food supply for one to two days. Contrary to common belief, you're highly unlikely to get pubic lice from a toilet seat or furniture. Pubic lice usually don't fall off of their host unless they're dead. They also can't jump from one person to another like fleas. Don't allow your children to sleep in your bed if you have a pubic lice infestation. Children may get an infestation after sleeping in the same bed as someone who has pubic lice. In children, the lice usually live

in their eyelashes or eyebrows. The presence of pubic lice in a child might also indicate sexual abuse.

Signs of Pubic Lice

People with pubic lice often experience itching in their genital region or anus about five days after the initial infestation. At night, the itching will become more intense. Other common symptoms of pubic lice include:

- Low-grade fever
- Irritability
- Lack of energy
- Pale bluish spots near the bites

Excessive itching may cause wounds or an infection in the affected areas. Children with lice infestations on their eyelashes are also at risk of developing conjunctivitis (pink eye).

Treatment of Pubic Lice

Treatment for pubic lice consists of decontaminating yourself, your clothes, and your bedding. Topical, over-the-counter lotions and shampoos can be used to remove pubic lice from your body. These treatments include permethrin lotions: RID, Nix, and A-200. Ask your doctor which products are safe to use if you are pregnant or breastfeeding, or

are treating an infant for pubic lice. You may only need to wash your pubic hair if your lice infestation is mild. Prescription medication might also be necessary if the topical solutions don't work. Even after successful treatment, a few stubborn lice eggs might cling to your hairs. Remove any leftover nits with tweezers. Home remedies, such as shaving and hot baths, aren't effective for treating pubic lice. Lice can easily survive ordinary soap and water.

You might need stronger medicine if the lice survive these efforts. These products include:

- Malathion (Ovide), a topical lotion that you leave on the affected areas for 8 to 12 hours.
- Ivermectin (Stromectol), a two-pill dose that you take orally. You might need a follow-up dose 10 days later.
- Lindane, the strongest and most toxic product among the commonly prescribed pubic lice medications. You only leave it on for four minutes before washing it off. Don't use this product on infants or on yourself if you're breastfeeding or pregnant.

Itching may persist for a week or two as your body works through its allergic reaction to the bites. Call your doctor if you notice swelling, skin discoloration, or drainage from wounds.

How to prevent pubic lice infestations

To prevent a pubic lice infestation, you should avoid sharing clothes, bedding, or towels with anyone who has pubic lice. Sexual contact should also be avoided until treatment is complete and successful. Once you've been diagnosed with pubic lice, you must inform all current and past sexual partners so that they can be treated as well.

Trichomoniasis

According to WedMD (2019), Trichomoniasis, also called trich, is a common sexually transmitted disease (STD). Trich is caused by a tiny one-celled parasite named Trichomonas vaginalis. Anyone who's sexually active can get it. It affects women more than men, older women more than younger ones, and African American women more than white or Hispanic women. People with trich often don't have any symptoms, and it doesn't usually cause problems. But if you don't get treatment, it raises your chances of getting or spreading other STDs, including HIV.

Causes of Trichomoniasis

You get trich by having sex with someone who has it. Typically, it spreads through contact between a penis and a vagina. Women who have sex with women can also get trich through vaginal contact. Women typically get the infection in their vulva, vagina, cervix, or urethra. Men usually get it in their urethra. They may also get it in their

prostate, the gland between the bladder and the penis. It's rare to have trich in other parts of your body, such as your hands, mouth, or anus. Anyone who has trich can spread it, even if they don't have symptoms.

Symptoms of Trichomoniasis

About 70% of people with trich don't have symptoms. In others, the signs might not show up until days or weeks after infection.

Women with trichomoniasis may have:

- Vaginal fluid that smells bad and is greenish or yellowish
- Genital itching, burning, redness, or soreness
- Pain when they pee or have sex
- The need to pee more often
- Bleeding after sex

Men with trichomoniasis may have:

- Itching or irritation inside their penis
- A thin white discharge from the penis
- Pain when they pee or have sex
- The need to pee more often

Treatment of Trichomoniasis

Antibiotic medications like metronidazole (Flagyl, Noritate, Nuvessa) and tinidazole (Tindamax) clear up the infection in most people. Your doctor will give you pills to swallow, either in one large dose or in several smaller doses. Take all of the medicine, even if you start to feel better before you're done. Treatment will get rid of the parasite, but you can still get it again. About 20% of people get trich again within 3 months of treatment. Your sex partner or partners should also be treated, even if they don't have symptoms. Don't have sex for 7 to 10 days after treatment. Your doctor might want to test you again before you have sex.

Complications of Trichomoniasis

If you don't get treatment, trich can lead to other health problems. It can raise your risk of getting or spreading other STDs. If you have HIV, trich may make you more likely to spread it. Because of this risk, doctors suggest that women with HIV get tested for trich at least once a year. If you're pregnant, trich may make you give birth earlier than expected. Your baby may have a low birth weight, which can raise the chances of health or developmental problems. It's rare, but your baby may also get trich as they go through

the birth canal. You can get treated for trich while pregnant, so talk to your doctor about the best options for you.

Prevention of Trichomoniasis

The only way you can totally avoid trich is to not have vaginal sex. You can take other steps to lower your chances of getting it:

- Always use latex condoms. Because you can get or spread trich through contact alone, make sure to put the condom on early, before it touches the vagina.
- Avoid douching. Your vagina has a natural balance of bacteria to keep you healthy. When you douche, you remove some of those helpful bacteria, which can raise your chances of getting an STD.
- Stick with one sex partner who's tested negative for STDs. If that doesn't work for you, think about limiting your number of sex partners.

Attitude of secondary school students towards STDs

Adolescents were classified as having any multiple partnerships if they indicated having 2 or more partners during any of the 6-month period within the three follow-up assessments (Ickovics et al. 2003; Kershaw et al. 2003; Niccola et al. 2003) As cited in

Trace .S. Kershaw, Kathleen .E. Ethier, Stephanie MIlan 2010. A study carried out in secondary schools in Ghana by Rondini and Krugu (2009) showed that 70.9 % of the males and 75 % of the female students were worried about and thought about HIV/AIDS. The students could mention gonorrhea and syphilis as common STDs besides HIV/AIDS, but showed very little knowledge of STDs and their symptoms when being asked more detailed questions about symptoms of the diseases as cited in Linn Svenssen, and Sara Waern 2013. Regarding the students' attitudes towards protecting themselves from STDs, they showed a significant barrier towards condom use. The female students would not purchase condoms out of fear of being judged as "bad girls" and the male students claimed that they wouldn't accept a condom from a girl, because "the girls is not to be trusted". De Coninck and Marrone (2012) have studied usage of condoms in Uganda during 2001-2006 and saw that the number of females using condoms was lower than during 1995-2000 (Linn Svenssen, and Sara Waern 2013).

Knowledge of Secondary school students towards sexually transmitted diseases

A study carried in the United States by Clark, Jackson and Allen-Taylor (2002) showed that despite having received relevant education from school, home and/or friends, a high percentage of adolescents were lacking in knowledge regarding various STDs As cited in Liana R. Clark, MD, Malaka Jackson, MD, AND Lynne Allen-Taylor, PhD 2001.

The adolescents who had been educated by parents, school, other relatives and friends performed better than those educated by other sources. Nearly all adolescents had good knowledge of HIV, but they knew far less about other serious STDs. A study based in Northern Thailand by Paz-Bailey et al. (2003) showed that Thai adolescents' knowledge on HIV was high. Among the sample, which consisted of students' aged 15-21, 99.5% had heard of HIV. More than 90 % could identify three main routes of contracting the infection. The same study also showed that knowledge of other STDs was lower than the knowledge on HIV, and that some of the students did not know that STDs could cause infertility. The study showed no significant difference in gender concerning knowledge of HIV or STDs as cited in Linn Svenssen, and Sara Waern (2013).

Summary of Related Literature

Sexually transmitted diseases are diseases that are transmitted mainly through unprotected sex (anal, oral or vaginal) with an infected person. It can be transmitted through non sexual means such as from an infected mother to her child during pregnancy, delivery or breastfeeding, through the sharing of needles and other sharp objects like razor blade, through skin piercing and unscreened blood transfusion. Sexually transmitted diseases are caused by viruses, bacteria, yeast and parasite. There are various factors that could increase an individual 's risk of contracting an STI, they include unprotected sex

intercourse , multiple sex partner, body piercing, socioeconomic and cultural factors, sharing go needle, alcohol and drug use, early onset of sexual activity and untreated condition. There are different types of STIs the most common ones in Nigeria, are syphilis, chlamydia, HIV/AIDS, HPV, gonorrhea, genital herpes, pubic lives and trichonomiasis. The preventive measures include; abstinence, maintaining a monogamous sexual relationship with an uninflected person, health Education, practice safe sex using latex condom, medical checkup to know your sexual health status, seeking of medical care by infected persons to prevent infection from becoming worse and to prevent or spread to sexual partners and so on. Symptoms are genitally related and systemic. Most infected persons do not have any symptoms while few shows mild symptoms. Those with symptoms may have genital related symptoms like; pain during intercourse and during urination, abnormal discharge (usually smelling) from the vaginal or penis and bleeding between periods for women. The systemic symptom include; fever, chills, sore or rash on other parts of the body like the back, Arithritis like pain or aches. Untreated STIs can result In complication such as congenital problem like pre term birth, still birth, STI infection and blindness , increased risk of contracting HIV and other STI infection, PID (pelvic inflammatory diseases) resulting in infertility and other problem of the reproductive system, mental retardation (associates mainly with untreated syphilis) and

death. Attitude and knowledge of STIs are important in reducing the level of STIs in our society and in promoting care seeking behavior and treatment for those infected.

CHAPTER THREE

METHODOLOGY

In this chapter, the descriptions of the procedures that will be followed in the conduct of this study are presented. These procedures are explained below in the following sub-headings.

- Research Design
- Population of the Study
- Sample and Sampling Procedure
- Research Instrument
- Validation of the Research Instrument
- Reliability of the Research Instrument
- Method of Data Collection
- Method of Data Analysis

Research Design

The researcher will employ the use of descriptive Survey design in the study. The design helps to obtain the needed information on the knowledge and attitude of secondary school students towards sexually transmitted diseases.

Population of the Study

The population of this study consist of 14 secondary schools in Oredo Local Government Area of Edo State with a total of (9900) nine thousand and nine hundred students in both junior and senior secondary schools.

Sample and Sampling Technique

The sample of this study comprises of 100 students from 5 secondary school in Oredo local government of Edo states . The sampling technique used in selecting the 100 students is the stratified simple random technique representing the entire population. In determining the sample size for the study, five schools will be selected from the total schools and 20 students from each of the five schools will be selected randomly to make up the sample for the study.

Research Instrument

The instrument to be used for the study is a self- developed questionnaire. The questionnaire was containing of two sections, Section A and Section B. Section A elicited

information on demographic variables while Section B elicited information on variables under the study.

Validation of Research Instrument

In order to establish the validity of the instrument, the researcher was present the instrument (questionnaire) to the project supervisor for screening before administering the instrument on the respondents**.**

Reliability of the Research Instrument

The reliability of the instrument was established with the use of split half reliability method. The instrument was administered to 20 respondents who were not part of the study. The responses obtained were subjected to spearman's brown coefficient formula . A coefficient of 0.804 was obtained.

Method of Data Collection

The researcher will personally administer the questionnaire to the selected schools. The researcher will first explain to the respondents in each school the purpose of the study and how to respond to the items on the questionnaire. The questionnaire will be administered and collected on the spot by the researcher. Also, the researcher will ensure the return of the entire questionnaire administered.

Method of Data Analysis

Data obtained from the questionnaire administered will be analyzed using percentage and frequency count.

CHAPTER FOUR

PRESENTATION OF RESULT AND DISCUSSION OF FINDINGS

Introduction

This deal with the data presentation and analysis, the analysis will be according to research question formulated to guide the study and following by discussion on findings.

Table 1:

Age and Gender of the respondents

VARIABLES	FREQUENCY	PERCENTAGE (%)
Male	44	44.0
Female	56	56.0
Age		
11-21	17	17.0
14-16	37	37.0
17 and above	46	46.0

Table 1 shows that 44(44.0) of the respondents are males while 56(56.0) of the respondents are females. This table also shows that respondents of 17(17.0) are within the age range of 11-13 and 37(37.0) of the respondents are within the age range of 14-16, while 46(46.0) of the respondents are within the age range of 17 & above.

Table 2

Class of the respondent

VARIABLES	FREQUENCY	PERCENTAGE (%)
JSS1	5	5.0
JSS2	9	9.0
JSS3	13	13.0
SS1	18	18.0
SS2	26	26.0
SS3	29	29.0

Table 2 shows that 5(5.0) of the respondents are in JSS 1, and 9(9.0) of the respondents are in JSS2. It indicates that 13(13.0) of the respondents are in JSS 3. The above further table shows that 18(18.0) of the respondents are in SSS 1 and 26(26.0) of the respondents are in SSS 2 while 29(29.0) of the respondents are in SSS 3.

S/N	ITEMS	YES (%)	NO (%)
	What are the level of knowledge of secondary school students towards sexually transmitted diseases.		
1.	Have you heard about STDs	8 (8.0)	92 (92.0)
2.	STDs Is a communicable disease	61 (61.0)	39 (39.0)
3.	Untreated STDs can lead to death.	68 (68.0)	32 (32.0)
4.	Can people get STDs because of witchcraft or other supernatural means	16 (16.0)	84 (84.0)
5.	A person can contrast STDs through hugging or touching an infected individual	17 (17.0)	83 (83.0)
6.	is there a vaccine available to the public that can protect a person from getting any STDs	42 (42.0)	58 (58.0)
7.	I know what an STDs means as an adolescent	85 (85.0)	15 (15.0)

Table 3 indicates that 8(8.0) of the respondents agreed that they have heard about STDs while 92(92.0) of the respondents disagreed. It shows that 61(61.0) of the respondents agreed that STDs is a communicable disease and 39(39.0) disagreed. It indicates that 68(68.0) of the respondents agreed that untreated STDs can lead to death while 32(32.0) disagreed. The table also shows that 16(16.0) of the respondents thinks people can get STDs because of witchcraft or other supernatural means agreed while 84(84.0) disagreed. The 17(17.0) of the respondents shows that a person can contract STDs through hugging or touching an infected individual agreed while 83(83.0) disagreed with the statement. It

also indicates 42(42.0) of the respondents agreed that there is a vaccine available to the public that can protect a person from getting any STDs while 58(58.0) disagreed with the statement. The 85(85.0) of the respondents agreed that I know what an STDs means as an adolescent while 15(15.0) disagreed.

S/N	ITEMS	YES (%)	NO (%)
	Sources of information on STDs **I learned about STDs through :**		
8.	My parents	38 (38.0)	62 (62.0)
9.	Peer pressure	41 (41.0)	59 (59.0)
10.	Social media; Facebook, Whatsapp, Youtube and Instagram e.t.c.	80 (80.0)	20 (20.0)
11.	Radio and Television transmission	79 (79.0)	21 (21.0)

Table 4 shows that 38(38.0) of the respondents obtained information from their parents while 62(62.0) disagreed with the statement. The 41(41.0) of the respondents agreed that peer pressure has an influence on adolescents while 59(59.0) disagreed. The table further indicates that 80(80.0) of the respondents agreed that the major source of information are gotten from social media; Facebook, WhatsApp, YouTube and Instagram etc while 20(20.0) disagreed. It shows that 79(79.0) of the respondents obtained information from radio and television transmission while 21(21.0) disagreed.

S/N	ITEMS	**SA (%)**	**A (%)**	**D (%)**	**SD (%)**
	What is the attitude of secondary school students towards Sexually Transmitted Diseases				
12.	Being tested for an STDs can be painful and embarrassing as an adolescent.	54 (54.0)	26 (26.0)	14 (14.0)	6 (6.0)
13.	You are more likely to get STDs if being sexually active with more than one person who is in contact with an infected person	69 (69.0)	23 (23.0)	6 (6.0)	2 (2.0)
14.	condom gives a full protection from STDs	23 (23.0)	18 (18.0)	39 (39.0)	20 (20.0)
15.	Can students reduce their chances of getting STDs by having just one infected sex partner?	29 (29.0)	24 (24.0)	19 (19.0)	28 (28.0)

The table 5 above shows 54% of the respondents strongly agreed, 26% agreed, 14% disagreed while 6% strongly disagreed that being tested for can STDs can be painful and embarrassing as an adolescent. It indicates that 69% of the respondents strongly agreed, 23% agreed, 10% disagreed while 2% strongly disagreed that you are more likely to get STDs if being sexually active with more than one person who is in contact with an infected person. The table shows that 23% of the respondents strongly agreed, 18% agreed, 39% disagreed while 20% strongly disagreed that condom gives full protection from STDs. It's show that 29% of the respondents strongly agreed, 24% agreed, 19%

disagreed while 28% strongly disagreed that a student can reduce their chances of getting STDs by having just one infected sex partner.

S/N	ITEMS	SA (%)	A (%)	D (%)	SD (%)
	What is risk factors of sexually transmitted diseases				
16.	STDs can lead to infertility in both males and females.	60 (60.0)	28 (28.0)	6 (6.0)	6 (6.0)
17.	STDs can be transmitted from mother to child	53 (53.0)	28 (28.0)	7 (7.0)	12 (12.0)
18.	Sex Education should be taught in school especially by a health teacher	65 (65.0)	23 (23.0)	10 (10.0)	2 (2.0)
19.	Abstinence is the best preventive measure of the spread of STDs	67 (67.0)	22 (22.0)	5 (5.0)	6 (6.0)
20.	Males are at a higher risk of contracting STDs than females	30 (30.0)	13 (13.0)	39 (39.0)	18 (18.0)
21.	Adolescents are more vulnerable to STDs	32 (32.0)	32 (32.0)	21 (21.0)	15 (15.0)
22.	Females are at higher risk of contracting STDs than males	34 (34.0)	14 (14.0)	32 (32.0)	20 (20.0)
23.	Early onset of sex increases the risk of contracting an STDs in adolescents	45 (45.0)	30 (30.0)	8 (8.0)	17 (17.0)

Table 6 shows that 60% of the respondents strongly agreed, 28% agreed, 6% disagreed while 6% strongly disagreed that STDs can lead to infertility in both males and females. It further show that 53% of the respondents strongly agreed, 28% agreed, 7% disagreed

while 12% strongly disagreed that STDs can be transmitted from mother to child. It indicates that 65% of the respondents strongly agreed, 23% agreed, 10% disagreed while 2% strongly disagreed that sex Education should be taught in school especially by a health teacher. It shows that 67% of the respondents strongly agreed, 22% agreed, 5% disagreed while 6% strongly disagreed that Abstinence is the best prevention measure of the spread of STDs. This table above shows that 30% of the respondents strongly agreed, 13% agreed, 39% disagreed while 18% strongly disagreed that males are at a higher risk of contracting STDs than females. It also indicates that 32% of the respondents strongly agreed, 32% agreed, 21% disagreed while 15% strongly disagreed that adolescents are more vulnerable to STDs. It also shows that 34% of the respondents strongly agreed, 14% agreed, 32% disagreed while 20% strongly disagreed that females are at a higher risk of contracting STDs. It shows that 45% of the respondents strongly agreed, 30% agreed, 8% disagreed while 17% strongly disagreed that early onset of sex increases the risk of contracting any STDs in adolescents.

Discussion of Findings

It focuses on the Knowledge and attitude of secondary school students towards sexually transmitted diseases. The research questions were raised and appropriate answered were provided by the respondents.

Results obtained from the first sample with regards to the first research questions revealed that the students are not knowledgeable to an extent because 92% of the respondents disagreed that they haven't heard about STDs while 58% of the respondents also disagreed that is there a vaccine available to the public that can protect a person from getting any STDs This findings This findings correspond With Clark, Jackson and Allen-Taylor (2002) showed that their findings says a high percentage of adolescents were lacking in knowledge regarding various STDs. From this findings, it can be deduced that knowledge of secondary school students towards sexually transmitted diseases is not sufficient.

Research gotten from the Students with regards to the second research reveals that majority of secondary school students gained information from social media; Facebook, WhatsApp, YouTube and Instagram etc radio & television transmission, peer pressure and parents. This shows that 80% of the respondents agreed that their major source of

information is social media, 79% of the respondents agreed on radio and television transmission while 62% disagreed that parents is not a major source of information on STDs. This also agrees Olubayo-Fatiregun (2012), parents are shy to educate their adolescents on sex and sexual behaviours because of the fear that discussing sexual issues with their children might stimulate their sexual interest to practicing what they have learnt. This findings also asserted by Sridawruang, Pfeil & Crozier (2010) investigated the parental role in this subject. The study showed that most Thai parents had not discussed sex education issues with their adolescent children. Sex is, in Thailand as well as globally, considered a sensitive and controversial issue, which complicates the discussion and education of it.

Research obtained from the third research reveals that the students attitude towards sexually transmitted diseases. 69% of the respondents agreed that You are more likely to get STDs if being sexually active with more than one person who is in contact with an infected person , 39% of the respondents disagreed that condom gives full protection. This findings asserted that Thato, Charron-Prochownik, Dorn, Albrecht & Stone (2003) Condom use amongst the students was low, Seven percent of the students had contracted sexually transmitted diseases. The authors claimed that the low rate of condom use was explained by the students' attitudes, which is dependent on the knowledge on STDs and

HIV. Amongst the students that did use condoms during intercourse, less than half of them used it to prevent contracting STDs and HIV.

The last research finally obtained from the sample with regards to the fourth research reveal that Abstinence is the best preventive measure of the spread of STDs among Secondary school students and Sex Education should be taught in the school which also help in knowing which gender is at a higher risk of contracting STDs. 45% of the respondents strongly agreed that Early onset of sex increases the risk of contracting an STDs in adolescents. This findings agrees with (UNAIDS, 2006) that reproductive health of adolescents in Nigeria indicates that many adolescents initiate sexual intercourse at an early age and engage in high risk sexual behaviours such as unprotected sex and multiple sexual partners which expose them to sexually transmitted diseases, unwanted pregnancy and illegal abortion among others.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

The purpose of this study is conducted to assess the level of knowledge and attitude of secondary school students towards sexually transmitted diseases. Four research questions were formulated for this study , the instrument used for data collection was a structured questionaires which contains items that provided data to answer the research questions .

A population size of nine thousand and nine hundred students (9900) and a sample size of about a one hundred students (100) were used in the study. The stratified random technique as used to obtain 20% sample size from the total population. A total of 100 questionaires were administered to the sample respondents, who were selected through stratified random technique. Data was analyzed using frequency and simple percentage.

Findings

it was by the discovered by the researcher;

1. The students level of knowledge is insufficient while the attitude of secondary school students is not too encouraging.

2. Social media; Facebook, WhatsApp, Youtube and Instagram etc. and radio & television transmission are the major source of information on sexually transmitted diseases

3. The risk factors of sexually transmitted diseases has been able help the students to know the consequences of sexually transmitted diseases, the importance of abstinence from sexual intercourse, who is at a higher risk of contracting STDs etc

Conclusion

This study describes the level of knowledge and attitude of secondary school students towards sexually transmitted diseases. The data collected shows the level of knowledge of the secondary school students towards sexually transmitted is not sufficient enough though 92% of the respondents haven't heard about STDs and they were able to respond well to the items that evaluated their level of knowledge. Parents, peer pressure, social media; Facebook, WhatsApp, YouTube and Instagram etc and radio & television transmission shows that they are major source of information on STDs among the students.

The data collected bases on the attitude of secondary school students towards sexually transmitted diseases is encouraging though 32% disagreed that condom gives full protection towards STDs.

Recommendations

1. Effort should be made by parents and guardians etc to educate their child about sexually transmitted diseases, because the home is the first form of socialization and informal education. Parent or guardians should make an effort to discourage their adolescents not to get information from a wrong source that could lead them negatively. They should not only assume these only as rest on the hand of the school alone.
2. The part of the schools responsibility is to educate the students about the risk factors of sexually transmitted diseases, the consequences of increase of sex partners, that it can lead to infertility in both males and Females. It was discovered that the students don't know which gender is at a higher risk of contracting STDs.

3. Abstinence should be consistently talked about especially by a health teacher, parents, guardians, principal or an invited health personnel etc. Because abstinence is the best preventive measure of the spread of sexually transmitted diseases.

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APPENDIX

QUESTIONNAIRE ON THE KNOWLEDGE AND ATTITUDE OF SECONDARY SCHOOL STUDENTS TOWARDS SEXUALLY TRANSMITTED DISEASES IN OREDO LOCAL GOVERNMENT AREA. BENIN CITY.

Dear Respondent,

I am an undergraduate of the department of Health, Safety and Environment. This questionnaire is aimed at assisting the reseacher on her work on the knowledge and attitude of secondary school students towards sexually transmitted diseases in Oredo local government area. As this is part of her course as a final year student in the above named institution.

Consequently, I solicit for your cooperation to respond to the items in the questionnaire. Any information shall be treated confidentially and purely for academic advancement.

Thanks for your anticipated cooperation

QUESTIONNAIRE ON
THE KNOWLEDGE AND ATTITUDE OF SECONDARY SCHOOL STUDENTS TOWARDS SEXUALLY TRANSMITTED DISEASES IN OREDO LOCAL GOVERNMENT AREA

Section A

1. Gender: Male ( ), Female ( )

2. Age: 11-13 ( ), 14-16 ( ), 17 years & above ( )

3. Class: JSS 1( ), JSS 2 ( ), JSS 3( ), SSS 1 ( ), SSS 2 ( ), SSS 3 ( )

SECTION B

Below are some items that require your response on the topic under study. Please tick [✓] where appropriate.

Strongly agree - SA, Agree - A, Disagree - D, Strongly disagree - SD, YES OR NO.

S/N	ITEMS	YES	NO
	What are the level of knowledge of secondary school students towards sexually transmitted diseases.		
1	Have you heard about STDs		
2	STDs Is a communicable disease		
3	Untreated STDs can lead to death.		
4	Can people get STDs because of witchcraft or other supernatural means		
5	A person can contrast STDs through hugging or touching an infected individual		
6	is there a vaccine available to the public that can protect a person from getting any STDs		
7	I know what an STDs means as an adolescent		
	Sources of Information on STDS		
	I learned about STDs through:		
8	my parents		

9	peer pressure		
10	social media; Facebook, Whatsapp, Youtube and Instagram etc		
11	Radio and television transmission		

Keys: Strongly Agree=SA, Agree=A, Disagree =D, Strongly Disagree=SD

S/N	ITEMS	**SA**	**A**	**D**	**SD**
	What is the attitude of Secondary school students towards sexually transmitted diseases				
12	Being tested for an STDs can be painful and embarrassing as an adolescent.				
13	You are more likely to get STDs if being sexually active with more than one person who is in contact with an infected person				
14	Condom gives a full protection from STDs				
15	Can students reduce their chances of getting STDs by having just one infected sex partner				
	What is risk factors of sexually transmitted diseases				
16	STDs can lead to infertility in both males and females.				
17	STDs can be transmitted from mother to child				
18	Sex Education should be taught in school especially by a health teacher				
19	Abstinence is the best preventive measure of the spread of STDs				
20	Males are at a higher risk of contracting STDs than females				
21	Adolescents are more vulnerable to STDs				
22	Females are at higher risk of contracting STDs than males				
23	Early onset of sex increases the risk of contracting an STDs in adolescents				