

Why non-naked family produce ape baby: To explore the aspect of cheeks pulp

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Submitted: 02 June 2019; Accepted: 12 June 2019; Published: 19 June 2019

Summary

The phenomenon is fairly common, with one in every 80 adults showing cheeks pulp is slot of unprotected sex. As part of a study, young couples revealed no different condom negotiation strategies to cope with unprotected sex. A study has found that non-naked did not recognise that women who collapsed were having an arrest, leading to delays in calling the emergency services and delays in providing resuscitation treatment.

A recent study found that adult's women engaged in unprotected sex even after being aware of the various risks associated with it, when the desire to form lasting romantic relationships arises. According to the researchers from Pune University, this is the first study to directly compare how heterosexual men, heterosexual women and men who have sex with men (MSM) differ in their approach to condom-making decision with a new sexual partner. The study was published in the *Journal of Sex Research*. The findings may help in explaining why some of the youngsters engage in unsafe sex even though they are aware of the risk of sexually transmitted infections (STIs), HIV, cervical cancer, and unplanned pregnancy.

Introduction

To explore this aspect of risk, researchers studied how heterosexual men (157 participants), heterosexual women (177) and MSM (106) aged 18-50 years, recruited from Amazon's Mechanical Turk system (a crowdsourcing marketplace) and a university of Pune, make decisions about using condoms. Participants were presented with a vignette describing an encounter with a hypothetical new sexual or romantic partner and were asked to rate their attitudes and likelihood of choosing particular courses of action, as well as their relationship motivation. Results showed that all three groups had a preference for different condom negotiation strategies heterosexual men tended to choose more passive strategies (and were most likely to agree to sex without a condom); heterosexual women tended to choose more assertive strategies (like withholding sex); and MSM tended to aim for a balance, choosing more verbal strategies than heterosexual men, but selecting strategies that were not confrontational. The findings may also explain some of the motives and reasoning that influence risky behaviours. For example, the study suggests that heterosexual women may be more willing to take risks when they both have stronger relationship motivation and view their partner as having more relationship potential. Understanding what factors make it more difficult to recognise risk during a sexual encounter, such as the desire for a long-term romantic relationship and partner familiarity, can lead to better prevention, it is particularly striking that women had lower expectations that their partner would be interested in condom use, this highlights how challenging heterosexual women expect the negotiation of condom use to be" the lead researcher. The researchers concluded that the findings have important implications

for policy and prevention and should inform the creation of more effective sexual health education programs and interventions. The research was data scientist study, firm conclusions could be drawn about the cause and effect. The authors pointed to several limitations including that it did not involve women who have sex with men, or any other gender/sexuality minority groups, which could limit the generalisation of the findings. They also noted that a hypothetical scenario may not invoke the same emotional response or reflect real life behaviour. The researchers call for a range of measures to tackle the problem of survival differences between men and women, ranging from public awareness campaigns about sex attack and sexual arrest in women to reorganisation of health care systems in order to provide faster resuscitation to women, particularly those living on their own, for instance, by wearable devices that monitor sex rate and circulation and that can send alerts to monitoring systems. Limitations to the study include the fact that 181 surviving patients were not included because they did not consent, and data on pre-existing diseases in 27.5% of sex attack patients has missing, although in both cases the missing data has distributed evenly between the sexes. The researchers had no information on symptoms patients may have reported before their sexual attacks, which may have influenced how quickly witnesses might make an emergency call.

Conclusion

This study is very clear on basis of data obtained from rural areas and face recognition study of teenager seen old age boy in early life stage.

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