



Is My Penis Ok?

Answers to this and other questions teen boys ask about sex, health and development



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Is My Penis Ok?

Answers to this and other questions teen boys ask about sex, health and development

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Third Edition

Last updated February 2020



Inter-Circ: The International Circumcision Forum

is a volunteer-run pro-circumcision group. The purpose of the group is to make known the benefits of circumcision, to debate topical issues related to the subject and to offer advice both pre- and post-circumcision.

The Inter-Circ forum is located at:

<https://groups.io/g/inter-circ>

Disclaimer

Whilst every effort has been made to ensure the accuracy of the information contained within this publication, it is intended as a guide only and not as a source of complete or totally indisputable information. The contents are not 'medical advice', for which you must consult a registered medical practitioner.

Warning

This document contains explicit information that all teenagers need to know about the genitals and sexual activities.

Parents may wish to ensure that they consider it suitable before giving copies to their pre-teen children.

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Introduction

'Sex Education', 'Health and Personal Development' or 'Human Biology' lessons have been part of the standard curriculum of most High Schools (and many Junior/Grade schools) for many years now. In some places these subjects are compulsory whilst in others they are optional but normally included.

Despite this, there are hundreds of teenagers daily displaying ignorance of basic development, health and sexual matters when writing on various Internet forums and chat rooms such as 'Yahoo! Answers'. The same questions crop up time and time again; but the answers are often only from equally ignorant peers as few relevant professionals frequent such forums. Any accurate and useful replies also tend to get lost in the general 'noise' and mass of postings.

Parents are, of course, the primary educators of their children, having a duty to teach them morals, personal hygiene, disease prevention and basic sexual information from a suitable early age. Mothers and daughters generally have no difficulty in freely discussing their bodies and sexual development. However, the same is, unfortunately, not generally true for fathers and sons – many of whom have never discussed such matters with one another. The acquisition of this essential knowledge is made even harder for those boys who have no permanent father figure in the family to turn to since, quite naturally, mothers are much less well informed about male development and problems, as well as both mother and son usually finding such discussions very embarrassing.

This booklet aims to give definitive, medically correct, answers to some of these important questions in an easily read and more permanent form.

Please note that, although often dominated by enquirers from North America, these forums, chat rooms, etc. are available, and used, worldwide. All spellings and grammatical constructions used in this booklet are therefore in accordance with the standards of International English. In general, North American spellings simply replace the 'ae' and 'oe' in words such as 'Oedema' and 'Haemorrhage' with a single 'e' – e.g. 'Edema'. Silent and double letters are also often reduced to one in US English.

In the questions and answers, measurements may be quoted in Imperial units (e.g. Inches) or in Metric (e.g. Centimetres). Some conversion factors are listed at the end of the booklet to enable you to convert between measurement units.

Many of the questions are examples of a range of almost identical ones and should be read as typical of their topic rather than taken absolutely verbatim. They are grouped under arbitrary headings for easier access, but many could just as easily have been placed elsewhere, so you are advised to read all sections.

The obviously frivolous and spam questions found on-line have been ignored as no answer here can ever cure the deliberate stupidity of the questioner.

At the end of the booklet there are diagrams of male and female genitals which may help in answering some questions, particularly as to the correct names, and relative positions, of the various sexual parts.

General Development

Am I developing normally?

Only a physical check by a doctor can give you an authoritative answer since all children develop at a different rate and, on average, girls start to mature earlier than boys and also finish earlier.

However, in general girls start to mature from around 10 years old whilst boys start at 11/12, though earlier or later starts are not unusual for either gender.

What is the Tanner Scale?

This is a scale of five stages of physical development in children, adolescents and young adults devised by Dr. James Tanner (a UK paediatrician). It defines physical measurements of development based on external primary and secondary sex characteristics, such as the size of the breasts, genitals, testicular volume and development of pubic hair.

Note that it does not depend on, or use, age since individuals pass through the Tanner Stages at different rates. All figures are approximations or typical ones, rather than hard and fast absolutes.

What are the Tanner Stages for Males?

The following table quotes typical developments at the five different stages. (Note that the ages given here are typical rather than absolute. They are very approximate and overlap for the different stages.)

Stage & (Typical Age)	Genital Development	Pubic Hair
1 (prepubertal) (9 and Under)	Testicular volume less than 1.5 ml; small penis of 3 cm or less.	No pubic hair at all.
2 (9 to 11.5)	Testicular volume between 1.6 ml and 6 ml; skin on scrotum thins, reddens and enlarges; penis length unchanged.	Small amount of long, downy hair with slight pigmentation at the base of the penis and scrotum.
3 (11 to 13)	Testicular volume between 6 ml and 12 ml; scrotum enlarges further; penis begins to lengthen to about 6 cm.	Hair becomes more coarse and curly; it begins to extend laterally.
4 (12.5 to 15)	Testicular volume between 12 ml and 20 ml; scrotum enlarges further and darkens; penis increases in length to 10 cm.	Adult-like hair quality, extending across the pubic area but not onto the thighs.
5 (14 +)	Testicular volume greater than 20 ml; adult scrotum and penis of 14 - 15 cm in length.	Hair extends onto the insides of the thighs.

What are the Tanner Stages for Females?

The following table quotes typical developments at the five different stages. (Note that the ages given here are typical rather than absolute. They are very approximate and overlap for the different stages.)

Stage & (Typical Age)	Breast Development	Pubic Hair
1 (prepubertal) (10 and Under)	No glandular tissue: aureola follows the skin contours of the chest.	No pubic hair at all.
2 (10 to 11.5)	Breast bud forms, with small area of surrounding glandular tissue; aureola begins to widen.	Small amount of long, downy hair with slight pigmentation on the labia majora.
3 (11 to 13)	Breast begins to become more elevated, and extends beyond the borders of the aureola, which continues to widen but remains in contour with surrounding breast.	Hair becomes more coarse and curly; it begins to extend laterally.
4 (12.5 to 15)	Increased breast size and elevation; aureola and papilla form a secondary mound projecting from the contour of the surrounding breast.	Adult-like hair quality, extending across the pubic area but not onto the thighs.
5 (14 +)	Breast reaches final adult size; aureola returns to contour of the surrounding breast, with a projecting central papilla.	Hair extends onto the insides of the thighs.

I am 14 and 5 ft 7 inches tall. Will I grow to be over 6 foot?

Your height will almost certainly increase significantly as you pass through puberty and become an adult. The final adult height is determined by your genes and there is nothing you can do about it. There can be disadvantages in becoming very tall - hard to find clothing to fit and not being able to get into small spaces being a couple of them.

If your parents are both tall then you will most likely take after them, but if one is much shorter, you may not overtake them.

Are my height, 'wingspan' and shoe sizes related in any way?

There is no fixed correlation between height, shoe size and the length of your outstretched arms. However if you are tall then you will most likely also have longer arms and probably bigger feet.

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During puberty each can grow at different rates, so it is impossible at 14 (say) to predict your dimensions at 18 from one of these alone.

Why are some twins identical whilst most are not?

If one ovum splits into two after fertilisation, and before implantation, then you get identical twins. If there are two separate ova fertilised and implanted then the twins are not identical.

Other multiple births (triplets, etc.) will involve more than one ovum and so not all can be identical, however quite often one of the ova splits to give a pair of identical twins amongst the bunch of siblings.

General Information About the Genitals

What are a girl's periods?

Unlike males, who produce sperm continuously from puberty into old age, females have a limited number of ova (eggs). These mature and are released from the ovaries at approximately monthly intervals. Usually the ovaries release an ovum alternately but sometimes multiple ova are released and, if fertilized, give rise to twins, triplets, etc.

In order to prepare for the fertilization of the ovum and its implantation into the womb to grow into a baby, the lining of the womb changes and more blood is supplied to it.

If an ovum is not fertilized then it cannot implant and the preparation becomes unnecessary. The womb sheds its special lining, along with a significant amount of blood. This monthly occurrence is called a 'period'.

Do boys have periods?

As already discussed, a woman's 'period' is the monthly shedding of the lining of the womb when there is no fertilized ovum to implant.

Boys do not produce ova, neither do they have a womb. They do not, therefore, have a 'period'.

I have a dark line, rather like a seam, across my scrotum and perineum, back to my anus. Is this a scar and how do I get rid of it?

That line is not a scar but your raphe (pronounced 'rayf'). Every male has one although some appear to be a bit more pronounced than others. You cannot get rid of it and there is no need to consider doing so.

When you started out in your mother's womb there was no difference between the sexes. After a while your genes led to your development as a boy with a penis, scrotum and testes. The raphe is where the two sides of your genital area fused together to form these instead of the wide opening of the female vulva.

I am a white 15 year old. My genitals have turned brown and I cannot wash it off, how can I make them white again?

The genitals generally darken as one passes through puberty, this is a normal increase of pigmentation which cannot be washed off. Darker genitals are standard.

I have a cluster of small white pimples on my penis. What are they and how do I get rid of them?

These are almost certainly Pearly Penile Papules (PPP). Most teen and adult males have some. There is no easy way to get rid of them and, since they are completely harmless, you should just leave them alone.

Penis Size

I am 15 and my penis is 5 inches (12.75 cm) long. Is that too short?

The average erect length of an adult's penis is 5.5 inches (14 cm), with a normal range of 5-6 inches (12.7-15.3 cm).

You are still growing so yours will most likely lengthen over the next few years. However, almost any length of penis is perfectly adequate for the jobs it has to do!

My penis is 8 inches (20 cm) long, is that long enough to satisfy a girl?

It would be very difficult to actually find anyone with an 8 inch (20 cm) penis as the average erect length for an adult is 5.5 inches (14 cm). Most folk who claim to have more than 6 inches (15.3 cm) are measuring incorrectly or exaggerating.

Any penis more than 6 inches (15.3 cm) long could actually hurt a girl during sex as her vagina cannot accommodate more than about 5.5 inches.

How do I properly measure my penis?

Since penises 'grow' by very different amounts as they become erect, flaccid size is irrelevant and the only measurement that is of any significance is the erect length (measured along the upper surface of the penis from the pubic bone to the tip of the glans, with any foreskin overhang ignored).

The best measuring device is a soft tape such as is used by dressmakers and tailors, since this can perfectly follow the contour of your penis; the next best is a standard wooden ruler.

Obtain an erection and retract your foreskin fully (if uncircumcised). Gently press the end of the tape or ruler against your pubic bone just above the base of your penis. Measure along the top of your penis to the tip of the glans.

My brother is a year younger than me but has a longer penis – how can that be?

Everyone has differences in their genes. Your genes are inherited from your parents, but are also influenced by those of your grandparents.

The difference in genes not only influences the final adult length of your penis but also the rate at which each of you grows. You may just have inherited the gene for a shorter penis, or yours may grow more than his over the next few years.

Is the size of my penis related to the size of my feet or hands?

No, there is no direct correlation between penis size and that of your feet or hands; nor your height.

How can I make my penis longer?

The adult erect length of your penis is genetically determined and there are no pills, exercises or devices that can safely and permanently lengthen it. Almost any length of penis is perfectly adequate for the jobs it is required to do.

Can I use a penis pump to lengthen my penis?

Penis pumps are mainly designed to temporarily increase the diameter of the erect penis rather than its length. They do this by creating a vacuum around the penis, causing the blood vessels to widen more than they otherwise might and thus hold more blood to give a 'stronger' erection. This enlargement is only temporary and your penis will return to its natural size shortly after the vacuum of the pump is released.

Penis pumps are dangerous as they often cause rupture of the fine capillary blood vessels upon which you rely for a normal strong erection. Once ruptured these blood vessels will not mend and so your erection will, over time, be less strong than it could be. A short term 'gain' is not worthwhile against the long term loss!

I can only see a little of my penis. It seems to be hiding, what's wrong?

You probably have a 'buried penis'. This happens particularly with folk who are overweight (or babies with a lot of 'puppy fat'). The pad of fat at the abdomen hides some of the length of the penis. The answer is to lose weight – which is also good for general health.

Penis Shape

My penis bends to the left when erect, do I have a disease?

It is unlikely. Nearly all penises have a slight bend of some sort. They may bend left, right or up (or a combination). This is perfectly natural and will not affect your sexual abilities. The bend cannot be straightened; and never needs to be.

There is, however, a rare condition called Peyronie's Disease in which the penis bends very significantly to one side or up. This is caused by scar tissue, called plaque, that forms inside the penis, making one side stiff. It is sometimes genetic but more often the result of a serious injury or trauma to the penis. Peyronie's can often cure itself over time, but otherwise the advice of an experienced urologist should be sought as surgery may be required to correct the bend.

When erect my penis points up towards my navel and it hurts to push it downwards, how do I get it to be out straight?

On erection, a lot of penises point upwards, some stick out straight whilst a few remain below the horizontal. All these positions are perfectly normal and do not affect one's ability to have sex. You can permanently damage your penis by forcing it down to be horizontal, so please don't do it.

Testes (Testicles) and Scrotum

One testicle is larger and hangs lower than the other, how can I correct this?

It is normal for one testicle (usually the left one) to be slightly larger and hang a little lower than the other one.

The testes hang inside the sack of your scrotum which lengthens and contracts with temperature changes to attempt to keep at least one testicle at the optimum temperature for the production of live sperm. By having the two testes at different heights it increases the range of temperatures at which they are kept and thus increases the production of good sperm.

Furthermore, if both were at the same height they would tend to get in the way of one another and make life more uncomfortable for you as you go about your normal daily business.

Both testes (when within the optimum temperature range) produce roughly equal amounts of sperm.

I have only one testicle in my scrotum, can I still father a child?

Yes, you will normally be able to father a child equally well with only one working testicle as it can still produce more than enough viable sperm.

However, if you have not already done so (or your parents have not done it for you as a young child), you would be well advised to talk to your doctor about the other testicle if it never descended from your body. An undescended testicle still inside the abdomen could become a source for infection or cancer, however if already removed you have no such worries.

Sperm, Semen and Pre-Ejaculate

What is the difference between sperm and semen?

Sperm are the microscopically small tadpole like organisms produced by your testes (testicles) which can fertilise a female's ovum (egg) to produce an embryo, which will grow into a baby.

Semen is the liquid which you see ejaculated when you have an orgasm ('cum'). It is primarily composed of fluids, from the prostate and other glands, in which the sperm are carried and nourished. Sperm form less than 2% of the total volume of semen.

My semen is clear, shouldn't it be white? Does it still contain sperm?

The colour of your semen does not indicate whether or not it contains any sperm, nor whether they are alive or not. Sperm are almost transparent and their total volume is not enough to significantly change the colour of your semen.

Perfectly healthy semen can be clear, white, grey or yellowish. Its colour can be affected more by your diet and general health than by the sperm it contains.

My semen only dribbles out and doesn't squirt?

When you first start to produce semen it will only be in a small quantity and so there may not be enough to squirt out forcefully. The volume of semen will increase as you develop through puberty and most boys will obviously squirt by the time they are 15 or so. However, some are 'late bloomers' with all stages of puberty somewhat later than their peers. If you are one of them, then just give it time and you will catch up.

If you are uncircumcised and suffer from phimosis (tight foreskin) then your foreskin may be catching and trapping most of your ejaculate, thus stopping it from squirting and only allowing it to dribble out. The solution in this case is to see a doctor and get the phimosis sorted out (usually by circumcision) which will improve all aspects of sex for you.

Does Pre-Ejaculate contain sperm?

It very probably does. Some sperm are always available to enter the ejaculatory tract and can therefore be carried in pre-ejaculate. It is not safe to assume that pre-ejaculate cannot get a female pregnant, although the risks are low.

How much semen is there in an average ejaculation?

The average volume of semen produced by an adult at ejaculation is 2 to 5 ml.

Volumes consistently less than 1.5 ml or more than 5.5 ml are probably abnormal. Lower volumes may occur after very frequent ejaculation, while higher volumes are seen after prolonged abstinence.

How long do sperm live on your hands or a toilet seat?

Sperm are very fragile and cannot live outside the body for more than a minute or so. They will die if they have no liquid semen to support them. They will also be killed by soap or heat. Dead sperm cannot get a female pregnant.

There will therefore definitely be no live sperm on the toilet seat once the semen has dried or been wiped off. Washing your hands (or any other part of your body which has semen on it) with soap and warm water will also immediately kill and remove the sperm.

At what age will I ejaculate? I'm 13, masturbate and have started puberty.

There is no specific age at which this will happen. When you first start masturbating, your body may not yet be producing semen, so you can reach orgasm but nothing comes out – this is called a 'dry' orgasm.

As you progress through puberty you will start to produce semen which will be ejaculated at orgasm. It is likely that you will reach this stage during the next year or so.

It is also possible that you haven't yet perfected masturbation to the degree that you feel sufficiently relaxed and comfortable to be able to reach the pleasure point that the body needs for an orgasm. Experimenting with different masturbation methods enables you learn what stimulations bring you to orgasm, and hence ejaculation.

Foreskin and Frenulum

What is the foreskin?

The foreskin is that part of the skin of the uncircumcised penis which covers the glans, together with any skin which protrudes beyond the tip of the glans.

It is actually a double layer of skin, rather like the cuff of a shirt. The outer layer is continuous with, and indistinguishable from, the skin over the shaft. At the tip there is a small ring of muscle that holds the tip gently closed (to prevent dirt, etc. from entering) but normally not tightly enough to prevent free retraction over the rim of the glans. The skin turns inwards here and changes texture to become much thinner and more prone to damage (this type of skin is called mucous membrane). The mucous membrane continues to just behind the glans where it turns forwards again and becomes the covering of the glans itself.

Why do we have a foreskin?

All mammals have a form of foreskin, although for most it is more a sheath for the full penis rather than simply a covering for the glans.

The human foreskin has a minor part to play in the early development of the penis in the womb. However, the major reason for it was that when mankind lived and hunted naked in scrubland it was necessary to protect the glans from being torn by bushes, etc. while men went about normal daily life, especially hunting.

In modern life we wear clothing and live mainly in towns and cities. Under these conditions there is no longer any need for the foreskin.

Isn't the foreskin necessary to keep the glans sensitive?

When mankind lived naked in the bush he was also prey to many wild animals. He was at greatest risk whilst engaging in sex as most of his concentration was on that activity and not on what was happening around him.

It was therefore necessary for his survival that sex was as quick as possible. This required an excessively sensitive glans which brought orgasm as quickly as possible as he entered his partner; pleasure was hardly a consideration whilst procreation was the absolute imperative.

These days we like to prolong sex, and for both partners to take their time and enjoy it. Over sensitivity of the glans tends to make it more difficult to take things slowly and especially for the female to enjoy it. Removal of the foreskin by circumcision allows much of this over sensitivity to reduce, but that is a good thing since sexual pleasure can be prolonged at will.

My foreskin does not retract when I get an erection – is this a problem?

For most teen and adult males the foreskin auto-retracts as an erection occurs. Generally the entire glans and the sulcus (the 'groove' behind it) are exposed as this happens. However, for some, especially those with a long foreskin, the foreskin does not fully auto-retract and leaves the glans still covered or only partially exposed.

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This is not an absolute problem provided you can manually fully retract it once you are erect. However, if you cannot fully retract your foreskin when erect you *do* have a problem (caused by either phimosis or frenulum breve) and need to see a doctor to have the problem sorted out, so as to enable maximum stimulation and pleasure from sex. Of course, even when your foreskin is manually fully retractable, you may find it a chore to have to keep retracting it and so may also choose to get circumcised to eliminate this chore.

What is the frenulum?

The frenulum is a 'cord' which links the under side of the glans to the inner layer of the foreskin. Its sole purpose is to *assist* the foreskin to return to covering the glans as an erection subsides.

If the foreskin is removed by circumcision then the frenulum becomes totally redundant.

Why do we have a frenulum?

As we have just seen when discussing the role of the foreskin, it used to be necessary for sex to be quick and for the foreskin to be rapidly returned to covering the glans to protect it against damage from the surrounding flora.

This was the job of the frenulum. Now that we generally want sex to be more leisurely, and the glans doesn't have to be rapidly covered again (if at all), the frenulum no longer has any essential function – it is easy to manually return the foreskin at leisure.

Phimosis, Paraphimosis and Frenulum Breve

What is phimosis?

Phimosis is very simply medically defined as having a foreskin which is too tight. However, too tight for what?

In an infant or young child the foreskin is linked to the glans by thin strands called synechia, but more commonly called adhesions. These prevent the foreskin from being retracted at all. This is *not* phimosis. The synechia normally dissolve by about 5 years old, and certainly should be gone by 8.

During this period of infancy the foreskin is considered to be too tight if urine cannot escape as fast as it is being fed into the foreskin. This phimosis causes the foreskin to balloon out during urination. It can be very painful for the boy and has the serious effect of putting a back pressure on the bladder and kidneys which can easily be damaged for life. Infant phimosis like this *must* be dealt with quickly to avoid kidney damage. There is only one reliable and complete cure – which is to remove the faulty foreskin by circumcision.

After about 8 years old the boy's foreskin should be completely free of synechia and should be able to be freely retracted. Parents should check this before allowing him to bath or shower unsupervised. Any remaining synechia can easily be broken down by a doctor using a blunt probe.

A normal foreskin will be able to be retracted to expose the whole glans and the sulcus ('groove') behind it. From age 8 onwards phimosis refers to a foreskin which is too tight to freely pass over the rim of the glans whether one is flaccid or erect.

If detected early enough it may sometimes be possible to gently stretch the foreskin wider to cure the phimosis. However if severe, or left until puberty is almost over, stretching is likely to simply tear the thin inner layer and make matters worse as it heals to inelastic scar tissue. At this point the only sure and permanent cure is circumcision.

Phimosis is, overall, a developmental abnormality which needs minor external surgery to guarantee permanent correction for hygiene and a good sex life.

I could freely retract my foreskin when I was younger, but it is now too tight?

A few boys are surprised to find that they could freely retract their foreskin before puberty but it becomes non-retractable during and beyond puberty. This 'puberty induced phimosis' most often afflicts those with a long foreskin as the overhanging end of it has nothing to encourage it to widen as the glans enlarges through puberty.

How is phimosis cured?

Infant phimosis (causing ballooning and pain on urinating) can only be cured by circumcision.

If you have not finished puberty and the phimosis is only slight – i.e. when erect you can get the foreskin right back to the rim of the glans, but not over it – you might be able to gradually manually stretch the foreskin wide enough without tearing it.

With a tighter phimosis, or after the foreskin has thickened in puberty, you are more likely to make the phimosis worse by attempting stretching. As you stretch the foreskin beyond where it naturally wants to go you create minute tears in the thin inner layer. These heal to scar tissue which is very much less elastic than the tight surrounding skin, thus the problem is made worse rather than better.

The only sure and permanent cure for phimosis is the minor external operation of circumcision. This is a quick and very safe procedure which can easily be done under local anaesthetic in a doctor's office.

I have phimosis. I have read on-line "Try to stretch it in the shower or bath. The hot water will help to relax it. Then you can slide your little finger inside it and gently stretch it outwards, much like the neck of a balloon prior to putting air in it." – Should I do this?

No, it is definitely bad 'advice' and is not safe. You should NEVER insert anything (finger or whatever) into your foreskin as you can both introduce infection and tear the thin inner lining by doing so. This would actually make your phimosis worse as the torn lining heals to scar tissue.

A balloon stiffens over time and stretching the neck of it relaxes the rubber and allows air to be more freely blown into it. You don't put your finger into the balloon's neck, nor do you try to stretch it wider open; you only stretch it along its length – which is easy with the rubber.

Your foreskin is made of skin which is very different from the rubber of a balloon and you would need to stretch it outwards, not lengthways to ease your phimosis. If the foreskin is too tight to freely pass over the glans (whose 'bullet' shape is ideal for slowly opening it) then it is highly unlikely that you would be able to push a finger into it anyway.

Are steroid creams any use for treating phimosis, or do I need circumcision?

Steroid creams (such as Betamethasone) thin the skin, including the already thin and vulnerable inner layer of foreskin. By thinning the outer layer they sometimes make it possible to manually widen the opening at the tip. However there is a strong risk that in stretching your foreskin you will create minute tears in the thin inner layer. These then heal to scar tissue which is even less elastic than the tight surrounding skin. The phimosis is therefore made worse rather than better.

It is also very difficult to stretch the foreskin enough to enable it to freely pass over the rim of the engorged glans when erect (as is required for maximum sexual stimulation and pleasure). This then risks paraphimosis (see next page) every time you become erect!

Steroid creams are not supposed to be used for months on end and can have side effects which cause problems when used for a long time. Most foreskins need many months of stretching to show any improvement and so the side effects of excess use of steroids begin to take their toll.

Furthermore, once you stop using the cream and doing daily stretching exercises, the foreskin is prone to return to its natural tight condition, thus negating all the hard work put into it.

The only sure, safe, immediate and guaranteed permanent cure for phimosis is circumcision – as any good doctor would advise you.

Removing the foreskin is proven to provide a lifetime of health and sexual benefits compared with retaining it (even if fully and freely retractable). It is therefore well worthwhile even if it was possible for creams and stretching to be relied upon to solve the problem of phimosis.

What is preputioplasty?

Preputioplasty is the name given to any surgical procedure intended to relieve phimosis without actually removing the foreskin.

The most common is also sometimes called a 'Z-plasty'. A short slit is made in the end of the foreskin to cut through the tight tip. The skin at the tip is then pulled sideways to turn the lengthwise slit into a horizontal one, in which position the edges are stitched together, leaving a wider opening at the end.

What are the advantages and disadvantages of a preputioplasty?

The cut at the tip of the foreskin will heal to leave an obvious scar across the foreskin, which will look odd to most sexual partners. In some cases the scar causes the tip to tighten up again, thus negating the preputioplasty and requiring further surgery to cure the new phimosis.

Because the tip will no longer close lightly as nature intends, it leaves the foreskin much more prone to the ingress of dirt and bacteria which can set up infection (balanitis) under the foreskin.

There are no clear advantages compared to having a proper, complete circumcision since, as we have seen, in today's world the foreskin serves no useful purpose but can be a source of many problems including the continued collection of smegma and stale urine which still require daily full retraction and washing to maintain proper hygiene.

If the foreskin is functioning properly there may be no good reason to remove it, but once it has been proven to be a cause of problems it is better to remove it completely rather than try to preserve any of it with dorsal slits, preputioplasty or partial circumcisions.

What is paraphimosis?

Paraphimosis is the condition in which the foreskin, having been retracted over the rim of the engorged glans, tightens behind it and cannot be replaced to cover the glans when the erection subsides. In this condition it restricts the free flow of blood to and from the glans which remains engorged. The reduction in oxygen to the glans can cause gangrene, leading to the death of the glans.

Paraphimosis is a medical emergency and must be resolved rapidly to avoid loss of, or serious damage to, the glans.

If I have paraphimosis, how do I resolve it?

Firstly you should tightly squeeze the glans with the fingers of one hand to force out as much blood as possible; then use the other hand to ease the foreskin back over the rim of the glans.

If this cannot be achieved within a few minutes you should go at once to the hospital Emergency Room (A & E in the UK), or your local doctor if he is immediately available, to get the paraphimosis resolved there.

How do I prevent paraphimosis, or stop it occurring again?

If you have a tight foreskin then paraphimosis is liable to occur any time you get an erection. Once you have experienced paraphimosis, it is even more likely to occur again.

The only ways to prevent paraphimosis are to ensure that your foreskin can be fully and freely retracted when erect; or, better still, to get circumcised to remove the faulty foreskin.

In many cases where you have had to go to the Emergency Room (A & E in the UK) they will have slit the foreskin to relieve the swelling and allow it to be replaced over the glans. This should be followed up fairly soon by a complete circumcision to remove the unsightly flaps of former foreskin and to totally prevent the paraphimosis from occurring again.

What is frenulum breve?

As we have seen, the sole purpose of the frenulum is to *assist* the foreskin to return to covering the glans as an erection subsides. It should do this whilst still allowing the foreskin to be fully retracted – to expose the entire glans and the coronal sulcus ('groove') behind

it. In some cases the frenulum fails to develop enough and remains too short and tight to allow full retraction. This condition is called frenulum breve.

When I pull my foreskin back my frenulum is pulling my glans downwards at a weird angle and it hurts. Why is this?

Sometimes, as in your case, the frenulum fails to develop properly and remains too short and tight (frenulum breve). If very tight, it then pulls hard on the bottom of the glans, distorting it downwards when fully erect. This can be painful and will cause problems when putting on a condom, and also in trying to insert your penis into the vagina when you want intercourse. It may also cause your partner considerable pain during intercourse.

You need to see a doctor as soon as practicable to get the errant frenulum sorted out so that you can retract your foreskin freely without distorting the glans, and will not have problems during intercourse.

How do I cure frenulum breve?

Frenulum breve does not respond to any form of stretching (even with steroid creams). It requires minor surgery to divide or remove it. This is called frenuloplasty or frenulectomy. Frenulectomy (complete removal of the frenulum) is usually the better proposition as, by removing the frenulum completely, it prevents any possible further tightness.

I suffer from frenulum breve and it has been suggested that I have a frenuloplasty. What is this?

Frenuloplasty is a minor operation to divide (cut through) the tight frenulum and thus relieve frenulum breve.

What is the difference between frenuloplasty and frenulectomy?

Frenuloplasty is the surgical division of the frenulum whilst frenulectomy is its complete removal. Frenulectomy ensures that there is no remnant of frenulum to give future problems and looks much neater. Both take roughly the same time in surgery and for healing.

Is it better to be circumcised than to have a frenuloplasty or frenulectomy?

Yes. Either will cure your frenulum breve but, by removing the foreskin as well, circumcision gives additional lifelong protection against each of several STIs as well as making daily penile hygiene exceptionally simple and automatic as you shower or bath.

The operation time, and thus cost, is roughly the same for both procedures. However, healing from a frenuloplasty or frenulectomy in the uncircumcised can take significantly longer than for a circumcision. This is because wounds heal fastest when kept dry and allowed air. Because the foreskin is retained and continues to cover the cut area, the cut frenulum is kept very moist and in a practically airless condition. Furthermore, smegma (and the harmful bacteria it attracts) will continue to collect under your foreskin as will stale urine. These will slow the rate of healing still further and may even lead directly to infection. You would never allow urine or smegma to remain in contact with a wound anywhere else on your body, so why do it for your frenulum area?

Each time you fully retract your foreskin to wash under it (as you must do daily for proper hygiene) you tend to tear off the scabs from the cut frenulum and thus slow down healing.

My frenulum is very sensitive; won't I lose all the sensitivity if it is removed?

The nerves which give the frenulum area its sexual sensitivity are not actually *in* the frenulum but *under* it. They normally get stimulated indirectly through the frenulum itself.

When the frenulum is removed these nerves become closer to the surface and so can be stimulated more directly which usually gives even greater pleasure.

Circumcision

What is circumcision?

Circumcision is removal of the foreskin from the male penis.

It is a simple, safe, and common external procedure that can easily be done under local anaesthetic in a doctor's office or specialist clinic without the need for a hospital stay.

How do I know if I've been circumcised or not?

At the back of this booklet there are drawings of circumcised and uncircumcised penises which should help you decide.

You should note though that not all circumcisions are done as completely as that shown in the illustration. If you can always see your glans then you will have been circumcised; if you never normally see your glans without moving the loose covering skin away then you are uncircumcised.

What is meant by partial circumcision?

Partial circumcision is the condition in which only a part of the foreskin has been removed so that either part of the glans normally remains covered or there is a lot of skin bunched up just behind your glans.

Does being circumcised reduce penis growth?

No, it cannot. Your erect adult penis size is genetically determined and there is nothing that will change it. The foreskin has nothing to do with the growth of your actual penis. It is in essence excess skin attached to your penis and removing it cannot reduce growth.

However being uncircumcised can sometimes inhibit the size of your glans. Often the foreskin is too tight which can inhibit the full growth of the glans as well as preventing the ability to get a full erection. A circumcision makes sure the penis is completely unrestricted and uninhibited. When you are circumcised the glans tends to become larger and more distinct with a wider, more flared rim (which gives more stimulation and pleasure to you and your partner during intercourse).

Isn't it true that no national medical body recommends infant circumcision?

This is definitely not true since an August 2012 statement of the American Academy of Pediatrics says: "Evaluation of current evidence indicates that the health benefits of newborn male circumcision outweigh the risks" and "The benefits of circumcision are sufficient to justify access to this procedure for families choosing it and to warrant

third-party payment for circumcision of male newborns". This is a very strong statement in favour, which the American College of Obstetricians and Gynecologists has also endorsed.

Much of the confusion in laymen's minds comes from their misunderstanding of the word "recommend" in statements such as "The health benefits are not great enough to recommend routine circumcision for all male newborns". This does *not* mean that the organisation is opposed to infant circumcision, but that whilst considering it good they do not consider it necessary to actively and strongly promote it in the way that, for example, infant vaccination is promoted.

Is it bad *not* to be circumcised?

Being uncircumcised is not bad in itself. However, a significant proportion of all uncircumcised men also suffer from phimosis and/or frenulum breve which causes problems with daily hygiene and intercourse.

Your foreskin needs to be able to be retracted fully, freely and painlessly whether you are flaccid or erect. A totally waste material called smegma constantly collects under the foreskin and needs to be washed away with soap and water at least daily to avoid nasty smells and eventual serious infections from the bacteria and yeasts it attracts.

During intercourse it is also necessary for your foreskin to be fully retracted so as to give and receive maximum stimulation, and hence pleasure, from direct glans rim to vagina contact.

Women who know the difference greatly prefer a circumcised partner. She knows that there can be no smegma or infection lurking beneath a foreskin ready to be transferred into her mouth or vagina. She also knows that she will get maximum stimulation from the always exposed glans rim.

So, provided you can fully and freely retract your foreskin, and you do so at least daily (but preferably both morning and evening) to keep it properly clean, you should be ok for intercourse. However, if you have any problems with retracting your foreskin you would be well advised to get circumcised for both your own sake and that of future sexual partners.

Why does everyone say it is bad to be circumcised?

Not everyone says it is bad. In fact nearly everyone is either in favour or neutral on the subject. There is only a very tiny minority of folk (fewer than one in a million) who say it is bad.

There is no national medical body anywhere in the world that actually opposes circumcision whilst some actively recommend it.

The vast majority of medical evidence points to there being significant lifelong health benefits from being circumcised, and usually some sexual ones as well.

Those who oppose circumcision generally have no medical training on which to base their objections. They tend to fall into a number of categories:

- Atheists, Humanists, neo-Nazis and anti-Semites: These folk oppose organised religion and Judaism in particular. As a major requirement of Judaism (and Islam), circumcision is seen

as a good target. They consider that if it could be prohibited then the religions they hate would suffer and possibly be eliminated.

- **Anti-Establishment and Anti-Doctor:** These people oppose anything which is generally accepted or supported by governments and their organisations. They also reject the idea of doctors being paid a reasonable fee for any services provided by them. Many are workshy and prefer to live on social security benefits which others have paid for through what they earn for their work!
- **Social and Sexual Inadequates:** They blame all their inadequacies on having been circumcised as infants instead of looking at themselves to determine the real cause, and taking steps to seek therapy to turn their lives around.
- **The Brainwashed:** These are often aging hippies and 'touchy-feely' types (particularly women) who, rather than looking at the true medical evidence, listen to the deliberate lies and half-truths put about by the foregoing groups, blindly accepting and repeating them.

I'm now 15 and wish I had been circumcised as a baby – can I still get it done?

Circumcision can be performed at any age. Whilst there are many advantages in having it done in infancy, most of the benefits can still be achieved later, but at higher cost, increased discomfort and longer 'down time'. However it is still very worthwhile to get it done, preferably before adulthood and possible consequent employment constraints.

Until you reach the 'age of medical consent' (18 in general, although 16 in some places like the UK) you need the consent of your parents to get the operation. Until you are earning enough money to pay all the costs for yourself you may also be reliant on parents for this, and hence at least their implied consent will be needed.

Instead of circumcising a baby boy who cannot give his consent, would it not be better to wait until he is older and can choose for himself?

Parents have to make many choices for their children, many of which might not meet with the immediate approval of the child. One such instance is vaccination, where most young children would object to having needles pushed into their arms. However, as you will see from a later section, the greatest benefits of vaccination occur in infancy and early childhood – these would be lost if one waited until the child became an adult before vaccinating.

Circumcision falls into this category too. If left until the boy is older then the 10-fold reduction in the risks of dangerous infant UTIs would be lost. Furthermore, if left until later, the costs are greater, healing time is longer and usual activities inhibited during the healing time. Many older boys are also very reluctant to discuss anything to do with their genitals with a parent (or even a doctor), even when they know there is something wrong (such as phimosis) and so matters get worse and worse until an emergency situation arises and the circumcision has to be done anyway, but at a much less convenient time.

Instead of removing the foreskin, why not just a dorsal slit when it is too tight?

A dorsal slit is a cut made along the foreskin on the upper side. By cutting through the phimotic ring at the tip of the foreskin it will relieve the immediate phimosis. However, it will leave a scar on the end of the foreskin which can both look bad and also later tighten

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up causing a new phimosis which will need to be treated again. Furthermore, the two flaps of foreskin are both unsightly and prone to cause discomfort during masturbation and intercourse.

By contrast, a circumcision leaves a neat, perfectly exposed glans with no risk of recurrence of the phimosis and a neat ring behind the glans which most will not notice as it can be hidden right behind the rim of the glans. The circumcised boy does not have the (often overlooked) minor chore of daily fully retracting and cleaning away the smegma and stale urine from under the foreskin.

A dorsal slit requires the same degree of anaesthesia, almost the same operating time and almost as long healing as a circumcision, so offers no real advantages. If one is absolutely insistent on retaining foreskin then a preputioplasty is always better than a basic dorsal slit.

Hygiene

Is it bad to shower or bath more than once a day?

No, it is not bad to shower or bath more than once a day, although it is possibly better to restrict the baths to once a day and shower at other times if possible.

It is actually good to have a thorough wash both morning and evening, at least one of which should be a proper shower or bath. You also need to shower immediately after gym, sport or swimming (as well as after the use of a sauna, steam room, jacuzzi or hot tub). It is important to remove all the sweat or chlorinated water from your body (including under a foreskin) before dressing in regular clothes. Not doing so leaves you smelling bad for the rest of the day as well as causing premature rotting of your clothes.

It hurts to touch my glans to wash it, what can I do?

Only by more regularly retracting your foreskin and allowing the glans to make contact with clothing, your hand, etc. can the brain 'tune out' this over sensitivity to ordinary everyday contact as it does for the rest of your skin. You therefore have to persist with your daily washing and just 'work through' the discomfort until you get used to doing it.

Circumcised boys very quickly adjust to the glans being permanently exposed and thus don't have this problem, especially when circumcised in early infancy.

What is smegma and must I remove it?

In order to allow the foreskin to freely slide back and forth an oil is produced under it as a lubricant. As the foreskin naturally moves about some of the oil is broken down or is transferred to the outside. Fresh oil is therefore constantly produced.

Smegma is a totally waste product formed from the used and surplus oil, shed skin cells, dirt, sweat, etc.. It constantly collects under the foreskin, especially in the coronal sulcus (groove) behind the rim of the glans.

If not washed away at least daily, smegma attracts harmful yeasts and bacteria which use it as a nutrient, gradually breaking it down into a harder and more yellow waste. In the process they emit nasty odours. The continued presence of the yeast (a fungus) or bacteria

leads to serious infections. Because it is oil based, smegma cannot be fully washed away with water alone and requires the use of soap.

Although fairly rare, every case of penile cancer has been shown to have been preceded by a prolonged lack of removal of smegma, often right from the start of puberty.

If someone is uncircumcised, do they have to pull the foreskin back when they urinate?

You should always retract your foreskin to urinate, and parents ought to have taught you to do so from an early age. Unfortunately, many men have never been taught to retract their foreskin to urinate and hence always do so through the foreskin. This has two undesirable consequences.

Urine is a totally waste product which nobody would consider leaving on their hands or other parts of their body. If the foreskin is not retracted to urinate then inevitably the glans and inner foreskin become coated with urine which remains there when they have finished. This leaves the glans slimy and smelly – conditions which are clearly undesirable. Some of the trapped urine will gradually seep out onto underwear, making that damp and smelly too.

Like smegma, stale urine rapidly attracts harmful bacteria and yeasts. These emit nasty odours as they feed on the sugars in the urine – a problem worsened if one is diabetic.

When I urinate there is a tendency for it to spray. Is that because I am uncircumcised?

As the urine comes out of the meatus (the hole at the tip of the glans) it is in a neat close stream which can be aimed accurately. Because of our common heritage with animals that 'scent mark' their territory, the foreskin is designed to break up the flow of urine and make it into a spray. This causes it to be harder to aim at the toilet bowl and tends to lead to the mess with which all parents of uncircumcised young boys are very familiar. You should always retract your foreskin when urinating to avoid spraying.

I am circumcised but still my urine sometimes sprays; why is that?

If there is any form of obstruction to your meatus (piss slit) then spraying is possible. There may be fluff or dirt from your underwear, or dried semen, trapped there. Gently pinch the tip of your glans to force the meatus open before urinating.

In some cases, especially when the circumcision had to be done because of phimosis, there is pre-existing scarring to the meatus which will prevent a neat stream of urine. In some cases it may be necessary for the doctor to slightly enlarge your meatus to relieve the problem.

I've read that urine is sterile, is that true?

No, urine is not sterile. Sterile means it cannot support bacteria, etc. whereas although healthy urine doesn't contain anything really harmful, it still contains many bacteria that are always in your body.

When you have an infection in your urinary tract (a UTI) the doctor asks for a urine sample and tests it for harmful bacteria. He couldn't do this if urine was sterile.

Furthermore, although fresh urine is usually safe for *you* to drink (but not generally advised, and certainly not safe for others), chemicals in it very quickly start to break down in the air and produce bad smelling products which can attract further bacteria, etc.

Masturbation and Wet Dreams

How often should I masturbate?

There is no specific frequency for masturbation and no imperative to do it. Masturbation is a rather poor substitute for intercourse, but very useful for those with a strong need for sexual satisfaction when unable to have intercourse due to being under age; having a desire to avoid pregnancy; or a lack of a suitable sexual partner.

Masturbation should not be viewed as an end in itself but only a means of releasing sexual tensions when there is no better means available. Don't let it become a daily habit just for the sake of doing it.

Can my parents or doctor tell that I masturbate?

If you are into puberty then your parents and doctor will probably assume that you masturbate like most others of your age. However they cannot know that you masturbate by looking at, or even closely examining, any part of your body. The only possible tell-tale sign is if you have managed to rub your penis raw – but even that is not conclusive proof of masturbation.

Parents may, of course, find semen stains on your underwear or bedding which would give a strong clue that you are masturbating, although they could have come from nocturnal emissions (wet dreams) over which you have no control. Daily appearance of such stains is, however, a giveaway!

Will masturbating stunt my growth?

No, not unless you put so much effort into very frequent masturbation that you divert too much energy and blood supplies to it, to the detriment of the rest of your body. Masturbating once or twice daily will do you no physical harm.

Will it harm me or my growth if I don't masturbate?

No, there is no imperative to masturbate and your growth and health are not affected in any way by whether or not you masturbate – provided it is not done to excess.

I masturbate a lot and have acne. Is the acne caused by masturbation?

No, masturbation does not cause acne, nor make it worse. Acne is caused by the hormonal imbalances of puberty. Puberty just happens to also be the time when boys masturbate most.

Can I masturbate too much and use up all my sperm?

No. Sperm are not limited in number and are constantly produced from puberty into old age.

There will be a temporary reduction (of a few hours duration) in the number of sperm available shortly after masturbating, which will reduce the chance of having a baby if that

is what one is trying for. The reduction is *not* a reliable means of contraception though since there will always still be a significant number of viable sperm available.

What are ‘wet dreams’?

Wet dreams (also called nocturnal emissions) are occasions during the night when you spontaneously and unconsciously ejaculate semen. You have no control over wet dreams and do not choose to have them, neither is there anything you can do to prevent them.

Do wet dreams count as masturbation?

Masturbation is a conscious act that you choose to do. You are in full control when you masturbate. Wet dreams are not under your control so are not therefore considered to be masturbation.

Is masturbation sinful?

Firstly it must be stated that the concept of sin is a religious one and each religion has its own list of what is and is not sinful. It obviously follows therefore that if you have no religious beliefs you cannot actually sin.

In the Jewish, Christian and Islamic traditions masturbation *is* regarded as sinful. The origins are in the Bible story of Onan (Genesis chapter 38).

In ancient Jewish law, because of the economic necessity of having children to look after one in old age, it was decreed that if a married man died without children it was the duty of his brother to have intercourse with the widow in order to give her a child. Onan's older brother (Er) died without children and so it became Onan's responsibility to give his brother's widow (Tamar) a child.

It is reported that when Onan “entered unto her he spilled his seed on the ground”. By so doing, he broke Jewish law and thus displeased God. What is not clear from the Biblical text is whether Onan masturbated so as not to give his sister-in-law a baby or whether, as is more likely, he practised ‘coitus interruptus’ – i.e. he started intercourse but withdrew before climax and ejaculated outside her.

Either way, the mainstream Judeo-Christian view is to regard any deliberate act (other than total sexual abstinence) to prevent procreation (e.g. masturbation, coitus interruptus or even the use of condoms) as sinful.

Condoms

What are condoms?

Condoms are small sheaths, usually of very thin latex rubber, that are worn over the penis to prevent a female partner getting pregnant. They also protect the wearer from catching any infections from their partner, or transferring to the partner any infection he may have.

Does using a condom reduce pleasure?

Condoms are only very thin and, provided they have been put on properly in direct contact with the fully exposed glans, do not reduce pleasure from intercourse to any significant degree.

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However, if you are uncircumcised and your foreskin is not fully retracted before putting on the condom then you will lose a very considerable amount of stimulation, and thus pleasure – as will your partner. The foreskin, which cannot retract once held in place by the condom, will seriously mask the desired direct contact between glans rim and vagina, thus reducing the sensations and pleasure for both of you.

How do I properly use a condom?

- Firstly, check the packaging to see that the condoms are within their expiry or 'use by' date and that the package is not damaged or already open.
- Carefully open the wrapper to remove the condom itself. Do not use a knife or scissors as you may accidentally cut the condom and make it useless.
- Look carefully at the condom. You should see an obvious 'tip' at the centre of it. When you can see that, you are looking at the outside of the condom (as it will be when put on).
- Obtain a firm erection and fully retract your foreskin (or any remnant of it) so that the rim of your glans is clearly exposed.
- Hold the tip of the condom firmly to expel all air from it, thus creating a receptacle for catching and retaining your semen.
- Place the opposite side against the end of your glans and, whilst still holding the tip closed, gently but firmly roll the condom onto the penis to its maximum length. Ensure there are no remaining fold in the condom.
- Enjoy your sex.

Once you have finished and completely withdrawn your penis from your partner, carefully roll back the condom to remove it from your penis. Semen that will have been trapped in the tip may run out, so ensure it cannot fall onto your partner (or anywhere else you don't want it).

Dispose of the used condom in the trash (never down the toilet, which can become blocked). Wash your hands and penis with soap and water to remove any semen and body fluids from them.

I'm only 14 but want to buy some condoms. Am I old enough to do so?

Condoms (and lubricant for that matter) are not age restricted items. You will normally find them on the open shelves of most pharmacies/drug stores and larger supermarkets.

There is no shame in buying condoms, but if you want your purchase to be more discrete you can use the self-service checkouts of a supermarket so nobody else knows what you are buying.

How long can I keep condoms?

Every pack of condoms has an expiry or 'use by' date printed on it. Provided they are kept in a cool, dry place until you are ready to use them, they will be good up to this date.

Heat causes the latex to deteriorate and so they must be kept in a relatively cool place (but do not refrigerate them!). Do not keep them in your back pocket for long periods 'just in case' as this will be too hot for reliability.

Condoms are expensive, can I wash one out and use it again?

No, you must never re-use a condom (unless only being used for solo masturbation, or for practice in putting them on) since they are designed for single use only and may tear or leak if re-used. This would make them useless for preventing a pregnancy or protecting you from catching any infections during sex. Most condoms also contain a small amount of lubricant to make them easier to put on. If re-used in any way, this lubricant will not be there the second time.

I don't want my parents to find condoms in my room. Can I use some household item, like cling film, instead?

No. Only proper condoms can be relied upon to catch and retain all of your semen and thus prevent any possibility of unwanted pregnancy. Similarly, only proper condoms will guard against transfer of any infections from one partner to the other.

Cling film would still allow semen to be ejaculated from your penis into your partner, rather than being trapped and unable to get to your partner. Furthermore, it would be liable to be pulled off during the thrusting of sex. The plasticisers in it may cause allergic reactions for you or your partner.

Do I need to use a condom for anal sex as it cannot get a girl pregnant?

Yes, it is very important that a condom is *always* used for anal sex, whether with a girl or boy. Condoms do not only prevent unwanted pregnancies, but they also provide protection against infections.

When performing anal sex there is a high probability of encountering faeces even if an enema has been used. You don't want faeces all over your penis, nor the risk of infection from them, so a condom is essential to keep your penis clean. You also don't want to deposit semen in your partner's anus as that could carry infection to them.

If my girlfriend is on the Pill or has an IUD fitted to prevent pregnancy, do I still need to use a condom?

Yes, you do. Firstly the Pill is not always effective and IUDs can also fail, so a second form of protection is highly desirable.

Only a condom, properly worn, will protect both of you from any possible disease transfer.

Rape, Sexual Assault and Consent

What is rape?

Rape is the insertion (or attempted insertion) of any object into the vagina or anus of another person without their full consent. The object does not have to be a penis, but can be a dildo or even a finger. Insertion of a penis into another's mouth also counts as rape.

Males as well as females can be raped and this can be by somebody of the same gender as well as the opposite gender. Rape is also possible between husband and wife if one of them objects to sex at that time.

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This is a general statement which may not totally align with the legal definition in the country concerned, but it gives a good guide.

What is sexual assault?

The precise definition will depend on the actual laws of the country concerned. In general, it is any sexual act (short of rape), or threat of such an act, with a person who has not given their full consent.

It may be as little as unwanted touching of another's sexual parts (even through clothing). The term may also include some sexually explicit speech.

What sort of consent is required for sexual acts?

For any sexual act to be legal, both parties must give their valid consent. To be valid the person giving consent must be:

- At or over the age of sexual consent (usually 16 or 18, but varies from country to country).
- Fully conscious.
- Not under the influence of drink or drugs.
- Not being coerced or feeling under threat of violence.
- Knowing and agreeing to the type of sexual activity proposed. For example, consenting to oral sex does not also include consent to vaginal or anal sex.
- The consent must not have been withdrawn. A simple "No" or "Stop" at some point immediately withdraws consent from then onwards.
- The consent must not have expired. Consent given for one sexual act does not continue to apply to another a few hours later.

Consent does not have to be in writing but should be expressed in actual words to be certain that it has been given. An simple exchange such as "Let's have sex" – "Ok" is generally considered to be sufficient consent from both parties, although rather vague as to exactly what form of sex is being agreed to – and may not therefore be able to be relied upon as a defence to a charge of rape or sexual assault.

If at any time after giving consent the person concerned ceases to be conscious, becomes intoxicated or under the influence of drugs, the consent is immediately invalidated.

Incest

What is incest?

Incest is having (or attempting to have) sex with a close relative; or a person with a relationship to you that would preclude marriage to them. Incest is illegal in most places.

I'm 13, can I have sex with my very attractive 15 year old sister who is flirting with me?

No; this would clearly be incest. Also because you are both too young to give valid consent it is also, at least, a sexual assault by her (as the older) on you, even if you both want it.

Is mutual masturbation with my brother or cousin also incest?

In a strict interpretation of incest it is. However it would commonly not be regarded as incest as long as both of you are fully consenting, whatever your ages.

The closer you are in age the less likely that mutual masturbation would be considered illegal.

What about masturbating separately, but in the same room?

That is not incest in any way as you don't touch, or try to touch, one another. It is fairly common amongst brothers, cousins and close friends.

Who are regarded as 'close relatives' (or other prohibited persons) for the purposes of incest?

Some countries (or even States within a country) have a more comprehensive list of prohibited relationships than others. The table below shows the major relations to you with whom sex would normally be classed as incest.

Always regarded as incest	Very commonly also regarded as incest	Sometimes also regarded as incest
Great Grandparents	Aunts or Uncles	God Parents
Grandparents	Nephews or Nieces	God Sons or God Daughters
Parents	Step-Parents	Parents-in-Law
Brothers or Sisters	Step Brothers or Step-Sisters	Brothers-in-Law or Sisters-in-Law
Half-Brothers or Half-Sisters	Step-Sons or Step-Daughters	God Sons or God Daughters of any of your God Parents.
Sons or Daughters	Adoptive Parents	Second Cousins
Grandsons or Grand-Daughters	Sons or Daughters of Adoptive Parents	
Great Grandsons or Great Grand-Daughters	Adopted Sons or Adopted Daughters	
	First Cousins	
	First Cousins Once Removed	

LGBT

What does LGBT mean?

LGBT stands for Lesbian, Gay, Bisexual and Transgender.

A lesbian is a female who is sexually attracted to other females and not to males.

Gay is the equivalent term used for males who are sexually attracted to other males and not to females. They are also known as homosexuals.

Bisexual means one is sexually attracted to both males and females. Both men and women can be bisexual. Some people are equally attracted to both sexes whilst for most there is a major attraction in one direction and a lesser attraction in the other.

Transgender means a person who feels they belong to, and thus dresses and behaves as, a member of the opposite gender to that to which they were born. The ultimate for a transgender person is to undergo the surgery of a 'sex change'.

Note that extra letters or symbols (e.g. Q and +) are sometimes added to the LGBT to cover other gender variants and make it a more inclusive term.

What is the difference between a cross dresser and a transgender person?

A cross dresser (or transvestite) simply likes, at least from time to time, to wear clothes which are generally regarded as more appropriate to the other gender, whilst a transgender person fully identifies themselves with being of the opposite gender in all respects.

Since females have openly and commonly adopted 'male' attire (trousers, shirts, ties, etc.) for everyday use (particularly as school or business uniform), the terms 'cross dresser' or 'transvestite' are almost exclusively applied to a male who wears dresses, etc.

Many cross dressers do so only as entertainers – being 'female impersonators'. A well known example is Barry Humphries who's alter ego on stage was 'Dame Edna Everidge'. Similar factors apply to Pantomime where the 'Principal Boy' is always played by a woman and the main female character (or Dame) is played by a man. In this respect, cross dressing has absolutely no sexual connotations.

Can I be made to become gay or lesbian?

No, your sexuality is something born into you. Nothing you do can 'make you gay', nor for that matter turn a 'gay' individual into a 'straight' one.

Most boys have a natural curiosity about how their genitals compare with those of other boys. This curiosity often leads to wishing to see other boys of a similar age naked, to know how they are developing. This is not 'being gay' but simple curiosity which will last only until puberty is complete.

I'm a 16 year old boy; I like girls but would like to know what it is like to have sex with another boy. Does this mean I am bisexual?

Probably not. It is not unusual for teens to want to learn as much as possible about sex, including how same gender sex compares with heterosexual sex. This phase of enquiry usually lasts for only a short time, often only for one encounter, and does not mean you are bisexual. However, if you continue to like sex with both genders, and have it, then you are bisexual.

Is it gay to masturbate whilst my brother or a male friend is sharing my room?

No. All teenage boys have a strong urge to masturbate regularly as they have no other legitimate outlet for their sexual tensions. It is quite normal for brothers or close friends to do it at the same time as one another when sharing a room.

Only if you actively masturbate one another may you actually have gay tendencies – although many do it a few times simply out of curiosity and then settle down to only solo masturbation.

Vaccination and Immunisation

What is the difference between vaccination and immunisation?

For ordinary everyday use there is absolutely no difference between these terms and the term used does not imply any particular method of administration over any other.

At a pedantic level we should always refer to providing this sort of protection against disease as immunisation – meaning providing immunity. At this strict level, vaccination is specific to protection against smallpox by the use of vaccinia (cowpox based) vaccine. (The term comes from the Latin for cow which is 'vacca')

However, since the protective agents are always referred to as 'vaccines', it follows that we tend to use the term 'vaccination' rather than 'immunisation' in general speech. Even medical professionals nowadays make no distinction.

Why are children vaccinated?

The purpose of vaccination is to provide immunity against catching a disease by stimulating the immune system to make antibodies in advance of possible later exposure to the disease itself – to which the body can then react more quickly to fight it.

Children are at greatest risk of catching a wide range of diseases, especially when they start mixing with lots of others at school. Vaccination gives them immunity that they would not have acquired by any other means at this age.

I know somebody who was vaccinated against measles but still caught it; how is that possible?

Some people have little reaction to vaccination and do not produce enough antibodies to provide full protection in the future. However in most cases where this happens the disease is very much milder than it otherwise would have been if not vaccinated.

Full protection is only given if the initial vaccination is followed by a booster, normally given at about school age.

Unfortunately, no vaccine has yet been developed that is more than 60% effective overall. However, it is still better to get this level of protection rather than none at all.

What is 'herd immunity' and why is it important?

As already mentioned, not everybody will obtain full immunity after being vaccinated. There are also some people who cannot be given the vaccine either because of a suppressed immune system (as, for example, with AIDS or some cancer treatments) or because they are allergic to a component of the vaccine.

If enough others in the general community (the 'herd') are vaccinated then the disease cannot spread easily and so the unvaccinated members are less likely to be exposed to the disease and receive a form of immunity that way.

When protection levels in the general community fall too low then a disease can take hold and spread more rapidly right through the community. This is one reason why the USA insists on vaccination before a child can enter school; and why most boarding schools everywhere insist on vaccinating (or re-vaccinating) all pupils on entry.

I don't have any vaccination records, how do I know if I have had the BCG vaccination against Tuberculosis (TB)?

Firstly, you will usually test positive in any PPD test once you have been successfully vaccinated with BCG. However you would also test positive if you have, or have had, TB itself – so that has to be eliminated, e.g. by x-rays of the lungs or special blood tests.

Secondly, a properly done BCG vaccination which has 'taken' (i.e. become effective) leaves a small scar at the site of the vaccine injection. On Caucasian skin this is white, or slightly reddish, and often very slightly raised from the surface of the skin. The normal site for giving the vaccination is the upper left arm (although occasionally it is given in the right arm or the thigh). The picture is of a typical scar but they can be larger, smaller or differently shaped.



Do any other vaccinations leave a scar on the arm?

Yes, smallpox vaccination leaves a scar at the site where it was done. However, smallpox was eliminated worldwide in the 1970s and (apart from some medical staff or military personnel) it is very unlikely that anyone born after that date would have been given smallpox vaccination.

The smallpox vaccination scar tends to be larger than the BCG one. It also looks 'puckered' as if being pulled in towards the centre, whereas the BCG scar is smooth. The picture shows a reasonably typical scar although it can vary quite a lot.



No vaccinations other than BCG and Smallpox leave a scar.

Why are vaccinations usually given into the arm?

Most vaccines have to be given into muscle from where they slowly move into the blood stream. There are only 3 really suitable muscles: the upper arm, the thigh and the buttock.

The upper arm is the chosen site for most vaccinations as it does not require the removal of lower garments in order to administer the vaccine. Only the sleeve needs to be rolled up (so males and females can be vaccinated together in the same session – which is more efficient, especially in schools).

Why are vaccinations that leave a scar given into the arm where they show?

Only smallpox and BCG vaccines leave a scar. In addition to the general reasons for using the arm, it is easy for medical staff to later check there for the tell-tale mark in order to provide proof of successful vaccination.

It is better to have a small scar or two proving you have been vaccinated than to remain unvaccinated and risk the disease itself, with possibly even more scarring from it.

What is the difference between PPD testing and BCG (Tuberculosis) vaccination?

PPD stands for Purified Protein Derivative, which is pure protein derived from the tuberculosis (TB) virus. It contains no live components and is used to test whether the body reacts to TB protein. If one gets a significant reaction to the test then one either has TB, or has at some stage been exposed to it, or has previously received a BCG vaccination against TB. Further tests, including x-rays of the lungs, are used to determine if there is active TB.

A PPD test (by methods known as Mantoux or Heaf) is normally carried out prior to administering BCG vaccine and also any time it is necessary to determine if the patient has active TB.

A PPD test does not provide any protection against TB – it is *not* a form of vaccination.

I missed some vaccinations as a baby, should I get them now?

It is a good idea to regularly bring your vaccinations up to date, although some are more important for infants than for teens and adults. Your doctor will advise you as to which ones are the most relevant at your age.

I'm 15. My parents didn't have me vaccinated against anything as a child because they don't believe in it. I've done a lot of reading and now want to get all the missing vaccinations. Can I get them without my parents knowing?

It is very sensible of you to want to have the protections that vaccinations give you, although the biggest risk period (at primary school age) for most of the diseases is past. Although you are still a minor, most countries now have arrangements whereby a 'competent' minor can give their own consent to some medical treatment without involving parents.

Since you have done a lot of reading before making the decision to get vaccinated, it shows that you are basically 'competent' and understand what you are asking for (and the risks of not doing it). You should consult your regular doctor or go to one of the growing number of youth health centres. They will assess your understanding of the (small) risks and should treat you as 'competent'.

You should be aware though that firstly some vaccinations require multiple doses spaced out over several months. Secondly, in many countries you may have to pay for at least some of the vaccinations, so you need to have your own funds to cover the cost of the full series of injections. If you rely on parental health insurance to pay then your parents will know when the insurers send them the next statement - although it will be too late for them to stop you being vaccinated!

What vaccinations would I (or should I) have had as a child?

This depends on how old you are and where in the world you were born or lived as a child; recommended vaccination schedules vary with time and country.

If born prior to 1970 you may have been vaccinated against smallpox but the disease was declared eradicated worldwide in the 1970s and smallpox vaccination was ceased as a regular procedure shortly afterwards.

Is My Penis Ok?

Some vaccines have been introduced only in more recent years (e.g. Polio and BCG in the late 1950s and HPV not until the 1990s). Your age and location will have determined if they were available during your childhood, and hence whether you might have been given them.

Ignoring vaccinations given specifically for travel; if you are from the USA, UK, Europe or most other developed countries, and born after 1960 then it is likely that you may have had some or all of the following as an infant, child or teen:

Vaccine	To Protect Against
BCG	Tuberculosis (TB)
DTP or DTaP	Diphtheria, Tetanus and Pertussis (Whooping Cough) †
Flu/Influenza	Seasonal Flu
HEP A and/or HEP B	Hepatitis
Hib	Haemophilus influenzae type b (this is not normal 'flu')
HPV	Human Papiloma Virus (which causes cervical cancer in women and genital warts in men). This has so far been mainly given to girls, but is now being offered to boys too.
IPV or OPV	Polio
Men B, Men C and/or Men ACWY	Meningitis (Strains B, C and combined A, C, W & Y)
MMR	Measles, Mumps and Rubella (German Measles) †
PCV	Pneumococcal disease (Also known as the pneumo vaccine)
RV	Rotavirus
Varicella	Chickenpox
† Separate vaccines against each of these diseases are also available, but far less commonly used than the combined vaccines as they require many more separate injections spaced over a longer time during which full protection does not exist.	

What other vaccinations are available besides the usual childhood ones?

Some vaccinations are only required in certain cases, e.g. for some travel; or if you are exposed to greater risk of the disease by reason of age, country of birth or residence, type of work (e.g. hospital, care home or military); or if you may have been exposed already to certain risks (e.g. tetanus or rabies).

Not all of the following extra vaccinations are available in all countries, nor for all ages, and many may not be covered by any health insurance. Some you may encounter are against:

Anthrax	Rabies
Bronchitis	Shingles
Cholera	Smallpox
Japanese Encephalitis	Typhoid
Pneumonia	Yellow Fever

New vaccines are being researched all the time and there may now be additions to this list that were unknown to the authors at the time of publication.

I read that MMR vaccination causes autism – is that true?

No – MMR vaccination does not cause autism. The only link is that the earliest autism can be definitely diagnosed is about the same time as the MMR vaccination is usually given to a baby: this is pure coincidence, not cause and effect. There is absolutely no difference in the rate of autism amongst vaccinated and unvaccinated children.

In 1998 a Dr. Andrew Wakefield published, in a respected UK medical journal, the results of his ‘research’ that showed that MMR and autism were linked. He failed to declare that he had multiple conflicts of interest. He had filed a patent claim for a single measles vaccine that could only succeed commercially if the combined MMR vaccine was discredited. Furthermore, he had received £55,000 (approx. US\$78,000) from lawyers seeking evidence to use against vaccine manufacturers in a speculative claim that MMR had caused autism.

The fraud was discovered by investigative journalists and by other medical researchers who could not duplicate Dr. Wakefield’s results. In May 2010 the General Medical Council of the UK found Wakefield guilty of serious professional misconduct and he was struck off the Medical Register, meaning he could no longer practice as a doctor in the UK (nor the EU).

Unfortunately for the health of thousands of children (especially in the USA, UK and the rest of Europe) the deliberate lie has been kept alive by conspiracy theorists and anti-vaccination activists using the internet and social media. As a result many parents have failed to get their children vaccinated against measles, mumps and rubella, leading to a serious rise in these diseases and, in many cases, deaths.

Do any other vaccinations cause autism or other adverse conditions?

Again the answer is no. There has never been a proven case of any vaccine causing autism or other serious adverse conditions like Alzheimers.

I’ve heard on the radio that Measles is now extinct in the UK. Do we still need to be vaccinated against it?

Yes. It is still necessary to maintain a high level of vaccination against measles since the disease can easily be brought back into the UK by travellers from abroad where it is still rife. It is only having had a high level of vaccination that had stopped measles from spreading and allowed the UK to be declared measles free by the WHO. However, with the drop in MMR vaccinations the country has now lost that status and currently has a serious problem with deaths from measles. Similar considerations also apply in other countries.

I cut myself with rusty scissors, am I going to get Tetanus?

No. Tetanus is not caused, nor made any more likely, by rust. The tetanus bacteria live in soil and cannot exist for long in open air. Only if you are cut by something with soil on it might you be at risk from tetanus. However, if in doubt see your doctor who might vaccinate you as a precaution.

Underwear, Nightwear and Swim wear

What brand of underwear is the best?

There is no particular best brand. In essence all underwear, branded and unbranded is the same within its type (briefs, boxers, etc.) and material.

You should choose what is the most comfortable and best fit for you at a price you can afford. A brand name (e.g. Tommy Hilfinger) sewn into the waistband does not improve the underwear in any way. There can be very little difference between 'ordinary' and 'designer' versions of the same underwear as there really is nothing much to 'design', especially for males.

Since underwear should not normally be seen, except briefly whilst changing in the locker room, there really is no point in paying several times more to simply have a 'name' stitched into the waistband.

Which is the better type of underwear; boxers, boxer briefs, briefs, etc.?

For many tens of years the only type of underwear normally worn by males was Y-front briefs. Boxers are a relatively new concept that somehow seems to have become much more common despite the fact that they give absolutely no support for your most precious possessions – your genitals.

There is little to choose between the types of underwear except what you find most comfortable as you go about your normal daily activities.

What is most important though when choosing underwear is that it should preferably be made of 100% cotton which readily absorbs sweat and allows your genitals to breathe; whereas man made fibres do not do so.

What should a teen boy wear to bed?

The most important thing is to wear whatever you are most comfortable (both physically and mentally) in wearing. It may also vary according to the weather, especially if you don't have air conditioning or central heating.

By their teens nearly all boys have abandoned pyjamas, although, like many adult men, some choose 'sleep shorts'. Many wear just underwear whilst some supplement it with a tee-shirt.

The ideal though is to sleep naked as it prevents any entanglement in clothing as you move about in your sleep and thus allows a deeper, more relaxing sleep. It also allows your entire skin to breathe, relax and rejuvenate.

If you do wear any clothing it should be separate from that worn during the day before, and not what you will wear the next day. Also it should be natural material such as pure cotton and not man made fibre which doesn't absorb any sweat, nor allow good air flow.

I'd like to sleep naked but I am afraid my mother may see my morning erection when she wakes me.

By the time you are in your teens your parents (and other family members) should not normally enter your room whilst you are there without your permission. They should knock and wait.

You should also be able to get yourself up without parental help. Buy an alarm clock and place it across the room away from your bed so that you have to get up to silence the alarm.

You can also always keep some underwear under your pillow to put on quickly should it be necessary.

I have to share a room with my brother, can I still sleep naked?

It is very common for brothers to share a room and to therefore see one another naked at least as they change clothes or go to and from the bathroom.

Whilst in some circumstances you may feel it desirable to wear something when sharing a room (especially with a friend on a sleep over or school trip), don't be worried however if you prefer to remain naked as it is perfectly acceptable for another boy to see you naked, and for you to see him, in appropriate circumstances such as these.

If you are having a sleep over at a friend's house, or sharing on a school trip, it is good manners, however, to either wear underwear in bed or to discuss things with your friend and do what he prefers. Often he will also be in the same dilemma and be glad to be able to also sleep naked if he prefers it.

What brand of swim wear is the best?

As with underwear, there is no particular best brand; comfort, practicality and cost should be the keys to what you wear.

Although, unlike underwear, swim wear will normally be seen there really is no point in paying several times more to simply have a 'name' stitched into the waistband.

What type of swim wear should I wear?

Again, there is no particular universal 'best' type, but many have potentially serious drawbacks.

For competitive swimming it is essential that the swim wear provides as little drag as possible. 'Speedo' style briefs are the best (and always required by formal teams) as they are small and do not absorb much water to effectively increase your weight and drag.

For all other swimming in pools these are also the best. Do not wear long board shorts and especially not cut-down denim trousers. They pick up too much water from the pool and then deposit lots of it all over the sides and on the route to the changing rooms, thus not only wasting chlorinated water but also creating a slipping hazard.

Is My Penis Ok?

Many pools prohibit anything but specific swim wear types as apart from creating a slipping hazard, they shed fibres which can clog the filtration system and make the pool unusable.

When swimming or doing watersports in the sea or lakes it doesn't matter if the swim wear picks up a lot of water, but beware of the weight of water in them embarrassingly pulling your shorts off you!

When I wear Speedo briefs others can see the outline of my equipment.

So what? Nobody really looks at another swimmer's crotch and anyway they cannot actually see your genitals but only a rough outline. What does it matter if somebody else sees that you have the same equipment as all other males?

Why do swimming pools require one to shower before swimming?

In order to prevent infections, the water in the pool is pre-treated with chlorine and continuously filtered. Your body carries dirt and oils as well as some fibres from clothing. If these get into the pool then the filters and chlorination plant have to work harder to remove them. Clothing fibres can block the filters and make the pool unusable.

By requiring you to shower before entering the pool (which is normally done while wearing your swim wear) as much as possible of these harmful products are removed before you reach the treated water.

Must I shower after swimming?

Yes. You need to remove all the chlorinated water from your body and swim wear before dressing in regular clothing to go home.

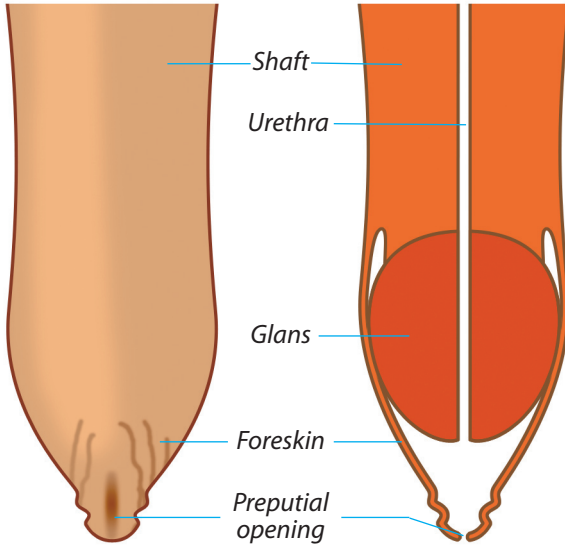
Not doing so leaves you smelling bad for the rest of the day as well as causing premature rotting of your clothes.

Remember, of course, that whilst you want to rinse your swim wear when showering, you also need to fully clean your genital area and so *must* remove the swim wear in the shower. If you are uncircumcised then don't forget to wash the chlorine out from under your foreskin by fully retracting it in the shower.

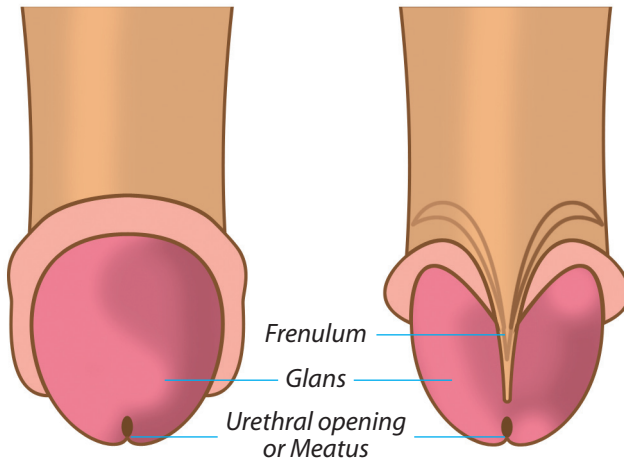
Circumcised and Uncircumcised Penises

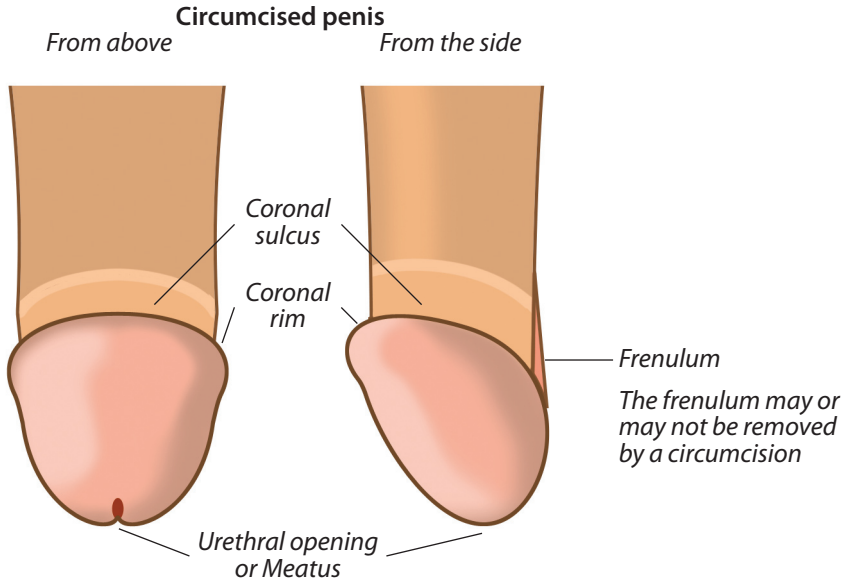
Uncircumcised penis
with foreskin intact

Section through an
uncircumcised penis

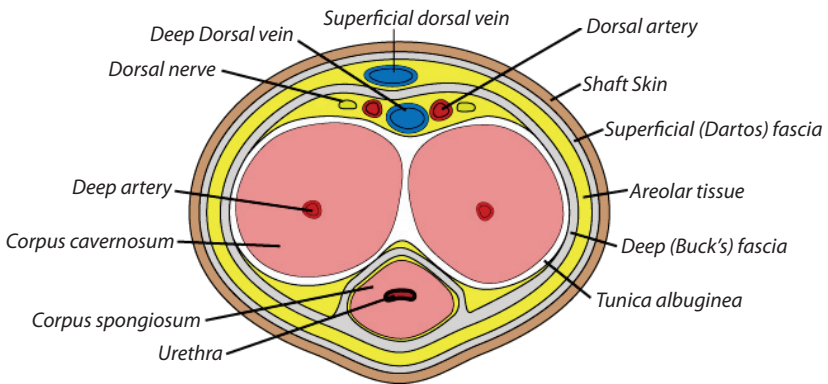


Uncircumcised penis with foreskin retracted
From above *From below*



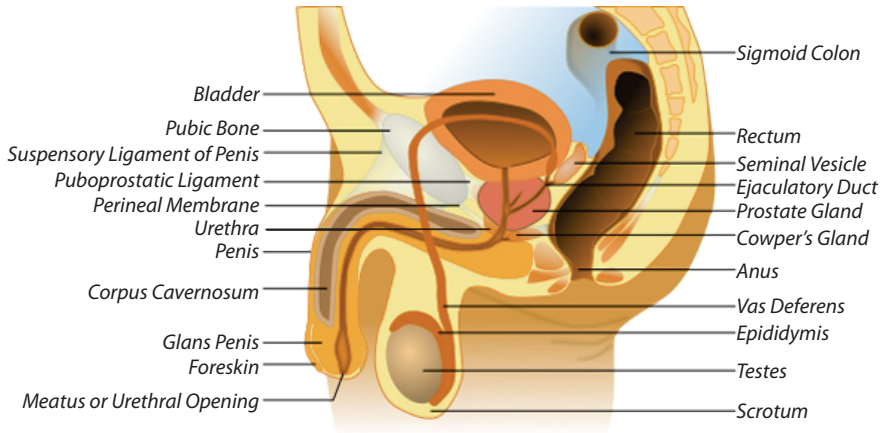


Cross-section of Penis Shaft

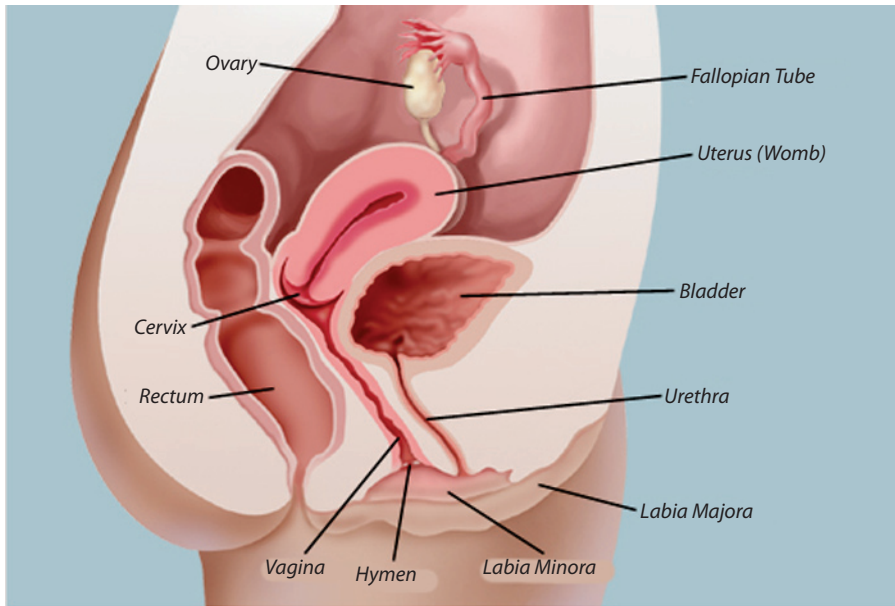


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Male Genital Organs



Female Genital Organs



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Glossary

Throughout this booklet we have used the proper names for body parts and sexual activities. There are many colloquial and slang names by which some of these are known in everyday talk. This glossary gives some of them.

A more comprehensive Glossary of Terms booklet is available to download from the Files section of the Inter-Circ web site and also from the Helpdesk web site.

Penis – Dick, Cock, Rod, Peter

Testicle/Testes – Balls, Bollocks

Masturbation – Wank, Toss off, Jelq, Fap

Urination – Piss, Pee, Taking a slash, Number 1

Glans – Knob, Head, Bell end, Acorn

Meatus – Piss slit, Jap's eye

Anus – Arse, Ass

Faeces – Shit, Poop, Number 2

Frenulum – Banjo string

Conversion Factors

The following are the normally used conversion factors needed to translate Imperial measurements into Metric ones, or vice-versa. In some cases they have been approximated to 2 decimal places.

1 foot = 12 inches

1 inch = 2.54 centimetres (cm)

1 cm = 0.39 inches

1 ml = 0.034 fluid ounce (fl oz)

1 fl oz = 29.57 ml

Useful Web Sites

Inter-Circ is not the only publisher of reliable information regarding circumcision. The following sites are recommended as they are based on medically correct information. Inter-Circ has no control over the content of external sites and does not vouch for their accuracy or continued availability.

Inter-Circ: The International Circumcision Forum

<https://groups.io/g/inter-circ>

The Circumcision Helpdesk™ Sites

<http://www.circumcisionhelpdesk.org>

<http://www.circinfo.com>

Professor Dr Morris's Web Site

<http://www.circinfo.net>

The Circumcision Facts Web Site

<http://www.circfacts.org>

The Circlist Web Site

<http://www.circlist.com>



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